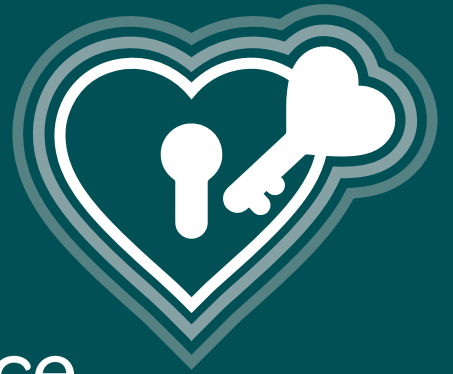
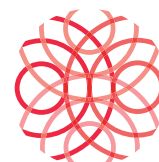


Connections are key

Unlocking the heart of
relationship-based practice



CORRA
FOUNDATION



PDI
Partnership
Drugs Initiative

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Foreword

It is my privilege to be a Trustee of Corra Foundation, and Chair of its Partnership Drugs Initiative (PDI) grant programme. Corra Foundation's vision is for a society in which people create positive change and enjoy fulfilling lives, yet we know that children and young people affected by alcohol and drugs in Scotland face major challenges, in their daily lives, in growing up, and into adulthood.

PDI is a partnership between the Scottish Government and Corra Foundation launched in 2000 as an innovative approach to providing funding and support to third sector organisations working to support children and young people affected by alcohol and drugs. Over its 20 years, through grant making and learning projects, PDI has been guided by expertise; whether that experience is gained by profession or qualification or by life experience.

Our 2016 research project, *Everyone Has a Story*, is an example of how powerful that expertise can be. Aiming to understand what life is like for children and young people affected by their parents' alcohol or drug use, *Everyone Has A Story* showed the importance of listening, of sharing stories and of the relationships that are important to children and young people.

'Connections are Key' is the next part of that story. Over the course of a year, relying on the data and relationships PDI has, we set out to understand more about these relationships; and their role in supporting children, young people and their families.

The findings outlined in this report improve contemporary understandings of what relationship-based practice means when supporting children, young people and families affected by alcohol and drugs. This knowledge can be used to ensure that policy, commissioning and practice is cognisant of the importance

of relationships in providing support and helping bring about positive change and fulfilling lives.

The findings also have implications for workforce development; we heard about the value of inter-professional relationships, and the challenges of sustaining these critical relationships in the face of complex systems and barriers and within a context of limited resources.

Meeting the needs of children, young people and families affected by alcohol and drugs is an important part of the Scottish Government's alcohol and drug strategy, *Rights Respect and Recovery* strategy (2018). We hope that 'Connections are Key' will make a significant contribution to play in advancing the aspirations of this strategy and informing practice across Scotland. The report offers observations on current practice and recommendations for commissioners, funders, practitioners and government to make sure Scotland is the best place in the world to grow up for children affected by alcohol and drugs. Most critically however, this report is entirely shaped by the voices and experiences of children, young people and families and the practitioners who work with them.

Joy Barlow, MBE

Corra Foundation Trustee,
Chair of Partnership Drugs Initiative



Section 1: Context



Background

Corra Foundation exists to make a difference to the lives of people and communities. It works with others to encourage positive change, opportunity, fairness and growth of aspirations which improve quality of life. Corra wants to see a society in which people create positive change and enjoy fulfilling lives.

In 2020 Corra launched a ten-year strategy. It is long term because making a difference on the big challenges will take time. At its heart is the strong belief that when people find their voice, they unlock the power to make change happen.

Corra Foundation is strongly committed to the rights of children and young people and contributes to these through the Partnership Drugs Initiative (PDI) grant programme. Estimates suggest that between 41,000 and 59,000 children and young people are affected by parental drug use, and around 65,000 by parental alcohol use in Scotland. PDI is a partnership between the Scottish Government and Corra Foundation and was launched in 2000 as a direct approach to providing support to third sector organisations working to support children and young people affected by alcohol and drugs. It exists to support third sector organisations working with children, young people and families living with drugs and alcohol through open grant programmes.

PDI has the dual objectives of ensuring sustained, long term funding for third sector organisations that provide support, whilst also using learning to inform policy and practice across Scotland. Since its inception, PDI has supported over 300 third sector projects with funding totalling £28,000,000. When match funding is considered, PDI has facilitated investment in the region of £42,000,000 reaching

projects working directly with children, young people and families living with drugs and alcohol, meaning the partnership has optimised available funding to increase impact.

Alongside its role as funder PDI acts as a conduit for learning, thanks to the close relationships the programme facilitates with funded groups. Learning and evaluation are key elements, both in terms of the learning from evaluation and monitoring reports provided by funded groups, but also via discrete research projects like *Everyone Has a Story* (EHAS). The partnership between the Scottish Government and Corra means PDI is able to share experience and intelligence from funded groups or research projects, which in turn directly influences policy, practice and research across Scotland.

Throughout all the work undertaken under the PDI heading, whether grant making or learning projects, it is guided by expertise; either by profession or life experience. Children and young people with lived experience of drugs and alcohol are involved in reviewing PDI applications, alongside a steering group which is made up of people with extensive professional expertise in leading drugs and alcohol and family services, or in policy or research.

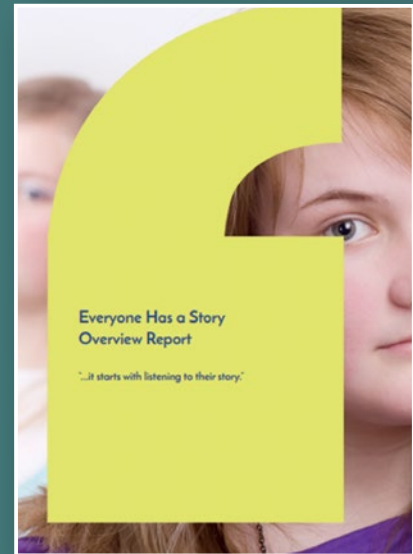
The Research Process

Qualitatively designed research formed the basis of the project, using a mix of scoping reviews, content analysis, interviews and focus groups. Taking place between October 2018 and December 2019, the research included analysis of published evidence and PDI records, and speaking to over 40 practitioners, service managers, young people and families.

Everyone Has a Story

Corra's 2015 action research project *Everyone Has A Story* was born from conversations with PDI funded projects that identified a need to better understand how parental recovery from drugs and alcohol affected children and young people.

The importance of children and young people consistently having a safe space to tell their story was a key component of the *Everyone Has A Story* findings, which suggests that listening to children effectively improves a child's experience of support. Findings from *Everyone Has A Story* also showed that being listened to helped children and young people feel safer, and so more able to form trusting relationships with the support workers in their lives.



Reflections on how listening to children and young people becomes integral to practice and policy was a key recommendation from *Everyone Has A Story*. Recommendations were made for practitioners, policy makers and academics, and these continue to be taken forward, both in national policy like the Scottish Government's drug and alcohol strategy, *Rights Respect and Recovery* (2018), and in practice across Scotland. *Everyone Has A Story* also reinforced Corra Foundation's commitment to listening to children, young people and families, and has been influential in the development of programmes. *Everyone Has A Story* became the springboard for this research project, as Corra Foundation seeks to further understand the concepts and importance of listening, stories and trusting relationships.

This was principally to gain a deeper understanding of the relational elements of care and support, which *Everyone Has A Story* found to be so critical to providing high quality support for children, young people and families.

As a result, this project investigates experiences of practice which could be described as 'relational' in nature, as opposed to clinical or dispassionate. An example of relationship-based practice would be having the same social worker throughout a period of support, or a third sector worker being able to check in with a trusted schoolteacher to see how school is going for someone engaging in support. The research aimed to identify and analyse how: practitioners and people involved in support understand, interpret and experience these relationships; what differences and similarities are present between theory and practice; and how these relationships related to improving the lives or outcomes for people accessing support.

The research also aimed to contribute to improving understanding of what a whole family approach looks like in reality, particularly as this is a key policy priority in *Rights Respect and Recovery*.

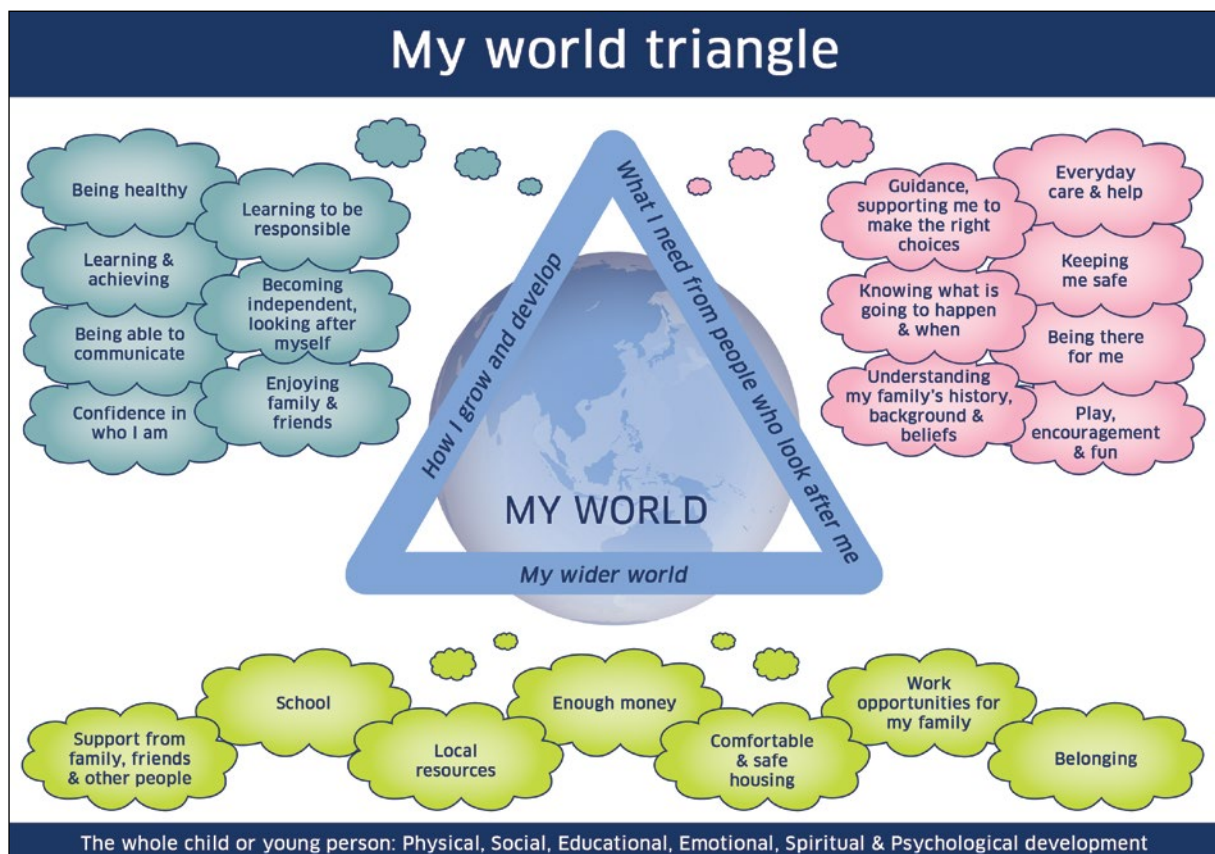
The Policy Landscape

The following five policy initiatives form the context of this review. These are contemporary examples of Scottish approaches advocating that everyone has a responsibility to take care of children and families living with drugs and alcohol. The focus on whole-family approaches, redefining what it means to be a family in modern society, and the movement for respect and person-centred care to be at the heart of each recovery journey is what makes these publications important for this research.

model introduced in Scotland in 2014 that aims to address, respect and work with the uniqueness of every child's experience living with drugs and alcohol. GIRFEC considers all wider influences that contribute to a child's wellbeing, and their research into the experiences of practitioners and young people since 2006 has shown that a coordinated, multidisciplinary approach is essential to maintain all aspects of wellbeing. The areas of 'growth and development', 'the outside world' and 'people around me' shown in the **My World Triangle** are viewed as interdependent in terms of maintaining positive outcomes, which supports the projects ecological and structural definition of relationship-based practice. Similarly, both GIRFEC and this project acknowledge the wider responsibility of individual service workers and groups for ensuring children grow up healthy and happy.

Getting It Right for Every Child (GIRFEC)

Reflecting the United Nations Convention on Rights of the Child, GIRFEC is a child focused



The Quality Principles for Drug and Alcohol Services and the Health and Social Care Standards

Published in 2014, The Quality Principles is a framework designed to improve recovery services across Scotland, built upon the work that the Scottish Government and Drug and Alcohol Partnerships and services have been providing. Out of the eight framework guidelines, family inclusiveness, strength-based assessment and integrative support were promoted as effective pathways to recovery.

Trauma informed work, setting personal recovery goals and evidence informed treatment all centres around listening to the experiences of the person being supported. This is an integral component of the project's standpoint and are considered important at government level.

Included in this principle was the notion that workers should encourage community-based recovery, a point that is incorporated into this project's framework. Those driving this project believe that community and family connections should be promoted in work with drugs and alcohol, and the framework principle supports this notion

25 Calls for Children in Scotland

In 2018 Children in Scotland introduced their 25 Calls, bringing together diverse voices from across the sector to propose how children can experience greater equality and strengthened human rights. From politics to clean air, each call pushes for better support for children in Scotland from across a variety of sectors. For the purpose of this review we were most interested in the Calls that included the rights of children, support for children in care and investment in whole family support.

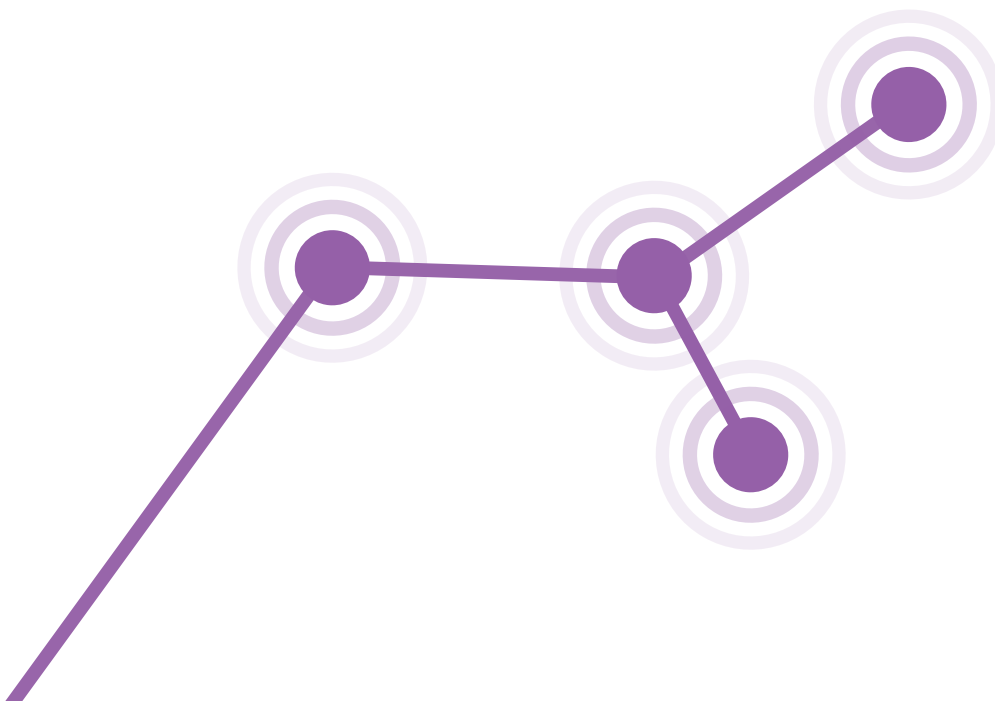
Rights, Respect and Recovery

The Scottish Government drug and alcohol strategy, *Rights, Respect and Recovery* (2018) centres around the aspiration that all people in Scotland have a right to lead healthy and happy lives, that they are respected and that they achieve their recovery. This strategy sets national guidance on preventing drug related deaths, drug and alcohol use and related harm to individuals. It recognises that such events can have drastic effects on children and family members in an individual's life – through social and physical health, wellbeing or financial instability. This supports the GIRFEC model as it commits to listen to the lived experiences of children and families living with drugs and alcohol to deliver appropriate treatments, interventions and solutions.

Experiences of drug and alcohol use in a family is different for each child and young person, and so the impact can be very different for each individual child, even when they are from the same family. Research around Adverse Childhood Experience (ACEs) suggests that being affected by alcohol and drugs as a child can increase the risk of future personal struggles with drugs and alcohol. It is essential to understand the impact of ACEs and the ways in which children can cope or be at risk depending on their personal experience. This subject is addressed in the review, with a focus on assessing resilience and risk, and why it is essential to have a person-centred approach to care. Each family is considered unique with their own experience in this strategy, reflecting the values of this project. The strategy recognises the variation of definitions of 'family' and the value that supportive social circles have to encourage a positive environment.

Independent Care Review

In 2016, an independent root and branch review of the care system in Scotland was announced by the Scottish Government. *The Independent Care Review*, which concluded in Spring 2020, aimed to identify and deliver lasting change in Scotland's care system and leave a legacy that will transform the wellbeing of infants, children and young people. The lived experience and wisdom of people were at the heart of the Care Review; with over 5500 voices of children and young people in care, care leavers, families, paid and unpaid carers underpinning the work. It is their experiences and voices that gave clarity and focus on what matters. Throughout the review, children and young people spoke of the importance of meaningful and loving relationships in their everyday lives, and the need for their rights to be respected. The Care Review published its findings and recommendations in February 2020. The report identified five foundations for change, with over 80 specific changes that must be made to transform how Scotland cares for children and families as well as the unpaid and paid workforce.





Section 2: Groundwork



Scoping Review

The research began with a scoping review, which took place between January and March 2019 and was designed to provide a contextual framework relating to the theories and main components of relationship-based practice. This was used to create a set of theoretical principles relating to relationship-based practice for this research. Following the development of a policy landscape, the review took evidence from policy reports, academic literature and government publications. Starting with a broad focus on child development and attachment, the review covered definitions of relationship-based practice, and effective support methods that centre around the need for loving relationships and healthy, happy families. The review included books, journals, and reviews that detailed the psychology of child development, attachment theory, and trauma informed practice. This contextualised the framework, while policy information, survey results and reports into relationship-based practice for families living with drugs and alcohol were used to support the theoretical principles to take forward in the research.

Using the evidence and data reviewed, relationship-based practice was defined with the following principles:

- That support is not provided in isolation, rather it includes support from other sectors such as health, education or social work, often with a peer support element.
- Relationship-based practice places the child or young person at the centre of the family unit, where a family is involved.
- While relationship-based practice will involve the whole family working collaboratively by building honest and strong relationships, **it is not essential that family members meet together at the same time to engage in support.** Other methods such as each family member having one-to-one meetings can still be considered part of a family approach model – so long as they consider the wellbeing of everyone.
- It is recognised that the term ‘family’ takes on many definitions, but for the purpose of this research, family is defined by the person receiving support, who they deem close to them and with whom they have a relationship.

Using this theoretical background, the next stage of the research sought to find techniques that services use when supporting children and families living with drugs and alcohol in Scotland. The aim was to find evidence of practice which reflected and contributed to the theoretical principles identified in the review. As Bronfenbrenner’s model considers the relational impact of support workers and other third sector members involved in supporting a family, it was of interest to the research to explore how the relationships workers have with each other can have an effect on the family or young person, indirectly.

Bronfenbrenner's Ecological System's Model, 1992

The project used Bronfenbrenner's ecological systems model (1994) to understand relationships because, like the findings in EHAS, Bronfenbrenner theorises that individual development can be fully understood when relationships and interactions within all spheres of society are considered to have influence. Example of such relationships are those within the family, with teachers, peers and the community. Interactions to consider are those that occur daily through wider societal culture and socio-political settings that filter down to a person's decision-making.

This model frames child development as a process influenced by a variety of social factors, each with varying impact dependent on their level of contact and closeness to the child – something seen in the GIRFEC framework. An ecological model takes the child at the centre of the entire system, and considers family, community and society all as contributors to the child's development and wellbeing.

With the family and those supporting them taking a central role, friends, teachers and the community indirectly influence the child, as does the cultural setting in which their development takes place. Throughout these principles, the idea is that strong consistent relationships are key to positive development, which reflects findings from the original *Everyone Has A Story* work.

A critique of this theory is that too much focus is placed on the influence of relationships within the microsphere in research, and that more should be done to explore the importance of cultural, political and time-relevant settings when understanding child development in an ecological context (Christensen, 2016). To address this, the research focuses too on the effects of the cultural settings in place that a child or family will inevitably have an interaction with; such as influence of policy models (like GIRFEC), social stigma and community support.





Archive Review

Throughout its 20 years, PDI has been committed to learning from the projects it funds, and the people those projects support. Our relational approach to grant-making means that PDI staff and funded projects meet at least eleven times throughout the life of the grant, to discuss the project's successes, challenges and impact. This involves face to face meetings, which means the relationship between PDI staff and funded groups is long-term, personal and built on consistency and trust. This relational approach means the PDI team holds a wealth of data, from annual reports and project meeting notes, which formed the basis of the archive review for this project.

The second stage of research to take place was the archive review. The primary aim of this part of the research was to identify elements of relational support that appeared to be used commonly amongst charities working across Scotland to support children, young people and families affected by drugs and alcohol.

In this section, evidence and reflections from the scoping review were taken as the basis of examples of good practice, and then used as a benchmark to interpret data and evidence provided in over 80 annual evaluation reports produced by all PDI's funded charities between 2014-2018. The charities all support children, young people and families affected by drugs and alcohol in Scotland, and reports are sent to PDI to encourage reflection on what has worked and draw on evidence to support future grant making. This timeframe was used as it spans the typical 3-year funding that many organisations receive, giving room for development and reflection.

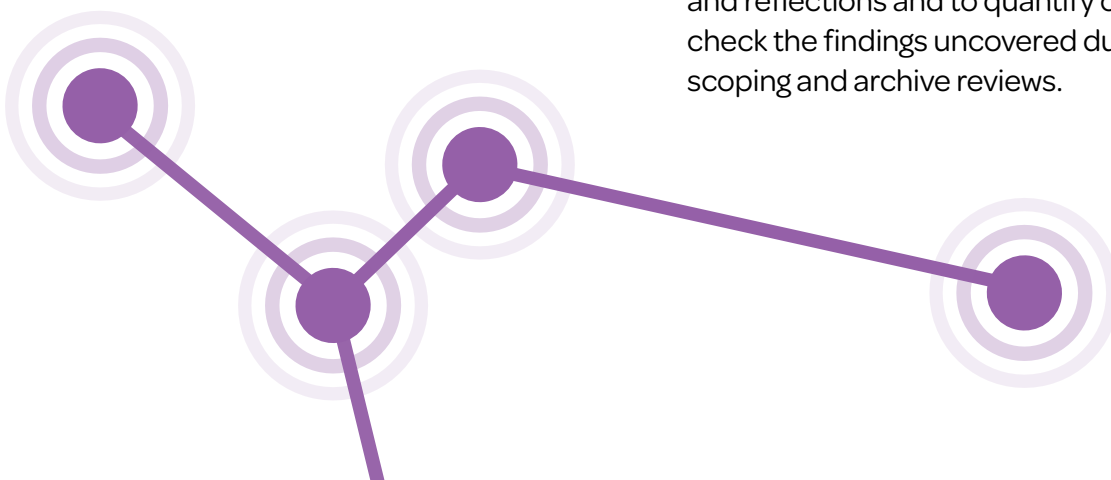
The reports were inputted to qualitative software system NVivo and coded by identifying commonly occurring examples and principles of relationship-based practice that were suggested in the scoping review. Following this, further activities, styles of practice, and frequently occurring reflections were highlighted and grouped to form further elements which were reported as important to practice in the reports analysed.

Following this analysis, these elements and themes were filtered into key points that were frequently mentioned to be important when providing support.

1. The policy framework '*Getting it Right For Every Child*' (**GIRFEC**) was frequently mentioned as a method or tool which shaped practice methods. GIRFEC appeared as a way of identifying areas of children's wellbeing.
2. '**Collaborative Work between Third and Statutory Sector**'. This was frequently described as an important part of providing relationship-based support, and in fact was regularly described as an 'everyday' part of operational delivery in most charities. GIRFEC was described in some as being a "bridge" between third and statutory services. Whilst GIRFEC principles had not necessarily changed ways of working within organisations or interagency collaboration, it had provided a common and accessible language to describe elements of care and support needs for children and young people, which was easily understood across third sector and statutory sector organisations.

3. **'Wellbeing and Protective Factors'** were other commonly reported elements which related to interventions or work that focused on building resilience, self-esteem and general well-being or building confidence. This was evidenced through group work sessions aimed at improving confidence, or support to access healthcare.
4. **'One to One Support'** was a practice method noted in most reports as a successful way to provide support that strengthens relationships for children? and young people. This was interrogated further during the interviews and focus groups to understand the role one to one support plays in supporting a whole family, and to understand why it is practiced with children? and young people more frequently than with adults.
5. **'Practitioner Development and Learning'** was identified as another key point to providing ongoing quality support, and was reportedly achieved through training, away days, information sharing sessions and online courses. This point was frequently reported and so was explored during conversations in the interview stage, to understand the relevance of literature that critically discusses the ability to teach inherent values such as compassion and empathy.
6. **'Whole Family Approaches'** were not found to be practically used as much as expected yet were still mentioned when discussing ways of supporting a family – such as 1-1 sessions with multiple family members. This was an important finding, as the research had intended to enquire into the frequency and principles of whole family approaches at the outset.
7. **'Establishing Peer Connections'** was identified as a way of supporting people, generally including creative or social activities, outdoor excursions, where people can connect with others that have a mutual focus – be that their age, current situation or other. Young person group work is used as peer support and can be a positive experience for young people and can be a way to build confidence and social skills.
8. **'Supporting Engagement with Community'** is an important theme of relationship-based practice. It supports the ecological structure of relationship building discussed in the scoping review and connects a person to the immediate community.

On completion of the analysis of these 80 annual reports, these eight commonly reported themes were used to develop eight questions which were used during 1:1 interviews with practitioners, young people and families. The questions were intended to be a tool to provoke discussion and reflections and to quantify or sense check the findings uncovered during the scoping and archive reviews.





Section 3: Conversations



Interviews and Focus Groups: what happened

Conversations were had with 30 practitioners, service managers, and charity workers, alongside 18 children, young people and parents. Everyone we spoke to were providing and engaging in support with charities across the Central Belt, Orkney, Highlands, Fife and Lothians.

The inclusion criteria for third sector workers was that they worked for a charity that is or has been previously funded by PDI and have experience of working with or providing relationship-based practice. The framework focused on third sector workers as Corra was keen to learn about the experiences of those that had received grants, so that the research could inform future decision-making and funding through PDI. The inclusion criteria didn't allow for conversations with social workers. For the research, relationship-based practice was defined as a method of support used by charities and organisations to build, strengthen and maintain relationships in families, within the community and with other services. It can also be when different services work together with a person to improve their well-being that enhances their ability to build strong relationships.

For children and young people and family participants, the inclusion criteria were that they had been involved with a PDI – funded charitable organisation that has provided support to one or more of the family members. Young people from and over the age of 7 to 17 were considered for participation. If a family member was considered to have a serious mental health issue, they were interviewed with

the presence of a practitioner or additional PDI member to ensure the safety of both the participant and researcher.

For the 7 focus groups, up to 6 members were recruited for each group session and took place across the central belt and Highlands. This number consisted of 5 practitioner focus groups and 2 focus groups with young people and an adult's support group.

The researcher e-mailed PDI-funded charities with an invite for practitioners to take part in the 1-1 interviews and focus groups and included a separate invitation for families. Practitioners then forwarded the practitioner invites to other practitioners, and invitations to families that they thought may be interested. These invites were then given to either a parent or young person over the age of 16. The Children (Scotland) Act states that young people aged over 16 may consent, including where caregivers do not wish to participate in the study.

Both qualitative semi-structured interviews and focus groups took place at the charities support centre in a private room. As the framework was qualitative semi-structured, participants were able to guide the interview and focus groups based on their thoughts on the themes and topics decided. Both the interviews and focus groups for practitioners and families typically lasted between 45 and 90 minutes.

All participants consented to having their conversations recorded for transcription. Transcribed interviews were imported into software system NVivo for coding.

Results Overview

Whole family approaches and the term 'family' were found to be less common in practice than the scoping review and policy landscape initially suggested.

The scoping and archive review suggested that relationship-based practice is particularly useful when supporting children and families living with drugs and alcohol. Addiction can often be perceived as an isolated issue that affects the individual only, however it is shared with those living with the person too. The evidence suggested that bridging the gap between support services for children and support services for adults leads to improvement in family function.

During our conversations with practitioners and children and families however, we found little evidence of this cohesion between child and adult support services, and of agencies working in partnership to deliver a whole family approach to support.

What we did find were excellent examples of relationship-based practice.

The research did not find enough evidence of a relationship between a practitioner and a 'whole' family, as this was not described to be a commonly practiced method of support by PDI funded charities. 'Whole family work' was more often perceived and described as involving multiple practitioners with different family members.

This perspective suggests that an increased focus on maintaining strong relationships in the following relationship pathways is

the first step to providing quality whole family support in the long term, if there are multiple workers from different sectors communicating with a family. Collectively, any person who has responsibility within the pathways (service providers, third sector workers, funders and commissioners) should be focusing on how we build and maintain strong relationships as a key component of policy and practice.

A quote from a parent who had attended services throughout their life illustrates how childhood trauma impacted their ability to form healthy, trusting relationships with professionals and friends, highlighting the need for a focus on improving cross-sector relationships, to in turn improve practice and support.



Something that happened when I was preschool to the start of high school has impacted decisions that I made in my teens and my 20s (and) now I'm in my 40s. And that's like, that was at the bottom of all that. Just being able to break the cycle. Suddenly you're able to see actually, that explains my behaviour, that explains negative patterns... I get the bigger picture now. And that's been missing from my life for so long and has just compounded bad mistake after bad session after bad mistake, it has impacted my relationships... so many negatives have been taken into different relationships, friendships and professional working environments.

PARENT

This is in the main, a systems issue. Some of the practitioners who would be key in implementing a whole family approach remain stuck working in a silo, surrounded by work pressures and with little time to spend on building compassionate, respectful relationships with professionals or families.

People told us that it remains difficult to implement in a system that relies on staff who are overworked, who have little time, or who are not exposed to working in a relational way; with their colleagues or with young people and families.

For this reason, the results have been collated into four components that detail the main relationship pathways that exist throughout a period of support provision. Relationship dynamics that exist between workers and families, communities and between those involved in providing support have been explored and explained, pinpointing what makes these relationships strong, and what can inhibit them.

Being mindful of these relationships is the basis of relationship-based practice. The results will provide reflections and recommendations on how to remain aware of these relationships in support, practice, policy making and service design.

Collectively, we should be focusing on how we build 'relationships' as a key component of policy and practice. This should include;

- A focus on the importance of professional relationships which are based upon offering a person support, the foundation of which is equality and compassion.
- Listening and understanding the experiences of people, their needs, their perspectives and their lives.
- Policy which recognises the importance of relationship-based practice, and what that means for delivery agencies across Scotland.
- Practice which is based on relational approaches rather than any reliance on any particular model or intervention.
- Commissioning and funding which supports consistency, and relational, long term, unconditional support.
- Service design which facilitates collaboration and values the role of each agency.
- Organisations which work in a relational way, with their employees, partners and people they support.
- Formal proceedings and processes which recognise the importance of the third sector worker's skill, and their relationship (and therefore understanding) of the young person or families' needs.
- Consideration of how to develop leadership which is compassionate across all areas of service design, delivery and commissioning.

Component 1:

Relationships Between Workers and People They Support



Professional Friends

Throughout the research interviews, it became clear that the relationships between practitioners and people who access services were of pivotal importance. This was seen throughout the research interviews, shown in descriptions of how positive, nurturing relationships can help people receiving support feel secure and comfortable. When asked to explain what made a specific relationship 'good' or 'successful', participants gave a wide range of answers, including descriptions that appeared to **be an almost unquantifiable quality – an inherent part of people's nature.**



It takes a belief in change. Optimism and hope and belief in families.

PRACTITIONER

As part of the research project, we attempted to interrogate these notions of 'a good relationship' further to gain a deeper understanding of what that means in practice.



If they [workers] are trying but then you're not giving them the same hundred percent then they just kind of give up with you and then that's how you go downhill.

YOUNG PERSON

It works best when they are ready

Discussion around power dynamics came up frequently during the conversations. People who used third sector services understood very clearly that there is no obligation or compulsion for them, or their family, to accept the support or services offered. They commonly explained their attendance as a choice, something they *wanted* to do, something they have power over; in that they choose to attend the service and to work with the third sector worker. In one instance, a person receiving support described the third sector worker as a 'professional friend', clearly articulating a relationship that was based on a form of equality, and which was deeply respectful and valued. For some attending support services, they only felt comfortable attending meetings with other services if their support worker was present – **because they trusted them, felt safe around them and valued their relationship.**



I know that she is the one person that wants to see me get through this and come out of it an awful lot stronger. And she believes that I am capable of putting one foot in front of the other while everybody else seems to question my sanity.

PARENT

This contrasted with how people described experiences of accessing support from statutory services. In this research study, support from statutory services was most frequently described by participants as something that was not felt to be optional, and which was often offered under very specific conditions that often related to deficit-based judgements (behaviour, attendance, compliance etc).

This perception – that services like social work are not something a person chooses, but something that is enforced – suggests that social work services are often experienced as authoritative for those engaging in support. From the conversations we had with families during this research, it seemed that as a result, relationships between social work services and an individual often involve a power imbalance, right from the outset of the relationship. This power imbalance appeared to make people more hesitant to building trusting relationships with social workers.

While the focus of this relationship was limited to third sector support services and the children and families they support, this finding important for influencing future research. Experiences of using relationship-based practice amongst social workers should be a key focus of future research.



I used to get people who came to my house, maybe... once a month, who'd immediately say "stop smoking the weed, stop doing this, you need to clean your house" but it's my house and I'm letting you in.

YOUNG PERSON

Some people engaging in support considered their 1-1 support workers as part of their family, the closeness and affinity a result of the compassion and care that formed their relationship.



Things like, you know, like court cases I've had to go to, I probably wouldn't have gone if [support worker] hadn't of come, you know. I probably wouldn't even... just like, to go to the doctors. I'm terrible. I wouldn't go. Just the support, and the pushing, I probably wouldn't have gotten through it without her.

PARENT

Formality Fails

So aside from free choice, what else helps remove feelings of authority or power imbalances? What makes relationships so important in providing support?

Both workers and those accessing support mentioned that casual clothing, having no visible ID tags and regular face to face conversations with the same person are what make a relationship feel familiar from the outset. Primarily, an informal appearance means that when in public, there is no suggestion that one has authority over the other, improving notions of equality. What's more, there is nothing to identify either person as a practitioner or 'worker' or someone using a service. The casual approach takes away a feeling of formality which can often be associated with social work and other statutory sector workers, such as health workers. It means one-to-ones feel more like a chat than a formal intervention.



It's better, this one to one stuff. Because you get to understand your worker better and they get to understand you better.

YOUNG PERSON

Some workers and people receiving support mentioned that people often become somewhat 'desensitised' when surrounded by constant professionalism; for example, regularly attending meetings or appointments in buildings and/or with staff who appear formal; who look and act as if they have more power than the person who needs support. **When difficult conversations happen in these settings, they do not appear to resonate as strongly with the person as those given within a context of trust and respect. Participants in this research expressed becoming desensitised to messages because concern and negativity are so frequently experienced, advice or messages presented become less meaningful due to the frequency with which they occur.**



High and low weeks, we talk about it.

WOMEN'S GROUP MEMBER



You can't do it for them, you do it with them

PRACTITIONER

In contrast, relationships with workers where an individual feels a level of equality and trust with their worker allows them to be more accepting of the difficult conversations that sometimes must happen. From the interviews in this research, it became clear that having an existing, positive relationship with a worker means that people accessing support are much more accepting of hearing difficult feedback, because the relationship they have means they trust the judgement of their worker and value their opinion. Consequently, they are less likely to be dismissive of the feedback and are more likely to reflect upon or take action to address the issue raised by the worker.



It's not all doom and gloom, you must pull out some of the positives with them – so that we're building safety, and trust and showing solidarity through times of crisis and through stresses.'

PRACTITIONER



It's important to have that line in between a family and a professional. But still have a relationship where they feel supported. It's mutual respect.... Or it's not going to work.

PRACTITIONER

In addition to the importance of informality and equality in relationships between workers and people accessing support, informal settings appeared to be especially important in gaining a deeper understanding of the needs of a person accessing support. People accessing support explained that non-structured appointments or groups make people feel more relaxed, more able to open up and talk. Workers felt that this approach allowed them to gain a deeper, more meaningful insight into the person they support.



Drop-ins mean you hear things you wouldn't usually hear in a formal setting.

PRACTITIONER

'Collaborative' was a term used to describe third sector workers, whereas some people noted that statutory sector work being done with them often felt out of their control and imposed.



Social work is intense. Intense rooms, they tell you what to do but not how to do it.

YOUNG PERSON



Social work never asks you what you want.

YOUNG PERSON

Being present is a gift

When discussing what makes relationships feel meaningful, people in the study often referred to almost intangible ways, using terms that suggested the ability to connect was an inherent skill some people have, something 'you either have or you don't'.

What was noted as clear indication of how people began to feel they could trust their worker, was that the worker was available; emotionally and physically. That they are consistent and present when the person needs them.



All these things that you worry about, all these things you keep really close to you, people often keep it guarded. If you open this box, and then that support doesn't live up to what you feel like you needed.... If it goes back in its box, then it's so hard to take it back out again. I guess I think it's important that we don't let that happen, we owe it to them to try to make sure that doesn't happen.

PRACTITIONER



What's really good is because you're remembered, each individually. So, the doctor here, there's this one doctor that remembers.... like he remembers every kid that he's brought in. I think that's amazing. Yeah. Like he knows everyone. There is like, I mean, if you have a really close like, even if you don't have a good memory, if you can remember some stuff then its better working with them.

YOUNG PERSON



It's the [1-1] sessions that have done the most benefit. Yeah, working out ways that I can maintain a balance... it's been absolutely invaluable. Absolutely invaluable. Yeah. And she is such.... she is such a compassionate person. She'll let me talk for as long as it's beneficial, and we break things down, everything's done in small bite size bits. Never overwhelming. You know if it does get too overwhelming then we step back. She has an incredibly good understanding of how I work.

PARENT

Continuity and consistency were explained as having regular contact with the same worker, which made people receiving support feel that they had someone to rely on, increasing feelings of trust in the worker. Consistency was a significant element in building trusting relationships, and so is essential to developing a practice that is relationship-based. Continuity was important because it negated the need to explain stories and experiences repeatedly.



And the continuity is so important because you need to, you need to build the trust. You know, if somebody leaves and then you have to go through that again, then you'd have to repeat everything you've already told someone else... If you do that every six months or so, you know, at the end, it's so demoralising that you start to say you know what, I can do this on my own. Women who have suffered that [domestic violence] we tend not to be able to talk and we tend to find it really, really, really hard to let people in. And when we do, then we need so much from them. Yeah, we really do. So, when that's then taken away we feel like we don't matter that much, you know, it was just a job [to the worker].

PARENT



With social [workers] because I've had bad ones and good ones, it's a bit hard to trust them because of the bad ones. Also, a lot of people go into work to work with people, but they don't really care for them. Whereas the people here do care, and they make sure your voice is heard. That's what helped with [third sector worker] because she does, she lets people hear me because especially being a young mum, a lot of the times they just push you down, like they don't listen to you properly.'

YOUNG PERSON

This also related to the length of support that was offered. People interviewed as part of this research clearly articulated the importance of sustained, open-ended support, noting that it takes time for people to feel safe enough to trust a worker, and that the intensive 'real' work to address issues relating to trauma or complex family dynamics cannot begin until a trusting relationship has been established. Third sector workers interviewed in this project almost universally felt that people accessing support had to understand there was no cut-off point to the support before they could fully trust the support offered. This suggests there is a practitioner-held view that time-limited support packages are less effective.



So, we don't have like a structure, like you come in for 12 weeks, and then that's it. So, I think that makes it work well.

PRACTITIONER



And I get why lots of services do the two-appointment discharge thing, because they are just inundated. But that's why we have these conversations with young people, how well they're engaged and how well we're doing. So, there's all this communication that happens around trying to get young people engaged in that.'

PRACTITIONER



Family Relationships with Workers in Statutory Services

Too many cooks: It's difficult to navigate the number of professionals

Young people and families can be overwhelmed with the number of workers in their lives, with young people and families often reporting feeling the pressure of navigating multiple appointments with numerous professionals who all have different expectations or demands for the person. Often, families and young people felt overwhelmed by the complex system they were expected to manage – particularly when multiple professionals, appear to have conflicting advice or expectations.



I think with social work, it's hard to fully trust them because like, it's just the name. But it's because they get a bad name... like not all the time. But if I had a big problem, I'll probably go to [third sector worker].

YOUNG PERSON



What's easiest for the agency is to throw lots of workers in but it might not be what's best for the family.

PRACTITIONER

The power imbalance that people in this research project described between a social worker and a young person or family suggests there is can be a reluctance to disclose information to social workers that may portray them negatively. This fear stems from being separated or penalised.



Yeah, I think for us, young people are more likely to open up and be a bit relaxed because they know that we are not social work.

PRACTITIONER

Discussions surrounding the way that inherited judgement from parents regarding views of social work are passed down to children and young people was apparent during these conversations.

Participants in the study explained that family members or young people who don't have a good relationship with those working with them means that important knowledge or information can slip through the cracks, because of a lack of trust in the professionals that surround them. As a result, important information can be hidden, and consequently, safety can be compromised. It shows how essential it is to have trusting relationships in all connections between a family and worker, to ensure that they are supported fully so that they feel safe to be honest and truthful with the workers in their lives.



You have to have an understanding of what's going on in that family. And again, to get that understanding you usually spend time with the mum, it's usually the mum.... She's got to be in a position that she trusts you.

PRACTITIONER

Aside from issues relating to power, one of the reasons that people accessing support do not fully trust social workers relates to the significant pressures social work departments face. It is widely accepted that social workers tend to have very high caseloads, and so often decisions about thresholds mean they intervene in families' or people's lives only at points of crisis, when immediate or more serious action is required. The fact that people working in social work roles only have the work capacity to show up at the crisis point, rather than being present and with time to build relationships, can create a feeling that social work involvement is most frequently experienced as a negative.

Reflections

Perceptions of third sector workers were often described differently from those of statutory sector workers, and links to the notions of power dynamics that were discussed throughout this research. Social workers inevitably have more power than those they support, given the legal powers they have and must use at times. This means that effective collaboration with colleagues working in the third sector is immensely important. Third sector workers often have a deeper, more meaningful relationships, which in turn means that their knowledge and understanding of the person could be of significant benefit to making the right decisions and providing the right support for a person.

During this research, we heard from third sector workers that there are untapped opportunities to share rich and insightful understandings of children and families they support. Workers noted that they felt more information could be shared by becoming more frequently involved in regular meetings, statutory sectors requesting advice on professional judgement, and being present to offer reflections to inform child protection proceedings. To do this more would allow a better understanding of the needs of a person, and the context of their lives.

Another key finding was that restrictions on support – for example in time-limited support programmes, frequency of appointments – were seen to be important factors when attending and engaging with support. People accessing support clearly stated that it takes time for them to feel safe, and to trust a service, which means short term support programmes are unlikely to facilitate adequate time for someone to feel safe, and to build trusting therapeutic relationships with third sector workers.



At that point even having a shower was an incredibly traumatic thing for me because of the flashbacks that I had. And [worker] didn't let me give up. We started with the practical things. [The child] needed a new mattress, and a new bed and [worker] was able to help me, so we were actually able to go shopping together and get new mattresses and transform his bedroom space where it was his space. Yeah. And, you know, at that point we had just moved away from my abusive ex-husband. And [child] didn't have his own space. And yeah, between that and [worker], I was able to get back up on my feet again.

PARENT



I think [charity] as a whole understand that you can't just pigeonhole somebody to a specific time slot. So that as that element of flexibility. She doesn't look her watch, there's none of that. I have her complete undivided attention. But they are heavily underfunded, heavily understaffed because they are heavily underfunded. And knowing that, you know, they make the time.... there's been times she's finished at the office and it's been after six o'clock before she's got home because she's come to swing by me because I've been having a complete meltdown and everything's just gone to absolute crap, and you know she's just never once mentioned anything about the fact of the lateness or the time... it's just if she can be there then she is. Nothing is ever too much trouble.'

PARENT

Component 2:

Relationships within Communities



Near or far, if it's good we will come

During the archive review segment of this research project, the importance of linking people to a community which would support their wellbeing or recovery was reported to be a common part of delivery in programmes funded via PDI. This community re-engagement and/or support appeared in different forms; it could be help with new skills to get back to work, a walking group or a family daytrip to an attraction or the seaside. Often, the intention is that this type of support would result in people being reconnected with the community in which they live, and the services that were based there.

We were interested to find out what people understood by notions of 'community', and the role relationships have in developing or sustaining these communities.



Near or far, if it's good we will come.

GROUP MEMBER

People create communities around them based on who they connect with. This means that a community can be women who attend the same support group or young people who have similar family dynamics.

The most important finding in this section relates to the notion of what a 'community' is. From the research, we learned that

the communities people have strongest relationships in are often communities of shared connection or experience, rather than geographical communities.

This means that a community that is most valued can be the group of women who attend the same group each week, rather than the neighborhood they live in. Often, the supported people only interacted with each other during the groupwork sessions – they did not meet up out with the groups, even if they went to the same schools or lived in the same small towns; the relationships were confined to their relationship with the service.

The feelings of finding a shared experience with someone was incredibly important; and often was exceptionally powerful in supporting people to understand their own experiences or situation.



The biggest thing that came out [from a group session for children living in kinship care] was [a child] ran over to his Grandmother [who he lives with] and said, 'Gran, do you know they [the other children] live with their grans too?' And it was just huge... he just recognised – you know, "I'm not the only person" [who lives in kinship care]. Yeah. And that was a big moment for him.

PRACTITIONER

The way that space was described by people in the research may explain this. Having spaces to congregate safely with their chosen 'community' was described as having immense importance to how engaged people felt with the support offered. The reason that people choose to meet only in the specific place, i.e. the third sector building, appeared to be because it was a recognised 'safe' place to attend or connect with, and so because people were more comfortable containing their relationships, or indeed the relationship to the issues they were receiving help for, to that particular group.



I think one of the big things I've noticed is the friendships that have developed in the families. They, the young people, might not be the same age, but they [all young carers] have got this bond with the other carers, you know they are going on holiday together.

PRACTITIONER

The compartmentalisation of aspects of people's lives, i.e. the support received by a young person affected by a parent's alcohol use, was not a failure to connect with their communities, rather a way of managing very complex emotions and experiences in a safe and moderated way. It also reflected a preference for keeping particular elements of life to a particular day, with no perceived need for it to encroach into other elements of life. For example, one day a week to check in with peers and a third sector worker at a support group, was often enough. While there will always be a need for place-based support and building communities, for many living with drugs and alcohol 'community' building means a community of interest, rather than location, is essential to first build confidence to get out in wider circles.



It gets you out the house, helps you meet people, gets me volunteering

GROUP MEMBER

The routine and knowing that that group happened once a week was often explained as all that was wanted or needed, and that people could get on with the rest of their lives for the rest of the week. Having access to a regular social support network even just once a week contributes to notions of stability, increases motivation for continuous development, and gives a steady stream of access to social situations in which to build relationships. This supports the literature previously mentioned in the scoping and archive review which discusses how attending support services improves access to and development of a 'social capital'.



I like to have a wee group on a Friday, it gives me a good start to the weekend and doesn't make the days feel so long in between support.

GROUP MEMBER

In terms of building these 'communities of connection', sharing new experiences and experiencing an equality of vulnerability in doing something no one has done before, were said to help build these connections between people. Experiences such as this are often found in group work, such as outdoor skills workshops and team building. Individuals in a group, or family members, are able to share in learning a new skill or trying something together simultaneously and have a shared experience to talk about. These shared experiences are what builds connections, and then relationships.

Practitioners told us that trips and experiences are incredibly useful in building relationships, but only when they are part of a larger programme of support. Trips, the kind that involve taking an individual away for a period, can be counterproductive long-term. While the skills and experiences shared there build confidence and are enjoyed at the time, practitioners felt that they have little long term impact once people get home; because all the aspects of the trip are experienced as an individual, rather than as a family, or a 'connected community'. Those we spoke to recognised universally that there are great parts about the trips, principally meeting people and making connections. Trips that included peers or family members were felt to be very useful in improving family dynamics, as they built shared experiences, and something to talk about after the trip ended. Reflecting on the trip and what it meant for individuals, what they learned, and what it meant for their relationships with family, peers or friends was felt by practitioners to be key, and the thing that made the trip worthwhile in the longer term.



That's kind of why I left outdoor [group work]. Because you were raising their self-esteem almost negatively... you're making them feel really good about themselves, but you weren't giving them the skills to then go and deal with what was going on at home.

PRACTITIONER

It appears it is not the activity itself that builds the opportunity for positive development, it's the connections made with others during the trip that are most useful; and when it's within the context of longer term support, that sense of community, connections or family lasts, long after they get home.

We found that there was a distinction between rural and urban areas in supporting people to become connected to community supports. Participants from rural areas said it can be hard for people in need of support to become involved in community projects or activities in rural areas with smaller populations, as it is harder to keep anything private, and so people worry about their friends and neighbours finding out about their drug or alcohol issue.



Some of the young people that we support have a criminal record and so I think trying to get them back into the community to the volunteer work or work or anything kind of can be difficult because their face is all over Facebook or the paper and that creates a barrier.

PRACTITIONER



There has been an awful lot of things that I've thought you know I really liked. But I've always found a really good excuse for not being able to go. Yeah, it's one of those things... if you can find an excuse, and there's this part of you that doesn't want to go then you won't go. People might judge me.

PARENT

When speaking to people and practitioners who worked and were supported in urban areas, this fear of people knowing your business did not appear to prevent people engaging in community projects or support groups. In urban areas, stigma was still a large part of why people are still fearful and hesitant of accessing support projects, but explained this stigma as experienced in a collective sense (towards people who live with drugs and alcohol in general), rather than personal (stigma associated directly

to a someone's personal experiences of living with drugs and alcohol) that appeared more common in people living in more rural areas.



The other big one is stigma. Yeah, the stigma that comes along. For the young person, their parents' lifestyle. People will often say to them, 'aw your mum's a junkie'. So young people distance themselves from certain situations. Going into a club or something, and I think sometimes the clubs themselves have a lack of understanding of like, what might be going on with people. It's partly society which is the barrier itself.

PRACTITIONER



It's hard to feel part of a community when there's no community. The alcoholics and drug users have the biggest communities.

YOUNG PERSON

Reflections

It was clear from the research that creating relationships in a community isn't limited to a geographical location. For some people their community is who they connect with most – a community of interest.

It is important to see the individual, beyond the issue they are receiving support for, and to understand that people have lives out

with a service. People may prefer to leave that element or identity of themselves (i.e. the child with a parent who has an alcohol issue, the mother who has had children removed), squarely in the safety of the support service, which should not be viewed as a negative. Humans have different identities in different settings, and compartmentalising relationships is a perfectly normal part of human interaction – and an effect of stigma.

It is also clear that people who receive support are often content with a degree of compartmentalisation of their lives, appearing to be happier to contain that particular part of their life (support as a parent with an addiction, or support as a teen in kinship care for example) or identity into that particular space or time. Part of this compartmentalising may have been as a result of the shame that is so often felt by people affected by drugs or alcohol, and so there is a preference to share that part of their identity in this safe, trusted space. What is vitally important therefore, is creating opportunities for 'communities of connection' to meet, share and build peer-based relationships, rather than focusing only on getting people connected to the geographical community in which they live.

Making connections with others in similar situations appears to be what is most beneficial to people accessing support. The connections and relationships described were rarely what would be identified as therapeutic relationships – rather relationships based on consistency, routine, equality and presence.

Component 3:

Relationships within a Family



Negotiate Compassionate Connections

For the purpose of this research family is defined by the person receiving support, who they deem close to them and with whom they have a relationship.

This person-guided definition of ‘family’ was strengthened in the conversations we had during this research project. From the outset of the project, it became apparent that ideas of “family” was often negotiated through compassionate connections, rather than purely biological or proximity (living together, for example). This reflected our definition of family outlined in the scoping review.

In order to understand what works to improve relationships within a family – that is the ecology of close relationships that surround a person, with whatever genetic relationship or affinity it is comprised of, we asked about how the needs of each family member were acknowledged and addressed, and what people receiving support would want from a whole family approach.

During the research, workers and people they support described experiences of whole family support that they felt had been useful or successful. Workers described whole family approaches more

as reliant on workers being mindful of the important relationships that exist within a young person or adult’s family; rather than, for example, simply a family coming together for a group support session.

Families felt supported when each family member received support on an individual basis, meaning each person received support for their own development which contributed to improvement of the family dynamic as a whole.

One of the reasons for this is because each member of the family **could feel supported in their own right**, whilst being confident that their parent or child was also receiving support for their unique issues or concerns.

Young people expressed a feeling that engaging with support felt that they had a connection with someone out with their family that **‘has their back’**, someone who is ‘theirs’ to confide in without worrying or relying on their parent.

Those supporting them reported that they felt like 1-1 sessions worked well for families as they knew their thoughts were in a safe, protected environment with open space to reflect without judgement or retaliation from other family members.

However, practitioners noted that support for each member of the family within one organisation was rare, which meant that work felt disjointed. Workers described feelings of being 'confined' because their role was only to work with one particular member of the family, the child or the parent for example, or because the organisation was limited in its resource (for example, due to commissioning arrangements or conditions of grants). Workers felt they were limited in the extent to which they could facilitate open and honest communication between family members.



You work with young people, but at the end of the day, you know, what can you.... what kind of family environment are they going back to? That can get workers frustrated? Because you put in all this hard work but then you see them go home, and this is this kind of stuff that's going on for them. And there's normally nobody there doing that whole family work. And we've known that for a long time, that it needs to happen. And I think whole family work is about meeting the needs of individual, every individual within that family, and how do we do that?

PRACTITIONER



So, it's not just about, "I'm here to give you support" it's about how do we encourage you to work together as a family and not need me, ya know? Not need folk that are paid to be in your life?

PRACTITIONER



What helps that positive relationships between family members, and how can they be maintained? I think that everybody feels heard. And, you know, I say we're looking at families, you know, we're looking at systems theory or wherever, you know, we're looking at ecosystems that you know, have their own lives, you know, you never know what it's like to be in that family, they only can tell us and they've all got a different story to share. So, as long as everybody feels listened to and then understands what the impact their behaviour is having on another and maybe and take steps to change them, because they want to have hope and belief for that unit, then I think the all these parts are integral to being maintained.

PRACTITIONER

An example of 1-1 work being done with multiple family members was reflected on by a parent who had received support alongside their child.



you know, they were doing sports, they were doing activities and through that, he was talking to her. I have no idea [what was said] between the two of them, but I'm comfortable with that. Because I know that [child] had somebody that was able to work with them. I had somebody that was able to work with me, because what an adult needs is completely different from what a child needs, you know.

PARENT

An element that must be present throughout all relationships involved is **trust**. Trust that the rights and respect of the family are at the centre of the support, and trust that their thoughts and feelings are listened to and kept safe.

Putting your own oxygen mask on first

During this research, we heard that one important element is providing support for whole families is giving each parent the opportunity to have time to themselves – for example, in regularly scheduled sessions or in the family home while their child is in support. This individual time to talk about issues or challenges for that parent is an individual and related to ideas that people need time to themselves to charge their own batteries, to check-in with their own wellbeing so that they are more able to care for others.



Honestly, childcare [is important]. You know, just an hour now and again. Because when you get in a rut, you realise you haven't had an hour to yourself in a long time, that's the only thing in my life that is lacking. Even just an hour, to get tidied or something you know.

PARENT

Being given time and space to focus on personal wellbeing, healing and the needs as an individual (rather than their role as 'parent') often leads to better relationship building, and maintenance being extended to those around them.



[1-1 support] has completely transformed my whole life and I am the mother to my son that I was not able to be to my [older] daughter, the way that I have parented has such a huge contrast and a lot of that is forgiving myself for not being as competent a mum to my daughter as ideally I would have liked to have been, but I didn't know how to.

PARENT

So, what else works with this type of support?

People within a family have unique needs as individuals, and in their role as a member of a family, which exist simultaneously. This means that the support each person receives must be considerate of their unique-to-the-individual needs, alongside the needs of they have as a member of the family, and the needs of the family unit as a whole.

For whole family support to be effective, individual needs must be addressed as the first step, before any work that focusses on working with the family as a unit. While the support for each individual should at the least be cognisant of the needs of the whole family, the pathways of support for each family member may only converge after a period focussed on the needs of the individual. This means people have time to focus on their own unique issues, without having to focus on the problems or concerns of the family as a whole.



So many women when they're in crisis, they've got children with them and we don't talk about things when children are present in the room and they have nobody else to look after their children. Or sometimes they're just having a bad day, and having someone to look after the children for an hour so they can sit down for an hour and have a cup of tea makes so much difference.

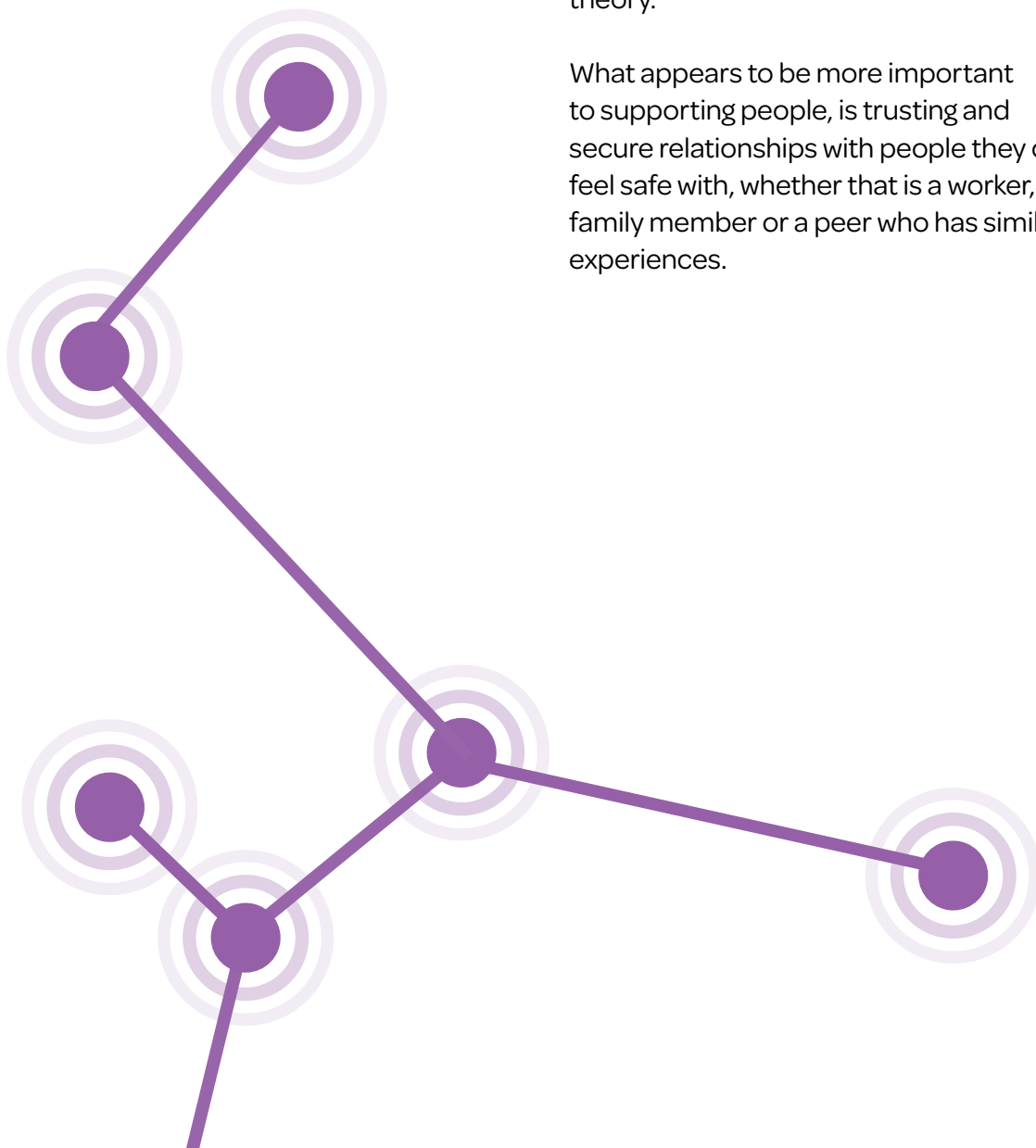
PRACTITIONER

Reflections

Opportunities for whole family sessions may become beneficial once each family has had enough time to feel safe, and enough support to begin to understand their individual situation or issues. When each family member is comfortable and secure enough to start speaking in sessions together, as a unit it, it may then be appropriate to bring the family together to begin work around issues that face the family as a whole.

The type of whole family support we found in the scoping review was not regularly reported in practice throughout the conversations we had, despite what we heard about whole family support in theory.

What appears to be more important to supporting people, is trusting and secure relationships with people they can feel safe with, whether that is a worker, family member or a peer who has similar experiences.



Component 4:

Third Sector Collaborative Relationships



Connections are Key

Throughout the research, it became clear that the importance of relationship-based practice extended beyond relationships within families, or between supported people and their workers. Relationships between workers, and between agencies, were of critical importance to offering optimum support for people. We heard how collaborative relationships between workers in statutory and third sector agencies meant staff were more able to share important information or to have frank discussions.

What makes a good working relationship?

Third sector workers that we spoke to said that ‘the little things’ are what makes a big impact when building relationships with other workers. Small, more personal approaches, like popping in for cups of tea or picking up the phone rather than sending an e-mail are important as it gives those working together time to get to know each other and build a relationship. While practitioners involved in this research recognised that this often required a little extra effort (in the context of busy work schedules), it was clear that the effort was worth it in terms of creating relationships that improved practice for supported people.



And I don't think anybody can work in isolation, like those days are gone. And I think we can all learn huge points from each other, for the benefit of the families.

PRACTITIONER



I don't think there's a particular strategy about relationships. But communication between professionals is probably key to that. So, developing a strong relationship with the professional so it's not a faceless organisation.

PRACTITIONER

Third sector workers described the approaches they took to build relationships with colleagues working in other sectors; being clear and up front, encouraging reflection between colleagues, listening and remembering to praise, generally ‘supporting your fellow workers’.



So yeah, when you have that relationship with the other partners, round a bout, I think, you provide a fairer and better whole family support.

PRACTITIONER

Consistency

In every focus group that we spoke to, when asked about what enables good working across sectors, consistency was a key element. When asked what this means, workers said that consistency means communication and regular updates, a parity in staff training and the requisite skills to provide quality of support provision, and sufficient staff numbers to allow staff to do their jobs well.



When they [workers] do good communication it's easier than you trying to remember what you have said to everyone... they can just tell each other.

YOUNG PERSON

Third sector workers had a clear empathy and concern for the extreme workload and high caseloads that statutory workers are often assigned, noting that building consistent relationships can be difficult when workers are constantly challenged by their workload. This overload of cases was considered as a reason for there being a lack in consistency of long-term staff working in social work – an issue noted by both third sector workers and those being supported. One staff member noted a family who were assigned three social workers in three months, a result of staffing shortages, short term contracts and/or a reliance on agency workers.



Being flexible is key, and actually, for that to work really well, people need lower caseloads.'

PRACTITIONER

So, what works in improving relationships between third sector and with statutory services?

Know your roles

Throughout the research, it became clear that there is a lack of understanding, or in some cases, conflict, about what third and statutory sector workers are expected to do within their roles and to what degree their roles are complementary.



I think as a non-statutory service, you get... I wouldn't say pushed aside, but maybe don't carry the same sort of respect in terms of the support we provide for the young person, as opposed to social work or something.

PRACTITIONER

Not fully understanding the roles and responsibilities of colleagues who are involved in a family's life can lead to feelings of confusion, or duplication of roles and resource where it may not be necessary. A lack of clarity in roles leads to frustration, and sometimes feelings of hostility amongst professionals. It can lead to workers feeling underappreciated by colleagues.

Practically, this confusion often leads to multiple professionals working with the one child or family at once, something those interviewed said left them completely overwhelmed by the (often conflicting or confusing) advice, expectations or messages that is given by multiple professionals in their lives.



Create formal partnerships. Co-production with social work would be amazing.

PRACTITIONER

When asked what more useful collaboration would look like, third sector workers reported

that practitioners would see each other as allies, that they would take each other's opinions and recommendations more seriously, and respect professionalism. Because relationships are hard to build in the current way of working, third sector workers in this research reported feeling sidelined in formal proceedings. They felt that they were not always invited to panels or meetings, meaning that opportunities are missed for them to share the wealth of information they have about a child or family, which could contribute to making better, more informed decisions for the family.



'For third sector, we sometimes don't have a loud enough voice'.

PRACTITIONER

It was suggested that there should be more physical integration of social work in third sector working environments; from small changes to practice such as popping by for meetings to formal reconfiguring of spaces to allow coworking or colocation of teams so that they physically in the same spaces more frequently.



Relationships with social work and education need to be built with consistency, openness and trust.

PRACTITIONER

Third sector participants expressed that in order to make consistent and meaningful connections with other statutory workers, they want to feel like they could take advice from social work and the vice-versa, believing that a closer relationship would foster an environment of respecting each other's professionalism or opinions, or even just having a better understanding of the position of person's point of view.

The importance of practitioners understanding each other's roles was consistently reported as important to developing relationships.

Workplace Culture

Culture eats strategy for breakfast

Throughout the project, third sector workers routinely spoke about how workforce culture directly effects relationships between colleagues and agencies.

Some of this culture relates to commissioning and employment practices. Social work and statutory workers are generally perceived to have permanent contracts, and higher wages and pensions than third sector workers, but to the third sector workers in this research, appeared more frequently to suffer from burnout, or periods of sickness than third sector staff did.

In the third sector workplace, third sector workers reported their contracts were frequently reliant on time-limited grant funding or commissioning, and that third sector workers generally received lower pay than statutory services. **However, it's in the third sector that we saw evidence of longer retention rates of staff, and significant levels of job satisfaction. Most third sector workers appeared to enjoy their jobs, and so were happy to stay despite less secure contracts.**



It's not just a job.

PRACTITIONER

During our conversations we asked third sector workers what they thought makes people stay in third sector roles, and why job satisfaction and retention appeared to be better than for people working in statutory agencies. Most felt that the emotional burnout and high turnover of staff in these sectors seemed to stem from the high caseloads social workers are tasked with, and a culture that is not compassionate and based in fear of consequences – alongside a number of other stressful factors.

This led us to ask reflective questions on workplace culture in the third sector, to find out why people choose to stay. The common theme from these conversations found that third sector workers, in the main, felt that their workplace was compassionate and nurturing, that they were supported well and appreciated. These feelings appeared to be the main reason for many workers staying in their roles for longer periods of time.

So, what makes their workplace environment and those within it nurturing and compassionate?



'It's about empowering and helping them achieve the best they can achieve. Yeah, not what we think is the best they can achieve but what they think is the best they can achieve. And, as an organisation, we are facilitating that. It's all about ethos. Culture eats strategy for breakfast.

SERVICE MANAGER

Change happens at the speed of trust

Practitioners in the study expressed a belief that there are inherent values that a person needs (empathy, trust, compassion, honesty and care were some of the main values discussed). Practitioners believed that these are values that most people who choose to work in support services possess, but they can be honed and developed by a workplace with confidence, patience and tolerance. All these intrinsic values can help staff flourish and build an environment that allows workers to do what they are there to do – build strong relationships with others and to support them wholeheartedly, maintaining positivity and compassion, without burning out.



I think you're either good at engaging with people or you're not. Yeah, you know, and it's hard to teach that. So obviously, I can look for somebody that's going to be a good on an engagement level. And drugs knowledge can be taught, you know, I mean, you can you that, you can read a book about that, I can't teach you how to engage with young people though, that's something that you need to know.

PRACTITIONER

Participants in this study also recognised that there will always be something new to learn, and the often expressed a belief that the way to learn is from those who work besides each other through support, advice and discussing practice, rather than any formal training or qualifications.

Key to a nurturing workplace culture that we heard from practitioners were:

- Being valued by your organisation, being trusted to do your job and fully enabled to do so.
- Constant reflection on practice and/or leadership styles.
- Compassionate management style.
- Knowing there is no quick fix and knowing support for families is open ended; this changes and reframes ideologies and expectations

Another key reason for nurturing and leading a compassionate workplace is that it clearly filtered down into the support for the young people and families. Where organisations are led with compassion, we heard how practitioners felt more

equipped to do their best job, and to replicate that compassion in the service they provide. Further, when we saw evidence of compassion in the workforce, we heard how supported people experienced a more compassionate, relational service.

The end result – good quality service – happened in part by inspiring positive relationships and exhibiting good relational skills in every part of the service, starting with those in leadership positions.



**It takes a belief in change.
Optimism and hope and belief in families.**

PRACTITIONER

This finding is of particular interest and importance when we consider recruitment and workforce development. Qualities like compassion and optimism are not easily measured in competency-based interviews or CV. The ability to recruit the ‘right’ candidates based on their inherent qualities is difficult to quantify but is of critical importance to building a workforce that can lead and work in a relational way.

Getting It Right for Every Child (GIRFEC)

Throughout this research, GIRFEC was well understood and accepted in practice. Following on from the archive review, the research sought to understand if there were strategies used in practice that specifically help children and families living with drugs and alcohol.

Practitioners said that GIRFEC was a valuable tool when communicating with other third and statutory sector workers, and that there was no strategy per se that works best for children and families living with drugs and alcohol, as there are often complex traumas and life experiences which require active listening to tailor unique support. GIRFEC addresses this idea well by offering principles rather than set methods, and the evidence found through conversations reinforces much of the evidence found in the scoping review which suggests a strive for addressing and respecting the uniqueness of every family.



Outcomes are a difficult one. Because speaking to young people, you don't want to get pieces of paper out and say "how are you feeling about safety on a 1-10 scale?" It's through the conversation you have with them, you can kind of get a handle on where they're at.

PRACTITIONER

Following on from this finding, another aim from the scoping review was to assess ways that the GIRFEC model is used to promote building strong relationships both in and out of the immediate family circle. While many practitioners said that the policy framework hadn't necessarily created new values or ways of working by, it was praised for improving communication and contact across sectors by developing a ‘common language’ with which different agencies and organisations could use and understand.



I definitely think it guides professionals; we can have our own spin on it. It kind of gives professionals a starting place. And you know, “this is what we think of social work. This is who we would like to get done.” So yeah, I think it’s good. It feels professional as well. And it allows us as a third sector to say, “yeah, we know what you’re doing, statutory sector, that’s what we’re putting on the table.” We can meet halfway and you’re able to get in that collaborative sense. And it’s the same language we’re speaking.

PRACTITIONER

GIRFEC allowed agencies to name and identify the variety of support being given to a young person and their family, and for colleagues across sectors to understand why that support was needed. Clarity of communication and finding a common language to understand each other are essential to forming and strengthening relationships.



it’s just like second nature. I don’t really know how else to answer. You just kind of do what you do. And keep them safe. You want to be following these principles.

PRACTITIONER

What the GIRFEC framework has done is help to evidence needs of the child in different sectors in a way that allows information to be listened to and heard regardless of working background or experience in support. It has eased collaboration and centred the child and their positive development as the most important factor when providing support. While practitioners understood the term GIRFEC and its use, the families and children we spoke to did not, in the main, recognise it.



I think it’s just it’s part and parcel of what we do. GIRFEC is integrated into our work plans, communication with others, both in house and in [the locality].

PRACTITIONER

Reflections

From discussions in this research, relationships between the workers, regardless of the agency they work for, are as important as relationships between family members. Building relationships and trust between all the agencies and professionals involved in a young person or family’s lives has clear benefits to understanding the roles, remits of each worker, and builds an appreciation of their specialisms and practice.

Relationships within an organisation which are based on compassion and leadership which is trusting, nurturing and supportive appear to result in committed workers, who stick with organisations, weather short term contracts, without burn out or compassion fatigue.

The importance of understanding roles that each practitioner has is of critical importance and building relationships can help workers maintain respect and value towards colleagues from other agencies.

Positive relationships between agencies and practitioners mean that, because third sector workers often have a stronger relationship and connection with supported people, the quality of support offered to people and their families becomes more robust, especially when good relationships mean third sector staff are valued, and become integral to meetings and panels that involve the family or individuals.



Section 4: Going Forward



Reflections

Over the course of the research, key ways of working were identified that were consistently noted to be important when providing support.

Effective collaboration between colleagues in the third sector and statutory sector was felt to improve the knowledge and understanding we have of the person engaging in support, which can be of significant benefit when it comes providing the right support.

Building relationships and trust between all the agencies and professionals involved in a young person or family's lives has clear benefits to understanding the roles and remits of each worker, and builds an appreciation of their specialisms, skills and practice.

Relationships within an organisation which are based on compassion and leadership and are trusting, nurturing and supportive were found to result in more compassionate, secure and committed workers. This appeared to support staff retention, even when organisations and workers had to mitigate or survive short-term contracts.

The impact of short-term contracts or support packages had less favourable outcomes for people accessing support. Short-term support programmes were felt to be less likely to increase feelings of safety and trust – those things shown to be critical to building a good, trusting relationship – and as a result were unlikely to meet the needs of people who access support.

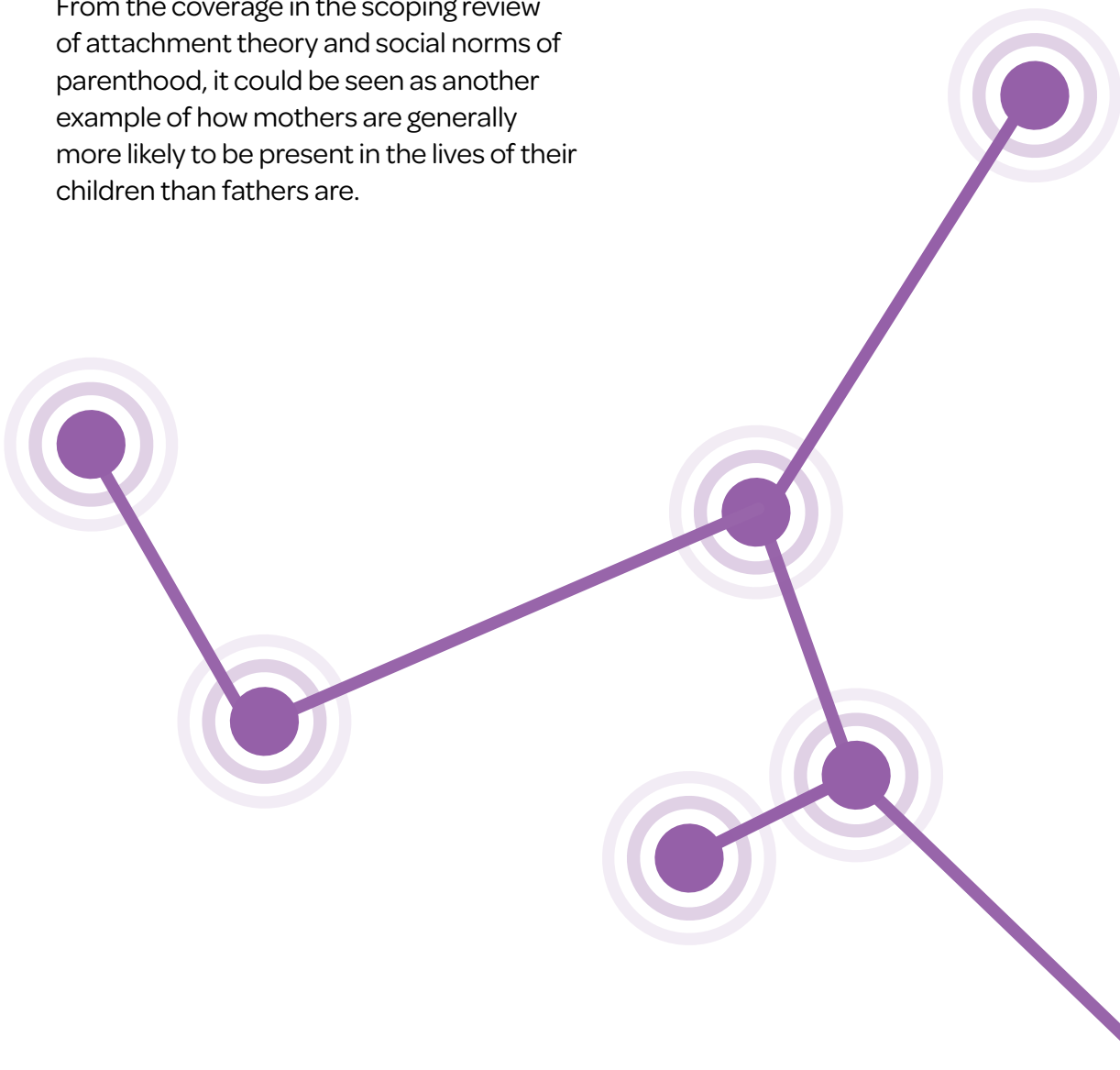
One of the key aspects of community is the connections between individuals, and the research reflects that we should be building communities of interest, not only connections that relate to the geographical location of a service or where the person lives. People told us that they benefitted from having connections that were specific to the issue they needed support with, because it allowed them to feel connected with others who shared similar experiences. Humans have different identities in different settings, and compartmentalising relationships is a perfectly normal part of human interaction.

For all Woman Kindness

The research did not include criteria throughout recruitment that specified whether we wanted men or women for conversations. During the research, it became clear that it was most often mothers who were accessing the support service with their children or families; in fact, we only spoke to one father during this research. Whilst we did not purposively sample fathers to compensate for this, that women were the vast majority of participants in a research project when the recruitment request stated only 'families' was interesting.

More research must be done to uncover the reasons why women were most present in support services which were generally branded as 'family' support services. From the coverage in the scoping review of attachment theory and social norms of parenthood, it could be seen as another example of how mothers are generally more likely to be present in the lives of their children than fathers are.

It is important to acknowledge then, that throughout this research, the quotes reflect the experiences of women who are mothers, or women who are caregivers (foster mothers, for example). Reflecting on this, it is imperative that we are constantly aware of the unique issues that surround mothering and womanhood as we seek to enquire further into whole family approaches and relationships-based practice. We must accept that women and mothers appear to have the majority of caring roles within a family, and those specific needs must be considered for when designing or providing 'family' or 'parent' services.



Recommendations

Commissioning & Funding

Funders and commissioners need to recognise and respect the time it takes to build meaningful relationships, and account for this in the grants, tenders and commissions they manage. They must accept that arbitrary timescales on the length of support offered to families are unhelpful, and in fact are incongruent with building trusted relationships.

As service providers, commissioners and funders, we must also reflect on how success is measured, and move to understanding that the quality and longevity of relationships, and other less tangible or easy-to-measure outcomes will give a more rounded reflection of the impact of support than a reliance only on numerical data or perceptions of 'value for money' could do.

Commissioners and funders must be more considerate of relational, long term approaches to support.

Commissioning agencies must accept that relational work is critical to meaningfully supporting people, and that relational work takes time.

Agencies that have duties of care to support people affected by alcohol and drugs must consider that important relationships are not always confined to genetic or family relationships. Children often have close connections and bonds with other adults who have a positive and

nurturing role in their lives, and where possible, these relationships should be acknowledged and maintained.

Agencies must also understand that the relationships their staff have with each other are critical to the quality of support provided to people who they serve.

- Tenders and commissions must recognise the importance of allocating sustained, secure funding to third sector agencies to allow them the organisational security to deliver relational programmes well.
- Third sector agencies are critical to delivering relational support, and must be valued accordingly, both in their financing, but also in the role they play as trusted partner to statutory agencies.
- That tenders and commissions offer opportunity for third sector and statutory sectors to become more closely aligned, and have greater clarity in their roles and remits. The opportunity to collaborate, share resources and skills should be an inherent element of commissioning services. Partnership working, with clear roles and responsibilities, is of paramount importance to supporting children, young people and families.
- Commissioners should consider resources beyond financing that can support the delivery of relational services, like co-location of third sector and statutory workers, and forming multi-agency community hubs and drop-ins.

Workforce

Having the right people working in an organisation is critical to providing relational work. Staff who are compassionate and nurturing, with themselves, their colleagues and the people they support, are what appears to create the optimum conditions in which to deliver a support service. This is true for both third sector agencies and statutory services.

Recruitment

Qualifications and experience are of course important elements of recruiting the right staff for a job. However, the qualities that we found make a 'great' worker are not measurable only by what is listed on a CV or application form.

- Organisations must devise recruitment strategies which reflect assessment of the quality of a person's potential for compassion, empathy and commitment, alongside traditional recruitment measurements like competency-based interviews and qualifications required for the job. This could be achieved by interviews that involve creative approaches to gaining an insight into the person's interpersonal skills, or references requests that ask explicitly for comment on skills which are not measured by qualifications or training.
- Recruitment panels should include people who have experience of using the service or receiving support. Their assessment of the applicant should be a critical part of recruitment strategies.
- Knowledge about specific issues, for example – drugs and alcohol can be

taught. Compassion is an inherent part of a person's qualities – and so must be present for them to be a 'great' worker. Recruitment based on 'learned' skills or qualification without recognising a candidate's humanity and compassion risks missing out on the humanitarian skills required to deliver a relational service.

Culture

- Compassion blossoms throughout an organisation when it is led by nurturing, supportive leaders. Leaders have the power to make compassion and care the foundation of the organisation they manage; they should regularly reflect on how they lead with compassion and by example.
- Relationships between staff, whether intra or inter agency, must be nurtured. This can be through formal or informal process, like during team-meetings or shadowing – or by simple measures that create a working environment is welcoming and supportive, like informal gatherings or breaks.
- Staff members should be supported to bring the best version of themselves to work. They have responsibility to reflect on their practice, its strengths and weaknesses and should be supported with supervision which includes reflection on workplace practice and environments, alongside the needs of the people supported.
- Reflective practice is critical to providing high quality relational support and could contribute to developing workplace culture and relationships which are compassionate.

- Third sector and statutory sector agencies have a significant amount of learning opportunities, and the impact of these could be maximised if they were shared between agencies. The potential to learn from each other could facilitate improvements to practice, skills development and the professional relationships workers have with each other.

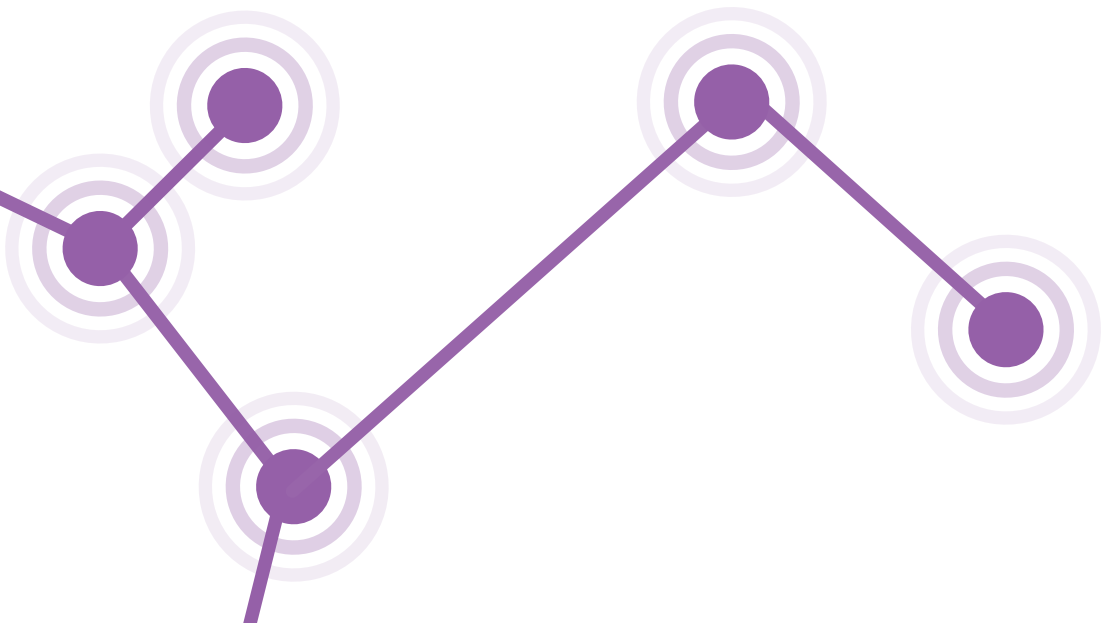
Sustaining Important Relationships

During this research, we heard how important it is for each member of the family to be supported and for their own unique needs and roles.

Opportunities for whole family sessions may only become beneficial once each family member is feels comfortable speaking in sessions together.

Each family member will have different needs, priorities, experiences and aspirations. It is critical that each person in a family is seen as an individual – in their own right – and that support services offer tailored, individualised support.

- From our research, we know that 1-1 support is crucial to implementing effective relationship-based practice, as it helps to build trusting relationships with the workers who can help.
- Support for people as individuals, and their unique needs, is crucial before any moves towards implementing whole family interventions. It is imperative that the individual needs, perspectives and experiences of people is understood before services attempt to navigate the often-complex needs and relationships within a family.
- Good quality support for parents is protective for children and young people. During this research, there was universal agreement that a child is best supported when the parent is also receiving good quality support. Currently, service design generally means support to multiple family members is being provided by multiple, often disjointed, services. If we seek to support the whole family, we must reconsider the system that surrounds children, young people and families – and how well each element of the system work together to most benefit of the people it aims to support.



Policy and Research

The Scottish Government's alcohol and drug strategy, *Rights, Respect and Recovery* (2018) shows a desire to take a rights-based, person centred approach to supporting people affected by alcohol and drugs. Relational approaches are complementary to this aspiration and should be a key feature of the action plan that will outline the progress and focus of the implementation of *Rights Respect and Recovery*.

GIRFEC

In this research, we heard how GIRFEC has supported agencies to have a common language, which promotes a shared understanding the needs of the child. Consideration should be given to the potential of using the principles of GIRFEC – which clearly places the child and their needs at the centre – and if it could be usefully expanded as tool to look at the needs of the whole family alongside the needs of the child.

Further research

More research is required to fully understand the role of relationships-based practice and its role in supporting whole family approaches, particularly in the context of families affected by alcohol and drugs. We must consider issues around gender, trauma, poverty, policy cohesion, service design and workforce development when we seek to further understand the potential for whole family approaches, and the context in which they are delivered.

Service Design

We must also reflect on our reliance on models of delivery. Throughout our research, we did not hear practitioners or the people who used the services, talking about models of care, or programmes to which they attribute positive outcomes. Rather, we heard about how it is personal, trusting, connections that helped people to get well, or to stay safe. This leads us to believe that practice which is based on relational approaches is what is fundamental to supporting people, and not reliance on any one model or intervention.

During this research, we set out to interview families who had experience of third sector support services. Whilst the research did not include criteria in recruitment that specified the gender of parents we wanted to have conversations with, during the research, it became clear that it was most frequently mothers who were accessing the support service with their children or families, which means this research is, in the main, based on experiences of women (mothers) who access support services. In fact, we only spoke to one father during the research.

It is imperative that we are constantly responding to the issues that surround mothering and woman when we design services. We must accept that women continue to have the majority of caring roles within a family, and so the specific and unique needs of women must be of critical importance when designing, commissioning or providing 'family' or 'parent' services.

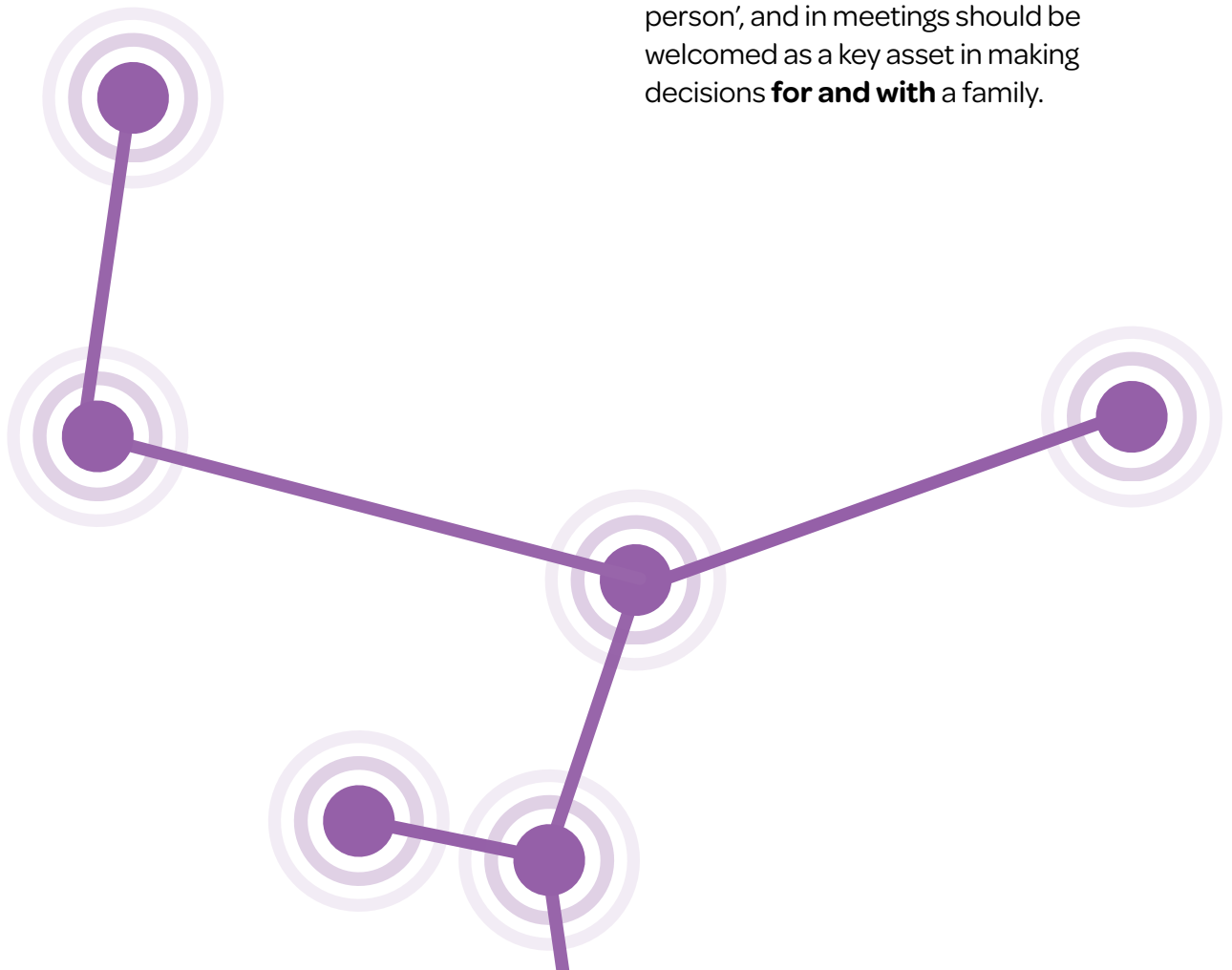
People who use services should be involved in their design

There is a welcome move to coproduction in the drug and alcohol sector, and this should continue to be strengthened, at both organisational and governmental level. Children, young people and adults who are experts by experience should be included in every aspect of service design, in a meaningful and inclusive way.

Services which support or surround an individual or family must improve their information sharing processes.

Currently, the design of services generally means support to multiple family members is being provided by multiple, often disjointed, services. If we seek to support the whole family, we must reconsider how we design services, and how we challenge the continued siloed working.

- Third Sector organisations can offer valuable insight into the lives of the individuals and families they support. Collaboration and co-working of families by statutory and third sector services must become normalised to implement a truly whole family approach.
- Everyone involved in supporting an individual or family should be invited to participate in formal meetings or panels. Third sector organisations must be asked to share their understanding of a person/family's circumstances on a more regular formalised basis. This research heard that individuals and families may have a more open and honest relationship with third sector workers, which means third sector workers are often well placed to comment or advise on the individual or family's situation.
- Third sector workers should therefore be respected and valued as a 'trusted person', and in meetings should be welcomed as a key asset in making decisions **for and with** a family.



Reflective Tool for Practitioners

These questions aim to act as prompts for a reflective practice approach. It is designed to be used by both individuals, or for supervision or team based reflective practice sessions. It could also be a tool to consider what is important in commissioning.

- 1 How compassionate is your organisation? Both for the people you serve, and the people you work with?
- 2 What assumptions are you carrying about the child or family you are supporting, and for the other professionals working with the family?
- 3 How are you feeling about supporting this child or family today, and how might that impact on the support you provide?
- 4 How do you recognise the power dynamic in the relationships that exist in your working life, and how do you work around them?
- 5 How do you meaningfully include the voices of children, young people and families you work in your day to day practice?
- 6 Who in the family do you have a relationship with, and what then are the limitations on your understanding the needs of the whole family? Is there anything that you cannot or are not addressing in your role?
- 7 How do you navigate the system as a worker to make sure your relationships with professionals you work (both within your organisation, and without) are compassionate and collaborative? What might you need to do differently to improve your collaborative practice?
- 8 Does the team of professionals that surrounds this child or family work in a relational way?
- 9 Are there changes you need to make, or changes that could be put in to place to improve your practice?



Section 5: With Thanks



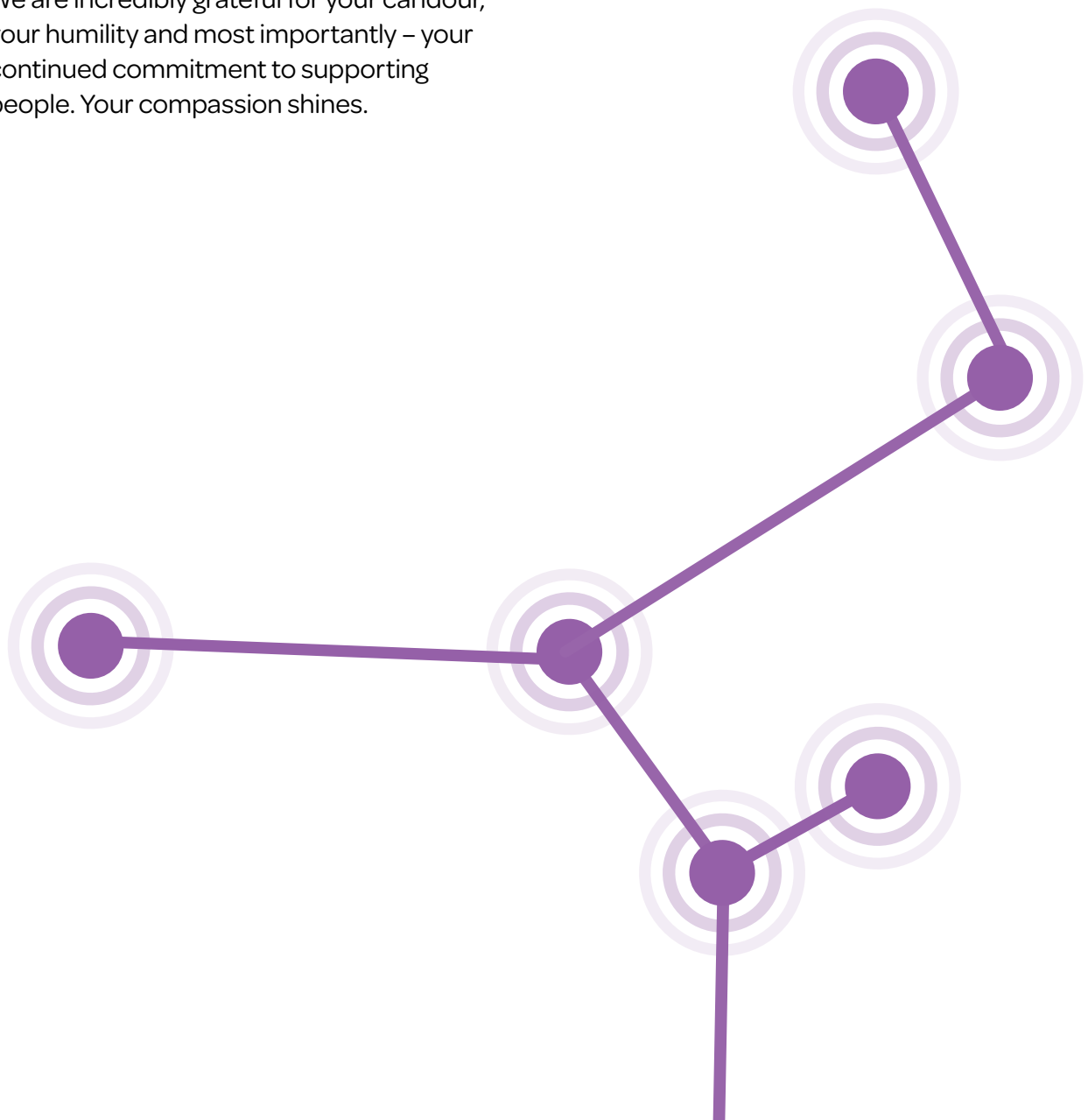
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Thanks to the service managers, practitioners and workers who assisted us by sharing your views and experiences from working at the frontline of service delivery. We are incredibly grateful for your candour, your humility and most importantly – your continued commitment to supporting people. Your compassion shines.

And to the children, young people and families who took part in the interviews and focus groups across the research period; thank you for spending time with us, for talking to us with such honesty and openness. You trusted us with your stories, and we take that responsibility seriously. We hope that you feel the report reflects what you told us, and we promise that we'll learn from everything we heard.



References

Bronfenbrenner, U., 1992. *Ecological systems theory*. Jessica Kingsley Publishers.

Christensen, J., 2016. A critical reflection of Bronfenbrenner's development ecology model. *Problems of Education in the 21st Century*, 69.

Corra Foundation, 2016. *Everyone Has A Story*. Available at: <https://www.corra.scot/grant-programmes/partnership-drugs-initiative/everyone-has-a-story-overview-report-2/>

Scottish Government, 2018. *Getting it Right for Every Child*. Available at: <https://www.gov.scot/policies/girfec/>

Scottish Government, 2018. *Rights, Respect and Recovery. Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths*. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/publication/2018/11/rights-respect-recovery/documents/00543437-pdf/00543437-pdf/govscot%3Adocument>

Children In Scotland, 2018. *25 Calls For Children in Scotland*. Available at: <https://childreninscotland.org.uk/main-25-calls/>

Carereview.scot. 2018. *The Intentions – Independent Care Review*. [online] Available at: <https://www.carereview.scot/intentions/>

Scottish Government, 2014. *The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services*. Available at: <https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/>

For a full list of references for the Scoping Review, please visit www.corra.scot/connectionsarekey

Notes

A series of horizontal dotted lines for taking notes.



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