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The Principles and Provisions of Relationships
Findings from an Evaluation of Support, Time and Recovery Workers in Mental Health Services in England

PETER HUXLEY AND SHERRILL EVANS
Swansea University, Wales

PETER BERESFORD
Brunel University, England

BILL DAVIDSON AND SARAH KING
Impact Research Team, England

Abstract
• Summary: Health and social care services in the UK have been in the process of modernization since the New Labour government came to power in 1997. A central feature of modernization has been the scrutiny of existing work roles and the development and introduction of new work roles. The present article is concerned with the nature and content of work in one of these new roles, the Support, Time and Recovery worker which was introduced on the advice of service users, among others.

• Findings: Qualitative data revealed that both workers and service users valued the relationship they developed. The nature of that relationship and its important component qualities are analysed using Biestek’s Principles of the Casework relationship and Weiss’s categories of social relationship provision.

• Applications: The results provide further support to a growing literature that emphasizes the value service users place on the nature and quality of the relationship with the worker in social care practice, and the importance of positive human qualities in workers.

Keywords relationships service users social care support time and recovery workers
Introduction

Health and social care services in the UK have been in the process of modernization since the New Labour government came to power in 1997 (Department of Health, 1998). A central feature of modernization has been the scrutiny of existing work roles and the development and introduction of new work roles (Department of Health, 2000, 2004). The present article is concerned with the nature and content of work in one of these new roles, the Support, Time and Recovery (STR) worker into mental health services in England (Department of Health, 2001a, 2003; Russell, 2000; WAT, 2001). During the process of conducting a national pilot study of the STR worker (Huxley et al., 2005) the investigators were struck by the way in which STR workers and service users described the active ingredients of the help they received, and how this bore a marked similarity to the values and principles of the casework relationship as described in the social work literature of the late 20th century (Biestek, 1957/1961; Ferard and Honeybun, 1962), and the provisions of social relationship theory as articulated by the American sociologist Robert Weiss (1974), which continues to be of practical relevance (Weiss, 1998). The active ingredients of helping relationships have been studied widely (Henry et al., 1986; Howe, 1998) and the importance of relationships in helping people facing mental health difficulties has also been reported in the literature (Martin et al., 2000; McGuire et al., 2001; Priebe and McCabe, 2006). In the past, mental health social work training emphasized relationship work, especially in the mid to late 20th century. Several major texts formed the basis for this kind of training, notably, Ferard and Honeybun (1962), Hamilton (1951), and Perlman (1979) among others. The person-in-situation concept remains with us in social work, but the emphasis, in the mental health field at least, shifted away from relationship based work towards case management and the strengths model. The emphasis on relationships took a different pathway, leading social psychiatrists to concentrate on examining the nature of the ‘therapeutic relationship’ and here one could argue there continue to be two broad schools, one remaining firmly in the psychodynamic camp (the Tavistock Clinic, for example) and the other taking a more pragmatic research approach (Stefan Priebe, for example). These are the present manifestations of ‘relationship’ work in mental health in England, at least prior to the emerging recovery agenda. The material we gathered in the study, in the words of the respondents themselves, were not couched in terms that could be described as either dynamic or therapeutic, and of all the relationship works of the earlier period, the phraseology and the concepts reminded us most of Biestek’s principles of relationship work and Weiss’s provisions of relationships. In this article we examine the features of the STR worker–service user relationship, in the context of the works of Biestek and Weiss. We begin by presenting a brief background to the STR worker development, followed, for those readers who may be unfamiliar with them a brief description of Biestek’s principles and Weiss’s model of relationship
provisions. The importance of relationship in a social work context is outlined briefly before we present our empirical methods and the results broken down by each of the principles and provisions.

Background to the STR Worker Development

The Workforce Action Team (WAT) was established by Ministers to look at the workforce, education and training implications of the National Service Framework for Mental Health (1999) in England. The WAT (2001) suggested that a new type of worker – the Support, Time and Recovery (STR) Worker – should be introduced into the mental health workforce. The WAT recommendation was based on: widespread consultation with service users (Russell, 2000); a lack of consistency in the role and expectations of support workers; the fact that people from diverse backgrounds could undertake the work; and the increasing pressures on the time available to front line workers. The Policy Implementation Guide (Department of Health, 2003) summarized the key features of the STR Worker role as: spending negotiated time with service users, providing appropriate support, so aiding their recovery; having a specified education and training pathway (in practice this has taken a variety of forms); work in a variety of statutory or non-statutory service settings and across traditional service boundaries; supervised as part of a team; focused on practical help, promoting independence and integration into the community. In short, empowering service users to live ‘ordinary lives’. Recovery is based on mutually agreed goals arising from a joint assessment of the individual’s strengths and needs. It is essentially an individual approach enabled by a positive and helpful relationship between individuals and staff members across all service settings. STR workers come from different walks of life with different backgrounds and may include volunteers, and existing and former service users. The proportion of service users employed as STR workers varies from location to location. When there are sufficient numbers employed it will be possible to examine the consequences for service delivery of diverse routes into the job. However, the present sample is not large enough for this to be investigated here, and further research will be required in order to examine this point.

STR workers and similar roles have been introduced as part of the modernization of the health and social care workforces in the UK. Two sets of related national occupational standards (NOS) have been developed, one by Skills for Health and the other by Skills for Care (at the time of writing National Skills Academies are being proposed, which might link the two organizations but at the time of this research they operated autonomously). Health and social care support workers, such as the STR worker receive training aimed at helping them to attain the national occupational standards. The ability to form and maintain a working relationship with service users is one small part of the standards. In the health service, where many of the standards relate to the
competent performance of specific tasks (such as taking blood samples),
persons working in the mental health field are expected to be able to take
‘appropriate actions to establish and maintain a therapeutic relationship’ and
to ‘identify the factors that may affect the development of the relationship’. Workers are expected to have ‘a working knowledge of working methods and styles, which may be used in developing, sustaining and enabling individuals to move on from relationships’; and understand ‘how to empower individuals to develop effective relationships in the future’. According to the Skills for Care NOS, social workers are expected to ‘identify the nature of the relationship and the processes required to develop purposeful relationships, taking account of ethnicity, gender, age, disability, sectarianism and sexuality issues’. Support workers and others who undertake the National Vocational Qualification Health and Social Care Module (HSC35, ‘Promote choice, well-being and the protection of individuals’; Adult, Principles of Care, level 3 core) are expected to ‘develop supportive relationships that promote choice and independence’.

This is not the place to debate the strengths and limitations of the NOS, simply to say that the complex activities involved in attaining these standards in relationship work often remain unspecified, and their assessment are regarded sometimes as unproblematic. It is worth observing that health service modernization and the social services modernization seem to be developing along rather divergent lines, with (as yet) unknown consequences for the nature of the modernized worker–user relationship. The health service emphasizes ‘user-centred provision’ (Repper, 2000) while the social care agenda is to develop ‘user-controlled’ provision – the latter being achieved through budgets held by users for the purchase of individualized support as in Direct Payments (Flynn, 2005; Glendenning et al., 2000; Spandler and Vick, 2005), In Control (www.in-control.org) and Individual Budgets (Department of Health, 2005). Within the health service reforms, while patient-focused care is promoted, the resulting services and roles are firmly located within the professional, organizational and pay structures of the health service.

**Biestek’s Principles and Weiss’s Provisions**

Biestek (1957/1961) argued that in all instances, people want to be treated as an individual and not as a category (individualization); need to express their negative and positive feelings (purposeful expression of feelings); need to be accepted as a person of worth (acceptance); need a sympathetic understanding and response to these feelings and not to be judged because of their difficulties (non-judgemental attitude); make their own decisions and choices (self-determination); and to keep confidences (confidentiality).

The relationship based on these elements, is dynamic, because the service user has these expectations of how they will be treated, and the worker responds accordingly, and then the user responds to the way that the worker has behaved towards them, usually, as Biestek says, in the form of simple
expressions such as ‘I have never felt so free in talking to someone about these matters’, or ‘I feel good about talking to you’. As we shall see below these dynamics and similar statements are apparent in the STR worker–service user relationship.

An alternative sociological framework for conceptualizing relationships is Robert Weiss’s (1974) provisions of social relationships. This approach continues to inform our understanding of supportive relationships (Weiss, 1998). Weiss argues that all relationships offer, to varying degrees, potentially reciprocal provisions. The six provisions include guidance (advice or information), reliable alliance (assurance that others can be counted on in times of stress), reassurance of worth (recognition of one’s competence), attachment (emotional closeness and sense of security), social integration (a sense of belonging to a group of friends providing a sense of companionship, shared interests and activities – identified as a central consideration for older people in the recent Wanless Report, 2006), and opportunity for nurturance (providing assistance to others). Although Weiss was attempting to describe what we receive from relationships with other people, his description of the social provisions is very similar to other theoretical models of different types of social support (see Duck, 2001).

The Importance of Relationships in Social Work and Social Care

Howe (1998) argued that a relationship based approach lies at the heart of good social work practice and that skill in relationship work is essential to the theory and practice of social work. He pointed out that there are identifiable components of good quality relationships and successful alliances and that these are related to better outcomes (Horvath and Symonds, 1991); the converse is true, in that an absence of these components are association with poorer outcomes. The types of component Howe was referring to are called (by Henry et al., 1986) affiliative control (helping, teaching and protecting), affiliative autonomy granting (affirming and understanding) while exercising less hostile control (blaming or belittling). Good outcomes also arise when there is friendly autonomy (open disclosure and expression) and there is consistency, and complementary exchanges.

Harlow (2003) has suggested that a highly technical and performance driven management culture in social work has undermined and denied the emotional content of practice and the significance of the user–worker relationship. Biestek (1957/1966) implied much the same, although he put it rather differently, arguing that such an approach would take the ‘soul’ out of helping. Harlow argued that four forms of practice have emerged in the late 20th century, three of which were identified by Payne over a decade ago (1996). These are: the reflexive-therapeutic, in which individual and family functioning are the focus and the user–worker relationship is the vehicle for promoting change (e.g. Hamilton, 1951); the socialist-collectivist, in which social context and environment is the
focus and the vehicle for promoting change are alliances with formal organizations and local communities made by the worker and user (e.g. Corrigan and Leonard, 1978); the individual-reformist in which more modest social changes are the focus and the vehicles are task-centred work or similar interventions, again with the worker and user jointly engaged (e.g. Doel and Marsh, 1992); the fourth she described as the managerial-technicist approach, in which practice is shaped by the bureaucratic demands of the employing organization, legislation and government policy, and performance management is the vehicle for achieving pre-determined standards in practice.

Harlow compared each of the forms of practice in terms of the following features, individualization, use of knowledge, relationship, need, organizational context, advocacy and maintenance of social institutions. Since this article is only concerned with the issue of the role of relationships the other comparisons are not considered further here. In terms of relationships, in the reflexive therapeutic model relationship carries communication, which influences clients and also creates personal involvement, which ‘moves’ the client to respond. In the socialist collectivist model, relationships with workers can offer experience of cooperative endeavour, but may also lead to manipulation through personal influence. In the individual reformist model, the relationship personalizes services and influences clients to change more readily. Finally, in the managerial-technicist model, impersonality increases as contact level decreases, ‘clients’ become ‘consumers’ choosing services, and written contracts represent partnerships. This, she argued, denies the emotional content of practice and the significance of the relationship, which is a component in all of the other models. Recently, Ruch (2005) has suggested that relationship-based practice challenges the prevailing trends that emphasize narrowly conceived bureaucratic responses to complex problems.

It is clear from a close reading of Biestek that he saw the casework relationship as encompassing several of the models enumerated by Harlow, and so, in one sense corroborates her description of the importance of relationship in all of the models. He defines the casework relationship as ‘the dynamic interaction of attitudes and emotions between the caseworker and the client, with the purpose of helping the client achieve a better adjustment between himself and his environment’ (NB original language is retained). While this definition is consistent with the reflexive therapeutic model, it also recognizes that the mobilization of environmental resources is also essential, whether from formal agencies or local communities. While he may not encompass the socialist model, because he focuses on individual rather than collective methods he certainly encompasses the individual-reformist model – and even refers to the managerial-technicist model when he suggests that in those instances where the client requests a concrete service or a material form of assistance and eligibility is being assessed, the relationship between the worker (whether caseworker, care manager or trained administrator) helps the person seeking help to maintain his sense of dignity and human worth while eligibility is being determined.
There are those who will argue that one can overemphasize the importance of relationship and that in doing so underemphasize troublesome aspects, such as the potential controlling features, dependency creation, power differentials (Tew, 2006) and adjusting individuals to their unacceptable circumstances. Biestek’s model expressly forbids these aspects of controlling, manipulation, imposing plans on the client and is also an advocate of avoiding scrutiny of any aspects of the client’s life that are not relevant to the service to be provided. In addition, he recognizes the limits to self-determination and confidentiality.

Murray and colleagues (1997) showed that support workers were rated more highly than professionals in aspects of their relationships such as availability, understanding of needs, and someone to trust. In terms of the help provided, emotional support by the worker was the most highly rated aspect, followed by a series of practical actions related to issues such as finance, household tasks, and day care activity. There were significant differences between support worker activity and professional activity. Support workers engaged more frequently with practical aspects such as help with accommodation, financial help and leisure and recreation. The authors concluded that support workers have, with suitable supervision, a key role to play in community teams; that they should receive appropriate training opportunities; and that their relationship work with service users is a central factor in providing effective help. The findings and conclusions corresponded with previous work in the USA regarding the efficacy of support workers (Kleiner and Drews, 1992; Williams et al., 1994) and the central role of relationships in the work (Frank and Gunderson, 1990; Solomon et al., 1995).

**Method**

The approach taken in this project was a partnership between academic staff and service user researchers from Impact Research and the Centre for Citizenship at Brunel University. From the beginning we agreed a division of labour for the data collection and shared all the other aspects of the project, including presentations of the findings to funders, participants, and at national and international conferences.

The project was granted ethical approval through the NHS process for studies in multiple sites (now the Coordinating Centre for Research Ethics Committees COREC) and local Research and Development (R&D) approval at each of the locations. Three of the early implementer sites were selected by the study commissioners. One was in outer London and had a racially diverse service user group, one was a northeastern England mixed industrial and rural service, with little ethnic diversity, and one was a northern ethnically diverse city service. Each represented slightly different models of STR service development (see below). In each of the three sites STR workers and service users were interviewed by user-researchers, and team members, team managers and senior managers by academic researchers. We were also given access to reports,
operational policies, job descriptions, etc., from all the sites. At the time of the study only a limited number of STR workers were in post; all were approached with a view to participation, and each was asked to talk about one particular service user with whom they had worked. Each service determined which service users were to be approached, and the research team had no influence on this process, although we did request that only people who were currently too unwell to be interviewed should be excluded we cannot be certain that this process was unbiased.

Given the small number of workers available, and the stage of development of STR services, and the fact that the project was also a pilot for future evaluative work, it was felt appropriate to use a semi-structured approach using questions that would assess the most important aspects of the work, as given in the central guidance to employers by the Department of Health (Department of Health, 2003). This would also allow the respondents to choose any examples to amplify or illustrate their responses and for subsequent research to take account of any significant areas that emerged (Foddy, 1993). The content and questions were agreed with the funders and the user researchers.

The worker and user interviews explored what the worker did with and for the user, what the most important actions were, which made the greatest difference, what else could or should be done, and how could the local STR service could be improved. The team and manager interviews explored the advantages and disadvantages of having STR workers in the service, the history of the development and organization of the role, and any positive and negative features.

Data Analysis

Qualitative data from interviews with staff were taped, transcribed and analysed using framework analysis (Ritchie and Spencer, 1994). The Ritchie and Spencer framework used to analyse qualitative data involves:

- Familiarization: immersion in the raw data to list key ideas and recurrent themes.
- Identifying a thematic framework of all the key issues, concepts, and themes.
- Indexing: applying the thematic framework systematically to all the data by annotating the transcripts with numerical codes from the index.
- Charting: rearranging the data according to the appropriate part of the thematic framework to which they relate.
- Mapping and interpretation: using the charts to define concepts, map the range and nature of phenomena, create typologies and find associations between themes with a view to providing explanations for the findings.

Themes from the other team members and managers accounts were also identified and reported using the same approach. Selected unidentifiable and unassignable quotes have been used in this article, to illustrate important points made by respondents.
Results

Collated results from the three sites are presented in the following sections.

The Characteristics of the Workers and the Users

Twenty-one of the 38 STR workers employed across the three sites were interviewed (55%), along with 16 service users. The numbers were constrained by the timing of the project rather than refusal to participate. In addition, interviews were conducted with a total of 24 staff, mostly managers, team leaders, and care coordinators.

Worker Background and Workload

Each site introduced the STR service in different ways. In one site all the workers were in training as STR workers, in the second they constituted an existing team all employed as support workers by the local authority and in the third they were employed in all three sectors, health, social service and the voluntary sector. On the whole they were mature (middle-aged) men and women with few qualifications but extensive life experience; a small minority had been users of mental health services.

The number of service users in a worker’s caseload averaged about 12–15 across the three sites, with a range from as few as three to as many as 24. According to the service users that we interviewed their average length of contact with their worker was just under four years, and between two and three years was most common. In some cases the service user had been in contact with the service for a substantial part of their lives, for example, 27 and 28 years, in two instances. However, most commonly the worker met the service user about 18 months ago, on average. In many instances there was no pre-agreed end point to the support provided.

Although most contact is counted in hours per week, ranging, as might be expected, from one to four hours (most commonly two hours per week), there were some instances where contact was much greater than this; for instance, the maximum we encountered was 18 hours. In many cases the hours were reduced as the service user became more independent. Contact was longer for more complex cases.

Illustrations from the STR Workers and Service Users

In describing the nature of their work with service users and in the service users own descriptions of what made a difference to them, parallel statements were made that demonstrated the importance of the worker–user relationship as the key factor in promoting change, and a valued feature of the help received. Selected quotes from both users and workers have been broken down by Biestek’s seven principles and Weiss’s six categories, to illustrate them. This is therefore a post-hoc analysis, but one we feel justified in undertaking because of the way these spontaneous statements by both the workers and the users seemed to us to conform to these models.
Biestek’s Principles

Individualization – People Want to Be Treated as an Individual and Not as a Category

Many anecdotal reports from mental health service users complain on the one hand about being categorized diagnostically and addressed as a ‘problem’ category in need of ‘treatment’ and the converse, that the ‘whole person’ is not being considered in the helping process. In commenting upon this process, service users identified the significance for them of both aspects of individualization:

- ‘I spent 2 yrs with a psychiatrist only changing my medication – not DOING anything with me’
- ‘[My STR worker] Treats me like a human being, I learned to control myself’

Worker and users both reflected on the difference between the approach of the STR workers and other health service professionals in this respect.

- ‘[we, STR workers] will not get a good relationship if the user thinks of us as another health worker’
- ‘[I am] very happy with the service I get. Previously I had no support at all. The Health Visitor assumed I would cope because I had the kids and a husband’
- ‘[The STR] worker gets a view of me that is much more natural than the other professionals’

Acceptance – People Need to be Accepted as a Person of Worth

A key aspect of acceptance is that the person being accepted is treated as a person of worth. Sometimes the service users expressed this rather directly, as in the following example, which was one of many:

- ‘[My STR] worker understands that there are things I can’t do and accepts it’

In other cases the sense of being accepted and valued was less direct, but nonetheless important to the service users.

- ‘[My STR worker] Believed my story’
- ‘[There is] Trust between us’
- ‘[My STR worker invited me to [the] case meeting [so that I] I feel I am part of the team. I had to give a talk – [and was] given time in the meeting to do it – in their meeting.’

From the worker’s perspective, the ability to spend time to get to know the person, was a key ingredient in the process of relationship building and developing the feeling of mutual trust and respect. It may be that, again, previous experience with other health professionals had demonstrated that they were often too busy to spend time and to accept the need to go at the user’s pace.
We achieve goals at her [the service user’s] pace
I worked as a support worker for 18 years in the health service, where I felt more ‘tied’ to a time scale (clock watching)

The consequence of spending time and accepting the service user’s need to proceed slowly in many instances was seen as key to the development of the relationship, and change proceeded from this trusting basis.

Time taken building up relationship [is most important], without which nothing else could have been achieved

Ironically, sometimes the STR worker’s own experience was of not feeling listened to or accepted by their professional team colleagues.

My experience is being ignored, especially by nurses newly off degree courses

Improvement should come from [the Community Mental Health Team (CMHT)] they must realize [that] although we are not clinically qualified we are valuable. Their professional arrogance affects the patients

someone said after an input [by an STR worker] to a meeting “we’ll leave that decision to the professionals”

Non-judgemental Attitude – People Need a Sympathetic Understanding and Response to these Feelings and Not to Be Judged because of their Difficulties

Having or being a sympathetic listener, emerged time and again as one of the most valuable features of the helping relationship.

someone to talk to is the most helpful

[My STR worker] will talk about deep issues

being who she is, personality and relationship thing, knows how to talk to patients

having a confidante who listens

Purposeful Expression of Feeling – People Need to Express their Negative and Positive Feelings

This was perhaps the principle with the fewest examples, and this may have been due to the fact that the feelings had been expressed in past meetings with the worker, and reflecting on them in the present, especially negative feelings would be inappropriate, or painful, in the context of the research contact. There were more statements that reflected positive feelings than negative feelings.

reinforcing confidence, reassuring anxieties

someone to talk to is the most helpful

getting me to be open and confident with her

[My STR worker] can help me calm down and put things in perspective
And from one of the workers:

- ‘In the STR role the time factor is very important, and feels much more comfortable, more in touch with the person and their feelings, and in every little aspect of the person’s life’

**Self-determination – People Need to Make their Own Decisions and Choices**

The first expression of this principle, by one of the service users is a classic of its type:

- ‘[My STR] worker is very good at turning things around so I make the decisions’

In many instances, the STR worker spent time helping to build up the service users’ confidence in their own abilities to do practical or social activities.

- ‘getting me out, I feel more confident about it now’
- ‘given me confidence to go out and phone up people’
- ‘[She has] made me more confident – without which I would never have gone out of the house’
- ‘[My STR worker] provides that little bit necessary to help me to function, which enables me to enjoy my social and cultural activities’

STR workers saw the development of self-determination as one of the key differences between the STR role and their previous support worker role.

- ‘there is a different role now for the patient to regain their life back to be independent’
- ‘[I] came in as community support worker-job at [the] beginning [I] was supporting but now as [an] STR [worker I am] doing same but pushing [the] patient further,[and the] patient [is] now able to make decisions for themselves’

**Confidentiality – People Need to be Able to Keep Confidences (Confidentiality).**

As with the issues of expressed emotion, there were rather fewer remarks made about the issue of confidentiality, although when they were made, they tended to be positive, as in the following examples.

- ‘having someone who can understand; I can tell worker anything’
- ‘[My STR] worker is like a friend and I can talk with trust and confidence with her’
- ‘[I] have this good relationship with her. She can see when I’m getting ill’
Weiss's Provisions

Some other aspects of relationships do not appear in Biestek's principles, but were mentioned by either workers or service users and relate directly to Weiss's provisions approach. Providing advice and guidance is one of the most common provisions in the social care context. The first illustration below is fairly typical; the second is of a service user who having been helped themselves felt able to help others with similar issues:

Guidance (Advice or Information)

• ‘[My STR worker] gave [me] confidence and helped with an appeal for the child to go to a school of parental choice’
• ‘I go to hospital to talk to patients and tell them where to go to get help and information’

Another one of the major provisions, and one which is of particular relevance to carers, is the fact that service users and carers often need to know that someone is available when needed, and that they are reassured by this fact, and consequently do not need constant attention, or services, except when they feel that they need them. Weiss refers to this aspect of relationships as providing a sense of ‘reliable alliance’, expressed by a number of users in the transatlantic idiom of the late 20th century as simply ‘being there’, or ‘being there for me’.

• ‘Just being there and being available, and knowing when’
Another worker referred to this as ‘consistency’:
• ‘consistency, she can rely on us [STR workers] coming (when needed)’

One of the workers reported that this reliable alliance would have made a significant difference to her own mother:

• ‘My mother had mental health problems all her life – if only there had been an STR worker for her, her whole life would have been different’

Weiss also describes the next provision of ‘reassurance of worth’ as ‘recognition of competence’, and a number of service users recognized that this was what the worker was doing.

• ‘She believed my story’
• ‘she has made me think for myself; she has made me believe in myself’
• ‘if it had not been for you I would not have done this course – [I] passed with flying colours’

Attachment, that is, emotional closeness and sense of security, was present in some of the relationships, often expressed as the sense of trust and mutuality that developed between service users and workers.
‘she is like a friend and I can talk with trust and confidence with her’
‘If you get [an STR worker] straight away you will not be ill for so long – it will not be such a long journey’

A considerable amount of the STR worker input was made in relation to the provision of social integration (a sense of belonging to a group of friends providing a sense of companionship, shared interests and activities). The importance of this was reinforced again recently in the latest Wanless review of provision for older people (2006).

‘[My STR worker] provides that little bit necessary to help me to function, which enables me to enjoy my social and cultural activities’
‘Help user with getting out of the home (to social activities or shopping)’
‘Going out together with user on joint social activities (where getting out of the house is not a problem but leisure activity is)’

A wide range of joint activities were reported: gone to Hockney exhibition; help to get on buses, to go shopping; walks in the country; morning coffee in other places by bus; visited bookshops. The reciprocity in these activities was reflected in a sense of companionship and mutual achievement, as this worker indicated:

‘moving forward with them is the success of the job’

The opportunity for nurturance and the opportunity to provide similar nurturance to others is the final provision. We have already seen an example of this in relation to guidance above. Several of the service users and workers expressed a similar desire to help others through mutual actions:

‘[I] would like to help others so we can share experiences’

Throughout the project we were regularly reminded by the STR workers that they recognized the importance of not creating dependency or reinforcing it in the service users. The following was one of many similar citations.

‘Managers say can your client manage without you, if the answer is yes then you are doing a good job’
‘[I] help [her] to become independent (we open up the doors s/he has to walk through)’
‘[I] cook with [him] and then let him take over ([I] work at his pace – he is slow – you have to go with him)’

One of the workers summed up the feeling of many about the central significance of having the time to spend in order to develop the relationship:

‘Time taken building up relationship is important, without which nothing else could have been achieved’
Discussion

Department of Health

On the basis of the evidence gathered in this study, there appears to be a different and superior quality about the STR worker-service user relationships compared to the ones that the service users have had in the past with other professionals. Although this seems to be true of most professionals, there was a little evidence in the data that some social workers were able to approximate the same standard, and that some psychiatrists were not (see the individualization section).

Whether this focus on practical and emotional support is the key ingredient in the development of the relationship we are unable to say on the basis of the data, but it is consistent with the idea of affiliative control (helping, teaching and protecting), and one can see how the practical activities of the STR workers contribute to both helping and teaching. It was clear from what the service users said that they felt that the STR worker knew and understood them better than other professionals (affirming and understanding) and the relationship were characterized by mutual trust and open disclosure and expression. A number of the other professionals did express some concerns about the risk for STR workers of breaching the boundaries between professional help and personal friendships, and also about the potential for the creation of dependency. However, as the quotes illustrate, the workers and users themselves are acutely aware of the problems of creating dependency, and make conscious efforts to avoid them. There are a number of further observations that can be made about these findings. First, and on the assumption that we are looking at what users would rate as positive outcomes, it would appear that we are reinforcing early case management research findings, that for people with mental health problems the form of help should have continuity of a personal relationship at its heart, rather than a brokerage model. Second, this will raise interesting and important questions about the nature of the work of personal assistants, service navigators and people helping users to conduct self assessments, all of which are in one form or another likely to be the relevant roles in future services based on consumer directed care (www.in-control.org; Department of Health, 2005).

It will be important for the quality and outcome of the contribution of these workers, to give careful thought to the nature and quality of their relationships with service users; hopefully their efforts will maximize users sense of worth and dignity as Biestek suggests. This raises the issue of how to maximize the abilities in relationship work required by the NOS for care workers and other new worker roles. Can the abilities demonstrated by workers in the present study be taught, and assuming that they can, what are the most appropriate methods for teaching and assessing them? Are some people, through a combination of personality type and life experiences better able to engage in relationship work than others? Murray et al. (1997) reflected the anxieties surrounding this issue, describing training as a ‘double edged sword’, which was on the one
hand essential to establish a clear role, but which, on the other hand might risk eradicating their natural abilities (described by one of the present authors (BD) as ‘compassionate ordinariness’).

We have self-evidently selected quotes to support our thesis, and we had few if any contrary views expressed in any of the data we gathered. Of course, this is due to our asking about the positive helpful features of the service. We did ask about ways in which the service could be improved but the most common response was ‘not at all’. In future work, random selection of workers and random selection of service users on their caseloads may produce more negative opinions, provided the users are empowered to express these to independent researchers. It has been said that users will express more negative views if the interviewer is another service user, which in this case they were, so this was not a specific limitation of the present study.

We have not explored the nature of the synergy or lack of it between the two models we have used to explore the data; we feel that this requires separate consideration. Nor have we expressed a view about the nature of the relationship between the provision of help according to these principles/provisions and the nature of the outcomes for service users. On a purely qualitative level the story here seems to be that this form of help is valued and that therefore there should be a positive relationship with outcome, and this has been observed in other studies in other fields (Howe, 1998). A wide range of studies, both by service users and others, are now increasingly highlighting the emphasis that service user place on the nature and quality of the relationship with the worker in social care practice and the importance of positive human qualities in workers (Beresford et al., 2005, 2006). They refer to the need for qualities of respect, empathy, reliability, the valuing of equality and diversity, to be trustworthy and the capacity to listen, as well as for technical skills and competence (Branfield et al., 2005; Department of Health, 2001b; Pritchard et al., 1998).

There are a number of relevant considerations that are beyond the scope of the present article, some of which were considered in the final project report (Huxley et al., 2005), concerning the nature of supervision and training received by STR workers, how to reconcile the different terms and conditions of those employed in health or social services, and the differing attitudes of other team members, some wishing to exert close control over their work, and others failing to understand the nature of the role. A major consideration, which we considered in some detail in the final report of the original research project (Huxley et al., 2005) is the mode of organization of the STR service and whether integration into community mental health teams provides an equal or superior service to a stand-alone STR team with senior STR workers as supervisors of the immediate workload.

Over 10 years ago Burns and Santos (1995) called for more research into the role of relationships in producing better outcomes in assertive community treatment teams. It would appear that the time is right to revisit the nature of relationship in the world of social care and social work, so that what Biestek
called the 'soul' of help is not diminished or extinguished altogether, and we can assess the extent to which relationships in the modernized care context continue to play a central role in positive outcomes for service users.

References


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Huxley et al.: The Principles and Provisions of Relationships


**PETER HUXLEY** is Professor of Social Work and Social Care and Director of the Centre for Social Work and Social Care Research at Swansea University. He was formerly Professor of Social Work at Manchester University and at King’s College London, where he was co-Director of the Social Care Workforce Research Unit. His research interests are social care and social work workforce, social inclusion and quality of life. Address: Centre for Social Work and Social Care Research, School of Human Sciences, Vivian Building, Swansea University, Singleton Park, Swansea SA2 8PP, Wales, UK. [email: p.j.huxley@swansea.ac.uk]

**SHERRILL EVANS** is Senior Lecturer in Social Work, at the Centre for Social Carework Research at Swansea University. She was formerly Senior Research Fellow at King’s College London, where she obtained her PhD in one of her areas of research interest, quality of life in the general population and in people with mental health problems. She developed the QuiLL, a quality of life measure for use by older people.

**PETER BERESFORD** is Professor of Social Policy at Brunel University and long-term service user. He is the Chair of Shaping Our Lives National User Network, which is an independent user controlled organization. It started as a research and development project but became an independent organization in 2002. His recent publications include *Social Work and Palliative Care: User Views on Practice and Policy* (Jessica Kingsley).

**BILL DAVIDSON** and **SARAH KING** are two of the members of the IMPACT RESEARCH TEAM. They are past users of mental health services. They have engaged extensively in work with various health services in the UK, and have recently completed the national pilot study of STR workers, and a further study of STR workers in the North Essex Mental Health Partnership Trust. They are based in the northeast of England.