Workshop on Restorative Approach in family service provision: concepts and practice

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Aims of the workshop

- Introduce the key principles and processes within Restorative Approach
- Discuss ways in which RA can be applied to family services
- Familiarise participants with some of the key tools used when applying RA in family practice
- Look at the impact of training in RA on practice delivery and receipt
- Consider how RA shapes family service provision
- Compare the effect of delivering family services with and without RA on practitioner/family interactions and family dynamics

Overview of workshop

- Introduction to Restorative Approach and its key concepts
- Workshop: Using the Social Discipline Window to reflect on practice
- Training practitioners in RA – evaluation of the 'Restorative Approach Family Engagement Project' (RAFEP)
- Workshop: The Gingerbread man: doing 'to,' 'with', 'for' and 'not' with families
- Case study: Restorative Approach in family practice
- Workshop: The Restorative Questions
- Refocusing family services: a comparison of family service provision with & without RA

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Introduction to Restorative Approach

- Draws on restorative theory and based in part on Restorative Justice
- Restorative Justice repairs harms through building relationships rather than penalising
- Restorative Approach extends these principles beyond crime/harm and applies them to 'everyday' environments and problems
- RA now being used in family services
- But evidence base on processes, implementation and outcomes limited

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Introduction to Restorative Approach

RA can be defined as:

- an ethos founded on fairness, participation, inclusion, and support to build and strengthen communities
- can be drawn on to shape a process that resolves arising problems
- brings those involved together and
- repairs damaged relationships through mutual understanding, motivation to remedy matters, and support needed to remedy the issue
- does so as far as is possible in a way acceptable to all

(Williams and Segrott, 2017)

Overview of RA

- Key principles
  - Build positive relationships
  - Work with and understand the experiences of all those involved
  - Help all those involved to identify the causes of a problem/conflict and ways of addressing it
  - Collaboration, including at social/family network level and within and across organisations

Underlying theory and constructs

- RA comprises a ‘restorative continuum’ (Costello, et al. 2010)
- Restorative values and skills applied to everyday, ongoing interactions
- And used more reactively to address problems or conflicts when they arise
- Engaging with others to help build positive relationships
- Costello, et al. (2010) conceptualise RA using the Social Discipline Window (quadrants combining differing levels of control and support)
- RA combines high levels of control (expectations, social norms) and high levels of support (encouragement, valuing of individuals)

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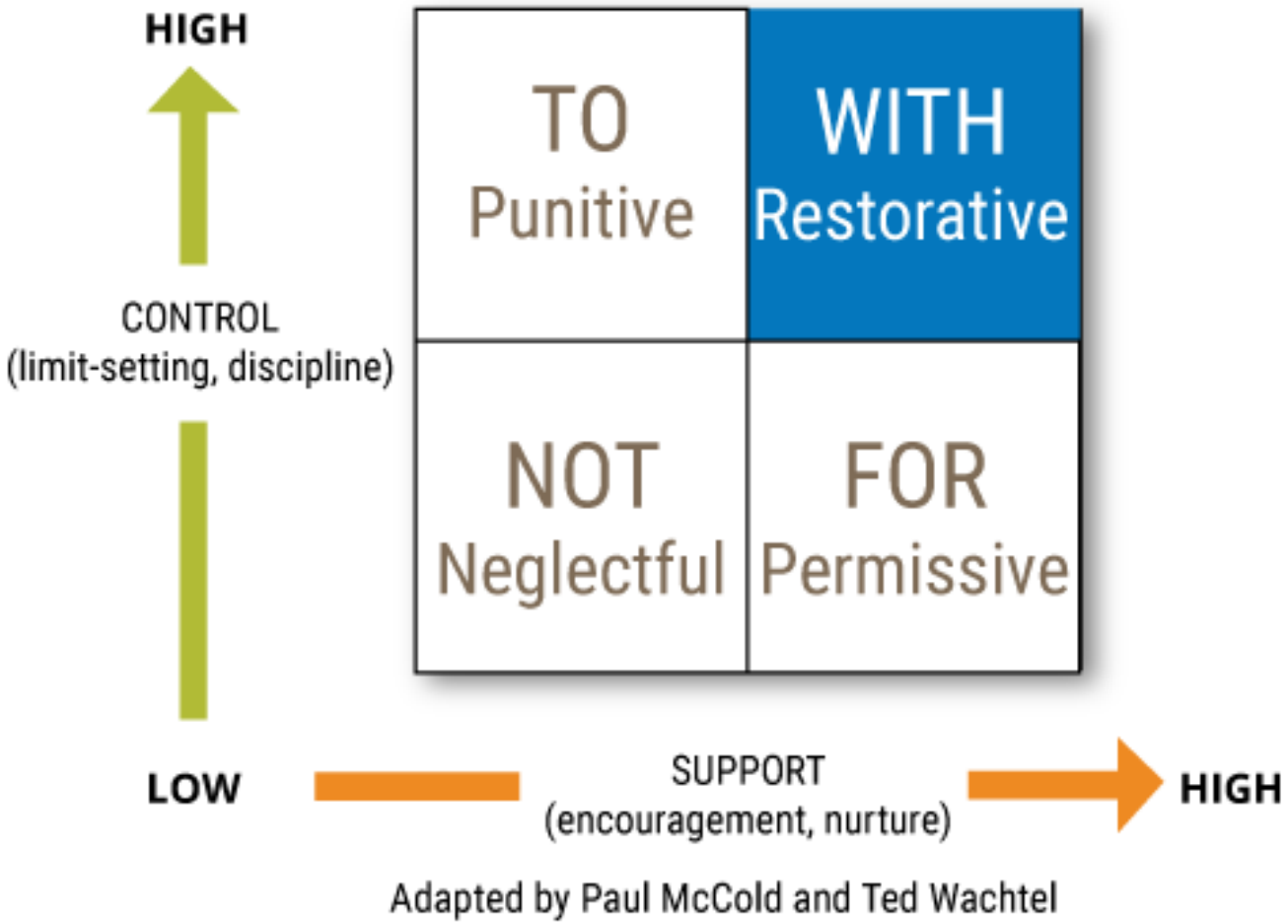
Source: International Institute for Restorative Practices



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Restorative questions

Theme	Restorative Enquiry	Outcome
Respect & appreciate individual perspectives	What happened?	Event from multiple perspectives
Build mutual understanding	What were you thinking/feeling?	Increased insight & understanding
Build awareness of harm, effect & affect	Who has been affected and how?	Increased empathy
Recognise needs of all involved	What do you need for harm to be repaired?	Identifying needs to resolve/restore harms
Accountability, empowerment, problem solving	What needs to happen now to make changes?	Goal Planning

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RA and family services

- RA being adopted by family services
- Offers a way of delivering strengths-based services and whole family approaches
- A way of engaging families in service use
- Encourages multi-agency working, partly through its emphasis on applying key principles in everyday, ongoing interactions
- Key question: how do principles of RA translate from other settings to family services

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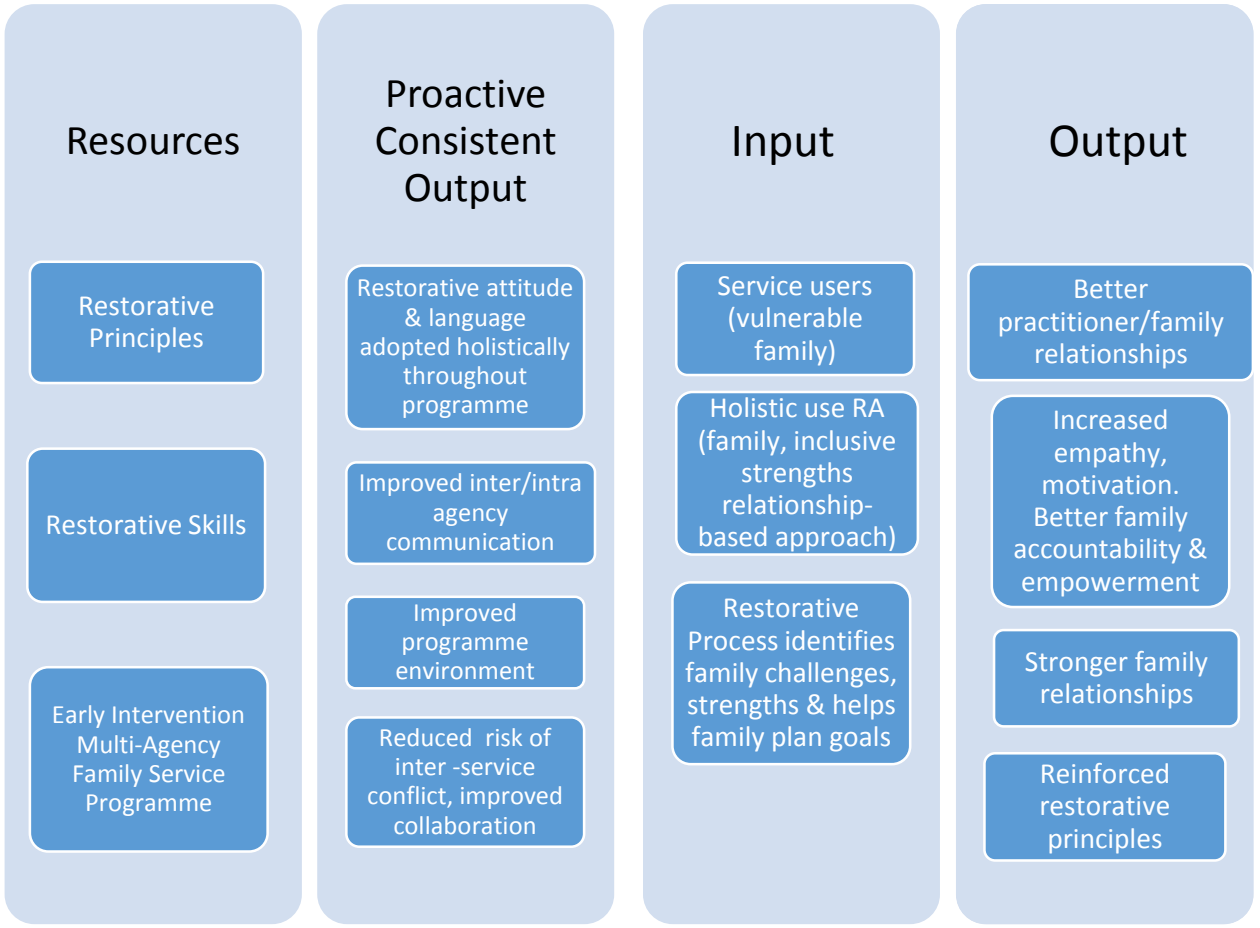

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RA workshop

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Evaluating Restorative Approach Family Engagement Project

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Background

- Non-engagement in authoritarian professionally driven family services.
- Barriers – Practical, social and previous negative experiences of services.
- Engagement promoted by: relationship-based, family-centred working and a rebalancing of power inequalities = Restorative Approaches.
- RA use increasingly shaping family services but need for evaluations.

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RAFEP

- Training programme for family practitioners working in Wales.
- Developed and implemented by Tros Gynnal Plant.
- RA Engagement Model- promotes active listening, empathy, collaboration & reflection on existing practice.
- 3 initial days with reflective forums 3 & 6 months post training.
- On-going informal support from trainers.

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Aim and Methodology

- To explore changes in practitioners confidence, practitioner-family engagement and relationships, and organisational adoption of RA.

- Mixed methods longitudinal study.

  1. Quantitative - Questionnaires adapted and data collected immediately before & after training, and 3 & 6 months post training.

  2. Qualitative - A few free text responses in questionnaires; three focus groups 3 months post training.

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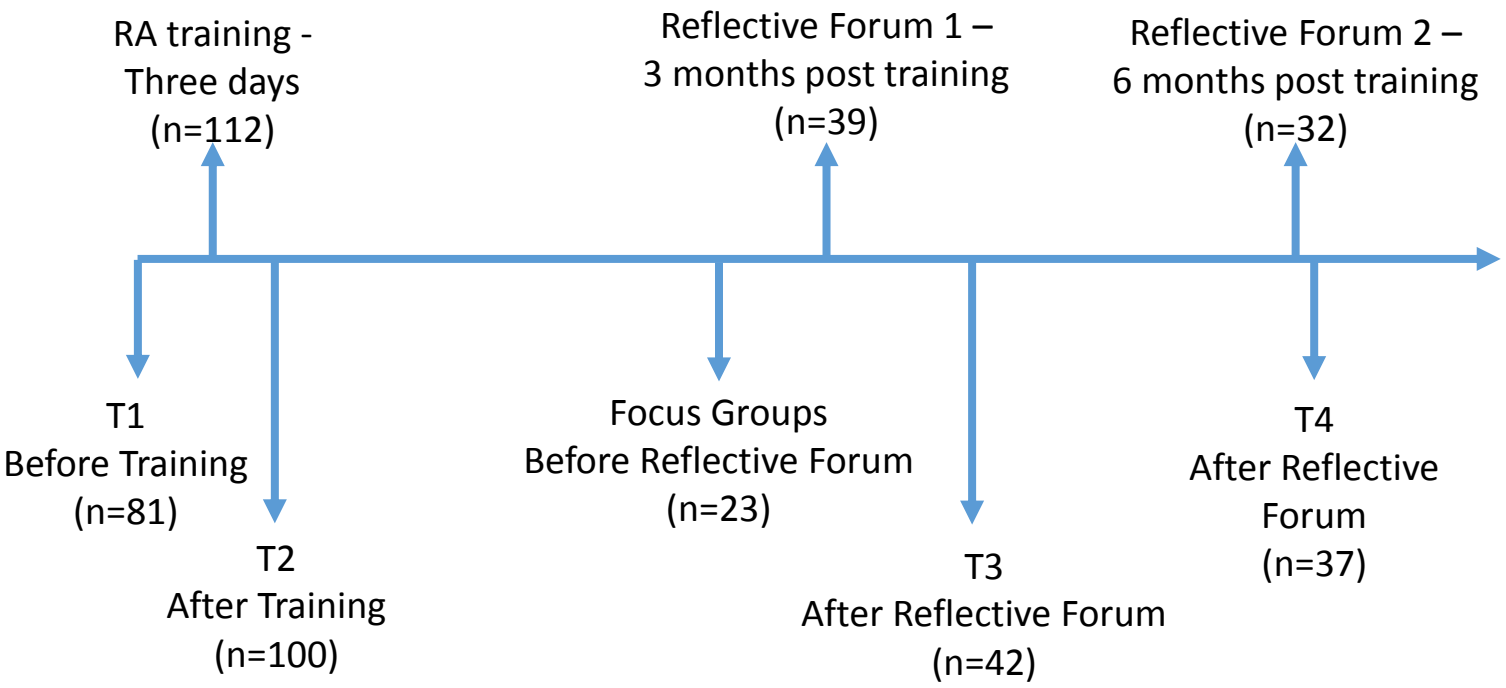
RAFEP Training and Support



Data Collection

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Findings: Practitioners' confidence

Aspects of Confidence	Mean (SD) at T1	Change T1–T2	Change T2–T3	Change T3–T4
Developing positive relationships	74.1 (17.0)	+6.3*	+2.2	-0.7
Improving family communication	64.8 (20.0)	+9.1*	+2.1	+2.6
Helping identify needs and goals	63.9 (20.2)	+11.4*	+0.8	+2.7
Facilitating change	63.3 (21.1)	+11.0*	+2.1	+3.9*
Number of people	81	69	40	22

Table 1: Practitioner confidence scores at baseline and changes in confidence over time. * indicates p<0.05

- Significant differences with respect to gender and age.
- No significant differences according to length of experience or prior training.
- Association between confidence gains and attendance at reflective fora.

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Findings: Practitioners' confidence

- Provide practitioners with both an ethos/structure and tools to utilise in practice.

  I think it's brought everything into perspective. You're doing it and you've probably done it for years, but it lets you bring it all together with far more confidence than I had before. (P5, FG2)

- Allowed families to communicate better, understand what lies beneath problems, provided them with ways to problem solve and become more autonomous. In turn, this helped increase practitioner confidence in RA.

  Yesterday I had a bit of a 'Oh!'. I spoke to a mum about something and she said that she had gone by herself, and I thought 'Oh! Oh dear, umm, Oh good, yes well done. I thought I was going with you but you've gone by yourself.' That was a bit of a moment there (P1, FG3).

Findings: Practitioner-family interactions

Statement	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree	N
RA helped me develop better relationships with families	0	1	0	14	19	7	41
RA led to more sustained service use by families	0	2	2	13	15	6	38
RA helped better engage whole families in service use	0	2	3	12	17	5	39
RA increased family autonomy	0	1	0	17	16	6	40
RA empowered families	0	0	2	9	22	6	39
RA helped me work with families rather than for them	0	0	2	11	18	9	41

Table 2: Responses to questions about practitioner-family interactions (T3)

- The majority of respondents tended to agree with all six statements.
- Patterns were similar at T4.

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Findings: Practitioner-family interactions

- RA elicited a deeper level of engagement:

We've always been good at engaging with families, but I think what people are talking about is the quality of the engagement, and that's what's actually changing (P1, FG3).

- This lead to better but longer processes:

The change has been that I took a step back and the young people are working more with me now which probably will make some processes longer than it would have been before but with a better outcome (P3, FG2).

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Findings: Attitudes and adoption by agencies

Statements	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree	N
RA helped develop a common language between practitioners working with families	0	1	0	8	18	11	38
Use of RA is now embedded in my agency/team	1	4	0	12	15	6	38
Use of RA has changed service culture & philosophy	1	1	4	18	12	1	37
Use of RA has improved inter-agency communication	0	2	2	15	17	2	38
Use of RA has changed the way our service works with families	1	1	5	15	10	6	38
Use of RA saves time and money in the long run	0	3	0	11	14	10	38

- The majority responded in the positive half of the scale for all statements.
- Greater level of disagreement, specifically about RA changing services delivery to families, changing service culture and philosophy, and being embedded in the agency/team.

Findings: Attitudes and adoption by agencies

- Practitioner perceptions of service user satisfaction, decreased re-referrals and co-worker recognition of RA value.
- Positive effect on intra-organisational service delivery:

It has given us a framework that we can share with the team, because we are all part-time workers and sometimes we only have a two-hour crossover with colleagues using this approach someone can pick up the file and know exactly where we are (P3, FG2).

- Some co-workers interpreted increased time as family over-reliance on the worker.
- Apprehension about changing from a 'hand holding' approach:

We've got five other people, four other people that work in a completely different way and they can be quite blinkered in the way they approach their work, and they're quite entrenched in it really. I think if you're more open to other practices out there you can enhance the work, I've found that it enhances the work that you do (P5, FG3).

-

Future Recommendations

Training:

1. Consider changes to the content or delivery of the training to better meet the needs of those practitioners who reported reductions in confidence.
2. Consider training whole organisations.

Research:

1. Evaluation to assess the long term effectiveness of RAFEP.
2. Explore experiences of families receiving services from RAFEP trained practitioners.

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RA workshop

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RA in family
support services

Study background,

Family support services are a key part of social welfare services

Calls for use of relationship, strengths-based & whole family approaches in service delivery are growing in belief this increases service engagement and efficacy

Using such approaches can be challenging. This calls for the identification of delivery methods/approaches likely to promote and sustain their use.

Restorative approach is increasingly being adopted as an appropriate inclusive, strengths based framework in which to embed and deliver family and children's services in the UK, but little known about its use in this context.

3 year study has drawn on the Welsh Families First programme to explore and compare family service delivery with & without a restorative framework

Study Aims

- To identify, describe and map family delivery approaches and techniques used in Family First programmes across Wales
- To explore family service delivery and receipt in selected LAs delivering such services without and without RA
- To assess whether embedding family service provision in RA changes service delivery and receipt and promotes relationship, strengths based practice and use of a whole family approach
- To investigate whether use of RA in family services has additional effect on family dynamics
- To inform best practice for family prevention and protection services

Method

Phase 1: Analysis LA FF Action Plans; survey FF managers and staff; interviews with managers of FF agencies of 20 Welsh Local Authorities.

Phase 2: Case studies of family service delivery in two authorities not using RA as a service delivery framework. Data : Interviews with TAF managers (n =4); Focus groups with TAF teams (n= 4); Interviews with families using Families First in each of the 2 authorities (n= 22, 11 in each LA);

Phase 3: Case study of family service delivery in LA with services embedded in a RA framework. Data: Interview with a LA representative involved in extension of the RA to FF (n = 1); Focus group with TAF family management and worker team (n= 1, participants = 10); Interviews with families using FF services (n = 10).

Phases 2 & 3 Measures of family communication, cohesion, conflict and independence at referral, three and nine months later.

Observation of RA in family support services

Aim

Explore agency interpretation & understanding of RA
To gain insight into how RA affects practice delivery

Method

Data Collection: Focus group: TAF team & managers - 8 practitioners, a lead practitioner & team manager.

Observations: 11 family visits (conducted by 4 experienced practitioners),

Phase	**N**
First meeting	2
Ongoing Assessment	3
End of Assessment	3
Progress review/case closure	3
Total	11

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Practitioner RA Training

All practitioners had received RA training

'a bit of an eye-opener'. FGC

'I was kind of using restorative approach without knowing it. Allowing that person to talk and have their voice heard, trying to understand what they wanted'' FGC

Practitioner understanding of RA

RA based on a set of core values which = secure base on for relationships with families:

'it's more about the core principles, about being person led and really building a relationship with a person' FGP,

Restorative skills/tools: Translate restorative values into practice

- Being person-led
- Inclusive
- Empathetic
- Partnership-based
- Empowering
- Non-judgemental
- Democratic

How?

Restorative questions engender careful listening, good communication, sharing of experiences, empathy & understanding, collaborative identification of family need, setting the goals & considering how to achieve them

'that first question, "can you tell me what's happening", and then moving through, I'm always conscious of always moving through that process of what's happening, how are you thinking or feeling about that, is that having an impact on them, is it having an impact on the wider family, wider community, and what do they need to move forward from that, and start the planning and look at how they can change and what needs to be in place.'

Perceptions RA impact on service provision (2)

Generates whole family approach: RA value: Inclusivity

'It could be friends, maybe it's relatives. Whoever they deem as their family unit would be who we would work with…. the small child who wants to talk to us, their perspective on what the problems are is as valued as mum's. It may be very different, from a different angle, but nevertheless it's to be heard, respected and integrated into our picture of things.' FGP

Supports strengths-based questioning practice: RA values democracy and trust: *'they're the experts, they know what's going on, they know how best to keep, (pause) usually the families we work with know how best to keep the kids safe. They know how best to meet their needs. They know how best to manage risk…. if we have a different perspective about that, their perspective is still valid. We do a lot of reflection about why they might think a certain way.'*

Change mechanisms embedded within RA.

1. Motivational practice: Understanding of the effect of situations and challenges on others:.

2. Solution Focused Therapy: Practitioners act as a *'sounding board'* on which families can explore their own routes for change

3. Social modelling: *'they start to mirror the way you're working. Parents can see how things are happening and rather than screaming and shouting at their kids, they might kind of think: "Ah I saw how they did it and they got a response and normally I don't get a response.' FGP*

Comparison with other methods of social care delivery

'Before it's was "ok, so we're going to go in. We're going to find what's going on and then we're going to tell them what, kind of, to do.' [Restorative approach] it's working with the family to explore what's happening so we can come up with the solutions together.' FGP

Felt that time pressures of statutory social work prevented gaining detailed understanding of the family, their situations or a feeling of working together

'never had 6 weeks, you know, to spend with the family [assessment] …… often I've done a 7- day assessment and I've gone back and said "this is what you need to do." It wasn't so much that "what do you need, how can I help you?" I've always had to tell them, so it's different, it's quite different, I didn't like working that way; it's quite controlling.' FGP

Effects at agency level

'There's high expectation with staff as there is with the families, in that they get a lot of support, they get a lot of challenges as well, and are empowered, that's the idea. So they work restoratively, but they should be treated restoratively also. Because if it doesn't run through the agency you're teaching something different then aren't you.'

'we try and walk the walk in the office as well as with the families'.

'when I was in Local Authority I'd come back from a visit, like, and I'd just get back on with it, barely look up kind of thing. Whereas here, you'd never come back from a visit without somebody going: "Oh how did it go, how's that mum doing now? "

Delivery and receipt of family support services using a Restorative Approach

- Nominally 6 weeks: often longer due to use of a whole-family approach
- Assessments seen and described as opportunities to spend time with families
- Every visit began with general enquiries about each family member, similar to the 'checking in' of restorative circles
- Informal language *'what's going on' , ' how was it for you '*
- Family information used to write a 'family story' from the family perspective
- Positive restorative language, active listening, little interruption and no challenging of family accounts
- Praise for achievements or positive actions
- Focus on identifying family needs and goals, '*What do you guys need to make life easier?'*
- Quick gains
- Tools seen: Cards used to draw family or family member opinion out

Assessment (2)

- Sustained use of Whole Family Approach: Rationale explained to one family
- Can include anyone important to family
- Effort to engage reluctant members observed: *'they've chosen to stick around and sort of be around and doing odd jobs in the vicinity, they can hear everything that's being said and being talked about. And in a way, they're just as engaged in the process because they can still, they're still part of it, they're still part of the engagement even if they're not the ones talking. So you've got this outer layer of people who are around in the house, who are quite significant. I think about it in layers and sometimes I think 'well these people have, kind of, at least they've managed to suss me out as a person, at least they've listened to me, kind of, chatting to their mum or they kind of know who I am, and maybe build a little bit of trust. …..there's some connection. ''FGP*
- Plans to meet family members individually as well as a unit

Panel Meeting and Goal Setting

- Described as a ‘getting together’ of all involved to plan necessary action
- Great importance placed on the family taking part.
- Family story central to meeting

Progress review and service monitoring

Family use of wider services and resources (if needed)

Although practitioners talk of *'stepping back'* visits still appeared very important: not just to monitor & co-ordinate services, but as sustained family support

Restorative questions used to explore ongoing family situation, experiences of service use, subsequent feelings and intentions, discussion of how to address barriers

Further evidence that service use is embedded in RA and seen as a co-production

Example

Review meeting: Mum questioned if family needed all suggested help as practitioner had helped her *'kick a few demon's into touch'* and give up substances .

Consequently many problems had been addressed and 'bad' family days now felt like normal family life.

Practitioner listened to rationale, praised mum's progress and commented on how well she had sorted herself out. They reviewed the current situation for each family member.

- Family conflict decreased so FGC referral cancelled.
- One daughter not yet accessed job advice, decided this would be completed: plan to achieve this made.
- Addressed focus child *'pulling sickies,'*.
- Agreed that the case would be closed once the careers advice was gained.

Conclusions

- Fair, empathetic, non-judgemental, inclusive, flexible principles and associated practice engendered by using RA mirrors those found in wider restorative practice
- RA promotes good communication, active listening and use of WFA
- RA generates use of relationship-focused, strengths-based, inclusive approaches
- These generate trust and enables collaborative work to identify and address goals, despite the indications of power imbalance still inevitably evident.
- RA weaves other evidence–based techniques: motivational interviewing; solution-focused therapy and social modelling into the process of service delivery
- RA adds to the concept of strengths-based practice as it sets underlying principles, techniques and skills into a flexible, systematic, adaptive process of family support service delivery that encompasses assessment, finding solution and setting goals .

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RA workshop

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Comparing use of
RA with family
services without
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Phase 1

4 LAs pre-existing infrastructures/delivery methods aligned with FF

'It was an evolution not a revolution and I think that our journey must has probably been a 12 year journey on this route, so Families first coming in didn't kick start anything. It just helped to reaffirm and lever what we needed to do'

6 LAs believed existing services had met local need but needed to develop better inter-agency integration and adopt a family focus

4 LAs found the new model so different they made extensive changes *'bit the bullet right from the outset…decided to decommission all services'*

Remainder took middle line: retained some services, decommissioned others and appointed new ones to fill resultant gaps

Plans for strengths based, relationship based practice & RA

- Wide but not universal adoption of SBP
- Less use of RBP (recognition of importance but less evidence of adoption)
- Two LAs adopted RA holistically (all family practitioners/key workers trained).

LAs categorisation

1. Authorities still developing, adopting or embedding FF principles and model
2. Authorities close to or providing services in line with programme guidance
3. Authorities delivering services in line with programme guidance and embedded in RA.

One authority from each category took part in phases 2 or 3 of the project.

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Local Authority Case studies

All Family Practitioner Teams developed around TAF models.

Partner agencies varied to meet local needs. Common links with agencies such as Action for Children, Barnardo's, & Tros Gynnal Plant, local schools & Flying Start

Different criteria for service qualification:

- Age of child/young person: LA1 0-18; LA2, 0 – 25; LA3 0 -18 (unless vulnerable young person in which case the higher age was 25).

- Family needs: LA1 = 1+ , LA2 = 2+, LA3: input from 4 or more agencies needed.

NB: FPs & TMs see this as increasingly out of date. Less work with families at early stage of need more with families with complex needs, often at edge of CS referral.

Service Delivery: referral, assessment, TAF meeting, service use, progress review, case closure

LA1

No waiting list: concern this may see families receiving no support a during a time of need.

Senior practitioner conducts initial *'holistic'* assessment. Practitioner makes full assessment over one to two months.

MA TAF meeting to develop plan of family goals & how to achieve them. Families encouraged to attend these. *'the offer is always there for them – ideally we want them to be part of it. We do it at 6 to 8 weeks because a lot of those families – the thought of even walking into a room full of professionals is quite daunting and terrifying for them so that's why we have that nice build up to that … that works quite well….they are involved throughout the whole process & I think that is one of the strengths of the TAF is because participation is built up through the sort of whole structure …….they're expected to attend, if they want to attend they feed into that '*

Families access wider services and work with practitioner to meet agreed goals.

Reviews of family progress take place in monthly multi-agency meetings.

LA2

- Initial contact within two days of referral; assessment within next ten.
- After assessment TAF meeting to set the family plan, no mention of family participation.
- Families work with the TAF team & wider agencies to achieve goals. Service exit is planned within the next three months. Emphasis on the time limited nature of the process.
- Overall process aims to offer support to families and set goals quickly with an overall awareness of a finite end . This approach also hopes to reduce service dependency

LA3

Referral telephone line is staffed by TAF team so all contact is with practitioners.

Practitioners see it as part of RA to help non-qualifying families access resources if:

> *'They're not ready for straight forward signposting…..they need a conversation, they need that like restorative bit of work done, meet with the family have a conversation. We are then able to see where they at in terms, how able they are to meet their own needs' FGP.*

Practitioner visits home to begin assessment. Nominally 6 weeks but often longer.

Assessment information compiles a 'family story' from the family perspective. Once approved by the family, these are used at the TAF meeting. Great importance placed on families taking part in and making active contribution to these meetings.

In next phase family use wider services/resources. Practitioners monitor and co-ordinate services use, and visit the family to support them.

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Family focused and WFA approaches

Practitioner/team manager perspective

- Wide understanding of family focus: *'Putting the family in the centre of everything'* (Family Practitioner, LA2).
- Subtle differences in interpretation of WFA

Family perspectives

Family descriptions of service receipt were searched for evidence of a whole family approach. A continuum ranging from 'none' to 'some extent' to 'yes' emerged and was applied to each account,

LA1

Practitioners: Recognised need to work with families as individuals and as a unit

'I am working with the young person and [the FP] with the mum, um or mum and dad. We will then set a date and we will do a family session, in the home or here, where we discuss different things & I can advocate for the young person and [FP] for the parents.'.

Families: Accounts suggest only 2 families experienced a WFA. Nine families placed in 'to some effect' construct as practitioner worked with % of family.

'they're doing a lot more this time, than the first time, because they're a lot more involved with the family as well. My daughter for example, has been on an activity thing, on the holidays. …… I had a letter, I had a phone call from the practitioner saying would she like to go on it. She happened to be in at the time and I asked her, and yes. Umm, and that was it.(LA1:1)

LA2

Practitioners: defined WFA as talking to all family members or identifying the needs of different family members '*on numerous occasions I've gone in for the child but ended up working prolifically with the parent for other issues such as debt, yeah, benefits, welfare, housing, all sorts.'*

2 families received WFA

6 placed in 'to some extent' category: E.G: Despite FP effort some members of one refused to engage due to poor experiences with children's/health services. FP used WFA as much as possible '*We talked about the lack of support of eldest son's school. We have talked the lack of support that I've had off my mental health social workers, adult social services. We have talked about the bullying and the humiliation in the hospital that I get, and how they treat my children as well. We have talked about general schooling, about attendance, doctors' appointments and yeah, we have talked quite a lot about a lot of things.' (Mum LA2:6)*

LA2 (continued)

3 placed in ‘no’ category. service remained focused on the individual who had triggered referral. No attempts to identify needs of other family needs or address difficulties at the family level.

‘ ***has X talked to you, or the school, or anybody really about like what kind of support you need for you?*** *I… Well no I don’t think they have. I mean the school well the school haven’t said anything, nothing at all.* ***Have you explored with the FP the impact it’s having on you as a person, not you as mum?*** *Umm I can’t remember, I don’t think we’d spoken about that personally (LA2:7)*

LA3

Practitioners recognised need to talk with as many family members as possible.

Described how that gained greater insight & understanding of families worked with

Families: 4 placed in 'to some extent'. Main limitation – little work at the family level.

6 received WFA: practitioners worked individually & with all family members, & at family level - 'family stories'; collective family discussion of using FGC; meetings in which parents asked about each family member in turn; family mediation *'P1. sat down with us first, & then he got the boys involved. He was very helpful in every shape & form. He was there to do. P2: That's what I mean, it did get a bit, you know* ***[too much?]*** *yeah, from time to time. There was a lot of shouting and blaming and arguing, even in here. He was very professional about it, he tried to explain to the boys how we were, and to us, how the boys feel and things like that. P1: He wasn't intimidating at all,…he was like a one-to-one a pleasant person (Parents LA3:4)*

Relationship based practice

All teams recognised importance of practitioner/family relationships in engaging families & exploring/meeting family need. Linked RBP to non-judgement, honesty, trustworthiness, practical, available, responsive, reliable,

Longer assessments in LA1 & 3. LA3 believe assessment needs positive relationships with as many family members as possible, and believe this takes time. LA 1 & 3 experiences shows more information shared when families know practitioners better.

In LA2 some similar beliefs *'I had a family and I had a good relationship with them. It was a child report behaviour and one day I went over to see the mother, and I said "what's the matter with you, you don't seem well." And she said: "I'm being abused". But I wouldn't have got that unless I had the relationship I did have with them'*

Families

Area	Quality	N families		
		LA1 n11	LA2 n 11	LA3 n 10
Personal	Straightforward/down to earth	3	2	3
	Friendly	4	2	7
	Honest/open	2	2	6
	Trust	1	4	8
	Helpful	2	2	5
	Supportive	4	3	5
	Non judgemental	1	3	3
	Positive/encouraging	1	1	6
	Easy to work with/approachable	2	5	10
Practice approach	Good listeners	1	3	8
	Worked with all family	3	5	7
	Worked with some of the family	6	6	2
	Emphasised the voluntary nature of service/advice	1	1	5
	Partnership	1	4	4

Strengths-Based Practice

Evidence of affiliation to SBP given by practitioners in all authorities,

'we're empowering them for them to decide what their needs are (general agreement) and empowering them then to meet those needs '(LA2, FP);

'we've been given things like solution focused training, which shows you how to keep things very positive & focus on the things that are working instead of things that are not working and trying to boost the positives in families' (Family Practitioner, LA1).

As decribed LA3 practitioners displayed commitment to strengths-based practice when expressing their faith in parental expertise and willingness to question their own views when they differed from families

LA1

- Family experiences varied. 2 accounts suggest use of SBP.

'encouraged me, you know, a bit to be like 'no this has got to be done'. You know? The only way that this is going to work is if it comes from me. I mean, the [FP] could have come up here, spoken to me for an hour about strategies, and then if I didn't put them in place, what's the point, innit? It was my place to put these structures.' (LA1:3)

Others had different experiences.

- Two fathers talked of being told what the family needed *'once they let you know what help you need'(LA1:10)* rather than collaborating in goal setting or solution processes
- One mother was critical of an approach which whilst gentle and FP had a 'nothing too much trouble, ' this failed to motivate her to become independent.

LA2

Little reference to SBP but 5 parents felt their views had been valued and they felt free to disagree with practitioner opinion.

One description of initial approach being doing things 'for' the family (poor family/ educational authority relationship. FP worked to improve this and then encouraged Mum her to manage interactions herself.

In 5 parents could not describe practice as practitioners –after assessment – FP solely worked with family children at schools

One family appeared very dependent on their TAF practitioner
*'I can always phone her up and she'll…**Is that important?** Yeah I think it is, to have someone you know like if I, I go into a meltdown mode if I, like the council letters …..I go into like a total, I'm not very good with that sort of stuff. **So you tend to get a little bit panicky about it**: I do suffer with that in any case. **Do you?** Yeah. She'll say right come on I will phone up now, give me the number (LA2:11)*

LA3

All families described how practitioners had helped them recognise the strengths that lay in the family.

'you think oh it's me, I've messed everything up, I am no good.. to have someone go oh well actually hang on, and repeat things back to you it's sort of oh yeah ok so. ***Does it make you feel better about yourself, repeating the good things?*** *Yeah because when you're in the middle of everything it's very hard to see outside of the problems so to have someone sort of say well hang on you've dealt with this, this, this and you've done that.* ***That's giving you like, making you give yourself a pat on the back as well?*** *Yes.'LA3:9.*

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Families attitudes post-service use

Vast majority were positive and willing to use services again

LA1 *'It is a life-line,'(LA1:6')' ; ''I will just be sorry to see them go, I will. Because of the support, you know. It's been so helpful to all of us. To see them go, it'll be quite upsetting' (LA1:8).*

LA2: *'I'd love to work with her forever to be honest, to have her in my corner when I needed her.'*

kind and friendly, non-judgemental . Can fully trust them. Doesn't think there is much they haven't done. Would recommend the family practitioners to anyone' (LA2:4 field notes)

LA3 *' I couldn't ask for anybody better really. He is cracking he is. He is a really good people person. I can't imagine him having any problems whatsoever because he is so positive and upbeat and yeah.(LA3:7)'*

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Problems and challenges

- LA1: All needs not recognised or met; some experience of authoritarian or laissez faire attitudes
- LA2: 3 Instances of all needs not recognised and still affecting family dynamics *'I dread picking [focus child] up, dread picking her up from school because I don't know what they're going to say [tearful]* ***So you're still actually suffering anxiety?*** *Yes, terrible with that anxiety I am****. And have you got anywhere that you can go for that, I know you've got your mum?*** *No. Nowhere.'(LA2:7)*. Negative attitudes post use *'they are not helping, [focus child] is not helping himself. In a way, I can see what they mean, he is not helping himself but I don't really want anyone to give up on my child either' (LA2:8).*
- LA3: All families who worked with LA3 were positive about their practitioner and the positive impact of service use on families. But comment that service should be early on when a family is beginning to face challenges and struggle.

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Quantitative findings

Knowledge of RA led to expectation that its use could have positive impact on family behaviours and dynamics.

Family conflict, independence, cohesion, expressiveness were measured before, 3 months & 9 months after service use began. No significant changes in total sample

LA	Pre FF	3 months	9 months
1	24	11	15
2	25	23	18
3	25	21	17
Total	74	55	50

Family conflict

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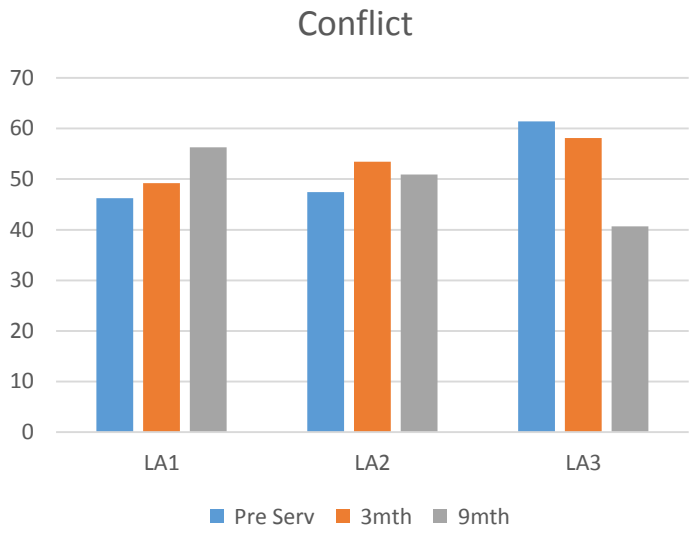
LA	Pre-use	3 months	9 months
1	46.21	49.15	56.3
2	47.4	53.41	50.9
3	61.4	58.1	40.7



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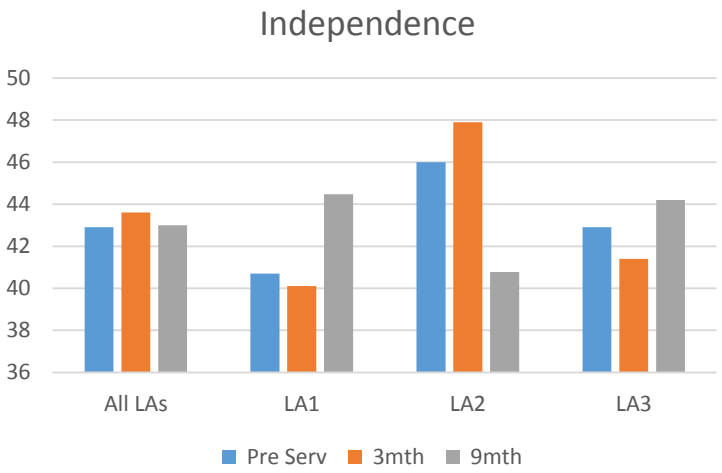
Family Independence

LA	Pre-use	3 months	9 months
1	40.7	40.1	44.5
2	46.0	47.9	40.8
3	43.9	41.4	44.9



Conclusions

- Fair, empathetic, non-judgemental, inclusive, flexible approaches which are valued in practice and lead to better relationships between practitioners and families/service users are engendered by RA
- RA promotes good communication, active listening and use of WFA
- RA promotes relationship & strengths-based, inclusive approaches
- These generate trust and enables collaborative work to identify and address goals,
- RA weaves motivational interviewing; solution-focused therapy and social modelling into service delivery
- More sustained use of SBP has more positive effect on family independence
- RA in FSP associated with reducing family conflict

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