



## Improving relationship-based practice, practitioner confidence and family engagement skills through restorative approach training



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### ABSTRACT

Restorative Approach (RA) is an ethos and process that has been linked to a reduction of interpersonal conflict and improved relationships in various service settings but whose use is little explored in family services. This paper describes the findings of an evaluation of a training programme; The Restorative Approaches Family Engagement Project that was delivered to voluntary sector family practitioners across Wales with the intent of increasing the use of RA amongst practitioners and agencies, raising practitioner confidence when working with vulnerable families, and improving the extent to which and how practitioners engage with families. The study employed mixed methods. Quantitative measures investigated pre- and post- training practitioner perceptions of confidence, levels of family engagement, and organisational attitudes to RA. Post-training focus groups explored practitioner opinion of RAFEP and perceived changes to service delivery and receipt. Findings suggest RAFEP training promoted practitioner understanding of RA and increased perceptions of confidence when working with families in four specific aspects: developing positive relationships with service users, increasing communication, identifying service user needs/goals, and facilitating change. Qualitative data indicated that practitioners attributed the increased confidence to the service delivery framework engendered by the training and associated tools which facilitated its use and improved family engagement. Whilst host organisations were generally supportive of practitioners attending RAFEP training there was little evidence that knowledge and use of RA had been fully integrated into practitioner host agencies unless the organisation had previously used a restorative ethos.

### 1. Introduction

Family support is a key part of welfare services that has developed rapidly in many parts of the world in recent years (Canavan et al., 2016). The knowledge base around such programmes indicates that family support services are more effective when built on strong foundations of good communication, accessibility and flexibility (Dahl et al., 2005; Kemp, Marcenko, Lyons, & Kruzich, 2014; Manola, 2007) and sustained use of family-focused, empathetic, strengths-based, respectful ways of working (Daly et al., 2015; Dunst et al., 2007; Forrester et al., 2016; Morris et al., 2008). Establishing these constructs as a framework for family support service provision often demands a shift in organisational culture and associated service delivery. In practice, this calls for the abandonment of authoritarian professionally driven services in favour of relationship-based, family-centred working and a rebalancing of power inequalities that persist within social service provision (Dominelli, 2002; Featherstone et al., 2014; Morris et al., 2008). In the UK a number of national programme guidelines (Department for Communities and Local Government, 2012; Welsh Government, 2011) suggest these demands have been heeded, however, evidence indicates that implementation in practice faces challenges (Institute Public Care,

2012) with the non-engagement of families with complex needs a persistent concern (Barlow et al., 2005; Bemberg, 2006; Morris, 2011). Katz et al. (2007) divide factors affecting family engagement into practical barriers such as service accessibility; social factors as exemplified by ethnic minorities or persistent poverty; and stigma, particularly that associated with service use and previous negative experiences. Factors that increase service engagement have also been identified. These include good communication; forming positive relationships with families (Munro, 2011; Scott, 2013); gaining good understanding of family situations; using strengths-based approaches; providing practical help; and persistent assertive approaches (Department for Communities and Local Government, 2012; Welsh Government, 2011).

In pursuit of such practice growing numbers of UK family programmes are adopting restorative approach (RA) in the belief this is likely to promote relationship-based, family-focused, whole-family approaches. RA is an ethos and practice built on the hypothesis that addressing harms and challenges within communities or between individuals is best achieved by building or restoring relationships (Hopkins, 2009; McCluskey et al., 2008; Strang & Braithwaite, 2000). RA stems from restorative justice, a practice first developed in the

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**Table 1**  
Restorative enquiries in family service context (adapted from Hopkins 2009)

Enquiry (to each family member)	Output	Potential impact on family/family member
What happened?	Description from multiple perspectives	increased family involvement, communication, reflection
What were you thinking and feeling?	Descriptions linked thoughts and emotions	Increased family involvement, communication, reflection, empathy
Who has been affected and how?	Accounts of effect on self & perceptions of effects on others	Increased family involvement, communication, reflection, empathy, increase motivation for change
What do you need for the problem or harm to be repaired?	Participants discuss & determine support needed for change	Increased involvement, communication, reflection, empathy promote family decision identify family needs aid problem solving
What needs to happen to make changes?	Participants agree and plan actions needed to achieve change	Increased involvement, communication, reflection, empathy, facilitate family solution & goal planning, identify family capacity & need for support

criminal justice system as a way to address crime in a more democratic way. Restorative justice operates through a process of facilitated discussion involving the offender and victim and others affected, which seeks to address the effect of offences through collaborative consideration of the harm caused and how it can be resolved in ways acceptable to all (van Ness, 2005; Zehr, 2015). RA differs in that it can be used at two distinct levels: first, the ethos or attitude generated by everyday adherence to restorative values such as collaboration, partnership, inclusiveness, equality, respect and fairness (Burford & Hudson, 2000); second, a process similar to restorative justice (Hopkins, 2009; McCluskey et al., 2008; Strang & Braithwaite, 2000) but one which focuses on the problem rather than offence. When used in professional practice RA can vary from ‘informal’ use and application of the underlying ideologies and associated language to formal restorative circles and conferences (Costello et al., 2010). In this, the concept of a social discipline window (Costello et al., 2010) illustrates how RA employs high levels of support and control or challenge to work collaboratively with individuals involved. To facilitate this a number of ‘restorative questions,’ can be used. Table 1 sets out the questions and shows how they encourage inclusion and participation and discussion of problematic situations, thereby increasing mutual empathy, motivation to change, and discussion of what should change and how.

Table 1: Restorative enquiries (adapted from Hopkins, 2009).

Table 1 also links RA to the recognised evidence-based methods of change of motivational interviewing and solution-focused therapy, but differs in that it embeds these within practice and delivers them within the positive, relationship-based inclusive practice demanded by the underlying values.

Accounts of using RA within family and children’s services are beginning to emerge in the UK and wider; with some suggestion that its use leads to better intra-organisational environments (Tariq, 2016, Finnis, 2016; Kay, 2015; Mason et al., 2017) and reduced conflict between stakeholders (Fives et al., 2013). Despite this, its use in this arena is still in need of conceptual, theoretical and practical evaluation and consideration (Williams & Segrott, 2017). In light of that, this article considers the ability of RA to effect family services by describing the findings of an evaluation of the Restorative Approach Family Engagement Project (RAFEP); a training programme for family practitioners that was recently delivered across Wales.

### 1.1. Restorative approaches family engagement

RAFEP was developed and implemented by Tros Gynnal Plant, a Welsh third sector organisation with extensive experience of using RA in family contexts. The training concentrated on familiarising third sector practitioners delivering family and allied service workers with RA principles and concepts; using these to reflect on existing practice and personal values and compare them with those of RA. It also aimed to develop practitioner communication skills in order to help them engage families, build better relationships with them and provide support without generating conflict. An additional intent was to increase awareness and adoption of RA within practitioner host agencies

([www.rafep.wales](http://www.rafep.wales)). RAFEP training was delivered in three phases over eighteen months. Each phase worked with a different cohort of third sector practitioners drawn from the 22 Welsh local authorities. In each phase RAFEP consisted of a main three-day training programme followed up by two ‘reflective fora’ 3 and 6 months after the initial training.

## 2. Method

The knowledge that using RA as a framework for family service delivery is still developing in the UK demanded some exploration of its effect on service delivery and receipt. To contribute to this an evaluation of RAFEP was conducted in the second year of the project.

Ethical approval for the research was gained from an ethics committee at Cardiff University.

The evaluation involved practitioners from those working in the nine Welsh Local Authorities who received training during the second year of RAFEP. The study explored the effect of RAFEP on practitioner feelings of confidence when working with families, perceived family engagement and adoption of RA in practitioner host agencies. Specifically, the research questions asked to what extent and how did RA training:

1. Impact on practitioner confidence when working with and engaging families and clients?
2. Change interactions between practitioners and families and clients?
3. Lead to wider RA adoption and use in practitioner organisations and agencies?

To address these questions the study used mixed methods. All training participants were invited to complete a questionnaire at four time points – immediately before training (T1), directly after the 3-day training delivery (T2), three months (T3) and six months later (T4). The questionnaire primarily yielded quantitative data through closed-response questions although there were some open-ended questions. In addition, focus groups were conducted with a self-selecting subsample of participants 3 months after training.

### 2.1. The questionnaire

As a suitable RA questionnaire did not already exist, the research team drew on earlier associated measures developed to explore the effect of training social workers in other delivery methods (Holden et al., 2002; Holden et al., 2015; Scourfield et al., 2012) which were informed by Social Cognitive Theory that argues behaviours are determined by feelings of self-efficacy and confidence (Bandura, 1977, 1982). Adaptation to develop measures more pertinent for this study was directed by researcher consultation with RAFEP developers who reinforced the contention (e.g Hopkins, 2016) that RA effects change by improving relationships via better communication, mutual empathy,

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