

# NAPP

## Parenting Workforce Analysis

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# Section 1

## Executive Summary

## Executive Summary (1/4)

### Background, objectives and approach

- This document is an update on a project which built on a portfolio of work which PwC has undertaken with the National Academy for Parenting Practitioners over the past 2 years to help develop a deeper understanding of the parenting workforce.
- It comes at a time of change for the Academy given the imminent transfer of its work to CWDC. Against this background our overall objective was to work with the Academy to provide a quantitative and qualitative analysis of the parenting workforce.
- More specifically project objectives have been to:
  - Establish how many parenting practitioners there are;
  - Identify which parenting practitioners have parenting as part of their role and which have parenting as all of their role, and identify which services parenting practitioners are located in;
  - Identify (where possible) how many practitioners are yet to be trained to a minimum of QCF level 3 in a relevant qualification, and contribute to an understanding of the need for level 4+ accreditation; and
  - Comment on the future allocation of the evidence-based programmes and of the Work With Parents (WWP) training offer based on qualitative data from interviews and four Local Authority case studies
- PwC has worked very closely with the Academy throughout. Key building blocks of our approach have been:
  - Seeking data from Academy contacts across government based on Academy introductions;
  - Undertaking extensive desk research including reviewing existing parenting related reports, obtaining statistical data from numerous government and other websites, and reviewing Local Authority publications; and
  - Conducting a programme of structured interviews with 8 Regional Development Managers, 4 Local Authorities, and Academy contacts in CWDC and TDA
- Project findings must be considered in light of the fact that:
  - The assignment was limited to data collected within 6 working weeks between November 2009 and January 2010;
  - The team has relied on desk research and a limited number of qualitative interviews; and
  - The availability of quantitative data is limited for many roles
- Notwithstanding the above, the project has covered considerable ground and provides a much improved picture of the parenting workforce

## Executive Summary (2/4)

### Parenting services have undergone considerable change

- The supply of parenting services, interventions, education and support has undergone considerable change over the past decade, driven by
  - The development of the National Occupational Standards for work with parents and qualifications based on the same;
  - A shift to more early stage preventative work with families rather than just a focus on remedial work;
  - The creation of a number of new parenting specific roles; and
  - The work of the Academy, which has, amongst other things, boosted the penetration of evidence-based programmes
- A result of this change is that there is an emerging parenting workforce, with an identity of its own, which is being explored and defined in a variety of projects.
- This has led to a need to update the understanding of parenting roles, and the functional map of parenting workforce. A subsequent revision of the National Occupational Standards is scheduled for 2010.

### Over 139,000 individuals work 'wholly' or 'partly' with parents

- We are not aware of any attempts to quantify the parenting workforce since the 2001 figure of 20,000 described by Pye Tait in their 2001 report as a 'guesstimate', and which does not provide details of the roles included
- A major challenge in attempting to quantify the supply of parenting services is that, for many roles, there is no central collection of data (or only incomplete collection)
- Notwithstanding this, our analysis points to clear and rapid growth in the market, as it suggests that, excluding the VCS when it operates on a non-commissioned basis (which would further add significantly to the totals), there are at least:
  - 12,000 practitioners for whom parenting is the 'whole' of their role (e.g. Parent Support Advisors in schools, Children's Centre Outreach Workers); and
  - 127,000 practitioners for whom parenting is 'part' of their role (e.g. Health Visitors)
- In addition there are of the order of 1 million other individuals for whom parenting may be 'tangential' to their role (e.g. teachers and school nurses), which in practice could mean 'nearly no involvement with parenting' (e.g. a teacher with little contact with parents), or, on a case by case basis, fairly regular involvement (e.g. a teacher who engages with parents directly)

## Executive Summary (3/4)

- The extent of the growth in the parenting workforce is confirmed by data from the top 40 providers of parenting intervention training as per the Academy Commissioning Toolkit, which indicate that so far over 36,500 places have been taken up on training programmes

### **The workforce is complex and fragmented with multiple roles**

- The parenting workforce is large, but also complex and fragmented, reflecting the broad spectrum of services delivered. These differ according to:
  - > The level of need of the family, i.e. from universal services to tiers 3 and 4 targeted interventions;
  - > 'what' is provided, i.e. from informal unstructured support to formal structured interventions, and from information based to "treatment" interventions;
  - > 'who' provides it, i.e. from LA or PCT staff to volunteers; and
  - > 'how' it is provided, i.e. through a single service or, as is increasingly the case, on the basis of multi-agency delivery teams
- Furthermore the titles used to describe particular parenting roles and the roles themselves vary considerably from one Local Authority to the next
- As a result developing a definitive (and practical) list of roles is challenging, and requires taking a view on a number of appropriate broad role descriptors (where for example 'Educational Family Support Worker' encompasses a number of schools- based roles such as Parent Support Advisor and Home/School Link Worker)
- Through joint working with the Academy (and in particular extensive input from its Regional Development Managers) we have identified a total of 48 roles, including where the VCS is commissioned by the LA and where provision emanates from the private sector. We have then grouped these roles according to their degree of focus on parenting and found that that 13 have parenting as the 'whole' of their role, 17 as 'part' of their role and 18 as 'tangential' to the role
- Furthermore we have identified which service area (broadly defined) each role most commonly belongs to, while acknowledging that this differs substantively from one LA to the next. We have concluded that many roles are focused around education (18 in total) while other roles are evenly split between social services (10), health (12) and the justice system (7)
- In addition the VCS plays a very important part in delivering parenting services on a non-commissioned basis and numerous VCS roles (from 1:1 parent coaches to group facilitators) can be added to those identified above

## Executive Summary (4/4)

- The landscape which this high number of roles forms is dense and complex. Mapping it presents a major coordination challenge in order to avoid duplication .
- With such a complex landscape there is also a need to ensure that parents can navigate the system effectively

### **There is considerable demand for higher level qualifications**

- The range of qualifications held by parenting practitioners reflects the diversity of roles in existence and also points to considerable variation of qualification levels required or hold for the same role
- QCF level 3 in a relevant qualification is widely regarded as the minimum level which parenting practitioners should have. In particular we found strong LA support for the notion of 'Work With Parents' (WWP) becoming a baseline entry requirement for anyone undertaking work with families
- In addition demand for parenting specific qualifications beyond level 3 is high as these are required to ensure that
  - Practitioners are trained and qualified at the required level of competence , knowledge and understanding that their work requires;
  - Managers and supervisors have the right skills, knowledge and experience to support their field staff; and
  - There is a visible career progression in parenting, which will contribute to attracting and retaining staff

# Section 2

## List of abbreviations



## List of abbreviations used in this report (1/2)

ASB	Anti-social Behaviour	EFSW	Educational Family Support Worker
ASB FIP	Anti-Social Behaviour Family Intervention Project	EWO	Education Welfare Officer
ASBO	Anti-social Behaviour Order	FAST	Families and Schools Together
BME	Black and Minority Ethnic	FIP	Family Intervention Project
BSW	Behaviour Support Worker	FNP	Family Nurse Partnership
BTEC	Business and Technology Education Council	FPI	Family and Parenting Institute
CAF	Common Assessment Framework	FPW	Family Pathfinder Worker
CAFCASS	Children and Family Court Advisory and Support Service	FSW	Family Support Worker
CAMHS	Child and Adolescent Mental Health	FTE	Full Time Equivalent
CAMHS PS	Child and Adolescent Mental Health Parenting Support	HPC	Health Professionals Council
CEDAR	Centre for Educational Development, Appraisal and Research	ILM	Institute of Leadership and Management
CHPP	Child Health Promotion Programme	ISP	Integrated Support Plan
CIS	Children's Information Service	LA	Local Authority
Connexions PA	Connexions Personal Adviser	LGA	Local Government Association
CP FIP	Child Poverty Family Intervention Project	LLUK	Lifelong Learning UK
CPD	Continual Professional Development	MST	Multi-Systemic Therapy
CTC	City Technology Colleges	MST CAN	Multi-Systemic Therapy Child Abuse and Neglect
CWDC	Children's Workforce Development Council	MST PSB	Multi-Systemic Therapy Problem Sexual Behaviour
DAAT	Drug and Alcohol Action Team	NAPP	National Academy for Parenting Practitioners
DCLG	Department for Communities and Local Government	NCAST	Nursing Child Assessment Satellite Training
DCSF	Department for Children, Schools and Families	NCMA	National Childminding Association
DfES	Department for Education and Skills	NCSS	National CAMHS Support Service
DH	Department of Health	NHS HCHS	National Health Service Hospital and Community Staff
EBP	Evidence-based Programme	NHS IC	National Health Service Information Centre

Section 2 - List of abbreviations

## List of abbreviations used in this report (2/2)

NOS	National Occupational Standards	TDA	Training and Development Agency
NPA	National Portage Association	The Academy	National Academy for Parenting Practitioners
NPPN	National Parent Partnership Network	VCS	Voluntary and Community Sector
NVQ	National Vocational Qualifications	VRQ	Vocationally Related Qualifications
ONS	Office for National Statistics	WWP	Work with Parents
PC	Parenting Commissioner	YC FIP	Youth Crime Family Intervention Project
PCT	Primary Care Trust	YISP	Youth Inclusion Support Panel
PE	Parenting Expert	YJB	Youth Justice Board
PEEP	Peers Early Education Partnership	YJLO	Youth Justice Liaison Officer
PEIP	Parenting Early Intervention Pathfinder	YMTB	Young Mums To Be
PIPE	Partners in Parenting Education	YOT	Youth Offending Team
PP	Parenting Practitioner (in the broad sense including all workers and Professionals)	YOT PS	Youth Offending Team Parenting Support
PPS	Parent Partnership Staff		
PS	Parenting Support		
PSA	Parent Support Adviser		
PwC	PricewaterhouseCoopers		
QCF	Qualifications and Credit Framework		
RDM	Regional Development Manager		
RPP	Respect Parenting Practitioner		
SEAL	Social and Emotional Aspects of Learning		
SENCO	Special Educational Needs Coordinator		
SHS	School Home Support		
SIRC	Social Issues Research Centre		
SWiS	Support Work in Schools		

## Section 3

# Project Background, Objectives and Approach

## Parenting Workforce Analysis project background and objectives

- The Parenting Workforce Analysis project was undertaken at a time of great change for the Academy and for the parenting workforce as a whole. Particular aspects of this are as follows
  - From March 2010 CWDC will take on the responsibilities for training the parenting workforce previously held by the Academy
  - LLUK is in the process of revising the functional map for parenting, which had not been updated since the Parenting UK 'An Occupational and Functional Map of the UK Parenting Education and Support sector', 2001
  - The National Occupational Standards (NOS) relating to parenting are due to be revised based on the updated functional map
- Against this background, PwC's objectives have been to make use of existing Academy knowledge and data to clarify the full extent of the parenting workforce, in part to support concurrent functional mapping and standards revision work
- More specifically the project objectives included providing as comprehensive a quantitative and qualitative analysis of the parenting workforce as possible in order to
  - Establish how many practitioners there are;
  - Identify which parenting practitioners have parenting as part of their role and which have parenting as all of their role, and identify which services parenting practitioners are located in;
  - Identify (where possible) how many practitioners are yet to be trained to a minimum QCF level 3 in a relevant qualification, and contribute to an understanding of the need for level 4+ accreditation; and
  - Comment on the future allocation of the evidence-based programmes and of the Work With Parents (WWP) training offer based on qualitative data from interviews and four case studies
- This project builds on a portfolio of work which PwC has undertaken for the Academy over the last 2 years to help develop a deeper understanding of the parenting workforce, including 'NAPP Strategy Development Support, June 2009' and 'NAPP Third Sector Engagement with evidence-based practice, September 2009'

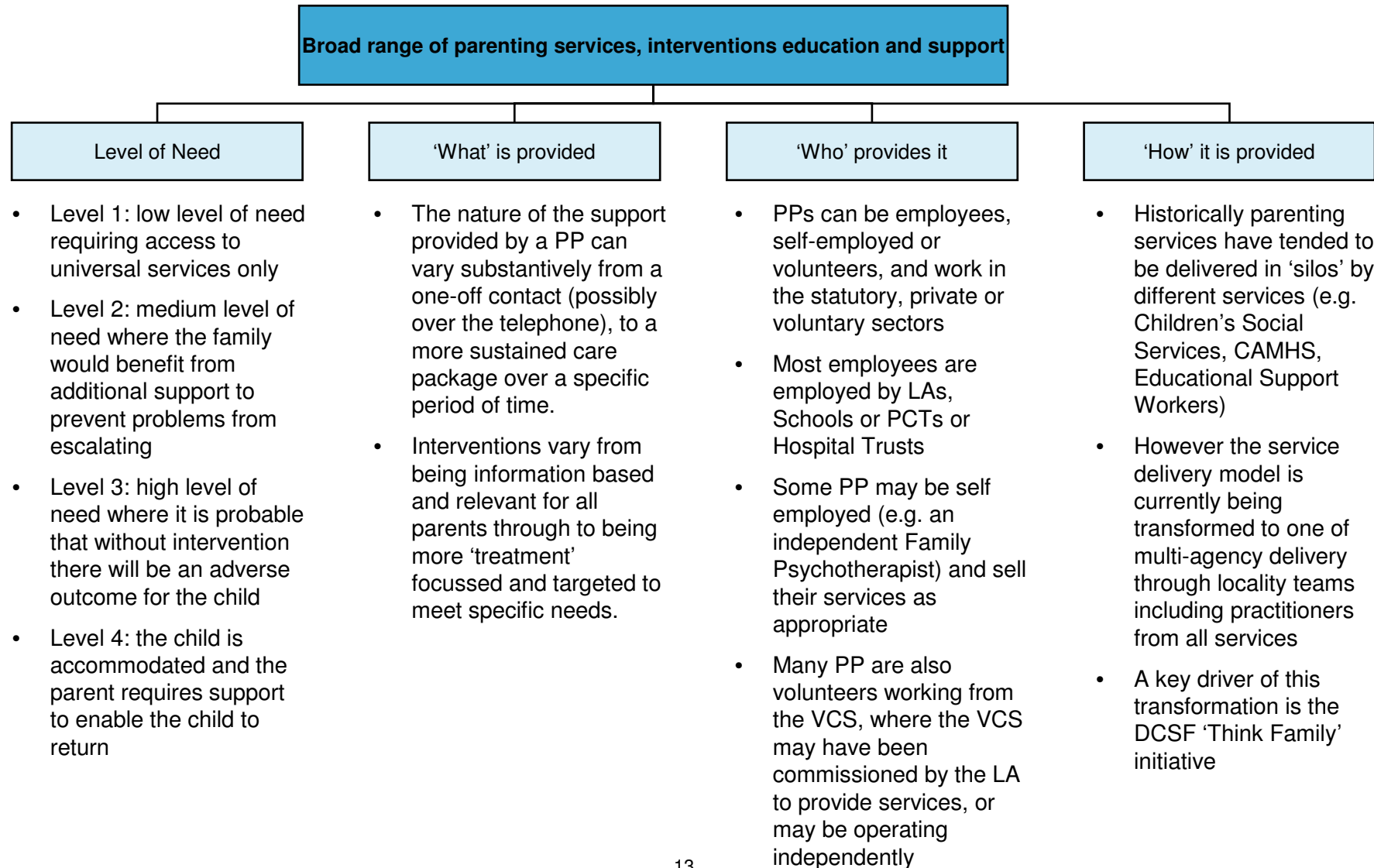
## Approach to analysis

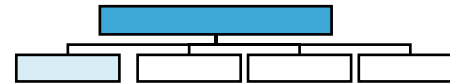
- As agreed at the outset, we have worked very closely with the Academy throughout this assignment (including weekly meetings, regular telephone and email contact and sharing work-in-progress material), and as such the Academy has been heavily involved in shaping the focus of our work and the format of our deliverables
- In addition the Academy has committed resource to this project to work in parallel with us in order to fill specific data gaps where necessary. The result is a more detailed and comprehensive report than the timescale would otherwise have allowed
- Key building blocks to our approach have been
  - Data requests to Academy contacts in the following Departments / organisations: DCSF, CWDC, TDA
  - Desk Research including a review of PwC analysis for the Academy to date, Parenting UK and FPI reports, DCSF and other government reports (e.g. Think Family), websites from across government (including amongst others DH, Home Office, Cabinet Office, Youth Justice Board), statistical data from the NHS Information Centre, the Local Government Association and other organisations, and local authority websites and job descriptions
  - Interviews with Regional Development Managers (RDMs) and Parenting contacts in the 4 LA case studies, as well as key Academy contacts within CWDC and TDA
- At the outset we envisaged that most of our data requirements could be met either by the Academy or Academy contacts. However in practice the ready availability of quantitative data through these channels was limited, and it was necessary to rely far more on desk research than anticipated. It should also be noted that we were unable to access raw data held by the FPI relating to its parenting mapping research
- In addition it was originally anticipated that RDMs would be able to provide us with the necessary information to develop 4 LA case studies. However the level of detail required for this was such that speaking to the relevant LAs directly was also essential. As a result we have interviewed parenting contacts (or a counterpart designated to speak to us) in all 4 LAs as well as conducting structured interviews with 8 RDMs
- The definition of 'parenting' work which has been used throughout this report is the draft primary purpose statement for the functional map of parenting workforce as follows:
  - 'to provide services, interventions, education and support which improve parenting capacity, parent-child relationships, safeguard and promote positive outcomes for children, young people and families, through working in partnership with mothers and fathers, carers and other agencies'

## Section 4

# Overview of Parenting Practitioner roles

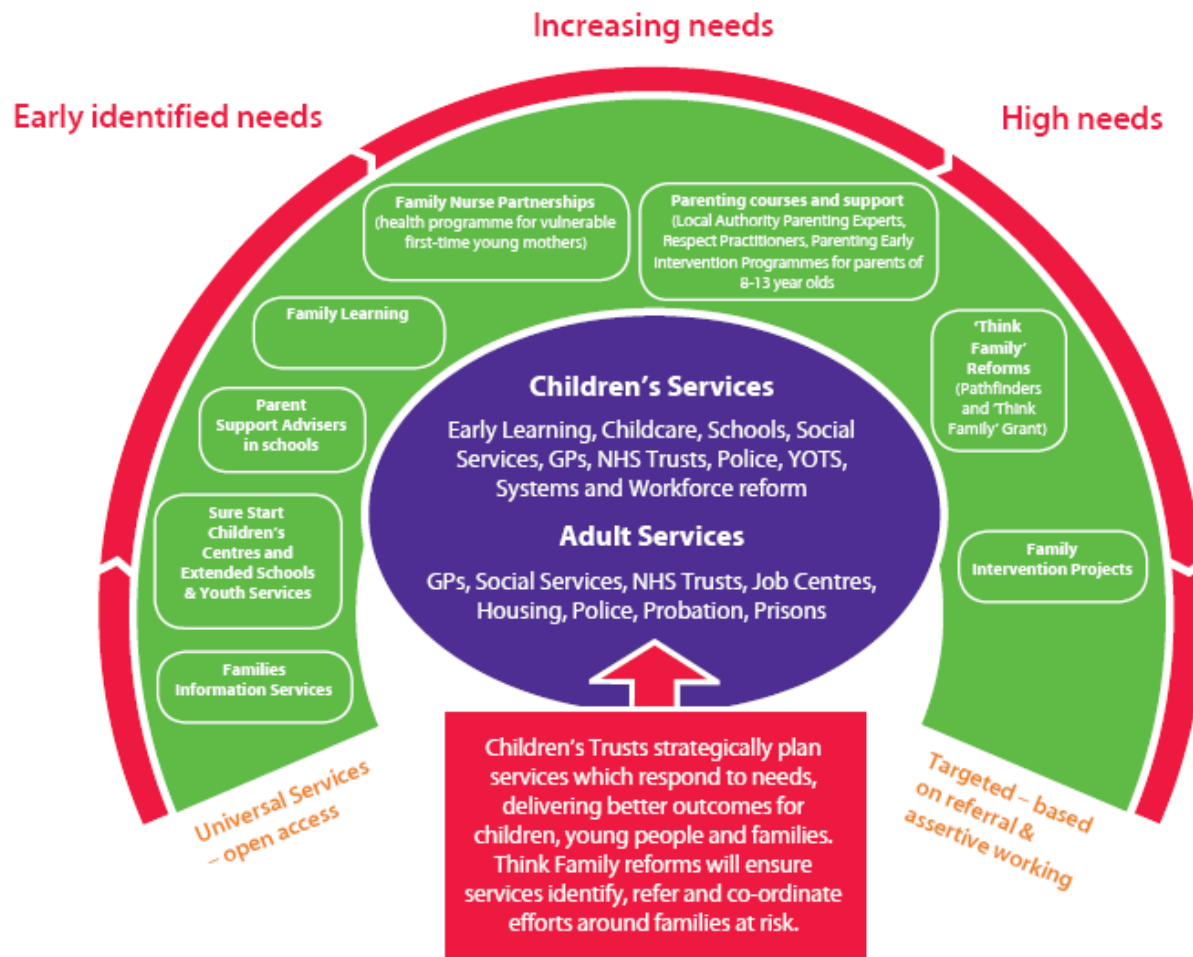
The provision of parenting services, interventions, education and support is hugely diverse and varies by level of need, the nature of the intervention ('what'), the delivery channel ('who') and the approach to delivery ('how')





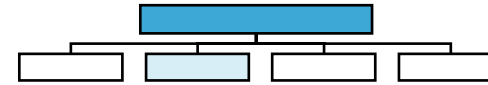
## PP roles span all levels of need and range from open access universal services to targeted services based on referral and assertive working

### Parenting and Family Support Services in local areas



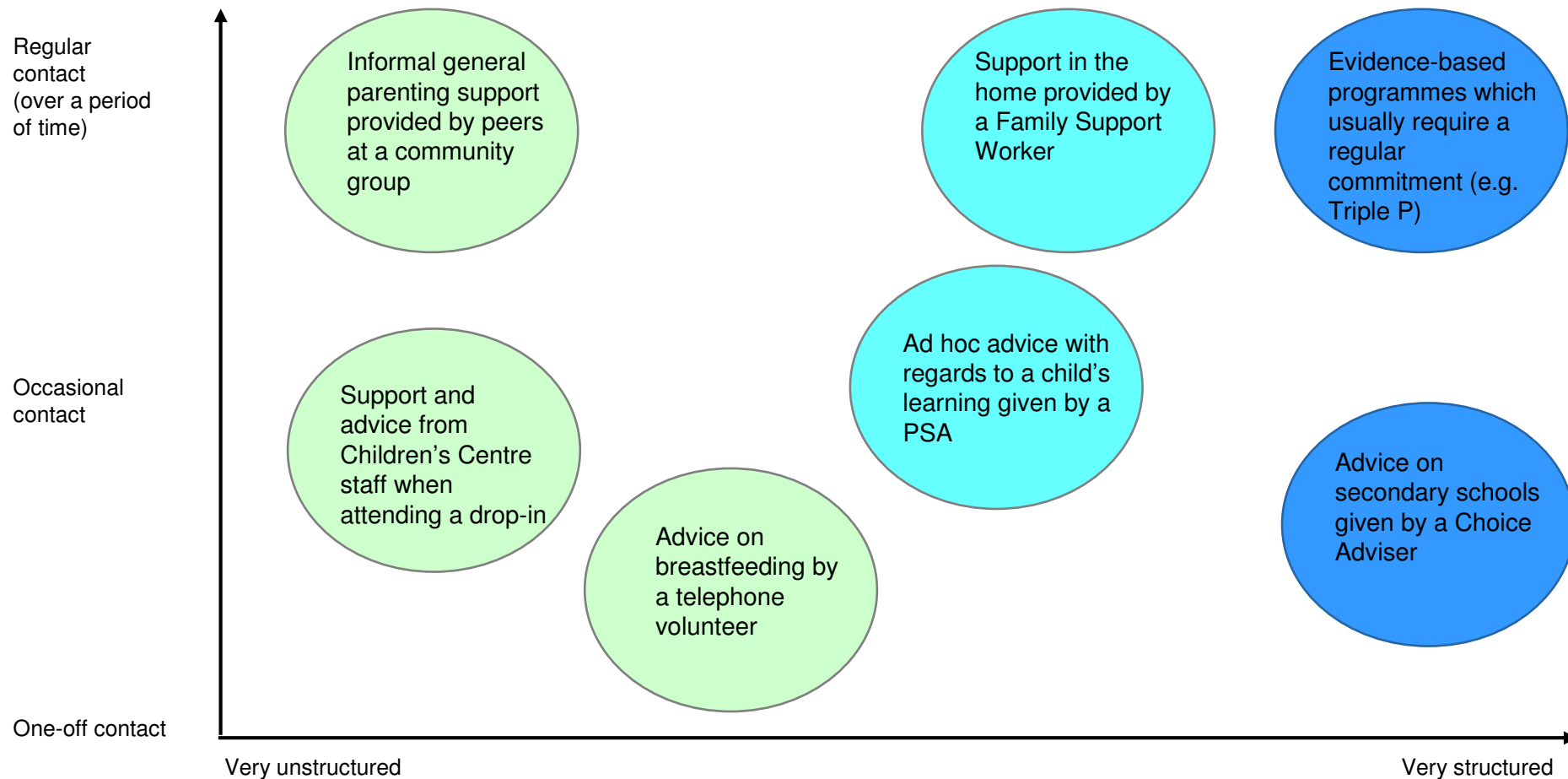
- DCSF's mapping of various levels of parenting services highlights a number of PP roles by increased level of need
- While the majority of parents only require access to universal services (such as information about starting school or the availability of leisure opportunities), some parents may require additional information or support around what their child needs at various stages in life (such as support with a child's language development and learning)
- In addition some parents may need more targeted support if they are experiencing more challenging circumstances such as being bringing up a child with a disability
- A minority of parents require specialist or intensive support to help them understand and take responsibility for being a parent and to make sure that their children are raised in an environment in which they are safe and can flourish.
  - This small number of families is responsible for a disproportionate amount of the workload of many different agencies

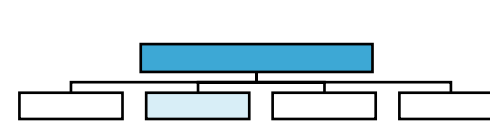




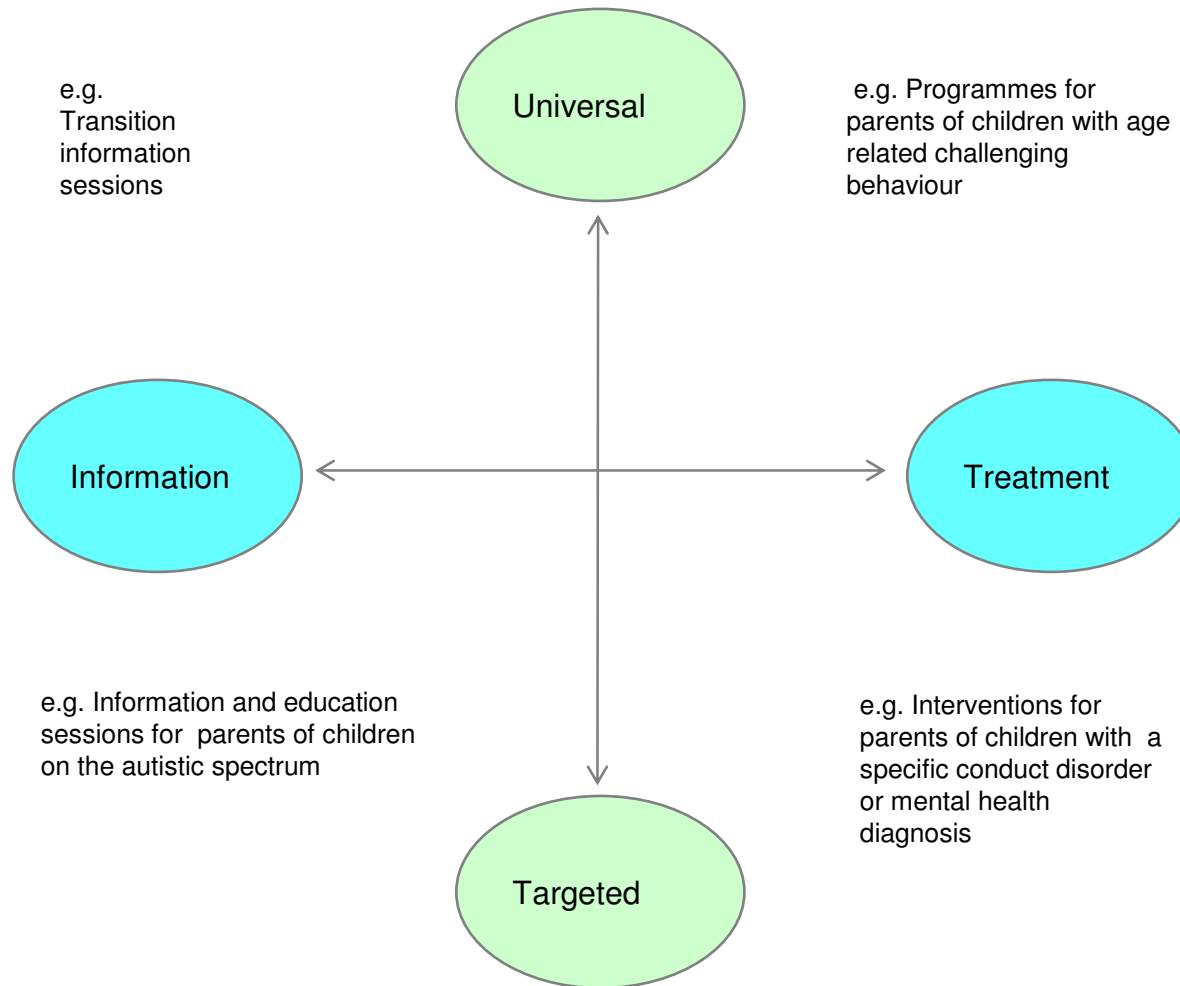
# The nature of parenting services can take many forms, from one-off informal support to structured evidence-based programmes

**Illustration via examples of the varied nature of parenting services, interventions and support**

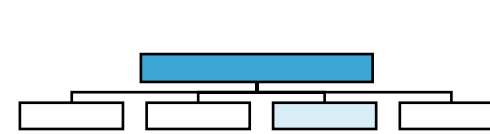




The nature of parenting services can also range from information based universal education, to 'treatment' based targeted interventions.



- The nature of parenting work varies considerably according to the level of need for families (from universal support to targeted intervention), and whether the PPs role is to inform or provide treatment.
- Therefore the qualification requirements of practitioners also vary to reflect where individuals work on the spectrum of information to treatment and universal to targeted.



Most PPs are employed by statutory services in Education, Social Services, Health or in the Justice System. However many work in the VCS either on a commissioned basis or independently, and some operate from the private sector

### Statutory Services

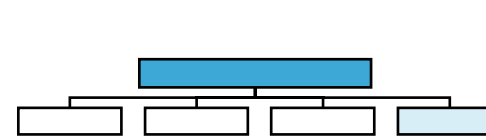
- Education
  - Most education related PP work in nurseries or schools, and in particular extended schools
  - Example roles include Parental Support Advisors, Education Welfare Officers and Parent Partnership Staff
- Social Services
  - PP span both Adult and Children's Services, and a family's referral route may dictate which Service provides support in the first instance
  - Example roles include Parenting Early Intervention Project Workers, Children's Centre Outreach Workers and Social Workers
- Health Services
  - Most PP in health are employed by Primary Care Trusts (PCTs) and many are based in GP practices (e.g. Health Visitors, Community Midwives)
  - In addition a number of more specialist PP are based in Hospital Trusts (e.g. certain CAMHS staff)
- Justice System
  - Most PP are based within Community and Safety Partnerships within LAs (e.g. Family Intervention Project Workers), though some YOTs are based within children's services.

### VCS

- The VCS is often commissioned by the LA to deliver parenting services (e.g. Barnardo's operates a number of Children's Centres and / or FIPs). Where this is the case service level agreements may be in place between the VCS organisation and the PCT or Children's Trust
- Where the VCS operates independently (on a non-commissioned basis) a number of funding models are possible including where an external donor is present, where the VCS is self-funding through its own fundraising activities and where the VCS is reliant on volunteers

### Private provision

- Many parenting roles identified in education and health exist in the private sector as well as the statutory sector (e.g. teachers employed in private schools, private healthcare practitioners)
- In addition many childcare roles emanate from private provision (e.g. childminders and nannies who are part of the 'Early Years Practitioners and Professionals' group)
- Businesses such as Foster Care agencies also employ parenting staff privately
- Independent consultants and parenting coaches also exist in the private sector



The way in which parenting services are delivered is starting to change as multi-agency delivery is becoming more established. The Think Family initiative is central to this cultural change.

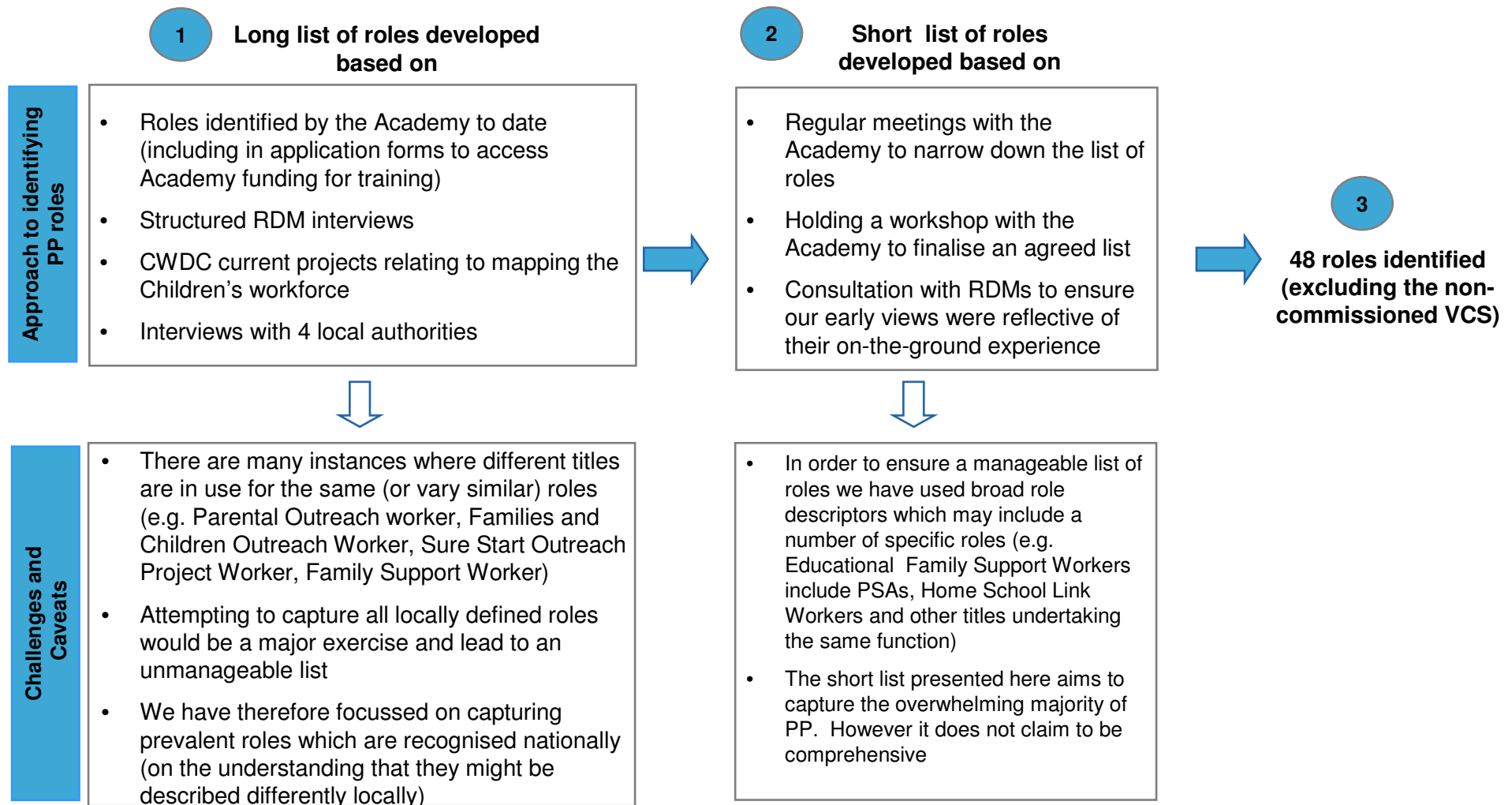
**'What is Think Family practice?'**  
**Think Family toolkit**

'Think Family means reforming systems and services provided for vulnerable children, young people and adults to secure *better outcomes* for children, by *co-ordinating* the support they receive from children's, adult's and family services so that they can:

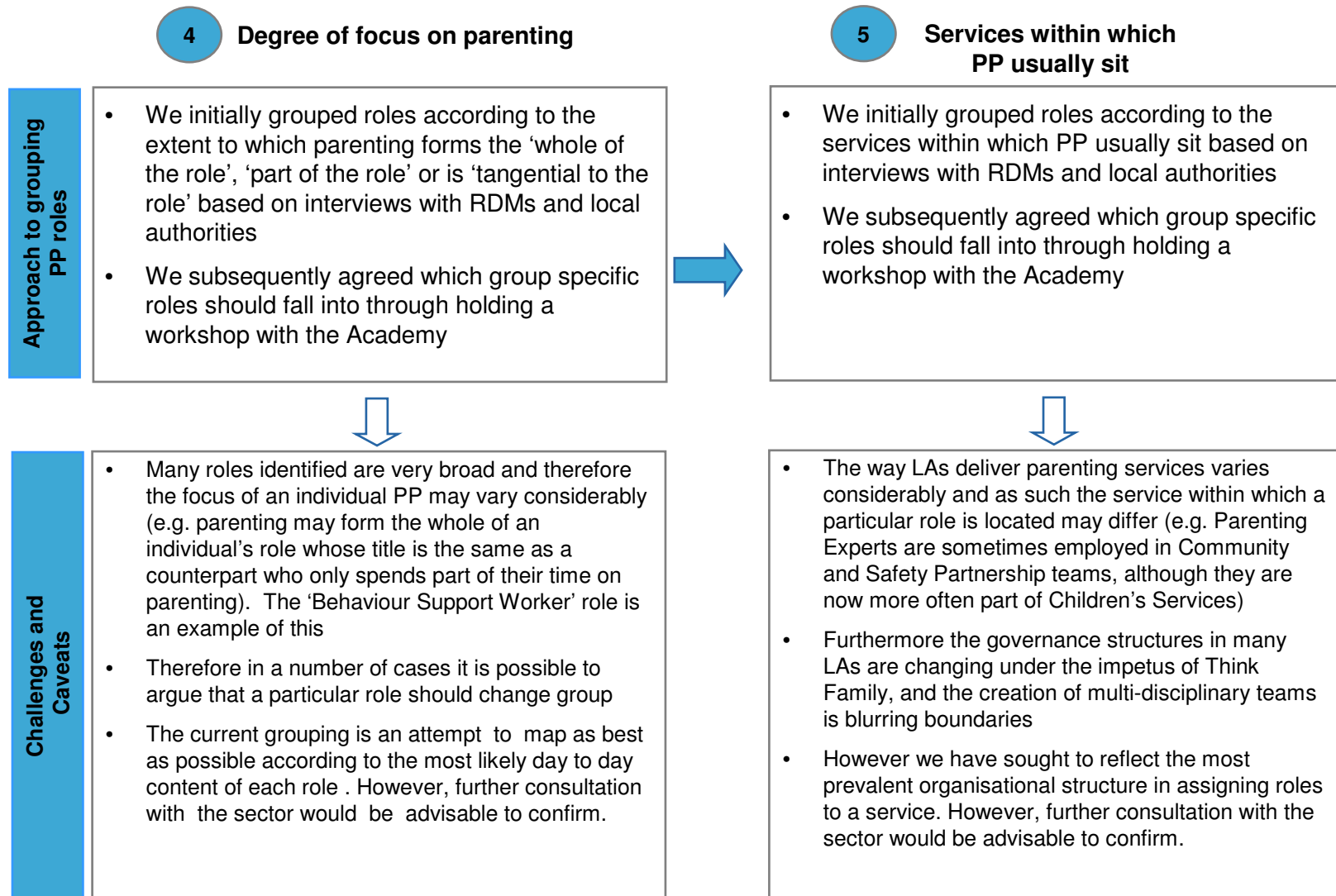
- Identify families at risk of poor outcomes to provide support at the earliest opportunity;
- Meet the full range of needs within each family they are supporting or working with;
- Develop services which can respond effectively to the most challenging families; and
- Strengthen the ability of family members to provide care and support for each other.'

- PwC interviews have highlighted the move towards multi-agency working
  - *We use multi-agency teams to deliver improved outcomes [...] Our aim is to build a continuum of support enabling parents to move back and forth'* (LA interview)
- Examples of multi-agency working include;
  - Multi-agency panels
    - > This model goes by a range of titles, but its key feature is that practitioners remain employed by their home agencies, agreeing to meet as a panel on a regular basis to discuss children and young people with additional needs who would benefit from multi-agency input.
  - Multi-agency teams
    - > The key feature of a multi-agency team is that practitioners are seconded or recruited into the team, making it a more formal arrangement than a multi-agency panel. Practitioners share a sense of team identity and are generally line-managed by the team leader, though they may maintain links with their home agencies through supervision and training.
  - Integrated services
    - > The key feature of an integrated service is that it acts as a service hub for the community by bringing together a range of services, usually under one roof, whose practitioners then work in a multi-agency way to deliver integrated support to children and families.
- However the extent to which Think Family principles are embedded in LA practice varies, and LAs have not all developed clear strategies to implement multi-agency work.

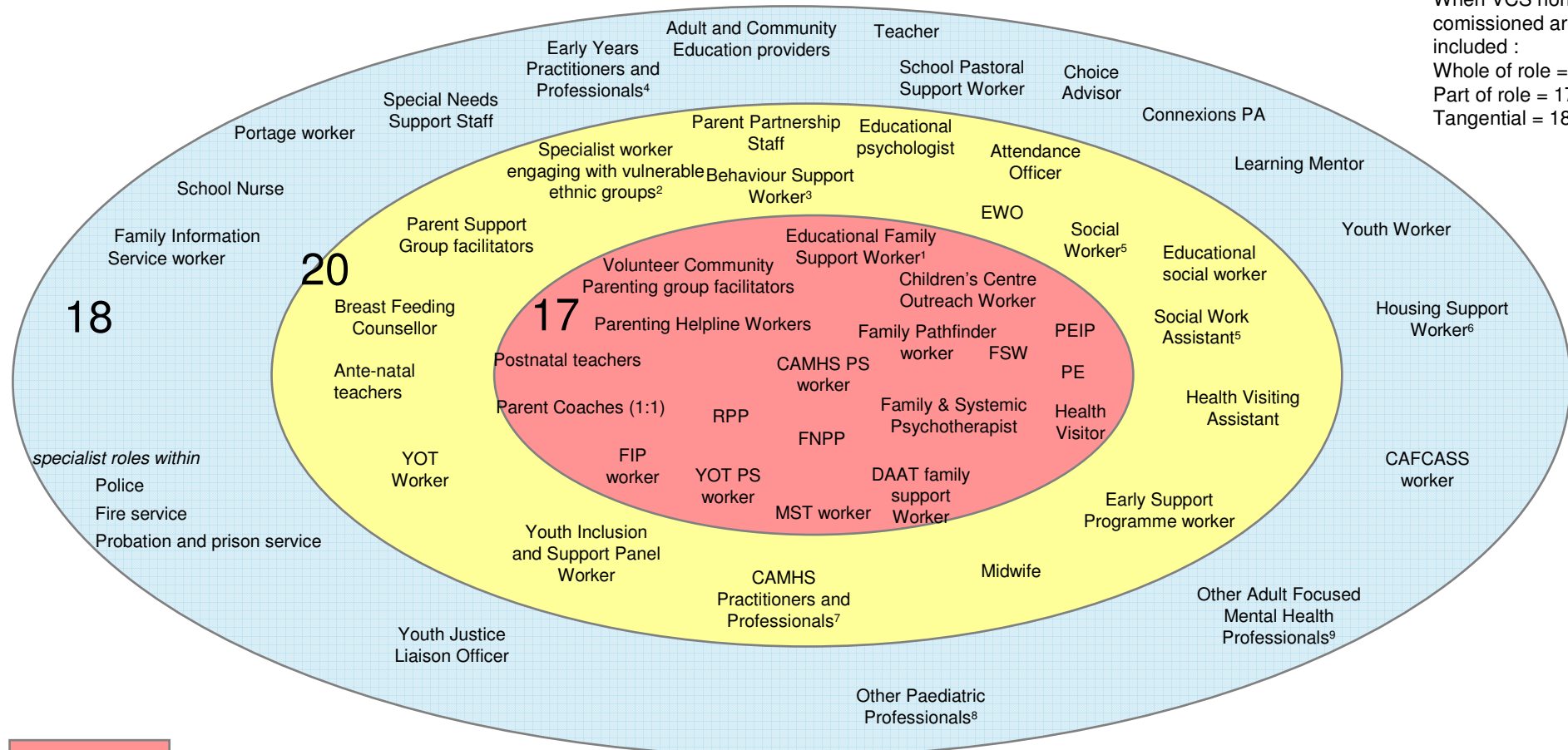
A consequence of the complexity and fragmentation of parenting services is that establishing a definitive list of PP roles is very challenging. However we have worked with the Academy to establish as representative a list as possible



## We have then grouped roles according to their degree of focus on parenting as well as the services within which PP usually sit



# Occupational map of the Work with Parents workforce



When VCS non-commissioned are **not** included :  
Whole of role = 13,  
Part of role = 17,  
Tangential = 18

<b>Whole of role</b>	Parenting support is the main focus of the role
<b>Part of role</b>	Parenting support constitutes a significant element of the role, but not all
<b>Tangential</b>	Parenting support can be included within the breadth of the role (e.g. parenting focused school pastoral support worker), but it is not usually an explicit element of it

Notes: <sup>1</sup>Includes PSAs, Home School Link Workers <sup>2</sup>E.g. Romani Communities, Somali Communities etc <sup>3</sup>This is not a widely used title but involves roles such as Behaviour Support Teacher, Behaviour Support Teaching Assistant, Integration Support Assistant, Behaviour Support Special Needs Assistant <sup>4</sup>E.g. Nursery Nurses, Childminders, Nannies <sup>5</sup>Includes Fostering and Adoption and other specialist services <sup>6</sup>Includes Housing Support Officers, Young People's Housing or Accommodation Support Worker, Housing Association Worker <sup>7</sup>E.g. Child Clinical Psychologist, Child Psychiatrists, Primary Mental Health Worker, CAMHS workers <sup>8</sup>E.g. Speech and Language Therapists, Paediatric Dieticians, Occupational Therapists <sup>9</sup>E.g. Clinical Psychologist, Psychiatrist  
Source: PwC analysis, NAPP interviews, other expert interviews.

Section 4 - Overview of Parenting Practitioner roles

Appendix 1 provides detailed descriptions for roles where parenting forms the 'whole of the role' (2 page summary) or 'part of the role' (1 page summary) using the following template

Name of role; Number of practitioners within it

<b>Client focus</b>	[x]
<b>Variations in titles and closely related roles</b>	[x]
<b>Key requirements of role</b>	[x]
<b>Qualifications status</b>	[x]
<b>History of role</b>	[x]
<b>Future of role</b>	[x]

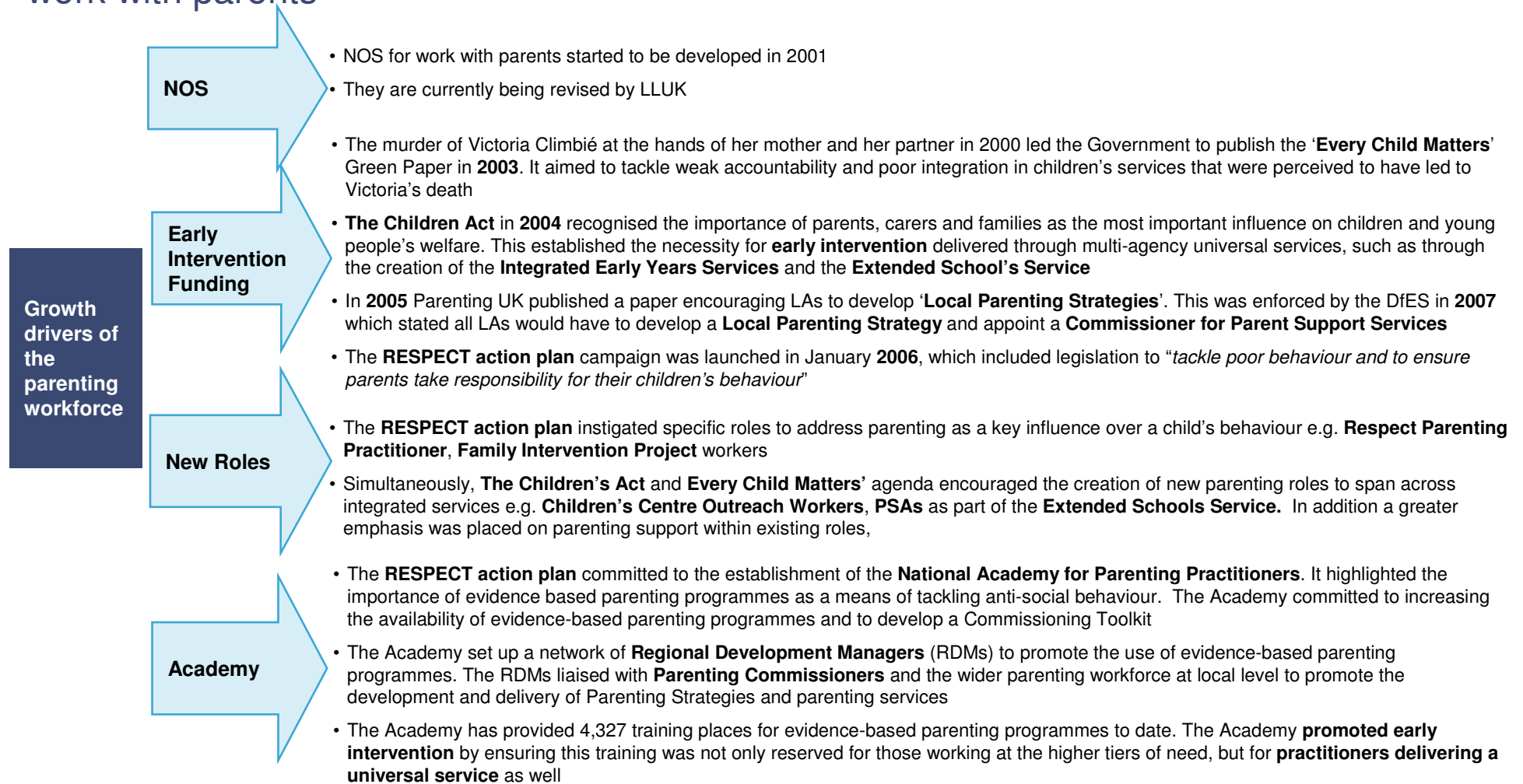


## Section 5

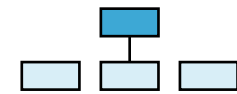
# Estimating the number of Parenting Practitioners

Section 5 - Estimating the number of Parenting Practitioners

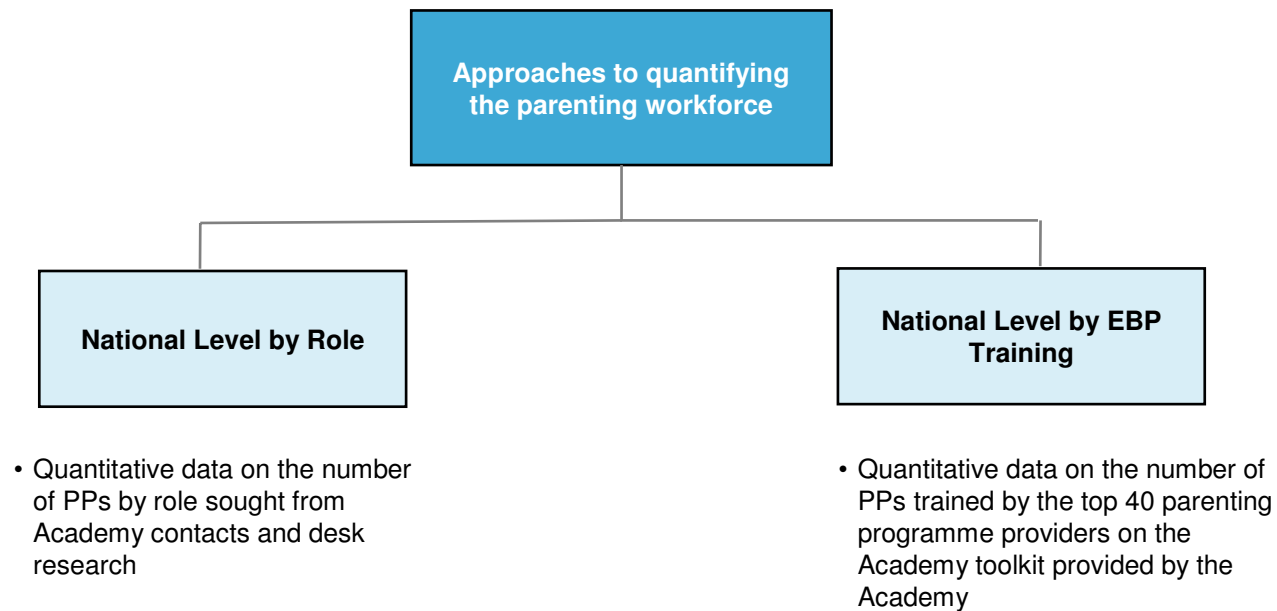
The PP workforce has grown considerably over the last decade driven by a combination of increased funding for early intervention, the creation of entirely new roles and the work of the Academy, and the development of NOS for work with parents

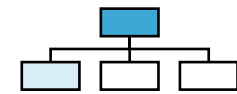


Source: Every Child Matters, Parenting UK, RESPECT Action Plan, RESPECT Action for Parents, RESPECT Family Intervention Project, DCSF, Home Office, Local Authority Parenting Strategy reports, TDA



We have attempted to quantify the PP workforce in 3 ways: at a national level by role, at a national level with regards to practitioners trained in an evidence-based programme, [and by using limited local information from case studies]





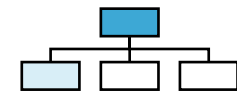
Section 5 - Estimating the number of Parenting Practitioners

Our approach to quantifying the workforce nationally has involved a combination of contacting Academy counterparts across government and desk research. However, there is no central collection of data with regards to certain roles identified

Academy / Academy contacts	Areas covered
<b>NAPP</b>	Children’s Centre Outreach Worker, Youth Justice Liaison Officer
<b>DCSF</b>	FIPs, PEIPs, Family Pathfinders, RPPs, PEs
<b>CWDC</b>	FIPs, PPS, Learning Mentors, Connexions Pas, EWOs, Attendance Officers
<b>TDA</b>	PSAs
<b>FPI</b>	None

Desk top research	Areas covered
<b>DCSF</b>	Educational Psychologist, FNP, PEIP, Special Needs Support Staff, specialist worker engaging with vulnerable ethnic groups, Teachers
<b>DH</b>	FNP
<b>NHS Information Centre</b>	Family and Systemic Psychotherapist, Health Visitor, Midwife, other adult mental health professionals, Social Worker, Social Work Assistant
<b>LGA</b>	Social Worker
<b>Cabinet Office</b>	MST
<b>LA websites</b>	DAAT worker
<b>Durham University, Children’s Services Mapping</b>	CAMHS
<b>Youth Justice Board</b>	YISP, YOT
<b>CWDC</b>	CAFCASS worker, Early Years Practitioners and Professionals (Nursery Nurse), Portage Workers
<b>NCMA</b>	Early Years Practitioners and Professionals (Childminders)
<b>Social Issues Research Centre</b>	Early Years Practitioners and Professionals (Nannies)
<b>Hansard</b>	FNP

- There are a number of roles for which national level data is not available (e.g. Family and Systemic Psychotherapist, or CAMHS PS worker)
  - Where possible we have arrived at an estimate or provided an indication of likely quantum
- In many cases, Local Authorities themselves may not have a clear picture of the number of practitioners in certain roles (e.g. ‘Family Support Worker’) especially where these may be spread over the statutory, voluntary and private sectors

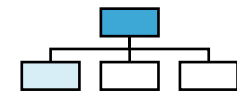


Section 5 - Estimating the number of Parenting Practitioners

The quantitative data which we have obtained is summarised in the following tables  
(1/7)

Number of practitioners where parenting is the “focus of the role” (1/2)

	Role	Number	Source and notes
<b>Education</b>	Educational Family Support Worker	>3,800	<ul style="list-style-type: none"> <li>• According to an October 2009 data report to the DCSF, there are c.3,818 PSAs (Source: TDA website)</li> <li>• Educational support workers include other titles such as “Home School Link Workers”. Where Home School Link Workers perform a PSA role, they may be included in the PSA dataset</li> <li>• However many Educational Support roles that are not termed “PSAs” have not been included in the number listed , and data is not available on these</li> </ul>
<b>Social Services (Children’s and Adult’s)</b>	Children’s Centre Outreach Worker	c.5,000	<ul style="list-style-type: none"> <li>• By the end of 2010 there will be 3,500 Children’s Centres, with approximately 2 outreach workers per children’s centre (NAPP)</li> </ul>
	Family Support Worker (excluding Children’s Centre Outreach Worker)	n/a	<ul style="list-style-type: none"> <li>• FSW is a title used extensively and in different ways and to that extent many practitioners who view themselves as FSWs may be captured elsewhere (e.g. under PEIP worker)</li> <li>• In any event there is no central collection of data for this role</li> </ul>
	Parenting Early Intervention Programme worker	>1,100	<ul style="list-style-type: none"> <li>• Pilot for 18 LAs provided 1,100 additional trained staff. (Source: DCSF ‘PEIP: Guidance for Local Authorities, July 2008’)</li> <li>• Over 2008/09 41 LAs operated PEIPs and over 2009/10 152 LAs should operate PEIPs (Source: DCSF ‘Think Families Programme – Programme Plan 2009 – 11’)</li> <li>• The rollout of PEIPs is increasing the number of PEIP workers. However, fewer and fewer PEIP workers reflect the creation of new roles (versus secondment of staff from other areas) and the number of new posts is not known</li> </ul>
	Parenting Expert	c.200	<ul style="list-style-type: none"> <li>• Forecasted as approx. 167 in post as at June 2009. Rising to 228 by 2009/10</li> <li>• Source: DCSF ‘Think Families Programme – Programme Plan, 2009 – 2011’</li> </ul>
	Family Pathfinder Worker	<50	<ul style="list-style-type: none"> <li>• There are currently 15 Family Pathfinders (Source: DCSF ‘Think Family Toolkit’)</li> <li>• Some FPWs are new posts, whilst other utilise existing staff</li> <li>• Data on numbers of FPWs are not available centrally and we have provided an indication of likely numbers based on the fact that there are unlikely to be more than 3 FPWs per pathfinder</li> </ul>



Section 5 - Estimating the number of Parenting Practitioners

The quantitative data which we have obtained is summarised in the following tables

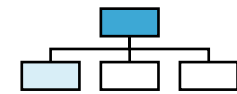
(2/7)

Number of practitioners where parenting is the “focus of the role” (2/2)

	Role	Number	Source and notes
<b>Health Services</b>	Family Nurse Partnership Practitioner (FNPP)	c.250	<ul style="list-style-type: none"> <li>By January 2010 there will be 50 FNP sites across England. Source: Hansard 14 December 2009</li> <li>There will be between 4 and 6 FNPPs at each site. Therefore number FNPPs = 4 to 6 * 50 = 200 to 300</li> <li>Source: DCSF and DH 'Family Nurse Partnership: 2008-09 Recruitment of Second Wave of Sites: Bidding Process and Criteria'</li> </ul>
	Multi-Systemic Therapy worker	<50	<ul style="list-style-type: none"> <li>There are currently 12 MST sites. (Source: Cabinet Office Social Exclusion Taskforce website)</li> <li>It is unlikely that there would be more than 4 MST workers per site, and we have used this assumption to provide an indicative number</li> </ul>
	Family and Systemic Psychotherapist	n/a	<ul style="list-style-type: none"> <li>As at 30 September 2008 there were 1,366 qualified psychotherapists and 186 support staff, including all psychotherapists within NHS Health and Community Staff (HCHS) only. (Source: NHS Information Centre 'Statistical Bulletin: NHS HCHS – Non-Medical Staff, England, 1998-2008')</li> <li>However, disaggregated data capturing the number of Family and Systemic psychotherapists is not available</li> </ul>
	CAMHS PS worker	n/a	<ul style="list-style-type: none"> <li>There were c.8,900 CAMHS FTE workers for 2008/09 (Source: Durham University, Children's Services Mapping: CAMHS Workforce by profession)</li> <li>However, disaggregated data capturing the number of CAMHS PS workers is not available</li> </ul>
<b>Justice System (including Community Safety Partnerships)</b>	Family Intervention Project worker	c.700	<ul style="list-style-type: none"> <li>618 FIP key workers in December 2009, with an end of financial year target of 800. Source: DCSF</li> <li>FIP key workers rising from 300 to 1600 over 2 years. Source: DCSF</li> </ul>
	Respect Parenting Practitioner	c.75	<ul style="list-style-type: none"> <li>Over 2008/09 74 LAs had a Respect Parenting Practitioner. By 2009-10 DCSF anticipates 77 LAs will have a RPP</li> <li>Source: DCSF: Think Families Programme – Programme Plan 2009 – 11</li> </ul>
	YOT PS Worker	c. 500	<ul style="list-style-type: none"> <li>Source : YJB</li> </ul>

<b>Total</b>	<b>&gt;12,000</b>
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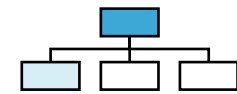
- Available quantitative data points to at least 10,825 practitioners for whom parenting is the 'whole of role'. Furthermore at a minimum (and in reality numbers will be far higher) it is reasonable to expect at least 1 MST, CAMHS PS worker and YOT PS worker per LA (on average), which would contribute an additional 456 practitioners
- As such we are confident that there are over 12,000 PPs in this group



## The quantitative data which we have obtained is summarised in the following tables (3/7)

### Number of practitioners where parenting is “part of the role” (1/2)

	Role	Number	Source and notes
<b>Education</b>	Educational Psychologist	c.2,600	<ul style="list-style-type: none"> <li>According to DCSF there were 1,500 full-time and 1,080 part-time educational psychologists at January 2009</li> <li>Source: DCSF email correspondence with School Workforce and Finance Unit</li> </ul>
	Educational social worker	Not accessed	
	Education Welfare Officer	c.4000	<ul style="list-style-type: none"> <li>Between 3000 and 5000 EWOs as estimated 31 August 2009</li> <li>Source: CWDC 'Career Pathways in the Learning, Development and Support Services'</li> </ul>
	Attendance Officers	c.1000	<ul style="list-style-type: none"> <li>Attendance officer and associated roles within the Learning, Development and Support Services as estimated 31 August 2009</li> <li>Source: CWDC 'Career Pathways in the' ***</li> </ul>
	Parent Partnership Staff	c.350	<ul style="list-style-type: none"> <li>The National Parenting Partnership Network estimates that there are 350 PPSs.</li> <li>CWDC data indicates that in addition there may be up to 850 PPS volunteers who are not commissioned by the LA</li> </ul>
	Behaviour Support Worker	Not accessed	<ul style="list-style-type: none"> <li>This includes a number of Behaviour Support Roles (e.g. Behaviour Support Teacher and Integration Support Assistant) and some individual practitioners are therefore captured elsewhere (e.g. Teacher)</li> <li>Specific Behaviour Support Worker national data is not available</li> </ul>
	Specialist worker engaging with vulnerable ethnic groups	>2,950	<ul style="list-style-type: none"> <li>As at January 2009, there were 2,900 'Minority ethnic pupil support staff working within LA Maintained schools, and 50 within Academies (Source: DCSF 'School Workforce in England (including Local Authority level figures), January 2009 (Revised)')</li> <li>However, this figure does not include city technology colleges (CTCs) and private schools</li> <li>Therefore the actual number of specialist workers engaging with vulnerable ethnic groups is likely to be higher but no national data is available on this</li> </ul>
<b>Social Services (Children's and Adult's)</b>	Social Worker (field) (as defined by Local Government Association)	c.50,000	<ul style="list-style-type: none"> <li>As at 30 September 2008 there were 26,470 'Field Social Workers' specifically for children's services, including the following provisions: team leaders/managers, assistant team managers/senior social workers, care managers, field social workers and child protection, family placement, juvenile/Youth Justice workers. (Source: NHS – The Information Centre 'SSDS01 – Personal Social Services staff of Social Services Departments as at 30 September 2008, England' categorised by Local Government Association (LGA))</li> <li>As at 30 September 2008 there were 23,375 'Field Social Workers' outside of children's services, including the provisions listed above in the 'Field Social Workers' specifically for children's services, as well as General Practice (e.g. Health Centres) and other health settings, within the following services: adult services; field social workers providing health-related social work; alcohol, HIV/AIDS and drug centres; other specialist teams (e.g. mental health, people with learning disabilities, and/or physical disabilities); generic provision (Source: NHS – The Information Centre 'SSDS01 – Personal Social Services staff of Social Services Departments as at 30 September 2008, England', categorised by LGA)</li> </ul>



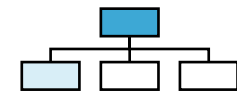
Section 5 - Estimating the number of Parenting Practitioners

## The quantitative data which we have obtained is summarised in the following tables (4/7)

### Number of practitioners where parenting is “part of the role” (2/2)

	Role	Number	Source and notes
<b>Social Services (Children’s and Adult’s)</b>	Social work assistant (field) (as defined by Local Government Association)	c.20,000	<ul style="list-style-type: none"> <li>As at 30 September 2008 there were 6,085 ‘social services officers/ social work assistants’ specifically for children’s services (Source: NHS – The Information Centre ‘SSDS01 – Personal Social Services staff of Social Services Departments as at 30 September 2008, England’)</li> <li>As at 30 September 2008 there were 13,605 ‘social work assistants outside of children’s services’, which includes the following provisions: Social services officers/ social work assistants, support workers, trainee social workers and community workers,</li> </ul>
	<b>Health services</b>	CAMHS practitioners and professionals	>8,900
	Health Visitor	c.11,200	<ul style="list-style-type: none"> <li>As at 30 September 2008 there were 11,190 qualified health visitors. (Includes NHS HCHS only)</li> <li>Source: NHS Information Centre ‘Statistical Bulletin: NHS HCHS – Non-Medical Staff, England, 1998-2008’</li> </ul>
	Health Visiting assistant	Not accessed	
	Midwife	c.25,700	<ul style="list-style-type: none"> <li>As at 30 September 2008 there were 25,664 registered midwives. (Includes NHS HCHS only)</li> <li>Source: NHS Information Centre ‘Statistical Bulletin: NHS HCHS – Non-Medical Staff, England, 1998-2008’</li> </ul>
	Early Support Programme worker	Not accessed	
	Drug and Alcohol Action Team (DAAT) family worker	Not accessed	<ul style="list-style-type: none"> <li>Many DAAT workers are captured within social worker (field) data, within social workers providing health related social work and specialist teams, such as ‘alcohol, HIV/AIDS and drug centres’. Some have Family workers specialising in parent and family support.</li> <li>However, disaggregated data is not available</li> </ul>
<b>Justice System (including Community Safety Partnerships)</b>	YOT worker (not already captured in social worker and assistant social worker)	Not accessed	<ul style="list-style-type: none"> <li>Many YOT workers focused on parenting are counted in general social worker data as this includes ‘Child Protection, Family Placement, Juvenile/Youth Justice workers’</li> <li>However, disaggregated data is not available</li> </ul>
	Youth Inclusion Support Panel Worker	>220	<ul style="list-style-type: none"> <li>There are currently 220 Youth Inclusion Support Panels. While workforce data not available we have assumed that there is at least one YISP worker per panel</li> <li>Source: Youth Justice Board website</li> </ul>
<b>Total</b>		<b>&gt;127,000</b>	<ul style="list-style-type: none"> <li>Available quantitative data points to at least 126,920 PPs for whom parenting is ‘part of role’. Furthermore, data is unavailable for several roles which will include many more than 80 practitioners in total.</li> <li>Therefore, we are confident that there are over 127,000 PPs in this group</li> </ul>



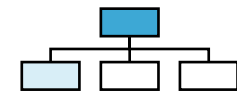


Section 5 - Estimating the number of Parenting Practitioners

## The quantitative data which we have obtained is summarised in the following tables (4/7)

### Number of practitioners where parenting is “part of the role” (2/2)

	Role	Number	Source and notes
<b>Social Services (Children’s and Adult’s)</b>	Social work assistant (field) (as defined by Local Government Association)	c.20,000	<ul style="list-style-type: none"> <li>As at 30 September 2008 there were 6,085 ‘social services officers/ social work assistants’ specifically for children’s services (Source: NHS – The Information Centre ‘SSDS01 – Personal Social Services staff of Social Services Departments as at 30 September 2008, England’)</li> <li>As at 30 September 2008 there were 13,605 ‘social work assistants outside of children’s services’, which includes the following provisions: Social services officers/ social work assistants, support workers, trainee social workers and community workers,</li> </ul>
<b>Health services</b>	CAMHS practitioners and professionals	>8,900	<ul style="list-style-type: none"> <li>There were c. 8,900 FTE CAMHS workers in 2008/09</li> <li>Actual headcount is likely to be higher than FTE numbers as some CAMHS practitioners and professionals work part time</li> <li>Source: Durham University, Children’s Services Mapping: CAMHS Workforce by profession</li> </ul>
	Health Visitor	c.11,200	<ul style="list-style-type: none"> <li>As at 30 September 2008 there were 11,190 qualified health visitors. (Includes NHS HCHS only)</li> <li>Source: NHS Information Centre ‘Statistical Bulletin: NHS HCHS – Non-Medical Staff, England, 1998-2008’</li> </ul>
	Health Visiting assistant	Not accessed	
	Midwife	c.25,700	<ul style="list-style-type: none"> <li>As at 30 September 2008 there were 25,664 registered midwives. (Includes NHS HCHS only)</li> <li>Source: NHS Information Centre ‘Statistical Bulletin: NHS HCHS – Non-Medical Staff, England, 1998-2008’</li> </ul>
	Early Support Programme worker	Not accessed	
	Drug and Alcohol Action Team (DAAT) family worker	Not accessed	<ul style="list-style-type: none"> <li>Many DAAT workers are captured within social worker (field) data, within social workers providing health related social work and specialist teams, such as ‘alcohol, HIV/AIDS and drug centres’. Some have Family workers specialising in parent and family support.</li> <li>However, disaggregated data is not available</li> </ul>
<b>Justice System (including Community Safety Partnerships)</b>	YOT worker (not already captured in social worker and assistant social worker)	Not accessed	<ul style="list-style-type: none"> <li>Many YOT workers focused on parenting are counted in general social worker data as this includes ‘Child Protection, Family Placement, Juvenile/Youth Justice workers’</li> <li>However, disaggregated data is not available</li> </ul>
	Youth Inclusion Support Panel Worker	>220	<ul style="list-style-type: none"> <li>There are currently 220 Youth Inclusion Support Panels. While workforce data not available we have assumed that there is at least one YISP worker per panel</li> <li>Source: Youth Justice Board website</li> </ul>
<b>Total</b>		<b>&gt;127,000</b>	<ul style="list-style-type: none"> <li>Available quantitative data points to at least 126,920 PPs for whom parenting is ‘part of role’. Furthermore, data is unavailable for several roles which will include many more than 80 practitioners in total.</li> <li>Therefore, we are confident that there are over 127,000 PPs in this group</li> </ul>

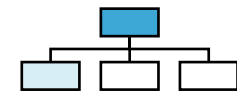


Section 5 - Estimating the number of Parenting Practitioners

The quantitative data which we have obtained is summarised in the following tables  
(5/7)

Number of practitioners where parenting is “tangential to the role” (1/3)

	Role	Number	Source and notes
<b>Education</b>	School Nurse	>1,450	<ul style="list-style-type: none"> <li>At 30 September 2008, there were 1,447 school nurses employed by the NHS HCHS.</li> <li>Source: NHS Information Centre ‘Statistical Bulletin: NHS HCHS – Non-Medical Staff, England, 1998-2008’</li> <li>However this excludes school nurses who might be employed directly by schools and therefore total numbers are likely to be higher</li> </ul>
	Teacher	>565,000	<ul style="list-style-type: none"> <li>As at January 2009, the DCSF estimate that there were 479,400 teachers in LA maintained schools, and 8,970 teachers in Academies, totalling 488,370 teachers overall. This does not include CTCs (Source: DCSF ‘School Workforce in England (including Local Authority level figures), January 2009 (Revised)’).</li> <li>The full and part time headcount figure for qualified teachers in independent schools is 76,900 (Source: DCSF, Dedicated Schools Grant)</li> <li>The total number of teachers is therefore c.565,270. This figure however is likely to be higher, because CTCs are not included</li> </ul>
	Early Years Practitioners and Professionals	>250,000	<p>Early Years Practitioners and Professionals include Nursery Nurses, Childminders and Nannies</p> <p>Nursery Nurses (c.144,000):</p> <ul style="list-style-type: none"> <li>The 2006 Childcare and Early Years Providers Survey of Full Day Care Providers indicated that there were 143,900 paid staff working in these settings. Furthermore, the survey estimated that there were 15,400 unpaid staff, 11,000 placement students, and 4,400 volunteers (Source: CWDC ‘Occupational Summary Sheet: Early Years Workers in Day Nurseries’)</li> <li>The 2006 Childcare and Early Years Providers Survey of Primary Schools with Reception Classes and a Nursery Childminders (c.67,000)</li> <li>Source: NCMA registered childminders as at 2009</li> </ul> <p>Nannies (c.37,000)</p> <ul style="list-style-type: none"> <li>36,724 estimated for 2007, including nannies, au pairs and other related childcare occupations (not childminding). Source: Labour Force Survey and Social Issues Research Centre analysis, from SIRC ‘The composition, needs and aspirations of the nanny workforce in England, October 2009’</li> </ul>
	School Pastoral Support Worker	Not accessed	<ul style="list-style-type: none"> <li>No national data available</li> </ul>
	Choice Advisor	Not accessed	<ul style="list-style-type: none"> <li>No national data available</li> </ul>

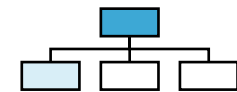


Section 5 - Estimating the number of Parenting Practitioners

The quantitative data which we have obtained is summarised in the following tables (6/7)

Number of practitioners where parenting is “tangential to the role” (2/3)

	Role	Number	Source and notes
<b>Education</b>	Adult and community education providers	Not accessed	<ul style="list-style-type: none"> <li>No national data available</li> </ul>
	Portage workers	>1,200	<ul style="list-style-type: none"> <li>In November 2005 the DfES estimated there were 1,194 portage home visitors, based on 152 National Portage Association (NPA) registered portage service in England in 2004/5 (Source: CWDC “Occupational Summary Sheet: Portage Workers”)</li> <li>However, it is not compulsory for portage workers to be registered with the NPA</li> <li>Therefore the actual number of portage workers is likely to be higher, but no national data is available on this (note furthermore that available data is very out of date)</li> </ul>
	Special Needs Support Staff (including SENCO)	>48,000	<ul style="list-style-type: none"> <li>As at January 2009, the DCSF estimate that there were 47,700 ‘special needs support staff’ in LA maintained schools, and 630 ‘special needs supports staff’ in Academies, totalling 48,330 ‘special needs support staff’ overall. (Source: DCSF ‘School Workforce in England (including Local Authority level figures), January 2009 (Revised)’).</li> <li>This does not include CTCs or private schools</li> <li>Therefore the actual number of Special Needs Support Staff is likely to be higher but no national data is available on this</li> </ul>
	Connexions PA	c.7,500	<ul style="list-style-type: none"> <li>As estimated at 31 August 2009</li> <li>Source: CWDC ‘Career Pathways in the Learning, Development and Support Services’</li> </ul>
	Learning Mentor	c.14,000	<ul style="list-style-type: none"> <li>As estimated at 31 August 2009.</li> <li>Source: CWDC ‘Career Pathways in the Learning, Development and Support Services’</li> </ul>
<b>Social Services (Children’s and Adult’s)</b>	Youth Worker	Not accessed	<ul style="list-style-type: none"> <li>This does not include Connexions PA and Learning mentors who are part of the youth workforce</li> <li>No national data available</li> </ul>
	Housing Support Officer	Not accessed	<ul style="list-style-type: none"> <li>No national data available</li> </ul>
	CAFCASS worker	c.2,300	<ul style="list-style-type: none"> <li>CAFCASS employs 1,985 staff, and in addition employs around 340 self-employed Family Court Advisor contractors</li> <li>Source: CWDC ‘Occupational Summary Sheet: CAFCASS Officers’</li> </ul>



Section 5 - Estimating the number of Parenting Practitioners

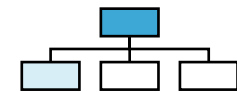
The quantitative data which we have obtained is summarised in the following tables  
(7/7)

Number of practitioners where parenting is “tangential to the role” (3/3)

	Role	Number	Source and notes
<b>Health Services</b>	Other adult focused mental health professionals	Not accessed	<ul style="list-style-type: none"> <li>This group includes practitioners and professionals working within adult mental health, such as clinical psychologists, psychiatrists and counsellors</li> <li>Clinical psychologist (10,238): 7,523 qualified clinical psychologists and 2,715 support staff as at 30 September 2008. Includes NHS HCCH staff only. Source: NHS Information Centre ‘Statistical Bulletin: NHS HCCH – Non-Medical Staff, England, 1998-2008’</li> <li>Psychiatrist (7,293): 4,021 consultants and 3,272 registrars in psychiatry group employed by NHS HCCH as at 30 September 2008. Source: NHS Information Centre ‘Statistical Bulletin: NHS HCCH – Medical and Dental Staff, England, 1998-2008’</li> <li>Counsellor (n/a)</li> </ul>
	Other paediatric professionals	Not accessed	<ul style="list-style-type: none"> <li>This group includes practitioners and professionals working within children’s health, not included elsewhere (e.g. Speech and Language Therapists working with children and adolescents, Paediatric Dietician)</li> <li>However, national level data on those practitioners and professionals working with children is not available</li> </ul>
<b>Justice System (including Community Safety Partnerships)</b>	Youth Justice Liaison Officer	<10	<ul style="list-style-type: none"> <li>There are currently 6 sites piloting the YJLP, with one worker per site</li> <li>Source: ‘Supporting young people in the youth justice system: Introducing a national pilot scheme for liaison and diversion’</li> </ul>
	Specialist roles within the Police, Fire Service and Probation and Prison service	Not accessed	<ul style="list-style-type: none"> <li>No national data available</li> </ul>
<b>Information Advice and Guidance</b>	Family Information Service Worker	Not accessed	<ul style="list-style-type: none"> <li>Family Information Services provide information, advice and assistance to parents, carers and professionals on the range of children, family, and young people’s services available within their area and are an area starting point for any family related query.</li> <li>Source NAFIS. <a href="http://www.familyinformationservices.org.uk">www.familyinformationservices.org.uk</a></li> </ul>

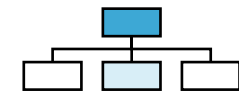
**Total** **c. 1 million**

- Available quantitative data suggests that at a minimum 889,450 individuals may have parenting as tangential to their role
- Numerous roles do not have national level data available, and as such the total number of workers in the ‘tangential’ group is likely to be in the region of 1 million



## Voluntary & Community Sector (non-commissioned roles)

Cont.	Role	Number	Source and notes
<b>Focus of Role</b>	Post-Natal Teacher	60	<ul style="list-style-type: none"> <li>Source: National Childbirth Trust</li> </ul>
	Parenting Helpline Workers	Not accessed	<ul style="list-style-type: none"> <li>There are a range of VCS agencies with volunteer or remunerated parenting helpline workers</li> </ul>
	Parent Coaches (1:1)	Not accessed	<ul style="list-style-type: none"> <li>Prospective source: Parent Coaching Academy, <a href="http://www.theparentcoachingacademy.com">www.theparentcoachingacademy.com</a></li> </ul>
	Volunteer Community Parenting Group Facilitators	Not accessed	<ul style="list-style-type: none"> <li>Source: Sue Burrige, Policy Adviser for Marriage and the Family, Mission and Public Affairs</li> </ul>
<b>Part of Role</b>	Parent Support Group Facilitators	400	<ul style="list-style-type: none"> <li>The Mother's Union estimates that they have 400 for the UK and Ireland at present</li> </ul>
	Ante-Natal Teachers	550	<ul style="list-style-type: none"> <li>550 qualified and 550 in training</li> <li>Source: National Childbirth Trust</li> </ul>
	Breast-Feeding Counselors	320	<ul style="list-style-type: none"> <li>320 qualified and 320 in training. A quarter of them have received further training and they are training breast feeding care supporters – NHS/PCT pay for this</li> <li>Source: National Childbirth Trust</li> </ul>
	Various	Not accessed	<ul style="list-style-type: none"> <li>The Family Matters Institute have 1 CAF/CASS officer, 1 provisional foster carer/social worker, 2 workforce development managers delivering Parenting programmes Strengthening Families 10-14 and Triple P</li> <li>Mothers Union has 400 parenting group facilitators, facilitating parent toddler groups and other courses.</li> <li>The NSPCC estimate that they currently have 573 children services practitioners; this role requires qualification equivalent to or beyond social worker status.</li> <li>Ormiston have 6 children services 'Senior Practitioners', 3 of whom are of QCF levels 3, 3 of whom are of QCF level 4, and o 'Service Manager' who is of QCF level 4.</li> </ul>



Section 5 - Estimating the number of Parenting Practitioners

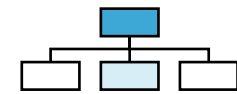
The 10 providers of evidence-based training from the Academy indicate that they have provided over 23,500 training places, fewer than 20% of which have been funded through the Academy

Name of Programme	Number of practitioners trained	Number of places funded by the academy	% of places funded by the Academy
Families and Schools Together (FAST) Programme	300	225	78%
Family Links Nurturing Programme	3,883	272	7%
Incredible Years	6,497 <sup>1</sup>	632 <sup>1</sup>	11%
Mellow Parenting	1,954 <sup>2</sup>	436 <sup>2</sup>	23%
New Forest Parenting Programme	Not available	101	Not available
Parenting Positively	Not available	120	Not available
Solihull Approach	314	72	21%
Strengthening Families	1,220	582	52%
Strengthening Families Strengthening Communities	2,860	673	23%
Triple P	6,558 <sup>3</sup>	1,020 <sup>4</sup>	16%
<b>Total</b>	<b>&gt;23,500</b>	<b>4,133</b>	<b>&lt;18%</b>

- Training provider data indicates that a number of programmes were being delivered before the Academy was established (e.g. Family Links, Incredible Years, Mellow Parenting)
- Training providers have not segmented the places they have offered according to the funding for those places
  - We have therefore assumed that providers have captured all places and used Academy data to ascertain the proportion which have been funded through the Academy route

Notes: <sup>1</sup>This includes Incredible Years School Age Basic Parenting Programmes (6-12 Year Olds), and Incredible Years Baby (1 Month To 1 Year) And Toddler Parenting Programmes (1 year To 3 Years) <sup>2</sup>This includes practitioners trained in Mellow Babies and Mellow Parenting <sup>3</sup>Data provided from Triple P for years 2003-2005 (1140) are for training places (20 people per course) rather than actual practitioners, as pre 2006 training was not recorded on their current database. Data provided for 2006 to 2009 are for number of practitioners (5,418). The data provided includes all Triple P programmes listed on the Academy's Commissioning Toolkit <sup>4</sup>Includes Enhanced Triple P-Positive Parenting Program, Level 4: Standard Teen Triple P/Group Teen Triple P/Self-Directed Teen Triple P, Level 4: Standard Triple P / Group Triple P / Self-Directed Triple P (1-11 years), Pathways Triple P-Positive Parenting Program, Primary Care Teen Triple P, Primary Care Triple P

Source: Academy data; training provider responses to an Academy data request



Section 5 - Estimating the number of Parenting Practitioners

In addition taking into account other Academy rated programmes takes the total number of practitioners trained in Academy rated programmes to over 36,500

Name of Programme	# pract. trained
Academy's top 10 providers	23,586
ADHD Parent Empowerment & Skills Training	6
Confident Parenting	Not available
Empowerment for Parents	c.100
Escape: A Problem Solving Approach	783
Expectant Fathers Programme	290
Family Partnership Model- Foundation Programme	1,403
Five Pillars Of Parenting	5
Fostering Attachments With Children Who Are Looked After Or Adopted	Not available
Fun And Families Parenting Programme and Living with Teenagers Parenting Programme	2,025
Just What We Need Programme for Parents	42
Helping the noncompliant Child	800
Parenting Support Group	4
PEEP Learning Together (Babies - Fours)	5,000

Name of Programme	# pract. trained
Raising Children: An Adlerian Approach	130
Speakeasy	792
Take 3 - Trust For Study Of Adolescence	75
The Anna Freud Centre - Parent-Infant Project	331
The Fives To Fifteens Parenting Programme ('Positive Parenting' )	870
The Noughts to Sixes Parenting Programme	
The Parent Factor For Parents Who Use Drugs And Alcohol	8
The Parent Factor In ADHD	80
The STOP (Supporting Together Offenders' Parents) Programme	194
Time Out for Dads	Not available
Time Out for Special Needs	Not available
YMTB-Skills for Life Competence-A Programme for Young Mums And Dads To-Be and New Parents of Children up to 6 Months	252
You & Your Child	7

**Total: 36,783**

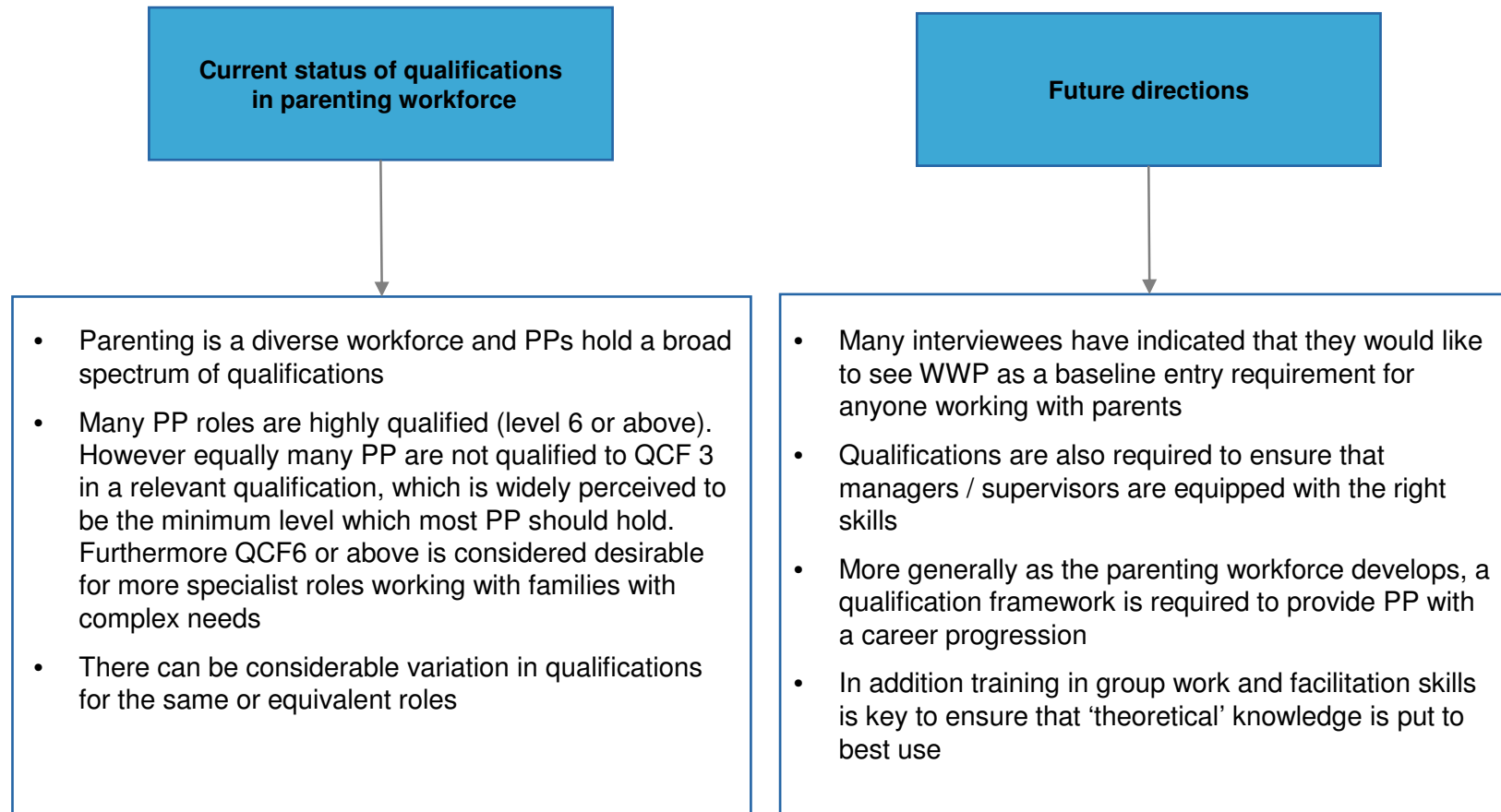
Source: Individual submissions of training provider data

## Section 6

# Current status of qualifications and rationale for future development



There is no national level quantitative data regarding qualifications in the parenting workforce. However our interviews have provided numerous insights into the current status of qualifications, and how these might be developed in the future



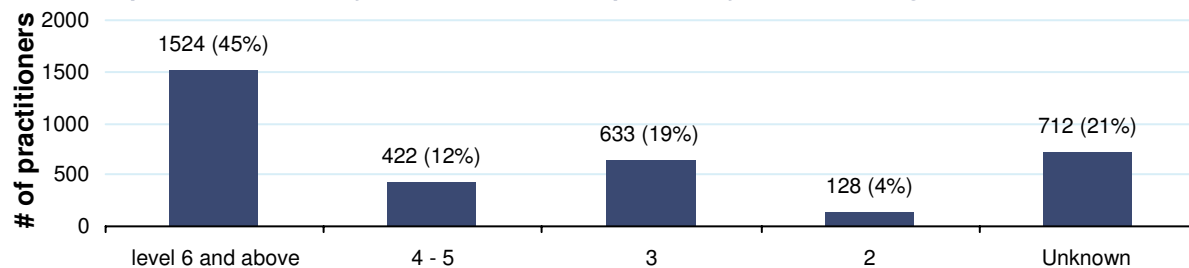
The diversity of the parenting workforce is reflected in a full spectrum of levels of qualification. This is in part echoed by the breadth of qualifications held by PPs who have applied for Academy funding for evidence-based programmes

Illustration of different qualifications held by some PP and the role they might undertake

QCF	Example qualification	Example roles
1	Level 1 vocational award; GCSE grades D-G	• FSW (though many may have higher qualifications)
2	Level 2 vocational award; Apprenticeship; GCSE grades A*-C; BTEC First Certificate	• Children's Centre Outreach Worker, ESW (e.g. PSA)
3	Level 3 vocational award (e.g. level 3 award in WWP); Advanced Apprenticeship; A Levels; Advanced National Certificate in Education; BTEC National Certificate/Diploma	• Education Welfare Officer
4	Level 4 vocational award; Certificate of Higher Education	• Respect Parenting Practitioner (though many with not have this level of qualification)
5	Higher National Diplomas (HND) and Higher National Certificate (HNC); Foundation Degree; Diplomas of Higher and Further Education	• YOT worker
6	Bachelor's Degree; Graduate Certificate and Diploma	• Social Worker, Midwife
7	Master's Degree; Postgraduate Diploma; Postgraduate Certificate	• GP, Teacher, some FNPs
8	Fellowship; Doctorate	• Educational Psychologist

- PPs range from those with no formal qualifications (although potentially years of relevant experience), to those at the very top of their field with the highest levels of formal qualifications
- Generally the more specialist the parenting work (e.g. due to the complexity of family needs), the higher the level of qualifications required
- The breadth of qualification levels is in part reflected in the profile of PPs who have applied for Academy funding for places on an evidence-based programme
  - The Academy had originally intended funding to be available for level 6 or above only
  - However in practice most applications were made by PPs with lower levels of qualifications, and a decision was made to lower the qualification requirements with recognition of supervision and support systems in place.
  - As a result Academy data on qualifications of applicants is more representative of the workforce as a whole, though still skewed to those who are more qualified

Breadth of qualifications held by PP who have taken up Academy funded training on EBP, by QCF level<sup>1</sup>



Notes: <sup>1</sup>Covers the period 9 January 2008 to 18 January 2010. Also includes practitioners booked on next four courses scheduled for February and March 2010

Source: Academy data, City & Guilds 'Bringing Clarity to the QCF'

(where lower levels of qualifications are likely to be over-represented)

## QCF 3 in a relevant qualification is widely perceived to be the minimum which most PPs should hold, and QCF 6 as desirable for PPs working with families at higher tiers of need

- It has not been possible to quantify how many PPs have yet to be trained to a minimum QCF level 3 in a relevant qualification
- However qualitative feedback from interviews suggests that many PP are not yet qualified to level 3
  - *'In Children's centres there are many unqualified workers. This has partly been due to the speed of the rollout'* (Academy RDM)
- Feedback from RDMs suggests that this represents a skills-gap in the market which needs to be filled in order to promote good practice and achieve desired outcomes.
  - RDMs have indicated that while practitioners can have the best qualifications and still struggle to effect change with parents, the core modules (from WWP) are very important as they teach practitioners to hold your boundaries / understand developmental levels of young people
- Equally RDMs have highlighted that many roles which would ideally require a level 6 qualification, are being staffed by workers who are not qualified to that level, which could present some risks
  - For example, many FIP teams have got going quite quickly and recruiting managers may sometimes have missed vital skills and knowledge
  - *Having front-line workers who may be under-qualified may raise issues of concern*

More generally variations in LA approaches (and /or funding constraints) have meant that in some instances there are significant variations in the qualifications held by PPs with the same role

Role	Variations in qualifications encountered by RDMs (examples)	Comment
PSA	<ul style="list-style-type: none"> <li>• Unqualified (but usually with some experience)</li> <li>• Level 3 (e.g. in childcare or social care)</li> <li>• Level 4 (e.g. in counselling)</li> <li>• Level 6 (e.g. psychotherapist or teaching background)</li> </ul>	<ul style="list-style-type: none"> <li>• PSAs are usually qualified to level 2 or 3, and in many instances the salary which was on offer was consistent with that level of qualification</li> <li>• However some PSAs are more qualified. In some instances, this reflects the fact that some individuals find it difficult to access a job for their level of qualification (e.g. level 4 counsellors) and therefore are used to compromising</li> <li>• In other cases, the salary offered was more attractive and schools were able to recruit more qualified individuals</li> <li>• In addition the PSA role is considered by many to be attractive in and of itself, and in some instances it has therefore succeeded in attracting more qualified individuals than salary bands would normally allow</li> </ul>
FIP	<ul style="list-style-type: none"> <li>• Unqualified (but usually with the right personal qualities)</li> <li>• Level 3 (e.g. housing support or drugs background)</li> <li>• Level 6 (e.g. qualified social worker or youth worker)</li> </ul>	<ul style="list-style-type: none"> <li>• Many FIPs have been recruited on the basis of strong inter-personal skills and the ability to engage with potentially hard to reach families (some may have a personal history of 'overcoming adversity'), and are not necessarily qualified</li> <li>• Other FIP workers may be qualified social workers or have a vocational degree in Youth and Community work</li> </ul>
RPP	<ul style="list-style-type: none"> <li>• Usually more limited variations, with a minimum QCF level 4, and many RPPs at level 6</li> </ul>	<ul style="list-style-type: none"> <li>• The RPP role had an annual £50k ring-fenced budget per LA from the outset, and as such LAs were usually in a position to attract more qualified staff</li> <li>• In addition the RPP role was not one which LAs wanted to 'take a risk' with, and generally more experienced staff were recruited</li> </ul>

Source: RDM interviews

## Many RDM and LA interviewees have indicated that they would like to see WWP (or equivalent) as a baseline entry requirement for anyone undertaking work with families

- There is a perception that qualifications to level QCF 3 and above in a related field (e.g. nursery nurse) may be helpful, but that they are unlikely to equip PPs with all the necessary parenting specific knowledge and skills
- As such many interviewees indicated that they would like to see WWP (or an equivalent parenting focused qualification) rolled out much more extensively
  - *'WWP has been brilliant'* (LA interview)
  - *'I would like to see WWP become a baseline entry requirement for anyone undertaking work with families'* (LA interview)
  - *'I would ideally like to see all PPs trained in WWP. This would help to quality assure the service provided to families'* (RDM interview)
  - *'Our vision is to start recruiting people with WWP, to start to have it on job descriptions'* (LA interview)
- In some cases this may mean overcoming the reluctance that some workers with higher level qualifications in another field may have to undertaking study towards a lower qualification
- It may also mean encouraging those who may have trained on one or more evidence-based programmes (e.g. Triple P) to also complete WWP
  - Ideally PPs would have had WWP or equivalent before accessing training in an evidence based programme
  - However in practice given that the Academy was forced to lower its qualification requirements for those accessing funding for training, many PPs have completed training without holding a WWP or higher level qualification in a relevant field

## Higher level parenting qualifications are also required to ensure that managers and clinical supervisors are appropriately trained to oversee the work of practitioners in the field

- Many LA are experiencing issues around the line management and clinical supervision of parenting practitioners
  - *'Supervision is probably the next big thing to come out of parenting, as basic line management is not enough'* (Academy RDM)
  - Example areas of clinical supervision include: Quality Assurance, Reflecting and talking about your practice, Sharing in good practice, Discussing any child protection issues, Developing thinking around theory and Gaining support in managing 'difficult' parents
- This is due to the fact that line managers within LAs are often not qualified or experienced in delivering parenting support, and as such cannot offer guidance to, or clinical supervision of, practitioners
  - *'Some managers are not qualified to line manage....we need to up-skill the managers. It's about experience as well'* (Academy RDM)
- An example role where the issue of line management can be a challenge is that of PSA
  - *'The learning, development, support and supervision of PSAs is a constant challenge.'* (Academy RDM)
- Where line management is an issue, LAs often attempt to put in place a separate clinical supervision structure
  - In Camden for example arrangements are in place for the Tavistock and Portman NHS Foundation and for Coram Family to provide clinical supervision to parenting practitioners where necessary
  - *'Where parenting practitioners are working in partnership with CAMHS, CAMHS will often undertake the clinical supervision role. How regularly a practitioner would speak to her supervisor would depend on caseload and the tier of need she was working at, although ideally it might be every 4 to 6 weeks. [In some LAs] for example someone in CAMHS will also just pick up the phone'* (Academy RDM)

## In addition as the workforce develops, qualifications need to provide a career progression in parenting

- RDMs and LA interviewees have both relayed that, while the WWP qualification is a good baseline, investing in qualifications at levels 4 and above is key to enabling PPs to deepen their knowledge and see a career path in parenting
  - *'Feedback I have received on WWP has been fantastic, and it has had a huge impact on PPs' practice. However levels 4 and above are required to enable PPs to deepen their knowledge'* (Academy RDM)
  - *'At the moment it is difficult because there is such a progression gap after level 3. There are no qualifications between level 3 WWP and a degree in a profession'* (Academy RDM)
  - *'If you want to develop the profession that is parenting you need to provide a progression'* (LA interview)
  - *'The availability of higher qualifications is important. As the workforce expands, PPs with low qualification levels will want Continuous Professional Development in order to access managerial positions within the workforce'* (Academy RDM)
  - *'There is a big demand for qualifications beyond level 3. It is such a diverse workforce, and a significant number of practitioners have experience and a level 3 in another area. We need to give them somewhere to go to progress. There is a real issue in parenting around career structures...For example what do you do with excellent PSAs? We are supporting the idea of 'senior PSAs' informally'* (LA interview)
  - *'People see parenting as a growth field. Recognised qualifications would reinforce the profession. Once people have done a level 4 they often want to do a degree, and this is good for workforce development per se'* (Academy RDM)
- The demand for higher qualifications is partly being driven by new roles
  - *'There is growing demand for qualifications beyond level 3. This is partly being driven by new roles...many are at level 3 and tell me they would like qualifications at level 4 and above. There is a market even just within FIPs'* (Academy RDM)
- There is also a sense that most related qualifications at level 4 and above are focused on children, whereas parenting specific qualifications are required
  - *'Existing qualifications at level 4 and above are focused on children, but people want qualifications which are specifically parenting related'* (Academy RDM)
- Ensuring that qualifications are modular and can be accessed in parallel to working is viewed as important
  - *'Continuous Professional Development is a good thing, but we need to be careful that the day job (running services) is unaffected, and training needs to be in keeping with this. A framework which allows individuals to study on a modular basis is a good thing'* (Academy RDM)

## Developing facilitation and group-work skills is key to ensuring that 'theoretical' knowledge gained through relevant qualifications or training in an evidence-based programme is put to best use

- The 'fear factor' of running a group is often a major driver of practitioners who have been trained to deliver evidence-based programmes failing to do so
  - *'I think that the barrier to delivering [evidence-based programmes] can be a lack of confidence, and that people can hide behind the 'I need to go on more training'' (LA interview)*
- As such providing extra training in group work and facilitation is often more effective than providing 'top up' theoretical training
  - *'We have offered training in running a group to try to overcome the fear factor' (LA interview)*
- Encouraging practitioners to gain 'on the job' experience through taking on a supporting role in running a programme can also be a very effective way of ensuring that they gain the confidence required to go on and deliver a programme themselves
  - *'We have also attempted to buddy up recently trained practitioners with more experienced ones' (LA interview)*



# Section 7

## Overview of Local Authority case studies

We have undertaken 4 LA case studies (see appendix 2) to gain a better insight into workforce dynamics locally [to be completed]

LA	Characteristics	Population	Nature of workforce audit to date	Penetration of EBP	
				LA data	Academy funded
Birmingham	City Council	1,016,800	Workforce audit limited to PPs trained in one of these three EBPs (Triple P, IY and SFSC) undertaken in December 2009	225	2
Camden	London Borough	235,700	Comprehensive audit of parenting workforce undertaken in December 2008, which involved sending out questionnaires to relevant parties in LA, VCS and PCT	58	34
Plymouth	Unitary Authority	252,800	Audit undertaken at the end of 2009 to capture the number of practitioners trained in one of two EBPs (Incredible Years and Strengthening Families)	129	3
Staffordshire	County Council	828,900	Comprehensive audit of parenting 'provisions' across the LA undertaken between December 2008 and end of February 2009 by sending questionnaires to service providers across the LA	74	56

Source: DirectGov, ONS Mid-2008 Population Estimates, LA interviews, Academy data

## While the case studies highlighted different approaches to parenting, all LAs we spoke to indicated that they considered evidence-based programmes to be at the heart of their parenting strategy

- Historically most LAs ran a number of 'home grown' programmes, often developed and delivered by the VCS. However the LAs which we have contacted for this project have all indicated that they have now focusing on evidence-based programmes
  - *'from the point of view of group parenting programmes, evidence-based programmes is where it is at. There are other group programmes running, but the LA funds and supports the evidence-based programmes'* (LA interview)
  - *'We have focussed on the delivery of evidence-based programmes. Even where practitioners are trained in delivery to groups, they are likely to employ some of the techniques which they have learnt when working 1:1'* (LA interview)
  - *'the penetration of evidence-based programmes is relatively low. However it is one thing that the parenting strategy is going to focus on'* (LA interview)
- This may not be representative of all LAs, however, and Academy RDMs have indicated that they are aware of some LAs where there are very few practitioners trained in evidence-based programmes, and where 'home grown' provision still dominates

## Where a high proportion of PPs are trained in evidence-based programmes, LAs are refocusing efforts on ensuring that those who are trained deliver and seeking out more specialist programmes for certain minority groups

- The LAs we have spoken to with a high penetration of evidence-based programmes have indicated that the main training requirement they see going forward is to account for churn in the workforce
  - *'numbers-wise I think that we are close to being there. But the nature of children's services is that almost everyone is on a fixed term contract, and therefore there is a high turnover of staff. This is what drives the requirement for new training for new people'* (LA interview)
  - *'For IY we still need to develop the numbers a bit, but for Triple P and SFSC it is a question of keeping ahead of attrition rates'* (LA interview)
- Those LAs have indicated that their focus is now on:
  - Ensuring that those who are trained deliver
    - > *'If an LA does not have funding for the delivery of programmes, then it can end up with more trained practitioners than can deliver programmes'* (LA interview)
    - > *'A significant issue for PPs is the lack of support available for them post training [...] Some LAs are redirecting budget to those who have already been trained before training new PPs'* (Academy RDM)
  - Seeking out appropriate evidence-based programmes for certain minority groups such as parents of disabled children
    - > *'All LAs are crying out for something for parents of disabled children'* (Academy RDM)
    - > *'Topic specific programmes are the next stage, for example for parents of Autism Spectrum Disorder children, or for parents with learning difficulties'* (LA interview)
    - > *'For the time-being our aim is to consolidate where we are at. But we would like to come back to Strengthening Families Strengthening Communities (SFSC) as our understanding is that it is much more culturally sensitive. Historically there have been few ethnic minorities [here] but this has changed now. Also I believe that there is a Triple P focused on parents of children with disabilities, and we would like to explore that too'* (LA interview)

1

# Description of main Parenting Practitioner roles

## Education – Educational Family Support Worker; >3,800 (1 of 2)

<b>Client focus</b>	The primary client varies according to the focus of the Educational Family Support Worker. For PSAs the primary clients are parents, and PSAs focus on the child's learning, and barriers to his or her learning. For Home School Link Workers the primary clients are children, although Home School Link Workers will necessarily involve parents to address the child's needs. Educational Family Support Workers generally offer universal provision via schools
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Many schools employed staff to fulfil the PSA role (or part of it) prior to the launch of PSAs nationally. Where this was the case, other titles such as 'Parental Involvement Workers' have sometimes been retained</li> <li>• Alternatively Home School Link Workers have changed their name to PSA where similar functions were being undertaken. Other closely related titles include Home School Liaison Worker and School Home Support Worker</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• The primary aim of the PSA is to help improve the behaviour and attendance of children, and to overcome their barriers to learning</li> <li>• PSAs should increase the number of parents involved in their child's education. They should also be helping schools communicate more effectively with parents</li> <li>• PSAs are expected to provide targeted preventative support and early intervention. They should be engaging with some of the most 'hard-to-reach' families. PSAs are expected to help empower parents, which can involve extending beyond their initial remit of improving the child's learning, such as engaging parents in adult learning to boost their life skills and confidence</li> <li>• PSAs can also support parents and their children through transitions, such as a change of school or transitions at home, to ensure the child's continual engagement with schools and learning</li> <li>• PSAs should work with an extended range of networks to develop parenting skills and to help arrange support to sustain parents' positive engagement with their child's learning and development. Where necessary PSAs should be making high-quality referrals to multi-agency partners, whilst working to decrease the overall number of referrals to services, for example educational welfare service</li> <li>• The role of a Home School Link Worker was developed to cater for children and parents who were new to an area, although it has now developed to focus on children with poor attendance and behaviour, hence a possible overlap with the PSA role. The role acknowledges that parent engagement in a child's education is a key factor in the child's success, whilst appreciating that many parents may find it difficult to engage with, or fear engaging with, their child's school and/ or education</li> <li>• Home School Link Workers provide links between parents and schools, often providing parents with practical and emotional support as well as providing the relevant signposting to other local support and statutory agencies where necessary</li> <li>• Schools can shape the role of a Home School Link Worker to reflect particular local needs, such as Home School Link workers assigned to work predominantly with particular groups such as Roma families and BME communities</li> </ul>

Source: TDA, 'The parent support adviser (PSA) role; Headteacher's briefing pack'; DCSF and CEDAR 'Parent Support Advisor Pilot Evaluation: Final Report', DCSF 'The National Strategies: Raising the attainment of Pakistani, Bangladeshi, Somali and Turkish heritage pupils', SHS (School Home Support) website; Surrey County Council Job Description; expert interviews with NAPP and the TDA

## Education – Educational Family Support Worker; >3,800 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Home School Link Workers are typically qualified to QCF level 2, although other work experience, particularly with children, is likely to be required. Anecdotal evidence suggests that most PSAs entered the role with a QCF level 2 qualification</li> <li>• However, upon becoming a PSA there is mandatory induction training within the first 2 months in post (Phase 1 of training and support), which is in line with the CWDC induction standards</li> <li>• CPD (in Phase 2 of training and support) provides access to accredited qualifications, including Working With Parents (WWP) and Support Work in Schools (SWiS)</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>• PSA is a new Educational Support Worker role, developed by the DCSF to deliver extended services, as part of the 'Children's Plan' to help and support parents to support their children</li> <li>• The PSA role was piloted across 1,167 schools using 717 PSAs from September 2006 to September 2008 across 20 Local Authorities. PSAs currently operate across 134 LAs, and 18 are in the planning stage or have not yet engaged</li> <li>• PSAs were created as a means of engaging parents by circumventing the existing tensions between schools and some parents, particularly those parents and families that are 'hard-to-reach'. This is helped by the fact that PSAs are not necessarily viewed as "part of the establishment" by the parent</li> <li>• Many schools were already delivering similar services previously. The PSA 'brand' was adopted by many already performing equitable roles or part of the PSA role. The creation of the PSA role tightened the quality of many activities that had existed previously. For example, some Family Support Workers are now PSAs. Some PSAs were employed from agencies, but around 80% to 90% were employed directly by the school, or the PSA funding was assigned to individuals within the school that had previously been performing all or part of a PSA role</li> <li>• By accessing the PSA 'brand' Local Authorities have also gained access to training and qualifications for practitioners and their managers, as well as providing quality assurance of previous equitable roles</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>• The DCSF is in the process of funding £102.5 million through the Children's Plan for school-based PSAs over 2008 to 2011. This funding is provided as part of the school funding settlement, and will be routed through the extended schools sustainability strand of the Standards Fund allocation</li> <li>• CPD including WWP is expected to grow, with all PSAs expected to complete Phase 2 of their training. PSAs and line managers were generally positive about the opportunity for CPD. Demand for SWiS was high at over 90%, particularly at Diploma level</li> <li>• There is a perceived need for training of line managers and supervisors of PSAs who are not familiar with the parenting workforce and the work parenting practitioners do. PSAs often enter schools with limited guidance from line managers and as such risk being isolated</li> </ul>

Source: TDA website 'The parent support adviser (PSA) project'; DCSF and CEDAR 'Parent Support Advisor Pilot Evaluation: Final Report'; expert interviews with NAPP and the TDA

## Social Services – Children's Centre Outreach Worker; c.5,000 (1 of 2)

<b>Client focus</b>	The primary clients are parents of children under 5 years old. Provision is targeted at Tiers 1 and 2
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>Parental Outreach worker, Families and Children Outreach Worker, Sure Start Outreach Project Worker, Family Support Worker</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>Sure Start children's centres bring together a range of services so as to offer permanent universal provision for parents-to-be, parents, carers and children to promote the physical, intellectual and social development of babies and young children so that they have the best opportunities to progress at home and when they start school</li> <li>Families with children under five should be able to receive a range of integrated services including childcare, early education, health and family-support services, Children's Information Services (CIS), parenting education, adult learning and links to Jobcentre Plus services. LAs have been given strategic responsibility for the delivery of children's centres</li> <li>Every Sure Start Children's Centre has a minimum range of services available, and in more disadvantaged areas additional services should be available, such as family support services and parental outreach. In the most disadvantaged areas there should be at least three outreach workers per children's centre, whereas in the more advantaged areas it is for the LA to decide on the best approach to serve the community based on their local needs assessment</li> <li>A Children's Centre Outreach Worker undertakes direct work with individuals and families, providing additional support services to meet the needs of parents, either one-to-one or in group settings. They are often required to provide outreach and promote in-reach for families that are not accessing any early years services, are vulnerable or are hard to reach. They will work both within the children's centre and in family homes</li> <li>An outreach worker's work can include all aspects of health, social care and early education, and the provision of practical and emotional support to parents. Outreach workers should be able to help parents to access appropriate services to develop their parenting skills, as well as signposting opportunities for further learning and potentially employment</li> <li>Outreach workers are generally required to be involved in the assessment, planning and review process associated with direct work with families</li> <li>Sure Start Children's Centres are often commissioned out to the VCS, such as Barnardo's and Action for Children, who will be in charge of delivering the Sure Start service</li> </ul>

Source: expert interviews with NAPP; DCSF, 'Every Child Matters: Sure Start Children's Centres' website; Community care jobs; CWDC, 'Occupational Summary Sheet: Children's Centres'



## Social Services – Children's Centre Outreach Worker; c.5,000 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Sure Start children's centres practice guidance makes clear the expectation that children's centres should be working towards all staff being trained to at least QCF level 2</li> <li>• Qualifications required for practitioners engaged in outreach in Sure Start children's centres depend on the different job roles and purposes developed in each centre, which should reflect local needs. Some may have a qualification in professional help, but many do not, and the majority of workers are at QCF level 3 and below</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>• Sure Start centres were introduced as one of the leading initiatives to drive the Government's policy to tackle child poverty and social exclusion</li> <li>• The Sure Start concept was initially established in 1997, and grew out of a recognition that deprivation affected too many children in disadvantaged areas. In May 1998 the then Department for Education and Employment and Department of Social Security published '<i>Meeting the Childcare Challenge: A Framework and Consultation Document</i>' which set out the National Childcare Strategy</li> <li>• By 1999 the first Sure Start Local Programme was set up, which aimed to bring together early education, childcare, health and family support for the benefit of young children (under 4 years of age) living in disadvantaged areas and their parents</li> <li>• By 2002 250 Sure Start Local Programmes had been established, and by 2003 there were 534. In conjunction, the Neighbourhood Nurseries programme aimed to create 45,000 new, accessible, and affordable full-day care places for children under five in the poorest areas of England</li> <li>• By 2004 these programmes had formed the basis of all Sure Start Children's Centres</li> <li>• Pre-dating Sure Start Centres, family centres had existed in some communities which would have performed a variety of functions based on local need, some of which were similar to current children's centres. Amongst other services they would likely have provided day-care for children under five. Some of these family centres were subsequently converted into Sure Start centres with funding from the LA. Furthermore, often these family centres were historically run by local and sometimes national VCS providers, and as a consequence these VCS were subsequently commissioned to run or at least deliver the Sure Start service if they had operated the family centre previously</li> <li>• Since September 2008 all childcare settings working with under fives are required to deliver the requirements of the Early Years Foundation Stage, including guidance on consistent standards for learning, development, care etc</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>• By 2010 every community should be served by a Sure Start Children's Centre, i.e. 3500 children's centres, with at least two outreach workers per centre</li> </ul>

Source: [www.Parliament.uk](http://www.Parliament.uk), daily Hansard – written answers 19 Oct 2009; expert interviews with NAPP; DCSF, 'Every Child Matters: Sure Start Children's Centres' website, (DEE) 'Meeting the Childcare Challenge: A Framework and Consultation Document' ; Community care jobs; CWDC, 'Occupational Summary Sheet: Children's Centres'; expert interviews with VCS providers and NAPP; Howgill Family Centre website

## Social Services – Family Support Worker (FSW); numbers n/a (1 of 2)

<b>Client focus</b>	The primary clients are families, specifically parents, and the primary concern of an FSW is the care of children. Provision targeted at Tiers 3 and sometimes 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• The title 'Family Support Worker' is used in a number of ways, and encompasses a range of professions and levels of qualification, ranging from early years practitioner to qualified social worker. This is reflected in significant variations in pay-scales, which anecdotally can vary from £14,000 to £28,000</li> <li>• Some FSWs fulfil the role of educational social workers, particularly if there are few social workers in the area, while others act as social worker assistants</li> <li>• FSWs may themselves be supported by Family Support Assistants</li> <li>• The Voluntary and Community Sector uses the term 'Family Support Worker' liberally</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• FSWs go into people's homes to offer practical help and emotional support to families experiencing problems. These problems can range from the abuse of drugs or alcohol, one parent in hospital or prison, financial or marital difficulties, or inadequate parenting</li> <li>• Families are referred by social workers to FSWs or by the school.</li> <li>• The role of an FSW is to provide advice, with the aim of keeping families together. They are not expected to undertake tasks for families, but rather show families how things can be done and help parents until they are self-sufficient</li> <li>• The average time spent with a family can be up to 2 hours, twice a week for a few months, although this varies by case. The FSW will carry out a 'planned piece of work' which can involve encouraging, teaching and supporting parents in a number of specific parenting tasks, and more broadly helping parents to enhance their home management and parenting skills</li> <li>• The FSWs must record what tasks were done, the parents' attitude to their children, the state of the home etc. These reports can be used in evidence in court (with the FSW present) should the children be placed under a Care Order</li> <li>• During crisis situations an FSW can move into the home on a very short term basis until alternative care can be found</li> <li>• FSWs can also be involved in the 'Assessment and Rehabilitation' of children under the guidance of the social worker, assessing the parental situation where children who have been in foster care go back home</li> </ul>

## Social Services – Family Support Worker (FSW); numbers n/a (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• No formal qualifications are required although relevant experience in particular areas such as liaising with a variety of organisations and individuals is essential. The required qualifications for specific FSW roles depends on the LA and the job specification</li> <li>• Some FSWs have qualifications that lend themselves to the role but are not necessarily in social care/ health</li> <li>• Knowledge of the Data Protection Act, of Early Years and Play Service and the Early Years Development and Childcare Partnership (EYDCP) are expected</li> <li>• Skills for Care developed induction and foundation standards which are expected to be learnt in the workplace and led by managers and may lead on to qualifications such as the QCF level 2 in Health and Social Care, or the QCF level 3 in Working With Parents</li> <li>• A Training Parent Educators programme is also available, designed to offer formal training and recognition to those who train parenting practitioners</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>• The role had existed prior to the DCSF, but is now a recognised role within the children's workforce</li> <li>• FSWs historically did a lot of work with Children in Need, and worked on delivering child protection initiatives, and notified social workers of particular children of concern</li> <li>• FSWs have also historically worked with parents to help remove a child from the protection register, reflecting the importance of parenting support in the FSW role</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>• Because an FSW's qualification is at the discretion of the Local Authority employing him or her, the majority of the workforce is unqualified and FSWs have become key candidates for the Working With Parents training and qualification</li> <li>• Currently some line managers are not qualified to manage FSWs in their parenting support roles because they have limited knowledge on working with parents, and the roles and activities an FSW will perform (particularly if they are trained to deliver an evidence-based programme). In some cases the management structure of FSWs may have to alter to allow for management or guidance by other parenting practitioners in conjunction with/ instead of their current line managers</li> </ul>

## Social Services – Parenting Early Intervention Programme (PEIP) worker; >1,100 (1 of 2)

<b>Client focus</b>	The primary clients are parents of 8 to 13 year olds who are experiencing problems with their children's behaviour. Provision is targeted at Tier 2
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• There is little variation in the titles of PEIP workers, but practitioners come from a range of professional backgrounds</li> <li>• The PEIP worker role and funding can however be open to interpretation by LAs. Some LAs feel they have staff already performing a PEIP worker role (and so PEIP funding is used to fund existing staff), whilst other LAs have created new PEIP teams</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• The PEIP aims to support parents to improve their parenting skills through increasing the accessibility of evidence-based parenting programmes for parents of 8 to 13 year olds at risk of negative outcomes</li> <li>• The DCSF has worked with NAPP to identify the programmes with the strongest evidence-base that are most appropriate for the parents of children aged 8-13. Parenting programmes are delivered in group settings within a range of venues including schools and other community venues</li> <li>• PEIPs should have clear referral arrangements either through schools (e.g. PSAs, learning mentors), from professionals (e.g. social workers), or through self-referral routes</li> <li>• Programmes should be delivered through a range of practitioners from multi-agency backgrounds, supported by frontline staff who have received common core/awareness training</li> <li>• The PEIP team should endorse strong promotion/ awareness raising of the programme LA wide, and work to generate clear links with key agencies currently involved in parenting work. The PEIP team should have a coherent service model with the involvement of strategic and operational level managers of all practitioners identified to be delivering the programme</li> </ul>

Source: DCSF 'Think Family Toolkit', 'Parenting Early Intervention Pathfinder Evaluation'; expert interviews with NAPP

## Social Services – Parenting Early Intervention Programme (PEIP) worker; >1,100 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>Facilitators in the pilot were recruited from a wide range of professional backgrounds across all sectors. However, a number of areas successfully included parents without relevant qualifications, and in one Strengthening Families, Strengthening Communities and one Triple P local authority parents were highly valued as facilitators</li> <li>Many PEIP workers have a range of experience at level 3 (e.g. previous YOT experience) and are looking for higher qualifications in QCF 4 and above in working with children and young people</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>The PEIP was piloted in 18 LAs from September 2006 to March 2008. Each LA was offered three evidence-based programmes: Incredible Years, Triple P and Strengthening Families, Strengthening Communities</li> <li>The PEIP pilot increased the pool of trained facilitators by approximately 1100 additional trained staff across the 18 LAs concerned</li> <li>The PEIP pilot provided parenting training for 3575 parents on 425 courses. Parental course completion rate was 73% overall, and similar across programmes</li> <li>CEDAR saw improvements in the parents' mental well-being, their parenting skills, their sense of being a parent, and also in the behaviour of the child about whom they were concerned</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>Based on the funding and performance within the pilot areas a LA with an established PEIP is expected to support at least 150-200 parents each year</li> <li>Currently PEIP work is sometimes outsourced to the VCS. The success or otherwise of this arrangement depends initially on good communication between the LA and the VCS organisation concerned</li> <li>The ambition of the Think Family programme is for the PEIP to cover all LAs by 2009-2010</li> </ul>

## Social Services – Parenting Expert (PE); c.200 (1 of 2)

<p><b>Client focus</b></p>	<p>The primary clients are parents who either have children who are at risk, or have problems that are known to put children at risk. Provision is targeted at Tiers 2 and 3</p> <p>Other clients may include other parenting practitioners, particularly if the Parenting Expert is employed to provide expert advice and support to other parenting practitioners within the Local Authority</p>
<p><b>Variations in titles and closely related roles</b></p>	<ul style="list-style-type: none"> <li>• “Parenting practitioners” are sometimes loosely referred to as “parenting experts” and vice versa. However the Parenting Expert role within a LA is usually very specific</li> <li>• Every Local Authority has its own Governance Structure, and as such Parenting Experts can sit within Children’s Trusts, or joint Commissioning Boards, or Children and Young People’s Forums etc</li> </ul>
<p><b>Key requirements of role</b></p>	<ul style="list-style-type: none"> <li>• Parenting Experts are responsible for the development, delivery and monitoring of evidence-based parenting programmes to parents of children considered to be at risk of poor outcomes</li> <li>• Parenting Experts support parents both in groups and on a one-to-one basis. Most parents attend support sessions on a voluntary basis, although a minority are required to do so as a condition of a Parenting Contract or Order</li> <li>• Parenting Experts work closely with the Parenting Commissioner to improve the coordination and targeting of existing parenting support activity. Their work should also be coordinated with other <i>Think Family</i> provision such as PSAs and FIPs, where improving parenting skills may form an important part of wider support being provided to the family</li> <li>• Some Parenting Experts organise network meetings for those who have been trained/ are delivering/ want to be trained in evidence-based programmes, to provide additional support to parenting practitioners beyond their line managers</li> </ul>

## Social Services – Parenting Expert (PE); c.200 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Many Parenting Experts currently have no previous parenting qualifications, and are now seeking qualifications at QCF 3 and above</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>• In December 2007 the Children's Plan announced funding for Parenting Experts in addition to the Respect Parenting Practitioners already operating in 77 areas as part of the action to reduce anti-social behaviour. The DCSF funded Parenting Experts as part of the Respect Programme via the LA Parenting Support Strategy grant</li> <li>• The DCSF did provide job descriptions for Parenting Experts, but many Local Authorities created their own job descriptions to fit specific needs</li> <li>• Some LAs sent their Parenting Experts on training to deliver evidence based programmes, and others used them to coordinate training across the Local Authority</li> <li>• Previously Parenting Experts often sat within Community Safety Partnerships, but they are now generally moving into Children's Services</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>• Funding for Parenting Experts will last until March 2011 as part of the Respect programme, channelled through the Parenting Support Strategy Grant. The Think Family grant will replace the Parenting Support Strategy Grant from 2009-10 and 2010-11, for new Parenting Experts</li> <li>• Currently every LA now receives funding to employ at least two Parenting Experts or Respect Parenting Practitioners. Those LAs which do not currently have a RPP have been allocated two Parenting Experts; those which have a RPP have been allocated funding for one Parenting Expert</li> </ul>

## Social Services – Family Pathfinder Worker; <50 (1 of 2)

<b>Client focus</b>	The primary clients are members of families, including both parents and children but potentially with a greater emphasis on parents. Provision is targeted at Tiers 2 and 3
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>Some areas included in the Pilot will also run Extended Family Pathfinders for Young Carers, which aim to address early intervention and prevention required specifically by families with young parents/ carers</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>One of the main intentions of the Family Pathfinder Programme is to deliver a multi-agency service to families in line with the Think Family Initiative. The Family Pathfinder Programme should encourage greater co-operation between Children's Trusts and Adult services</li> <li>The aim of a Family Pathfinder is to improve outcomes for very disadvantaged families that are caught in a cycle of low achievement, that are experiencing multiple problems or are at risk of doing so, and are currently not being effectively engaged and supported by existing services. 'Families at Risk' include those experiencing multiple and complex problems such as worklessness, poor mental health or disabilities, domestic violence or relationship conflict, substance misuse, involvement in crime and anti-social behaviour and general neglect and poor family functioning</li> <li>Each Pathfinder should focus on the family, helping empower them through family-led decision making with the ultimate aim of making them self-sufficient. An integrated frontline delivery of services should be available through practitioners who can provide tailored and joined-up support around the family. Family needs should be identified early, and services must persist in proactively engaging and maintaining engagement with those families who are least likely to take up support without strong encouragement</li> <li>Beyond the frontline, all services are expected to share assessments and information on the family, and support provided must be fully coordinated. Service strategies at a wider level must become integrated, with joined-up planning and commissioning, whilst inter-agency governance must be clear so that responsibilities and accountabilities for the family's outcome is transparent</li> <li>In practice, all Family Pathfinders should have an assertive lead professional or key worker who will lead an engagement with a family, working directly with them and coordinating the involvement of other services. The lead practitioners should have a small enough case load to enable them to work with the family for as long as required. Around them a multi-agency team from across Adult and Children's Services should put in place around the family to agree objectives for intervention and regularly review each family case. The team should be working towards the same clear set of outcomes. In addition each key adult service must understand the needs of their client as parents, and tailor their service to account for parenting responsibilities</li> <li>Each Family Pathfinder should have a core set of partners in the delivery of services, which can include education and children's social care services, adult social care, housing services, PCTs and provider services for child and adult mental health, substance misuse services, children's centres, Jobcentres Plus, Learning and Skills Council, schools, the police, ASB teams, YOT teams, the prison and probation services, youth services, maternity services, the third sector etc. All Family Pathfinder sites will be supported by a national implementation team run by the DCSF, who have experience in innovative ways of working with families at risk and can support LAs to improve their practice</li> </ul>



## Social Services – Family Pathfinder Worker; <50 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>Each Family Pathfinder is made up of a multi agency team consisting of a variety of practitioners and professionals from various services, who will be subject to their own qualification requirements</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>Over 2007 and 2008 the Cabinet Office's Social Exclusion Task Force led a cross-Whitehall review on families at risk, and published an interim report <i>Reaching Out: Think Family</i> in June 2007 and subsequently <i>Think Family: Improving the Life Chances of Families at Risk</i> in January 2008, which recommended 15 Family Pathfinder pilots. In conjunction the Treasury in its <i>Aiming High for Children: Supporting Families</i> in March 2007 announced £13 million (subsequently increased to £16m) over the current Comprehensive Spending Review (CSR) period for a pathfinder programme led by the DCSF to test ways to provide more effective support for families at risk. This followed on from other multi-agency early intervention and prevention initiatives such as the Respect Action Plan and the launch of FIPs, and the Social Exclusion Action Plan which led to the FNP pilot</li> <li>Fifteen Family Pathfinders pilots were set up in May 2008 to run for three years across Bolton, Gateshead, Islington, Leeds, Somerset, Sunderland, Brighton and Hove, Westminster, Salford, Southampton, Blackpool, Walsall, Warrington, Southend, and Durham. Furthermore Bolton, Gateshead, Islington, Leeds, Somerset and Sunderland have also received additional funding for Extended Family Pathfinder for Young Carers</li> <li>The Family Pathfinders were built on the Every Child Matters transformation towards a multi-agency approach of 'thinking family', in which no service can 'Think Family' on its own. Working alongside those LAs already involved in the 'Narrowing the Gap' (in incomes) project, the Family Pathfinders are expected to develop new learning as to how local areas can transform outcomes for children and parents by 'thinking family', and essentially provide an evidence-base on the effectiveness of the overall 'Think Family' strategy</li> <li>Family Pathfinders are expected to be at the heart of driving sustained and improved outcomes for disadvantaged families. This pilot is expected to help identify and disseminate good practice to support the wider roll-out of Think Family reforms. The 15 pilots are expected to illustrate how a change in the systems used across Adult and Children's services can improve support for vulnerable families</li> <li>It was anticipated that the Family Pathfinders would embed the culture of early intervention and prevention of inter-generational transmission of disadvantage within the system of support across both Children's and Adult services</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>"The project will run for three years from May 2008 and will address systems change at all levels within local areas, from frontline delivery to strategy and governance. In addition, some areas will have an Extended Family Pathfinder for Young Carers which will address in more detail the support needs of families with young carers, and test preventative support." (DCSF, Every Child Matters website)</li> <li>An independent evaluation will be conducted to examine implementation processes as well as the impact of the pathfinders on outcomes for families at risk</li> </ul>

Source: DCSF 'Think Family Toolkit', DCSF website 'Every Child Matters: Family Pathfinders'; Cabinet Office website 'Social Exclusion Task Force: Families at Risk Review'; Local Government Association website 'Narrowing the Gap'; HM Treasury 'Aiming high for children: supporting families'

## Health Services – Family Nurse Partnership Practitioner (FNP); c.250 (1 of 2)

<b>Client focus</b>	The primary clients are vulnerable, first time mothers under the age of 20, from before the child is born until his or her second birthday. Provision is targeted at tiers 2 and 3
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• There is little variation in the type of role, which is linked to a specific funding stream</li> <li>• The FNP programme can only be used under license and a number of fidelity measures are used to constantly monitor and adjust the implementation of new programmes. There must be continuity in practitioner over the two years</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• The FNP is an intensive, nurse-led preventive home visiting programme delivered by specially trained nurses and midwives who have experience of working with families in the community, delivered to vulnerable, first time, young parents</li> <li>• FNP nurses visit parents from early pregnancy at 16 weeks (at the very latest 28 weeks) until the child is two years old, building a close, supportive relationship with the whole family and guiding mothers to adopt healthier lifestyles, improve their parenting skills, and become self-sufficient</li> <li>• Practitioners delivering the programme have additional skills and knowledge in areas such as building a therapeutic relationship, motivational interviewing, attachment, behaviour change and using the guidelines and materials</li> <li>• The programme is designed to focus on strengths, not problems and deficits. It is aspiration and goal driven, assisting clients in pursuing their ambitions</li> <li>• Family Nurses are linked to Sure Start Children's Centres, and encourage families to make active use of local community resources, including activities such as parenting groups and educational activities. FNP sites are being supported to embed the FNP into progressive universal services and Children's Centres</li> <li>• At each pilot site a supervisor leads a team of up to six Family Nurses, each with a caseload of up to 25 families</li> <li>• Supervisors are expected to carry a supervisory load of no more than eight Family Nurses (per full-time Nurse Supervisor), and work at least half-time on the programme. They are expected to provide FNPs with weekly clinical supervision and support from a psychologist</li> </ul>

## Health Services – Family Nurse Partnership Practitioner (FNP); c.250 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Family Nurses are expected to be registered with the Nursing and Midwifery Council with a health visiting or midwifery background. They are expected to attend and assimilate FNP-specific education, achieve NCAST reliability (Nursing Child Assessment Satellite Training), and successfully complete PIPE training (Partners in Parenting Education)</li> <li>• Family Nurse supervisors are expected to be registered with the Nursing and Midwifery Council and meet the specifications for a home visitor, and a Master's degree is preferred. They should attend NFP-specific education, including supervisor-specific education</li> <li>• One trial in the US compared the delivery of the FNP by nurses and para-professionals. The outcomes were found to be 50% lower using para-professionals</li> <li>• The Family Nurses and supervisors should receive high level training and master classes from national experts</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>• The Family Nurse Partnership is a licensed programme. It has been developed over 25 years in the USA by Prof. David Olds at the University of Colorado. The programme focuses on improving antenatal health in teenage mothers, enhancing child development and school readiness, and linking the family to wider social networks and employment</li> <li>• In the US, three large scale randomised control research trials have been carried out. These have shown benefits improving the health and well being of both children and their families. These include: improvements in women's prenatal health; reductions of between 50 and 70% in children's injuries, neglect and abuse; fewer subsequent pregnancies; greater intervals between births; increases in fathers' involvement; increases in employment; reductions in welfare and food stamps; improvements in the child's school readiness; cost savings over the childhood of \$5 dollars for every \$1 invested</li> <li>• In the UK, the delivery of the FNP programme is being evaluated by Birkbeck College, London</li> <li>• The government trialled the Family Nurse Partnership model as part of the Social Exclusion Action Plan in September 2006. The programme was initially piloted with 1000 families from March 2007 across ten PCTs. After successful results, a further £30million was invested to extend the scheme to a further 20 sites in March 2008</li> <li>• The pilot has been very popular amongst mothers who feel empowered and treated with respect</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>• The funding for the expansion of the Family Nurse Partnership from the Comprehensive Spending Review will be split as follows: £5m in 08/09; £10m in 09/10; £15m in 10/11</li> <li>• The government currently has 40 sites operating, with the aim of having 50 sites by January 2010 and 70 pilot programmes in place by April 2011, with a view to rolling it out nationally over the next 10 years</li> <li>• On most sites the scheme is offered to mothers under the age of 20, though some sites are now offering FNP to mothers up to the age of 24. This trend may continue</li> </ul>

## Health Services – Multi Systemic Therapy (MST) Worker; <50 (1 of 2)

<b>Client focus</b>	The primary clients are young people with complex clinical, social, and educational problems, with an emphasis on engaging with the young person's family. Provision is targeted at tiers 3 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>Multi Systemic Therapy refers to a specific approach and as such no other titles are usually used</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>Multi Systemic Therapy (MST) is a family and community-based treatment programme for young people with complex clinical, social, and educational problems such as violent behaviour, drug abuse and school expulsion. MST therapists work in close partnership with the young person's family and community to strengthen protective factors known to reduce the risk of future offending and anti-social behaviour</li> <li>Protective factors can include increasing parenting capacity, increasing a young people's engagement with education and training, promoting pro-social activities for parent and child, reducing young people's offending behaviour, increasing family cohesion, and tackling underlying health or mental health problems in the young person or parent, including substance misuse</li> <li>MST is highly intensive. Therapists have low case-loads (four families per therapist) and work with families in their homes, neighbourhoods, schools and communities over 3-6 months to provide around 60 hours of support</li> <li>Therapists are likely to visit the home three times a week with varying length sessions, and are on call 24 hours a day. The therapy is very structured, focussing on small targets each week. The targets are drawn up in collaboration with the family, and are supposed to be family-driven as opposed to therapist-driven</li> <li>MST should provide a family with a single point of contact. Referrals are to be avoided, and treatment should be provided by the family's dedicated MST therapist. The therapist is the team's main point of contact with the youth, family, and all involved agencies and systems. To support this structure, therapists are based in local teams of 3-4 to enable skill-sharing between practitioners</li> <li>MST should reduce the need for out-of-home placements, whilst simultaneously avoiding the negative outcomes and social exclusion which can be associated with out-of-home placements</li> <li>MST should be evidence-based. A significant body of international evidence has shown MST to reduce offending behaviour, family conflict and out-of-home placement over the long-term. In the UK a robust research programme will monitor the effectiveness of MST and inform decisions going forward</li> <li>Clients are referred from youth offending teams and children's services</li> </ul>

## Health Services – Multi Systemic Therapy (MST) Worker; <50 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"><li>• MST is delivered by professionals who may come from a range of disciplines such as psychology, social work and family therapy</li></ul>
<b>History of role</b>	<ul style="list-style-type: none"><li>• The Social Exclusion Action Plan established the government's intentions to identify effective interventions for tackling mental health problems in childhood and preventing the onset of problems later in life</li><li>• Multi-systemic Therapy (MST) is supported by significant international collection of evidence and has been shown to improve outcomes for children and young people at risk of falling into care or the criminal justice system. MST services were initially piloted across two sites in the UK, and in November 2007 a further 10 were piloted across the UK</li><li>• The funding for the 10 sites amounted to £17.5m, with the DCSF committing 12m and the DH committing £5.65m. The pilots were led by the DH, with support from the DCSF and Youth Justice Board</li></ul>
<b>Future of role</b>	<ul style="list-style-type: none"><li>• The Think Family agenda is currently funding the 10 pilots of standard MST, one pilot of MST for child abuse and neglect (MST CAN), and one pilot of MST for problem sexual behaviour (MST PSB)</li></ul>

## Health Services - Family & Systemic Psychotherapist; numbers n/a (1 of 2)

<b>Client focus</b>	The primary client is whoever in the family is referred, which can be either the child or the parent. The nature of the practice means often the primary client is the whole family. Provision is available from universal to Tier 4 of need
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Can be called family therapist, systemic psychotherapist, systemic family psychotherapist</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Systemic psychotherapy developed in response to a growing awareness that an individual's difficulties do not develop in isolation but within a context or pattern of relationships. This highlights the importance of families and relational networks in influencing the pathway of an individual's mental health and a family's resilience in living with it</li> <li>• Family and systemic psychotherapy enables family members to express and explore difficult thoughts and emotions safely, to understand each other's experiences and views, appreciate each other's needs, build on family strengths and make useful changes in their relationships and their lives. Family and Systemic Psychotherapists aim to engage family members in sharing understandings and exploring ways forward that work for them</li> <li>• Family and Systemic Psychotherapists may work to address a range of problems, from family communication problems; child and adolescent behaviour difficulties; mental health problems, illness and disability in the family; separation, divorce and step-family life; anorexia, bulimia and other eating disorders; fostering, adoption, kinship care and the needs of 'looked after' children; domestic violence; self-harm; drug and alcohol misuse</li> <li>• Family and Systemic Psychotherapists are highly skilled professionals, trained to work with children, young people, adults, carers and other professionals</li> <li>• Some Family Therapists work in teams or in partnership with colleagues. Others work as individual therapists</li> <li>• The nature of the work family and systemic psychotherapists conduct is not prescriptive, and ways of working with families can be adapted to the family members' ages, needs, resources and preferences</li> <li>• Family and Systemic Psychotherapists can be found in local health and social care services, and in specialist services such as those for looked after children, and for families affected by substance misuse. Some services accept self-referrals from families seeking help, as well as referrals from GPs and other professionals. Many Family and Systemic Psychotherapists also work in private practices</li> </ul>

Source: The Association for Family Therapy website, 'Terms and Conditions of Service for Systemic Psychotherapists/ Family Therapists'

## Health Services - Family & Systemic Psychotherapist; numbers n/a (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"><li>• Only fully qualified Systemic Psychotherapists are eligible to register as accredited Family and Systemic Psychotherapists with the United Kingdom Council for Psychotherapy (UKCP).</li><li>• The Association for Family Therapy and Systemic Practice in the UK (AFT) accreditation process requires entrants to qualifying courses (i.e. those that lead to the UKCP registration) to have professional qualifications in social work, psychiatry, psychology, teaching (which has included work with children and families in a counselling capacity) nursing (mental health nursing and other nursing specialities which require a counselling role), occupational therapy, speech and language therapy and counselling (including at least three years' training, British Association of Counselling and Psychotherapy – BACP – registration and experience in the public or voluntary sectors), and four years' experience in a mental health or social welfare setting.</li></ul>
<b>History of role</b>	<ul style="list-style-type: none"><li>• Family Therapy started from a common basis in systems thinking but has developed in many directions during its 50-year history.</li></ul>

## Health Services – Children and Adolescent Mental Health (CAMHS) parenting support worker; numbers n/a

<b>Client focus</b>	The primary client is the parent of the child or adolescent with mental health issues. Provision is available from universal to Tier 4 of need
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Various titles can include 'CAMHS Parenting Specialist' or 'CAMHS Support Worker'. Many broader roles within CAMHS include the provision of some forms of parenting support, without parenting support being the main focus of role</li> <li>• See 'CAMHS practitioners and professionals' for further details on broader CAMHS provision</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• To provide specific parenting support to parents of children and adolescents with mental health issues</li> <li>• Some LAs employ a specific Parenting Support worker within their CAMHS, whilst other LAs have a specific CAMHS Parenting Team. Some LAs implement parenting strategies within their CAMHS delivery, for example the use of the Solihull Approach. Other LAs use their existing CAMHS workforce to deliver specific and targeted forms of parenting support</li> <li>• See 'CAMHS practitioners and professionals' for further details on broader CAMHS provision</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• See 'CAMHS practitioners and professionals' for further details on broader CAMHS provision</li> </ul>



## Justice System – Family Intervention Project (FIP) Worker; c.700 (1 of 2)

<b>Client focus</b>	The primary clients are all family members, including the child or adolescent, of a family referred to a FIP. Provision is available for Tiers 3 and 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>The role of a FIP worker is relatively precise, and as such 'FIP' is usually mentioned in the title. However the 'FIP worker' grouping used here intends to cover a broad range of roles with various levels of seniority e.g. a FIP coordinator (who undertakes work with families) is included as well as FIP workers more generally</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>Family Intervention Projects work by assigning a dedicated key worker to work intensively with the whole family. The key worker is expected to manage the family's problems, coordinate the delivery of services, and use a combination of support, rewards, and if necessary the threat of sanctions such as Parenting Contracts and Anti-Social Behaviour Orders (ASBOs) to encourage a family to change its behaviour</li> <li>A key worker can deliver direct support to families to develop parenting and life skills, as well as confidence and motivation. FIP workers can refer families to specialist interventions, and provide advocacy for family members when dealing with local services. Family members may be referred to evidence-based parenting programmes, as well as other services such as substance misuse treatment, CAMHS etc</li> <li>A FIP worker will have a small caseload, and will work intensively with a family including evenings and weekends. Involvement with a family is typically 6-12 months, but can be longer</li> <li>A contract is drawn up between the family and key worker to set out changes or tasks that are expected within a certain time-frame, what support will be available to enable those changes, and the consequences if those changes are not completed. Invariably one of the tasks will be to attend an evidence-based parenting programme</li> <li>There are three main types of Family Intervention Projects:             <ol style="list-style-type: none"> <li>Anti-social behaviour FIPs (ASB FIPs) – Vulnerable families who are persistently anti-social and at risk of homelessness;</li> <li>Child poverty FIPs (CP FIPs) – Those who are workless and who have significant barriers to work, for example, substance misuse or mental health issues; and</li> <li>Youth crime FIPs (YC FIPs) – Families with children at risk of offending</li> </ol> </li> <li>However, other FIPs are being introduced in some Las such as Housing FIPs, with a particular focus on preventing homelessness</li> <li>There are different ways in which the service can be delivered: outreach support to families in their own home; support in temporary (non-secure) accommodation located in the community – the dispersed option; and 24 hour support in a residential core unit where the family lives with project staff</li> </ul>

## Justice System – Family Intervention Project (FIP) Worker; c.700 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>FIP workers are not required to have a QCF level 3, but should at least have extensive experience of working with vulnerable families or particular vulnerable groups, e.g. ex-offenders. However more senior roles such as 'FIP coordinator' are likely to require a minimum of QCF 3, but usually a higher level qualification than that</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>The FIP model was based on a number of projects run by Action for Children and expanded as part of the Government's Respect Action Plan in January 2006 to target families involved in persistent anti-social behaviour, and who were at risk of losing their homes</li> <li>FIP workers were initially intended to be highly qualified workers such as psychologists, social workers and nurses. However, those who applied for FIP roles were not necessarily qualified to these levels, partly driven by insufficient levels of remuneration. Furthermore, LAs were encouraged to roll out the FIP scheme as quickly as possible, which encouraged some to employ less qualified workers to enable the projects to start</li> <li>Most FIP workers were originally placed within Youth Offending Teams, and the YOTs were given performance indicators on parenting. Now LAs can decide where a FIP provision is best located and managed. For example, in Leicester the ASB FIP is located in Community Safety whilst the YC FIP is located in the YOT, with both sharing a Steering Group and overseen by the Head of Community Safety. In Rotherham however the ASB and the YC FIP are co-located with the Senior Parenting Practitioner and are overseen by the Attendance and Parenting Strategic Lead. In other Local Authorities FIPs are delivered under contract by a third sector provider</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>The new <i>Think Family</i> Government initiative will further promote multi-agency delivery and governance arrangements, through a holistic offering of services from a variety of partners including early years, schools, social services, youth services, housing, community safety, police, YOTs, Primary Care Trusts (PCTs) and health services</li> <li>LAs are assessing where new FIP provisions are best located and managed on a case by case basis. Furthermore, where FIP workers, particularly specialised FIP workers such as housing FIPs, are line managed by people who are not qualified in social care, arrangements can be made for supervision by others who are specialists in the field</li> <li>There are plans to increase the numbers of FIP key workers to c.1,600 over the two years, as a result of a major programme of government investment</li> <li>ASB FIPs will have available to them a 'Nominated Health Professional' (NHP) and the DH is providing £3m over 2009/10 and £3m over 2010/11 to FIPs across all LAs</li> </ul>

## Justice System – Respect Parenting Practitioner (RPP); c.75 (1 of 2)

<b>Client focus</b>	The primary clients are parents of children exhibiting anti-social behaviour, or who are at risk of doing so. Provision is targeted at Tiers 2 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• RPPs are sometimes loosely referred to as “Parenting Practitioners”. However RPPs do have a tightly defined role linked to a specific funding stream</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• RPPs, linked to anti-social behaviour teams, deliver evidence-based structured parenting programmes to the parents of children exhibiting anti-social behaviour, or at risk of doing so. They deliver both to parents who attend voluntarily as well as those parents on Parenting Orders</li> <li>• RPPs are also important in helping improve links between Anti-Social Behaviour Teams and other services providing parenting support, such as health services, Youth Offending Teams, Children’s Services and parenting provision linked to Family Intervention Projects and Parenting Experts. For example, RPPs may sometimes work alongside Family Intervention Project workers to engage with parents together</li> <li>• RPPs also help improve strategic planning and commissioning of parenting services, in order to increase the availability of parenting support and help parents manage challenging behaviour</li> <li>• RPP posts are designed to build ‘respect’ in the community through reducing anti-social behaviour. Through the employment of a Respect Parenting Practitioner, communities are expected to feel more informed of what actions are being taken to reduce anti-social behaviour in their area, to feel that parents are increasingly taking responsibility of their children, and that people in the community are increasingly treated with respect and consideration</li> </ul>

## Justice System – Respect Parenting Practitioner (RPP); c.75 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"><li>• RPPs are expected to have at least a QCF level 4 in Social Work or a relevant professional qualification that confirms the applicant's professional competence to work with parents, carers and families in different circumstances</li></ul>
<b>History of role</b>	<ul style="list-style-type: none"><li>• In 2007-08 the Home Office funded 77 Respect areas to establish parenting practitioners to deliver programmes to parents of children exhibiting anti-social-behaviour, or at risk of doing so</li><li>• £50,000 was allocated to each participating area</li></ul>
<b>Future of role</b>	<ul style="list-style-type: none"><li>• Funding for Respect Parenting Practitioners in the 77 Local Authorities will last until March 2011 as part of the Respect programme. No further funding for Respect Parenting Practitioners will be available, and those Local Authorities without a Respect Parenting Practitioner will receive funding for a Parenting Expert instead (to the same amount)</li><li>• The <i>Think Family</i> grant will replace the Respect Parenting Practitioner grant for 2009-10 and 2010-11, except where Local Authorities are already receiving funding for Respect Parenting Practitioners until 2011</li></ul>

## Justice System – Youth Offending Team Parenting Support Worker (YOT PS Worker); c. 500

<b>Client focus</b>	The primary clients are parents of young offenders, or young people at risk of offending. Provision is targeted at Tiers 2 to 4, but also extends to specialist programs for young parents and young fathers who are offenders.
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• The 'YOT PS worker' role described here is intended to capture a broad range of workers with varying levels of responsibility and (usually related to this) qualifications. For example roles may range from a 'Parenting Worker' or a 'Senior Parenting Practitioner' to a 'Parenting coordinator' (who will still potentially interface with parents directly)</li> <li>• Furthermore many more general roles within YOTs may include the provision of some form of parenting support, without parenting support being the main focus of role</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• To support parents in taking responsibility for their child's behaviour, through helping them set appropriate boundaries so as to prevent the child or adolescent from becoming involved in offending or in anti-social behaviour. Types of provisions delivered by a YOT PS worker include facilitating informal parenting support groups, delivering parenting programmes, securing facilities for family mediation, and providing advice and support to parents through group work and on a one-to-one basis, as well as liaising with other youth justice partners and stakeholders to procure specialist courses where possible</li> <li>• The Home Office highlights three ways in which a YOT can work with parents: voluntarily, such as when a parent/ carer asks for support; through a Parenting Contract, which is still voluntary although it can be used as evidence to issue a Parenting Order; and through a Parenting Order, which a YOT can offer, apply for or recommend</li> <li>• Parenting Contracts and Orders consist of the following, and a YOT PS would likely help a parent to service their order             <ul style="list-style-type: none"> <li>– A contract or order normally requires a parent/ carer to attend counselling and/ or guidance programmes. Often a YOT PS worker, or a YOT worker with a specific parenting remit, will give specific directions as to what type of counselling and/ or programme is required</li> <li>– A parent/ carer is also likely to have specific conditions and requirements to comply with in order to meet the order, such as ensuring their child is attending school or alternative education provision, attending meetings with teachers, or ensuring a child does not visit a particular place unsupervised. A YOT PS can offer guidance and support to help parents meet this condition</li> <li>– A Parenting Order can last up to 12 months and whilst it does not result in a criminal record a parent/ carer can be prosecuted for failing to keep the requirements of the order</li> </ul> </li> <li>• Some LAs have a specific parenting support division or team within their YOT provisions (e.g. a Youth Offending Service Parent Support Scheme, YOT Parenting and Preventions Team), whilst other Local Authorities will include parenting support as part of their overall YOT provision</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• At a minimum a QCF level 2 qualification is usually required, and further training in a relevant discipline (e.g. family work, children's' rights, youth justice) and/ or relevant experience (e.g. family, youth, or community work) may be necessary. However roles with greater levels of responsibility (such as Parenting coordinator) require higher level qualifications (usually level 4 and above)</li> </ul>

Source: Youth Justice Board (YJB) website 'Parenting Orders'; Home Office website 'Crime Reduction: Youth'; Local Authority YOT websites including Wrexham (Wales), Manchester City Council, the Royal Borough of Kensington and Chelsea; Local Authority job descriptions including Oxfordshire County Council, Bath and North East Somerset Council, Cheshire East Council

## Education – Educational Psychologist; c.2,600

<b>Client focus</b>	The primary clients are children and young people under 19, although supporting a child will necessarily involve parents, teachers and other professionals. Provision is targeted at Tiers 1 and 2
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Whilst the role of an Educational Psychologist may vary by Local Authority, there are particular qualifications necessary to hold the title 'Educational Psychologist' (see 'Qualifications status'). Assistant educational psychologists roles are now emerging as a result of the three-year doctorate training requirements which encourage trainees to apply for posts during Year 1 of training</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Educational Psychologists work to address the barriers to a child's learning, which may vary from learning difficulties to social or emotional problems. They carry out a wide range of tasks to enhance a child's learning and emotional development, and they also help teachers to become more aware of the social factors affecting teaching and learning</li> <li>• If a child needs to be allocated a place in a special educational school they will require an assessment report from an Educational Psychologist. Reports made by Educational Psychologists may also be used as part of court proceedings or children's panels</li> <li>• An Educational Psychologist's work will involve an assessment of the child to establish the problem through consultation with professional colleagues and parents, observation and interviews of the child, or the use of test materials</li> <li>• Interventions may include learning programmes and collaborative work with teachers or parents. Recommendations are made to determine the most appropriate education provision for children experiencing educational difficulties, including the recommendation of formal actions. This can include developing and supporting therapeutic and behavioural management programmes for the child</li> <li>• Parents are encouraged to discuss with their child's school if they feel their child has special educational needs. Once a child has been identified, educational psychologists will have regular reviews with the child's parents and the child's school</li> <li>• Educational Psychologists are also expected to attend multi-disciplinary case conferences on how social, emotional, behavioural, and learning needs of children and young people might best be met. They are often requested to advise or join working/ consultation groups within their LA on various issues regarding organisation and policy planning</li> <li>• Many Educational Psychologists have been trained in evidence based programmes, such as Mellow Parenting and Incredible Years. For example in Manchester an Educational Psychologist has been trained in Incredible Years and supports parenting practitioners delivering evidence based programmes</li> <li>• Educational Psychologists are employed by the LA through children and young people's services departments. Their work is often conducted through multi-disciplinary teams, including social workers, CAMHS, and youth and community workers. Some Educational Psychologists also work independently, and there are researching roles available</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• To use the title 'Educational Psychologist' a psychologist must be registered with the Health Professionals Council (HPC), which involves completing a Doctorate in Educational Psychology (or equivalent) that has been approved by HPC</li> </ul>

Source: The British Psychological Society 'Educational Psychology'; Burnley Borough Council website – A-Z of Council Services; CWDC, 'Occupational Summary Sheet: Educational Psychologist'; expert interviews with NAPP

## Education – Educational Social Worker; numbers n/a

<b>Client focus</b>	The primary clients are children and young people with irregular attendance or issues regarding social inclusion, although educational social workers also engage with parents. Provision is targeted at Tiers 2 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Social workers employed in an educational setting can also be termed 'project workers' or 'home school partnership officers'</li> <li>• Due to the recent emphasis on addressing attendance issues in schools, an educational social worker may perform many similar functions to an EWO and the title may be used interchangeably</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Educational Social Workers are qualified social workers who work in education</li> <li>• Educational Social Workers can operate within a multi-agency team, a connexions team, or as part of an extended school provision. Some LAs have a dedicated team delivering an 'Educational Social Work Service'</li> <li>• Educational Social Workers can work with children with emotional or behavioural problems in order to address their barriers to learning. An Educational Social Worker may also work with children from particular vulnerable groups (e.g. Roma communities) to address barriers to learning for those children.</li> <li>• Educational Social Workers and Services are also expected to work closely with the Safeguarding Children divisions within LA Social Services. Some Educational Social Services may also keep records on those children who are educated outside of school, to ensure that the child has access to a satisfactory education</li> <li>• The recent emphasis on addressing attendance issues has meant that Educational Social Workers are often employed solely to monitor attendance issues, and to address these issues accordingly. Educational Social Workers work with the whole family to deal with the issues that are preventing a child from attending school, with the aim of helping the child get the most out of their education</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Educational Social Workers must be qualified Social Workers</li> </ul>

## Education – Education Welfare Officer (EWO); c.4,000

<b>Client focus</b>	The primary clients are children and young people with irregular attendance, although this work invariably involves the parent as well. Provision is targeted at Tiers 3 and 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Family Education Worker, Education Welfare Adviser</li> <li>• Schools sometimes employ their own “Attendance officers” (see ‘Attendance Officer’), and other staff to support school attendance and the work of EWOs</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• EWOs work with young people whose education is being affected by irregular attendance or absence from school. They have a statutory duty to ensure the child is attending school, which can include inspecting school registers</li> <li>• EWOs also work with school staff and parents to identify the barriers to the child’s attendance, which can include working with parents to ensure they receive all the benefits and help they are entitled to, and making visits to the child’s home. EWOs are also expected to work with other agencies such as social services, educational psychologists, health professionals to address the barriers to the child’s attendance</li> <li>• EWOs can also work to track pupils who go missing (if necessary in conjunction with other agencies), conduct assessments of the child including their special educational needs, help arrange alternative education for excluded children, regulate child employment and collate evidence and prepare reports for Court. They are also expected to provide advice on alternative ways of educating children out of school settings</li> <li>• EWOs can advise parents of their legal responsibilities to ensure their child’s attendance, and take actions through the magistrates courts if necessary to issue a parenting order. They can deliver parenting programmes, and can prosecute parents who do not attend parenting programmes if required under a parenting order. EWOs can initiate a CAF, and take the lead professional role</li> <li>• EWOs can also advise schools on strategies to get all pupils to attend, and work on the overall improvement of links between school and home, including by encouraging parents to make good relationships with educational settings. They can advise schools on a range of issues including bullying, safeguarding and social inclusion, as well as registration codes and regulations</li> <li>• EWOs also organise and participate in community initiatives to tackle truancy and youth crime. They can also collate, validate and return all relevant data to the DCSF and other agencies</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Currently EWOs are typically expected to have a relevant qualification to level 3 (with entry requirements varying by Local Authority). However a QCF level 4 qualification is likely to become mandatory across more Local Authorities</li> <li>• In any event if EWOs are carrying out a legal requirement they are expected by most Local Authorities to have a QCF level 4 in a social work qualification</li> <li>• Generic national induction developed by CWDC is available to all EWO upon employment</li> </ul>

Source: CWDC ‘Education Welfare Adviser’ website, ‘Occupational Summary Sheet: Education Welfare Officers (EWOs)’ expert interviews with NAPP



## Education – Attendance Officers; c.1,000

<b>Client focus</b>	The primary clients are children and young people with irregular attendance, although this work invariably involves the parent as well. Provision is targeted at Tiers 3 and 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Attendance Worker, Student Attendance Project Worker</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Attendance Officers maintain similar roles to Education Welfare Officers, although they cannot enforce any legal requirements on the parent</li> <li>• Some schools employ their own “Attendance officers” from their own budget in addition to the EWO, provided through the Local Authority. This is largely a result of the increasing emphasis on schools to take responsibility for ensuring a child’s attendance</li> <li>• Attendance officers are likely to supplement other additional staff who are also employed to support school attendance and the work of EWOs</li> <li>• Attendance officers can also be employed by schools or special projects. Attendance workers have similar roles, but may concentrate on particular aspects of attendance related work such as initial follow up of non-attendance. They are increasingly required to understand attendance management information systems and often analyse attendance data. In so doing, attendance workers support schools in developing a clear understanding of their attendance profile</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Attendance officers are not expected to be qualified to QCF level 3, and their entry requirements are far more flexible</li> </ul>

## Education – Parent Partnership Staff (PPS); c.350

<b>Client focus</b>	The primary clients are parents of children with special educational needs. Provision is available for Tiers 1 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Parent Partnership Officer</li> <li>• The Parent Partnership Service is a relatively well defined service, and variations in role are therefore limited</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Parent Partnership Services offer information advice and support to parents and carers of children and young people with special educational needs. They can be based either within a voluntary organisation, with the Local Authority, or in the Children's Trust</li> <li>• Parent Partnership Staff do not necessarily provide parents with direct advice, but are able to advise parents on what advice and services are available to them. This can include advice and information about             <ul style="list-style-type: none"> <li>– How their child's special educational needs can be identified and assessed by schools and the LA</li> <li>– Who parents can talk to in schools or the LA about their concerns</li> <li>– The special educational needs Code of Practice, the statutory assessment process and statements, as well as what parents can do if they are unhappy about a special educational needs decision</li> <li>– Parent's and carer's rights and responsibilities</li> <li>– Meetings and reviews about a child's needs</li> <li>– How progress is monitored and reviewed</li> </ul> </li> <li>• Parent Partnership Staff also support parents through informing and influencing local policy and practice. Parent Partnership Services are expected to be removed to a certain degree from LAs, and the services they provide to parents should be confidential and impartial</li> <li>• Parent Partnership Services can be either run by the Local Authority, or partly or fully outsourced to another organisation</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• No specific qualifications are necessary. However knowledge of the special educational needs process, initiatives and legislation are essential</li> </ul>

Source: National Parent Partnership Network website, DCSF 'Parent Partnership Services – increasing parental confidence'; Cornwall job description

## Education – Behaviour Support Worker (BSW); numbers n/a

<b>Client focus</b>	The primary clients are school pupils displaying behavioural difficulties. Provision is available for all tiers of need
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• “Behaviour Support Worker” is not a widely used term, and is used here to encompass a wide range of roles, including behaviour support teacher; behaviour support teaching assistant; integration support assistant; behaviour support special needs assistant</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Some schools may employ a BSW or equivalent role to provide specialist support to pupils who display emotional, social and behavioural difficulties. These pupils include not only those displaying restless and disturbing behaviour and/ or verbal and physical aggression, but also those who may show signs of being withdrawn, socially isolated, apathetic with low self-esteem and who are under achieving</li> <li>• The nature of the job can vary considerably, depending on the specific role required by the school and the local setting <ul style="list-style-type: none"> <li>– A “behaviour support teacher” for example has significantly more responsibility than a behaviour support teaching assistant</li> <li>– Often LAs do not have a designated individual assigned to the role of BSW, but instead have a “Behaviour Support Team” comprised of professionals within the existing workforce, such as teachers, teaching assistants or special needs assistant</li> <li>– In some LAs, particular roles have been created to provide behaviour support to excluded pupils to help them to get back into mainstream schools. These are sometimes termed “Integration Support Assistants” and they would have the responsibility for conducting outreach work in the community (although they will only do so upon referral from the school)</li> <li>– Some LAs view the functions to be undertaken by a BSW to be an amalgamation of a Primary Mental Health Worker with an Educational Psychologist</li> </ul> </li> <li>• Consequently, the type of activities performed by a BSW can vary enormously <ul style="list-style-type: none"> <li>– Some BSWs remain predominantly within schools, and support pupils in their learning. “Behaviour support teachers” may, for example, teach pupils with social and behavioural difficulties individually or in group settings, whilst advising and supporting other teachers and parents and establishing effective communication between them, and/ or working with educational psychologists and other professionals to address the needs of the pupil</li> <li>– Outreach work is often conducted by these and other behaviour support roles, which can include close workings with a family, home visits and one-to-one support to the pupil</li> </ul> </li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Qualifications vary depending on the type of role undertaken. A “Behaviour Support Teaching Assistant” for example would be expected to have the relevant qualifications to be a teaching assistant, such as a QCF level 3 qualification or equivalent, as well as significant experience (e.g. 3 years) in that profession as a Teaching Assistant or Senior Teaching Assistant</li> </ul>

Source: Expert interviews with various LAs, Local Authority job descriptions including Cumbria County Council

## Education - Specialist worker engaging with vulnerable ethnic groups; >2,950

<b>Client focus</b>	The primary clients are families, particularly parents, from vulnerable ethnic groups. Provision is targeted at Tiers 2 and 3
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Titles and roles vary depending on local needs, and some practitioners are likely to be included within other roles, such as Children's Centre Outreach Workers. Titles can include 'Education Family Support Officer' and 'Inclusion Consultant'</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Specialist workers often work with a particular ethnic group or community depending on local needs. Normally the Senior Management Team (SMT) within a school will recognise that one or more ethnic groups are either underperforming or not engaging effectively with their education and the school. Either a specialist worker may be employed, and/ or an existing professional within the workforce may be assigned the role of addressing this groups inability to engage</li> <li>• The DCSF has also developed strategies and guidance for engaging with particular groups that are displaying a lack of engagement with the education system on a national scale</li> <li>• For example, various publications by the DCSF have been produced regarding the achievements of children from Gypsy, Roma and Traveller communities. Recommendations are provided to help engage these children with their education, such as <ul style="list-style-type: none"> <li>– Providing personalised learning, to include an appreciation and reflection of their learning styles and interests to positively reflect and promote their culture and lifestyle. Potentially provide intervention strategies such as distance learning</li> <li>– Being proactive regarding their mobility patterns, including finding out where, when and for how long the families have travelled or plan to travel, and prepare or respond accordingly</li> <li>– Building up trust and mutual respect with these communities which have often removed themselves from mainstream society. Schools should challenge negative perceptions of Gypsy, Roma and Traveller families, and view these parents as partners and co-educators in the education of their children through effective communication and information gathering and sharing</li> </ul> </li> <li>• Specialist workers are likely to perform a variety of roles and activities dependent on local needs and the particular vulnerable ethnic group (e.g. Turkish, Somali, Roma etc). These activities may include acting as a key worker (often from the same target ethnic community) to contact particular families (in relevant language if necessary), making home visits, engaging parents by providing a communication link between them and their child's school, providing information, advice and practical assistance to families, engaging parents on a SEAL (Social and Emotional Aspects of Learning) programme conducted within the school</li> <li>• The role is likely to involve increasing the schools' knowledge of specific needs of minority ethnic groups, highlighting responsibilities regarding inclusion, consulting and liaising between appropriate community representatives and Children's Services</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Qualifications vary depending on the school's requirements. A QCF Level 2 is likely to be the minimum requirement, but fluency in the language spoken by the relevant ethnic community and/ or experience of working with minority ethnic groups is likely to be essential</li> </ul>

Source: DCSF website 'Inclusion: Ethnicity, social class and gender achievement', 'Moving forward together: Raising Gypsy, Roma and Traveller achievement', 'Ethnic Minority Achievement (EMA) case study 1: Linking family SEAL with the Black Children's Achievement Programme'; Local Authority job descriptions, including Dudley Metropolitan County Council and Warrington Borough Council

## Social Services – Social Worker (field); 50,000

<b>Client focus</b>	The primary client is whomever is accessing direct help from the social worker. If it is the child, the parent and family will necessarily be an indirect client. If it is an adult, the social worker may be helping him/ her in his/ her capacity as a parent. Provision is targeted at Tiers 3 and 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Social Workers can either be placed in Adult Services or Children's Services, depending on their primary client</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Social workers work with people who are experiencing difficulties or crises or have been socially excluded. Social workers aim to help service users live more successfully within their community, and to enable them to help and support themselves. They can act as advisor, advocate, counsellor or listener, assessing the needs of the service user and offering information, advice and support, building relationships with the service user and their families and planning individual packages of care to best support them</li> <li>• Social workers are also expected to take part in team meetings, supervisions, case conferences and case reviews, as well as keeping records and writing reports on their service user. Social workers are required to work closely with other health and social care professionals as well as contacting and making referrals to other agencies and giving evidence at court hearings</li> <li>• Social workers tend to specialise in either adult or children's services. Both lines of service will involve work with parents</li> <li>• Social work in Adult Services involves amongst others work with people with mental health problems or learning disabilities, people in residential care or those leaving hospital who need assistance living independently, offenders requiring supervision or needing support finding employment, people living with HIV/AIDs, people with drug or alcohol dependency, homeless people and the elderly</li> <li>• Social workers working in Children and Young People Services are likely to work in children's homes to help keep families together. They work with children at risk of anti-social behaviour or in trouble with the law, or help children with school difficulties or issues arising from illness in the family. They also manage adoption and foster care processes, and where necessary provide support to children in the care system or leaving care</li> <li>• Social workers working in Children and Young People Services are often responding to requests for assistance from families, children or young people, or responding to referrals from other agencies or members of the community concerned about the welfare of a child</li> <li>• They are primarily employed by LAs, charities and independent organisations, such as those working with specialist teams in adoption, fostering, child protection, disability etc. Social workers may be attached to a particular area or neighbourhood team or work with a specialist team in child protection, adoption, foster care, mental health, youth justice or disability, or may be attached to the NHS, such as through a hospital paediatric service. Social workers are likely to work alongside other professionals to facilitate the work of a particular team, such as working with therapists to help in the recovery of children with a history of abuse, or in the recruitment and preparation of foster carers</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• A qualified social worker must gain a three-year undergraduate degree or two-year postgraduate degree in social work which is approved by the General Social Care Council (GSCC)</li> </ul>

## Social Services – Social Work Assistant (field); 20,000

<b>Client focus</b>	The primary client is whomever is accessing direct help from the social worker, and the social work assistant who is supporting the social worker. Provision is targeted at Tiers 3 and 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Assistant Social Worker, Community Support Worker, Community Care Support Worker, Home Care Officer, Social Services Assistant, Family Support Worker, Contact Worker, Dementia Support Worker</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Social work assistants support social workers in carrying out their duties in whichever setting the social worker is based, such as within the community, in medical establishments, hostels and residential care homes</li> <li>• Social work assistants are required to work under the supervision of a social worker</li> <li>• They are likely to advise clients of other available resources within the community, contacting service users and setting up appointments, building up relationships with service users, their relatives and other colleagues, visiting service users at home in their community settings, following a social worker's care plan, assessing service users needs and organising post-discharge domestic or personal care (e.g. post hospital setting)</li> <li>• They are also expected to maintain and update client records, carry out reviews and write reports, work closely with other health and social care professionals, work within a multidisciplinary team and participate in associated meetings, keeping abreast of changes in legislation</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Experience (paid or voluntary) with people in a caring role is usually considered as more important than qualifications. A full- or part-time college course such as a BTEC National Certificate or Diploma in Health and Social Care can be helpful, but is not essential</li> </ul>

Source: Directgov Careers Advice website 'Social work assistant'; Prospects website 'Social work assistant'

## Health Services – CAMHS Practitioners and Professionals; >8,900 (1 of 2)

<b>Client focus</b>	The primary client is the child or adolescent. However, engaging with parents is also a key factor. Provision is available from universal to Tier 4 of need
<b>Variations in titles and closely related roles</b>	<p>CAMHS workers operate in a variety of services, and each worker will have their own particular role based on their profession<sup>1</sup>:</p> <ul style="list-style-type: none"> <li>• Tier 1 CAMHS workers include health visitors, school nurses, teachers, social workers, youth justice workers, voluntary agencies</li> <li>• Tier 2 workers include primary mental health workers, psychologists, counsellors</li> <li>• Tier 3 workers include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists</li> <li>• Tier 4 workers include psychiatrists working in secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• CAMHS support young people with emotional, behavioural, psychological and mental health problems. A comprehensive child and adolescent mental health service is available in every Local Authority. This means that in any locality, there should be clear guidelines as to how every user's needs are to be met, whether for the provision of advice for minor problems or the arrangements for admitting an adolescent with serious mental illness to hospital</li> <li>• CAMHS staff carry out a range of work in universal services (primarily children's centres, schools and primary care) which can include the involvement of CAMHS in parenting groups and youth service provision. For example CAMHS teams sometimes run the Mellow Parenting Groups</li> <li>• CAMHS practitioners are employed by a range of agencies; which one depends largely on the tiers of need they are working at<sup>1</sup></li> <li>• Many (but not all) CAMHS practitioners work at Tier 1, and are employed directly by the PCT or the LA. CAMHS specialists working at Tier 2 are less likely to work for the PCT (although some of them may do), and are more likely to work for an NHS Trust (or the LAs in the case of educational psychologists). Most practitioners working in more specialised services at Tiers 3 and 4 will usually work for specialist NHS Trusts (e.g. Mental Health Trusts, Acute Trusts or Care Trusts)</li> <li>• The current Public Service Agreement 12 (to improve the health and wellbeing of children and young people) has supported the improvement of CAMHS, particularly through National Indicator 50 (improving the resilience and psychological wellbeing of children and young people), 51 (improving access to and quality of targeted and specialist services) and 58 (improving access to quality services for vulnerable groups)</li> </ul>

Source: 'Children and young people in mind: the final report of the National CAMHS Review'; Solihull Children and Young People's Trust's 'Parent Support Strategy'; DH 'Children and adolescent mental health services', 'National Service Framework for Children Young People and Maternity Services: The Mental Health and Psychological Well-Being of Children and Young People: Standard 9'; DCSF 'Every Child Matters: Child and adolescent mental health services'

Notes: <sup>1</sup>Tier 1 – CAMHS provided by practitioners who are not mental health specialists working in universal services. Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services; Tier 2 - CAMHS specialists working in community and primary care settings in a uni-disciplinary way e.g. counsellors working in schools; Tier 3 – multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders; Tier 4 – essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. (DCSF website 'Every Child Matters: Child and adolescent mental health service')

## Health Services – CAMHS Practitioners and Professionals; >8,900 (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>Varies by Tier. Those working at Tier 1 potentially may not need any formal qualifications (e.g. voluntary agencies) or may have qualifications to perform their primary role (e.g. health visitor, teacher)</li> <li>Those working at Tier 4 need 2/3 years core psychiatric training and then 3/4 years of advanced psychiatric training</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>In 1995, the NHS Health Advisory Service published a thematic review of child and adolescent mental health services (Together We Stand), which proposed a four-tier model for commissioning and delivering comprehensive services. Four years later the Audit Commission took this four-tier approach as its base line and confirmed its applicability to the future planning of mental health services for children</li> <li>The term CAMHS is commonly used to include all services that contribute to the mental health care of children and young people, provided by health, education, social services or other agencies. The term CAMHS can be used in two different ways:             <ol style="list-style-type: none"> <li>A definition including universal services whose primary function is not mental health care, such as GPs and schools. This indicates that supporting children and adolescents with mental health problems is not the responsibility of specialist services alone</li> <li>Specialist child and adolescent mental health services, operating at Tiers 2, 3 and 4 (using CAMHS four-tier strategic framework)<sup>1</sup></li> </ol> </li> <li>Most children and young people with mental health problems are initially seen at Tiers 1 and 2, where CAMHS can be accessed through universal services, such as GP practices, paediatric clinics, schools and youth services. However many practitioners work at Tier 2 and Tier 3 services, where Tier 3 services are delivered through community mental health clinics or child psychiatry outpatient services</li> <li>Where service delivery demands partnerships between agencies (e.g. children and young people with complex, persistent and severe behavioural disorders) joint protocols should be agreed at senior officer level between the NHS, social services and education</li> <li>The National CAMHS Support Service (NCSS) was set up in 2003 to support the regions in the implementation of a comprehensive CAMHS. NCSS is a service improvement work stream commissioned by DH and DCSF and funded through Personal Social Services funding. It is accountable to the joint DH DCSF National Psychological Health and Wellbeing Board. The National CAMHS Support Service is considered to be the delivery arm of both Departments</li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>The DCSF and DH released their business plan for the NCSS in July 2009. The CAMHS core offer is to be delivered through existing regional delivery arrangements in line with regionally agreed priorities. It is anticipated that those priorities will reflect local need, and some PCT and local authority performance will already meet the core CAMHS standard. CAMHS regional development workers are still expected to report on the delivery of the whole plan</li> </ul>

Source: DCSF, DH 'The National CAMHS Support Service (NCSS) – 2009/10 Business Plan'; DCSF 'Every Child Matters: Child and adolescent mental health services'; NHS careers website

Notes: See previous page



## Health Services – Health Visitor; c.11,200

<b>Client focus</b>	The primary client is whomever is accessing direct help from the health visitor. This is usually a parent of a child under five years of age. Provision is available for Tiers 1 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• There are particular qualifications required to hold the title 'Health Visitor' (see 'Qualifications status').</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• A health visitor is a qualified and registered nurse or midwife who has undertaken further (post registration) training in order to be able to work as a member of the primary healthcare team, usually attached to GP practices. Their role is to promote the health and the prevention of illness for all age groups</li> <li>• Health visitors generally work with mothers of young babies. They advise mothers in such areas as feeding, safety, the child's physical and emotional development, the mother's mental health and other aspects of health and childcare</li> <li>• Every family with a child under the age of five has a named health visitor. They are expected to offer support and encouragement to families from a child's birth through to primary school. They usually work alongside midwives to prepare parents for birth through their involvement in pre-birth classes</li> <li>• Health visitors may also run group projects, such as organising and running baby clinics, health promotion groups, parent support groups and parenting courses in addition to the one-to-one support they provide to parents</li> <li>• Health visitors also work with individuals from other age groups (particularly the elderly) who are suffering from a chronic illness or are living with a disability. A health visitor's role here includes helping them to overcome difficulties they may face in dealing and coping with their illness or disability</li> <li>• The main focus of a health visitor's work is prevention, helping individuals to remain healthy and avoid illness. They are also involved in promoting health in the whole community, which has been reflected through the creation of the Family Nurse Partnerships</li> <li>• Following from the 'Facing the Future: A review of the role of health visitors' in 2007, one of the government's responses was to place further emphasis on the role health visitors played in addressing parenting skills. For example, the DH issued a guide for commissioners, providers and practitioners on the Child Health Promotion Programme (CHPP) in 2008 to include new priorities such as obesity prevention, intensive intervention for the most at risk children and families and a greater emphasis on parenting support</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Health visitors must be a qualified nurse or midwife, with ideally at least two years practice, before undergoing a minimum one year full time training course in health visiting at degree level</li> <li>• From 2013 all new nurses will have to be educated to degree level</li> </ul>

Source: NHS Careers website 'Health Visiting'; DH 'Facing the Future: A review of the role of health visitors', 'Government response to Facing the Future'; healthvisitors.com, BBC news (12.11.09)

## Health Services – Health Visiting Assistant; numbers n/a

<b>Client focus</b>	The primary client is whomever is accessing direct help from the health visitor. This is usually a parent of a child under five years of age. Provision is available for Tiers 1 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• There are limited variations in the title of Health Visiting Assistant</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• To provide support to the Health Visiting Team, working under the supervision of a Health Visitor</li> <li>• The responsibilities of a Health Visiting Assistant can include             <ul style="list-style-type: none"> <li>– Providing support and guidance to children and families by addressing specific health care issues as directed by the Health Visitor in an identified care plan. A Health Visiting Assistant would monitor the health needs of a patient in line with the care plan, and would be expected to report back to the Health Visitor on all matters relating to the allocated work</li> <li>– Conducting measurements of height and weight and testing vision and hearing in the home/ clinic environment as appropriate, and report findings to the Health Visitor</li> <li>– Follow up patient non-attendance at clinics and hospital appointments as directed by the Health Visitor, and assist with administration and clerical duties (e.g. arranging clinic appointments, booking interpreters, preparing and setting up for clinical sessions, help maintaining accurate records, completing monitoring and statistical returns as required)</li> <li>– A Health Visiting Assistant could work to build and develop strong networks with relevant VCS and statutory agencies to support the development of accessible services. They can also provide practical support to health promotion initiatives and the delivery of health promotion programmes as directed by the Health Visitor</li> </ul> </li> <li>• A Health Visiting Assistant can also have a more specific role dependent on specific requirements of the service he or she is placed in             <ul style="list-style-type: none"> <li>– For example, in one Sure Start Local Programme, a health visiting assistant regularly visited families where there were concerns regarding domestic abuse under the pretext of weighing the baby in order to maintain contact with the family</li> </ul> </li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Health Visiting Assistants should have a level 3 QCF or equivalent in a relevant profession, e.g. early years, or child care and education. Relevant work experience with children and families is likely to be expected</li> </ul>

## Health Services – Midwife; c.25,700

<b>Client focus</b>	The primary clients are pregnant women. Provision is available for Tiers 1 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• There are particular qualifications required to hold the title 'Midwife' (see 'Qualifications status').</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• A midwife cares for and supports pregnant women, their partners and babies, during pregnancy, labour and the early postnatal period. For women in particular, midwives help prepare them for the delivery of their child</li> <li>• When working with women pre birth, a midwife's role will typically include giving advice on physical wellbeing issues such as healthy eating; explaining options available to pregnant women such as hospital or home delivery, natural childbirth and types of pain relief; running group antenatal and parenting classes; monitoring the health of the mother and baby during pregnancy</li> <li>• When working with women during labour, a midwife's role will include monitoring the baby and how the labour is progressing; referring any medical complications which could affect the mother or the baby's safety to a doctor; administering pain relief or advising how to manage the pain; delivering the baby, which may include carrying out an episiotomy (surgical cut) and inserting stitches after the birth</li> <li>• Post birth a midwife can provide parents with advice on caring for their baby, such as feeding and bathing. Home visits can be made up to one month after the birth</li> <li>• Midwives can be based in hospitals or in the community, working with parents in their homes, local clinics, children's centres and GP surgeries</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• To qualify as a registered midwife, a degree in midwifery must be completed, which takes at least three years to complete. This will lead to registration with the Nursing and Midwifery Council (NMC)</li> </ul>

Source: NHS Careers website, 'Midwifery'; Directgov Careers Advice website 'Midwife'

## Health Services – Early Support Programme Worker; number n/a

<b>Client focus</b>	The primary clients are families with disabled children under five, and anyone who regularly works with them. Provision is available for Tiers 1 to 3
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• An Early Support Programme worker is either an Early Support key worker or a lead professional</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Those who might access Early Support include families with babies leaving hospital with medical and support needs, children in their second or third year of life when the need for extra help only then becomes apparent, children with obvious and multiple significant factors affecting their development and learning, and also those children with less obvious difficulties</li> <li>• All families that have a child displaying complex needs should be assigned a key worker or lead professional who works in partnership with them, and will help coordinate service provision for the family and will act as a clear point of reference for the family</li> <li>• A key worker should act as a single point of contact for parents and carers who are looking for information, and key workers should reduce stress by encouraging everyone who is in contact with a family to work better together as a group. If families are trying to manage many appointments and meetings, a key worker can also help coordinate visits to hospitals and clinics</li> <li>• The Early Support Programme is run by LAs and PCTs. A key worker is likely to be someone who is already working with children, such as a health visitor, social worker or school nurse</li> <li>• Keyworking however should not be a separate, 'add on' service but rather a core component of working in partnership with families and integrated service provision. It should be an extension to the work that practitioners are already conducting with families with children</li> <li>• The DCSF provides 'Early Support materials' to offer shared resources to help those professionals or key workers who work with families with young children with disabilities. The materials are expected to be used by key workers and families together, to provide them with practical help, treatments, therapy and emotional support. It is also designed to help key workers and their families coordinate the service provision for families and their children, and to help them navigate the system</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Key workers come from varied backgrounds and are usually qualified in their primary field of expertise. The key worker is then required to display the skills, competencies and knowledge required to carry out the role regardless of background</li> <li>• A guide to training once key workers are in post has been developed by the DCSF in partnership with Care Co-ordination Network UK (CCNUK), a registered charity focused on supporting care coordination of key workings for disabled children and their families</li> </ul>

Source: Directgov website 'Early Support Programme'; DCSF 'Every Child Matters: Early Support' website; East Sussex County Council website

## Health Services - Drug and Alcohol Action Team Family Worker (DAAT); numbers n/a

<b>Client focus</b>	The primary clients are drug and alcohol users, which can include children, young people and parents. Provision is targeted at Tiers 2 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• Sometimes called Drug and Alcohol Teams. The Home Office refers to 'Drug Action Teams' (DAT) which are the partnerships responsible for the delivery of the Government's drugs strategy at a local level. These usually include alcohol action services. Many DAAT teams will have a family worker.</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Drug and Alcohol Action Teams are multi-agency partnerships responsible for the local implementation of the Government's ten year drug strategy 2008 – 2018: '<i>Drugs: protecting families and communities</i>'</li> <li>• The main policies from the Government's drugs strategy were             <ul style="list-style-type: none"> <li>– To protect communities through robust enforcement to tackle drug supply, drug related crime and anti-social behaviour</li> <li>– To prevent harm to children, young people and families affected by drug misuse</li> <li>– To deliver new approaches to drug treatment and social re-integration</li> <li>– To deliver and support public information campaigns, communications and community engagement</li> </ul> </li> <li>• DAATs in each LA are expected to address the initiatives mapped out in the Government's ten year drugs strategy, one of which is to focus on families where parents misuse drugs. The team is expected to intervene to prevent harm to children, to prioritise parents' access to treatment where children are at risk, to provide intensive parenting guidance and to support family members who may take on caring responsibilities, such as grandparents</li> <li>• The government has also pushed for the mainstream prevention of substance misuse amongst children and adolescents, as well as assigning a number of actions to various departments for improvements to the treatment system for young people</li> <li>• LA DAATs are responsible for providing advice and information around drug and alcohol problems, one-to-one counselling, specialist treatment and complementary therapies, access to detoxification treatment and residential rehabilitation, access to healthcare, needle exchange services, group work and day programmes, and more practical advice around housing, welfare, education, training and employment, and support for parents and carers</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• DAATs are multi-disciplinary, and are often comprised of senior staff across each service involved in the drugs strategy delivery. Qualifications therefore will be dependent on the professional role and service the DAAT worker is providing</li> </ul>

Source: Home Office website, 'Tackling Drugs, Changing Lives: Drugs Strategy', 'Drugs: protecting families and communities' – 2008-2018 strategy', 'Action plan 2008-2011'; DAAT websites for Hampshire County Council, Leicestershire and Rutland, Cambridgeshire County Council and the Royal Borough of Windsor and Maidenhead

## Justice System – Youth Offending Team (YOT) worker; numbers n/a(1 of 2)

<b>Client focus</b>	The primary clients are young offenders, or young people at risk of offending. Provision is targeted at Tiers 2 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• YOT workers who are qualified professionals are likely to consider themselves to be part of a broader professional workforce (e.g. qualified social worker)</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• Youth Offending Team (YOT) workers are expected to conduct a comprehensive assessment of the young offender. This will involve identifying the needs and problems faced by the young offender, the risk they pose to themselves and others, and the likelihood of them offending or reoffending</li> <li>• In the assessment of young offenders, the YOT worker will talk not only to the young offender but their parents, and other services that have worked with them to gather information about them including their criminal history, education, health, family, environment and attitudes</li> <li>• The YOT will then create programmes of activities for the young person to address their needs and problems, with the aim of rehabilitating them into the community, and/ or the YOT may make an assessment called an 'Asset' which is completed for all young offenders that are on their final warning<sup>1</sup> or are due to be sentenced to a custodial or community order</li> <li>• Suitable programmes of activities can involve education, training or employment, drug or alcohol rehabilitation, mental health assessment and treatment, or the provision of accommodation</li> <li>• Actions from the 'Asset' can include making court recommendations on a suitable sentence, identifying the activities that the young person is required to complete as part of their sentence, identify what work needs to be conducted by the parents or carers which can include parenting programmes or parenting contracts or orders, and identifying how to protect the public</li> <li>• YOTs are also increasingly working with those identified as at risk of offending. A YOT worker will make an assessment of the young person, called an 'Onset', which will identify whether the young person would benefit from a prevention programme, one of which may include a parenting intervention programme<sup>2</sup></li> <li>• Every Local Authority has a YOT. All YOT workers are managed by a YOT manager, who is responsible for the coordination of the youth justice services. YOTs include representatives from the police, social services, health, education and housing. This multidisciplinary approach is intended to comprehensively address all the needs of the young offender</li> </ul>

Source: Home Office website, 'Youth Crime'; Youth Justice Board website 'Youth Justice System' (Public and Professional)

Notes: <sup>1</sup>Final Warning – a verbal warning given by a police officer to a young person who admits their guilt for a first or second offence <sup>2</sup>There are 6 types of prevention programmes which are organised by the Youth Justice System

## Justice System – Youth Offending Team (YOT) worker; numbers n/a (2 of 2)

<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• Due to the multi-disciplinary nature of the team, qualifications required vary. Some YOTs may require qualified professionals (e.g. qualified social workers), whereas others may require workers with relevant experience only (e.g. YOT caseworker)</li> </ul>
<b>History of role</b>	<ul style="list-style-type: none"> <li>• In 1998 the Crime and Disorder Act set out to prevent children and young people between 10 and 17 offending. YOTs were introduced in April 2000 as the main vehicle through which that aim could be delivered at a local level</li> <li>• Section 37 of the Crime and Disorder Act sets out the following objectives, which a YOT is expected to deliver at LA level:             <ul style="list-style-type: none"> <li>– Swift administration of justice, so that every child or young person accused of breaking the law has the matter resolved without delay</li> <li>– Punishment proportionate to the seriousness and persistence of offending</li> <li>– To help young offenders develop a sense of personal responsibility, and to confront them with the consequences of their offending</li> <li>– To provide intervention which tackles the particular factors (personal, family, social, educational or health) that put the young person at risk of offending and which strengthens protective factors</li> <li>– To encourage reparation to victims by young offenders</li> <li>– To reinforce the responsibilities of parents</li> </ul> </li> <li>• Section 40 of the Crime and Disorder Act required LAs to put in place an annual youth justice plan in consultation with their strategic partners. Their plans had to cover             <ul style="list-style-type: none"> <li>– How youth justice services were to be delivered and funded in their LA</li> <li>– How the YOTs or the teams established by the YOTs are to be composed and funded, how they are to operate, and what services and functions they should carry out</li> </ul> </li> </ul>
<b>Future of role</b>	<ul style="list-style-type: none"> <li>• On 30 November 2009 the Scaled Approach was implemented alongside the Youth Rehabilitation Order. The Scaled Approach is a major project supporting changes in youth justice practice and legislation, in particular the implementation of a tiered approach to interventions in order to reduce the likelihood of reoffending and risk of serious harm. The new sentencing framework has been incorporated into the revised National Standards for Youth Justice Services</li> </ul>

## Justice System – Youth Inclusion Support Panel (YISP) Worker; >220

<b>Client focus</b>	The primary clients are 8 to 13 year old children (in some areas up to 17 years) who are considered to be at high risk of offending, and/ or their parents or carers. Provision is targeted at Tiers 2 to 4
<b>Variations in titles and closely related roles</b>	<ul style="list-style-type: none"> <li>• A YISP keyworker is a relatively specific role, and few variations in title occur. Representatives that sit on the YISP come from a variety of services and their role and title is defined by the service they come from and what their professional background is</li> </ul>
<b>Key requirements of role</b>	<ul style="list-style-type: none"> <li>• The aim of a YISP is to ensure children and their families are accessing mainstream public services as early as possible, offering early intervention based on assessed risk and need. The ultimate target is to reduce the number of first-time entrants into the criminal justice system</li> <li>• Involvement in a YISP is voluntary. Children and their families must consent to referral and assessment by a panel, and must co-operate with the Integrated Support Plan (ISP) designed for them</li> <li>• For a child to be referred to a YISP their behaviour must be of concern to two or more partner agencies (e.g. education, social work, health, police) and/ or the child's parent or carer. The child should not however be known to the criminal justice system. Following a referral, a YISP keyworker must assess whether the child's problems identified are likely to lead to criminal behaviour. On the basis of this assessment by a YISP keyworker a child will be referred to a panel (YISP)</li> <li>• The YISP should be made up of representatives from various services who are sufficiently senior to commit resources to the child. Due to the specific remit of a YISP, certain agencies (YOTs, the police, social services, health (CAMHS), Children's Fund, and schools/education) should form the core membership of every panel, and additional specialists and agencies are invited to join according to circumstances (youth service, housing, Connexions, and voluntary and community groups)</li> <li>• YISPs are expected to focus on the provision of mainstream services. The panel will not have a substantive role in commissioning or delivering services, but is expected to ensure a holistic service is available. An ISP is designed to set out expectations for the child, the family and the service providers, and the YISP key worker is involved to varying degrees in the service delivery</li> <li>• Following the implementation of an ISP, a YISP keyworker may be involved in direct work with the child, such as through structured activities (e.g. sport), one-to-one support, mentoring, and issues-based sessions/ programmes. The key worker is also likely to be involved in indirect work for the child, such as through facilitating and fast-tracking referrals to other agencies, acting as mediator between parents and schools, and other agencies such as housing authorities and social services. Key workers can also provide parenting support in the form of contracts and programmes, as well as providing signposting to other services</li> <li>• A child and their parent/ carer should be fully involved with each stage of the process. The panel itself will be involved in prioritising cases, considering detailed assessments and designing ISPs, although they are not required to oversee compliance with the ISP</li> </ul>
<b>Qualifications status</b>	<ul style="list-style-type: none"> <li>• YISP keyworkers are not necessarily required to hold any specific qualifications, although experience of working with children and families at risk of offending is necessary. They are likely to have backgrounds in one of the services represented on the YISP</li> </ul>

Source: Youth Justice Board (YJB) website 'Youth Inclusion Support Panel' (public and professional sites), YJB 'Quality Standards for Youth Inclusion and Support Panels'; DCSF 'Youth Inclusion and Support Panels: Preventing Crime and Antisocial Behaviour?'; Job descriptions issued by Havering London Borough, Worcestershire County Council, and Trafford Council