

# Archive Review

Connections are key

Unlocking the heart of  
relationship-based practice



# Summary

This paper is a content analysis of PDI-funded charities' annual reviews which aims to distinguish practical elements of support that strengthen relationships for children and families living with alcohol and drugs. These results informed us of the current frequency of relationship-based practice, and their strengths and weaknesses in practice in PDI-funded charities. They offer a preliminary insight into the provision of support in third sector support work. This information was the foundation of directing the structure for the 1-1 interviews taking place as part of this research.

Prior to this archive review, a scoping review took place which provided theoretical knowledge on relationship-based practice and suggested that quality support provision requires full third sector collaboration with all individuals considered as family members to the child. This review identified if current practice in Scotland which appears to be delivered in a way that would be termed 'relationship-based practice' supports the findings from the scoping review.

Analysis of the archives found eight key themes that were common in reporting. The themes that appeared the most – Adherence to GIRFEC (2013) Support Model, Resilience and Capital, Third Sector Collaborative Work and One to One Support – were topics frequently mentioned in policy landscapes and other government publications. The less mentioned themes – Staff Awareness Training, Whole Family Support, Establishing Peer Connections and Social & Community Impact Support – were more present in literature and less regulated documents.

This suggests that policy has a large impact on the way charities prioritise work. These themes were then discussed in conversations we had with practitioners and families at the next steps, to understand what they mean to people providing the support and receiving it.

## Introduction

This archive review analysed the ways that PDI funded charities provide relationship-based practice for children and families living with drugs and alcohol. The aim was to reveal if there are elements or methods that are reported to work well to build and sustain strong relationships and structural or cultural barriers which interfere with provision. This was done by performing a content analysis of the data reported in the reviews supplied by PDI funded charities on their annual progress and development.

The methodology of the data collection and analysis is detailed first, followed by a display of the results from the research. The results are then be discussed using the themes uncovered, to evidence whether PDI funded charities are providing support in ways that reflect the recommendations from the scoping review. The review then explores the elements of care that are currently being provided that are suggested to strengthen relationships for children and families affected by alcohol and drugs.

# Methods

Using a content analysis approach and software programmer NVIVO, 86 annual reports supplied by 26 Scottish charities working with children, families and young people were qualitatively coded using a set of preliminary themes established from the scoping review. These were:

- Third Sector Collaborative Work
- One to One Support
- Social & Community Impact Support
- Staff Awareness Training
- Whole Family Support

Every review analysed had been published between 2014-18. The original purpose of each report was for the PDI funded charity to report on the annual progress of the project being funded, detailing the number of people reached and supported. Some reports were end of grant reviews, and were reviewing a multi-year project, others were annual reports detailing progress over a twelve-month period. Types of support provided, location of the project and often feedback from those supported were all included.

This time scale was chosen as charities can receive up to five years of funding, allowing the analysis to track the full-term development of the charities methods for providing relationship-based support.

After each report was downloaded to NVIVO, each were labelled or 'coded' with their charity, area and project name so that any preliminary elements and themes or 'nodes' would be linked to the annual progress of the specific project itself. From here, a word frequency query was conducted on all 86 files to collate the

most frequently used words into a tree map. This confirmed that the documents reflected the family and support-oriented nature of the research.

Following these steps, each report was read firstly without making any notes, then adding notes on the second reading. Sentences and phrases that represented elements or practice that supported the recommendations made from the external review were given a node name, such as 'collaboration' or 'reflexivity' to show where the recommendations are being met.

If a note or phrase showed an element of support that strengthened relationships, it was coded to a new node describing the support, such as 'calling to check in' or 'engaging the community'. Contrasting nodes were also made if review notes suggested a lack of or gap in support being provided. Case studies were ruled out as being insufficient data due to their subjectivity and were not included in the analysis.

After all the reports had been coded, there was enough information for analysis. The results were collated thematically, on a hierarchy table and as a network sociogram. These are displayed in the results section.

# Results

The results are displayed using the themes that appeared most throughout the collection and analysis of PDI – funded charity annual reports.

Each theme will be covered through three sections in this review paper, delivered to be used best for different sector purposes. The findings section provides a statistical overview and generalised presentation of each theme, alongside quotes and rural / urban comparisons from the data.

This section will use a report – style approach to identify what we gathered from the results. It outlines the context of the research, using findings from the scope review to reflect on what the presence of the themes means for policy makers, academics, practitioners, children, families and the PDI. Considering the aims of this project set out using the policy landscape and scoping review, this section considers how the emergence of the themes relate to relationship-based practice, ecological systems models and the next steps of the research.

The final section offers results-based recommendations on what to take away from the presence of the theme in discussion. Going forwards to speaking with practitioners and families later in the project, the recommendations detail what should be further explored, what do we as researchers need to address from the results and what information can be used to deliver effective conversations in the next section.

## Results Overview

Some of the themes that were decided upon based on the scoping review were less likely to appear in the reports, as the original aim of the reports was to review their originally set outcomes. Therefore, if the theme was not present as an outcome, there is less of a likelihood a charity would report it in the review. This should be considered as a variable out with the control of the research.

# Themes

Once coding had been completed, 8 themes were distinguished that appeared consistently throughout the reports.

1. Adherence to GIRFEC Support Model
2. Resilience and Capital
3. Third Sector Collaborative Work
4. One to One Support
5. Staff Awareness Training
6. Whole Family Support
7. Establishing Peer Connections
8. and Social & Community Impact Support.

Preliminary results showed third-sector collaboration was the main practised component of relationship-based support rather than whole-family member work.

Resilience was a frequently discussed topic throughout the reports and was linked to increasing social skills, feelings of personal worth and abilities to navigate complex family situations

The GIRFEC principles founded prior to the reports publishing are being frequently mentioned, addressed and followed by the charities.

# Adherence to GIRFEC Principles

## Findings

*Getting It Right For Every Child* (GIRFEC) is a child focused model published in Scotland in 2013 that aims to address, respect and work with the uniqueness of every child's experience of growing up. The GIRFEC model considers all wider influences that contribute to a child's wellbeing and is supported by research into the experiences of practitioners and young people since 2004 that shows a coordinated, multidisciplinary approach is essential to maintain all aspects of wellbeing. The model is considerate of Adverse Child Experiences (ACE's), the ecological systems standpoint and a strength-based approach.

## Analysis

*Getting It Right for Every Child* featured in the projects policy landscape as the principles reflect the nature of relationship-based practice that the research hopes to encourage. The fact this model was the most frequently occurring theme in all reports analysed shows that the model has influenced much of the support services funded by the PDI since its publication in 2014. This suggests that policy has direct influence on support provision and has inspired positive results.

Key questions that form the basis of the GIRFEC Model are:

- What is getting in the way of this child or young person's well-being?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person? What additional help, if any, may be needed from others?

Using these questions, the model identifies risks, vulnerabilities and protective factors that can inform an assessment of a child's surroundings and safety, creating evidence and experience-based interventions.

The wellbeing SHANARRI indicators present in the GIRFEC model are: Safe, Happy, Active, Nurtured, Achieving, Respected, Responsible and Included. These principles were also frequently noted throughout the reports.

When discussing how these ideals were implemented through support, the reports suggested that the model was used as a framework on which to measure the effectiveness of support, rather than using it to create a universal model. This is because the GIRFEC model recognises unique experiences, which may require

support tailored to their needs. This has positive effects on wellbeing because it allows different organisations to tailor support while remaining aware of what works for children and families.

The wellbeing SHANARRI indicators support relationship building for children and families as it asks the practitioner to assess the extent to which the child is fulfilled in their social surroundings. The indicators all represent aspects of strong healthy relationships and if they can be fulfilled within the child's surroundings, then positive support is being maintained. There has been speculation regarding the removal of children from 'harmful' families

in recent years and research that suggests more harm can come from separating a family if not approached carefully (Tew et.al, 2015). The GIRFEC and SHANARRI principles prioritise healthy relationships, which when achieved within a family setting can be resolved in other areas of the community and larger society – reflecting the ecological framework that this project promotes.

Tew, J., Morris, K., White, S., Featherstone, B., & Fenton, S-J. (2015). What has happened to 'Think Family': challenges and achievements in implementing family inclusive practice. In M. Diggins (Ed.), *Parental Mental Health and Child Welfare Work: A Pavilion Annual 2016* (Vol. 1, pp. 59-64). (Learning from Success: The Pavilion Annuals). Pavilion.

# Resilience and Capital

## Findings

- Resilience has been viewed as ‘normal development under difficult conditions’, or the capacity and dynamic process of adaptively overcoming stress and adversity while maintaining normal psychological and physical functioning.
- Capital can be defined as one’s access to the basic networks that bring people together and allow them to develop a sense of progression in daily life – a typical development of assets for children and young people. The generic foundations of capital – personal, social and financial capital are seen to facilitate a good working relationship with the outside world and is especially relevant to a systems model are founded on shared norms and values in a person’s surroundings and the presence of them brings about feeling of worth and shared commonality.
- This section presents findings that suggest resilience and capital are frequently considered as important factors to providing quality support.
- Out of the reports that mentioned risk, around 80% were from 2016/17 onwards.
- The specific term ‘capital’ isn’t found in any reports and was found used as an academic term in the scoping review. There was no specific term found in the reports that reflected this type of support, which makes it more difficult to assess and promote.

## Analysis

The key objectives mentioned in the reports to increase resilience – such as increased support structures and creative coping activities – matches the literature studied regarding protective factors. The presence of a stable adult figure, a positive parental care style and engagement in a range of activities can all reduce risk factors and promote resilient outcomes for children and young people. The presence, not just provision, of these factors shows that resilience should be conceptualised as a process and isn’t a singular trait that one can internally develop without assistance. Resilience is a process which benefits from the perspective of relationship-based practice because it requires an inclusive approach from everyone involved with a child or young person that takes in takes place in every level of the society they interact with.

Another factor that can improve resilience for children and young people is the feeling of being in control of one’s life and shaping what happens to them. Many young people do not have control and are moved from their families without question which can be damaging to their resilience. Allowing children and young people the opportunity to choose who they live with, or where, could give them a sense of control over their life, and can respect the uniqueness of relationship dynamics, particularly with young people who may have community members or close friends that they consider as family. Providing a proper assessment of risk and wellbeing has taken place, this would positively affect young people and allow them to progress socially

and personally. For charities to effectively provide this, further training for staff would be essential to assess risk and safety of vulnerable children and families. For that to happen, increased funding for staff training would be necessary, which is where an increased focus on resilience would be beneficial in policy making – something that Scotland has been working on since 2018, for example through the *Rights, Respect and Recovery* national strategy, and the work of the *Independent Care Review*.

Capital as mentioned in the literature from the scope review was present in the reports, but after analysis of the reports, can generally adhere to notions of wellbeing. Scotland's support sector could benefit from policy strategies that define and promote capital or wellbeing as a primary indicator of positive development for children and families, as it has such a large influence on behaviour.

Despite this, there are themes of capital that came up in many of the reports through discussion of improving relationships or points of struggle for families who need support.

- Personal capital – abilities and dispositions that may relate to people's prior attachment experiences with significant others
- Relationship capital- being part of supportive personal relationships where people are believed and accepted. There is such a thing as criminal or drug capital, whereby part of a person's reason to continue using drugs or alcohol is because their social circle does the same and provides a relationship with them.

- Identity capital – holding on to a sense of self that is not fractured or invalidated, and to positive social identities.
- Social capital – being connected to wider social networks of social support and opportunity.
- Economic capital – poverty may inhibit people's ability to 'access the resources that may facilitate the successful negotiation of their traumatic experiences.

The importance of capital for children and families can be explained in that the more social capital an individual has, the more embedded the individual or family is into their social networks and community. Resilience and capital go hand in hand as a process – having strong capital links can improve resilience and improving resilience can increase forms of social capital. Understanding capital can be beneficial for practitioners as it can be useful to set goals and manage tasks relating to the types of capital a person is hoping to improve. It can be used as a valuable measuring tool for assessing needs, and practitioners can use it to promote personal development in relationship-based practice. It is particularly important to relationship-based practice as it encourages a person-centred approach, which is the beginning and foundation of connecting positively to the rest of society.

# Collaborative Third and Statutory Sector Support

## Findings

- Collaborative third and statutory sector support is the presence of a working relationship between two or more people working together from different organisations to support a child, young person or family. This could be a support worker being in contact with a school teacher to keep updated with a young persons' progress, or two or more third sector workers maintaining contact throughout support regarding a young person's wellbeing.
- Schools are one of the most frequently included service in collaborative work
- Lots of referrals come from other third sector support services
- Half of rural charities also reported third sector collaborative work.

## Analysis

Third sector collaborative working is a method of support based on maintaining relationships and focuses on cross project or sector relationships with a young person rather than between a young person and their family. This could be because an open communication between sectors is seen as improving the status of people most distant from services by involving them with different organisations.

Third sector support works well and has positive effects on referrals as lots come from other services. The third highest mentioned theme, it is much more frequently mentioned than whole-family support. It is a vital and positive first step towards a quality level of relationship-based support. However, the literature suggests this type of support works best when used alongside other methods such as whole family support. Isolated, this support doesn't necessarily mean that relationships between family members are improved. As contact is mostly made with one person, the development of family relationships is only recorded from a single angle and leaves space for potential risks to be missed.

Out of the 87 reports, 2% reported using third sector collaborative work alongside whole family support. Using both together alongside the other was stated in the literature to be an effective way of supporting young people, children and families, yet it isn't being implemented in practice commonly across Scotland. Throughout the reports, the number of instances where a family or individual were able to guide their own recovery was particularly low. Once gathered, the information suggests that much of third sector work interventions are discussed and negotiated at a professional level between workers, which makes up a small portion of 'relationship-based' work. However, it is often implemented 'at' a person or family, which is where it falls short of quality relationship-based support. A lack of communication between everyone concerned with a child's safety is potentially where this method needs strengthened.

If support from different organisations is consistent and compatible, this type of support can be effective. However, the purpose of third and statutory sector collaboration can become disconnected through a lack of communication or face-to-face meetings, and some children and young people can fall out of touch of support.

# One to One Support

## Findings

- One-to-one support is to work with an individual usually in a private setting, having conversations regarding personal reflections, progress or struggles, or just staying up to date with their daily lives to secure a relationship between practitioner and individual. While one-to-one support usually takes place face to face, it can also take place over the phone, via text or sometimes through email.
- For 1-1 support, 56% of reports from rural charities reported using this method. 100% of this support was with young people rather than adults.
- 1-1 support and 3rd sector collaboration are the most frequently used support methods, both mentioned in 51 reports out of 86.
- 60% of urban reports said that their charities use 1-1 support. 10% of this is for adults.
- 1 to 1 work is particularly useful for assessment of needs, risk assessment and building confidence

## Analysis

Third sector collaboration and 1-1 support go hand in hand in nearly all the reports (there was less than 5% that reported one but not the other) This is good because quality relationship-based practice requests that work is not done in isolation, and reflects positively on the presence and interconnection of both themes in the scoping and archive review.

However, 1-1 work was 90% and upwards with children and young people only, suggests that the 1-1 work is being done in isolation from the rest of the family. If all 1-1 work is taking place with young people, it is difficult to understand where parents and families are located within this system of support and how their needs are met in a holistic way. The research poses the question whether parents or families should they be more included, or whether the success of this support is down to children and young people having a space where they feel safe to be honest and express themselves.

1-1 work has the best result when working with the whole family as well. If more contact was maintained with multiple family members, there may be less drop-out rates due to a better understanding of the family dynamic, or a better chance of long-term improvement after support is finished as the family have improved dynamics and may be able to be more open.

Aside from this, the data in reports suggested that children are positively reacting to the support and it is serving a positive purpose to wellbeing development. 1-1 support tends to build confidence in young people to interact, especially when involving befrienders as they can develop a close relationship with someone outside their close circle of communication. It might be that practitioners providing 1-1 could consider the other individuals in a young person's life to strengthen relationships between

children and families. If combined with other family members, 1-1 support is more likely to improve resilience and relationships. The two are undoubtedly connected, but more needs to be done with the whole family to understand the position of the child.

*The Quality Principles for Drug and Alcohol Standards (2014)* states that services should be more family inclusive with their practices. Published the same year as the GIRFEC model, it appears to have had less influence on practice and support interventions than the other. If a similar approach to intervention was published as done with GIRFEC – setting out basic principles may allow services to guide, regulate and recognise their family inclusivity- there is potential for a similarly positive response, finding an increase in these services as the guidelines did so with the GIRFEC model.

# Staff Awareness Training

## Findings

- This section points out the presence or absence of types of staff training that have been noted to improve relationship-based practice. These include training in reflexive thinking, listening and responding to feedback, risk assessment training and family-guided support.
- Quarriers Moray said 'Skilling staff in Motivational Interviewing has increased our ability to work with those who feel stuck in a situation they cannot change, helping us identify with them aspects they can change, and how they can do this.'
- Only 1 in 10 urban charities reported risk assessment training, whereas 1 in 4 rural charities reported risk assessment training.
- 50% of rural charities report using family guided support whereas urban areas are much less likely to let children and families guide their own recovery journey (18%).

## Analysis

Staff training is essential to fully understand the nature of relationship-based practice, being able to engage with children and families, and being aware of emotional effects of working closely with an individual living with alcohol and drugs.

Reflexivity, emotional awareness and trauma informed practice are a small number of topics that are generally covered during training for this practice. This theme links in with the understanding of GIRFEC principles and is similarly without a basic framework or guidelines for providing relationship-based care.

Staff awareness training was acknowledged in most reports, but there was less description on the types of training provided, particularly when discussing relationship-based practice. This lack of specification in training may be due to the broad scope and nature of relationship-based practice, and the unique responses to families based on individual experience. It isn't possible to tell if a framework or training plan would benefit practitioners

and charities, but the results did suggest that more training on complex cases would be useful, such as risk assessment and management. Risk assessment has been increasingly mentioned in reports and is likely due to the increase in focus in policy reports and literature such as the *Quality Principles for Drug and Alcohol Services* (2014). A thorough risk assessment should consider the strength and resilience factors of the young person and/or family, support networks and resources that a family must draw upon to better identify the nature of intervention necessary to protect the child. A thorough approach to risk assessment also needs to consider the GIRFEC key questions.

One of the reasons stated in older research that many practitioners struggle to provide high quality relationship-based practice is either due to a lack of training or a lack of resources and time to provide the

practice (Velleman and Templeton, 2007). As stated in the scoping review, there has been a shift towards a more computerised mode of support which requires less reflexivity, experience-based assessment and emotional responsiveness. In a recent Coalition of Care and support Providers in Scotland (CCPS, 2017) business resilience survey, respondents expressed concerns about gaps in service provision, particularly to do with a lack in accessible services for those with complex needs. Alongside this, respondents expressed a lack of flexibility in their roles which could be due to training needs. The reports analysed more to do with progress of provision than staff training, so there was a lack of feedback regarding staff training at this stage to support the older literature. The next stage of speaking to practitioners will gage a better understanding of the topic.

# Whole Family Support

## Findings

- Whole family support is the provision of care towards multiple family members who are referred, usually due to being affected by a single member (young person or parent) drug or alcohol dependency. Whole family support can be provided in many ways, either family in a group setting or with single members at different times. The main component is that there are multiple family members getting support with how to cope, support and progress as a family to overcome a singular issue.
- Whole family support has increased in number since 2015, with most references towards this type of support coming from 15-16 onwards.
- Whole family support is the more common support method in rural charities than urban charities
- Out of 71 urban charities, just under half described using whole family support

## Analysis

Whole family support as described in the scoping review doesn't take on the form of one specific method or model, rather it exists so long as there are multiple family members working together in a support program. The support program can be defined by practitioner, family members, and can range from group support sessions or one-to-one sessions with different members of the same family. Given the wide variety of ways that this model can be achieved, the researcher expected evidence of whole family approaches to be more frequent than has been found. Each other theme covered in the archive analysis is considered essential to providing high quality relationship-based practice to families. Using a combination of methods found in these themes is key to achieve the level of support that the policy landscapes covered are aiming to reach. Ensuring that there are quality interpersonal relationships between practitioners and families, between family members and between care workers should be approached as a priority rather than using singular methods, as it is closely linked with increased wellbeing and resilience. Having at least one adult that a child or young person has a close relationship with is key to improved resilience and including multiple family members in support offered can enable this.

Portions of the *Rights, Respect and Recovery* drug and alcohol strategy and the intentions from the Independent Care Review show a commitment to whole family approaches, as it can reduce children being removed from families by identifying support networks within an already present social circle. Also supported in these documents is giving decision-making power to families, linked in with the GIRFEC model. As two of these documents were published in 2018, it can be hoped that these values become more present in future policy and practice. The variety of structure and methods of providing a whole family support plan can be a potential issue as well as a benefit,

as there can be a lack of understanding of service provision. Without a set guideline to follow, it can be easy for gaps in practice to go unnoticed and harder for quality support to be measured. However, this is an offset effect of practice that works around family decision making and it should not be considered as ineffective – rather a method that requires consistent evaluation and feedback to ensure it is working properly. So long as whole family approaches are producing positive results for children and families and enabling relationships to grow and be maintained, the approach serves a great purpose to relationship-based practice.

# Social and Community Integration Support

## Findings

- Social and community integration support is closely linked in with improving resilience and capital but is a type of support that aims to have individuals and families becoming more integrated in their local community and improving social skills. Generally, this type of support involves finding work for young people, improving relationships and connections between family members and communities, and creating opportunities for people to participate in local activities.
- Only 6 out of 16 rural funded charities are listed as noting work to do with the child's social wellbeing in the wider community. This was a similar result in urban areas.
- Less than 40% of all charities reported providing community integration support
- Outdoor activities and overnight stays have received the most positive feedback from children, young people and families. It seems to be an activity that ticks most of the boxes in that it involves the whole family, the community, its it gives space to bond relationally.

## Analysis

Social and community integration support is important to the project as the presence of strong community ties is essential for healthy relationship building when using a structural / ecological model of relationship-based support and reinforces the idea that each member of society has a responsibility to ensure the safety and wellbeing of children and young people.

The results that came from the archives suggest there is a significant lack of support that focuses on integrating children and families with their local community. Strong local networks are facilitators of trust, social support and increased wellbeing through the development of close relationships – a frequently discussed goal and a driving factor of this project. However, this tactic could be used more and the lack in provision suggests a lack of awareness of the benefits of this support.

When young people or families are affected by alcohol and drugs, they often become isolated in the community. This could be due to the stigma of living with alcohol and drugs, attempts to keep issues hidden, or due to communities generally finding it difficult to approach or support children and families living with alcohol and drugs. This is also something that may change depending on the urban or rural

location of the family. A reason that social and community integrative support could be difficult is due to the accessibility of the physical community itself. In rural areas, less than 1 in 3 charities reported this type of support and this could be because it is difficult to arrange young people to travel to nearby towns or cities to participate in community projects.

As discussed in the scoping review, this type of support might be more difficult to provide in urban communities as strong ties to neighbourhoods might already exist but with others who are also living with alcohol and drugs, creating larger group exclusion from larger social communities in a city. This issue requires larger consideration towards support solutions, as the relationships that exist in

these communities are still important and must be treated that way when considering broader community integration methods.

Regardless of the difficulties that face this type of support provision, it must be considered a priority as the results show there is evidence for its effectiveness. The scoping review suggested that increased community participation for young people especially can be good for employment opportunities, positive mental health development and improving sociability. To do this, strong family relationships must also be at the heart of practice to ensure positive social development.

# Establishing Peer Connections

## Findings

- Establishing peer connections is a way of supporting people which generally includes creative or social activities, outdoor excursions, or meetings at local ADPs and schools 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.
- 50% of urban charities reported to use group work as a method of support, compared to 30% of rural charities. Access to transport or activities could be why.
- The area with the highest reports of group work is the central belt.
- Out of 30 reports that referenced young person group work, 16 also reported specifically supporting young carers in groups.

## Analysis

Establishing peer connections 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.

Just over half of the mentions of establishing peer connections came from young carer peer support, reinforcing that young carers can be isolated and in need of support that allows them to develop relationships with others their own age and status.

Alongside one-to-one support, group work is one of the most frequently used methods of support and when used with other techniques is a founding component of high-quality practice, as found in the scoping review. There is a 20% drop in group work references in rural charities compared to urban areas. As most peer work is done with children and young people, this could be due to a lack of transport or travel options for young people to meet up with each other. It could also be to do with a lack of space, staff or training. This will be covered in the following research where we intend to talk with practitioners discussing their experiences of providing support.

The lack of adult peer support could either suggest that it's not an effective method of practice or that there is not enough training or guidance towards it. It is also indicative of the focus that PDI has on children and young people rather than a whole family focus. The next step of this project will be able to tell further which is the case.

# Reflections and Next Steps

The themes that were discovered in the analysis of archives were in keeping with the values found in the previous scoping review. One of the most important findings was that there is often a misidentification of what true whole family approaches are, as it is often referred to in third and statutory sector collaborative work. The most frequently recurring theme, Adherence to GIRFEC principles, is a good indicator that most charities are following the government policy model and suggests that the open guided structure is accessible and implemented by charities almost universally. Further recommendations that come from this project should therefore aim to take a similar approach in developing an open guidance with a set of principles that are able to be shaped independently into a unique support program to adapt to complex needs.

Resilience and capital were the second most frequented theme, which is interesting as the language that it was reflected in differed from the scoping review. It appeared from analysis that practitioners were aware of the meaning behind the terms but did not have a way of measuring or assessing the presence of the concepts. As the ideas are central to developing strong relationships, they are central to relationship-based practice. Where possible, practitioners and families should be asked about what these terms mean to them and how they can be incorporated into more strategies of practice.

Third and statutory sector collaborative work is the most often used method of

support alongside one-to-one support (in rural areas). The mentions of this practice in the reports suggested that there may be a misidentification between collaborative work and relationship-based practice, and that there is room for improvement in the level of relationship-based support being provided. A combination of collaborative work with other support such as one to one and whole family work is where relationships are best developed, and this is something to be included throughout the rest of this project.

One to one support followed as the most popular support practice and was provided to young people on 90% of the reported occasions. One-to-one is a wholly positive practice according to feedback, however, again best works when combined with work with other family members. Further research will enquire about the ways young people take away meaningful lessons from this support that allows them to develop positively as an adult.

The main results that came out of the theme of staff awareness training was that research is required into what staff and families need to provide relationship-based practice properly. The next stage of our research will focus on what is needed to address complex needs, speak to multiple family members, and understand what they believe supports their families. Whole family work appeared less in the reports than expected which could suggest that practitioners and charities are favouring aspects of support that best when combined (one to one support for example) but using them in isolation more often than not. Next is to find out why

this is, if there is enough staff or training to provide this level of support, and how the definition of a family is currently established to understand where decision making power lies.

Similarly, to whole family approaches, social and community integration support is a main indicator of good relationship-based practice. The absence of this in many reports suggests that as academics, policy makers and funders, we need to prioritise funding or supporting social relationships more as they are central to positive development. If resilience and capital are assessed and delivered as guideline principles for quality practice, social and community engagement should follow. Whole family work is also a large part of this, and as a whole these themes should be considered essential to quality relationship-based practice.

The final theme of establishing peer connections regarded group work. The work we do next should aim to make connections the core element of practice to improve relationship building with the community and immediate social circles, as reflected in the ecological systems approach.

The themes that have appeared throughout the archive analysis reflect the nature of high-quality relationship-based practice. The frequency at which they appear reflects what seems to be prioritised in relationship-based practice that has been provided by PDI-funded projects over the years. The most often appearing are those that generally appear in policy reports as listed in the policy landscape, showing that charities tend to strive to achieve that which is prioritised in government. The elements found in literature and research completed already in this project has found the other themes to be central to relationship-based practice, which have appeared less so throughout the reports. In the following steps, these themes will be taken to practitioners and families to understand what they mean in the lived experience of support provision.

Following this, we identified any points that could have been missed that are essential to families who are being supported building the best relationships possible, or gaps in support that we had not yet been able to identify with qualitative interviews with practitioners, families and children.



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