Scoping Review

Connections are key

Unlocking the heart of relationship-based practice

CORRA
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Background to this review

The Corra Foundation's research project *Everyone Has A Story* (2016) told us that practitioners, policy-makers and third sector workers need to continue to look at ways to improve joined-up approaches between adult and children and family services. An increased understanding of support needs for children and young people is recommended to ensure children are given the best opportunities to enhance their wellbeing.

To continue this research, the latest PDI research project will identify elements of relationship-based practice that support and strengthen support for children in families living with alcohol and drugs. The focus on these services comes from PDI's interest to learn from the projects that we have funded, to inform future policy and practice.

Our policy landscape includes the *Getting It Right for Every Child* model, the *Quality Principles for Drugs and Alcohol Services, 25 Calls for Children in Scotland, Rights Respect and Recovery* and the *Independent Care Review*.

Executive summary

This scoping review provides a contextual framework about the background, key theories and main components of relationship-based practice. Following this, the review identifies theoretical facilitators of quality relationship-based practice and reviews the application of such an approach to children and families affected by alcohol and drugs. This is to be used as a reference for academics, charities and others interested in the theory that we have used to form our line of enquiry.

Introduction

PDI believe that all children have the right to a healthy and happy childhood, and that building strong relationships is an essential part of this. A singular definition of relationship-based practice can be difficult to pin down, as fields of social psychology and third sector support services can hold different views on theory and practice (Ruch, 2005). For this review we used an ecological framework of relationship-based practice, as it fits most effectively with our chosen policy landscape and is frequently used in Scottish care systems. At its crux, relationship-based practice explores and intersects the child and family with the wider community, society and services.

While there are variations of structure in relationship-based practice, there are founding principles that bind all definitions and distinguish it from other forms of third sector support services such as cognitive behavioral approaches or multi-systemic therapy. The link between positive wellbeing and healthy relationships is seen to be causal and interdependent in relationship-based practice, and taking from the experience of practitioners and academics, a core principle is that it is never practiced in isolation with an individual or without support (Beach, 2006). This then suggests that practice can be based both on relationships between practitioners and families, and in a multi-disciplinary manner between practitioners and other service workers. Often practice can focus on relationships within the family and multiple workers – so as long as there are multiple individuals working collaboratively on interpersonal relationships to achieve positive development, the approach can be considered relationship-based.

The ecological approach to relationship-based practice aims to highlight the dynamic inter-relationships and networks that exist between individuals, families, communities and society. Using a structural approach, all aspects of life that involve communication and relationships are responsible for directing and shaping the wellbeing of others. While seeing the family unit as the closest and most impressionable system that influences wellbeing, it considers the responsibility and effect of relationships that come from schools, communities, and society at large when understanding the healthy development of individuals. This project used a definition of family whereby the child is the crux of every family unit, and this means in our ecological based framework we see the child as the center of the social sphere, with influencing relationships dispersing out depending on their social proximity.

> Work with the children only makes sense if it is also understood as work with parents, the family and the containing community.
> (**HOLMES, 1997 P.231**)

> it is not so much a single theory as an overall framework for thinking about relationships.
> (**HOWE, 1999 P.5**).

Logistics

For the review, the collection of publications and reading took place between November 2018 and January 2019. The span of data collected were published between 1980 and 2018, and were collected offline using books, and online using academic databases, charity and third sector sites and government strategy sites.

Literature was gathered through search engine Google and Google Scholar, Glasgow University library portal and Stirling University library portal. From the documents gathered, citations were checked for further literature included to review. In total, 40 documents were collected and read, with a further total of 20 citations after filtering out irrelevant data. Data was considered irrelevant if it did not detail knowledge relevant to the review questions. Other such filters that made documents irrelevant were cultural differences, irrelevant to the field of children and families, and irrelevant to the field of drugs and alcohol. Four more publications were suggested by original literature throughout the note taking process, taking total data collection to 28 publications. Under the guidance of the steering group, the number of publications analysed was sufficient in grounding the scope of the project. This was due to the size of the review needed to justify the project standpoint, and the time constraint placed on this project.

Review question: What are the founding elements and principles of ecologically-founded relationship-based practice?

Review question: What makes relationship-based practice suitable for working with children and families affected by alcohol and drugs?

The key terms used to search for literature were:

children, families, strategies, policy, support, drugs, alcohol, development, care, relationship-based, kinship care, recovery, whole family approaches and whole-family.

Psychodynamic approaches, child development and attachment theory mainly comprised the earlier collection of data, while policy information, survey results and enquiries into relationship-based practice for families living with drugs and alcohol were among the most recent publications for review. Ranging from books, to journals, care reviews and Scottish risk assessment strategies, we aimed to collect multidisciplinary information to ensure this review displays evidence of our standpoint for readers in different sectors.

Review Structure

Chapter 1 will review the emergence of relationship-based practice from psychosocial development theory, while chapter 2 explores the elements of ecological systems model that comprise the project's definition of relationship-based Practice. Chapter 3 reviews the feasibility and potential for positive impact in research and practice for children and families affected by drugs and alcohol.

We hope that this review will encourage integrative support and increased multi-systemic communication between the third sector support service, policy-makers and children and families.

Emergence of relationship-based practice

Early developments of attachment theory from the likes of Bowlby, Ainsworth and Harlow described a loving relationship with a primary caregiver as essential to healthy development in children (Bretherton, 1992). Attachment theory has since been a major factor in helping researchers understand how quality close relationships affect children's emotional development and social behavior (Howe, 1999). It has been clarified that where possible, children feel safest in the presence of familiar and nurturing family members, and members of the community (Perry, 2010). Without this, a child struggles with stress responses and is more likely to suffer socially and mentally. As emotional and social wellbeing are reliant on healthy relationships, this knowledge triggered an increase in childcare services focusing on the whole family and community- oriented dynamics rather than individual behaviour. Using a combination of psychodynamics, attachment theory and systems theory, relationship-based practice became a common source of support and required a social shift in thinking about how to care for children and families.

The shift in attitudes towards the complexity of family bonds and the impact they can have on children clashed with the managerial structure of social work in the late twentieth century. An increase of computerised care and depersonalised support was used to routinise the support sector and save money, time and workers' training (Ruch, 2005). The sanitisation of social work meant that it became difficult to establish and maintain relationships with families, and relationship-based practice suffered from this change. However, it has since been revived using policy publications such as the *Hidden Harm report* (Webb & Mellis, 2007) pressing for an acceptance, defense and sustaining of complexity focused work. Ensuring that practitioners and third sector workers are experienced in directly caring for unique family conditions is essential to effectively care for children and families with ACES (adverse childhood experiences), and such reports have brought back a focus on the benefits of addressing children and families in a face-to- face, person centered manner.

Thanks to this, there is still a commitment to relationship-based practice contemporarily, and third sector workers are trained to be reflexive, understanding of emotional relationships, and alert to defensive strategies from both individuals and organisations. An ecological format has been developed to consider each singular factor that could affect a child and families' life uniquely, to improve reflexivity and rely on practical and moral knowledge (Beach, 2006). Taking the child as the center of the development for wellbeing, an ecological model teaches third sector workers to address the impact of the family and close circle relationships as the major influencer in a child's growth, and to consider external relationships from school and communities and society as tertiary influences that are interdependent and conducive to a young person's healthy development.

Elements of relationship-based practice

This section will identify the main components and elements of an ecologically founded relationship – based practice. Covering the basic principles of relationship-based practice first, this review will then refer to ecological systems model from theorists such as Bronfenbrenner (1994) to explore the specific structure of an ecologically tailored approach. It is worth noting that when using a model or framework in relationship-based approaches, a key value of practice is the knowledge and awareness that everyone will have different experiences from another. Workers must learn and get to know the unique situation, build a relationship with the person requiring support and tailor their practice accordingly while maintaining an awareness of the basic principles of the approach (Beach, 2006).

The project's definition of family is a network of individuals who consider themselves to be interdependent and in need of each other's support emotionally and socially, and where a child or children is present. Maintaining an awareness of this definition, Briar-Lawson (2001) defined five main principles of relationship-based practice (Cited in Bamm & Rosenbaum, 2008).

1. Families are considered experts in what helps and hurts them

2. Families are indispensable, invaluable partners for policy makers, helping professionals, and advocates

3. Families are not called, or treated as, dependent clients. Helping professionals and policy makers view families as equals, as citizens, with whom they collaborate and whom they empower.

4. Family centered policies and practices promote family to family and community-based systems of care and mutual support.

5. Family centered policies and practices promote democratisation and gender equality.

Following this, it is essential that family and relationship-oriented forms of therapy will take place only if all individuals have a voice and the ability to raise issues in a comfortable environment (Selbekk et.al, 2018). Working with families may not always necessarily mean communicating with them as a collective – speaking to children separately to ensure they can guide conversations is important and can gain better understandings of their perspective. The principles listed aim to build relationships within families and between families and those working with them by developing a rapport, trust, safety and security. Ways of achieving this include recovery-focused family activities, multi-disciplinary sector work with the family, setting individualised family goals and enhancing social support networks through the community (MacKean et.al .2005).

Mackean et.al (2005) developed further principles to be considered when providing support to families.

1. Recognising the family as central to and/or the constant in the child's life, and the child's primary source of strength and support.

2. Acknowledging the diversity and uniqueness of children and families.

3. Recognising that family-centered care is competency enhancing rather than weakness focused.

4. Facilitating family-to-family support and networking and providing services that provide emotional and financial support to meet the needs of families.

These principles are widely accepted and supported when looking at Scottish policy frameworks (*Rights Respect and Recovery, 2018*) and similar suggestions were met in literature from Beach (2006), Lee (2014), Brackenhoff and Slesnick (2015) and Kiraly and Humphries (2016).

Bronfenbrenner's ecological systems model (1994) frames child development as a process influenced by a variety of social factors, each to different extents dependent on their level of contact and closeness to the child. Each interdependent and supporting the other, there is a hierarchy of developmental needs that should be met to ensure wellbeing of the child is supported.
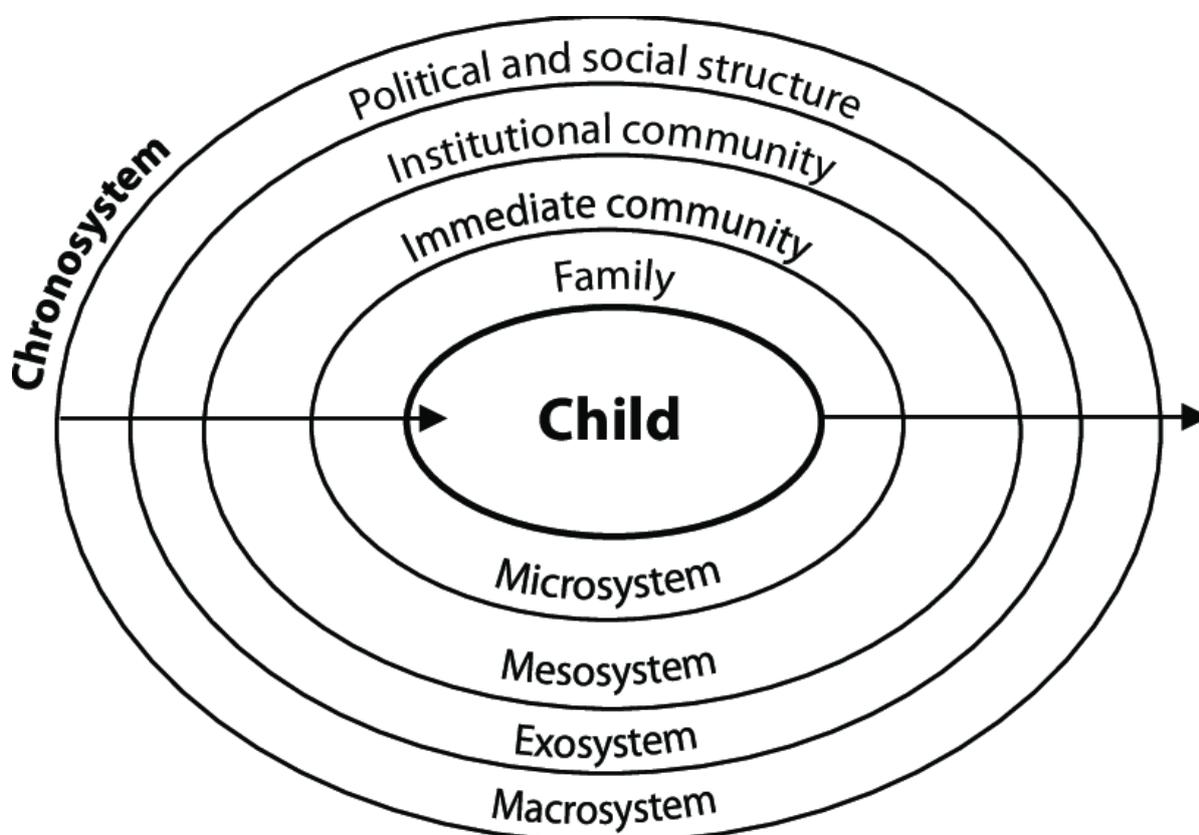
When thinking about overall objectives, this model builds aims from the lowest level upwards, starting with simple tactics in the family to reduce risks and increasing protective forces. This ensures that good practice is built up systematically from children's immediate concrete experiences to more global development goals and gives individuals and groups in each level a responsibility to protect the wellbeing of a child's and support their development (Howe, 1999).

Family exists within the microsystem, which is the most influential system for a child's development. Consisting of the closest relationships and most direct contact, whoever is included in the family circle should be considered as the most important individuals to a child and therefore their wellbeing. Ensuring this space is safe and nurturing is a primary aim (Brakenhoff & Slesnick, 2015).

The mesosystem is inclusive of immediate community members such as third sector support workers who may be working with the family. The interactions that a child has with the immediate community can promote the child's psychological and psychosocial wellbeing, increase felt security and decrease risk stressors (Howe, 1999). The exosystem contains institutional community members who the child does not have direct contact with but will still have an influence through the family environment. It is essential to still consider these external influences as having an impact as they have the potential to increase protective buffers through support. The macrosystem is the overarching environment in which societal beliefs and culture is seen as impacting a child's development. Here policy making, decisions about practice and service structure are responsible

for the developmental wellbeing of the child. The influence of the macrosystem reaches to third sector charities, policies and frameworks that can change over time, culture and societal landscape. Each relationship a child has within the entire structure will be different from each other, and each child will have unique experiences from another. The use of this approach can be tailored to match levels of recovery and development. This approach requires a person-centred framework and a shift away from organisational boundaries and can be used in all third sector support work when workers are trained appropriately in areas such as emotional awareness, risk assessment and working collaboratively with other sector workers.

An example of this model in action relative to the project would begin with a child or young person at the centre of the sphere, with an influencing microsystem of family that has a member living with drugs and alcohol. As the closest network of relationships to the child, all family members must be considered as a direct influence and important tie to the wellbeing of the child and a key component of their access to a happy and healthy childhood.

The mesosystem will then contain community members who have direct contact with the family, and have influence to support family members decision making, relationships and social development. Third sector support service workers, community members, neighbours and school workers all come in to contact with either the child or the family on a near daily basis, making them an important influence in how the child develops healthy and happy relationships, and therefore their wellbeing.

The exosystem and institutional community consists of those with indirect influence on the child, without direct contact. Examples of this would be an institution leader or director who has influence on the level, intensity or method of support that the child receives. Alternatively, this could be a person or group who decides whether a child can stay with a parent who uses alcohol or drugs.

The macrosystem and those within it shape the political and social sphere which influences the child or young persons social setting. Government welfare, social policy, grant making organisations and charity board members are the main influencers here that shape a child's surroundings, relationships and welfare.

Outside of this only lies the chronosystem, which is defined by the typical cultural norms found in western society that influence decision making. An example of this would be the premise that families are 'traditionally' made up of parents and siblings, yet over time values are shifting to be inclusive of kinship care and non-related family members.

Family members will be affected by other members experience with drugs and alcohol – many will suffer from anxiety, feelings of abandonment and anger (Selbekk, Adams and Sagvaag, 2018). This is often the case for children who share relationships with a parent or family member who live with alcohol and drugs.

Review of relationship-based practice for families affected by alcohol and drugs

This section reviews literature discusses the implementation of relationship-based practice with children and families affected by alcohol and drugs. It outlines benefits of such an approach within the context of families affected by drugs and alcohol, and the challenges for practice.

Research conducted by Selbekk and Sagvaag (2016) indicates that relationship-based practice is particularly useful when supporting children and families who are living with drugs and alcohol. Addiction can often be perceived as an isolated issue that affects the individual only, however it is shared by those living with the person too. There is increasing support for bridging the gap between children's services and adults' services to consider the needs of those dependent on an individual living with drugs and alcohol. Services focused on supporting families have seen results leading to improvement in family functioning – something that reduces relapse rates (Selbekk et.al, 2018). Another positive aspect of this support is that it allows the whole family to become engaged in the recovery process, promoting engagement, reducing negative social impact on family members and improving inter-family support (Mcleigh, McDonnell, Lavenda, 2018). The ecological framework of this practice is important for children and families living with drugs and alcohol as it gives each structural sphere and those who live and work within it a responsibility to look out for them. It raises awareness

and reflectivity on the impact that everyday interactions can have on children and family members, reminding individuals to be conscious of their relationships to each other and the community.

Theory points towards this form of practice fully suiting the provision of support for children and families living with drugs and alcohol, given the right social environment. However, a focus on individualised health tends to dominate practice in the field as a result of the structure of the exosystem. Cultural norms and societal habits exist that de-personalise those who need support and promote third sector work that requires less face-to-face services and communication.

The increase in self-directed and digital support and a lack of awareness training means that often third sector support workers don't have the capability or job support to fulfill this practice effectively. Relationship-based practice is often viewed from organisational structures as less financially and time effective operationally, as practitioners and service workers must be more emotionally invested and trained to a higher standard of practice. In a culture that prioritises cost and time effective support, relationship-based practice is seen to challenge discourses of efficiency (Velleman and Templeton, 2007). The Scottish Business Resilience Survey (2017) reported that there is a lack of complex services, and

organisations tend to shy away from more complex, higher risk work cases. Also reported was the concern for the gap in service provision for those with complex needs as local authority funding constraints make these models. A fully supported relationship-based approach would require practitioners and third sector service workers to develop and sustain reflective capabilities and be prepared to tackle family-unique, complex and unpredictable problems (Ruch,

2005). This is a significant increase in emotional labor for workers, therefore providing support to workers by leaders and managers is also essential. A third sector where there is frequent, honest collaboration and communication between workers in different fields would be able to sustain this mode of practice. Respect and support must be essential for all relationship-based work, both between workers and between workers and families.

Conclusion: where next for research?

Using the literature gathered, we reviewed the core elements of relationship-based practice, and the suggestions for putting theory and research into practice with children and families living with drugs and alcohol.

The literature reviewed defined relationship-based practice as having some defining principles that exist throughout the variety of practices that exist; that it is never practiced in isolation between individuals, or without support from other third sector support workers or without family support. Secondly, this project recognises that relationship-based practice will involve a child or young person as the crux of their family unit – and the family as defined by that child are the focus of the relationship-based support. Thirdly, while relationship-based practice will involve the whole family working collaboratively by building honest and strong relationships, it is not essential that members are met all at once, as one-to-one meetings can still be considered part of a family approach model so long as they consider the wellbeing of everyone. Finally, each family member must have an equal

voice throughout the process of support, to receive equal respect, time and have equal access to support. Following this, an ecological model takes the child at the center of the entire system, and considers family, community and society all as contributors to the child's development and wellbeing. With the family taking a central role, community members indirectly influence the child, as does the cultural setting in which their development takes place. Throughout these principles, the idea is that building and strengthening relationships is a key method to overcoming issues. Relationships are the most important influences on children's development, and to practice quality relationship-based support requires third sector service workers to both give and receive more support, emotional awareness and reflective capabilities.

The next stage for this project involved learning from the first-hand accounts of receiving and delivering third sector support services to investigate what works and where there are barriers to delivering relationship-based practice in Scotland.

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