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Family support review

Cross sector scoping study of family support workers in the children's workforce

Summary of contents (overview)
This scoping study is one of three linked pieces of work commissioned by the Children's Workforce Development Council (CWDC) as the first stage in mapping out a programme of research on the child and family workforce. In commissioning the study, CWDC intends to acknowledge and highlight the importance of those members of the workforce who support parents and carers in their vital role, highlighted by Every Child Matters (ECM) as crucial in ensuring positive outcomes for children.

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Children's Workforce Development Council

Creating a world class workforce for children, young people and their families

Cross Sector Scoping Study of Family Support Workers in the Children's Workforce

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Contents

Structure of the report

Following on from the introductory Section 1, the report is divided into a further 6 sections.

- Section 2. What do family support workers do?
- Section 3. The size of the family support workforce;
- Section 4. Who are family support workers?
- Section 5. Qualifications, training and supervision;
- Section 6. Pay, terms and conditions of service;
- Section 7. Key Points, conclusions and recommendations.

This selection of topics represents the key parameters of the brief but there is a degree of overlap between them and some repetition is therefore unavoidable. For example the discussion of the range of activity undertaken by family support workers anticipates the review of the literature on the different levels of need at which the services are delivered. Also, there are variations in the extent of qualification and training undertaken by those delivering family support input at different stages in the 'career of a family problem'.

The main body of each section of the report seeks to provide a synthesis of the key issues that emerged from the literature. We conclude the report by identifying emerging themes, and suggesting the direction of future research in this area.

Section 1: Introduction to the 'family support workforce'

"The government intends to put supporting parents and carers at the heart of its approach to improving children's lives...All children deserve the chance to grow up in a loving secure family." (DfES, 2004b, p39)

This scoping study is one of three linked pieces of work commissioned by the Children's Workforce Development Council (CWDC) as the first stage in mapping out a programme of research on the child and family workforce[1]. In commissioning the study, CWDC intends to acknowledge and highlight the importance of those members of the workforce who support parents and carers in their vital role, highlighted by Every Child Matters (ECM) as crucial in ensuring positive outcomes for children.

The parameters of the relationship between families and the state have never been under more public debate and scrutiny. The wider debate around the relationship between the state and the family in the upbringing of children has recently been highlighted by The Commission on Families and the Wellbeing of Children (2005), and the more recent, and much publicised, Unicef report (Unicef Innocenti Research Centre, 2007). In the context of the children's workforce, Every Child Matters contributes specific thinking around the roles of different workers in supporting the well being of children and their families. It reinforces the importance of the family as the base where children should be cherished, nurtured and, in the broadest sense of the term 'educated', so that they can move through childhood and into adulthood feeling pride in themselves and what they can achieve in their personal and social relationships. In several recent policy documents the Department for Children Schools and Families[2] has emphasised the importance of providing flexible support to children, young people and adults within families, so that for every child the family can be the 'secure base' they need as they grow up. It also acknowledges that families come in all shapes and sizes and that effective family support services require a high quality and diverse workforce - diverse in terms of personal characteristics of the workers, of the services they offer and the knowledge and skills they need in order to be effective. This report is part of a stream of work to find out more about the family support workforce as it is now, and to map out what is needed to encourage its growth and effectiveness in the future.

The term 'family support' has been used in social care in the statutory and voluntary sectors for some years. Permissive powers to provide support services for families in which the children were at risk of needing out-of-home care were introduced by the Children Act 1963 and the provision of such services was made mandatory by Part 3 of the Children Act 1989. Although the threshold for the provision of family support services is that a child should be assessed as 'in need', the legislation makes clear that services may be provided to any member of the family of that child. Schedule 2 of the Act, headed Local Authority support for children and families provides further

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[1] The other two concerned paid workers in the child care sector and volunteers across the child and family workforce.
[2] Previously Department for Education and Skills

guidance as does The Children Act 1989 Guidance and Regulations, Volume 2. The services to be provided as appropriate are listed and there is a particular emphasis on family centres as an appropriate setting for the provision of family support services. However, despite strenuous efforts by government to 'refocus' children's social services away from a concentration on families where the child was being maltreated, the threshold for the receipt of support services has remained high. Family support, as provided by social services departments (now Children's Services), is still essentially a service provided by social workers, social care workers often with the job title family support worker, assistant social worker, project worker, children's centre or resource centre worker. At a lower level of need, the 'universal' health visiting and midwifery services have a long tradition of providing support and parent education both through home-visiting and parent education in groups.

In the late 1990s, the realisation that the Children Act's aim of providing support to more families at an early stage of problem development was not being achieved resulted in the emergence of new strategies for providing support to families who may be vulnerable. The Ministerial Group on the Family, led in 1998, to the publication by the then Home Secretary, Jack Straw of the consultation paper *Supporting Families* (Home Office, 1999). Two important government-funded programmes followed.

The first 260 Sure Start local programmes were tasked to reach out to all the families of children under five living in selected areas of social deprivation, and the Children's Fund programmes were set up for families with 'middle years' children and were mainly provided by the voluntary sector. At around the same time and perhaps because research studies of the implementation of the Children Act 1989 had shown that children who may be in need of protection remained the key focus of attention (Department of Health, 2001), an increased emphasis was placed specifically on support for parents. It was recognised that mothers, fathers and others in caring roles needed support not only in their parenting role, but also as individuals in their own right, whose well-being needed to be enhanced in order for them to function as good parents to their children. At around the same time a Department of Health funded research initiative, *Supporting Parents*, was tasked to expand the existing knowledge base on effective family support work. The resulting overview, as well as the published accounts of individual studies will be referred to in the different sections of this report insofar as they can provide information on the workforce (Quinton 2004).

In parallel with these developments around family support and parenting support (terms which by this stage had become more or less interchangeable), concerns about antisocial behaviour and delinquency resulted in a focus by youth justice workers, the police and housing agencies on ways of improving the quality of parenting. The preference of government was to achieve this through voluntary engagement with parents, but if this was not possible, then it was to be achieved through the use of compulsory powers. The language here emphasised 'parenting' rather then 'family', and the approach taken tended to be educative rather than focussing on the provision of more general support. An approach that, until this period, was weighted towards 'outreach' work into families' homes became more

diversified with a higher proportion of the services being delivered in groups and in service centres.

Despite this long history, little attention has been given to the people delivering these services, and it can be said that we have got the workforce we have because 'it has just happened that way'. Only recently has there been a focus on the need for a coherent workforce strategy if the 'family support', 'parent support' and 'parent education' services are to achieve the desired goals. Although these three terms are often used interchangeably, they represent rather different approaches to helping families, and indeed 'family support workers' and 'parent educators' may constitute two distinct, if overlapping, workforce groupings, with 'parent support workers' being located somewhere in the middle. Responsibility for the workforce is divided mainly between three sector skills councils. CWDC covers both education and care sectors, it focuses primarily on those who work with children and their families. Skills for Care focuses on social care work with adults, including parents with disabilities, mental health or addiction problems and, to date, has held the main responsibility for the social workers workforce. Lifelong Learning UK (LLUK) has an adult learning/education focus. Other workforce bodies such as those concerned with the health, housing, justice, leisure and community development sectors also have an interest in those who provide aspects of family support as part of their role.

This study has been commissioned to explore the extent to which the existing family support literature can provide answers to a set of questions specifically associated with the workforce. The subject of staff and their roles is obviously implicit in almost all of the family support literature. We have however been careful to keep to the brief, although of course it is important to acknowledge the emergence of a consistently expanding general literature on family support ,and in particular of a recent substantial focus on the *evaluation, including costs, of the outcomes of services*. (Little and Mount 1999; Buchanan 2002;Katz and Pinkerton 2003 ; Dolan et all 2006 ; Moran et al 2004; Quinton 2004; Statham 2004 ; Beecham and Sinclair 2006; Utting et al 2007).

In order to explore and synthesise the available literature on the family support workforce we must first map the specific dimensions of the workforce that we are including in our review. These five broad dimensions are:

- Those whose main or only role is **family support or parenting support,** and who use a wide range of approaches to helping family members. The largest numbers at the moment are probably in statutory or voluntary sector social care settings with job titles such as family social worker, family support worker, family centre worker, family resource centre worker, project worker, home visitor, parent adviser, welfare rights worker. They may also be working in Sure Start Children's Centres or schools (especially extended schools) with similar job titles or with job titles such as teaching assistant, higher level teaching assistant, mentor, education welfare officer, that do not necessarily indicate that family support is a major part of their work., Some are attached to teams of health visitors or health service child development or CAMHS teams working with families of disabled children or those with behavioural difficulties. Some are

employed with specific groups, such as family mediators or family or couple counsellors, working with parents experiencing marital difficulties. Included in this broad grouping are those whose role is to co-ordinate family group conferences; and those who recruit, train and supervise volunteers who support and befriend families, usually in their own homes. The complexity of this range of roles, work settings and job titles is explored in detail in the body of this report.

- Full or part-time workers employed solely or mainly as **parent trainers or parent educators** whose numbers are still small but growing rapidly. Some are employed in Sure Start Children's Centres or schools (especially extended schools), or Youth Offending Teams (YOTs), and others are in the further education sector. Many are self-employed and contract with the statutory and voluntary agencies to run parent education groups or, less frequently, to provide a parent education programme in the family home.

- Those who provide signposting, information, advice and/or advocacy services, often over the phone or via web-sites.

- Those whose formal job titles do not include the words 'family support worker' or 'parent support worker' or 'parent educator', but who undertake this work as only one part of their other roles and tasks. Mostly, these are professionally qualified staff, including local authority or voluntary sector social workers, health visitors, midwives, play therapists, occupational therapists, clinical and educational psychologists, education welfare officers, youth justice workers, connexions workers, youth workers, community workers, welfare rights workers, contact service workers (public and private law cases), CAFCASS family court advisers, housing workers, counsellors attached to GPs' surgeries and other health settings. (This list is not comprehensive but gives an idea of the wide range of workers and settings that may be engaged in supporting families.)

- Volunteers recruited by voluntary or voluntary sector agencies who constitute a key element in the delivery of family support.

Some individuals in all of these overlapping groupings will sometimes work directly with children. However we have not referred to the literature on staff such as day care workers and teachers who primarily work with children, even though in reality, on a day to day basis, the contact they have with parents can be highly supportive or educative. In this review we concentrate on the first two groups. Much more information is available on the third group, those in regulated professions who hold recognised professional qualifications such as family social workers, nurses, psychologists, teachers in schools or further education, although relatively little is known about the proportion of time allocated by those in this group to family support or parent support work. We shall refer, where appropriate, to the fairly extensive knowledge base on the numbers, job-descriptions and training of these groups. However we shall concentrate on those about whom much less is known - that is those engaged in family support work who do not hold a recognised professional qualification; or those whose role and tasks as family

support workers do not *require* them to have these qualifications, even though they may have them.

As can be seen from these introductory comments, there are many variables within the family support workforce, which can be conceptualised as:

- full-time, part-time
- well-paid, low paid, not paid
- mainly managing the service, mainly providing the service directly
- educated to degree level and beyond, having left school with few or no academic qualifications
- professionally qualified, holding 'technical' or vocational qualifications, having no recognised qualifications
- having a background/professional orientation in health care, social care, education, youth work, community work, criminal justice, advocacy
- recent entrants to the work, having many years' experience in this type of work
- based in a centre whose main purpose is family support work, mainly working in the family home, mainly working in a setting such as a school or health centre that has a different primary function, providing a telephone or email service
- working with families in a residential setting (such as family assessment centres or the new 'Respect' residential family units) working with those (the vast majority) living in their own homes
- working in a setting whose main focus is on children and families, working in a setting whose main focus is on adults such as a family support worker in a Drugs Action Team
- working in the self-help, voluntary, statutory, or private sectors, or as a self-employed worker contracting with individual families or agencies on a fee for service basis
- taking accountability for their own work, working under the supervision of a case-accountable professional such as a psychologist or social worker
- working mainly on their own, working mainly as part of a team
- working with families across the Tiers - in the general community, with those with low level problems, with families where the child, parents or members of the community are highly vulnerable
- mainly using an educative approach, mainly providing one-to-one support to parents or to the whole family
- working with families where the problem is essentially that of the adults, working with families in which the children have special needs, such as children with disabilities, those with chronic health conditions or those with behaviour problems.[3]

These variables overlap: for example a volunteer may be professionally qualified and using their skills and experience in an unpaid capacity.

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[3] While the Price Waterhouse Coopers (2006) report on the market for family support work left out consideration of disability, it is essential to include those who specialise in providing support to disabled parents or parents of children who are disabled, since disability is only one aspect of being a child or a parent).

The ethnicity, age and gender characteristics of workers is not mentioned, even though some of these roles are more likely to be occupied by people with certain characteristics. This point is re-visited in Section 4.

A note on terminology and the methods used to collect the data for this report

Before proceeding to look in more detail at literature which has explored the family support workforce, it is important to clarify the definitions of 'family', 'parent' and 'support' which are used.

The definition of 'family' includes the traditional grouping of two or one parents with the children born to them, but also households with children headed by a grandparent or other relative, adoptive and foster families. The wider kinship networks that provide informal support are also included in the definition (Ghate and Hazel, 2002; Quinton, 2004).

The definition of parents used by DCSF in *Parenting Support Guidance for Local Authorities in England* (DfES, 2006; p3) includes "*mothers, fathers, carers and other adults with responsibility for caring for a child, including looked after children."* The guidance defines 'parent support services' as "*any activity or facility aimed at providing information, advice and support to parents and carers to help them in bringing up their children".* This definition is extended to include support to parents, not just in their parenting role as individuals or as couples, but also as individuals who, for example, may be disabled, have addiction problems or are experiencing marital problems. This means that literature on those who provide such support has been included.

Details of the methods used to locate relevant published literature and other data are provided in Appendix 1. In summary, web-based searches produced a large number of relevant publications. Some of these directly related to workforce issues and other publications directly related to the role and tasks of family support workers. Very few publications focused on both, that is on workforce issues specifically in relation to family support workers but, as is made clear in the Introduction and Section One, at this stage in the development of the family support workforce this is not surprising. Family support workers are only just being recognized as a distinct occupational group and much family support work is carried out as only part of the role and tasks of other professional groups.

An important source of data was the 'grey literature' obtained from searches of the web-sites of statutory and third sector organisations, known to be providing family support services, or 'umbrella' bodies such as the National Council for Voluntary Child Care Organisations and Parenting UK. These searches were followed up by direct contact with managers in these organisations in order to obtain additional information, and also with academic colleagues who have evaluated these services. The bibliographies of key texts on family support were scrutinised for any publications missed in the web-based searches that might provide data on workforce issues. Snowball techniques were also used to provide job descriptions and details on employment contracts. Key informants were interviewed at different

stages of the project to see if they could supply as yet unpublished workforce data and/or to gain their views on the current development of the family support workforce.

Section 2:   What do family support workers do?

Understanding family support activity in a complex policy context

Describing the range and identity of activity undertaken under the heading *family support*, appears, as we have acknowledged above, to be a misleadingly straightforward task. The intention here is to focus on those whose work is concentrated on the **parents**, rather than the **child**. However, in reality this focus must be a relative rather than absolute one. The exercise is complicated by a range of factors of which the breadth of the definition of family support, provided by primary legislation and statutory guidance, is only the most obvious. As is also acknowledged in the introduction, other factors include the inter-relationship between 'child' and 'family'; the range of professional and other groups engaged in the delivery of services; the boundary between 'need' and 'risk' (often synonymous with voluntary or involuntary use of services by parents or carers); and the mixed economy of the workforce involved - which includes volunteer as well as paid workers.

One further consideration in this section of the report is the way in which the *family support activities* involved are to some extent influenced by the actual role, and setting, of the people carrying out the tasks. In essence there are two dimensions to this issue of 'role identity'. The first and most obvious, is the specific professional and/or agency identity i.e. social care, health or education. The second overlaps with this and relates to whether the family support activity is carried out as **all** or **part of** the person's role (Pye Tait, 2004; p32).

The wider challenges involved in delineating the *family support role*, and its component activities have been acknowledged over a long period (Gibbons, 1990; Hardiker et al., 1991;) and, perhaps as a result, strategic definitions, have erred on the side of breadth, as did that of the Audit Commission in 1994:

"any activity or facility provided either by statutory agencies or by community groups or individuals, aimed to provide advice and support to parents to help them in bringing up their children." (Audit Commission, 1994)

As Gardner cautions, *"Family support can mean very different things, depending on where the service is focussed – the child, the child with parent(s)or the whole family within a particular community – and depending on the value base of the observer"* (Gardner, 1998; p1).

The value base currently articulated by government, and summarised by Quinton (2004), is similarly broad, and includes the following principles:

- joined–up thinking in services at a national level
- partnership with parents in providing services to meet family needs
- an emphasis on parents' responsibilities as well as their entitlements to support

- enabling individuals and families to make the most of their potential but supporting those in difficulties
- the importance of good assessments of needs and a good evidence base for planning care and developing services.

From these principles are derived the five policy areas within which government sees the task of delivering family support being undertaken:

- financial support
- support services
- work/life balance
- strengthening marriage
- support for serious family problems (Home Office, 1998).

The individual identity of those involved in the delivery of these support services is left implicit rather than explicit, but a broad consensus has emerged across policy makers, researchers and service providers that there are three key sources of support which families are likely to access: informal, semi-formal and formal (Quinton, 2004; Ghate and Hazel, 2002). Family support will therefore be delivered within each of these contexts, but for the purpose of this current CWDC project, the focus is mainly on employed workers in the semi-formal and formal systems since CWDC has commissioned a parallel scoping study of volunteers in the children's workforce. However, we do make reference to information on those volunteers recruited and trained by the formal and semi-formal agencies as these often work alongside paid workers, and the employed volunteer organisers/coordinators who recruit, support and train volunteers are an important part of the family support workforce.

The respective working 'understandings' of *semi-formal* and *formal* which have been deployed in this section are taken from Quinton, (2004 p24), and are as follows:

Semi-formal sources of support include all those community and self-help organisations that are set up to help with particular needs or to give support and advice for specific problems. They include both community-based organisations, such as baby and toddler groups and toy libraries, as well as groups serving more specialised needs, such as those supporting lone parents or people with mental health problems. Some groups may be organised by formal support organisations but run by their members; foster care groups are an example of this.

Formal support is usually provided by larger organisations in response to needs on which service users expect them to have expertise. They usually have a referral and filtering system. The principal formal organisations relevant to parenting issues are those providing health care, social services and education. However, a number of specialist independent service providers offering parenting training and family support should also be included.

A further dimension relates to the *universal* or *targeted* nature of services. Walker, (2003, p414) identifies three levels of family support work which are delivered by the personal social services:

- universally available services that can strengthen family functioning
- services targeted on families in early difficulties such as relationship counseling, family centres and home visiting schemes
- work with families suffering severe difficulties and on the threshold of care proceedings, characterised by intensive work to prevent family breakdown.

Soper et al (2006, pp 55-62) provide a detailed list of services provided by local authority children's services departments (directly or via service level agreements with other agencies or independent sector providers). Services these authors identify which come under the broad 'family support' category are listed in Appendix 2.

In policy terms, the emergence of the new organisational frameworks for children's services, in particular children's trust arrangements (DfES, 2005; Bachman et al, 2006) and children's centres (Cabinet Office, 2006; Bertram et al, 2002; DfES, 2004) complicate the task further. These new frameworks are specifically intended by government to facilitate 'joined up services' across agencies and, in the process of doing so, are developing a new range of posts (in children's centres, Extended Schools and Connexions services for example), many of which include in part or all, family support tasks. The Pathfinder Children's Trusts final evaluation report (DfES, 2006a) gives examples of the new ways of working and the newly created roles following the introduction of children's trust arrangements. The introduction of the 'Lead Professional' role and the increasing use of the Common Assessment Framework (see, for example the early evaluation by Brandon et al, 2006) are also impacting on the role, tasks and conditions of employment of family support workers. In particular these initiatives are resulting in closer links between those who provide family support in the 'semi-formal' and in the 'formal' agencies and require more clearly defined professional standards, especially with respect to recording and information-sharing.

There is also an inevitable issue of 'visibility' of which account needs to be taken, which tends to be associated with publicity and especially the extent to which services have been evaluated. Statham and Biehal (2004, p2) in their review of the impact of family support, point out that the '*balance of evidence from research* ' derives from studies of:

- early education and day care services
- parenting programmes
- befriending and support
- family centres
- short breaks/respite care.

Having reviewed the complexity of the context within which family support is delivered and recorded, this section of the scoping report is presented under the following four headings:

- a resume of recent national workforce literature on family support activity

- a closer exploration of the respective family support activities undertaken across the traditionally defined sectors (voluntary; statutory social care- with links into youth justice and housing; statutory education; and statutory health)

- a resume of activity patterns in cross agency initiatives, i.e. Sure Start Local Programmes/Children's Centres; children's trust arrangements and services supported by the Children's Fund;

- section summary and emerging themes.

Health service employees, and those employed in youth justice and housing settings, do not strictly speaking fall within the 'footprint' of CWDC, and so these workers are not a major focus of this review. However, given the membership of CWDC in the Children's Services Network group and the inclusion of these workers in many of the reports they have been included in this literature review.

A national perspective on activity: a summary of recent national workforce literature on family support activity

The term 'activity' includes roles as defined in job descriptions, as well as the actual tasks and detailed activities undertaken by family support workers. Current national workforce initiatives are beginning to address the task of establishing a coherent picture of family support activity.

The *National Minimum Data Set for Social Care, Job Roles version 1* (Skills For Care, 2005) identifies Job Role Number 9 as "community support and outreach worker", whose role *"is to help people overcome difficulties, cope with many aspects of everyday living, develop socially and personally and live as independently as possible"*. More specifically it includes working with families *"visiting homes where parents are struggling to cope and where children are in danger from their own behaviour or that of others"*.

The Children's Workforce Development Council's (CWDC) *Occupational Summary Sheet: Outreach/Family Support Worker* describes the role of the Family Support Worker as being to provide *"practical assistance and emotional support to families who are experiencing problems…"* This assistance and support might include *"parenting, home management skills, physical and emotional care, playing with children, dealing with discipline and behaviour difficulties and budgeting"*. The Family Support Worker might be provided through family centres, community centres or Sure Start Children's Centres, and their work includes much outreach work in the family's own home. Family Support Workers are generally encouraged to negotiate and plan with the family the type and level of support and the length of time of the involvement. Generally there is no professional entry requirement to this role.

These reports conclude that Family Support Workers are mainly employed in the public sector by local authorities, either directly or through commissioned services from the voluntary and community sector.

Pye Tait (2004) explored Family Support from both the parenting education and family support perspectives. Data gathered included job descriptions, advertisements, training material and service user leaflets. These were analysed to identify twelve key roles that fell under parenting education, family support or a mix of both. They were:

1. Worker - development of learning support
2. Worker - regional/communities
3. Worker - telephone/internet support
4. Worker - research and development
5. Facilitator (group)
6. Tutor (programme)
7. Co-ordinator
8. Health visitor or home visitor specialising in parenting education or support
9. Midwife
10. Promoter/trainer
11. Policy/Development/Project Officer
12. Education welfare officer

Both the length of the list, and the implicit rather than explicit nature of the family support activity involved, reflect the challenges involved in delineating family support as a discrete activity. The specific activities listed under Role 1, "Worker – development of learning support" are given below and all could be seen as *family support*:

▪ offering support to carers in their parenting role
▪ mentoring parents and those in a parental role
▪ promoting the services of the family centre/community groups
▪ supporting parents who wish to work or acquire new skills
▪ negotiating, designing and ensuring high quality provision of relevant education programmes
▪ help develop practical resources e.g. toy library
▪ encouraging parental understanding of and involvement in their child's learning and development
▪ having an empathy and/or understanding of different cultural needs
▪ supporting parents in developing opportunities for their children to reach their full potential
▪ lobbying/awareness raising
▪ liaising with parents, schools and children over special needs issues.

Pye Tait (2004) underlines the co-existence and/or overlap between family support services and parent training. These themes echo those found in the survey of family support services undertaken by the National Family and Parenting Institute (Henricson et al., 2002) in 2000/01 some years earlier. Data were collected through a postal survey of more than 5,000 identified projects/services across the country, and the distribution of the survey to a further 1,000 umbrella organisations to disseminate. In addition the survey

was sent to directors of social service departments, education authorities and NHS trusts; 2,000 responses were received (Henricson et al, 2002).

The terms 'tier' and 'level' are used slightly differently in the different public service sectors, but broadly are understood as follows.

'Tier 1' services are universal services (whether free at the point of delivery or publicly subsidised) provided to all citizens who chose to use them (eg GP services, public libraries) or available to all in a particular age group (eg schools for those of compulsory school age) or in a particular need group, eg midwifery services for expectant mothers, job-centres for those seeking employment.

'Tier 2' services are targeted at groups or communities where research indicates that there is an additional level of need or vulnerability, but where the choice to use the service remains with the family. For example Sure Start projects were originally cited in areas of known deprivation, but most services were based on the principle of 'open access' to local families, without the requirement to establish 'need'. They did, however, provide some 'Tier 1' and 'Tier 3' services. With the establishment of Sure Start Children's Centres in most areas, these have become 'tier 1' services also providing some 'Tier2' and 'Tier 3' services. Other examples are open access community based services for refugee families, or families with disabled children.

'Tier 3' services (sometimes referred to as 'targeted' or 'referral based') services are 'targeted' at identified families known to be vulnerable, who may refer themselves or be referred by a worker within a universal service such as a teacher or GP, for a more specialist service. There is usually a needs 'threshold' (legally or administratively established) for access to these services They aim to prevent identified problems from causing harm to parents or children, but may involve therapy for established difficulties. They are mainly provided within the family home or neighbourhood, but could include, for example, support foster care for disabled children.

 'Tier 4' services are 'remedial' or 'rehabilitative' 'heavy end' support and/or therapy services for referred families, and sometimes involve court orders or an element of coercion (such as a child protection inquiry; a young person convicted of an offence being placed in a treatment foster family; a health service placement in an addiction treatment unit, or a residential unit for a family evicted as a consequence of anti-social behaviour). (See Hardiker et al, 1991, for a detailed analysis of how these 'levels' are applied to work with families.)

The survey report identified 13 different activities that might be provided by family support services. Amongst the most commonly cited as the main focus of work are:

Parenting and child leisure and learning	14%
Befriending services	13%
Parenting courses	10%
Counselling for parents	9%
Information services/publications	9%

Of the organisations surveyed 60% provided parenting courses; 56% provided 'parenting and child leisure and learning'; 55% provided self-help parenting groups; 53% provided counselling for parents and 49% provided information services/publications. These were the most frequently cited activities. It should be noted that the term counselling may cover a range of parent-focussed groups or one-to-one activity. This is especially true in the context of services provided at Tiers 3 and 4 by local authority children's services, where 'counselling' merges into social casework or therapy provided to families who are experiencing more complex or entrenched difficulties. The report does not pay much attention to these already well documented services provided mainly by qualified social workers and therapists, but they need to be included as an essential part of the family support services at Tiers 3 and 4 (Quinton, 2004; Aldgate and Statham, 2001; Thoburn et al, 2005).

A picture emerges from the National Family and Parenting Institute (NFPI) report of a concentration, in the early 2000s, of services aimed at families with children under five years old, but with very little attention being paid to families with older children, including teenagers. Services appeared to be focussed on behavioural issues and/or families with a disabled child/children. Very few resources were, at the time, this report was written, described as being designed for/or targeted at black and minority ethnic families or fathers.

The NFPI data is organised within 5 organisational categories: social services, health, education, multi-sector and voluntary. From this it is clear that the voluntary sector is very heavily involved in family support provision. Of the befriending services 48% are provided by the voluntary sector as are 45% of the 'parenting and child leisure and learning' services and 32% of parenting courses. In fact across all of the listed activities the voluntary sector services predominate. However, we need to be aware that voluntary sector organisations may be over represented amongst survey respondents. (Caveats include the motivation for voluntary sector agencies to publicise their work, and the absence of local authority services from provision of services at the lower thresholds of need.)

The NFPI report (Henricson et al., 2002) provides an optimum list of the range of services that need to be provided across sectors to comprise a viable spectrum of family support to meet the wide range of needs presented by families needing assistance can be seen in table 1.

Table 1:

Table 1.3 **The range of services in a well-provided locality**

Education-based	Health-based	Social Services	Voluntary and Multisector
Early years centres Parent partnership services Lifelong learning/adult education services Community learning and family education service Parent network Educational psychology service	Hospital paediatric services Health visiting services Parenting/parentcraft programme (usually mid-wifery based) Parenting support project School-based centre Children's centre Counselling services CAMHS Parenting forum	Sponsored childminding schemes Area social work teams Family centres Family placement service Adoption service Community support team Children with disabili-ties team Child protection team	Parenting support groups/courses Drop ins Mother/toddler/play groups Relate Sure Start Home Start Family Mediation Service Child and family therapeutic services Family Service Unit Family Welfare Assoc. NCT service Women's Aid NCH/NSPCC/Barnardo's/Children's Society

Taken from Henricson et al., 2002, p5.

The results of the survey indicate that local authority social services are most likely to provide services at higher levels of need i.e. Tiers 3 and 4, or services that can be seen as t*argeted* or *referred*. This is often provision of a specialist nature. Education services are mainly focussed on earlier preventative work, whilst the health sector bridges these two types of provision. The voluntary and multi-sector services tend to develop pockets of expertise which are often located in community based prevention programmes, although increasingly such agencies operate at Tiers 3 and 4.

The Henricson et al (2002) report is valuable in that it provides a comprehensive picture of the content of family support services across the spectra of both need and sector. At the same time it inevitably excludes many staff in family support services who were/are delivering family support, but whose 'organisational titles' did not necessarily flag this up (e.g. social workers, family therapists, educational psychologists, family mediators, welfare right workers, contact supervisor). Neither did it provide detailed breakdowns of the job roles and tasks of the staff identified.

A closer exploration of the respective family support activities undertaken across the traditionally defined sectors (voluntary; statutory social care with links into youth justice and housing; statutory education; and statutory health)

The following section provides a close-up on the contribution of the main sectors involved:

- voluntary agencies
- statutory/social care
- statutory/education
- statutory/health.

The intention is to highlight the main types of worker within each of these settings, delivering family support services, as all or part of their role. It is supplemented by a table which provides an overview of the range of activity undertaken by the various sectors and an indication of the extent to which centre based and/or outreach strategies are used by them. The table is contained in Appendix 4 and represents a synthesis of the key data sources studied and analysed by the project team. No column is provided for Family Court based services, but it is recognised that the support work of the Children and Family Court Advisory and Support Service (CAFCASS) plans to expand and that family support workers are already being employed by this service.

The section continues with a general overview of the respective contribution made by the various sectors. Where appropriate, specific examples are given, based on documentation that was volunteered to the project team. (While these specific examples are *broadly* representative of the organisational issues and roles, it is not suggested they are representative in every sense.) The Further Education, Connexions and local Skills Council services are included within the broad remit of education.

a) The voluntary sector

The voluntary sector has a long record of delivering semi-formal or formal family support services (Tunstill and Ozolins,1994; Ball, 2004), the purpose, nature and organisation of which is greatly influenced by the requirements of central government (Tunstill et al., 2007). The larger voluntary organisations, such as Barnardos, Family Welfare Association (FWA), National Society for the Prevention of Cruelty to Children (NSPCC), and National Children Homes (NCH) are important providers of formal family support services, using combinations of outreach or centre based approaches. (Gardner 2002) Many families experiencing severe difficulties require a more proactive approach than an expectation that they will voluntarily attend a centre based service. Instead many will need assertive outreach work to facilitate their engagement with services (Tunstill et al., 2005).

Family centres, of which nationally less than a quarter are managed by voluntary organisations, usually combine both centre based and outreach services, alongside self-referral and drop in provision:

"We're not social services - we're a voluntary project funded by social services. I wanted to make it feel to families that they were receiving a service as customers…..we empower clients to come into our drop in service, but now we ….have a separate side where we are able to carry out assessments in the community" (Tunstill et al, 2007, p71).

The services provided by the centres studied by Tunstill and colleagues (Tunstill et al, 2005) included:
▪ assessment of need
▪ enhancement of parenting skills (e.g. parent skills training; video analysis of parent child interactions, play-based learning)
▪ support for parents and children

- counselling
- speech therapy
- activities/opportunities for personal and/or social development, e.g. exercise classes for parents, aromatherapy, cookery classes
- holiday play activities for children; family fun days
- provision of advice and information, e.g. welfare rights, housing
- toy libraries
- laundry facilities.

In contrast the charity Home-Start, is best known for a type of outreach service, in the form of the home visiting orientated services it provides through its 8,916 volunteers (Home-Start, 2005). Home-Start volunteers, who are recruited, trained, supported and monitored by a paid co-ordinator, represent a key facet of the family support workforce. The role mainly involves home visiting with the family. Although most of the services are provided on an outreach basis, support groups are also provided in some areas. The service is only available to families with a child under 5 years old. A resume of the tasks is provided in the One Plus One report of Home-Start volunteer training:

"Typical difficulties include loneliness, ill health, disability, bereavement, multiple births, post-natal illness, isolation and relationship difficulties. Help and support is provided by regular home visits through listening, sharing problems and concerns and practical support. Family groups are also offered which may differ in style, including parent education, family drop-in, cooking, massage and reflexology or parent and toddler groups." (Ayles, 2003).

Each volunteer visits one family or more, usually once a week for 2 hours. The main aim of the support is to be 'an extra pair of hands' or to provide 'practical support'. Volunteers and parents are matched carefully and evaluation has shown that families appreciate this and feel understood and supported by a 'friend' rather than worker or professional. In some of the 300 local schemes (across the UK) parent support groups are offered and run by volunteers. In terms of working from a particular model, Home-Start volunteers are encouraged to use their experience as parents and individuals in a non-judgemental and receptive way. (Home-Start is unusual in being the subject of several evaluations: see for example Frost et al 1996; McCauley et al; 2004).

The voluntary sector provided *volunteer workforce* picture is a developing one, as is illustrated by a very recent pilot project, established as a direct response to the Laming Inquiry into the death of Victoria Climbié, and launched by Community Service Volunteers (CSV). This project has begun to deliver family support services to referred families with a child on the child protection register through volunteers who are recruited, allocated and supported by a CSV employed project worker. Whilst the majority of face-to-face contact is between the family and volunteer it is important to note that it is the employed project workers, comparable to the Home-Start co-ordinators, who facilitate and sustain the services. The CSV project evaluation study (Tunstill, forthcoming) showed the volunteers undertaking the following family support tasks in respect of the families they visited:
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- assisting and supporting the family in maintaining home conditions
- providing support for mothers to boost their self esteem
- providing a parenting role model for mothers and fathers
- providing extra support to help families keep important appointments
- providing support to develop new *behaviours*, including improving/maintaining household conditions; using the table for meals; and increasing levels of stimulation for children e.g. reading books
- providing support for grandparents in their substitute parenting roles
- providing advice with behaviour management problems including ADHD and autism
- providing advice and support so parents can improve their ability to set boundaries
- providing male role models for sons in circumstances associated with domestic violence
- supporting grandparents caring for grandchildren
- supporting parents with a history of substance misuse in remaining free from problems.

As far as we are aware from the reports and other literature surveyed, Home-Start and Community Service Volunteers are currently the only national providers of this type of trained volunteer befriender support for families with a range of needs. Volunteer home visiting is, however, a part of the service provided by some parent support groups in the disability sector and a similar service is sometimes provided at the local or regional level either by agencies set up specifically for this purpose or, more often, as part of the service provided by the voluntary or statutory family support services. (See Annual Reports and websites of small family agencies e.g. Norwich Family Friends project (Norfolk and Norwich Families' House Annual Report, 2006).

The *co-ordinator/project worker* role represents a specific aspect of family support activity and effectively adds a rather different role and set of tasks to the traditionally constituted list. An evaluation of Home-Start recently completed by McCauley et al (2004) provides data on the costs associated with this type of service and will be referred to in later sections. These services, which match volunteers to families not previously known to them, come within the 'formal' range of the spectrum of family support and have recently been added to by the 'semi-formal' approach taken by local Sure Start programmes in their recruitment of 'community parents' who are often already an acquaintance of the family for whom they provide support. (Allnock et al, 2005, page 29).

The voluntary sector can provide for specific needs arising directly from the status of parents as, for example, in the case of post-adoption support. Like many other family support workers, those working in post-adoption support agencies will sometimes work directly with the children (for example undertaking life-story work under the supervision of a social worker), sometimes with a parent, sometimes with both parents together and sometimes with the adopter and child together. Post-adoption support workers also support the birth parents whose children are no longer living with them, especially in helping to arrange post-adoption contact (Neil and Sellick, in preparation).

Recent advertisement for a post adoption worker post

In 1996, Adoption Matters (then the Chester Diocesan Adoption Services - CDAS) secured funding from a generous local trust to develop its post-placement and post-adoption service to adoptive families. The project opened with a six month period of research into the views of adoptive families as to their needs and to the most useful aspects of post-adoption support.

The research confirmed, amongst other findings, that a number of families had a continuing high level of emotional or behavioural demands from the children placed with them and had difficulty in getting a break from their parental responsibilities from within their own family and friendship network.

The Family Support Project was set up in direct response to these findings, using an allocation of the trust funding, which secured the first 12 months of operation. The project is now self-financing.

A system of referral and prioritisation operates via the social work team for families to join the project and receive a support service. The family support worker is allocated to a family/families as near as possible to his/her local area. Introductions take place and agreements are made as to the care required by the particular family prior to the first occasion when the support worker will be alone with the child/children. Arrangements are monitored and reviews held regularly to discuss the continuing needs of the family.

A comprehensive package of initial training and ongoing support and supervision is provided to support workers.

The voluntary sector is also important in delivering family support services to groups who may be seen as *marginal or* as *attracting of less sympathy* within the wider society. The families of prisoners are one example, as the following project run by the Ormiston Trust indicates (see www.ormiston.org/timeforfamilies/index).

The Ormiston project, a description of which is provided below, exemplifies the specific ability of the voluntary sector to meet the needs of individual, specialist and/or minority groups.

Children of Offenders Programme

- Our Children of Offenders Programme is an initiative by the Eastern Region Families Partnership to promote greater awareness and more effective responses to the needs of children of prisoners. The programme is managed by Ormiston and funded through a unique collaboration between ourselves, the LankellyChase Foundation, HM Prison Service and Ormiston Trust.

Launched in 2002 the programme has expanded work to eight of the region's twelve prisons and has established community support for children and young people in two counties.

We provide:
- good quality visiting and contact opportunities for children to spend time with their imprisoned parent/carer or family member
- support and information for children and families, including specialist community programmes in two counties
- accredited courses for parents in prisons to explore how they can best maintain a role in their child's life
- resource material to support families and those who work with them
- a telephone helpline as part of the national Prisoners' Families Helpline.

We are working to:
- promote the importance of the role of families in sentence planning and resettlement
- raise awareness of the needs of children and young people affected by imprisonment. This includes working with schools, health, social care agencies and voluntary organisations so that they are better able to meet the needs of children and their families
- give children and families a voice and influence through consultation and research.

The voluntary sector also makes a very substantial contribution to the overall provision of family support activity on a centre-based basis - this area of work is exemplified by NCH. NCH employs approximately 2,300 staff working across their services to support families. These staff work in a range of settings across the UK such as family centres, children's centres, local Sure Start programmes, young carers projects, crisis intervention services and families projects for families at risk of homelessness. In terms of family centres, NCH currently runs 65 family centres, usually working from an integrated model, providing a wide range of services to support families including drop-ins, play sessions, support groups for parents and carers, outreach work, specialist assessment, child protection, one to one work and supervised contact sessions. Many centres also act as a host for other services to be offered to local communities, for example, CAB and health outreach sessions. (NCH, 2006)

b) Statutory social care

Social care *"refers to the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in difficult situations and manage complex relationships"* (DfES/DH, 2006, p8) It has a key role to play in *"safeguarding children and adults from harm. From securing placements for children in care to supporting people who care for elderly friends or family, social care assists people to lead healthy, happy and stable lives. It protects adults and children by taking action to overcome difficult situations"* (op cit., p12). An example of a local authority family support post is provided in Appendix 5.

The core paid posts are defined by the *Options for Excellence* review highlighted above as social work; residential, day and domiciliary care staff in all sectors, agency staff and a limited number of NHS staff. The wider workforce includes childcare and early years workers, foster carers and adopters. In fact a wide range of social care post holders will contribute to the task of supporting families, in what is intended to be a complementary way. There will inevitably be differences between their precise roles and, in particular in respect of social work, a tension between the aspirations of both government and social work staff and the reality of practice on the ground.

In many of the publications we have reviewed (and especially those focusing on the statutory social care workforce) 'family support worker' is not listed as a separate job title but included under such roles as 'social work assistant', 'home care worker' (especially when working with disabled parents or those with disabled children) or community worker. Family support workers are also attached to 'young carers' projects and some provide support to the families as well as to the children.

Kessler (2006) compares the role of the 'social work assistant' with those of healthcare assistants and teaching assistants. In this ESRC funded project, the assistants were asked to identify their main tasks within the categories of supporting clients, supporting professionals, service support and administration. The social work assistants were most often involved with providing client support tasks, closely followed by the delivery of service support. However all four task areas were ranked closely. The social work assistants saw themselves as a *team* resource, rather than providing support for individual professionals. Kessler notes that the social work assistant-professional boundary has been shifting towards more assistant-work, which involved what would previously have been professional work, such as case management responsibilities (for straightforward cases). To a greater extent than either of the other groups of assistants (teaching assistants and healthcare assistants), social work assistants felt that their role overlapped with that of the professional.

Kessler found that the local authority-employed social work assistants were involved with case management. In one authority this was management of unallocated cases with supervision from a qualified social worker provided on a fairly informal basis. In a further two authorities, the case management role was specified as one of their roles. It was reported to the researchers that this allowed them to take on cases that were considered to be 'less pressing'

but could benefit from a service of a mainly practical nature which could appropriately be case-managed on a day to day basis by someone who was not a registered social worker. The researchers noted that, anecdotally, it was believed by many social work assistants and social workers that someone in this role was more likely to develop better relationships with clients. Theories or likely reasons offered included the likelihood that the assistant would have more time to spend with the client and be more likely to come from and of the local community. They are less likely to be seen as authority figures with the power that accompanies the role of the statutory social worker The survey findings indicated that social workers felt strongly that social work assistants had a positive impact on clients.

Putting the findings of this study together with other research on this subject, it may be helpful to note here that this role is sometimes contracted out to specialist voluntary agency workers who work closely with the social workers, including on 'Tier 3' type cases. Such initiatives form the subject of much of the provision identified in the course of the National Evaluation of the Children's Fund. (Morris and Spicer 2003; Morris et al 2006; Edwards et al 2006). A specific example can be found in, one of the growing number of reports on family support services to minority ethnic families evaluates such a service (Gray, 2002). This small qualitative study concludes that family support workers employed by a voluntary agency who were of the same ethnic heritage as the community served by the agency were viewed positively by the families and were able to act as 'bridges' between the families and the local authority child protection services. This point is discussed more fully by Thoburn et al (2005) who noted that other studies have found that families could be fearful of a breach of confidence by workers too closely identified with their immediate neighbourhood.

Perhaps one of the highest levels of need at which family support workers are beginning to be employed is the Children and Family Court Advice and Support Service (CAFCASS), which is the largest employer of qualified social workers in the country and provides Family Court Advisors (mostly but not all social workers) in complex private and public law cases (Every Child Matters, 2006). CAFCASS currently has *"a small number of family support workers who do not have a social work qualification but have related qualifications and/or are experienced workers who work alongside teams to support direct work with families …their contributions can enrich the work of the team…"* (CAFCASS, 2007, p 24).

Social workers themselves are a key component in the family support system, and family support a key component in the social work task, even if reactive child protection activities predominate:

"it is relatively easy to opt to focus on immediate safety. It is much harder to ensure services protect children…when parents do not receive the help they themselves need, both in their own right, and in order to support them as parents".
(Commission for Social Care Inspection, 2006, p4).

The family support component of the social work role will therefore entail a high degree of liaising, networking and co-ordinating of services:

"*social work …(has been described) as the joined-up profession - a profession that seeks to liaise, to mediate and to negotiate between professions and between the professions and the children and their families…. Social work can be seen as the cement that holds together the service for children and their families, and attempts to ensure that it is connected and forms a coherent whole.*" (Soper et al., 2006, p12).

Increasingly, the social care team providing a service to a 'higher risk' family or a family with complex problems, often involving disability, will comprise a social worker who is accountable for the assessment, the decisions about the provision of services and some aspects of the casework service, a family support worker and possibly a welfare rights worker. The family may attend a family centre where they will receive a service from other family support workers. There may also be an inter-agency network or 'core group' providing a range of services, which could include services provided by a health visitor assistant or a parent support worker based in the school.

In many local authorities children's services social workers are seconded into the multi-disciplinary Youth Offending Teams (YOTs) that provide both parenting education and parenting support on an outreach basis to both children at risk of offending, as well as those found guilty of an offence. Increasingly youth justice workers who do not have a social work background or qualification are undertaking this work. This is an area where there has been a huge expansion in parenting support work. A report from the Cabinet Office confirmed that YOTs have *"provided parenting support interventions to 11,000 families per year over the last two years"* (Cabinet Office, 2006, p62). In addition some parents are required to attend a group or to undertake a one-to-one parenting programme under the terms of court-imposed parenting orders. Also at this level (Tier 3/Tier 4) the Anti-social Behaviour Intensive Family Support Projects are being implemented, some of which are provided on a residential basis (Department for Communities and Local Government, 2006).

c. Statutory: Health Service

As noted in the introductory section of this report, health visitors (and to some extent midwives) have had a major role in the provision of Tier 1 parent education services and at Tier 2 in providing advice to parents and family support services. Of the health service's early years and health visiting staff 20% now use Sure Start/Children's Centres as their main base and a further 40% use these settings as the base for outreach work (Barnes et al, 2006). The close connectivity between such family focussed centres and early childhood staff implies their role in family support. Many speech and language therapists also provide aspects of parent education and support.

We know that 71% of child health and maternity nurses and school nurses working within universal services have extended nurse roles in parenting programmes. However we do not know what this equates to in terms of the

nurses' day to day tasks, that is to what extent is this their primary role? We also now that 78% of maternity services provide community based post-natal care, but we do not know to what extent this might be considered family support - there is little information available stating what this care may consist of, and whether it includes parenting programmes or any other family support work. However, this role within the health service is set to develop further with the announcement in *Reaching Out* of a programme of 'demonstration projects' for health-led parenting support in the early years (Cabinet Office, 2006).

GP surgeries can also provide the setting for the delivery of family support services by voluntary organisations, such as Family Welfare Association (FWA).. FWA's Well Family services provide a social care service in doctors' surgeries. Their co-ordinators work with health service professionals who refer patients with practical and emotional issues that are affecting their health. (www.fwa.org.uk).

The National Evaluation of Sure Start reports that most Sure Start Local Programmes (SSLPs) tend to use home visiting, and often health visiting, as an opening tactic rather than to deliver services of an ongoing nature (Allnock et al., 2005; Tunstill et al., 2005a; Tunstill et al., 2005b). Most of this work takes place at the SSLP base (centre based) – often a community or children's centre. When home visiting (outreach) did take place, it was often with a view to engaging the most hard to reach families. Much of the home visiting was done either by community workers/parents/paraprofessionals or by health visitors in the first instance. The national Evaluation of Sure Start concluded that it was not straightforward to disentangle the extent to which, in some SSLPs, home visiting schemes were an extension of mainstream health visitor services. They were provided either by health visitors with extra time to offer longer/more visits to parents or by designated Sure Start health visitors. They concentrated on the same things as mainstream health visitors that is health, child development, child protection and breastfeeding (Allnock et al., 2005).

There are two further areas where the health service is involved in providing family support services delivered primarily by professionally qualified staff, increasingly supported by 'assistants' who come under our definition of family support workers. One area is work with parents who have a disabled child or a child with a life threatening or life limiting condition. The other is support work with the families of children with emotional and behavioural difficulties who have been referred to the Child and Adolescent Mental Health Services (CAMHS). In addition there is the occupational role 'primary mental health worker' (filled sometimes by qualified nurses or social workers but sometimes by those without formal qualifications) which involves providing advice to primary care professionals but also providing direct advice and support services to parents and parents and children jointly.

d. Statutory/Education

The organisation of school based support services is at an early stage but the intention in the ECM programme is for extended schools to deliver a family support service from school premises, or under the overall

management of head teachers. This will in some cases involve services provided directly by staff employed by the schools and in other cases the services will be commissioned by the schools from other statutory agencies or third sector providers. A third model is the joint financing and provision of these services by partnership arrangements between schools, children's social care, health and third sector agencies. The box gives an example of such a partnership.

Greenwich On Track (Coram Family's Project)
School Family Support Worker, Family Support and Vulnerable Children

<u>Main Duties & Responsibilities</u>**:**
To provide focused family support and advice to vulnerable families.

To facilitate parent support groups including Strengthening Families Parenting Programmes and individual School Parent Drop-ins.

To work to enable empowerment and self-development in families.
To provide focused family support and advice to vulnerable families.

To facilitate parent support groups including Strengthening Families Parenting Programmes and individual School Parent Drop-ins.

To work to enable empowerment and self-development in families.

To consult with parents, the local community, voluntary and statutory service providers and schools to identify need.

To plan and undertake direct work with families to enable positive development which safeguards and promotes the positive development of children.

To facilitate parent support groups aimed at enabling effective mutual and peer support, school engagement and personal development.

To co-facilitate Strengthening Families, Strengthening Communities Parenting Programmes.

To work in partnership with agencies, parents, children and local community groups

To jointly review and evaluate work undertaken with parents and children.

The emphasis on the full service to be offered from extended schools entails a major development in respect of family support activity with the aim being to bring about:
- significant positive effects on children, adults, and families
- re-engagement of individuals and families with learning
- engagement with parents
- ways of engaging the most vulnerable and marginalised people and of seeing local people as active partners.

In the period in which this report is being prepared, a pilot project is being implemented and evaluated in selected areas for a new group of staff called 'parent advisers' to be appointed to schools. Some are directly employed by schools and others are commissioned from voluntary sector agencies.

A summary of activity patterns in cross-agency initiatives (i.e. Sure Start Local Programmes/Children's Centres, Children's Trust arrangements and services supported by the Children's Fund)

a. Characteristics of jointly commissioned services through Children's Trusts

Children's Trusts are the strategic level bodies responsible for ensuring the delivery of a co-ordinated children's service across:
- the new local authority children's services departments (combining former education services and children's social care)
- health services (especially health visitors, community paediatricians, school nurses, services to disabled parents and disabled children and CAMH services);
- youth justice services
- other services essential to family well-being including housing and leisure.

The **University of East Anglia** (UEA) evaluation of pathfinder children's trusts (DfES, 2006a) found that the majority of jointly commissioned services were targeted services for specific groups of children, often with health related needs, rather than universal services for all children. The explanation appeared to lie in the previous history of partnership working and existing joint funding for services for specific groups of children. Many local authorities and health trusts had for some time been moving towards joint commissioning, enabled by the flexibility of Section 31 (Health Act) agreements. However, these are limited since the legislation specifically relates to the health service and local authority social services departments, allowing them to pool budgets to achieve mutually agreed aims. The evaluation report notes that the merging of local authority education and children's social care services following the 2004 Children Act has greatly facilitated the pooling of budgets, even though schools are not specifically included in the Children Act section 10 duty to cooperate. Indeed, this report found that education and social care services were more likely than health services to provide jointly commissioned services in both neighbourhood

settings or schools. Some of the targeted (Tier 2 and 3) services in education, health and social care focused on supporting parents.

Table 2
Characteristics of 30 children's services most often the subject of joint commissioning (services most relevant to family support in bold)

Targeted	Universal
Special education services: sensory impaired; disabilities; challenging behaviour	
	Pre-school education/play groups
	Healthy school schemes
Parenting support	
Mentoring service for children in need of additional support	
Child and adolescent mental health service "Tier 3" CAMH service	
Respite care	
Child development centre or equivalent	
Special equipment for children with disabilities	
Health assessment for children with disabilities	
Key worker service for children with complex health problems	
Speech therapy	
Parenting education groups	
Youth inclusion support panels	
Arrangements to provide practical help to families	
Parenting education in groups and for individual parents	
	Before and after school clubs
Children's Centres	
Area based	**School based**
Holiday Clubs	
Support services for children in need in the community Neighbourhood family centres	

Source: Adapted from DfES (2006a)

Table 2 shows a breakdown of the 30 services that are most often the subject of joint commissioning, and whether they were targeted or universal, area or school-based services (those relevant to family support are in bold).

The Children's Trust evaluation and the Brandon et al (2006) report on Lead Professional and Common Assessment Framework pilots provide further information on new types of worker, most of who provide family support services, often alongside their work with individual children. Job titles for these new types of worker include 'drug misuse worker' and 'housing support worker' employed by a housing department; 'maternity support worker' working alongside midwives from a children's centre base; 'emotional and mental health advisor' attached to the Child and Adolescent Mental Health Services (CAMHS) team; 'outreach economic well-being worker' working across agencies; 'early support key worker' working from a social care base to provide support to parents whose children are newly diagnosed as having a disability.

b. Children's Fund –facilitated support services

It was noted earlier, when summarising the findings of the Henricson et al. (2002) study, that the majority of family support services in the early 2000s were aimed at young families with children under five. Recognising that this imbalance was further exacerbated by the Sure Start initiative, and in the light of concerns about school-aged children becoming involved in criminality and anti-social behaviour at an earlier age, the government provided earmarked funding to the Children's Fund. This was administered from local authority chief executive's departments and aimed to encourage the expansion of (mainly) voluntary sector initiatives to support children aged between 5 and 13 who were at risk of social exclusion and their families. Given the age range, many of the projects supported by the Fund were specifically designed for the children themselves, but an important minority was provided for parents. For example home-school liaison projects 'provided group-based and individually tailored activities for children, in nurture groups and break and lunchtime clubs, as well as providing support for parents. In a few instances *services focussed specifically on parents rather than working directly with children. These included a crèche with advice and language skills help for parents from minority ethnic groups* (National Evaluation of Children's Fund, 2006a, p20). This encouraged the growth in the number of family support workers employed in the voluntary sector, as well as volunteers and informal and semi-formal self-help groups. However the short-term nature of the funding was seen as an impediment to the growth of a skilled and reliable service, whether provided by paid staff or volunteers. The researchers noted that many people started up a service because there was a need , but they were very badly paid and community based provision (Tier 1 or 2) relied heavily on goodwill, whilst the more targeted and formal provision made far greater use of paid staff.

The Children's Fund incorporated the On Track programme, which had been aimed at preventing school-aged children becoming involved in delinquency

and anti-social behaviour, but targeted a much wider group, including disabled children, children in care, children who had experience bereavement and children whose families were homeless.

The proportion of funded projects that were targeted at families problems were:
- families living in poverty   24% of projects
- families under stress   23% of projects
- families living with domestic violence   13% of projects

The services listed included parent education, parent support groups, mediation/ advocacy, family therapy, trips, information and signposting.

The National Evaluation of the Children's Fund (Edwards et al 2006 p107) notes under the heading 'Services for Families that *"The best preventative work with families focused on building family resilience and capacity to cope, through creating relationships of trust"* (p107). The specific tasks which were undertaken were often practical ones, for example, helping parents to develop strategies for getting children ready for school. In other projects workers concentrated on gaining parents' agreement to a referral to a Tier 3 service. These researchers reported that those services to parents they categorised as 'community-based parent support groups' had a broader focus than those groups which specialised in providing specific parent education programmes. They tended to use a wider range of approaches (including 'drop in' as well as 'fixed life' groups) and worked on creating networks of support within the group of parents.

The evaluation of the Children's Fund specifically examined services for refugee and asylum seeking children, as well as those targeted at children from minority ethnic communities. It emerged that services for minority ethnic children and their families were, more often delivered at a local level by voluntary and community organisations in community settings or through outreach work; and had low levels of collaboration with schools than was the case for other services(National Evaluation of the Children's Fund 2006b, p21). Another important aspect of family support work which the evaluation identified was especially relevant for parents of children with disabilities or demonstrating challenging behaviour. This was the support given to individual families to set up respite care facilities which often went alongside opportunities for parents to improve their skills (including learning English for immigrant parents). Although not a 'mainstream' family support activity, it was seen as an important part of a family support package by the parents interviewed in the course of the evaluation. The 'sign-posting role' of family support workers was also highlighted, especially their advocacy skills in 'fast-tracking' families to other sources of expertise and Tier 3 services.

c. Sure Start Local Programmes/Children's centres

A key objective of the 524 Sure Start Local programmes (SSLPs) rolled out between 2000 and 2005, and now comprising a key component in the 3,500

Children's Centres coming on stream, was the introduction of new services and the enhancement of existing services, in five key areas:
- outreach and home visiting
- family support
- special needs
- good quality play and learning
- community health.

The programmes have been the subject of a major evaluation, part of which paints a detailed picture of the range and nature of the services (Tunstill et al., 2005b). Given the emphasis by government on the need for integrated services, the evaluation found the task of disentangling the tasks of outreach and home visiting from other services in the local areas, a challenging one. They found that SSLPs' deliver services in the home fulfilled a number of (overlapping) functions including as:

- an extension of mainstream services, e.g. where health visitors or midwives are resourced to provide extra visits/extra support
- a specific services to people who may otherwise be unable to access them, e.g. speech therapy, breastfeeding support, portage
- an advisory services, where meeting a family in their own home environment is an important part of the understanding of their needs
- as a befriending service, where the visitor's role is to act as a sympathetic friend, providing adult company and someone to talk to.

A five-fold typology was developed by the researchers to encapsulate the many facets of outreach delivery: raising awareness; befriending; health/development services; a gateway to other services; and outreach provision of other services.

One main conclusion was the relative absence of service activity in the core area of *family support* in comparison with the extent of development in other core areas, such as play and learning or indeed outreach. The overall situation in 2003/4 can be seen in detail in **Table 3**, which provides a national picture of the inherited and enhanced family support services in Rounds 1-4 SSLPs (Allnock et al, 2005, p34). Obviously account needs to be taken of the overlap in practice with these other core areas, especially outreach which is likely to address family support needs.

Table 3
Family support services in rounds 1-4 SSLPs

	No of progs. answering this question	Services inherited by Sure Start		Inherited service developed by Sure Start		Brand new service		No new or inherited service in Sure Start areas
	N	n	%	n	%a	n	%b	%
Family centre vol. Agency	88	19	22	15	79	18	26	58
Family centre stat. Agency	88	30	34	20	67	16	28	47
Home visiting schemes	83	52	63	48	92	27	87	5
Welfare advice centres	78	55	71	34	62	17	74	8
Housing advice centres	81	61	75	39	64	5	25	19
Money advice centres	73	41	56	24	59	16	50	22
Relationship counselling	68	16	24	10	62	21	40	46
Leisure activities	62	30	48	24	80	29	91	5
Drop-in centre with crèche	71	22	31	19	86	37	76	17
Credit unions	75	29	39	12	41	15	33	41
Swap shop for clothes	72	12	17	7	58	15	25	63
Grandparents' groups	69	0	-	-	-	14	20	80
Fathers' groups	71	7	10	5	71	37	58	38
Parenting programmes	73	43	59	41	95	28	93	3
Telephone help-lines	72	9	12	4	44	26	41	51
Equipment loan schemes	76	30	39	18	60	34	74	16

[a] *Expressed as a percentage of programmes that inherited the service*
[b] *Expressed as a percentage of programmes that did not inherit the service*

Expressed as a percentage of the 260 programmes studies, the most commonly inherited family support services in Sure Start areas were housing advice centres (inherited by 75 % of programmes), welfare advice centres (71 %) and home visiting schemes (63 %). Next in line were parenting programmes (59%), money advice centres (56 %) and leisure activities (48 %). Fifty eight percent of programmes reported having a voluntary family centre, whilst 47 % had a statutory one. The most commonly initiated 'new' services included leisure activities, home visiting schemes, parenting programmes and drop-in centres with crèche facilities. SSLPs were less

commonly initiating new family centres, housing advice services, swap shops and parents' groups.

Section summary and emerging themes

1) The data presented in this section highlights the importance in the lives of all families, irrespective of any level of need, of a common range of services including those that address the following:
- income
- housing
- information about parenting
- information about available services
- signposting/networking in connection with services
- access to specialist information for parents or children with special needs or particular vulnerabilities
- day care for employed parents
- day care for parents pursuing training opportunities
- a range of advice, advocacy, counselling, casework and therapy services for parents whose difficulties are more complex.

2) The range of family support services now becoming available is complex and extensive. To maximise their usage by families may require the creation of posts to provide a purposive, sensitive and skilled sign-posting service for families, allied in some cases, to networking between services and/or the creation of service packages.

3) Workers across a range of settings, from those universal services which are located at Tier 1 to those located at Tier 4, are actually addressing a common core of issues, even if their respective contribution is determined to some extent by the setting/statutory basis from which they deliver it. The family support services required and delivered to families where there are child protection concerns are, in essence, the same as those where there are no such concerns, but a greater level of skill and accountability is required of those who deliver them.

4) The mode of service delivery, i.e. centre based or outreach, has implications for the precise nature of the service, for example, in terms of the level of practical resources that can be provided by a centre. However centre based and outreach services target many of the same people, and increasingly there are examples of successful combinations of the two which is probably the most effective strategy.

5) In particular, outreach can facilitate the engagement of parents who are reluctant or unable to use services delivered only from centres. Some staff groups, including professionally qualified outreach workers such as social workers and community workers, will have skills in engaging such families.

6) Some areas of family support provision require staff to have expert knowledge This is particularly the case in meeting the needs of parents with a disability or addiction, those who have children with special needs, or adoptive families or parents of children in care.

7) Given the dynamic and fast developing nature of services being delivered by volunteers, the role of *volunteer-co-ordinator* is an important and newly emerging one, with a set of implications for skills and training.

8) Whilst some family support workers are specialists in the provision of parent training and education, others provide advice and signposting, and/or emotional support. Some will undertake all of these roles in the course of a working week. Equally they operate in a variety of settings. Some family support workers only do outreach work in the family home, others only work in centres, while there are those who work both in the family home, in community/neighbourhood settings and in centres such as schools or family centres.

Section 3: The size of the Family Support workforce

The focus of this section of the report is on the size of the family support workforce. There is a range of well documented challenges associated with the task of quantifying the family support workforce (Price Waterhouse Coopers, 2006; Eborall, 2005; Cooper, 2005; Pye Tait, 2004); these challenges are interlocking. They include the very broad range of tasks associated with the delivery of family support; the absence of a consistent terminology around the job role or the job title for staff who undertake family support work (e.g. social work assistant, outreach and community worker, parenting support officer); and the diverse contexts in which family support work takes place (e.g. different sectors and professional milieu). It is perhaps unsurprising that, to date, no composite audit has quantified this important part of the children's workforce, and therefore the relevant available data is very limited.

Our conclusions are therefore largely based on the wider literature on the social care workforce, including annual returns and/or large scale national audits, with a view to identifying those workers who can be broadly defined as *family support workers*. We have also looked at specialised enquiries and individual research studies, which themselves have either drawn on or collected data on the size of the family support workforce. This section reviews each of the main potential sources of information on the size of the workforce before drawing conclusions that are necessarily limited.

Information drawn from the literature concerning the children's workforce as a whole

To attempt even to estimate the size of the children's workforce as a whole is a challenging task. Cooper (2005) (see **Table 4**) draws together available data on the size of the children's workforce in England and groups the data into sectors (public, voluntary and community, and private) and identifies six main challenges that constrain the calculation of definite numbers:
- the data are drawn from different sources, so differ in quality, as well as timing;
- some data are only available in Full-Time Equivalent (FTE, sometimes known as Whole Time equivalent, WTE) and others only in head count (HC)
- some data may be double-counted – either within occupation groups (e.g. individuals working in childcare may be counted in both out of school clubs and day nurseries) or between occupation groups (e.g. education support may contain data that is included in education data via separate sources)
- there are gaps in the data
- the definitions of various elements of the workforce differ between sources, so the researcher urges caution if the data are used to make comparisons
- for a minority of groups the data do not distinguish those working only or mainly with children [or with families].

Table 4
Main occupations of the Children's Workforce by broad service area as of 2004

Group	Title
Social Care	Social worker*
	Care worker*
	Occupational Therapist
	Foster Carer*
	Community worker*
CAMHS	Doctor
	Nurse*
	Child Psychologist
	Child Psychotherapist
Education Support	Education Welfare Officer*
	SEN Teacher
	Educational Psychologist
	Learning Mentor*
Youth Work and related services	Youth Worker*
	Personal Adviser*
	Learning mentor*
	Education Welfare Officer*
	Key worker*
Childcare and Early Years	Nanny*
	Childminder*
	Childcare worker (inc. playgroup)*
	Nursery Nurse*
Education	Teacher
	FE Lecturer*
	Teaching assistant*
Youth Justice	YOT Manager*
	Probation Officer
Health	Paediatrician (inc. sub-groups)*
	Paediatric Nurse*
	Midwife*
	Orthoptist
	School Nurse
	Practice Nurse*
	Health Visitor*
	Speech & Language Therapist
Sport and Leisure	Play worker*
	Park Attendant
	Sports Coach

Table adapted from Cooper (2005) (*added to indicate jobs in which family support work may be included).

Cooper recognises the incompleteness of the list. Across all three sectors he found little data available in respect of the voluntary and community sectors,

the private sector or volunteers. This is however one of only a handful of reports which can throw any light on the number of people formally called *Family Support Workers* or those, not so titled, who undertake *Family Support* work. As has been argued in earlier sections of this report it cannot be assumed that the two are synonymous: family support work is undertaken, to a greater or lesser extent, by a range of workers and professions, whose posts and occupations are not labelled *family support work* as such. It may be inferred from a broader knowledge about *family support activity,* (described above in Section 2 of this report), that family support may well form a part of the roles undertaken by the staff whose job titles asterisked in Cooper's table.

Eborall (2005) explores a wide range of research and workforce intelligence documents in respect of the social care workforce. However, despite the breadth of the data, Eborall's work has limited potential to inform estimates of the Family Support Worker workforce. This is largely a reflection of the absence of detailed data on the activity of those in the children's workforce who may be working with children and/or families. Eborall's estimate of the size of the social care workforce as a whole, based on available data, is 1.6 million workers. This figure includes both adult and child services working in all sectors. The figure includes day care and nursery workers, care homes, foster carers, support staff in schools, some NHS staff (involved in social care), but it does not include the 'grey' workforce e.g. carers, who may be paid cash, or whose remuneration comes through direct payments nor does it mention the large voluntary workforce of unpaid workers.

Eborall does identify an estimated 'core workforce' of 922,000, including local authority staff, residential, day and domiciliary care and agency staff (Eborall, 2005), 13 % of whom are employed to work in the children's sector (123,000 headcount). This figure begins to be more specific, but still includes, for example, all social workers employed to work with children, as well as staff in domiciliary care and residential homes (see Table 5). Narrowing the area still further, as of September 2003 there were approximately 277,000 (headcount) social care staff working in *local authorities* in England with an additional 11,000 (headcount) agency staff employed in local authority social care settings, known to be disproportionately represented in children's services (Eborall, 2005). Eborall concludes that there are 50,410 staff working with children and families in social services (headcount and excluding agency staff). This is approximately 18 % of the total social services workforce (276,960 headcount, rising to over 280,000 if agency staff are included. She points out that 28% of the total social services workforce is working in either generic or non-attributable services. More recent data indicates that as of September 2005 there were 277,125 (headcount) social care staff working in local authorities (LAWIG, 2006).

Both these figures are based on the annual return SSD001 completed and submitted to the Department of Health by the 150 local authorities with a social care department in England. The survey covers a number of jobs within the social care field such as field social worker, residential care staff, occupational therapists and home care staff divided between adult and children's services. It only refers to local authority social care staff rather than including staff employed in other sectors to carry out the functions of the

social care departments, and does not include agency staff. Neither of these two reports (Eborall, 2005; LAWIG, 2006) identify family support roles in their analysis of the SSD001 and other data sources. (See Table 5)

Table 5

ESTIMATED SIZE OF THE SOCIAL CARE WORKFORCE IN ENGLAND, 2003-4 (HEADCOUNT) (FROM VARIOUS SOURCES)

Employed in ➜ Type of service	Local authorities	Independent sector (private + voluntary)	NHS	Total	% of core total	% of wider total
Social services departments (central, area, field, other)	112,000	-	-	112,000	12%	7%
Domiciliary care services	56,000	107,000	-	162,000	18%	10%
Day care services (including local authority childcare)	38,000	57,000	-	95,000	10%	6%
Care homes (including nursing staff)	72,000	390,000	-	462,000	50%	29%
Agency staff	11,000	19,000	?	30,000	3%	2%
NHS (narrow definition)	-	-	62,000	62,000	7%	4%
Core workforce total	**288,000**	**572,000**	**62,000**	**922,000**	**100%**	**58%**
share of core total	*31%*	*62%*	*7%*	*100%*		
NHS (including other unqualified staff who may do some care work)	-	-	198,000	198,000		12%
Childcare excluding local authority (included above) and privately employed nannies	-	301,000	-	301,000		19%
Early years	45,000	-	-	45,000		3%
State school teaching assistants and support staff	100,000	-	-	100,000		6%
Registered foster carers and adopters	-	31,000		31,000		2%
Wider workforce total	**433,000**	**904,000**	**261,000**	**1,598,000**		**100%**
Share of wider total	*27%*	*57%*	*16%*	*100%*		

Because of rounding, individual components may not sum to totals.

Source: Eborall, 2005, p26, reproduced with permission of the author.

From 2003 the 150 local authorities with social services responsibilities were required to submit information on the numbers of social care staff employed in the local authority, private and voluntary sectors as well as on their own employees. However, although this might be useful in estimating the proportion of staff working in different sectors, so far the data returned have only provided total figures in each sector, rather than a breakdown between job roles. Investigation of these figures suggests that 27 % of those who work with children and families are employed in the private sector, 24 % in the voluntary sector and 49 % in local authorities, but these figures are estimates and should be treated with caution (Eborall, 2005). It is likely that the family support worker workforce breaks down differently, as the figures quoted will include private day care establishments and childminders of which there are considerable numbers. At the same time, as we indicate above, the range of statutory job titles surveyed by Cooper (2005) asterisked in Table 4, will include aspects of family support.

The Labour Force Survey (LFS) must be flagged up in this report, if only to explain why it is of limited use as a source of data for this study. Although the largest of the regular household surveys, it proves to be rather a blunt instrument for estimating the size of the family support workforce. It involves an extensive, ongoing quarterly survey of the population in the UK, using occupational and industrial classifications to determine the nature of the workforce. These are of little use in teasing out the many and diverse social

care roles including that of Family Support Workers. Even if the data were relevant in terms of its classifications, it is ultimately reliant on individuals' self-definitions of their own work, rather than on consistent standardised data such as qualifications and payroll figures. Within the LFS there are job classifications such as 'social workers', 'youth and community workers', 'care assistants' and 'home carers' but it is impossible to know how these workers define themselves in respect of family support. The LFS also provides information concerning the gender, ethnicity and age of the workforce but without the Family Support Worker role defined it is not a useful or relevant exercise to unpick this.

Studies that address those areas of work which are most likely to be of relevance to the task of parent and family support.

Quantitative approaches to data collection

While the analysis of the SSD001 returns by Eborall (2005) and LAWIG (2006) lack specific information on the size of the family support workers workforce, further scrutiny of the SSD001 return offers the most promising quantitative data available on Family Support Workers employed within Local Authorities in England (HSCIC, 2005. www.ic.nhs.uk/pubs/persocservstaff300905eng).

Although the term 'family support worker' is not used as a category in the return, the data sheets contain other useful categorisations of job roles including those of social work assistants, community workers and family centre workers/family aides. As of 30 September 2005, within the fieldwork category, there were 28,600 (whole time equivalent) workers. The majority (17,700) were qualified social workers but there were 5,415 'social work assistants' (or 4,670 WTE) employed in children's services. In addition there were 1,785 children's services 'community workers' (or 1,470 WTE). While further investigation of these workers would be required to identify what proportion involve primarily *family support* roles, it seems likely that most will have some duties that come under the family support remit.

In terms of family support staff working in local authority establishments there are around 4,000 (WTE) 'family centre workers, family aides and other care staff' (i.e. excluding managers and maintenance staff). This gives an inclusive figure for 2005 of around 33,000 staff (WTE) who, within the broader context of local authority children's social care, were providing family support services as, at least, part of their role. This number includes over 11,000 (head count) working in roles primarily designed to deliver *family support*. If managers and qualified social workers working in family centres are included this provides an additional 790 staff (headcount). In addition to this, there are 715 social work assistants employed by the local authority and working in health related settings, some of whom may be providing family support or parenting support, especially to disabled parents or those with a disabled or behaviourally disturbed child.

Interestingly, local authorities varied enormously in the proportion of staff they employed in family support roles. Fifteen of the local authorities had no

social work assistants employed in children's services whilst 17 had more social work assistants than they had social workers. Seven of the local authorities did not complete this category (HSCIC, 2005).

Specialist teams working with adults and families affected by HIV/AIDS, drug and alcohol misuse, mental health and physical disability and generic teams will also involve family support worker roles amongst them. Analysis of the data from the SSD001 pertaining to these other teams provides a total figure of 5,830 (head count) staff made up of managers, deputies, team leaders and social workers including a small number (n = 175) of specifically designated 'support workers'.

The figures presented by the SSD001 are likely to be a slight underestimate of the local authority family support workforce, as they do not include the agency/locum staff. It is not known what proportion of family support posts are filled with agency or locum staff, but the average use of agency staff across local authority social services is 4 % (Eborall, 2005).

But while the possibility of calculating the figures for family support workers working in a local authority social care setting gets closer, the family support workforce outside of the local authority setting, and whether involved in delivering statutory or non-statutory services, is more difficult to calculate. For example there are the 232 independent fostering organisations and 62 independent adoption agencies outside of the local authorities' employment, but still providing statutory services. (Eborall, 2005). For the most part staff groups will consist of qualified social workers, counsellors and psychologists but the tasks and roles undertaken will include family support services. However we did not find any useful literature covering this part of the family support worker workforce. The increasing involvement of private and voluntary organisations in the delivery of statutory services has also added to the complexity of capturing data on staff in the family support workforce.

Finding *cross sector workforce* data is more complex still. Taking the family support services as a whole, across the statutory, community, voluntary and the private sectors Price Waterhouse Coopers (PCW) found that:

The market for parental and family support is difficult to size precisely, as a result of service definition issues and poor visibility of the entirety of provision, even at a local level (Price Waterhouse Coopers, 2006, p10).

That report was unable to deliver any accurate or estimated figures relating to the size of the parental and family support staff group. In common with other literature, it attributes this to the lack of available data concerning the private sector and the voluntary and community sector (VCS), and the 'newness' of the family support services 'market'.

One of the most useful and comprehensive examples of cross-sector analysis of the family support workforce was conducted by Pye Tait (2004), and, as such, it is worth exploring the data contained in it. In calculating the family support workforce it provides estimates of the numbers of staff working in the different aspects of family support services across sectors. It attempts to scope:

"…all those who provide the generic and/or the specialised education and support to those in a parenting role…" (Pye Tait, 2004, p14).

It is, however, not exclusively English data. The information within the report is gathered from a range of anecdotal and more formal sources including job details of those attending focus groups, job descriptions, adverts and general documents, such as training packs and service leaflets, submitted to them, and desk research data on areas such as careers information and current vacancies. The estimates of staff numbers are, however, based on gathering figures from individuals and organisations, some of which are likely to be an underestimate and others perhaps include more than the 'family support' workforce. The difficulties encountered in gaining accurate data are acknowledged.

"Many job roles are carried out within organisations or communities where the worker may be alone or work with very few others who have specific responsibilities for working with parents. Identifying these roles in the first place can be an issue. Calculating how many similar job roles there are in other organisations is, therefore, quite complex." (p6, Pye Tait 2001, quoted again in p12 Pye Tait 2004).

In summary the figures in 2004 were :

- 3,500 Working in voluntary and statutory sector family centres (England and   Wales)
- 800 Barnardo's staff involved with family/parent support (UK)
- 100 Barnardo's staff involved in parent education (UK)
- 12 PIPPIN staff
- 9,000 NCT volunteers including breastfeeding counsellors, parent volunteers (UK)
- 500 Sure Start programme workers (based on 194 programmes) (England)
- 700 Youth Offending Teams (UK)
- 55 Helping in Schools (Workers Education Association)
- 50,500 Pre-school learning Alliance total staff (UK) – less involved directly with family support
- 35,000 Midwives (UK)
- 10,000 Health visitors (UK)

(An omission from this inclusive list is the 17,000 area team social workers.)

Pye Tait (2004) includes midwives and health visitors in the list cited above and we know all of these are involved to some extent in delivering family and parenting support. However, we are assuming that such staff will be counted as workers in other professions, and the figures for these are not the subject of this report unless they specifically relate to a family support role (see below). We have very little data concerning family support workers within the health services despite a good deal of staffing data arising from National

Child Health and Mapping Project (Barnes et al., 2006). These authors do provide a breakdown of staff working in child health and maternity services.

The total number of staff is reported to be 83,558 (WTE). This figure consists of:

Nursing staff	30,324	36%
Midwifery	16,448	20%
Medical staff	12,854	15%
Admin	8,360	10%
Therapies	6,901	8%
Non-qualified	-----	9%
Other	-----	2%

The Family Support Worker role is not described or documented by Barnes et al (2006) but there is mention of parenting support work undertaken by health professionals working in this sector. Within the universal services (comprising early years, health visiting and school health) 71 % (equivalent to 7,210) of nurses registered their special interest as 'parenting programmes', however it is not clear how this translates into the numbers actually providing parenting programmes on a regular basis.

Within maternity services the workforce is 21,250 WTE, including all those involved in ante-natal through to post-natal care. These can be broken down further into:

Midwifery	13,481	63%
Medical staff	2,673	13%
Maternity support	2,174	10%
Admin	1,362	6%
Non-qualified	1,105	5%
Therapies	34	
Other	27	
Technical staff	13	

Although not specifically family support workers, it has been argued in previous chapters that midwives and maternity support staff are to be included amongst those other professionally qualified staff whose roles include the delivery of family and parenting support.

How robust are these data?

Narrowing down to those who may work primarily in family support, the Pye Tait report concludes:

Looking at all those who work with parents, including volunteers, the total could easily amount to more than 20,000 in the UK. This does not include specialists or the qualified professionals such as midwives, which could bring the total significantly higher. (Pye Tait, 2004, p54).

By updating and synthesising these data with other information it becomes apparent that 3,500 family support workers working in the voluntary and statutory sector family centres is an underestimate (HSCIC, 2005) . We can make this assumption as the HSCIS figures indicate that the statutory figures alone are approximately 4,000 (p11 table 5 of this document) although this is balanced to some extent by the inclusion of Welsh data in the Pye Tait report. Of more significance is the fact that the figures do not include the NCH workforce, except those who might be included in family centres' numbers, even though the charity is one of the biggest providers of family support services. The size of the NCH workforce is reported in each NCH Annual Report , and, is very much bigger than that of the medium and small organisations, also delivering family support, who belong to the National Council of Voluntary Child Care Organisations (NCVCCO), the umbrella organisation for the voluntary child care sector. It is known that NCH employ 2,300 staff overall (NCH, 2006), approximately 1,900 of these are frontline workers and 400 managers/deputies (confirmed in an email to the authors from NCH). They are involved with providing services through 65 family centres, 60 children's centres, 14 Sure Start Local Programmes and 27 Young Carers projects. In addition NCH provide a number of community based crisis intervention services which will include family support staff.

The 800 (plus) Barnardo's staff identified by Pye Tait are located across the UK and are involved with 30 projects that support parents directly, 47 specific projects to support teenage parents and 12 young carer projects (www.barnardos.org.uk). There are also 370 other school, community and home based projects across the UK.

Sure Start now includes 524 local programmes in England and so the Pye Tait estimate needs to be updated. Based on Pye Tait's assumption of three parenting support staff per programme this produces an estimated Sure Start workforce of 1,572. The following tables (Table 6 and 7) provide a snapshot in time of the respective rounds of programmes.

Table 6: Average staffing levels in rounds 1 and 2 Sure Start Local Programmes in 2004

Service group	no. staff mean (sd)	FTE mean (sd)
Support for Families and Parents	8.0 (7.4)	5.4 (4.3)
Health	7.0 (4.4)	4.6 (3.0)
Good Quality Play, Learning and Childcare	11.3 (7.9)	7.4 (4.9)

Table 7: Average staffing levels in rounds 3 and 4 Sure Start Local Programmes in 2004

Service group	no. staff mean(sd)	FTE mean (sd)
Support for Families and Parents	5.0 (5)	3.4 (3.1)
Health	4.2 (3)	2.6 (1.8)
Good Quality Play, Learning and Childcare	6.5 (5.1)	3.8 (3.2)

While some caution is needed in making generalisations , it does appear that the figures for the 'oldest' programmes, that is those established in rounds 1 and 2, had more staff delivering support for families and parents than in the 'newer' programmes. However, for all four 'rounds', *family support* staffing falls in the middle of the staff numbers in respect of each of the three core service groups (Tunstill et al., 2004a and 2004b).

The Pre-School Learning Alliance (PLA) figures relate to a range of staff and volunteers. There are 40,000 volunteers and 2,000 paid staff involved with projects such as children's centres, family learning programmes and with training, advice and support to parents and childcare professionals. In addition to the figures quoted the organisation's current membership is 15,000 (www.pre-school.org.uk). But as such the estimate of 50,500 PLA staff needs to be broken down and explored further to clarify the relative numbers working mainly with children and those additionally or exclusively providing support to parents.

Within the education sector we know very little about the family support workforce. The DCSF website gives a figure for 2005 of 95,470 teaching assistants but family support is not mentioned in the notes as a part of their role and there is no category for parent support workers. Kessler (2006) provides detailed information from a survey and interviews with teaching assistants but does not give overall numbers. As of January 2004 there were 25,543 schools, the majority of which (17,762) are primary schools (Eborall, 2005). Earlier in this report we discussed the increasing number of family support roles being developed as a response to the government's extended schools and children's centres programmes. A recent survey of a representative sample of 2,174 primary schools (Gilby et al., 2006) concluded that 68% of primary schools offered parenting courses, although there is no indication of how many are direct providers and how many are signposting to others; 58% offered access to family learning courses or workshops; 70% offered specialised support (to parents) and 97 % offered information on the advice and support available to parents. Two-thirds of the primary schools had worked with a parenting or family support practitioner in the past 12 months. Gilby's data reflects the increasing emphasis on the role of schools in family support and parenting, whether this be direct provision, advice or signposting to further resources. However there is as yet no record of the staffing requirements for this provision.

Other figures relevant to the sizing of the family support workforce include the use of parenting interventions by the Youth Justice Board. In 2005 the Youth Involvement and Support Panels (in England and Wales) commissioned more than 8,000 parenting interventions as part of Final Warnings and community sentences (Youth Justice Board, 2005), and plan to increase this output through the Youth Offending Teams' (YOT) continuing development of parenting projects (Pye Tait, 2004). There is no data, as yet, identifying the number of staff working in Youth Offending Teams involved with the parenting interventions. We know that the total number of YOT staff is estimated to be approximately 10,000 (Cooper, 2005).

The implementation of the Anti-Social Behaviour Act 2003 allowed Local Education Authorities[4] to apply for a parenting order to address a child's truancy and school behaviour. It is now possible for courts to order compulsory attendance at parenting programmes if the child is excluded from school or attends irregularly (Hallam et al., 2004). It is not known who is providing the parenting programmes and how many there are or are likely to be.

The emphasis of this report is on paid staff but this is not to deny the value, importance and size of the volunteer workforce. For example, Home-Start employ a total of 13,583 volunteers, 8,916 of these support families mainly through outreach and in some cases through parenting classes and groups (Home-Start, 2005).

Section summary and emerging themes

1) More is known about the *social care workforce as a whole*, rather than how it crosses over with the *children's workforce*. Information is gathered regularly identifying the total number of local authority employees, social care workers in local authorities and children's services workers in local authorities.

2) It is possible to identify numbers of qualified social workers, residential care workers, occupational therapists, midwives and nurses.

3) The best information concerning the family support worker workforce is available from sources of data on local authority staff, where data on the growing numbers of family support workers employed by schools and children's centres are beginning to be recorded.

4) It is the possible to add in figures from the Sure Start initiative as well as from some of the larger voluntary and community sector organisations, such as Barnardos and NCH.

5) In addition, there is an as yet unquantified part of the workforces in health, education and youth justice sectors, who are delivering family support.

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[4] Now part of Children Service Departments.

Section 4: Who are family support workers?

As explained in earlier sections, family support workers work in a range of job roles and sectors within the children's workforce and occasionally outside it. For example, family support workers can be found in multi-disciplinary teams, working with families affected by poor mental health, drug and alcohol misuse and domestic violence. An attempt has been made to identity where they work and to calculate how many there might be. This section examines 'who they are' in terms of gender, ethnicity and age and, where possible, to identify characteristics of educational or career backgrounds and / or experience.

Most of the available literature draws on government statistics gathered as part of annual or one-off audits of large groups of the workforce (Eborall, 2005; LAWIG, 2006; Deakin and Kelly, 2006; Kessler, 2006). Research studies have also been examined to flag up cross-sector issue, and further inform what is known about family support workers.

These studies include Deakin and Kelly's recent cross-sector sample of the children's workforce. This involved interviews with a sample of 4,148 workers across six sectors which were local government, health, schools, youth justice, voluntary sector workers and residential (categorised in one sector) and childcare. The vast majority of respondents worked in local government settings (26%) and health settings (21.7%). Few of the samples came from the voluntary sector (10.8%). Within these six defined sectors the researchers further divided the workforce into a total of 26 job types. Most of the 'traditional professional groups' are included in these, for example, teachers, probation officers, social workers, nurses, paediatricians and childminders. However the nearest equivalent role to that of Family Support Worker is 'social / community / play worker or social carer' which is placed within the 'voluntary sector and residential' category. Despite the lack of specific information concerning family support workers, it constitutes a comprehensive, and current cross-sector study of the children's workforce documenting gender, ethnicity and age patterns. The findings, along with others, are summarised in Table 8.

Specific information on family support workers is also documented in Kessler (2006). He explores the work of three types of support worker, teaching assistant, family support worker/social work assistant and healthcare assistant. The main questions posed by the study were:
- Who are assistants, where do they come from and what are their entry requirements?
- What tasks and responsibilities do they undertake and how do these overlap with professionals?
- How are they treated as employees?

The first of these questions is explored in this section.

Kessler's methodology included sampling two Local Education Authorities, two Health Trusts and two Local Authority Social Services Departments.

Interestingly, due to the low number of 'assistant' roles within the Social Services Departments the original intended sampling figure had to be raised to six local authorities, to maximise responses. The study included interviews with 41 family support workers, 40 social work managers and 26 related professionals (mainly social workers), as well as a survey component completed by by 59 family support workers and 226 related professionals.

Unsurprisingly 81% of the Family Support Workers were female, more surprisingly 44% were from Black and Minority Ethnic groups. However this result reflected the fact that all the local authorities were London boroughs. The average age of the family support worker sample was 35 years, Most employees had worked in varied employment situations and although little detail was given they had often had some experience of welfare work. Over a third (35%) had left school under the age of 17 years, yet 42% had a degree level qualification. The average length of service was four years. In terms of aspirations and career pathways, almost two-thirds (61%) of the social work assistants saw themselves as becoming qualified professionals (social workers) within the next five years, while 14% believed they would be in the same role, 14% thought they would have left the service, and the final 11% were due to retire or leave work for another reason.

The Pye Tait's report (2004), examined in Section 3, includes a summary of entry routes into work in the 'parenting support' sector. Although the population might be slightly different from the *Family Support Worker* population there are likely to be some similarities and overlaps. The descriptors which qualified individuals to be counted by Pye Tait as a member of the 'parenting support' workforce are listed below, and cast light on the range of career identities and histories:

- having undertaken a parenting course
- a parent volunteer
- early years worker – childminder, nursery nurse
- teacher or tutor
- social worker
- community/youth worker
- nurse, health visitor, midwife
- counsellor
- psychologist/psychiatrist.

Attempting to cross-reference this evidence with that from Kessler's (2006) primary research produces only a limited degree of overlap. Questions still remain as to whether those included in the Pye Tait report in the category 'parenting support' staff (mainly those providing parent education or training) are more likely to include *qualified* staff than 'family support' workers' undertaking a wider range of roles.. It is also not clear whether there are differences between the voluntary, private and statutory sectors in terms of the qualifications and experiences they require of those entering their employment as parenting educators and/or family support workers. From the very limited number of reports that have addressed this topic (including qualitative and descriptive data from Annual Reports of voluntary organisations) we conclude that there is some similarity between the workers in the two roles in terms of how they enter the workforce. These include

having undertaken a parenting course, acting as a parent volunteer or community/youth worker, and having previous experience of welfare work.

The range of entry requirements for the parenting support workers in the voluntary sector is considerable (Pye Tait, 2004). Depending on the organisation and role, these could be range across a degree level qualification/HND in any subject to a specifically related qualification in youth work, social care, health or education. Career pathways for parenting support workers include moving from a worker role to a team leader role, from family centre worker to family centre manager, from being a 'graduate' of parenting courses to running parenting courses. However these routes are far from established,

..it is clear that there is no real career structure that people recognise and to which they aspire. (Pye Tait, 2004, p62) .

Pye Tait's report concludes that there is a need for a policy to address the lack of clarity, along with demand from frontline parenting support workers themselves for the establishment of national occupational standards and qualifications. Currently there is no appropriate qualification available for this group. This issue is discussed further in the section on training and qualifications in Section 5.

Table 8: Summary of research data on demographic details of family support workers

Study Details	Workforce sample	% white British	% female	Age
Deakin and Kelly (2006)	Cross-sector sample of children's workforce (inc. police, paediatricians)	90%	79%	Average 42 years
Eborall (2005)	Social care workforce (inc. adults)	---	83%	40% are 35-49 years
LAWIG (2006)	Local authority social care workforce	89%	80.6%*	---
HSCIC (2006)	a. Local authority social care workforce	84.1%~	82.9%	---
	b. Local authority family centre staff	90.6%*	93%	---
	c. Local authority social work assistants in children's services		85.7%	---
Kessler (2006)	Social work assistants/family support staff in sample of London SSDs	66%	81%	Average 35 years

~ 6.5 % of staff ethnicity not known
* based on whole time equivalents rather than headcounts.
--- information not given

Information on gender

Data on the gender of the social care workforce tend to be available at a very general level and largely lack specificity. As noted earlier reports differ in their counting methodologies, with some using a headcount (number of different people) and others using whole time equivalents, rounding up posts to make a full-time post and counting this once. Within the workforce differing proportions of female and male staff undertake different types of job (Deakin and Kelly, 2006). We know little about gender differences across sectors, regions or types of local authority. However it can be assumed, on the basis of the available statistical data studied, that the vast majority of family support workers are female. Deakin and Kelly's figures on gender proportions are the exception (see Table 8 above). However their study sample included workforce groups not often included in the children's workforce such as police, probation officers and paediatricians. Groups such as the police and paediatricians are predominantly male, 55 % and 52 % respectively, and this will have skewed the gender proportions discerned. However data on the social care workforce within local authorities indicate that in 2003 83 % are female and 17 % male (Eborall, 2005). Similarly the Local Authority Workforce Intelligence Group (LAWIG) (2006) similarly reports that 80.6 % of the workforce is female (WTE).

The Health and Social Care Information Centre (HSCIC) figures (HSCIC, 2006) based on the SSD001 return as of 30 September 2005 on the local authority social services workforce indicate that this population is 82.9% female and 17% male. More specifically figures for family centre workers (not including managers and deputies) and family aides show that 93% of workers are female and 7% are male, with 53.3% of females in this job working full-time compared to 64.6% of the males. Social work assistants working in local authority children's services are made up of 85.7% female and 68.9% of them work full-time compared to 86.7% of the males.

Information on ethnicity

Statistical information drawn together on ethnicity should be treated with caution. A number of factors affect its interpretation:
- whether figures are based on a headcount of staff or a calculation of whole time equivalents (as for gender)
- to what extent figures are missing, for example what proportion of staff failed to complete the information on ethnicity or what proportion of organisations failed to complete this information or return it.
- who the sample includes in terms of job role – there is a preponderance of black and minority ethnic group staff in certain jobs and a dearth in others.
- where the sample is from and the area to work demographics – regional variations, city versus county.

Information concerning the ethnicity of the workforce is harder to come by than that concerning the gender. Information from the SSD001 return (HSCIC, 2006) for 2005 shows that overall 9.4% of staff working in social services are from black and minority ethnic (BME) backgrounds and 84% are

white British. This means that for over 6% the ethnicity is not known and it is difficult to gauge whether they are more likely to be BME or white. More specifically figures for those working in local authority family centres identify 84% of workers as white and eight and a half percent as BME. (The ethnicity of over 7% was not known).

Section summary and emerging themes

1) Little is currently known about the gender, ethnicity and age of family support workers as a whole, and even less about the voluntary sector specifically.

2) Information is available through annual returns concerning the gender of family support workers working in local authority settings. However, there are uncertainties in this data, in that it is impossible to know if they include **all** those considered to be family support workers or, conversely, whether those with titles such as social work assistant are primarily undertaking family support work. The same is true in respect of the ethnicity of the family support workers workforce.

3) With the exception of one study (Kessler 2005) there is little reliable information available on the age distribution of family support workers.

Section 5:   Qualifications, training and supervision

"Currently, there is not a coherent qualifications framework for the parenting support sector; it is very unclear as to career pathways and progression routes, and therefore, where people move from and to, where they join, and at what point, if any, they leave the sector."

(Pye Tait, 2004, p56)

Given the diversity in the activity and work settings of family support workers identified in earlier sections of this report, it is hardly surprising that entry routes to the workforce, training and qualifications are also complex. This section provides an overview of the literature relevant to qualifications at the point of entry to family support work; the training and qualifications available to those already in post and supervision arrangements for staff. It also examines issues in relation to three specific groups in looking at those whose focus on parenting education, those whose role is to deliver advice and advocacy services for parents and those who provide more general family support, including outreach work..

The quote above captures the essence of the main conclusions of other commentators who have looked at training and qualifications in this sector. The Price Waterhouse Coopers (2006) report sees the current lack of clarity about appropriate qualifications and training opportunities as an unhelpful brake on the further development to the sector:

"All providers within the market appear to be struggling to develop and deliver appropriate training for their practitioners, who are often drawn from a range of disciplines and professional backgrounds" (p50)*.*

Background and context

The Children's Workforce Network[5] incorporates the three main skills councils concerned with workforce issues for the family support sector (CWDC; Skills for Care; and Lifelong Learning UK - LLUK), the relevant Government departments and regulators of education and training. It is charged with ensuring national coherence, and a suitable range of training and qualification opportunities to provide flexibility but avoid wasted effort from unnecessary duplication.

Recent Government and skills council initiatives relevant to this section and arising from the ECM agenda include:

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[5] The CWN is a partnership between CWDC, Creative and Cultural Skills, General Social Care Council, General Teaching Council for England, Improvement and Development Agency, Lifelong Learning UK, The Nursing and Midwifery Council, Skills for Care, Skills for Justice, Skills Active; and Training and Development Agency for Schools.

- the publications of the DCSF including *Common Core of Skills and Knowledge for the Children's Workforce* (DfES, 2006) and *Parenting Support: Guidelines for Local Authorities in England* (DfES, 2006)
- HM Treasury's report *Choice for Parents: The Best Start for Children - A Ten-Year Strategy. For Child Care.* (HM Treasury, 2004)
- work on an Integrated Qualifications Framework for the child and family workforce
- the establishment of a National Parenting Academy (Cabinet Office SEU, 2006)
- the implementation of major initiatives, such as Sure Start Children's Centres and Extended Schools, which are flagged up in the DCSF response to the consultation on workforce issues .
- the commissioning of a new consortium, Together for Children (TfC), which has been tasked to support the implementation of children's centres. This will include training and development strategies and has involved the production of a toolkit for reaching priority and excluded families (TfC, 2007).
- the development of e-learning materials by Social Care Institute for Excellence, for use as part of continuing staff development for social care staff working in the community, including family support workers.

Finally, it is important to take account of the training issues in respect of management and leadership of the new service agencies, and in particular of the roll-out of the National Professional Qualification in Integrated Centre Leadership (NPQICL). NPQICL is the first national programme to address the needs of children's centre leaders and is recognised as the qualification for leading multi-agency environments across education, health and social care. The main purpose of the qualification is to build leadership capacity in the early years sector to support the DCSF target to roll out 2,500 designated children's centres by 2008 and a further 1000 children's centres by 2010. NPQICL aims to provide leaders/managers of children's centres with the opportunity to create an ethos of community partnership working by co-ordinating high quality services for children and families (see www.ncsl.org.uk/npqicl).

However, as yet, none of these ambitious, and in some cases, co-ordinated initiatives have resulted in a comprehensive dedicated strategy for the training of family support workers as a formally identified and recognised section of the child and family workforce.

The Price Waterhouse Coopers (2006) report on the market for family support, notes *"There appeared to be little monitoring of the quality of many support services and few quality standards…The accreditation and training of providers and practitioners delivering parental and family support services also appears variable."* (p10).

The DfES (2006b) guidance on providing parenting support requires that those commissioning and providing these services must*:*

ensure that all the staff delivering parenting support have the right skills to deliver what is required and if necessary, consider available options for

building skills if they do not exist - for example by staff training and learning from other partners (p24).

However the report does not explore strategies to improve training quality and opportunities, other than that that there should be *pooled or aligned budgets for programmes and staff training* (p27). Neither does the report consider whether professional and post-professional education and training needs, for example for for social workers, teachers, adult educators or nurses should 'map onto' the training needs of professionals working in family support and, if so, how this may be achieved.

The literature produced by the different bodies that make up the Children's Workforce Network and the two main curriculum bodies provides some information, as does that from the Qualifications and Curriculum Agency (QCA- concerned with vocational qualifications at the lower academic levels) and the Quality Assurance Agency (QAA - which provides benchmark statements for degree and post-degree level qualifications including professional qualifications awarded at those levels).

Details of specific course content is also available from regulators of professional education, such as the Teacher Training Agency (TTA), the General Social Care Council (GSCC) and the Nursing and Midwifery Council (NMC). At the point in time that this report was commissioned and written, detailed curricula for the Early Years Professional courses were in the process of being developed by the universities so it is not yet clear how these programmes will prepare members of the workforce. Indications from promotional material on a range of university websites as well as CWDC and DCFS as yet contain little detailed content on aspects of the curriculum relevant to working with parents.

Another useful source for those who are developing curricula for those working with families across disciplines and settings is the draft curriculum for multi-disciplinary learning for those working with children and families developed by the University of Salford (2003) and commissioned by GSCC following the Climbié Report (Laming 2003).

The literature on the training and qualifications of the family support workforce divides fairly neatly (but with some overlap) into the three main family support roles.

- The parent educator role;
- The sign-posters, advice giver and advocacy roles;
- The broader family support role.

These three types of service may be delivered on an outreach basis in the family home, in a community setting or from a setting providing children's services more generally, such as a school or children's centre. Generally the first two tend to be centre based whilst the third is usually delivered in the family home or in a mixture of settings. This has implications for the content of training and the nature of supervision. The outreach worker providing home-based services tends to be using a wider range of approaches and can be less easily supervised in their every-day tasks, whilst the work of the first

two groups tends to be more clearly defined and is more likely to be 'programme-based' or 'manualised' (a term used mainly in the USA literature to describe work which follows a defined 'programme' usually laid down by a manual). Training is usually oriented to one approach which dictates the approach to the understanding and development of skills. For example the National Institute for Clinical Excellence (NICE) guidelines for the delivery of specific parenting programmes by health service personnel do not specifically comment on required qualifications but expect workers to 'adhere to the programme developer's manual'. However, those who devise and commission these programmes also emphasise the importance of relationship skills and flexible approaches, so that a rounded approach to training needs to go beyond training on the use of a specific approach or method. (www.incredibleyears.com; www.pfsc.uq.edu.ac).

These three headings will be used to synthesise what we have been able to find in the literature and from informal sources. In terms of employers and settings, these roughly correspond (but with considerable overlap) to the education and health sectors; the voluntary and self-help sector; and the statutory and voluntary social care sector respectively. For each of these broad and overlapping groupings there is more information available on the professionally qualified workforce than on those who hold vocational qualifications, or who have no formal qualifications but are 'qualified through experience.'
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As other writers on the workforce have noted, there is very little specific guidance on the training and qualifications needed by family support workers or parent educators or advisers who are not already professionally qualified as health professionals, teachers or social workers (other than via the leaders' guides and manuals accompanying specific programmes or interventions).(Johnson, Dunn, and Coldron, J. (2005b); Henricson et al (2001) and Price Waterhouse Coopers (2006)).

The literature on training also divides broadly into two streams:
- literature concentrating on assessed learning leading to a recognised academic or vocational qualification such as a degree, BTEC, S/NVQ, VRQ (a relevant qualification but without the assessment of practice) or a more focused qualification such as those accredited by the Nursery Nurse Education Board (NNEB), the Council for Awards in Children's Care and Education (CACHE), or the National Open College Network (NOCN).

- literature about more specialised but less formally recognised training, usually focused on the delivery of a particular programme or intervention model or providing information or skills on working with particular groups of parents. These may be 'accredited', for example by the developer of the programme and may have an element of assessment, but do not carry a formal qualification. Some are accredited by NOCN or recognised as providing evidence for purposes of credit accumulation and transfer into more formally assessed programmes.

Literature on the composition of new entrants to the family support workforce (see Section 3) is also relevant since it impacts on the level of training and

the way it needs to be provided to ensure that all workers can have access to it.

A small number of sources consider workers across the range of family support roles, but most focus on one type of service or sector. The main sources are:

- The CWDC Occupation Summary Sheet on outreach/ family support workers, which provides an introduction to the issues around training.

- Kessler's ESRC-funded study on assistant roles in the health, education and social care sectors, which is probably the most directly relevant to the family support role and provides information on qualifications and training.

- 2004 and 2006 Pye Tait Reports for the Parenting Education and Support Forum. The first covers entry routes and the second focuses on training and training gaps. Although support is mentioned, the main focus is on parenting education and training.

- Price Waterhouse Coopers' (2006) report on the market for parental and family support services which identifies lack of coherence about, and opportunities for training as factors which inhibit growth in the provision of these services, with the emphasis on the parenting education end of the spectrum.

- Cooper's (2005) overview for DCSF of the children's workforce, which looks at qualifications and training for the different sectors from which child and family services are provided but does not identify family support workers as a distinct group.

- Johnson, Dunn and Coldron's (2005b) report to DCSF which specifically focuses on entry into the work and on qualifications and training across children's services, using evidence gained from six pathfinder Children's Trusts (although there is only limited coverage of workers who fall under the family support heading).

- Tunstill et al's (2005) report on training issues relevant to Sure Start workers, including outreach workers but not specifically focusing on them.

- Eborall's 2005 survey on the state of the social care workforce for Skills for Care includes family support workers in the general category of 'field-workers' or 'centre workers'.

- the 2006 Local Authorities Workforce Intelligence Group's (LAWIG) survey of the 149 local authorities with a social care department in England. There is mention of qualification levels and training but family support workers within the social care sector are not identified as a grouping and may be under the categories field social workers, community workers or care workers.

- Skills for Care's booklet on identifying roles in preparation for the collection of minimum data on the local authority social care workforce.

When this is up and running, information on qualifications and training of family support workers in the social care sector will be included in the community support and outreach worker group, but data are not yet available.

General research evidence

Drawing on their fieldwork in six Pathfinder Children's Trusts Johnson et al (2005) map the qualifications for the children's workforce more generally. They identify a cluster of workers providing parent and family support services and identify the confusion caused by the lack of congruence between QCA levels of award, NVQ 'levels' and QAA levels. When the notion of the 'Tiers' at which family support services are provided is added in, it is hardly surprising that there is confusion amongst workers wishing to improve their qualifications, and managers trying to short-list applicants for family support posts. They found that there was a reasonable amount of training available (though not necessarily accessed) at NVQ levels 2 and 3 but very little which was subsequently available for more experienced workers, for example Higher Level Teaching Assistants (HLTAs) and for Health Care Assistants. Another finding from Johnson and colleagues' research was that 'there was an expressed preference for targeted training to meet immediate needs rather than for qualification'. (Johnson, S., Dunn, K. and Coldron, J. (2005c, p26).

Useful starting points for information on training for those whose main role is providing advice or support to parents (mainly at Tiers 1 and 2) are the website and publications of Parenting UK, the umbrella body formed from the Parenting Education and Support Forum. In collaboration with Lifelong Learning UK (LLUK) the sector skills council responsible for workers in further, higher, adult, community and work-based education, Parenting UK has developed National Occupational Standards for work with parents (see box below), a core curriculum and training modules. These may be 'stand alone' or incorporated into one of the established qualification-bearing courses. and may be taught at several levels, depended on the prior qualifications and experience of the target group of staff. The training modules are pitched at NVQ (3) level which links to the curriculum relevant to family support workers from the (Scottish) National Vocational Qualifications Council (S/NVQ) website.

The National Occupational Standards for work with parents includes -

- Build and maintain effective and positive relationships with parents, colleagues and wider community
- Develop parents' awareness, knowledge and skills
- Update knowledge and develop and reflect on own practice and support the development of others' knowledge and practice
- Provide parenting services in accordance with the values and principles of the sector
- Create and provide safe, inclusive environments
- Plan, prepare and deliver parenting services
- Influence and contribute to policies, strategies and development opportunities for parenting services and projects
- Create and sustain a framework for ensuring and maintaining the quality in parenting services.

The NOS was used to identify what respondents believed to be the most pressing skills gap/requirement for staff. The standard identified as the most needed was the first one *"Build and maintain effective and positive relationships with parents, colleagues and the wider community."*
(Pye Tait, 2004)

Lifelong Learning UK (2005) has developed an assessment strategy for those using the S/NVQ route towards gaining qualifications for working with parents. Parenting UK has also developed its *Training Parent Educators* programme to provide training and recognition to those who train parent educators to work with parents. Perhaps because it comes under the LLUK umbrella, the emphasis is on the advisor and educator/trainer role of the family support worker, but the curriculum crosses over to the more general family support role. There are many similarities (though a difference in level of complexity) to the National Occupational Standards for qualified social workers (TOPPS 2002) and the GSCC (2005) requirements for specialist post-qualifying training for child and family social workers. Both cover the requirements in the DCSF Common Core of Skills and Knowledge, but whereas most training for parent educators does not stipulate formal academic entry requirements, the qualifying programme for social workers is taught at honours degree or masters' level. (Very recent work undertaken at Thomas Coram Research Unit , and published after the submission of this report, has mapped NVQ and social work degrees onto the European Social Pedaogue curricula. Cameron (2007) has recently provided an overview of three recent implementation studies, one of which recommended a qualifications framework that builds on current requirements for training, using NQF level 5 foundation degrees in "working with children" followed by a third social pedagogy year in "working with children in care" to make a BA degree.

Parenting UK commissioned the Pye Tait (2006) research into the extent of, and potential interest in, education and training for parent and family support workers. The report's main focus is on what might be developed as a qualifications framework in the future and consequently it provides little information on the qualifications held by the current workforce. A detailed account of the range of assessed and accredited education and training is provided, rather than information concerning specific training or the delivery of specific training programmes. The report is based on interviews with key individuals in the service provider and FE (Further Education) and HE (Higher Education) sectors, and on the views of 164 respondents to their web-based survey. This is the only research found that is directly relevant to this section. However, the response rate was low and, given the broad range of characteristics of respondents, numbers in any one group of workers were small. There were different response rates to different questions, and the respective values were not provided. The parameters for the research were to consider the training needs for all aspects of parenting education and support, but respondents in the study *'focused primarily on the skills and qualification needs of practitioners for whom their main role is to work with parents'* (p4). Some respondents are categorised by profession, for example 35 were health visitors, but most were categorised by role (for example co-ordinator, facilitator) and others by service setting (for example education). Therefore, it is difficult to assess how many of the respondents were looking for additional qualifications on top of a professional qualification they already held, and how many were interested in gaining initial qualifications.

The researchers report that 98% of the respondents considered that a qualification in working with parents would be valuable, and that this included those who did not already have a relevant academic or professional qualification and those who did. They estimated that up to 24,000 staff might be interested in such a qualification at NVQ 2-3 level. VRQs were thought to be particularly helpful qualification route for parents who then went on to volunteer as parent supporters or group facilitators. For those already holding a degree the respondents identified credits towards a diploma or degree level qualification as the most useful route. This might apply to a number of family support workers employed in local authorities or in the voluntary and community sector. The authors were mindful of the complexity of providing a qualifications framework for such a diverse group:

"Great care needs to be taken to make sure any developments taken forward from the findings of this research do not replicate what is already in place or being planned" (Pye Tait, 2006, p8).

This echoes the concern of the Children's Workforce Network that in developing an Integrated Qualifications Framework there should be 'crossover' opportunities. In this way relevant units developed by Parenting UK could be imported into S/NVQ qualifications and vice versa.

An unpublished report from LLUK/Parenting UK (2006) notes that concern had been expressed by some member organisations about practitioners being expected to undertake work on parenting without specific training or skills development, for example health visitors and social workers in their roles as parent supporters. It is not clear whether the authors had considered

the extent to which the qualifying and post-qualifying curricula of these or other professionals providing family support services maps onto the National occupational Standards for Parenting nor is it clear to which aspects of family support work they are referring. It is anticipated by the authors of this report that there will be a need for a register of endorsed training providers and that this could be part of the role of the National Academy for Parenting.

The Pye Tait report lists the fairly extensive range of potentially relevant qualifications for family support work but, in so doing, demonstrates the complexity and overlap that currently exists. This is especially so, for those wishing to enter this work, or recent entrants without earlier qualifications. The report concludes that the benefit of this wide range is that it provides choice to fit different life stages and patterns, but there is clearly great potential for undue overlap. The report notes that there are many unfilled places on these courses, especially those in the FE sector. The diversity of responses to the Pye Tait survey leads the authors to emphasise the need for flexibility of delivery, and the need for any new qualification for work with parents to recognise prior learning and experience. because of the various pathways taken into the sector.

Most of their respondents were interested in part-time and/or distance learning routes to qualifications. These authors also note that even for qualified professionals such as social workers and health visitors, salary levels are relatively low, and report that payment for training was considered by most of their respondents to be the responsibility of the employer. They concluded that there were *"few circumstances in which individuals would subsidise their own training"* (p15).

The Pye Tait report writers note that LLUK is currently consulting on training for workers in the parent education/learning sector, with one focus of this work being on the role of Foundation Degrees. They map out a potential framework for progression, from initial training through to masters level. This framework fits with the ideas underpinning the Integrated Qualifications Framework (IQF) in acknowledging that it must also be linked with existing vocational and professional qualifications. Interestingly, given the large numbers of social workers providing family support services, no mention is made of the GSCC-accredited specialist post-qualifying awards for social workers working with children and families. The GSCC (2005) information on these awards makes clear that the intention is for them to be flexible awards, with some modules designed around the needs of professional groups other than social workers. Aspects of the curriculum requirements at 'specialist' (graduate diploma) and 'advanced specialist' (post-graduate diploma) and masters degree levels map well onto the knowledge and skills requirements in the Parenting UK core curriculum, but with the focus on more complex Tier 3 and 4 level work.

Evidence concerning parent educators and parent group facilitators

As has been noted earlier, although the literature on training and qualifications for people working with families makes reference to more general family support, the emphasis tends to be on parent education and centre-based work. Those entering this type of work probably have more varied backgrounds in terms of previous education, training and experience than is the case for the other two 'strands' of the work we identified in our introductory section. At the most 'professionalised' end are Health Visitors and Further Education tutors and others with adult education qualifications who may tutor parents (as well as paid workers) who attend the FE courses listed in the Pye Tait (2006) report. These qualifications include the Certificate in Effective Parenting (NCFE) Practical Parenting (CACHE) and some of the NOCN units.

The Price Waterhouse Coopers (2006) report, which also focuses mainly on the parent education aspects of family support work, notes that whilst some may have adult education qualifications, for instance those working in further education, others with professional qualifications need further training in this area:

"Many people delivering parent training may have professional qualifications, but they are rarely qualified in adult training or education." (p50).

Others may have qualified teacher status or be qualified nurses, health visitors or specialist nurses who facilitate parenting groups as an additional role. Additional training, usually in service or non-assessed, is available for these workers, often with a specific focus on a particular programme or

approach. Within schools of nursing, aspects of the post-qualifying programmes are relevant to parenting advice and support such as those for nurses wishing to be registered as specialist community health nurses, including health visitors and school nurses, as well as those specialising in child and adolescent or adult mental health work or in the support of parents of disabled children or those with a life-limiting condition. The programmes also emphasise the educative aspects of their work with parents.

From their study of 23 parenting programmes Hallam et al (2004) found that they recruited staff from a wide range of backgrounds, many of whom were highly qualified. Commenting on training to deliver specific parenting programmes rather than general family support work qualifications, they note that:

"training was a requirement for all facilitators but its extent and depth varied depending on the particular programme being implemented. Some training was accredited" (p5).

These researchers found that some of the parents who had undertaken a programme moved on to be co-ordinators of follow-on groups. Their training and qualifications needs were different from those staff already holding professional qualifications. They note that courses specific to some programmes required facilitators to be parents and to have completed a parenting programme themselves. Information from family centres and children's centre managers (provided specifically to the authors in the course of this study and/or obtained from web-sites or Annual Reports) indicates that nursery nurses and teaching assistants make up substantial numbers of those recruited into, or transferred on to, parenting training and advice work. The Kessler (2006) study on assistant roles notes that teaching assistants tend to be less well qualified than social work assistants or health care assistants.

Another approach is taken by commissioners of parenting education programmes, mainly statutory providers in health, education or social care, who:

'perceived that the way forward was trained professionals who already worked with parents in a variety of ways to run parenting programmes as part of their jobs' (Hallam et al, 2004, p 53).

Although supervision was provided for some parenting group / programme facilitators, this was not always the case.

An example of a systematic single agency approach to training is provided by the Youth Justice Board (YJB). The Board combines qualifying training and in-service training in one programme. The YJB website notes that all YOT staff should be trained in identifying parents' needs and conducting initial assessments. The website also notes that:
staff with direct parenting responsibilities should receive quality training, both in the core principles of parenting support and in new developments. http://www.yjb.gov.uk/en-gb/yjs/parents. As well as an INSET Tutoring

Parenting Pack ,the 'YJB Key Elements of Effective Practice: Parenting Manual' is described along with the others in the set, as:

'simple manuals that can be used by anyone working with young people in the community and the secure estate…'

The larger voluntary sector providers such as Parentline Plus and NCH both train their own group facilitators and provide training for others. Voluntary and statutory fostering and adoption agencies, as well as umbrella bodies such as Fostering Network and BAAF, also provide specialist training for facilitators of preparation groups and post-placement training groups. The major providers of commercial or semi-commercial parenting programmes, such as Triple P and the Webster-Stratton 'Incredible Years', require facilitators of these programmes to have undertaken training which uses materials provided by them.

Evidence concerning information providers, sign-posters, parent advisers and parent advocates

Much of the information for this section comes from the grey literature such as Annual Reports, websites and personal communication with major providers of these services. Over recent years in local authorities and other statutory services there has been an increasing need for a role which provides front line information services for those seeking a social care service. We have not included this group within this section as their role does not normally go beyond the provision of information. Those needing advice are usually passed through to a professionally qualified service provider. In this section we look at entry requirements, available qualifications and supervision of those who provide both information and advice, and whose work may in some cases move into counselling and advocacy. These tend to be employed, or work as volunteers, in voluntary sector organisations that provide their own specific induction and follow-up training, supervision and appraisal.

The longest established general provider of advice to families is the Citizen's Advice Bureau (CAB). This organisation has a national training programme for its volunteer advisers, delivered at local bureaux to CAB volunteers and others undertaking advice work (http://www.citizensadvice.org.uk/index/aboutus/advisertraining.htm#adviser_training). Parentline Plus is the largest provider of information, support and signposting services specifically for parents and their work is complemented by more specialist helpline providers such a One Parent Families, Advisory Centre for Education, Contact a Family (for parents of disabled children), Family Rights Group and the Grandparents Association. Those in this self-help sector also provide specialist advice to parents (often on a very local basis. Some of these services work entirely through telephone or web-based advice and help-lines whilst others provide a mixture of help-line and centre based advice services. The training provided by many of these organisations is flexible and modularised since, though concentrating on the provision of information, support and advice, they have to ensure workers have excellent listening skills. Most of these services also provide follow-up a family support

service or parenting education service. Some callers with more complex issues, who initially contact seek advice or information, can then be referred on for a more individualised service such as the Parentline Plus telephone groups, Family Rights Group advocacy service for parents and After Adoption's support services to birth and adoptive parents. The training provided by these organisations for their own staff and volunteers tends to be more general training for family support work rather than focusing only on the provision of advice and information. Most of these organisations also provide training for call-takers and support workers employed by other agencies.

As with those providing parenting education, those entering this part of the family support workforce as paid workers or as volunteers, come from vary varied backgrounds. Although their induction and initial training needs are the same, a broader qualification structure has to take on board the different entry points into the work. The National Open College Network (NOCN) provides accredited programmes, some delivered through individual agencies and some delivered at further education colleges, for entrants with no qualifications or those who wish to adapt earlier qualifications to the needs of this type of work, examples of which are the Intermediate Award in Developing Information, Advice and Guidance Skills and the Advanced Certificate in Information, Advice and Guidance.

Most agencies use structured training as part of the selection and assessment process. Parentline Plus requires those working as volunteers or sessional workers on the helpline to have completed four modules on helping skills, effective call management, risk of harm and family relationships before starting to take calls under supervision. Role play is an essential part of these modules and there is a strong emphasis on the mission and values of the agency. The programme takes place over four days or eight evenings and the 30 hours of initial training is followed by a 90-hour probationary period. The whole of this period is mapped onto the LLUK National Occupational Requirements for working with parents, and two of these units are accredited by NOCN.

Family Rights Group (FRG), which provides advocacy and advice at Tier 3 and 4 levels, requires their advocates to be qualified social workers or solicitors with at least 3 years' post qualifying experience. FRG provides additional specialist training on the specific work undertaken by the organisation. This training is also available to those in other agencies who provide support and advocacy for families involved with the child protection or looked after systems.

Evidence concerning family support workers

Some of the more general literature referred to in the introduction to this section of the report includes family support workers providing outreach and one-to-one services as well as those providing parenting education or advice. As noted in Section 2, especially those employed in local authority child and family teams or family centres and the large voluntary sector child and family service agencies provide the full range of these services and need training that covers the range of support and programmes used. The comment by

Johnson et al (2005b) that managers in Pathfinder Children's Trusts were more likely to support specifically targeted training events than fund staff to undertake qualifying training is relevant to the broader family support workforce within the social care sector as well as to those providing parenting education.

The largest body of literature on the qualifications and training of family support workers, mainly working on a one-to-one basis in the family home or in community settings such as family centres or Sure Start Children's Centres, is to be found in local government workforce data reports. These provide information on the training levels of qualified staff, mainly social workers, but including those with occupational therapy, counselling, nursing or teacher qualifications. Unfortunately family support workers are barely visible in these reports. Since the protection of the title *social worker* was implemented in 2005, the ambiguous role of 'unqualified social worker' has disappeared, and been replaced by job titles such as assistant social worker, care worker, outreach worker, community worker and, increasingly for those working from family centres or Sure Start children's centres, family support worker.

Skills for Care and the CWDC are in the final stages of establishing a system for the compilation of a Minimum Data Set on the social care workforce. The job role under which data will be collected on most of the workers proving family or parent support is 'community, support and outreach work'. Some parenting workers will also be included in the 'youth offending support' grouping, and others may be included under the counsellor or care work groupings. It should be possible to identify numbers whose main role is family support work when the full MDS is up and running. However the 2005 version of the draft data collection instrument shows that it does not seek information of qualifications.

In terms of data currently collected the commentary and analysis by Eborall (2005) on the social care workforce, the Local Authority Workforce Intelligence Group (2006) and the National Statistics and NHS Health and Social Care Information Centre (2006) provide useful information on qualified social workers employed in the child and family sector, most of whom will spend some of their time on broadly defined family support work. However it is impossible to interrogate these large data sets with respect to those who do not hold a recognised professional qualification in, for example, social work, occupational therapy or nursing. The Eborall study reports that only 9% of care assistants or home carers working within both adult and children's services had Higher Education qualifications such as a HE Diploma level or above. Although 32% had an S/NVQ the level is not stated in the report. This report also notes a 13% increase in those entering social work education who were seconded by their employer, indicating that 'assistant' 'care' or 'support' roles are being used as a stepping stone into study for a social work degree. The Eborall report also includes some information on the local authority's role in providing practice placements for those undertaking professional and vocational qualifications.

The information on youth justice workers does not differentiate between those who have a recognised qualification and those without any formal qualifications.

Qualifying training for social workers is provided at honours degree or Masters level in Universities accredited and regulated by the General Social Care Council. These have to follow a curriculum laid down by the Department of Health that equips students to meet the National Occupational Standards published by Skills for Care. The initial training produces generalist social workers, but many of the curriculum requirements and assessed competences map well onto the Common Core of Skills and Knowledge (DfES, 2006c). It is at the post-qualifying level that more detailed, in-depth knowledge and skills relevant to family support work become apparent. These are central to the standards stipulated by GSCC for universities accredited to provide specialist post-qualifying qualifications on working with children and families (GSCC, 2005). These standards also require social workers to demonstrate competence in the training and mentoring of others, including those working towards NVQ awards.

The following comment from Eborall (2005) on the social care workforce as a whole is relevant to those family support workers who do not have a professional qualification or a requirement for continuing professional development if their professional registration is to be renewed:

"The extent to which the National Minimum Standards qualification targets for the social care workforce as a whole have or are being met is unclear: only fragments of information exist." (p 92).

The most useful source of information on qualifications and training of those family support workers in the social care sector who are not qualified social workers is Kessler's (2006) report. This reported on responses to a survey of 376 social work assistants (SWAs), teaching assistants (TAs) and health care assistants (HCAs) together with more detailed responses to 130 interviews with sub-samples of these workers. Respondents worked across the age range, but some of the social work assistants were specifically referred to as family support workers. The national workforce data sources listed earlier have pointed to the growth in employees who do not fit into any specific professional category. Kessler's research identifies that early on in the establishment of the social work assistant role the way into jobs had been informal and opportunistic with little regulation, but they had quickly become more formal as they became more central to service provision. Currently formal job descriptions and person specifications are used. Interviews and clear entry requirements are now the norm, although entry requirements are still far from standard and are more explicit about prior experience than about qualifications. However, amongst those participating in this research there were marked differences between the sectors. The SWAs were more likely than the TAs or the HCAs to have a degree when taking up the post (42% of the SWAs, 15% of TAs and 17% of HCAs). It is worth noting that 59% of SWAs, 32% of the TAs and 59% of the HCAs had been educated to A-level standard or equivalent.

The researcher reports that, whilst schools and health services were more likely to recruit local people, perhaps already known to them as parent helpers for example, social care teams were more likely to search widely for people who were *young and well qualified, willing and able to fast-track into professional roles* (Kessler, p21). While 61% of the SWAs responding to the survey intended to qualify as social workers only 28% of the TAs intended to undertake professional training as teachers. This is perhaps a factor behind the increase in secondments to social work qualifying programmes in recent years. It may also explain why, to date, there appears to have been little push to develop a 'senior family support worker' role to mirror the senior teaching assistant role that has developed in the education sector. In other words there is some suggestion that different motivations operate behind the choices made by staff in education and social care organisations, about which it may be helpful to know more in respect of designing future training opportunities.

In terms of support and supervision Kessler's report identified that three-quarters of the social work assistants had been appraised and had discussions about their development and training. Over a third (36%) of them had more than five days training in the past year but 10% had received no training in the past twelve months. However experiences of induction were not as positive as those of teaching assistants or health care assistants and some social work assistants felt they had been 'thrown in at the deep end'.

Moving on from formal qualifications to consider specific training relevant to methods of intervention or approaches to family support work, as with parenting education, the large voluntary child and family welfare agencies and providers of accredited programmes such as Parenting UK and Parentline Plus are important providers of training (personal communication from managers of these programmes and websites).

The National Evaluation of Sure Start (Tunstill et al., 2005a, 2005b) provides information on training that is broadly congruent with that from the other studies referred to in this section. Sure Start Local Programmes (SSLP) recruited staff who were already qualified and also set out to recruit parents from the local community. Indeed one of the aims was to build the capacity of local residents, including their employment prospects within the children's workforce and as family support workers. The authors considered 'mandatory training', including child protection training and health and safety training' and 'service delivery-related training'. Twenty two types of training are listed but none specifically relate to family or parent support work. Local evaluations of Sure Start, which provide more details, indicate that targeted training from parent home video training to solution focused approaches, were popular amongst staff.

There were some crucial differences between the sorts of training available for *staff*, and that for *volunteers/community members*. National Survey data for 2003/04 showed that there was considerable variation among programmes with respect to specific training opportunities provided to staff. The most widespread training opportunities for *staff* included:

- SureStart 'induction' training - mandatory in 90% of SSLPs

- child protection training - mandatory in 83% of SSLPs
- health and safety training - mandatory in 79% of SSLPs
- team building training - mandatory in 64% of SSLPs
- diversity training - mandatory in 53% of SSLPs

The least common training opportunities for staff members, mainly provided on a non-mandatory basis, included:

- childcare training - provided in 51% of SSLPs
- enabling partnership - provided in 50% of SSLPs
- basic skills training - provided in 46% of SSLPs
- project management - provided in 44% of SSLPs
- forums - provided in 34% of SSLPs.

The following table, Table 9 , provides the only published detailed quantitative overview of the different foci and content of the respective training provided in SSLP, for staff and members of the community. This particular data was collected in the context of the national survey of Rounds 1-4 programmes, undertaken by the National Evaluation of Sure Start (NESS) Implementation team in the first three years of NESS work. The survey element of the Implementation methodology was terminated prematurely, by DCSF , following their decision to transfer the work of SSLP into Children's Centres, so no later data was collected on training in this particular format.

Table 9
Overview of training provided by rounds 3 and 4

Training	Members of local community	Staff	
		mandatory	*Voluntary*
	%	%	%
SS induction/intro	58	95	1
Health & Safety	66	82	15
Team/capacity building	47	68	29
Assert/confidence building	69	1	55
Enable partnership/manage membership	68	19	39
Forming committees	47	9	32
Project management	26	6	47
Recruitment/selection	60	40	49
Communication skills	39	10	64
Monitor + evaluation	29	29	48
IT training	60	13	70
Childcare training	72	7	29
Child protection training	55	92	5
Diversity awareness training	35	64	29
Basic skills training	62	3	34
Speech/language techniques	51	21	62
Health training	46	23	68
Disability training	19	13	67
Ante/post natal training	58	17	66
Mental health training	26	24	57
Play/learn techniques	67	17	67
Stress management	52	3	62

Source: Tunstill et al., 2002.

As we can see, the training provided for volunteers was commonly focused around the overall task of 'confidence building'. For example, 'assertiveness and confidence' training was the most commonly provided training for parents, across 85% of Rounds 1 and 2 SSLPs. Training to equip parents with the skills to *contribute to* and gain *an understanding of partnerships* are also common training opportunities which were provided (in 85% of SSLPs),

as was basic skills training, in terms of building confidence which was provided in 82% of SSLPs.

Practical training to develop career skills was provided by a majority of SSLPs, although proportions varied. For example:

- play and learning training (provided by 76% of SSLPs);
- IT training (73%);
- childcare training (70%);
- child protection (62%);
- training to form and contribute to parent forums/panels (62%);
- recruitment training (62%).

It is apparent that, in the context of SSLPs, little of the training provided for staff could be said to be focussed on the development of *family support skills*. However, the training provided for *volunteers,* who in the context of Sure Start Local Programmes are largely synonymous with *parents*, can be seen both as training for a range of activities and roles and, just as importantly, as a *form of family support* in its own right.

As with parent educators, the large voluntary sector organisations providing family support services recruit paid workers most of whom already have a relevant qualification, though not necessarily in the social care field, and a wide range of transferable skills. These are built on by induction training. For example, Home-Start has a four stage induction programme which is based on Home-Start's *Best Practice Guide to Continuous Learning and Development* (Home-Start, 2003) and where a core programme on family support is tailored to individual needs.

Evidence concerning volunteers

There is clearly an overlap between the issues around the training of volunteers and those around paid workers in the family support workforce, but there are also differences. Like paid workers, volunteers bring to their role a wide range of qualifications and prior experience. Some may have left school with no formal qualifications but become interested in volunteering through helping at a local Sure Start group or school, or having benefited from the service. Others become volunteers after retirement or during career breaks, for example while their children are small. Many of the over 5,000 volunteers working in Supported Contact Centres were former teachers or health visitors (see the National Association of Child Contact Centres (NACCC) annual reports at http://www.naccc.org.uk/cms/dmdocuments/Annual_Review_2006.pdf). NACCC is unusual amongst such organisations in that most of the co-ordinators offer their time on an un-paid or expenses only basis.

When considering training issues relevant to volunteers, it is important to note that there is considerable movement between being a volunteer and being a paid worker, and between volunteering and moving on to undertake professional qualifications in teaching, social work or health services, which may lead back into family support work following qualification. The websites

of all the organisations which rely on volunteers to provide all or part of the family support service give examples of the induction process and training as well as more specialist training and systems for accreditation support and supervision. CAB, Home-Start and Parentline Plus set a standard, which is followed by the smaller, more local family support agencies The training for volunteers who visit families in their own homes involves a process similar to that adopted by Home Start where there are between eight and ten half days initial training and one or two one-to-one discussions with the co-ordinator. After taking up references and conducting CRB checks there is an assessment of suitability (Ayles, 2003 at www.home-start.org.uk) Home-Start's preparation course for volunteers is accredited with Open College Network (OCN). Although the course itself is compulsory, registering with OCN for official accreditation is optional for volunteers.

Each volunteer attends a 40-hour (usually 4 hours a week over 10 weeks Home-Start Course of Preparation). This covers the Role of a Home-Start volunteer in depth as well as Values and Attitudes, Family Life and Supporting Parents, Parents and Children, Listening, Confidentiality, Safeguarding Children and Endings. The course is accredited at OCN level 2 & 3.

Follow up training in small 'bite-sizes' covers areas such as Working with Depression, Substance Misuse as well as areas such as Listening to Children and Supporting Parents in the development of their children.

These preparation courses by the larger voluntary family support organisations are increasingly being recognised as providing evidence of prior learning for entry onto Foundation Degrees. When volunteers work alongside professionals in the statutory or voluntary organisations to provide programme-based parent training or facilitate drop-in or follow-on groups, they attend the same training courses as the paid workers.

'The training was over a number of Saturdays and was very good. I was able to learn lots of aspects of open listening and other skills, and also enjoyed the role play. The training not only helped with my Parentline Plus volunteering but also with my family life of which I am now able to enjoy a better relationship with my children.
I was very nervous about answering the calls, but during the training we spent time in the call centre listening-in to trained call-takers. This was very reassuring and the help given by the supervisor was very apparent.'

Volunteer writing in *Parentline Plus Annual Review* 2004-5

An example of a specialist training package devised by one agency and used by another is to be found in the Ayles (2003) evaluation of training for Home-Start volunteers to provide assistance and support when parents are experiencing problems in their relationships. This training was devised for paid workers but the evaluation demonstrates that it is equally relevant to volunteer home visitors as a specialist addition to their initial training.

The 'Primary Care for Couples and their Families' training package used had been developed by One Plus One in partnership with Parenting UK and is described on the website (http://www.oneplusone.org.uk/) as 'a tried and tested package of training and resources designed for frontline staff working with families'. Its objective is to facilitate interventions which will lead to better health and social outcomes for both parents and children. At the same time, these resources are of great benefit to practitioners since having the confidence to handle relationship distress improves the quality of care they provide.

Community Service Volunteers working closely with social workers to support families where child protection concerns have been identified. This study emphasises that training and on-going support and supervision are closely linked.

Training of volunteers:
The project workers have provided a rolling programme of training which as enabled every volunteer to have undergone the same training programme. This has consisted of at least eighteen hours of training to prepare them for their role, including understanding the law and the objectives of current national and local child and family policy, as well as the development of specific inter-personal skills and the building of relationships. The project workers have designed and delivered the training in collaboration with colleagues in the social services departments as well as in CSV national offices. Careful attention was paid in the training to preparing volunteers for any contingency they might encounter in the course of their work, including hostility or violence from parents or carers directed towards themselves. Most importantly, given the complexity of need within the families they would visit, they were trained specifically in reacting to an event taking place in the course of their visit, which might constitute a child protection concern.

Section summary and emerging themes

1) Much of the literature on the qualifications of those entering the family support workforce looks forward to what should happen about training and qualifications in the future and there is little detailed information about the present situation for those whose main occupation (paid or in a voluntary capacity) is to support families or provide parenting education. This is because, although family and parent-focused work is certainly not new, the job/ role of those whose main role is to work with families is just beginning to emerge as a distinct occupational grouping.

2) The literature that has informed this section differentiates between job-specific short courses and qualification-bearing education and training. It is clear that the large number of relevant training opportunities will need to be rationalised, especially those aimed at the early career stages.

3) Other literature indicates that much of the training being provided at the moment is not formally assessed and responds to the immediate needs of employers and staff for training on specific programmes, methods of intervention or government initiatives such as the Common Assessment Framework (CAF). Although there have been some evaluations of these in-house programmes, usually as part of the evaluation of the service itself, most of our information on this type of training has been sourced from the relevant organisational websites and anecdotally from training providers or programme providers.

4) It was noted that at the moment, and perhaps inevitably, given the recent growth of the workforce, the preference is for short-term, focused training which is rarely accredited. This may be a reaction to the many ECM initiatives requiring specific training. Concerning the voluntary sector in particular, uncertainty about longer term stable funding acts as a disincentive to invest in the training of staff, whom they may not be able to keep on when and if funding comes to an end. This has implications for the development of the Integrated Qualifications Framework, in pointing to potential difficulties in persuading employers to fund staff undertaking award based training as opposed to 'one off' programme or issue-based training'. If robust systems of accreditation of prior learning (APEL) can be developed which take account of earlier 'on the job' training, some of this resistance may diminish. For this to happen, though employers will need to incorporate assessment elements into their in-house training or work with accrediting bodies such as NOCN to ensure evidence of prior learning is available.

5) The following comment from Eborall (2005), made about social care workers generally but relevant to those working as parent educators and the advice and helpline sector, leads on to the next section:

"Even more important is lack of data on the rate at which the entire social care workforce is becoming trained and qualified, and how this links to recruitment, retention and turnover and to pay. There is some fragmentary information to suggest that pay levels are beginning to rise to reward qualifications – the first step to creating a skilled and respected workforce – but reliable, systematically collected information is needed." (p 92*).*

Section 6: Pay, terms and conditions of family support workers

Background

Pay, terms and conditions are an essential piece of recruitment and retention picture and are inevitably linked to the stability and future development of the children's social care workforce. We know that across the social care workforce there are job roles that are particularly vulnerable to recruitment and retention difficulties, for example social workers in children's services and occupational therapists (Eborall, 2005) and family support workers in Sure Start Local Programmes (Tunstill et al, 2005b).

Some parts of the country are more vulnerable to staff shortages, such as London and the South East (LAWIG, 2006). However not enough is known about these issues in relation to family support workers, and as with many of the previous sections of this report, their lack of visibility in official reports on the workforce means that the published literature reveals little additional information. This is aggravate by the fact that pay and terms and conditions of the workforce are not commonly audited, held on record or explored in a research context.

However, some anecdotal evidence can be gained concerning the voluntary and statutory services through examples of person specifications/job descriptions that provide details of pay rates, hours of work and any incentives. These can be used to complement the data gained from more rigorous data sources.

The overall picture is one of considerable diversity between sectors and between different occupational groups within sectors. Family support workers are very likely to be employed in new and emerging structures within the children's services world. A prime example was the SSLP initiative. SSLPs and their successors, children's centres, are typical of many of the new hybrid organisations. They play a part in facilitating the access to services, provided by different groups of professionals, to families in the community. A range of issues in relation to pay and conditions of employment were identified by the National Evaluation of Sure Start (Tunstill et al 2005),

The remainder of the section looks more specifically at the available evidence on:
▪ pay
▪ terms and conditions (including benefits)
▪ working hours
▪ staff vacancies and turnover.

Pay

Low pay is a factor, but not the only or most important factor, in the high turnover of staff in some occupations within the children's social care workforce and this is not restricted to staff on the lower end of the wage spectrum (ECOTEC, 2006). The gross annual average pay in England is £19,376, for many staff working in the children's social care sector without a

professional qualification and many family support workers fit the unqualified category. Their pay falls below the national average salaries of, for example, home carers, residential and day care staff, youth and community workers. The annual salary of a family support worker ranges from a starting salary of £16,000 to £25,000 for more experienced workers (CWDC, 2006). This is based on a 37-hour per week including some unsocial hours at week-ends, evenings and early mornings, although those with management responsibilities would expect to earn around an annual salary of around £28,000.

The Johnson et al study (2005a) of the children's workforce found that levels of pay for posts not requiring a specific professional qualification, such as those emerging following under children's trust arrangements, tended to depend upon the roles and tasks of the post rather than on specific qualifications., although the authors provide no specific examples.

Table 10
Summary of salary information related to family support workers

Source	Population	Low	High	Average
ECOTEC (2006)	All workers - general population			£19,376
CWDC (2006)	Family support workers	£16,000	£25,000	
LAWIG (2006)	Social workers			£29,004
	Social work assistants			£20,295
	Home care workers			£14,000
Connexions website 2007 www.connexions-direct.com/jobs4u	Teaching assistants	£12,400	£15,000	
	Social workers	£19,800	£31,000	
	Care workers	£9,000	£20,000	

The Local Authority Workforce Intelligence Group (2006) report provides information on 2005 salaries for local government employees. Voluntary sector salaries tend to be broadly similar, though on average slightly lower and pension entitlements tend to be lower. The median annual salary level for a social worker working with children and families was £29,004 and for a social work assistant working with children and families was £20,757. However this included substantial regional variation. In the Eastern region, for example, the salary range was £14,364 to £15,675 whereas in London it was £20,282 to £24,471. Within the education sector the salaries of teaching assistants, some of whom are undertaking parent support or advice work, are

lower than those of social work assistants, ranging from £12,400 to £15,000 (Connexions website, 2007). A summary table of this information is given in table 10.

For home care workers, some of whom will be providing support services to families, especially when a parent or child has a disability, the median hourly rate was £7.31 which is equivalent to an annual salary of about £14,000 for a 37 hour week (LAWIG, 2006). At the Tier 3 and Tier 4 end of the spectrum of family support work Family Rights Group, for example, requires the sessional workers who provide advice, support and advocacy for parents involved with the formal child protection and court processes to be qualified and experienced social workers or lawyers, and they receive a sessional rate of £20 per hour.

Terms, conditions and benefits

Aside from salary, the terms and conditions of employment can attract or fail to attract staff. Few studies and surveys cover terms and conditions and fewer still apply this to the role of the family support worker. There are, however, several data sources concerning the children's workforce and the voluntary sector/public sector differences, as well as one or two studies which throw light on conditions for family support worker roles (LAWIG, 2006; NCVO 2006; Edwards et al., 2006; Price Waterhouse Coopers, 2006;Tunstill et al, 2005b). These are summarised below.

The data gathered from LAWIG's staffing survey requests councils to complete information not only about social workers and residential social workers, but also about social work assistants, and this is then divided between adults and children's services. Their survey included 104 returns (return rate of 70%) from social service departments. The report includes a section on the proportion of local authorities offering benefits to a range of staff groups, including social work assistants in children's' services. For example:

- 20% of local authorities offered career progression scheme
- 24% of local authorities offered lump sum long service payment
- 46% of local authorities offered essential car user allowance
- 49% of local authorities offered flexitime
- 49% of local authorities offered career break opportunities
- 15% of local authorities offered mobile phones.

However very few local authorities offered extra payment for unsocial hours (5%) or basic salary increase in the last 12 months (11%) and no respondents offered retention payments for this group of staff. With the exception of an essential car user allowance the social worker staff group were more likely than the social work assistant group to be offered all these benefits and more. (LAWIG, 2006).

The use of temporary or fixed term contracts is increasing across the social care workforce, particularly in the voluntary sector. Comparing the whole of the voluntary workforce with the whole of the public sector workforce revealed that temporary contracts were used for an estimated 12% of the

voluntary sector workforce as compared with eight% of the public sector and has been increasing year on year (National Council for Voluntary Organisations (NCVO), 2006). However these figures are unlikely to include *all* staff on fixed-term contracts, some of whom may have defined themselves as permanent workers as the data referred to in the NCVO (2006) was generated by the Labour Force Survey, which allows respondents to self define their working conditions.

Two of the studies examined have commented on job insecurity for those working in family support or parenting training (Edwards et al., 2006 Price Waterhouse Coopers (2006)). This is because many projects are dependent on short-term funding linked to specific pilot schemes or initiatives. Included amongst these were two of the six pilot projects that were providing intensive family support for families at risk of homelessness (Department for Communities and Local Government, 2006) which employed respectively 59 % and 53 % of staff on temporary contracts. Sure Start Local Programmes rely heavily on the use of seconded staff from allied professional groups in the knowledge that offering fixed-term temporary contracts would be unlikely to attract many job applicants (Tunstill et al, 2005b).

Though not specifically focusing on family support workers, the authors of the Sure Start evaluation also comment that the different terms and conditions of employment of the different sectors is considered to be a barrier to the development of new ways of working, by the children's pathfinder trust managers. Those working in Sure Start Local Programmes often come from a range of sectors and with a range of job terms and conditions. Staff work on secondment with the pay, terms and conditions of their employer and sit alongside those employed directly by the SSLP. For example, those in assistant or family support roles in the statutory sector are also more likely to have greater job security and to be seconded onto professional training courses (Johnson et al 2005b; Kessler, 2006). Such differences in pay, holiday entitlement, pension arrangements and career structures have led to difficulties developing collaborative working relationships in some teams:

"There is a problem with working together in that the pay scales are all different for different staff of different agencies. They have different terms and conditions…" (PCT rep comments; Tunstill et al, 2005b; p56).

Information provided to the researchers by managers recruiting to family support or assistant social worker posts indicates that it is easier to fill these posts compared with qualified social work posts as they do not require professional qualifications. As Kessler (2006, p24) notes, the comparative ease of filling assistant posts is contributing to a 'grow your own' approach to professional recruitment which is having some success, especially in social work/social care.

Working hours

Comparing hours of work across the whole of the public sector with the whole of the voluntary sector reveals that in the public sector 72% of staff work full-time and 28% work part-time. The voluntary sector workforce includes a higher proportion of part-time workers (38%) compared with full-time workers

(62%) (NCVO, 2006) with part-time workers working an average of 18 hours per week. However only half of local authority social care staff work full-time (49.6%) (LAWIG, 2006). Data from NHS Social Care and Health Information Centre (2006) also show that 50% of all social services staff work part-time.

A further analysis of figures reveals that 65% of the estimated 10,645 family support staff (authors' estimate using data from SSD001) working in local authorities are part-time (LAWIG, 2006). However figures derived from the SSD001 return (2005) show that staff that are *fieldwork based* are more likely to be employed on a full-time basis than those who are centre based. Data show for example, that 71% of social work assistants in children's services are working full-time, compared with only 54% of family centre workers (excluding managers and deputies).

Deakin and Kelly (2006) found that part-time working was more common in the health and education sectors than amongst those in the social care or youth justice sectors. Similarly Hallam et al (2004), in their evaluation of parenting programmes of LEAs, found that:

 "*many programme facilitators were part-time and hourly paid, which contributed to the insecurity of the system' and that parenting work was seen as low status.*" (p53)

However some of the advantages of working in the family support sector include the potential to work flexible hours and the availability of more part-time posts (CWDC, 2006).

Staff vacancies/turnover

Unfortunately the LAWIG report does not provide any useful information concerning Family Support Workers (or similar) on levels of vacancies, staff turnover and use of agency staff. However it does provide information concerning the strategies used by local authority social care departments to improve retention rates and deal with recruitment difficulties. These are particularly critical issues for children's social workers but some of these strategies include social work assistants. For example 88% of employers stated they 'trained up social work assistants to be social workers' in order to address the shortfall; 42% had increased the number of social work assistants employed; 30% had recruited 'support staff' with higher skills and ability levels and 31% enhanced the role of their 'support staff'.

Eborall's (2005) reports the National Employers Skills Survey for Spring 2003 which showed the level of vacancies across the social care sector as a whole was 6% (of total employment) compared with an average of 3 % across the workforce of all employment sectors. However this figure may seem surprisingly low, despite being double that of the workforce as a whole. More recent information noted by Eborall, taken from the 2004 Performance and Assessment Data and Information produced by CSCI, sets the figure at 11% for social services care staff at September 2003, rising to 12.7% for the whole of the year 2003-04. There are regional variations of course, with London's rate reaching 17% (one in six posts vacant) during this time period.

Looking more closely at the children's social care workforce Eborall reports that vacancy rates are reported to be higher for all children's services than for adult services. It is not known if this information holds true for Family Support Workers themselves, as they are not defined in the report.

Information concerning the staffing of Sure Start Local Programmes is somewhat alarming:

"Specific staff shortages that were mentioned include family support workers, community workers and health visitors. … National survey data (2004) showed that 32% of SSLPs were experiencing delays in recruiting to new posts, and 72% of SSLPs were experiencing delays recruiting to an existing post." (Tunstill et al., 2005 p54).

The problems of poor retention tend to build up within organisations. Losing staff affects both immediate workloads and the morale of the remaining staff group, both of which can contribute to more staff choosing to leave. Competition for staff from other government and local initiatives also increases the likelihood of high staff turnover (Tunstill et al op cit).

In 2006 the CWDC commissioned a study of recruitment and retention in the children's workforce. The report (ECOTEC, 2006) provides data on a number of job roles within the children's workforce, pay rates and conditions of service. Unfortunately the list of job roles included within the study did not include the 'Outreach and Family Support Worker' role that was defined by the CWDC in their preceding evidence-gathering report of the same name (see www.cwdcouncil.org.uk/projects/rrr.htm). The later report (ECOTEC, 2006) highlights the following job roles in the children's social care workforce:

- CAFCASS workers
- Child and family social workers
- Children's residential care staff
- Connexions personal advisors
- Educational welfare officers
- Foster carers
- Learning mentors.

Information on vacancy and turnover rates in the independent sector is more difficult to find. There has been no recent national data collection on these areas in relation to children's services.

The private/self employed sector

There is a CWDC study on workers in the private and voluntary sectors (reference to be inserted) but the private sector is not a significant provider of family support services, the exceptions being in the provision of foster care placements, and those training parent educators, as well as those indirectly connected through working in agencies recruiting social care staff. A small number of independent foster carers will spend some of their time supporting birth families by providing respite or support foster care, or by working towards the reunification of children in care with their parents. Some of the social workers employed by private sector foster care providers may also

become involved in providing family support, but it would only be a small part of their role. Both foster carers and social workers recruited and employed by the private foster care agencies tend to have higher incomes for the same level of responsibility than those employed by local authorities, though pension provisions may not be as favourable. Trainers of parent educators tend to be self-employed and work from home, usually on their own or with one or two others under informal partnership arrangements. They do not appear in the literature, other than a reference in the Pye Tait report (2006) to the need for the training needs of this self-employed group to be considered when qualification frameworks and systems are being set up.

Those working in recruitment agencies are most likely to be providing agency social workers to children's services where there are the greatest problems of recruitment (LAWIG, 2006) rather than at assistant social worker/ family support level.

The future

In the future Skills for Care and CWDC will provide information on employment status and terms for the broadly defined group of 'community, support and outreach' workers. Unless the data collection instrument provides for further differentiation it will still be difficult to identify information specific to family support workers or parent educators.

Section summary and emerging themes

1) There is as yet a relatively limited set of data available about terms and conditions of employment in respect of the family support workforce.

2) Whilst this already poses challenges to workforce planning in the context of traditional ways of working, in the context of ECM and the intention to deliver services in more collaborative ways, it raises urgent challenges.

3) The new community based agencies, such as children's centres and extended schools, which are at the heart of government plans to deliver family support and/or parent education will involve the collaboration of a wide range of workers. In view of past experiences their terms and conditions of service are likely to act as a source of tension between different groups of staff.

4) Unaddressed these tensions can undermine joined-up working and make the implementation of the current agenda around inter-professional collaborations more difficult. Co-location can act as a magnifier of such issues.

Section 7: Conclusions and Recommendations

Conclusions

The current proposals for a Centre of Excellence in Children's Services highlight the urgency of the task of bringing coherence to the knowledge base on family support tasks and the family support workforce. If this does not happen, prevention and family support work are likely to lose out to more clearly defined areas of practice such as early years child care work, or high profile practice with looked after children and 'heavy end' child protection assessment and intervention.

- The range of activity that takes place within the overall context of family support is extensive and diverse. It includes parenting education, signposting, advocacy, support in the family home or in neighbourhood centres. Whilst considerable information is available from a range of sources on the nature of the *activities undertaken,* the fact that this activity is in the realm of a diverse range of *individuals* in a wide range of settings and under diverse organisational arrangements is only implicitly acknowledged. As a result, there is a dearth of accessible information on the characteristics of this part of the workforce, which in turn reflects the absence of systematic strategies by which to collect it. Indeed, at present, even published plans for the mapping of the social care workforce through the Minimum Data Set do not seek to identify family support workers. This 'invisibility' is especially problematic in the social care sector, given its size and diversity.

- Because they are currently dispersed amongst other broader occupational groupings, there are many difficulties in deriving specific information about the family support workforce from the rapidly increasing body of research and policy literature. While earlier commentators have highlighted the importance of the family support workforce, in practice there has been a (unhelpfully) piecemeal approach to mapping it. In particular this fragmentation has led to confusion around the differences between various aspects of work and activity involved. A key example is the often unacknowledged but important difference between *parent education* and more general *family support* work*.* In much of the literature which has been reviewed, parent education has been used by both policy makers and researchers as a term that subsumes the task of family support whereas, it is argued here, the converse approach should be adopted. If 'family support work' is identified as the overarching category, it then becomes possible to identify with greater clarity the subsets within the occupational group, for example parent educators, outreach family support workers, parent advice workers, and workers providing advocacy and signposting to other services.

Recommendations

It is suggested that the most labour and cost efficient way to address a number of separate issues is through an integrated strategy, which has two complementary elements. Such a strategy should be designed and implemented, within an appropriate and flexible timescale, with the following objectives:

a) there is an urgent need to remedy current deficits in data collection. Specifically, it is essential for the Minimum Data Set to be revised to include 'family support worker' as a visible job category, with a protocol to indicate which staff should be including in this grouping. It will then be possible in the longer term to interrogate the data to obtain basic information on the characteristics of the family support workforce. Smaller scale research studies can then be commissioned to provide more detailed information on the workforce, for example to learn more about the motivations and aspirations of those who enter the workforce for the first time, or whether particular ethnic groups are attracted to or deterred from taking up this career.

b) in the short and medium term a research strategy should be designed and research commissioned which, while taking account of current deficits, has the capacity to supplement the existing data.

On the basis of the current lack of a conceptual framework for mapping the *family support task*, and therefore confusion about the parameters of the family support workforce, it is recommended that the following interlinking strategies for data collection are adopted:

i. In view of the fact that the family support workforce is distributed across agencies and sectors, each should be tasked to collect specific data on those people carrying out the family support tasks in their own part of the service system.

ii. Family support workers employed in the private or voluntary sector must be included in the Minimum Data Set for the social care workforce (revised as recommended above to include family support workers as a discrete grouping). If this is not possible, funding should be made available through the CWDC and Skills for Care for parallel data to be collected by umbrella bodies such as NCVCCO or by those in the statutory sectors who commission family support work from the voluntary or private sectors. If this is collected on a local or regional basis, there needs to be agreement about the data fields so that a national, as well as a local picture, of the independent sector family support workforce can be obtained.

iii. Those involved in developing systems and structures which will underpin the operation of extended schools and children's centres must identify the family support workforce involved at local level in both these initiatives. This will include those providing parenting education, education welfare officers, teaching assistants specialising in providing parent support and those in the new role of parent advice and support worker currently being piloted. Those responsible for workforce data collection should, as a matter of urgency,

make links with those working on the social care minimum data set to collect comparable data on the family support workers in the school and child care sectors. This strategy should also be pursued for those in the health, youth justice, and community work sectors, but these have not been the focus of this report since they are not central to the footprint of the CWDC.

Possible areas for research that have emerged from this review of existing literature are:

1) An investigation of how more men and those from diverse backgrounds may be encouraged to become family support workers?

2) A process for disaggregating information in relation to the different ethnic groups within the family support workforce, and reach an improved understanding of which aspects of family support work are more 'attractive' to the different ethnic groups.

3) An exploration of what motivates men and women of different ages, ethnic backgrounds, level of qualifications and experiences to enter the family support workforce or to volunteer? This is important since the Price Waterhouse Coopers (2006) report identified lack of appropriately qualified staff as an impediment to the expansion of independent sector providers to meet the need for these services.

4) An examination of the motivations behind professionally qualified workers with some relevant experience switching into a more full-time role as family support workers, including an exploration of the incentives which would encourage, for example, teachers or nurses to move into family support work. This may be important if there is surplus supply in a particular area of the children's workforce and links with the development of the Integrated Qualifications Framework.

5) Further study to explore what and how different professions can learn from each other's experience of supporting recruits to their respective services to move into family support work on the basis of full professional qualification status or to remain in an assistant role.

6) The collection of additional information on how managers and workers make decisions about the value to their staff/ themselves of in-house or commissioned 'one-off' training, formally assessed and accredited targeted training that is formally assessed and accredited, and training leading to a recognised vocational or professional training. If the Integrated Qualifications Framework is to be successful, information will be needed on the motivations and impediments to pursuing and funding training.

7) The collection of information on how the family support workforce (including volunteers and paid workers) is currently making use of the vocational training available to them. Is there any advantage in having such a wide range of possibly relevant qualifications including NVQs, RVQs, Foundation Degrees, courses provided, or accredited, by CACHE,

OCN and similar bodies? Are these courses which are over or under subscribed and what are the characteristics and aspirations of those who undertake them?

8) An examination of the extent to which those who have successfully completed accredited or non-accredited 'on-the-job' training go on to professional training, using their earlier courses as evidence of prior learning in order to gain admission to or gain exemption from parts of the course they are embarking on.

9) An exploration of the views of those professionals who undertake some family support work alongside their other roles on the extent to which their qualifying training equips them to provide family support and to supervise the work of parent educators or family support workers.

10) An examination of whether or not the new qualifications for early years professionals and for those who manage children's centres are equipping them to provide family support, to commission family support work and to supervise family support workers.

11) An investigation of the characteristics of those who provide training for the growing numbers of parent-trainers and family support workers, including what they are paid, how their qualifications are assessed and checked and the commissioning and quality assurance processes in place.

12) An examination of the implications, in various settings, of different pay and conditions in place for different groups of family support workers.

References

Aldgate, J. and Statham, J. for Department of Health (2001) *The Children Act Now: Messages from Research.* London: The Stationary Office

Allnock, D., Tunstill, J., Akhurst, S. and Garbers, C. (2005). *Implementing Sure Start Local Programmes: An In-Depth Study, Part Two: A Close Up on Services*. London: DCSF.

Audit Commission. (1994). *Seen but not heard; co-ordinating community health and social services for children in need.* London: HMSO.

Ayles, C. (2003). *A study of the provision of training and resource materials to support community family workers in responding to couple relationship difficulties.* London: One Plus One.

Bachman, M., Reading, R., Husbands, C., O'Brien, M., Thoburn, J. I Shemilt, I., Watson, J., J ones, N., Haynes, R., M. Mugford, M. and the NECT team (2006). What are children's trusts? Early findings from a national survey*. Child Care, Health and Development* 32, 2, 137-140.

Ball, M. (2004). *Profile of an Umbrella Body.* London: NCVCCO.

Barnes, D., Appleby, C. and Parker, E. (2006). *A Profile of Children's Health and Maternity Services in England 2006.* London: Department of Health.

Beecham J and Sinclair I (2006) *Costs and Outcomes in Children's Social Care*
Messages from Research. London . Jessica Kingsley Publishers

Bertram, T., Pascal, C., Bokhari, S., Gasper, S. and Holtermann, S. (2002). *Early Excellence Centre pilot programme.* London: DCSF Research Brief RB361.

Blewett, J., Lewis, J., and Tunstill, J. (2007). *The Roles and Tasks of Social Work*: *a literature informed discussion paper.* London: GSCC/SCIE.

Brandon, M., Howe, A., Dagley, V., Sadler, C., Warren, C. and Black, J. (2006). *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005-6.* London: DCSF (RR740).

Buchanan , A (2002) 'Family Support ' in McNeish, D, Newman, T, Roberts, H. (eds) *What* Works for Children? Buckingham Open University Press pp252-274

Cabinet Office (2006). *Reaching Out: An Action Plan on Social Exclusion.* London: Cabinet Office.

CAFCASS (2007). *Every Day Matters: A Strategy for CAFCASS for the Next 10 Years.* London: CAFCASS.

Cameron, C(2007) Social Pedagogy and the Children's Workforce.
Community Care 8/08/07
http://www.communitycare.co.uk/articles/2007/08/105392/social pedadogy

Commission on Families and the Wellbeing of Children (2005) *Families and the state: Two-way support and responsibilities: an inquiry into the relationship between the state and the family in the upbringing of children.*
Bristol: Policy Press

Commission for Social Care Inspection (2006). *Supporting parents, safeguarding children: meeting the needs of parents on the child protection register*. London: CSCI.

Connexions (accessed February 2007) *Job Article: Social Worker* at
www.connexions-direct.com/jobs4u/index.cfm?pid=63&catalogueContentID=814

Cooper, A. (2005). *The Children's Workforce in England: A Review of the Evidence* London: DCSF.

Children's Workforce Development Council (CWDC) (2006). *Occupation Summary Sheet. Occupation: Outreach/Family Support Worker. C*WDC.
Leeds.

Deakin, G. and Kelly, G. (2006). *Children's Workforce Research.* London:
DCSF.

Department for Communities and Local Government (2006) *Anti-social Behaviour Intensive Family Support Projects: An Evaluation of Six Pioneering Projects* Wetherby: DCLG Publications

Department for Children Schools and Families (DCSF) (2006). *The Children's Workforce Strategy- Building a World Class Workforce for Children and Young People: The Government's response to the consultation.* London:
DCSF

Department for Children Schools and Families (DCSF) (2006a) *Joint planning, joint commissioning and budget pooling in children's trust settings: national Evaluation of Children's Trusts.* University of East Anglia in association with the National Children's Bureau

Department for Children Schools and Families (DCSF) (2006b) *Parenting Support Guidance for Local Authorities in England, October 2006* London:
Crown Copyright

Department for Children Schools and Families (DCSF) (2006c) *The Common Core of Skills and Knowledge for the Children's Workforce*
http://www.everychildmatters.gov.uk/deliveringservices/commoncore/

Department for Children Schools and Families (DCSF) /Department of Health (DoH) (2006). *Options for Excellence: Building the Social Care Workforce of*

the Future. London: HMSO.

Department for Children Schools and Families (2005) *National Evaluation of Children's Trusts Phase 1 Report:: Realising Children's Trust Arrangements* London: DCSF

Department for Children Schools and Families (2004a). *Choice for Parents: the best start for children: a ten year strategy for child care*. London: DCSF.

Department for Children Schools and Families (2004b). *Every Child Matters*. London: DCSF.

Department of Health (1989). *The Children Act 1989.* London: HMSO.

Department of Health (1989). *The Children Act 1989: Guidance and Regulations, Volume 2: Family Support, Day Care and Educational Provision for Young Children.* London: HMSO.

DH, 2000. Guidance on the Health Act Section 31 Partnership Arrangements. http://www.dh.gov.uk/assetRoot/04/05/74/23/04057423.pdf

Dolan P , Canavan J and Pinkerton J (2006) *Family support as reflective practice* . London. Ashgate

Eborall, C. (2005). *The State of the Social Care Workforce.* London: Skills for Care.

ECOTEC (2006). *Recruitment, Retention and Rewards in the Children's Workforce.* Children's Workforce Development Council Leeds: CWDC.

Edwards, A., Barnes, M., Plewis, I. and Morris, K. (2006). *Working to Prevent the Social Exclusion of Children & Young People: Final Lessons from the National Evaluation of the Children's Fund* (DCSF RR734). Nottingham: DCSF.

Frost, N., Johnston, L., Stein, M., and Wallis, L. (1996). *Negotiated Friendship: Home-Start and the Delivery of Family Support.* Leicester: Home Start.

Gardner R. (1998). *Family Support: a practitioner's guide.* Birmingham: Venture Press.

Gardner ,R (2002) *Supporting Families ;Child Protection in the Community*. Chichester . John Wiley &Sons

Ghate, D. and Hazel, N (2002). *Parenting in Poor Environments: Stress, Support and Coping.* London: Jessica Kingsley Publishers.

Gibbons, J., Thorpe, S. and Wilkinson, P. (1990) *Family Support and Prevention: Studies in Local Areas* London: HMSO

Gilby, N., Mackay, T., Mason, J., Ullman, A. and Clemens, S. (BMRB Social Research) (2006). *Extended Services in Primary Schools in 2006* (DCSF Research Report RR809). Nottingham: DCSF.

Gray, B. (2002) Emotional labour and befriending in family support and child protection in Tower Hamlets. *Child & Family Social Work,* 7 (1), pp 13–22.

General Social Care Council (2005). *Specialist Standards and Requirements for Post-Qualifying Social Work Education and Training: Children and Young People, their Families and Carers.* London: GSCC.

Hallam, S., Rogers, L., and Shaw, J. (2004). *Improving Children's Behaviour and Attendance through the Use of Parenting Programmes: An Examination of Good Practice* (DCSF Research Report RR585). Nottingham: DCSF.

Hardiker, P., Exton, K. and Barker, M. (1991) *Policies and Practices in Preventative Childcare* Aldershot: Avebury

Henricson, C., Katz, I., Mesie, J., Sandison, M. and Tunstill, J. (2002). *National Mapping of Family Services in England and Wales - a consultation document.* London: NFPI.

Her Majesty's Treasury (2004). *Choice for Parents, the best start for children: a ten year strategy for childcare.* London: HM Treasury.

Home Office (1998). *Supporting Families A Consultation Document.* London: The Stationary Office.

Home-Start (2005). *Another Step Forward, Home-Start Annual Review 2005* Leicester: Home-Start

Home-Start (2003). *Best Practice Guide to Continuous Learning and Development.* Leicester: Home-Start.

Johnson, S., Dunn, K. and Coldron, J. (2005a). *Mapping Qualifications and Training for the Children and Young People Workforce – Defining the Children and Young People's Workforce in a Changing Scenario. Report 2 (of 6).* London: DCSF.

Johnson, S., Dunn, K. and Coldron, J. (2005b) *Mapping Qualifications and Training for the Children and Young People Workforce – Training and Qualifications issues, needs and gaps. Report 5 (of 6).* London: DCSF.

Johnson, S., Dunn, K. and Coldron, J. (2005c) *Mapping Qualifications and Training for the Children and Young People Workforce – Qualification Issues that Inform the Design of an Integrated Qualifications Framework. Report 3 (of 6).* London: DCSF.

Katz I & Pinkerton J, (2003) *Evaluating Family Support: thinking internationally, thinking critically.* Chichester . Wiley .

Kessler, I. (2006). *Assistant Roles and Changing Job Boundaries in the Public Services.* London: Economic and Social Research Council (ERSC).

Laming , H (2003) *The Inquiry into the Death of Victoria Climbie*. London HMSO

Lifelong Learning UK & Parenting UK (2006) *The Working with Parents Workforce.* Unpublished www.parentinguk.org.

Little M and Mount K (1999) *Prevention and early intervention with children in need. Ashgate*

Local Authority Workforce Intelligence Group (LAWIG)(2006) *Adult, Children and Young People Local Authority Social Care Workforce Survey. Report No 36 Social Care Workforce Surveys* London: Local Government Association

McCauley, C., Knapp, M., Beecham, J., McCurry, N., & Sleed, M. (2004). *Young Families under Stress: outcomes and costs of Home-Start Support.* York: JRF.

Moran P, Ghate D and van der Merwe A (2004) *What Works in Parenting Support? A Review of the International Evidence*. Research Report 574, London: Department for Children Schools and Families.

Morris, K & Spicer N (2003) *The National Evaluation of theChildren's Fund: early messages from developing practice*. London . DCSF

Morris, K, Warren, S, Mason, P, Hek, R (2006) *Preventative services for Black and Minority Ethnic Children: learning from the Children's Fund*. London DCSF

NCH (2006). *Family Support Workers in NCH.* Unpublished.

NHS Health and Social Care Information Centre (HSCIC) (2006). *Personal Social Services Staff of Social Services Departments at 30 September 2005.* HSCIC for details see: www.ic.nhs.uk/pubs/persocservstaff300905eng

Neil, E and Sellick, C. (in preparation) *Post-adoption support services to birth parents: Report to DCSF* (UEA Centre for Research on the Child and Family and personal communication)

Norfolk and Norwich Families' House (2006) *Annual Report.* (Norwich: N and N Families' House

Pawson, R., Boaz, A., Grayson, L., Long, A. and Barnes, C. (2003) *Types and quality of knowledge in social care* . London : SCIE

Price Waterhouse Coopers (2006). *DCSF Children's Services: The Market for Parental and Family Support Services.* London: DCSF.

Pye Tait (2004). *An Occupational And Functional Map of the UK Parenting*

Education and Support sector. London: Parenting Education & Support Forum.

Pye Tait (2006). *Research into Qualification Needs to Work with Parents.* London: Parenting UK.

Quinton, D. (2004). *Supporting Parents: Messages from Research.* London: Jessica Kingsley Publishers.

Skills for Care National occupational Standards for Social Work

Skills for Care (2005). *National Minimum Data Set for Social Care, Job Roles version one.* Skills for Care/Children's Workforce Development Council at www.skillsforcare.org.uk

Soper, J., Holmes, L., Hu, X. and D'Souza, E. (2006). *Valuing Changes in Welfare to Individuals and Society Resulting from the Government's Provision of Children's Social Services in England.* Nottingham: Department for Children Schools and Families (Research Report RW86).

Statham, J. and Biehal, N. (2004). *Research and Practice Briefings: Children and Families - Supporting Families.* DCSF/Research in Practice/Making Research Count on website: www.uea.ac.uk/swk/MRC_web/public_html/qpr/Quality%20protects%20research%20briefing%20No%2011.pdf.

Thoburn, J., Chand, A. & Procter, J. (2005). *Child Welfare Services for Minority Ethnic Families: The Research Reviewed.* London: Jessica Kingsley.

Together for Children(TfC) (2007). *Toolkit for Reaching Priority and Excluded Families* Website: Together for Children www.4children.org.uk/information/show/ref/859

TOPPS (2002) *National Occupational Standards for Qualified Social Work.* Leeds. TOPPS

Tunstill, J. (2007) *An Evaluation of the Volunteers in Child Protection Project for CSV.* London.CSV

Tunstill, J., Aldgate, J., & Hughes, M. (2007). *Improving Children's Services Networks; lessons from family centres.* London: Jessica Kingsley.

Tunstill, J, Meadows, M., Akhurst, S., Allnock, D., Chrysanthou, J., Garbers, C., Morley, A. and the NESS Team. (2005a). *Implementing Sure Start Local Programmes: An In-depth Study.* London: DCSF.

Tunstill, J., Meadows, M., Akhurst, S., Allnock, D. and Garbers, C. (2005b) *Implementing Sure Start Local Programmes: An Integrated Overview of the First Four Years.* London: DCSF.

Tunstill, J., Meadows, P., Allnock, D. and McLeod, A. (2004). *Experiences of Implementing Sure Start in Rounds 1 & 2 (unpublished)* London: DCSF.

Tunstill, J., Meadows, P., Allnock, D. and McLeod, A. (2004). *Experiences of Implementing Sure Start in Rounds 3 & 4 (unpublished).* London: DCSF.

Tunstill, J. and Ozolins, R. (1994). *Voluntary Child Care Organisations After the 1989 Children Act.* Norwich, UEA/NCVCCO.

Utting, D, Monteiro, H and Ghate, D (2007) *Interventions for children at risk of developing antisocial personality disorder.* London: Policy Research Bureau.

Unicef Innocenti Research Centre (2007). *Child Poverty In Perspective: An Overview of Child Well-being in Rich Countries.* Florence: Unicef.

University of Salford Faculty of Health and Social Care (2003). *Review of Education and Training for Inter-Agency Working.* London: Department of Health.

Walker, S. (2003). Cited in Soper, J., Holmes, L., Hu, X. and D'Souza, E. (2006). *Valuing Changes in Welfare to Individuals and Society Resulting from the Government's Provision of Children's Social Services in England.* Nottingham: Department for Children Schools and Families (Research Report RW86).

Wainwright, S., Clark, J., Griffith, M., Jochum, V., and Wilding, K. (2006) *The UK Voluntary Sector Almanac 2006* London: NCVO

Youth Justice Board (2005). *Youth Justice Board Annual Report 2004/05.* London: The Stationary Office.

Youth Justice Board (2006) *YJB Key Elements of Effective Practice: Parenting Manual*

Appendix 1
Methodology

Aims and Objectives

This cross-sector scoping study of family support workers in the children's workforce was commissioned by the Children's Workforce Development Council in October 2006, for the overall purposes of (a) strategic planning within the children's workforce; and (b) to support the commissioning of any further research required to inform the CWDC in respect to the workforce.

The overall aim of the project is to:

"gather and analyse all relevant web-based and organisational data, grey literature and academic literature about paid workers and volunteers who work to support families"
(CWDC Invitation to tender and specification document)

Following a joint meeting between CWDC and the Synergy team, to agree specific objectives, it was agreed that the study would prioritise the collection of data, capable of answering all, or some, of the following questions with respect to the family support workers in the children's workforce.

a. What is the size of the family support workforce?
b. Who are they (demographic information – gender, ethnicity)?
c. What do they do, where and how?
d. What are their conditions of services such as pay, benefits, hours of work?
e. What are the staff development opportunities such as training, career progression and including recruitment and retention issues?
f. What is the relative contribution of the statutory, voluntary, community and
   private sectors?
g. What is the relative contribution made by paid and voluntary workers?

Sources of data

The focus of the study is on those workers who deliver family support services *and* whose roles come within the CWDC footprint please see details of this at www.cwdcouncil.org.uk/whatwedo/cwdcfootprint.htm .

The data for scrutiny potentially comprises the professional, policy and organisational literature base relating to all or some of the following occupations, since family support may be a part of their duties:

o Managers, their deputies and assistants, and all those working in early years provision;

- Registered childminders working in their own homes, or in a variety of settings including Neighbourhood and other nurseries and Extended Schools;
- Nannies;
- Portage workers;
- Foster carers, including private foster carers;
- Children and families social workers;
- Registered managers of children's homes, their deputies, assistants and staff;
- Family centre managers, their deputies, assistants and staff
- Day centre managers, their deputies, assistants and staff
- Outreach/family support workers
- Learning mentors;
- Behaviour and Education Support teams;
- Parenting support workers in Youth Justice Teams
- Adoption Support Workers;
- Education Welfare Officers;
- Educational Psychologists;
- Other therapists working with children;
- Connexions Personal Advisors;
- Children and Family Court Advisory and Support Service family court advisors;
- Lead inspectors of registered children's services within the footprint;
- Support workers in al of the above settings;
- Volunteers not otherwise covered above

In order to maximise the relevance of the data collected, we refined the criteria for our sample as follows:

- Data on England, rather than the UK as a whole
- Data on posts whose title, either explicitly or implicitly, included the term family support, such as parenting workers (running parenting classes or working as parent educators), outreach/family support workers
- Data on occupations most likely to be associated, in part, or whole with the delivery of family support or parent support services, e.g. family centre workers, managers and deputies; behaviour and education support teams; CAFCASS workers; social workers, health visitors and midwives.
- Data on volunteers, (with the proviso that these individuals were working in family support settings/agencies) in the light of the team's existing knowledge of the range of home visiting/befriending schemes, to which volunteers make a significant contribution.

Method for data collection and analysis

There were five phases in the methodology:
i. Search
ii. Initial scrutiny
iii. Logging
iv. Analysis
v. Synthesis and report writing.

i. *Search*
In order to gather maximum data the following search methods were deployed:

- Web-based searches using key words/phrases
- Web-based searches of key organisations' databases/libraries
- Web-based searches of academic institutions/databases
- Requests for grey literature from key organisations (see appendix for contributors)
- Snowballing (following one link that leads to another) from all of the above
- By relevant search engine for example, Social Care Online, Child Data, Google scholar
- Requests from contacts made at conferences and events
- Review of the researchers' own unpublished literature/data in this field
- Contact with researchers' academic colleagues

The gathering and logging of all the initial web-based data and literature was undertaken by one member of the research team. This strategy was adopted to remove the risk of duplication, and where approaches were made to external agencies, it also avoided the risk of alienating potential respondents.

The log of literature accessed/obtained, was circulated to the rest of the team at the end of each week.

The web-based libraries and search engines were interrogated using the following key words and phrases: *family support worker; parenting support worker; social work assistant; parent advisor; community worker; family support; parenting support; social care worker; children's social care staff/workforce.*

An email and/or telephone request was made to key agencies and individuals within the family support field. One research team member had previously been employed by the National Council of Voluntary Child Care Organisations (NCVCCO). NCVCCO is the umbrella body for approximately 97 local and national voluntary organisations working in the child care/welfare field. Access was granted to the membership database, which also enabled a specific email request to be circulated to the relevant membership.

Use was also made of relevant internet networks, and with the aim of reaching an additional national group of stakeholders; a further request was posted on the VSSN (Voluntary Sector Studies Network) soliciting indications of literature concerned with the family support worker workforce.

ii. Initial scrutiny

In line with their usual practice in such projects, where possible the Synergy team undertook the task of selecting and interpreting data, on the basis of the framework for evaluating type and quality of knowledge developed by Pawson et al (2003). This framework was designed for the assessment of quality in empirical studies so was not applicable to all of the literature sought, but it is relevant and helpful as a context for any literature search. It requires literature to be interrogated against the following criteria:

- Transparency - are the reasons clear?
- Accuracy - is it honestly based on relevant evidence?
- Purposivity - is the method used suitable for the aims of the work?
- Utility - Does it provide answers to the questions set?
- Propriety - is it legal and ethical?
- Accessibility - can you understand it?
- Specificity - does it meet the quality standards already used for this type of knowledge?

Once documents were obtained, the team scanned them for their relevance to the five main questions. Account was taken of the quality and comprehensiveness of policy and organisational data. Where research findings were included, the researchers made judgements about the rigour of the respective study methods.

iii. Data Logging

Materials were logged under the respective question headings, and entered in table format, including full reference details (authors, date, publisher); websites; and a short summary of the data.

iv. Analysis

Further scrutiny of relevant documents produced a quality rating, which measured usefulness of data to the study and rigour of the research method adopted by those who had generated it.

v. Synthesis/ report writing

A synthesis of the literature under the five research questions; production of a descriptive overview; identification of emerging themes and gaps in the current evidence base.

Reflections on the method

Considerable data were gathered from the various access routes described above, and web-searches proved particularly useful, as did personal approaches to key individuals for information and data sources.

Given the diversity of the tasks *and* agencies associated with family support work, the selection of keywords was wide ranging in order to maximise access to information. The absence of a consistent terminology on the part of stakeholders constituted an inevitable challenge in this process.

The study has sought to be as inclusive as possible, but can only reflect the current practices adopted by agencies for auditing and evaluating *a multi-professional workforce* who are engaged in carrying out a wide range of tasks. Further complexity derives from the context in which these tasks are undertaken. This context is multi-dimensional. One dimension involves the

four levels of need, ranging through universal to targeted services, with which staff work. Secondly it is multi-*sector*, and involves all three sectors, i.e. statutory, voluntary and private. Finally the *speed of policy development*, including the establishment of new organisational frameworks, such as Children's Trusts, means the overview provided in this report, can only describe the situation at the point in time data collection was undertaken, that is late 2006- early 2007.

Appendix 2

Mapping of services provided by children's social services: services for vulnerable children (open access/self-referral)
(Adapted from Soper et al, 2006 pp55-57)

1. Strategic management – strategic planning to include

a. Community care plan
b. Children's services plan
c. Health improvement programme
d. Health action zones
e. Joint investigation plan
f. Complaints procedure

2. Early years support
3. Parenting programmes
4. Teenage pregnancy services
5. Child health promotion programme
6. Counselling/mental health support
7. Drug and alcohol rehabilitation/prevention
8. Supervised family contact
9. Preventing truancy, preventing school exclusions
10. Behavioural programmes in schools
11. Careers service
12. Connexions

An indicative overview of family support activity across sectors, by activity type and mode of delivery (outreach or mainly centre-based) and moving from mainly practical support through to more intensive support

(NB: It is not possible to get this table in one page, and there is no significance to the location of the page break: It should be read as a continuous table).

Family Support Activity	Voluntary	Social care and YOTs	Education including school psychological service and EWOs	Health	*Hybrid (e.g. SSLP/Children's centre and projects from 'respect' agenda*
Parent information web sites	cb **or**	or			
Telephone help-lines	**or**				
Welfare/finance advice/budgeting	**cb**	or			cb or
Financial aid and practical help	**cb or**	**cb or**		or	**cb or**
Cookery/domestic skills	cb or	cb or	cb		cb or
Befriending-type support	**or**	or		or	**cb or**
Skills for employment	cb		**cb**		**cb**
Parenting classes (tier 1 e.g. in FE)			**cb**	**cb**	**cb**
Housing advice	**cb**	cb or			**cb or**
Relationship advice (tier 1, 2)	**cb**	**cb or**	cb or	**or**	**cb or**
Advice on child development play	**cb or**	or	**cb**	**cb or**	**cb or**
Toy libraries	**cb**	cb	cb	cb	cb
Equipment loan schemes	**cb**	or		cb	cb

Family Support Activity	Voluntary	Social care and YOTs	Education including school psychological service and EWOs	Health	*Hybrid (e.g. SSLP/Children's centre and projects from 'respect' agenda*
Laundry facilities	cb or	or		or	
Providing leisure activities	**cb**		cb		**cb**
Support for hearing /visually impaired parents/carers	**cb** **or**	**cb** **or**	cb	cb or	**cb** **or**
Support for parents of children with disabilities	**cb** **or**	**cb** **or**	cb or	**cb** **or**	cb or
Support for parents with disabilities	**cb** **or**	cb or		**cb** **or**	cb or
Grandparents' support groups	**cb**				
Parents' support groups	**cb**		cb	cb	**cb**
Fathers support groups	**cb**		cb		**cb**
Child/parent leisure activities	**cb**		cb		**cb**
Parent support telephone groups	or				
Parent support/training for parents of young offenders	cb or	**cb** **or**			
Supervised and supported contact services for children in care or following relationship breakdown	**cb** **or**	cb or			cb or
Counselling	**cb**	**cb** **or**			cb or
Support following relationship breakdown,	**cb** **or**	or			
Parent advisors	**cb** **or**		**cb** **or**	**cb** **or**	**cb** **or**
Mentoring for parents	**or**	or	or		**cb** or

Family Support Activity	Voluntary	Social care and YOTs	Education including school psychological service and EWOs	Health	*Hybrid (e.g. SSLP/Children's centre and projects from 'respect' agenda*
Parenting training- tier 2,or 3	**cb**	**cb** **or**	cb	cb or	cb or
Social casework	**cb** **or**	**cb** **or**			**cb** **or**
A range of therapies for families following trauma	**cb** **or**	**cb** **or**	cb or	**cb** **or**	cb or
Support for families with mental health problems	**cb** **or**	cb or	or	**cb** **or**	cb or
Support for families where there are child protection issues	**cb** **or**	**cb** **or**	cb or	**cb** **or**	cb or
Advocacy for parents with children in care or subject to child protection inquiries	**cb** **or**				or
Support for adoptive/birth parents of adopted children	**or**	or		or	
Intensive support/ training for families at risk of homelessness	**cb** **or**	or			**cb** **or**
Intensive support/training for parents whose children are at risk of coming into care/returning home from care	**cb** **or**	**cb** **or**			

cb=centre based; or=outreach (signifies where the parent is at the point of service - thus telephone or web-based service will usually be 'or'). Bold indicates that this sector is a major provider of this type of service.

Appendix 4

Example of a local authority family support post

Hertfordshire CC Family Support Officer Post

To support the provision of the Family Support Service for families with children under 10 within the Local Services. To ensure the delivery of the Family Support Service within the Children, Schools and Families Service Plan. To work within the Unified Casework Framework of Children, Schools and Families, in the delivery of the Preventative Strategy.

Work with children and families on the child protection register as identified in the child protection plan.   With direction and support, to undertake tasks to follow up and clarification work liaising with other agencies as appropriate in the delivery of both child protection and preventative strategy.

1. As allocated by the Family Support Manager to undertake initial and complex needs assessments (as defined, see below*) and to report back to supervisor to confirm further action, in addition to direct work with clients.

2. Provide information on services and liaise with service providers and other agencies as appropriate for joint working under CSF Service Plan, and to facilitate the delivery of the Preventative Strategy within the Family Support Centre.

3. Identify areas of practice and/or client need where the Department's standards and policies are either not being met or are inadequate, and report formally to the Family Support Manager.

4. Gather, record and provide information, both manually and on computers, to be involved in the development and implementation of case plans.   Act as Case co-ordinator on Section 17 cases and as Case Worker in Child Protection cases.

5. Participate at regular meetings along with peers and manager to feedback issues affecting clients including client base reviews.

6. To provide relief cover for other Family Support Workers and Professional Assistants as the needs of the service require.

7. To establish and maintain an effective and accurate information system incorporating information regarding local and relevant wider resources, and develop networks with care groups and other community agencies.

8. Mentor H5 staff, providing guidance on the day-to-day routines and demonstrate good practice.

9. Undertake life-story work; with children who are part of the looked after children system to enable them to come to terms with changes which have affected their lives.

10. Lead, co-ordinate and plan sessions within the family rooms, including group work.

11. Administer planned medication, where necessary.

12. To contribute to the implementation of Hertfordshire County Council Equal Opportunities policies. Participate at regular meetings along with peers and manager to feedback issues affecting clients including client base reviews.

13. To provide relief cover for other Family Support Workers and Professional Assistants as the needs of the service require.

14. To establish and maintain an effective and accurate information system incorporating information regarding local and relevant wider resources, and develop networks with care groups and other community agencies.

15. Mentor H5 staff, providing guidance on the day-to-day routines and demonstrate good practice.

16. Undertake life-story work; with children who are part of the looked after children system to enable them to come to terms with changes which have affected their lives.

17. Lead, co-ordinate and plan sessions within the family rooms, including group work.

18. Administer planned medication, where necessary.

19. To contribute to the implementation of Hertfordshire County Council Equal Opportunities policies.