

Restorative Approach in family service provision: Promoting relationships and strengths based practice?

Annie Williams

Aims

- Introduce the key principles and processes of Restorative Approach and how it can be applied to family services
- Compare the effect of delivering family services with and without RA on family engagement, independence, & conflict

Introduction to Restorative Approach

*RA can be defined as **an ethos** founded on values such as fairness, participation, inclusion and support, that can build and strengthen communities, and which can be drawn on to shape **a process** that resolves arising problems by bringing those involved together and repairing the damaged relationships by increasing mutual understanding, generating motivation to remedy matters, and providing support needed to remedy the issue as far as is possible in a way acceptable to all.*

(Williams and Segrott, 2017)

Introduction to Restorative Approach (2)

- 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

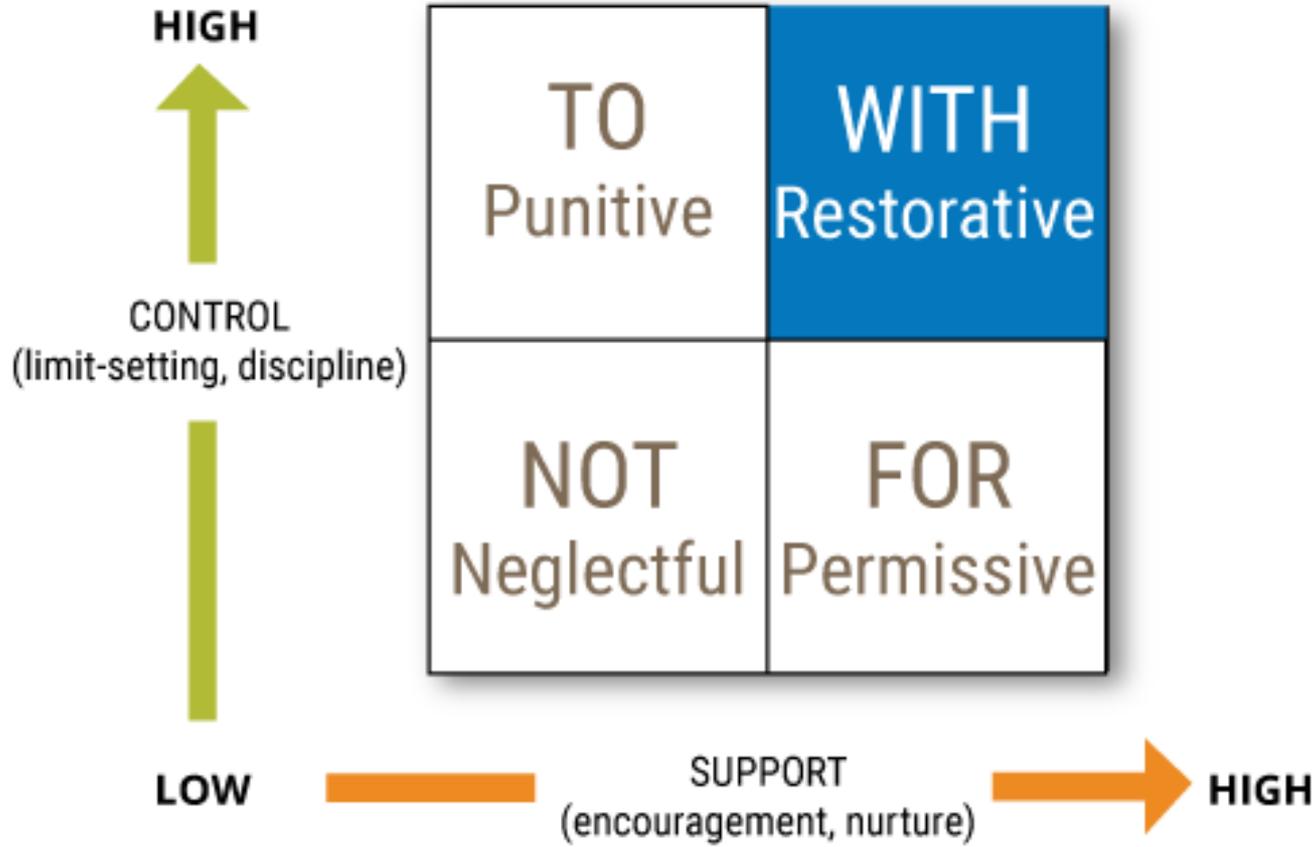
Overview of RA

- Key principles of RA
 - 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
- Overarching principles and processes through which these operate

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)

Source: International Institute for Restorative Practices



Adapted by Paul McCold and Ted Wachtel

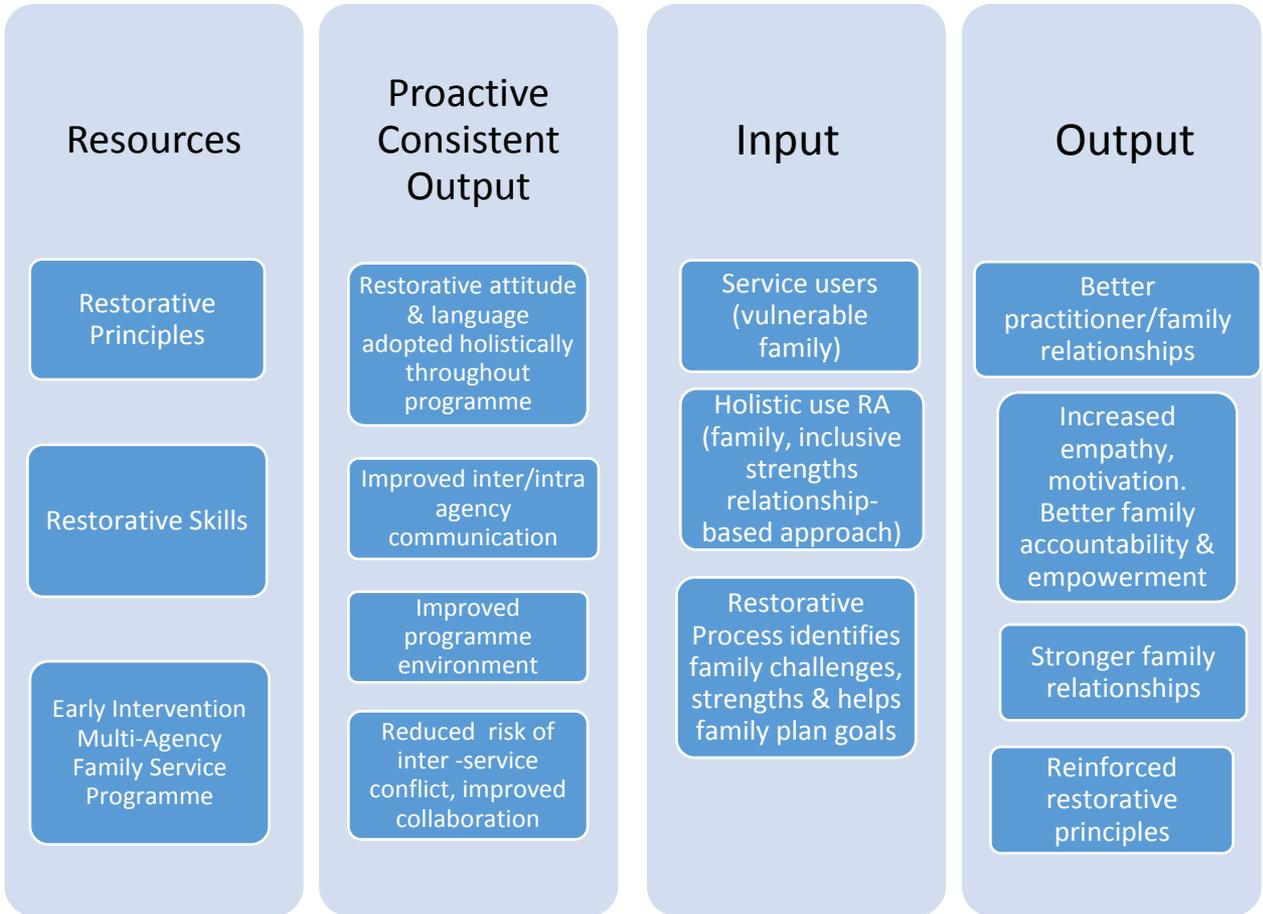
Restorative skills: Active listening, promote communication, generating empathy/ understanding, identify needs, collaborative goal planning and solution finding

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

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 is how principles of RA translate from other settings to family services





**Use of RA in
family services**

Study Background and Aims

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

Identify, describe and map family delivery approaches and techniques used in LA Family First programmes across Wales

To explore family service delivery and receipt in two LAs meeting FF guidelines on service delivery to differing extents

To assess whether/how embedding family services in RA changes service delivery and receipt and if it promotes use of relationship based practice, strengths based practice and a Whole family approach

To inform best practice for prevention and protection family 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 one LA where services were 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.

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.

WFA: LA1 (No RA)

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: Qualitative analysis of family accounts categorised service as WFA, 'to some extent', no evidence

LA1 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)

WFA LA2 (No RA)

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)***

WFA LA3 (RA)

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
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' (LA1, FP).

'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.'(LA3, FP)

- 5

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 lettersI 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

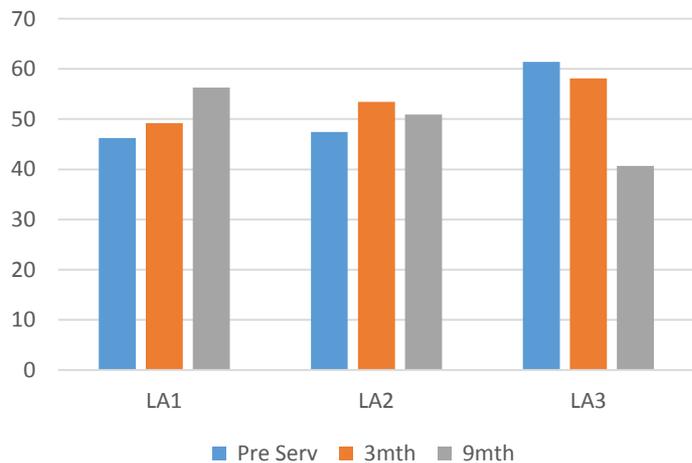
All families talked of how practitioners had helped them recognise the strengths that lay in the family.

*'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.

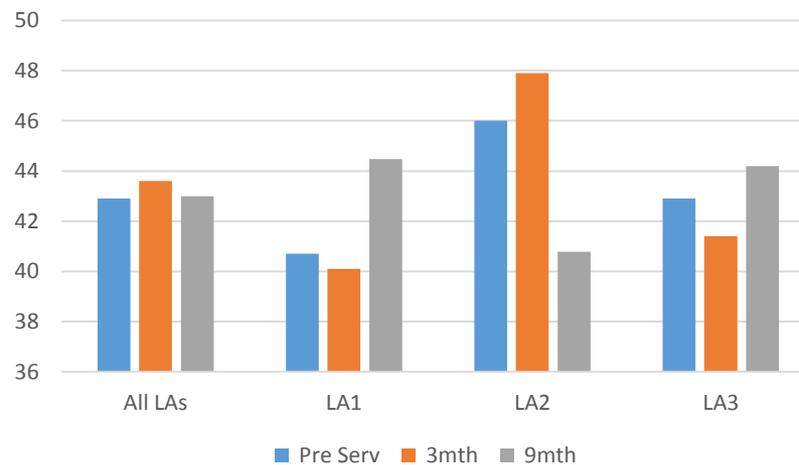
Quantitative findings

Significant findings

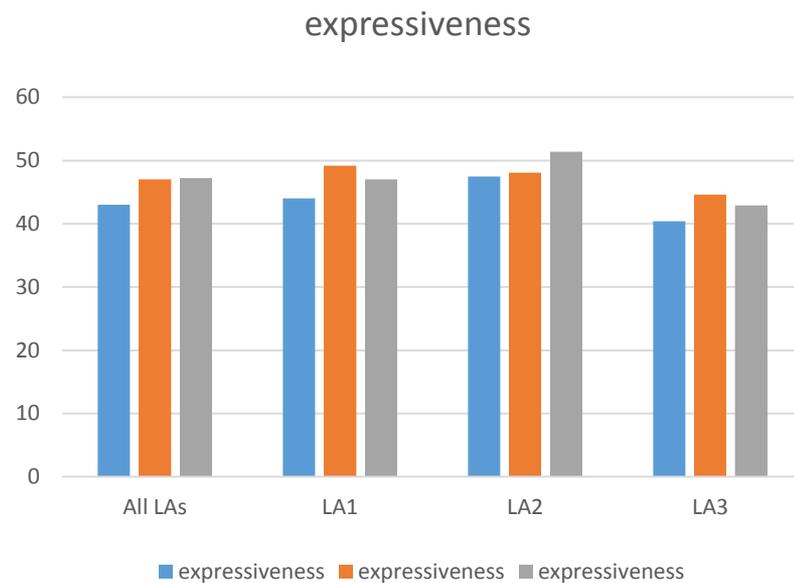
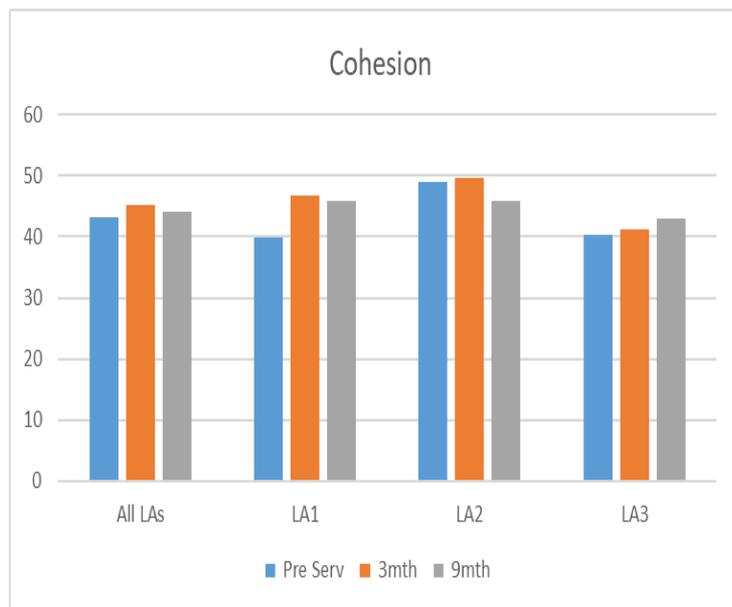
Conflict



Independence



No Significance



Conclusions

- Wide recognition of importance of relationship- based practice and generally good adoption in practice
- Focus on strengths-based practice associated with increase in family independence,
- Use of RA in family service provision leads to reduction in family conflict
- Embedding family service provision in RA leads to greater use of WFA, strengths and relationship based practice