Shropshire's Social Work Model Relationship Based Practice

Theoretical Framework

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Achieving Outstanding Social Work

Shropshire's Social Work Model - Relationship Based Practice

An introduction to Relationship Based Practice

Relationship Based Practice is the model of social work promoted in Shropshire, our mission is to ensure '***the right help at the right time'*** for all children and their families. To enable this to happen Shropshire is committed to supporting relationship based practice by promoting early help, enabling families to work in partnership with universal and targeted services where safe to do so. Shropshire's children's social care is committed to working together with partners across Shropshire to strengthen families and communities, engaging with families at every opportunity. Our wish is to build on the good work happening around Shropshire and recognise the importance of the relationship building with children, families, partner agencies and communities to ensure appropriate identification and provision of help to those who need it. It is by building strong, meaningful relationships with children, young people and families, working in partnership with communities and partner agencies that positive change can be negotiated, facilitated, motivated, maintained and sustained. Shropshire's relationship based practice aims to make lasting positive changes to the lives of some of the most vulnerable families and communities.

Where a threshold is met for a social work intervention, Shropshire will endeavour to uphold children's right to a family life and to live with parents when safe to do so. *Article 9 (Separation from parents): Children have the right to live with their parent(s), unless it is bad for them.* (UN Convention on the rights of the child 1989).

Social work is essentially about relationships: first and foremost with service users; but also with social work colleagues and colleagues from other professional backgrounds – health, education, police, to name a few; with the organisational context and wider policy context of practice; and finally with 'the self', or oneself. These relationships do not exist in isolation from each other and are interrelated and exert influences on each other.

"Social work will always begin and end with a human encounter between two or more people and this encounter, or relationship as it develops, is the medium through which the social work task is carried out"

Definitions of relationship-based practice are hard to come by but it is closely related to and builds on psychosocial approaches to practice and the psycho-dynamically informed case-work tradition (Hollis, 1964). The central characteristic of relationship-based practice is the emphasis it places on the professional relationship as the medium through which the practitioner can engage with and intervene in the complexity of an individual's internal and external worlds. The social worker and service user relationship is recognised to be an important source of information for the worker to understand how best to help, and simultaneously this relationship is the means by which any help or intervention is offered.

This inclusive perspective, the model is characterised by the following key understandings of social work practice:

- Human behaviours and the professional relationship are an integral component of any professional intervention.
- Human behaviour is complex and multifaceted. People are not simply rational beings but have affective (both conscious and unconscious) dimensions that enrich but simultaneously complicate human relationships.
- The internal and external worlds of individuals are inseparable, so integral (psychosocial), as opposed to one-dimensional, responses to social problems are crucial for social work practice.
- Each social work encounter is unique, and attention must be paid to the specific circumstances of each individual.
- A collaborative relationship is the means through which interventions are channelled, and this requires a particular emphasis to be placed on the use of self
- The respect for individuals embedded in relationship-based practice involves practising in inclusive and empowering ways.

Theories supporting relationship based practice

*… an approach informed by **attachment theory, psychoanalysis and systems theory,** which brings together and offers a way of understanding the complexity and variability of the ways in which individuals develop and relate to one another within particular social contexts, via a focus on their past and present relationships. (Ruch et al 2010)*

The model proposed seeks to offer a joined up way of thinking about relationships that acknowledges the visible and invisible, conscious and unconscious components that comprise all relationships, and recognises the importance of connections between the intrapsychic, interpersonal and broader social contexts in which they are embedded. It aims to help practitioners engage in meaningful practice which makes sense of the uniqueness of individuals' experiences and behaviours. (Ruch et al 2010)

What these characteristics imply is that relationship-based practice involves practitioners developing and sustaining supportive professional relationships in unique, complex and challenging situations. An important but not necessarily explicit implication arising from this model is the need to reconceptualise not only the nature and behaviour of service users but also of professionals. This model places equal importance, therefore, on the unique and complex nature of professionals and the rational and emotional dimensions of their behaviours. This is often referred to in social work literature as the professional 'use of self'. As a social worker one of the biggest challenges you will face is being able to simultaneously focus in professional encounters on what is happening for the service user and what is happening to you. By developing this ability to understand holistically the service user's and your own responses to a specific situation you will ensure you are acting in the service user's best interests. (Wilson K., 2011)

Theories influencing Social Work Practice

Every social worker practices from a theoretical framework whether they recognise it or not (Coulshed and Orme, 2006). Some social workers may not necessarily acknowledge or understand their theoretical framework, but rather practise from assumptions and beliefs that are guided by their personal or professional experiences and not necessarily from established and researched theories. In such situations, the social worker could be putting clients at risk of harm by practising from assumptions and the social worker's values versus established theories and the values set by the social work profession. Social workers have an ethical and professional responsibility to have knowledge of established and researched theories that are grounded in social work values and to draw continually upon these theories in social work practice. As interrelated concepts, a theory often informs social workers as to the type of method they should use with clients in certain situations. A theory assists social workers in understanding various situations, difficulties, behaviours and experiences, and a method instructs the social worker in what to do in response to the identified phenomenon. (Teater 2014)

The relationship between the social worker and the child, young person and their family is the most powerful tool for change. At the heart of social work lies the skills to build and sustain relationships to help and support families to grow stronger and promote their right to a family life.

Theory

Social Worker

Service User

Method / Tools for Intervention
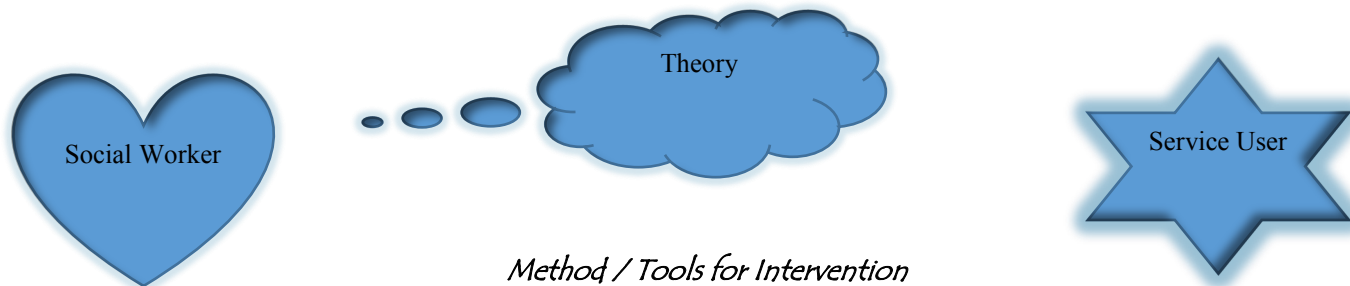
CommunityCare
informChildren

To support Social workers in accessing evidenced based research , theory and information to inform and shape social work practice. All staff have access to the CC Inform website, www.ccinform.co.uk Log in details and support can be sought from the Learning and Development Team email: debbie.watson@shropshire.gov.uk

Supporting transferring theory to practice

The Role of the Advanced Practitioner

Shropshire are committed to supporting Social work practice by employing advanced practitioners who are experienced Social Workers whose role it is to drive excellent practice, provide reflection opportunities and professional challenge. Each team have a dedicated advanced practitioner who provides additional support and guidance to new staff and those in their assessed and supported year of employment (ASYE). Advanced practitioners will co-work cases, providing less experienced workers the opportunity to explore and manage complex cases with AP's who can support the development of practice wisdom and opportunities for reflection and professional growth.

Shropshire have an experienced Advanced practitioner whose focus is legal work, supporting social workers to ensure the highest quality of Social Work reports and evidence before the courts. This advanced practitioner will provide advice, guidance and liaison between the Legal team and Social Workers. This will provide a direct oversight of legal cases and provide a strong communication link between the legal and social work teams. Again providing professional challenge and driving excellent practice forward.

Each advanced practitioners supports learning and development opportunities throughout the year. Sharing their knowledge, practice wisdom and providing professional growth across all areas of child protection, child in need and early intervention work.

Children Social Care Library Learning and Development have an extensive Library, which supports theory, practice and tools for assessment and intervention. All Shropshire staff and partners have access to the Library. The essential reading list is within and easily accessible through the library service.

Essential Reading List Shropshire are promoting an essential reading list, which incorporates the most up to date, evidenced based research findings and guidance for child protection and social work practice, which has been supported by the Wet Mercia Consortium.
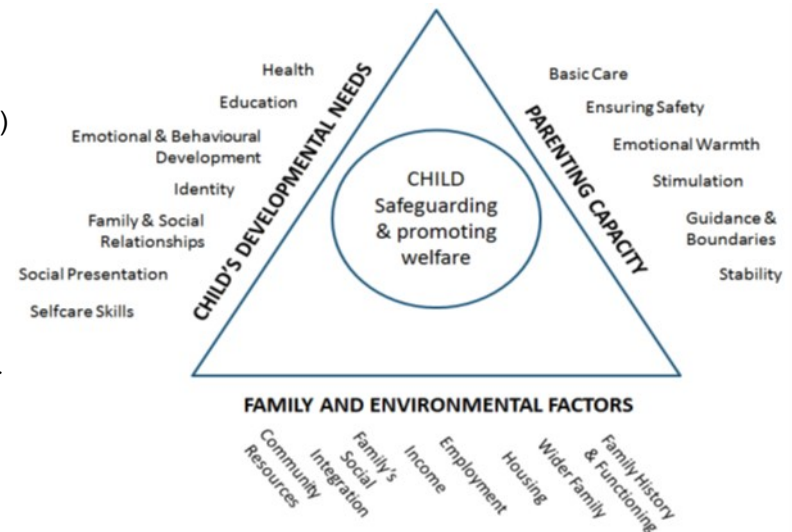
Assessment of Need and Risk

Shropshire Safeguarding Children Board Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire

This threshold framework, "Accessing the Right Services at the Right Time" is a guide for practitioners and managers in every school and agency that works with, or is involved with children, young people and their families. Its aim is to assist practitioners and managers in assessing and identifying a child's level of need, what type of services / resources may meet those needs and what processes to follow in moving from an assessment to a provision of services. It describes needs in terms of 'Tiers' - which is essentially a schematic way of helping to understand children's needs and how they could be met. It does not provide a rigid or concrete set of procedures – it is important that all agencies understand the needs of each individual child within their own context and realise that each child's situation is unique and specific to them. What follows is therefore **a guide to offer clarification**, not a rigid set of procedures.

*Research has shown that taking a **systematic approach** to enquiries using a **conceptual model** is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains, set out in the diagram below.*
(Government, 2015)

The questionnaires and scales pack, which accompanies the Framework for the Assessment of Children in Need and their Families (2000), sets out how a number of questionnaires and scales can be used by social work and other social services staff when assessing children and their families. The materials were piloted in a number of child care situations within five social service departments and modified to suit children and families and the requirements of staff working in this setting. The instruments can assist staff preparing reports for the Court, by providing a clear evidence base for the judgements and recommendations made regarding a child, and inform the child care plan.
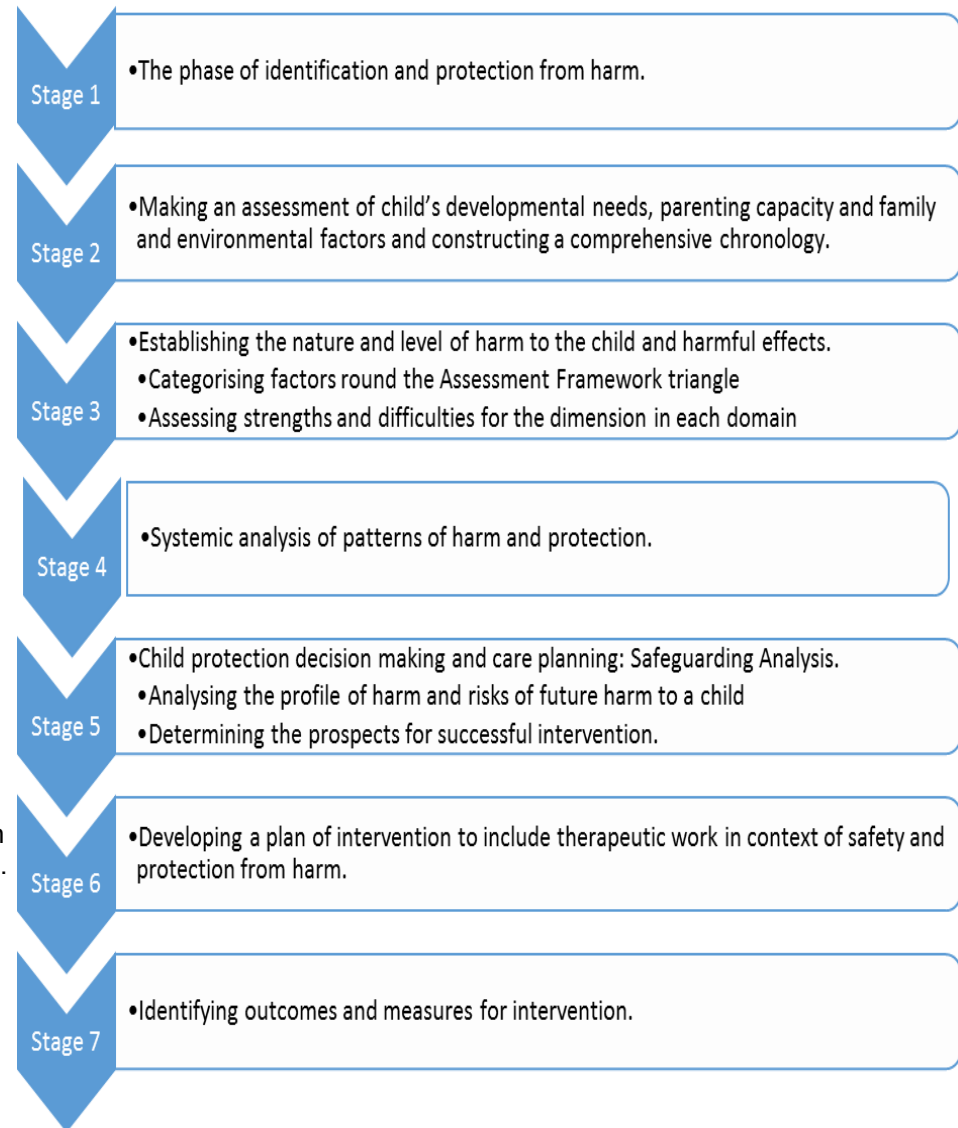
Assessment of need and risk

The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family.

An assessment should establish:

- The nature of the concern and the impact this has had on the child;
- An analysis of their needs and/or the nature and level of any risk and harm being suffered by the child;
- How and why the concerns have arisen;
- What the child's and the family's needs appear to be and whether the child is a Child in Need;
- Whether the concern involves abuse or Neglect; and
- Whether there is any need for any urgent action to protect the child, or any other children in the household or community.

The assessment will involve drawing together and analysing available information from a range of sources, including existing records, and involving and obtaining relevant information from professionals in relevant agencies and others in contact with the child and family. Where an Early Help Assessment has already been completed this information should be used to inform the assessment. The child and family's history should be understood.

This Seven stage approach to assessment, analysis and planning intervention provides a robust structure for Assessment, analysis, planning, evaluation and review working towards improving outcomes for children, young people and families.

Stage 1
- The phase of identification and protection from harm.

Stage 2
- Making an assessment of child's developmental needs, parenting capacity and family and environmental factors and constructing a comprehensive chronology.

Stage 3
- Establishing the nature and level of harm to the child and harmful effects.
- Categorising factors round the Assessment Framework triangle
- Assessing strengths and difficulties for the dimension in each domain

Stage 4
- Systemic analysis of patterns of harm and protection.

Stage 5
- Child protection decision making and care planning: Safeguarding Analysis.
- Analysing the profile of harm and risks of future harm to a child
- Determining the prospects for successful intervention.

Stage 6
- Developing a plan of intervention to include therapeutic work in context of safety and protection from harm.

Stage 7
- Identifying outcomes and measures for intervention.

Assessing Need and Risk

The *Risk Analysis* requires the identification of risk and protective factors.

Risk factors are defined as those factors in the child's world which are likely to *increase* the likelihood of harm occurring/recurring.

Protective factors are those factors in the child's world that may be seen as containing a protective component for the child – they are likely to counteract the impact of the identified risk factors, and diminish the risk of harm occurring/recurring.

The second part of the risk analysis is addressed in the question: *"Which of these factors are likely to be most significant for the child in terms of reducing or increasing the probability of future harm?* Here, we need to *appraise* the relative *strength* of the risk and protective factors that have been identified, and *assign weight* to them. In other words we assess how *powerful* each of these factors is likely to be, including their strength *relative* to each other. We may be able to see from the boxes of risk and protective factors, that one set seems longer than the other set. But caution is needed because a longer list of protective factors may be deceptive. When considering the strength of these factors, we may find that a smaller set of risk factors adds up to more in "real" terms. We always need to give consideration to the *interaction* of different factors and their *cumulative* effects on the child and family.

The last part of the *Risk Analysis* with the information available and the analysis undertaken will enable us to describe: *What needs to change if this level of risk is to be reduced?* We return to the three domains of the *Assessment Framework* to highlight the areas where change is needed. What needs to change in *parenting capacity, family and environmental factors* if the child is to be kept safe, experience healthy outcomes – i.e. their *developmental needs* are to be adequately met – *and for them to no longer require a child protection plan*? A provisional estimate of the time-scales within which these changes need to occur should be made.

(Dr Vic Tuck 2004)

Parenting Assessment Manual (PAMs)

The Parent Assessment Manual (PAM) is a comprehensive, assessment tool for use with vulnerable families, including parents with learning disabilities.

PAMS 3.0 is a complete Parent Assessment Application used by Social Workers, Psychologists and other professionals across the UK and abroad. The PAMS assessment was developed by Dr Sue McGaw a nationally renowned Clinical Psychologist in the field of working with parents with learning disabilities) and South Coast Solutions. The PAMS assessment tool was originally written for parents with Learning Disabilities; it allows all parents to access the system fairly whatever their level of ability.

When working with parents with a Learning Disability practitioners should always refer to the Good Practice Guidance on Working with Parents with a Learning Disability, Department of Health and Department for Education and Skills, 2007 (www.dh.gov.uk/en).

Shropshire Safeguarding Children Board (SSCB) developed a range of Multi-agency Strategies and practitioners toolkits to support front line practice, risk assessment and threshold decision making and professional judgement.

Category	Brief overview
Neglect Strategy & Practitioner Toolkit	This guidance document has been produced to ensure that professionals have a consistent understanding of childhood neglect and know what is expected of them should concerns arise.
Child Sexual Exploitation Strategy & Practitioner Toolkit	This guidance document has been produced to ensure that professionals have a consistent understanding of child sexual exploitation and know what is expected of them should concerns arise.
Self-Harm - Information, Advice and Guidance for Practitioners	Self -harm is a wide definition that includes eating disorders, self-injury, risk-taking behaviour and drug / alcohol misuse. This policy focuses on the self-injury aspect of self-harm.
Suicide Prevention, Care Pathway for Children and Young People in Shropshire	A systematic approach to identifying and addressing the needs of children and young people at risk of suicide. This includes Risk assessment guidance, early intervention questions and baseline risk assessment questions. A care pathway flowchart for workers to follow & additional supporting information and guidance
Sexually Active under 18's protocol - Incorporating *BROOK Traffic Light Tool*	The protocol is designed to assist those working with children and young people to identify where these relationships may be abusive, and the children and young people may need the provision of protection or additional services. They are based on the core principle that the welfare of the child or young person is paramount, and emphasise the need for professionals to work together in accurately assessing the risk of **Significant Harm** when a child or young person is engaged in sexual activity.
Meeting the needs of children and young people affected by Parental drug /alcohol misuse.	Parents and /or carer's who misuse substances may have difficulties meeting the needs of their children and fulfilling their parental responsibilities. This protocol acknowledges that children living in these circumstances may have additional needs and require support provided by a range of services from universal and early intervention services to specialist services for those with more complex or acute needs.

BROOK Traffic Light Tool

Parenting Solihull Approach

Parenthood can be extremely rewarding and enjoyable. It can also be demanding, frustrating and exhausting.

Parents have the important role of raising the next generation, but most people begin their careers as parents with little preparation, and learn through trial and error. The challenge for all parents is to raise healthy, well-adjusted children in a loving, predictable environment.

In Shropshire we offer parenting workshops and groups which provide easy to implement, proven parenting solutions that can help and prevent future problems before they arise. It's about looking at what is already working well and building on that to make it even better.

Parenting groups run over ten weeks, and encourage parents and carers to identify the most important issues in their relationship with their child, and to reflect on why things sometimes go well and sometimes don't. It's then easier for the parent to identify how to work together with their child.

Although the parenting group isn't intended to be a therapy session, there's time for parents and carers to explore some of the emotional pressures they're under, some of which may relate to their child and some to the way they were parented themselves.

The parenting group aims to:

· promote understanding of children's behaviour within the context of developmental issues

· promote the development of parent/child relationship

· increase confidence and self-esteem in both parents and children

· give parents a strategy for repair when things go wrong

· promote reflective, sensitive and effective parenting.

Groups are aimed at parents of children and young people aged 0 – 18 years. Parents attend groups voluntarily. Groups are delivered by professionals across Shropshire actively working with and supporting families.

The model integrates three concepts from separate academic disciplines, each of which are influential theories within their own field; Containment draws on Psychoanalytic Theory (Bion, 1959), Reciprocity, Child Development Theory (Brazelton et al, 1974), and Behaviour Management originates from the traditions of both Social Learning Theory and Behaviourism (e.g. Skinner, 1938).

Containment describes the process of one person receiving and understanding the emotional communications of the other without being overwhelmed by them and being able to communicate this back to the other person. This restores the ability to think in the other person. Containment helps parents to process their emotions or anxieties so that they can engage in a relationship with their child, and allows for behavioural interventions to be implemented. Through containment, parents/carers enable their children to manage their emotions. This is related to a long tradition of research on the performance/anxiety curve, (e.g. Hebb, 1949) where performance initially increases with slight anxiety but will rapidly deteriorate as the physiological level of the person increases. Containment processes emotions, down-regulating the arousal level in the mid brain and increasing the capacity to think in the cortex of the brain.

Reciprocity describes the sophisticated interaction between a baby and an adult where both the baby and the adult are involved in the initiation, regulation and termination of the interaction process whereby the parent is sensitive to the needs and feelings of the child and responds to the child (and the child also responds to the parents). Reciprocity also applies to the interactions in all relationships, parent to child, adult to adult, worker to parent. Reciprocity is fundamental to our development, from language to self-regulation (up and down-regulation) and impulse control. Babies require adults who can be present enough to attune themselves to this interaction. It is then through this pattern of interaction that they will learn both how to interact with others and how to manage themselves.

Behaviour management is part of the process whereby parents teach their child self-control, thus enabling the child to participate in society. Parents in well-functioning families work together, to place reasonable boundaries on the child's behaviour. They encourage the child with attention and other rewards. Gradually the child becomes able to internalise both the restraints and the satisfactions for himself. It also facilitates learning and development.
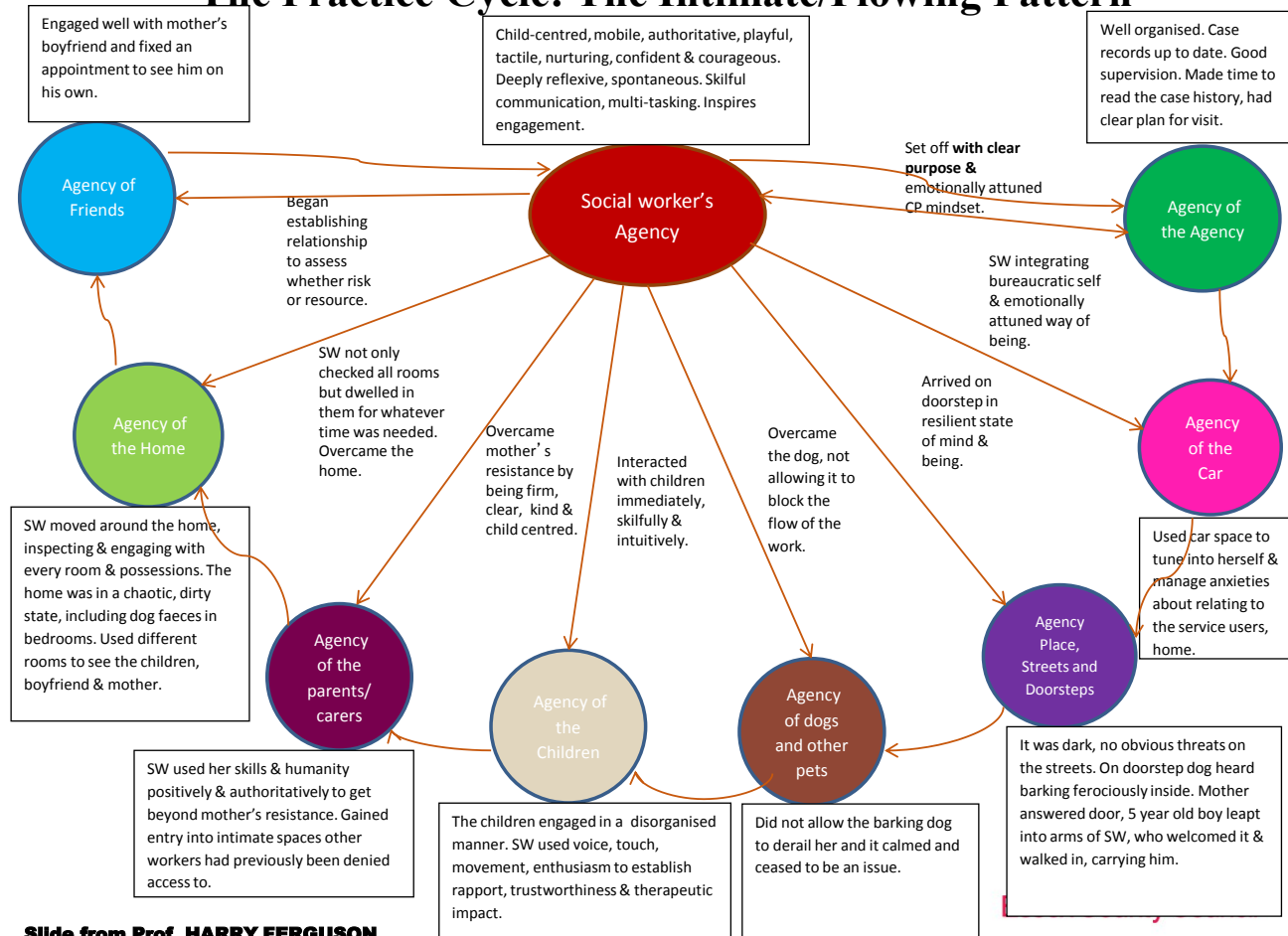
Sensitive and effective behaviour management is an outcome of containment and reciprocity.

For more information please contact: Karen.ladd@shropshire.gov.uk

Making every contact count

Making Every Contact Count (MECC) encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health and wellbeing.

The Practice Cycle: The Intimate/Flowing Pattern

Engaged well with mother's boyfriend and fixed an appointment to see him on his own.

Child-centred, mobile, authoritative, playful, tactile, nurturing, confident & courageous. Deeply reflexive, spontaneous. Skilful communication, multi-tasking. Inspires engagement.

Well organised. Case records up to date. Good supervision. Made time to read the case history, had clear plan for visit.

Set off **with clear purpose &** emotionally attuned CP mindset.

Agency of Friends

Social worker's Agency

Agency of the Agency

Began establishing relationship to assess whether risk or resource.

SW integrating bureaucratic self & emotionally attuned way of being.

SW not only checked all rooms but dwelled in them for whatever time was needed. Overcame the home.

Arrived on doorstep in resilient state of mind & being.

Agency of the Home

Agency of the Car

Overcame mother's resistance by being firm, clear, kind & child centred.

Interacted with children immediately, skilfully & intuitively.

Overcame the dog, not allowing it to block the flow of the work.

Used car space to tune into herself & manage anxieties about relating to the service users, home.

SW moved around the home, inspecting & engaging with every room & possessions. The home was in a chaotic, dirty state, including dog faeces in bedrooms. Used different rooms to see the children, boyfriend & mother.

Agency of the parents/carers

Agency of the Children

Agency of dogs and other pets

Agency Place, Streets and Doorsteps

SW used her skills & humanity positively & authoritatively to get beyond mother's resistance. Gained entry into intimate spaces other workers had previously been denied access to.

The children engaged in a disorganised manner. SW used voice, touch, movement, enthusiasm to establish rapport, trustworthiness & therapeutic impact.

Did not allow the barking dog to derail her and it calmed and ceased to be an issue.

It was dark, no obvious threats on the streets. On doorstep dog heard barking ferociously inside. Mother answered door, 5 year old boy leapt into arms of SW, who welcomed it & walked in, carrying him.

**Slide from Prof. HARRY FERGUSON**

The principals of MECC are integral to social work interventions. Making every contact count, will ensure efficiency and quality of the service provided to children, young people and families.

The diagram shows an example of excellent social work overcoming the myriad of challenges to make best affect of the contact in building the relationship with the child and parents ensuring every contact counts.

In striving for excellent social work, skill is required to engage and motivate children, young people and families to build relationships, based on trust, honesty and transparency, to where safe to do so ensure children stay living with their families.

Supporting families to stay together where safe to do so.
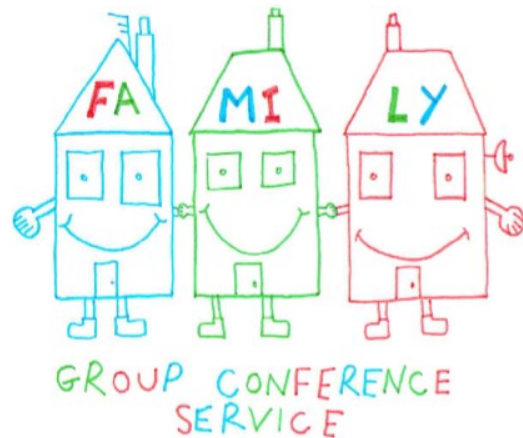
To strengthen families and support them to find their own solutions and to ensure where ever possible children stay at home or with families when safe to do so, the use of the Family Group Conference Service is promoted.

What is a Family Group Conference? Family, other relatives and friends meet together so they can all talk & focus on the future. The discussions regarding how they can help and support will then be put in a plan.

What do we mean by a 'family'? 'Family' are people who play an important role in the life of the children and young people. Anyone who cares about the child could be invited, this would include close family, relatives and people you are not related to such as friends, neighbors or other members of your community.

What happens at the Family Group Conference? Each Family Group Conference has an 'independent coordinator who will help you to organise the meeting for you and your 'family' to come together. The meeting will take place at a time and venue to suit the people who want to attend. Your family will be able to take responsibility for making a plan of action that will help build a more positive future.

Where ever possible and safe to do so our intention should always be to support birth parents to provide care that meets the needs of their child or children in a secure and continuous way. Shropshire Social Work Teams are locality based to promote strong relationships with partner agencies and services to strengthen families through early help where ever possible. Where it is necessary for a child to leave his or her birth parents or family, this should be for as short a time as needed to secure a safe supported return home. If the child cannot return home within appropriate timescales relevant to the child, plans must be made for the child's care with birth parents or within the network of family and friends. Where a return home is not in the child's best interests plans must be made the child's care through adoption, special guardianship or foster carers. The professionals involved will work in partnership with parents and families to achieve this. The wishes and feelings of the child will be actively sought and taken in to account.

'To establish rapport implies an interaction that is meaningful...it describes the quality of a particular interaction… and the way thoughts and feelings have been shared and understood… (it) involves creating a climate where the interviewee can begin to gain confidence in our personal and professional integrity… (which) creates the favourable conditions necessary for the people to be able to discuss and reveal problems and difficulties…

(Trevithick 2005)