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Relationship-based practice training and youth outcomes: promising links

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ABSTRACT

When asked about their experiences of services, young people often said that they were lucky when their social workers built a positive relationship with them, suggesting such experiences were not common. Yet the quality of the relationship between social workers and youth is a strong predictor of positive outcomes, indicating that while relationship-based practice (RBP) is key to youth outcomes, there is a need for specific training that builds practitioner capacity to create and sustain such relationships. This study sought to examine whether the provision of RBP training made a difference to youth service experiences and outcomes by assessing youth reports of service satisfaction and outcomes. Key results are that young people reported better service experiences and outcomes when their practitioners had received this training. Also, of note was the positive impact that resilience resources in youth lives had on outcomes, particularly when experienced alongside a positive practitioner–youth relationship. The importance of training programs that specifically target RBP is highlighted because of their potential to support better outcomes.

Introduction

There is a growing multi-disciplinary body of research demonstrating the significant role quality support relationships play in positive client outcomes (Duncan et al., 2007; Ferguson et al., 2022; Ruch et al., 2018; Byers & Lutz, 2015). Yet youth reports of service experiences often point to poor relational experiences. This suggests that despite the evidence that they make a critical difference, not all relationships are experienced positively, which may explain why many service-using youth report poor outcomes that cannot be fully attributed to their individual or contextual risk factors (Berzin, 2010; Haight et al., 2014; Hazen et al., 2004; Sanders et al., 2013). Whilst the goal of services is always to improve outcomes, the question arises of why youth report poor relational experiences given their potentiating impact in positive change. Some suggest a need for training in relationship-based practice (RBP) to fill the theory-practice gap. Relationship-based practice sees the relationship between social worker and client as

a key ingredient for positive change and focuses attention on how relational dynamics impact the work (Ruch, 2018). However, it is noted that effectively implementing RBP is challenging, and to date there is little evidence about what constitutes a successful RBP training programme that has a positive impact on client outcomes (Munro, 2008; Steckley, 2020).

This article reports on findings from a study of the PARTH Framework (PARTH) training programme. PARTH is a set of RBP approaches designed to support frontline staff working with young people. PARTH was developed from the previous Long-Term Successful Youth Transitions Study (Munford & Sanders, 2019), a mixed-methods long-itudinal study with multiple service-using youth across Aotearoa/New Zealand (Aotearoa) (see below). The current study assesses youth wellbeing outcomes when practitioners (a mix of social workers, youth workers, transition workers, community workers, and family/whānau workers) have been trained to integrate PARTH approaches into their practice. In Aotearoa, youth are considered those aged 12–24 (Ministry of Youth Development, n.d.) but many youth organizations offer services up to age 25.

RBP—theory and approaches

Relationship-based practice (RBP) is underpinned by psychoanalytic, attachment, systems, and person-centered theories. Psychoanalytic theories view challenges faced by youth as resulting from intrapsychic and relational conflicts early in life that can be examined and resolved in helping relationships (Ruch, 2018). Attachment theory similarly suggests that internal relational maps are constructed early in life based on the responsiveness of key caregivers. These relational patterns can impact future relationships, responses to anxiety-provoking situations, and emotion regulation (Ruch, 2018). Systems theories conceptualize the struggles of youth within their wider social contexts, which can be a barrier or an enabler of positive change. For example, systemic issues such as poverty, colonization, and racism can impact youth and their families' experiences and choices. Positive Youth Development is one such systems-oriented theory which sees development as a dynamic process in which youth are active agents and where development occurs in the interaction of youth and context (Lavie-Ajayi & Krumer-Nevo, 2013). Client-centered theories, such as Carl Rogers' Person Centered Theory, highlight the need for warmth, genuineness, empathy, and care (Trevithick, 2003). Honneth's recognition theory asserts the human elements of relationships, suggesting that wellbeing requires three essential forms of recognition from others: love and care, respect, and being valued (Frost, 2016; Honneth, 1995).

A growing body of social work literature describes RBP approaches (Ferguson et al., 2022). In building effective relationships, social workers show curiosity about youth lives, their strengths, challenges, and how they make meaning of their experiences (Turney, 2018). Genuine curiosity demonstrates respect and enables the social worker to be someone who can 'not know' whilst maintaining professional knowledge and skill (Turney, 2012). While 'not knowing,' the social worker is able to bear the anxieties, fears, hopelessness, and intense feelings youth may experience (Dore, 2019).

Relationally oriented social workers learn about and recognize the impact of the wider context, including family, culture, community, social systems, and policy-level impacts. Thus, they understand where resources are that can be drawn on in the intervention and

any barriers, including the emotional impacts of discrimination or exclusion, which may also have happened in services (Trevithick, 2003). Through the relationship, social workers find opportunities to influence these impacts by recognizing youth strengths, experiences, and contexts, and the structural forces affecting them. This knowledge provides opportunities for youth autonomy and decision-making, and for utilizing contextual resources around youth and advocating for change (Lerner, 2005).

From this understanding, social workers tailor their support, adapt and respond to changing needs, and directly address what youth see as important (Duncan et al., 2007). These tailored relationships invite youth as active partners into the process (Duncan et al., 2007; Laruffa, 2019). In this way, the relationship is collaborative and focused on the young person (Duncan et al., 2007).

RBP recognizes that youth have often been let down, mis-judged, dis-empowered and shamed (Moore et al., 2025). Taking time to understand youth circumstances, respecting their realities, showing genuine interest, and working collaboratively helps develop trust and a sense of feeling cared for (Duncan et al., 2007; Frost, 2016). However, building trust and helping youth to see adults, services, and themselves differently takes time, consistency, and perseverance. Youth may resist help, and social workers bring compassion to understanding the reasons for this (Trevithick, 2003). Further, these relationships are power-laden and frequently adults make decisions for young people, such as those needed to keep them safe. In RBP, social workers exercise soft use of power, where they balance safety and limits with autonomy (Barker & Thomson, 2015).

Boundaries are a key element of relational approaches because vulnerable youth may form strong affective bonds with their social workers (Barker & Thomson, 2015). Social workers must act in service of the young person; while recognizing it is not a reciprocal relationship nor a friendship (de Boer & Coady, 2007; Kor et al., 2022). It can be a difficult balance; being both professional and relationally reparative (McMahon, 2018; Turney, 2018). Boundaries, and indeed all aspects of RBP, are maintained through critical reflection and careful use of self (Gordon & Dunworth, 2017). Here social workers examine how their own experiences, values, and identity shape their approach, reflect on boundaries, ensure that they maintain a professional stance, and seek to uncover their own blind spots (Ruch, 2018; Ward, 2018).

Evidence for RBP

There is growing evidence of the positive impact relationships can have on outcomes. For example, one systematic review assessed the impact of the relationship between social workers and clients in substance misuse (25 studies), child welfare (7 studies), and mental health settings (28 studies) (Marsh et al., 2012). The relationship was a consistent predictor of retention in treatment across all three fields. In child welfare, four studies examined long-term outcomes of safety, permanency, and wellbeing and found an association between the relationship and these outcomes (Marsh et al., 2012). Similar patterns are observed in other human services. The psychology and psychotherapy literature describes the relationship as a therapeutic/working alliance and offers evidence of a strong alliance on outcomes (Flückiger et al., 2018; Horvath et al., 2011), including with youth and their families (Karver et al., 2006, 2018; McLeod, 2011; Murphy & Hutton, 2018).

The quality of the professional relationship has also been studied in youth care settings. A Netherlands study (174 adolescents in residential care) found that a higher level of alliance after three and six months predicted higher treatment motivation at six and nine months, respectively (Roest et al., 2016). Similarly, a study in the United States (112 youth in 44 family-style group homes) found the alliance and a high ratio of positive interactions were related to improved behavioral functioning (Hurley et al., 2017).

Thus, there is strong indication that the relationship has an important role to play in young people's experiences of services and outcomes across a range of service types. Paying attention to the relationship may be particularly important when working with vulnerable youth because it can be difficult to develop and sustain relationships with this group (McDonald & Rogowski, 2023; ti Riele and Gorur, 2015). In this context, vulnerable refers to those who experience high levels of individual and contextual risk (Gorur, 2015; Smyth, 2013). The challenges may be due the complexity of the risks faced, disrupted attachments, resistance to the power of services, and other matters such as confidentiality and whether service involvement is mandated (Byers & Lutz, 2015; Dunne & Parker, 2021; Roest et al., 2016). Thus, there is a need to understand the behaviors, attitudes, and actions of social workers that form effective relationships and the ways they are effective (Ferguson et al., 2022; Kor et al., 2022; Munro, 2011).

Challenges of relational approaches

Whilst RBP is theoretically informed, supported by evidence, and can be described by specific skills and actions, these approaches are not always easy to implement (Munro, 2008; Steckley, 2020). They can conflict with funding and time constraints, risk management, and managerialized views of support as consisting of uniform and easily measurable interventions (Steckley, 2012). As such, a key challenge can be prioritizing relational approaches when facing demands of operational tasks and structures.

Despite evidence of its value, the importance of the relationship can be overlooked by viewing it as a secondary, or nonspecific factor that is less important than technique or modality (Dunne & Parker, 2021; Ingram & Smith, 2018). Alternatively, the relationship may be assumed as a baseline of all interventions and therefore not given a prominent focus. Both positions remove attention from the specific skills and actions that comprise effective relationships (Kor et al., 2022; Munro, 2008; Steckley, 2020). Compounding this is a lack of specific training on the relational and behavioral skills to work with vulnerable youth (Munro, 2008; Steckley, 2020) even though, given their complex risk profiles, this group can be challenging to engage. Thus, there is a need to support organizations and practitioners to balance these competing tensions, to provide effective training and skill development in relational approaches, and to offer ongoing evidence of the effectiveness of RBP so social workers, managers, and funders remember that the relationship is a critical part of successful change.

The Aotearoa context

In Aotearoa, where the present study is set, whilst there are many positive trends in health and wellbeing indicators for youth over time (Fleming et al., 2022), there is also a subsection of the population that is vulnerable, i.e. face high levels of internal and

external risk and are likely to engage with multiple services. For example, Lim et al. (2019) examined the risk factors experienced by 184 female youth offenders, 13–17 yrs in Aotearoa. These included mental health diagnoses (72.8%), history of drug use (nearly 90%), and at least one form of maltreatment (almost 90%). Over 50% of the sample had been involved in statutory care services, whilst parental alcohol abuse (46.2%) or familial mental health issues (43.5%) were other common factors. Peer and social risks were also present, including delinquent partners (37.5%), being bullied (29.3%), and gang involvement (17.9%). Over 90% of the sample had experienced school behavior problems and 30.4% experienced learning problems, 29.3% ADHD-type symptoms, and 14.7% cognitive impairment. High levels of socioeconomic deprivation were a factor for 58.7%. This study highlights the complexity of the needs and challenges facing vulnerable youth, pointing to the value that can be gained from effective service delivery.

Māori youth (the indigenous population) experience poorer health and wellbeing outcomes than their non-Māori peers (Clark et al., 2018; Williams et al., 2018). There is also a significant population of Pacific youth who experience wellbeing disparities (Iaone et al., 2021; Mana Pasifika, n.d.). Both Māori and Pacific worldviews are relationally oriented, where wellbeing sits within the wider context of relationships with people, land, ancestors, and spirituality. Thus, paying attention to the relationship is of particular local importance when providing services to youth.

A longitudinal mixed methods study in Aotearoa identified the importance of youth–practitioner relationships for vulnerable youth, reflecting much of the international literature and evidence described above. The Long-Term Successful Youth Transitions Study surveyed 593 vulnerable youth using two or more services such as care and protection, youth justice, mental health, and alternative education, looking at resilience, mental health, and service quality, at three annual time points. It then followed 107 of these youth for three more years with annual interviews (Munford & Sanders, 2019). Both quantitative and qualitative data highlighted the importance of the relationship; those youth with at least one supportive adult relationship achieving greater functional outcomes over time, such as the transition to employment (Munford & Sanders, 2019). Youth described the types of relational approaches and interventions that made a difference, and the often-tragic consequences when these were lacking. From this study a local relationship-based practice framework, PARTH, was developed (Figure 1) to summarize effective approaches.

Sadly, many youth reported that they felt 'lucky' when service provision was caring, respectful, supported their agency, and responded to their needs (Munford & Sanders, 2019). Further, these youth were less likely to experience effective helping relationships when they faced greater levels of risk, and when there were multiple services involved (Munford & Sanders, 2019). This study highlighted both the value of and the need for a focus on RBP with vulnerable youth.

The current study

The current mixed-methods study followed The Long-Term Successful Youth Transitions Study, which had demonstrated that positive practitioner–youth relationships improved youth outcomes. The aim of this new study was to test whether the provision of RBP training via the PARTH Framework made a difference to youth reports

Figure 1. The PARTH framework.

of service experiences and outcomes. This was important because, while as noted above, training in RBP is needed, particularly when working with vulnerable youth, it is yet to be established whether exposure to such training makes a difference to youth experiences of services, and, importantly, their outcomes (Munro, 2008; Steckley, 2020). The study tested six hypotheses (see Analyses and Results) to assess whether training in RBP could be linked to improved youth service experience and outcomes.

The study involved providing training and resources in PARTH to practitioners (social workers, youth workers, and family whānau workers) in participating organizations. Participants attended a three-day training course in the framework and were given reflective practitioner resources to support their work following training. Participating practitioners invited youth on their caseloads to complete surveys, one group of youth were surveyed prior to practitioners completing the training (comparison group). A second group were recruited after practitioners had completed the training (study group), they completed surveys at three timepoints. Data were analyzed to assess whether there were detectable differences for young people in terms of outcomes after their practitioners had participated in the training and been given the resources. Reported data and analysis focus on youth experiences only, not mechanisms through which practitioners employed RBP. The use of a comparison group from the same services provides baseline data for the types of service experiences and outcomes experienced by clients of these same practitioners prior to training. Comparing this data to study group data helps to identify what, if any, impact training in RBP may have had on young people's service experience and outcomes, within the same services.

Participant recruitment

Organizations, practitioners, and youth were involved in this study. Organizations were purposively selected by researchers to represent a wide range of community-based services to vulnerable youth. These services included primary health and mental health care, social work, transitions to independence for care-experienced youth, young parent support, a range of education programmes alternative to mainstream schooling, supported bail and other juvenile justice services, peer mentoring, and supported accommodation. Some worked from a te ao Māori (indigenous) base, others from Pacific cultural understandings, or drew on diverse cultural perspectives within their operations.

Nine organizations were recruited to the study. Practitioners from these organizations were then invited to participate in PARTH training program and test resources related to PARTH by using the ideas and resources in their practice. Practitioners were invited by their organizations, and they could decline the invitation without impact on their roles.

Youth were invited to participate by their practitioners and could decline an invitation if they chose. Prior to practitioner training completion, youth who were about to complete service were invited to the study as part of the comparison group. Following the training, youth new to the service were invited to the study. Youth received support depending on the organization they were part of, such as transition to adulthood services, intensive mentoring, supported bail, parenting programmes, mental health services, and alternative education. Overall, 254 youth were recruited to the study, 103 comparison group youth and 151 study group youth.

Ethics approval was granted for the study, and participation was voluntary. Participants provided written consent. For youth aged under 16, caregiver consent was considered based on the circumstances of youth, such as whether they had parental/caregiver relationships.

Procedures

Participating practitioners attended the three-day PARTH training. This included an overview of key findings from the Long-Term Successful Youth Transitions Study, the impact of relational approaches on youth, learning the framework, and the knowledge, skills, and actions within this, such as building and maintaining trust, showing care, managing difficult feelings, supporting agency, and holding appropriate boundaries. The training included activities and group discussions which focused on practical application of the RBP framework. The training was facilitated by the lead researchers who had developed PARTH from the previous study. Practitioners were given a set of reflective tools and resources based on PARTH to use following the training and invited to provide feedback on these. Resources included theory documents, tools for supervision and reflection, quick reference guides, games and activities, and practitioner videos, all located on a website. These resources were aimed at supporting focus and reflection on the relationships with youth, and practitioners were invited to use them as and when they chose. Practitioner engagement with these resources during the research reflected what could be expected in terms of use of the resources once the project was complete and resources were accessible via the open-access website (www.youthsay.co.nz).

All youth in the study completed the same surveys measuring service satisfaction, resilience, and wellbeing. Comparison group youth were surveyed once at service completion to give a baseline for comparison. They completed their interventions prior to practitioners receiving training and having access to PARTH resources. Study group youth were surveyed at three timepoints: at the beginning or early in the intervention, at intervention completion, and 3–6 months post-completion. They were recruited after practitioners had completed PARTH training and been given access to the resources. The surveys were conducted over a two-year period depending on the length of service provided by the organization. Interventions and length of service received by youth varied depending on the type of service delivered which included, intensive short-term mentoring, practical support with housing, accessing benefits and work readiness, residential care, education support, physical and cultural activities, and mental health support.

Survey responses were confidential and were completed online or via a paper form which youth sealed in a research envelope after completion. Practitioners returned these sealed envelopes to the research team. Particular attention was given to training practitioners in survey administration that helped reduce risks of confirmation bias. They were to focus on encouraging youth to answer the questions as they applied to them on the day and remind that practitioners would not see the individual results. Time was spent discussing with practitioners the implications for their relationship with youth if youth had been made to feel that they should answer in particular ways. Practitioners were provided with training on how to recruit participants, administer surveys, respond to questions about the surveys and kept an empty copy of the survey with them to assist in this so that they did not view youth responses. Youth were asked to provide contact details in surveys so that items of missing data could be followed up directly by researchers with the youth concerned to achieve full completion of all questions. While youth were involved in services, surveys occurred during usual contact time and at usual locations, for example, organization premises or local cafes and libraries. For youth who had completed the intervention, surveys occurred at an agreed time and location.

Participants

Overall, 254 youth participated at T1. Of these, 151 (59.4%) were in the study group. Of the original study group, 127 (84% of the original sample) participated at T2, and 111 at T3 (73.5% of T1 and 87.4% of T2). As noted, the 103 youth in the comparison group were interviewed once only; at intervention completion to assess their experiences of the intervention when practitioners had not had exposure to PARTH training and resources. Of the total sample at T1, 110 (43.3%) were female, two (.8%) were non-binary, and 142 (59.9%) were male. Additionally, 96 (37.8%) identified as Māori, 51 (37.8%) as Pasifika, 99 (20.1%) as Pākehā (39%) (European/white) and eight (3.1%) as Other. At the start of the study, participant age ranged from 12 to 25, with a mean age at T1 of 17.33 (SD 2.67), and 79 (31%) of the youth indicated they were living independently.

For the comparison group at T1 ($n = 103$), 47 (45.6%) identified as female and 56 (54.4%) as male. In terms of ethnicity, 47 (45.6%) youth identified as Māori, 13 (12.6%) as Pasifika, 39 (37.9%) as Pākehā, and 4 (3.9%) as Other. The mean age for the comparison group was 17.2 (SD = 2.69) and 30 (29%) said they were living independently. For the

study group at T1 (n = 151), 63 (41.7%) identified as female, 2 (1.3%) as non-binary, and 86 (57%) as male. In terms of ethnicity, 49 (32.5%) youth identified as Māori, 38 (25.2%) as Pasifika, 60 (39.7%) as Pākehā, and 4 (2.6%) as other. The mean age for the study group was 17.4 (SD = 2.66) and 49 (32.5%) of the youth indicated they were living independently. The number of youth living independently remained consistent over time, with 48 (31.8%) indicating they were living independently at T2 and 43 (28.5%) at T3.

Measures

The Youth Service Satisfaction Measure (YSS-13; Brunk, 2003) was used to capture youth experiences of the support relationship. The YSS-13 items align with RBP approaches described above and have a good fit with the key components of PARTH. It was used in the earlier Long-Term Successful Youth Transitions Study to assess the quality of the service experience, thus giving confidence that the YSS-13 scores could be used to assess the use of RBP by practitioners in the current study (Munford & Sanders, 2019). In this study, it is used to capture the use of PARTH practices, such that integration of these practice principles would be reflected in improved youth satisfaction with the service. The YSS-13 was validated in Aotearoa and found to comprise a single factor (Liebenberg et al., 2016; α = .92). The measure is used in program evaluations and research to gauge service effectiveness from the perspective of youth service recipients. The YSS-13 is rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Higher scores indicate greater satisfaction with services. The YSS-13 includes items related to general satisfaction (e.g. 'I am satisfied with the services I received'), perceived effectiveness (e.g. 'The services I received helped me deal with my problems'), staff support (e.g. 'Staff treated me with respect'), accessibility and convenience (e.g. 'The location of services was convenient for me'). Total scores can be analyzed as an overall satisfaction score, or individual item responses can be examined for targeted service improvements. The reliability of this scale in the current study was α = .949 for the study group at T2, and .929 for the comparison group at T1 (i.e. case closure for both groups).

The Child and Youth Resilience Measure (CYRM-28; Liebenberg et al., 2012) is a 28-item self-report questionnaire designed to assess resilience across personal, relational, community, and cultural dimensions relevant to resilience (Liebenberg, 2020). The CYRM-28 is thus an ecological measure of resilience that allows for a comprehensive assessment of the positive resources and relationships around youth that can be drawn on to support positive development. In the current study, its purpose was to assess whether practitioner exposure to PARTH training resulted in changes to the presence of positive personal, relational, and contextual resources around youth. That is, are greater levels of positive resources within the naturally occurring networks and environments of youth associated with higher youth reports of positive service experiences. In the Long-Term Successful Youth Transitions Study, the presence of these resources was a found to mediate improved functional outcomes, such as education and employment (Sanders, Munford, & Liebenberg, 2017). Accordingly, in the analysis reported here, resilience scores are assessed as mediators between the service experience and positive outcomes.

In the CYRM-28 items are rated on a 5-point Likert scale (1 = Not at all, 5 = A lot), with higher scores indicating a greater presence of resilience resources. The CYRM-28 has demonstrated strong internal consistency and validity in international samples,

including indigenous and multicultural populations (Renbarger et al., 2020). Validation work on the measure in Aotearoa (Sanders et al., 2017) has demonstrated its validity for use locally. Reliability of the measure in the current dataset was .912 for the study group at T2, and .906 for the comparison group at T1 (i.e. case closure for both groups).

The Mental Health Continuum Short Form (MHC-SF; Lamers et al., 2011) was used to assess youth wellbeing outcomes. This is a 14-item self-report measure assessing subjective well-being across three dimensions: emotional well-being (three items), psychological well-being (six items), and social well-being (five items). Participants rate items on a 6-point Likert scale ranging from 0 ('never') to 5 ('every day'), based on their experiences over the past month. Higher scores indicate greater mental well-being. The MHC-SF categorizes mental health into three levels: flourishing (high well-being), moderate mental health, and languishing (low well-being). The scale has strong internal consistency (α = .80–.91) and construct validity across diverse populations (Joshanloo et al., 2013; Karaś et al., 2014; Lamers et al., 2011). The reliability of this scale in the current study was α = .946 for the study group at T2, and .917 for the comparison group at T1 (i.e. case closure for both groups).

Analysis and results

As noted above, the goal of this analysis is to assess whether training in the use of RBP resources, such as PARTH training, was linked to increases in the quality of youth service experiences and their outcomes. The following hypotheses guided the analysis:

Young people who receive services from practitioners trained in RBP will report:

(1) greater service satisfaction than youth who do not receive services from practitioners so trained.
(2) more resilience-promoting resources in their lives than youth who do not receive services from practitioners so trained.
(3) a greater sense of well-being than youth who do not receive services from practitioners so trained.

Further:

(1) The use of RBP will augment the impact of service delivery over time, where RBP practices at T1 and T2 will increase mental health outcomes at T3.
(2) The use of RBP will augment the availability of resilience-promoting resources at T2, improving mental health outcomes at T3.
(3) The use of RBP and the subsequent increase in resilience-promoting resources at T2 will account for more of the mental health outcomes at T3, than the use of RBP alone, highlighting the important potentiating impact youth-focused service delivery has on outcomes when it is able to activate the supportive resources around youth.

Hypotheses 1–3 were tested via t-tests which compared the comparison group at T1 with the study group at T2. These two groups were at approximately the same point in their intervention journeys (i.e. at case closure) and so offered an opportunity for a meaningful

comparison of intervention end-point outcomes. The difference between the groups being the study group had experienced service delivery from practitioners once they had been trained in the use of RBP (in this case, PARTH, and given access to PARTH resources), while data was collected from comparison group youth prior to their practitioners having this exposure. Data were analyzed using PASW Statistics 28.01.1 and AMOS 28 for Windows.

Levine's test showed that equal variances could be assumed for the CYRM-28 and YSS-13 for the intervention and comparison groups. For the MHC-SF, equal variances could not be assumed. Significant differences were found between the two groups for all three scales, with the study group scoring higher than the comparison group in all instances. Specifically, for the CYRM-28 ($t_{228} = 5.369$, $p = .001$), the study group ($M = 109.21$; SD = 16.86) scored higher than the comparison group ($M = 92.24$; SD = 16.76) and the effect size was large ($d = .71$). Similarly, for the YSS-13 ($t_{228} = 8.481$, $p = .001$), the study group ($M = 57.50$; SD = 7.88) scored higher than the comparison group ($M = 48.85$; SD = 7.46) with a large effect size ($d = 1.125$). Finally, for the MSC-SF ($t_{227.919} = 2.847$, $p = .002$), the study group ($M = 60.11$; SD = 14.22) scored higher than the comparison group ($M = 55.27$; SD = 11.31). In this case, the effect size of the difference in scores was small ($d = .372$). These results allow us to accept the first three hypotheses.

A path analysis was then performed to test the final three hypotheses. This analysis drew on study group data only; this is the group which had completed the measures at all three time points ($n = 109$). Missing data analysis showed that no data were missing, a result of researcher follow-up with youth to obtain missing data. All four variables were examined for normality, linearity, and homoscedasticity; all were within acceptable limits. A multi-step procedure was used in the analysis. First, the measurement model of each subscale included in the analysis was validated using Confirmatory Factor Analysis (CFA), and the internal validity of the questions was assessed using McDonald's omega ($\ddot{\omega}$). Fit statistics for the YSS-13 at T1 [x^2(58, $n = 109$) = 95.414, $p = .001$; Adjusted Goodness-of-Fit Index (AGFI) = .823; Comparative fit index (CFI) = .953; Root Mean Square Residual (RMSEA) = .077); $\ddot{\omega}$ = .92], and T2[x^2(55, $n = 109$) = 64.385, ns; AGFI = .876; CFI = .991; RMSEA = .040); $\ddot{\omega}$ = .95], the CYRM-28 at T2 [x^2(308, $n = 109$) = 368.322, $p = .01$; AGFI = .772; CFI = .957; RMSEA = .043); $\ddot{\omega}$ = .92], and the MHC-SF at T3 [x^2(73, $n = 109$) = 75.278, ns; AGFI = .876; CFI = .997; RMSEA = .017); $\ddot{\omega}$ = .94] were all satisfactory. Correlations between all variables are shown in Table 1.

Next, differences between genders were explored on all three measures, at all three time points. The Levene's test indicated that, across all three time points, equal variances could be assumed between male and female groups for seven of the nine measurement points (three scales assessed at three different time periods). For the CYRM-28 at T2 and

Table 1. Correlations between all variables.

	YSS-13 T1	YSS-13 T2	CYRM-28 T2	MHC-SF T3
YSS-13 T1	–			
YSS-13 T2	.415*	–		
CYRM-28 T2	.405*	.304*	–	
MHC-SF T3	.292*	.408*	.662*	–

*$p < .001$.

Table 2. Gender differences on all three measures at all three times.

Measure	Gender	n	M	SD	Cohen's D
CYRM-28 T1	female	63	103.21	16.977	.072
	male	86	101.98	17.266	
YSS-13 T1	female	63	51.32	6.542	.483
	male	86	47.88	7.498	
MHC-SF T1	female	63	52.32	14.674	.211
	male	86	55.12	12.130	
CYRM-28 T2	female	58	109.84	19.318	.032
	male	67	109.31	14.176	
YSS-13 T2	female	58	59.66	7.237	.515
	male	67	55.69	8.078	
MHC-SF T2	female	58	59.24	15.238	.141
	male	67	61.25	13.319	
CYRM-28 T3	female	54	106.81	17.934	.115
	male	56	108.75	15.679	
YSS-13 T3	female	54	60.00	6.501	.651
	male	56	55.11	8.383	
MHC-SF T3	female	54	59.31	12.301	.253
	male	56	62.43	12.289	

the YSS-13 at T3 equal variances could not be assumed. Significant differences between males and females were found on the YSS-13 at all three-time points. Females consistently reported better satisfaction with services than males (see Table 2). Cohen's D shows that the size effect of these differences is small.

Following this, a one-way between-groups analysis of variance was conducted to identify any differences in results by ethnicity over time. Overall, there were no significant differences in these scores across time. The exception is for the CYRM-28 at T3 [$F(3, 107) = 3.653$, $p = .015$]. These differences have a moderate effect on findings (eta squared = .093). Post-hoc comparisons using the Tukey HSD test indicated that the mean score for Pakeha youth ($M = 101.88$; SD = 17.83) was significantly different from Pasifika youth ($M = 112.78$; SD = 13.62). These findings mirror earlier findings from the Long-Term Successful Youth Transitions Study (Munford & Sanders, 2019). Māori youth ($M = 110.87$; SD = 16.19) and youth who identified as 'Other' ($M = 115.75$; SD = 14.25) did not significantly differ from the other two groups.

We then conducted an independent samples t-test on results by age, grouping youth into those under the age of majority (12–17 years; $n = 87$), and those older than the age of majority (18–25 years; $n = 64$) at T1. Levine's test showed that equal variances could be assumed for all scales, at all three time points, for the two age groupings, with the exception of the YSS at T2. The t statistic showed no significant differences except for the YSS and MHC-SF at T1, as well as the YSS at T2 and at T3. In the case of the YSS, older youth consistently scored higher than younger youth. Older youth also reported greater mental health at T1 than younger youth (see Table 3). In all instances, however, Cohen's D shows that the size effect of these differences is small.

Having established that there were no large or significant differences within this population of youth based on age, gender and ethnicity, hypotheses 4–6 were assessed in a mediation model using a path analysis. In accordance with these hypotheses, we situated our indicator of RBP practices (YSS-13) at T1, as an exogenous variable and at T2 as an endogenous and mediating variable; availability of resilience resources at T2 (CYRM-28) also as an endogenous mediating variable; and mental health outcomes at T3

Table 3. Age of youth on all three measures at all three times.

Measure	Age Recoded	n	M	SD	Cohen's D
CYRM-28 T1	17 and younger	87	100.33	14.887	.228
	18 and older	64	105.20	19.356	
YSS-13 T1	17 and younger	87	47.91	7.037	.466
	18 and older	64	51.22	7.199	
MHC-SF T1	17 and younger	87	51.48	12.352	.421
	18 and older	64	56.97	13.915	
CYRM-28 T2	17 and younger	69	108.09	15.875	.146
	18 and older	58	110.55	18.008	
YSS-13 T2	17 and younger	69	56.01	8.512	.422
	18 and older	58	59.28	6.696	
MHC-SF T2	17 and younger	69	58.70	13.323	.218
	18 and older	58	61.79	15.170	
CYRM-28 T3	17 and younger	61	107.31	15.832	.030
	18 and older	50	107.82	18.320	
YSS-13 T3	17 and younger	61	56.00	8.126	.447
	18 and older	50	59.44	7.138	
MHC-SF T3	17 and younger	61	59.20	11.952	.272
	18 and older	50	62.56	12.891	.228

(MHC-SF) as the outcome variable. Only the mediating and outcome variables included error variances. In accordance with the discussion above, it is understood that RBP approaches will take account of personal, relational, and contextual resources in the lives of youth, and integrate these into their practice. Similarly, where such resilience-promoting resources are absent, practitioners using RBP approaches will recognize and account for this in their work with youth and explore alternatives in the contexts of each young person.

Total scores were used for each of the measures given our theoretical model and the nature of our hypotheses where we explicitly sought to understand overall service use experience in relation to RBP practices, and their impact on subsequent resilience resource availability, and the impact of both on mental health outcomes. Relatedly, working with the means of total scores reduced model complexity, highlighting the role of each of the theoretical components in our model (Bandalos, 2018; Bollen, 1989; Kline, 2016).

The full mediation model based on our theoretical hypothesis in the path analysis showed an excellent fit [$x^2(2, n = 109) = 3.255, p = .196$; AGFI = .925; CFI = .973; RMSEA = .076] (Hu & Bentler, 1999; see Figure 2). All standardized estimates were significant, using 2000 bootstrapped samples with a confidence interval of 95.

The Squared Multiple Correlations show that the YSS-13 at T1 explains 18% of the variance in YSS-13 scores at T2, and 17% of the variance in CYRM scores at T2. Additionally, the Squared Multiple Correlations show that the YSS-13 and CYRM scores at T2 explain 45% of the variance in well-being scores at T3.

Results show that the experience of receiving services informed by RBP, as captured by the YSS-13 at T1, increased the likelihood that youth would continue to have a positive service experience over time ($\beta = .426, p < .001$), supporting hypothesis 4. Furthermore, the experience of this type of service delivery at T1 was linked to greater availability of resilience-promoting resources at T2 ($\beta = .416, p < .001$), supporting hypothesis 5. Combined, these two sets of positive resources improved mental well-being at T3. Additionally, there is an increased availability of resilience-promoting resources at T2
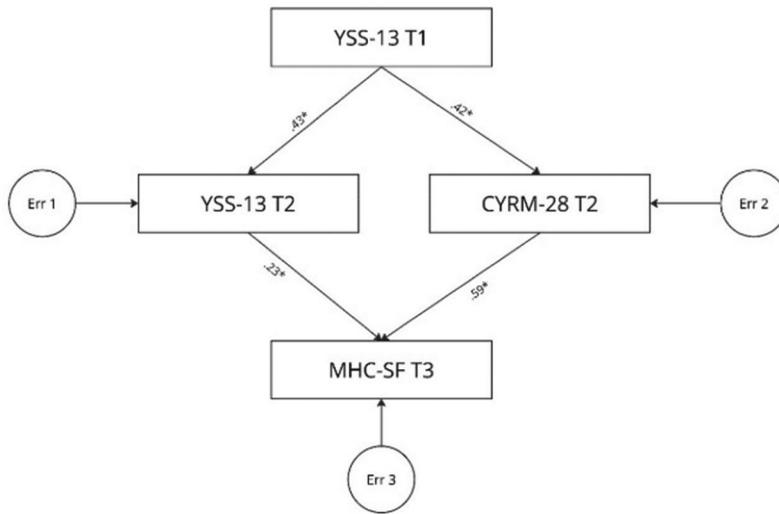
Figure 2. Path analysis of the impact of exposure to [framework] training on youth outcomes.

($\beta = .594$, $p < .001$), due to the use of RBP at T1, had a greater impact on mental health outcomes at T3, than the use of RBP at T2 on its own ($\beta = .226$, $p = 002$). These results support hypothesis 6. That said, RBP practices on their own, do have a significant impact on outcomes. This result suggests that even when there are few resilience promoting resources around youth, the experience of a positive practitioner relationship is linked to better outcomes, than is the case when youth do not have this type of practitioner relationship experience. These findings allow us to accept the hypotheses 4–6.

Discussion

Whilst there is evidence that a positive relationship improves youth service experiences and outcomes (Hurley et al., 2017; Karver et al., 2006, 2018; Roest et al., 2016) there is limited evidence of the impact of exposure to RBP training on youth service experiences and outcomes. This study sought to respond to this gap by examining whether the provision of RBP training, via PARTH, made a difference to youth service experiences and outcomes by assessing youth reports of service satisfaction and outcomes.

The data suggests that exposure to RBP, via PARTH training and resources, does have a positive impact on the way youth experience service delivery. There were significant differences between the comparison and study groups in their reports of the quality of the service relationship at service completion. This suggests that the exposure to PARTH training had an impact on youth service experiences and outcomes. What the analysis cannot show is the mechanisms that enabled these changes to occur.

The findings also indicate that youth resilience may be positively impacted by practitioner training in RBP. That is, the positive resources youth reported in their own lives were greater in the study group than in the comparison group. This may, of course, be attributable to differences between the two groups of youth that have nothing to do with the quality of the support relationship. However, both groups were at the end of their

interventions in the same services with the same practitioners, and so this pattern provides some support for the proposition that aspects of the intervention, such as the use of RBP, can play a role in building youth resilience resources.

The results for the comparison of mental health outcomes, while significantly better for the study group than the comparison group youth, were not strong, indicating that achieving improvements in mental health status through intervention practices and even when youth resilience resources are strong, remains a challenge. However, overall, these results do suggest that exposure to PARTH training was associated with youth service satisfaction, improved resilience and to some improvements in mental health status. This small (0.23) but significant effect is similar to findings of meta-analyses which have demonstrated impacts of the relationship on psychological outcomes for youth. For example, Karver et al. (2006) reported mean effect sizes of 0.21, and 0.19 (2018), and Murphy and Hutton (2018) reported an average effect size of 0.29 and McLeod (2011) an effect size of 0.14.

The findings also show some small variations within the study population, highlighting areas that practitioners should pay particular attention to when working with vulnerable youth. Notably, females were more likely to report positive relational experiences with their practitioners than were males, and Pākehā (white) youth reported the lowest resilience scores, i.e. least access to relational resources. While effect sizes of both differences were small, there are still lessons here. First, it may be easier to build relationships with vulnerable teen females, a finding reflected in other studies which identified females as easier to engage in treatment (Karver et al., 2018). Therefore, practitioners may need to focus their relational efforts more intensely with young men, seeking to find points of relevance and meaning in their work that speak directly to males' life experiences and realities.

The lower resilience scores of Pākehā youth observed here are consistent with findings in the earlier, Long-Term Successful Youth Transitions Study where Māori and Pacific youth had higher resilience scores than Pākehā youth. This pattern has been attributed to the stronger social/cultural and familial bonds of Māori and Pacific peoples (Munford & Sanders, 2019). This underscores the importance of practitioners paying close attention to culture and context in terms of their awareness of the different levels of social/cultural/familial resources available to youth depending upon their ethnicity. For instance, they may need to plan to spend more time with Māori and Pacific youth getting to know the full breadth and complexity of their relational worlds, while with Pākehā youth attention will likely need to be given to exploring non-familial relational alternatives that will support these youth to sustain changes post-intervention. Such relational resources, as the path analysis demonstrated, are critical to successful interventions. These patterns are measures of association, not causation, and so should be understood in that context as domains practitioners may need to pay particular attention to as they support youth.

The path analysis enabled us to look at possible causal pathways between interventions, resilience, and outcomes, and to make some observations about the value of providing practitioners with training and resources that support use of RBP, although these results are inferred, given that the mechanisms through which practitioners employed RBP were not tested.

The higher and stable service satisfaction scores of youth in the study group, whose practitioners had participated in PARTH training, suggest that there was consistency

over time in the relationship with their practitioners. Combined with the higher resilience and mental wellbeing scores of study group youth, this further suggests that exposure to RBP training can have a positive influence on outcomes. This is worthy of note in relation to the use of PARTH training, because it suggests that if these practices can be embedded in everyday work through access to the online resources, their use is likely to continue, bringing benefits to youth in the longer-term. It will also be recalled that the t-tests demonstrated that youth in the study group reported higher levels of service satisfaction and positive relational practices from practitioners than did comparison group youth, suggesting that the training and resources did have an impact, because youth in both groups were reporting on the relational practices of the same practitioners.

Thus, we can infer two important impacts from the path analysis. First, it highlighted that when RBP training and resources were provided, youth reported positive outcomes, regardless of the background levels of resilience. Second, and importantly in terms of the ways in which practitioners engage with youth in the context of their own relational environments, the results clearly indicate very significant gains for youth when practitioners have access to RBP training and resources and when youth are able to draw on resilience resources in their own lives. This points to valuable potentiating impacts that RBP approaches, such as those contained in PARTH, have when practitioners have the skills to work with the relational resources around youth to address social and contextual factors that impact on their wellbeing.

Overall, this analysis provides support for our hypotheses on the impact of RBP training on youth service experience and outcomes: Youth who receive services delivered by practitioners who have had RBP training report greater service satisfaction, resilience, and sense of mental wellbeing, than those who receive services from practitioners not so trained. Over time, the use of RBP, evidenced by youth service satisfaction scores at T1 and T2, augments mental health at T3, while service satisfaction at T1 relates to resilience at T2 and mental health at T3. Thus, there is an additive effect of service satisfaction and resilience on mental wellbeing for vulnerable youth when RBP is used by practitioners.

Limitations

This was a small-scale study testing one set of training and resources and so conclusions should not be generalized to other resources and training. However, these preliminary results are promising and build on previous research which showed local links between relational approaches and youth outcomes using the same measures (Munford & Sanders, 2019).

The research did not collect practitioner reports of their intentional use of the practices they were trained to use, instead the focus was on youth reports of the experience of their practitioner's relationship-building skills. Further research could add this dimension into the analysis to highlight what and under what circumstances practitioners use these strategies and when they find it difficult to use them. Additionally, future research could investigate the mechanisms through which youth/practitioner relationships augment resilience resources and wellbeing.

Future research could also investigate the impact of other practitioner and youth-specific factors, such as practitioner gender and ethnicity, youth motivation and voluntary vs mandated service provision.

Youth in the study were involved in a range of different service types, and the size of the dataset did not allow for sub-analyses of practitioner-specific factors in youth reports. This would be a useful avenue for future research.

Conclusion

The purpose of this analysis was to examine whether exposure to RBP, delivered through purpose-designed training and practice resources aligned with PARTH, was related to improvements in young people's reports of their relationships with practitioners and, in turn, if this could be connected to improved outcomes. The youth who were the focus of this study were living in contexts of heightened vulnerability, characterized by sustained exposure to multiple and intersecting individual, familial, and structural risks. Such risks are widely recognized in international social work literature as constraining young people's capacity to achieve positive outcomes, while simultaneously limiting practitioners' abilities to establish and sustain effective helping relationships (Munford & Sanders, 2019).

Across diverse international contexts, social workers engage with children and young people affected by poverty, trauma, displacement, systemic inequality, and social exclusion. There is a growing international consensus that relational approaches are particularly important in such complex practice environments, where procedural, risk-driven, and resource-constrained systems can undermine meaningful engagement. Existing literature supports the proposition that RBP can facilitate positive outcomes in contexts characterized by high and cumulative risk, and that social workers require targeted training and organizational support to develop and sustain effective relational practice with vulnerable populations (Munro, 2008; Steckley, 2012). However, despite strong theoretical and practice-based advocacy, empirical evidence demonstrating the impact of RBP training on service user experience and outcomes remains limited.

This study takes an initial step toward addressing this gap by providing structured RBP training and post-training practice resources, and by capturing young people's perspectives on how these relationships shaped their experiences of practice and outcomes. Although small in scale, the findings indicate that exposure to RBP training and resources does have a positive impact on service satisfaction and outcomes. These results suggest that social workers can confidently and meaningfully deploy relational practices even amid the competing demands, organizational pressures, and systemic constraints commonly reported in social work practice internationally.

The findings contribute to international social work knowledge by reinforcing the centrality of the social work relationship in interventions with vulnerable youth across cultural and service system contexts. When practice intentionally focuses on relational processes, young people report enhanced satisfaction, improved outcomes, and greater capacity to engage with other positive resources in their lives. Importantly, the study demonstrates that training in RBP can strengthen social workers' relational capabilities beyond existing practice baselines, as evidenced by differences between intervention and comparison groups.

For social work organizations globally, these findings underscore the value of investing in relationally focused training and ongoing practice supports. Providing social workers with structured opportunities to develop relationship-building skills can

enhance practice effectiveness, support ethical and humane service delivery, and align organizational practice with core international social work values of dignity, respect, and social justice.

Disclosure statement

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