

## Workshop: Relational Practice transcript

### About this transcript

This is a transcript of the Workshop: Relational Practice video which was created on November 12th 2021.

In this video Peter Fuggle, former Clinical Director at the Anna Freud Centre, and Lyndsey Mortimer, Service Delivery Manager at Families First Leeds, look at a whole system approach to relational practice – from planning, to governance, to commissioning, to management, to frontline practice. They discuss the multiple layers of relational practice: between teams, organisations, and directly with families and individuals.

For more information on the National Centre for Family Hubs, please visit: [www.nationalcentreforfamilyhubs.org.uk](http://www.nationalcentreforfamilyhubs.org.uk)

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### Workshop: Relational Practice transcript

[Peter Fuggle] I'm Peter Fuggle, I'm a clinical psychologist at the Anna Freud Centre. I've been involved in a particular programme, which I refer to a little bit called the AMBIT Programme. And it's great to be part of this, today's session.

[Lyndsey Mortimer] Hi, everybody. My name's Lyndsey Mortimer, I'm a service delivery manager in Leeds, and I am the lead for the Supporting Families programme here. And what we have just talked about before you've all arrived is that because we're recording this, I think, you've been advised to switch off the cameras and your microphones. So, we'd really encourage you to use the chat function if there's anything that you want to comment on throughout the presentation. And then we'll switch off the recording function when we get to the Q&A and you can put your cameras on and your microphones on, and then we can have a bit of discussion. I hope that makes sense for everybody.

PF: OK.

LM: Oh, you can't turn them on at all. Thanks. Everyone will be able to on the Q&A section. Brilliant.

PF: We're really aware that maybe quite a lot of you have listened for two and a half hours already to lots of people talking. So, our intention is to present some stuff to you and then we will have 15 to 20 minutes for discussion. So, if we crack on with that because I think by now, people will be keen. I certainly do in these kind of sessions. I'm keen to start sharing my own thoughts about things. So, I've got something in the middle. OK.

So, there will be three bits of this, I'm just going to I'm going to talk for about 10 to 12 minutes on relational practice in general. Then Lyndsey is going to talk about the application of relational practice to the work of her service in Leeds, which I think is really the meat of the sandwich, if I can call it that.

And then we'll have time for discussion overall. So just quickly, Paul, if you can move us on. OK. So as a purpose, we're just going to say what we mean by relational practice to connect those ideas to Family Hubs, to provide an example and then to have some discussion. OK.

So really, relational practice, I'm going to deal with in one slide. I think the problem with relational practice is that I've not ever met anyone who disagrees with it. So, this is fine in some ways because it means everybody cannot appreciatively, but it means it's got some limitations in terms of its idea. So, what do we mean by relational practice?

Putting relationships at the centre of our work. I honestly never met a practitioner who says, "No, I don't want to do that." But there's good reasons for it in the sense that it's supported by lots of research. So, lots of social care interventions, mental health therapeutic interventions. They all highlight the fact that the quality of the relationship between practitioner and client is critical to the effectiveness of the intervention. So again, we're on pretty solid ground here, and there are many, many different ways of doing relational practices there isn't just one way of doing it.

So, in here, restorative practice is the one that Lyndsey is going to illustrate. I've tended to work in a more mentalisation based approach. The systemic practitioners have been talking about it for decades and actually all forms of health and social learning theory CBT, they all rely on the importance of the relationship. So I don't think that's the problem. The problem is, what is the implications of this? It sounds, it sounds all simple, but there are some important implications that I just want to run through, which cause actually what seems simple becomes not simple. So Paul, can you go to the next slide?

So, it's not just relationships we're after, we're after relationships, which are helpful. Clearly went one can create relationships with people that may, but it may lack some of the characteristics that are needed in order to make change in people's lives. So for that, for relationships, the kind of common the common things that are highlighted that need to be collaborative, respectful, client centred, in my language mentalised, i.e. people need to feel understood, recognised, have a sense of the helper, if I can call it that, has a feeling of what it's like to be them, that they need to have some trust in the process and it needs to be purposeful so you can have relationships if

you don't have some of these things, then some of the effectiveness of those relationships may not come through.

Paul, can you go through? OK now, so there are some, in creating helping relationships, there are a number of sort of snags that may immediately come up and I want to focus on the snags more than just the principle itself, which I think is non-controversial. So, the first is around the role of power. And there's a wonderful book by Edgar Schein, called 'Helping', who talks about the fact that any kind of process of somebody asking for help from somebody else opens up a sense of vulnerability.

So, first thing I want to just highlight was aspects of power. Now, when I'm talking about helping I'm talking about helping just as part of normal social interaction, not necessarily as part of a professional relationship. And I suppose one of the things that then becomes exacerbated is when helping is in the context of professional relationships .

So, the differences in power need to be attended to. Again, I'm not suggesting in this context that people wouldn't have thought of that. But I suppose one of the things that is an aspect of Family Hubs is it's trying to position families and clients, families, young people, children and babies so that it's addressing and trying to kind of mitigate some of the effects of the fact that any help seeking process will introduce aspects of vulnerability and potential aspects of powerlessness.

So, two things need to change. We need to position parents in a more equitable role position, and that's part of Family Hubs. And the second is we need to change professional practice. Well, I don't know if we need to, where we need to be. Many, many practitioners already completely onto this. But there's two things, I suppose. There are some indications of this is that in restorative practice, the great emphasis is on working with and Lyndsey will talk about this a lot rather than working two or four or at or some other sorts of things.

And in AMBIT, the kind of mentalising approach, the focus is on really trying to stay very close to what's it like to be the person you're trying to be helpful to. The kind of markers that show that one is really attending to these things is if the professional, the practitioner, the therapist, the youth worker, whoever it is, changes their behaviour in response to what they learn about the client.

It's the change of behaviour that often is the critical marker that things are actually, that we're actually involved in relational practice. And I'll come back to that if people want to ask me questions about that.

OK, keep going, Paul. I've got about three minutes to get through the rest. OK. The second kind of critical thing again, relational practice is all easy when everybody trusts everybody, but the difficulty is that for many, for families, particularly more marginalised families, the expectations of assuming that trust is present can't be assumed.

And that mistrust of helping agencies is common and a part of a relational

approach is how to take seriously the problems of mistrust. How to be interested in the problems of mistrust and how to really kind of engage with people's sense that maybe be things their mistrust isn't because it makes sense. I suppose that's the kind of critical thing that often for families who have had all sorts of difficult experiences, either within their families or with others, or with previous professional engagements, that mistrust makes sense rather than being seen as some kind of problem that the client has.

Paul, can you keep going? Ok, I'm going to skip past the slide, but it's just simply to say that the principles of relational practice, if they apply to 18-month-olds, which is now a whole bunch of research which shows that if you want 18-month-olds to learn things, they learn things better if they have a relationship with you rather than if they don't. So, if it works well for 18-month-olds, it was good for me because that's a that's a tough, that's a tough bar to reach. I just wanted to refer to that.

OK. A second kind of aspect of relational practice is around the need for, in the collaboration, this is again the theme of how the professionals change their behaviour is that all of us have practice and we're all trained to be helpful in particular ways.

Therapists are trained in a particular way. Social workers and youth workers will train in a particular way. The kind of interesting challenge about relational practice is starting from the position of what the clients, what do they want help with and how do they like to be helped? And the Supporting Families Initiative, I think, has been particularly interesting in this, and it starts with working with families with multiple problems and multiple needs and inviting them to identify which part of their particular life difficulties they want help with first.

This is a, I think, really kind of key principle of relational practice, it's not for us to decide what help what people need help with, but to listen hard to what they find as helpful. The second of principle is that the diversity of help that in Family Hubs, it's not just simply how our relationship, if I can say our, professional's relationships to the clients, to families, to young people and children.

But there is a diversity of forms of help which can be which can be supported in Family Hubs. How families help families. Multi-family practice will be an example or peer support for both parents and for young people is a critical aspect of how help can be developed in a relational way. I'm going to move past that because Lyndsey's going to talk about restorative practice, but I suppose I just wanted to highlight a last point before we move on to Lyndsey's talk. It's just that the tendency has been to see relational practice in terms of the relationship between professionals, practitioners and clients. In their approach that I'm involved in, we apply exactly the same principles for relationships between professionals and between teams. Because in relational practice, the difficulties that can occur are very, very profound in relation to families that have...can you go to the next slide?

Where for families with multiple needs or multiple problems, there is often a large number of helpers. There's both a problem of multiple needs, but

also multiple helpers, and this is the kind of usual model of a team around the child. That's fine if it works. For some families, they can feel quite overwhelmed with that sort of process. They don't, you know, we were often told what we would like best is for if we can find ways that we could everyone could go away.

The next model, I'm very mindful of time, is to try to invest more in trusting relationships, rather than multiple relationships. And so, in the AMBIT approach, we're very keen to try to be very interested and curious in who the family is, young people, children who do they see as helpful to them rather than who should be helpful to them.

And the last slide is just how do we get there? In terms of the question, if we're going to encourage the last bit is around, you know, developing relational practice. I feel a bit strongly about this, but there's the idea that you can train a workforce in relational practice, I think is a bit is not the right way to start because a relational practice approach to training and support recognises strengths in the workforce, which are often enormous and often sometimes can be minimised when new initiatives come to town.

In AMBIT, we spend a whole day with teams talking to them about what they want to be trained in. And this would be exactly the same kind of model that one would apply to working with families that we start by being interested in how they see the world rather than how we think they need to be helped by us.

That's enough for me, too much from me in fact. I want to now quickly hand over to Lyndsey to talk about how relational practice looks, how it looks in relation to the work of your team in Leeds.

LM: Thanks, Peter. Hi, everybody. So, as I said, I'm Lyndsey Mortimer, I'm a service delivery manager in Leeds and responsible for the Supporting Families programme. And this, contrary to popular belief, is not a map of Australia, but more a map of Leeds.

And if we move on. So, it didn't feel like I could come to a conference and talk about relationships and relational practice without thinking about relationships that are important to me because I think that's really a good starting point when thinking about relational practice. So, this is me and my mum, about 40 years ago, believe it or not. And so, my mum is Anne. She could have her own conference because she really is the most amazing woman. And really, my inspiration. Didn't always get things right, but she did encourage me quite a lot to be a social worker. But we can forgive her. We can forgive her that.

Oh, you can only see Peter's face. I am here. Can you see me now? So, yes, in thinking about relationships, I think it's really important thinking about relational practice. I think it's really important to think about your own values and you know, the blueprint that you might have in terms of the relationships that you've had, whether they've been good relationships or other relationships. And really, I think this signifies, I suppose, my practice in a lot of ways than the ways in which I like to think that I work relationally with people.

And if you'd like to comment in the chat just because I'm keen that this is a little bit interactive, if there's anybody significant in terms of relationships for you then we'd love to see them. So, please feel free to comment in the chat and we can move on to the next slide. Just to say a little bit about Leeds. We're the second largest 'Core City' in England. We have a fast-growing population and 168,000 children and young people in the city. We're a very diverse city, like most cities are.

We're a very diverse city like lots are in terms of having lots of affluent areas in Leeds, but we also have some very deprived inner-city neighbourhoods in the country. And we're ambitious. We're a successful council. We have a strong history of good partnership working, which again relates to relational practice, and that's with public and private sectors and also local businesses. And some of you may be familiar with the Child Friendly Leeds strategy. And we also have a strong track record of public service reform and improvement in the city, and we were judged to be outstanding in 2018 by Ofsted, and previously we have been inadequate in 2009.

And what I would say is that the relational and restorative approach that we applied to our services within the city were really key to making that shift. So just to reference my colleagues in the Leeds Relational Practice Centre. It was established in 2017 to coordinate our sector led improvement work with the local authorities and has expanded to also coordinate the Strengthening Families Protecting Children programme.

And that seeks to support selected local authorities to adopt and implement the Leeds Family Values Innovation programme. It's led by our previous director, who was Steve Walker. But it aims to improve children's services through the power of relationship-based practice. And if anybody would like any more information, the details of that and we could also pop them in the chat at some point if anybody would like that information. So, it felt when I was thinking about putting this presentation together that a really good starting point was to think about the Leeds practice model and the Leeds practice model is something that came about after there was some key findings from a social care audit.

And what that identified was that practice wasn't always restorative, so there was too much doing to and for families. We weren't always consistent. So, language that we used across services wasn't consistent. They didn't always understand what we meant. We were using different approaches and that was really confusing for families. And we often lacked really thorough analysis. So, what we would do is we would go through a menu of options for families, and they would then experience the revolving door of services.

And we weren't quite understanding the problem and identifying the right solution with them to address those needs. So, with some funding we obtained from the DfE's Innovations budget that enabled us to develop and implement this practice model. We now going to play you, if it works, fingers crossed a video which is basically about our Early Help strategy in the city.

[Video, children's voices] -

- Right conversations.
- Right people.
- Right time.
- How we offer early help to children and families in Leeds.
- Early help in Leeds is when services work together to help families as soon as they need it.
- What families tell us they want.
- Right conversations.
- Right people.
- Right time.
- Means talking to families about what support they need.
- Sometimes the best person to help is someone the families already know.
- And this happens quickly so they don't have to wait.
- If children are supported to go to nursery, schools and college. This will help them to have a better health and wellbeing are more likely to get a job when they're growing up.
- We want children in Leeds to have friends and hobbies and lots of opportunities to play.
- The Leeds Practice Framework helps practitioners to work with families in Leeds.
- We think this is really important.
- For more information, you can contact the Rethink Team at [rethink.team@leeds.gov.uk](mailto:rethink.team@leeds.gov.uk)
- Early help is everybody's business. If we identify a child that needs extra support, we will talk to the family to think about what might help.
- If the help a child needs can't be given by just one person, we will do an Early Help assessment with the family and other workers, to think about what might help.
- If anybody's worried about a child at risk, they can call at the front door.
- Our commitment is that we will provide help and support by the right person to those who need it when they need it.

LM: Thank you. So, hopefully throughout that animation, you can see how the relational, restorative approach is applied to our work within Early Help. Just to say as a side line, we actually managed to achieve that video just as lockdown had struck. So, there was about twelve of us who had to bribe our children to read sentences so that we could include them in the Early Help video, which cost me significantly in chocolate, but was obviously well worth it. And so, in terms of the Leeds Practice Model. It's very much about working with, and I suppose this really relates really well to what Peter was saying in his presentation.

So, it's about bringing together aspects of best practice and what we know to be useful when assessing, implementing, and evaluating what we do. And it aligns naturally to working restoratively with both families and colleagues. So, what Peter referenced. Relational restorative practice within the city is not just about our work with families, but it's about how we work with our peers, our teams, our managers, and our senior leadership team.

One of the things that I thought was important to reference, but I am by no means an expert, and I think that this might have been covered in some of the information provided today. And if not, there is lots of information online is about implementation science.

What we know from implementation science is that if you provide training alone, you have a 23% chance of that new thing being successful. If you provide training and coaching, you are increasing that productivity to 88%. And if you have an implementation team, which is something through the DfE funding we managed to implement within 17 years, without that team, there's a 14% chance of success and achieving the outcomes you want. But with an implementation team, you will achieve 80% of success within three years. That's actually quite a significant difference by having an implementation team and applying implementation science. So, the Leeds Practice Model is very much about working in a multi-agency context.

We do not see ourselves as lone rangers, and it's very much around the team, around the child and everybody working together. And it's a thorough and integrated practice approach that utilises all means, agencies and colleagues available to us.

And we meet, we talk, we think, we plan, we work, and we evaluate together. It has been said that we do like sitting in circles talking about our feelings, and we do like to sit in circles. We have check ins regularly. It's very much about bringing everybody together, slowing down, thinking things through, and reflecting and doing that as a multi-agency team.

Continuous development is another area that is very important to the Leeds Practice Model, so it's about practitioners, managers and supervisors creating and maintaining effective and up to date development for all and the individuals, teams and services should always strive to improve and base their current practice, on best practice.

So always learning and researching and thinking about better ways of working with families and improving the services that we offer. Now Rethink Formulation, that some of you may have heard of, and it's also sometimes known as 'the Six Ps' was the tool that was introduced really to get everybody thinking about a single, unified and objective and comprehensive method of analysis to develop a better understanding of presenting issues and plans to address them.

What we tended to do within the city and still do in certain areas in certain pockets, this is something we are very much working on is really focus on the history. And whilst the history is important, we were sometimes missing what was happening now for the family. Rethink is the way of making sense of things through a shared language of understanding, analysing evidence and incorporating multiple perspectives. So 'the Six Ps' or formulation, whichever you wish to call it, is a way of thinking about the information that we have that helps us to see the bigger picture. And it's a way of talking with families and each other that supports everyone to form a deeper understanding of what is happening right now. So, as you can see in the predisposing box, that's where we would talk about history and it's very

important and we think about that .

But actually, what we try to concentrate on is what's happening right now that's causing concern. And from there, we can develop a plan. So, the Leeds Practice Principles are a set of ten restorative practice principles to create and sustain an environment of high support and high challenge.

And they are principles that define how we should go about our business, and how we should be working with families.

And the ten practice principles are very obvious in some senses, but really helpful as a way to kind of guide us in our day-to-day practice. So those are about always working with people, so providing high support and high challenge, and about being relationship based. So, assuming that engagement and best outcomes are achieved through trusting and respectful relationships, enabling the utility of the family is about putting the family at the heart of everything we do.

Recognising enabling their networks and skills and thinking about their strengths and thinking about supporting people early in the life of the problem, on the basis that the earlier you intervene and support them, the less likely we need to refer to other services. We work on, the basis that we have one family.

So, we have one lead worker and one plan. Numbers of practitioners, too many being involved can be very confusing to people. And we also encourage a Think Family, Work Family approach. We are systemic formulation driven and evidence-based.

We work transparently with families, so we always help them understand decisions that concerns them and their families. We are strength focused, so we really seek to make sure that when we are drawing plans together with families, we're looking at what we can draw on in terms of their strength to support them because what they have around them will be there much longer than any professional support that is time limited. We recognise that engagement with education is a protective factor, and that accountability, evaluation and sustainability are really important in supporting people.

So, outcome-focused supervision is where the supervisor holds the supervising to account. A good example of how we've utilised this within the city is in our restorative early support teams where they will meet weekly and have group supervision, which really has been difficult and challenging for people because their work is very much transparent for their whole team to see, so there was some resistance to that in the beginning because previously they would only share their work and their plans with their manager. But what has happened over time is that they have become really used to sharing their work and because their multidisciplinary discussions are much richer discussion.

Many eyes on the problem tend to create more creative solutions. OK, now on to the Early Help Hubs that we have in the city, so we have three hubs in the west, the south, and the east of the city that were funded through Leeds,

gaining Earned Autonomy status. And what the hubs aim to do is ensure a more integrated working in partnership approach and to become a single point of contact for Early Help.

So, we work really closely with clusters, with schools and health to ensure the appropriate support and help is individualised for every family through the hub offer. Clusters are another issue entirely, but essentially they are the teams in the services that support children who attend schools in the city, and each of the hubs has an Early Help Lead. There are three Early Help Practitioners.

We have three police officers, and we also have domestic violence and abuse, substance use and mental health coordinators. When the hubs were first implemented and continue to address culture and leadership and practice across the city, system change and silo working, really trying to make sure people are more joined up, trying to prevent the revolving door and families who experience repeat referrals when we haven't quite understood what's happening for them and improving joined up with schools and academies.

Building confidence and expertise. And poverty proofing and worklessness, which are the worst terms but are we've really seen with the impact of the pandemic, an increase in poverty and unemployment, and the hubs are really central to supporting families around those issues and really trying to use data to better inform the services that we're providing to communities. What does the data tell us and what does this community need? And ultimately, it was about accelerating the pace of change and target investments that promote change in learning and vital areas of Early Help and the city's child welfare system.

I'm not going to go through the outcomes in a lot of detail other than to say that it's very much about thinking about relational and restorative practice and whether families feel that they were treated with respect, to increase the quality and qualifications of Early Help staff, and make sure that they have some opportunities for progression and that we have key performance indicators for measuring the work with the police.

And that's around protecting vulnerable people and reducing crime attacking criminality, which again is a funny phrase, providing reassurance and providing value for money. And it's also about thinking about how relational and restorative approaches and empower families and communities in the city.

So, our next steps in terms of our hubs, and there's quite exciting things ahead is that we're part of an independent evaluation by Ecorys and the DfE to think about the impact on outcomes of relational practice and we're undergoing an Early Help review, which is building on the learning from the Early Help Hubs and developing family and community hubs.

This is the final part of my presentation, and I just thought it was really interesting to think about what some of the challenges, and what some of the successes have been in terms of our hub model. In terms of the

challenges. What I can say about putting people from different disciplines together under one roof would take longer than the time we have. It's not just as simple as putting a load of professionals together and expecting them to get on with it. And it's really quite interesting to see how different cultures approach things.

Ultimately, we all have the same goal of supporting people, but sometimes the way in which we get there can be very different, and that can cause some friction.

And it takes a lot of time and effort and energy and patience, reflective conversations, and that relational practice to work through some of those difficulties, which way we are now seeing that come to fruition, really, but it's taken some time, and I would never want to underestimate the challenges of putting different professionals in a team .

You can't just expect them to get on with it because you need to work through those cultural aspects, and particularly so, for example, between the police and children's services, there have been some real challenges, but we've come through that, and it's worked really well. Working in an integrated versus a coordinated way. And by that, I mean, if you're going to be in a team with people, how do you fully integrate everybody into that team so that there is added value?

Because if you coordinate it, you might as well have people sat in a different office. You can pick up the phone to ring them and have a conversation, but thinking about the value was a proper, true integration of working together. And we have very complex systems in the city. I'm sure you do in your own authorities, or the organisations where you work.

So, fitting in another sort of complex service within that already complex system means that you do sort of tend to feed the beast. The more capacity you create, the more work you seem to create as well. So, I always say to people, I don't know what we did before the Early Help Hubs because there is so much work, was it that there were gaps or that we're just creating more work for us to do.

There's a need to constantly clarify the offer in terms of what do the Early Help Hubs do. What's the purpose of them? Who can access them? How do they access them? And it's something that we have to revisit all the time.

And finally, they're not a magic bullet. So, introducing family and community hubs are really helpful since we have them but isn't a solution left for everything. Okay, thanks. Last slide, and then I'm done. So, in terms of what works well, and you have better conversations, if you have people from different disciplines talking to each other and forming a responsive approach to families in need of support and buy-in across the partnership has been amazing.

So, people are really invested in the hubs. That we've added value to existing Early Help services. We haven't replaced them. We've just simply added in to them. And that there's investment in Early Help within the city. That

our partnership approach is really strong with the police, third sector and other agencies and the hubs are really modelling relational and restorative practice very well for Early Hub services and other services within the city.

And that we're also focusing more on measuring what we're doing in terms of outcomes so we can do more of what works. And that's it.

This is some feedback from families, but I think I have run out of time, as I talked for far too long.

This transcript was created on November 12th 2021.