



Relationship-Based Practice with People with a Mild Intellectual Disability Who Have Been Socially Marginalised and Excluded

Kathy Ellem and Jemma Venables

This chapter focuses on a group of people who do not always identify as disability service users, yet nonetheless require support to enjoy a successful life in the community. This diverse group of people, hereafter referred to as people with a mild intellectual disability, may have been given a number of diagnostic labels, including foetal alcohol spectrum disorder, learning disability, autism spectrum disorder, traumatic brain injury, acquired brain injury, borderline intellectual functioning, or borderline intellectual disability. Many of this group also have co-occurring psychiatric conditions, including depression, anxiety disorders, psychosis, personality disorders, and addictive disorders (Ellem, 2019). In addition, this group often present with complex support needs related to adverse life experiences, such as homelessness, violence, involvement with child protection and criminal legal systems, and complex behaviours which can include harm to

K. Ellem (✉) • J. Venables
School of Nursing, Midwifery and Social Work, The University of Queensland,
St Lucia, QLD, Australia
e-mail: k.ellem@uq.edu.au; jemma.venables@uq.edu.au

self or others and substance misuse (Dowse et al., 2019). This chapter draws on case studies from the authors' experiences as social work practitioners and service users, as well as findings from previous research. The examples are deidentified and adapted from these sources and do not represent any one individual.

A person with a mild intellectual disability can engage with multiple service sectors, including disability, health, education, criminal legal, drug and alcohol, mental health, and homelessness services. These interactions with service providers may be at a point of crisis—for example, a person seeking medical assistance at a hospital emergency department. The point of service contact can also be an involuntary client, such as someone who has been arrested by police for disorderly behaviour.

The diagnostic labels given to a person with a mild intellectual disability are usually only one part of a person's identity, and many may not identify with or embrace these labels at all. The following example illustrates this:

Angela is a 22-year-old Aboriginal woman with a mild intellectual disability. Her child was removed from her care at birth and the records from the child protection office state that she is “mentally retarded”. Angela equates this label with what she regards as unfair removal of her child. She prefers to see her disability as behavioural, given all the trouble she had at school. Her worker needs to arrange a psychological assessment for Angela if she is to apply for National Disability Insurance Scheme (NDIS) funding. This will involve talking through with Angela why the assessment is needed and what is involved, all the time honouring Angela's cultural identity, how she describes her needs, and the trauma she has experienced in losing her child.

In the example above, the diagnostic labels given to Angela are associated with the loss of a child and have no cultural relevance to Angela as an Aboriginal woman. This shows how labels can be regarded as stigmatising to the person and be associated with traumatic events where a person has been discriminated against or denied support from others.

A further complicating factor about diagnostics labels is that many people's disability may not be adequately assessed. Without proper assessment, many people with a mild intellectual disability miss out on formal supports and are deemed ineligible for disability support services such as the National Disability Insurance Scheme (NDIS). Even if a person is assessed by a professional, the complexity of their presentation may make

it difficult to determine an accurate diagnosis. The professional may misattribute a person's symptoms to certain diagnoses and overlook other important indicators—a response often described as “diagnostic overshadowing”. Interestingly, a person's disability may not be identified at all, as the person may present as competent and independent and mask what difficulties they experience (Wieland & Zitman, 2016). Regardless of these problems in disability identification, a person with a mild intellectual disability often needs some support with activities of daily living. This support can be in relation to adaptive behaviour—they may need help with practical life skills (e.g., cooking, cleaning, managing money), social skills (such as relating to others), and conceptual skills (e.g., communication and self-direction). A person may also experience challenges in executive functioning, the higher-order thinking processes involved in problem solving, reasoning, planning, memory, self-regulation, and learning from experiences.

WHY ARE RELATIONSHIPS IMPORTANT TO GOOD QUALITY OF LIFE?

While it is important to understand how a person's disability may affect them at a functional level, it is also essential to understand the social and environmental context in which people live. The well-being of people with a mild intellectual disability is significantly influenced by their interactions with others around them, including their intimate social networks, and their relationship with services and systems. Quality of life can be measured in part by the nature of a person's interactions with their social world and by the degree to which a person feels that they belong and can actively participate in their community. Positive and supportive interactions with others can lead to increased community engagement, a stronger sense of self-worth, and increased resilience to face life challenges.

Many people with a mild intellectual disability occupy marginalised social positions within their communities, and therefore relationships with others can be quite poor. People with a mild intellectual disability can experience significant social disadvantage in relation to unemployment, poverty, poor educational experiences, substandard physical and mental health, and complex family histories. They may also experience higher rates of abuse, violence, and exploitation in relationships with others than

the general population. They may have had involvement with the child protection system as a child and as a parent of a child in care, and they may have interacted with criminal legal systems as victims and alleged offenders (McManus et al., 2018). They may have experienced many dehumanising encounters with others and internalised the messages they receive, leading them to question their own value as human beings. Because of their life experiences, people with a mild intellectual disability can develop ineffective coping strategies to life, which can include impulsive problem behaviour, addictions, and acts of harm and violence to themselves and others.

WHAT ARE THE ROLES OF SUPPORT SERVICES IN RELATIONSHIP-BASED WORK?

Positive, life-affirming relationships are a precious resource for everyone, including people with a mild intellectual disability. Helpful relationships provide the context for a person to take control over their own life decisions, access support and information, and build their social connections and belonging (Ellem et al., 2013). Support services, both within the disability sector and within other sectors, can engage in relationship-based developmental work which focuses on these aims. This type of work is not limited by prescriptive interventions or “techniques” but focuses on the quality of relationship with people with an intellectual disability. This approach works at several levels:

- At the personal level, the focus is on improving interactions between support workers and the individuals they work with, as well as supporting and enhancing the individual’s relationships with their family, friends, and community.
- At the organisational level, the culture of a service should support relationship-based developmental work, with resources and training directed to this end.
- At a service/systems level, relationship-based developmental work should occur between services and systems to ensure cross-agency collaboration and integrated service delivery.

Each of these levels are discussed in more detail below, with some suggestions for practice.

RELATIONSHIP-BASED PRACTICE AT THE PERSONAL LEVEL

Working with Individuals

Poor life experiences can cause a person with a mild intellectual disability to withdraw from social interaction and relationships, and people may become hesitant to access support services. Feeling socially disconnected can make one feel unsafe and hyper-vigilant for social threats. There may be feelings of distrust towards support services if there has been a history of rejection, and a tendency to either avoid engagement in programmes (that is, the “flight” response) or be openly hostile to professional assistance (the “fight” response) (McConnell et al., 2016). The chaos a person experiences in their everyday life may place them in a perpetual state of crisis, and their personal energy to engage with professionals may be deeply compromised (Ellem et al., 2020).

Support workers’ initial encounters with people with a mild intellectual disability must therefore be sensitive and careful, and considerable time must be taken to establish rapport, illustrated here with Rachel’s interaction with Kim:

Rachel is a 17-year-old young person with a mild intellectual disability and autism who has been referred to a disability service that supports young people with a history of child protection involvement. Kim, the worker from the service, wants to invite Rachel to a regular group where she can connect to other young people with similar experiences. Rachel is suspicious about Kim’s motives, and sees her as another person from welfare telling her what to do, not to smoke, etc. Kim turns up to Rachel’s school at the same time each week. At first it is just to say “hi” and to say she will drop in next week. Kim reads how Rachel is responding to her and reassures her that she doesn’t have an issue with her smoking, as she knows Rachel understands it is bad for her health. Rachel sees that Kim is allowing her freedom to make her own choices and she is willing to give the group a go.

Rachel’s story highlights that in the initial stages of the helping relationship, the worker may need to take a persistent but gentle approach to engaging with a person. This might involve meeting the person in an environment where they feel comfortable and the worker having a regular presence that is respectful and non-judgemental. It may involve the worker sharing, in a safe way, aspects of their own personal life they feel

comfortable discussing. This helps overcome power inequalities in the relationship and to build connection and trust (Healy, 2018).

To truly be helpful, a worker needs to take time to learn about the core messages in a person's life. These core messages are what can drive a person to act in certain ways, which on the surface may seem contradictory to what the person really wants or needs (Ellem et al., 2013). For example, a person with a mild intellectual disability may experience a lot of powerlessness in their life and therefore feel the need to assert themselves with others. They may do so by saying "no" to things they actually want. Behaviours that others may find difficult or confronting can be regarded as a form of communication and are clues to a person's core messages. A skilled worker seeks to understand what the person is really communicating, taking note of any emotional issues underlying the behaviour. With this understanding, the worker can gently assist the person to find more pro-social means to attain what they need. As shown in Allan's story below, the core messages of the person therefore provide guidance as to the purpose of the helping relationship:

Allan, a 27-year-old man with autism and a mild intellectual disability, has expressed to his worker that he would like to have a girlfriend. Jim, Allan's worker, finds out about a group which supports people with autism to learn about dating and friendship. When Jim asks Allan about it, he says "no". Jim thinks the "no" may be related to Allan not knowing what the group is about, and not feeling comfortable going to a new place. Jim decides to raise the opportunity again to Allan when he mentions about wanting a girlfriend, but this time he offers to take Allan there to ask the group leader some questions. He also offers to come along to the group with Allan until he feels comfortable attending alone.

The worker in relationship-based practice holds their commitment to the helping relationship and draws upon their own personal resources to do so. Such work requires a great deal of time, reflection, honesty, perseverance, observation, open-mindedness, and creativity (Collings et al., 2015). It also involves a realistic evaluation on the part of the worker that they play only one small part in the person's life and that it is the person themselves who has the resilience and skills to address the issues facing them (Caouette et al., 2018). The worker's role is often to question commonly held social beliefs about people with learning difficulties, which paint people as incapable and overly dependent on others. Instead, the

worker facilitates sufficient time and space, experiences, and information for the person with an intellectual disability to chart their own course and live their life on their own terms.

Relationship-based practice takes advantage of naturally occurring situations to build connection with people, to help them to build knowledge, and to make decisions about their lives. The practical tasks that workers engage in with people with a mild intellectual disability, such as driving them to an appointment or helping a person go shopping, present multiple opportunities for connection. These everyday situations potentially connect a person to their local community and help them learn important life skills. They also provide a sense of safety for a person to open up about what is happening in their life and to discuss ways of problem-solving issues with the worker. These times can also be opportunities to share common interests and to give the person with a mild intellectual disability a reprieve from some of the intense issues they may be currently facing. As shown in Mitali's story below, what others may see as simple, menial tasks in disability support work thus become laden with purpose and meaning for the relationship-oriented support worker:

Mitali has started providing support to Amy, a 30-year-old single mum with a mild intellectual disability. Amy's children are in the care of child protection services, but they are allowed to visit their mum and eventually Amy hopes to have her children stay with her overnight. For this to happen, Amy needs to learn how to better manage her pension money and ensure that she has enough food in the house. On one of her visits, Mitali drives Amy to get a food parcel from a local charity. While this does not appear to be getting to the core of the issue about where Amy's money is going, it is a critical opportunity for Mitali to connect with Amy. The car is a safe space for Amy to open up about things that are happening in her life, it can be a space where Mitali and Amy can listen and enjoy music together, and most importantly it is an opportunity for Mitali to understand what is important to Amy.

Relationship-based work also involves extending both the reach and range of relationships for a person with learning difficulties (Ellem et al., 2013). The work is often also with significant others in the person's life. It may involve building new understandings in existing family and friendship relationships, such as assisting in resolving conflict or facilitating reconnection. Sometimes this work can be extremely challenging. When a person with a mild intellectual disability is in an abusive or exploitative

relationship with someone, it may involve the worker, with the person's consent, making their presence known to the abuser and shining a light on the behaviour. This approach is exemplified by Andrew's story:

Andrew is 31 years old, has a mild intellectual disability and lives in a unit in a public housing complex. Andrew tells his worker Sam that there is a new tenant downstairs in the public housing complex named Richard. Andrew said Richard gave him a lift to the automatic teller machine (ATM) the other day and asked Andrew for some money for smokes. Andrew gave him the money but felt a bit uncomfortable about it. Sam talks through with Andrew about how important it is to keep your money transactions private. Sam makes a note to visit Andrew at the complex and to say hello to Richard while she is there. She wants to get to know Richard more, to casually mention how nice it was of Allan to lend him money when he is only on a pension, and to let Richard know of her ongoing presence and support in Allan's life.

In such circumstances, the safety and well-being of the person with a mild intellectual disability is paramount, but it is often unrealistic to persuade the person to disassociate from the other person. Rather, it involves the worker suspending their own judgement of the situation. The worker has a role in seeking to accentuate the positives in the relationship while helping the person with a mild intellectual disability to establish some boundaries with the other person. If the relationship ends, it is hoped that this is a decision made by the person with a mild intellectual disability and not something imposed on them. When people are given the space to make their own decisions about relationships, they are more likely to learn how to keep themselves safe and to establish healthy boundaries with others.

Groupwork

Relationship-based practice at the personal level can also entail the facilitation of intentional groupings of people with an intellectual disability. Groupwork is an opportunity to collectively recognise and make the most of underutilised gifts in each group member (McMaster, 2016). Such groupwork has the most value when people with an intellectual disability have ownership over the group and can determine the purpose of

gathering. Activities within a group setting will have different meanings to each individual group member. One person may benefit from learning practical skills in group activities, such as cooking and money management. Another person may use the space to practise social skills and build confidence to work collaboratively with others. Groupwork can also be a valuable opportunity for people to become familiar with other workers in the organisation, to mentor others in the group, to come together collectively around issues that are important to the group as a whole, and to engage in advocacy (Anderson & Bigby, 2017). Examples of successful groups have been highlighted by authors, such as self-advocacy groups (Ellem et al., 2022) and supported social groups (Wilson et al., 2017).

The coming together of people with difficult life histories can create an added complexity to groupwork. The role of group facilitators is therefore to create a safe space for all members of the group. This often involves individual support given to a person both prior to attending the group and in parallel to the group. Workers can assess a person's readiness and willingness to be involved and ensure the person does not have extenuating circumstances that prevent them from participating. Any agreements made collectively about how the group should operate should ensure that people with a mild intellectual disability have the time and space to express their ideas and comprehend what may be asked of them. The group space above all needs to be welcoming of all members and be flexible enough to allow people to join the group in their own time. Facilitators need to undertake proactive safety planning and devise exit strategies for people from the group environment if a person's comments or behaviours are triggering for others within the group. Group facilitators also need to ensure the ratio of workers to people with an intellectual disability is optimal so that the group is not dominated by the voices and priorities of paid staff, yet there is an opportunity for a person with a mild intellectual disability to seek one-on-one support away from the group should they need it.

All of the above examples of relationship-based practice require a significant investment on the part of service providers, in terms of time, funding, and commitment to quality practice. The next section discusses ways in which services can create a suitable environment for such work at the organisational level.

RELATIONSHIP-BASED PRACTICE AT THE ORGANISATIONAL LEVEL

Organisational policies and practices can support relationship-based practice with people with a mild intellectual disability. Decisions made and actions undertaken at the organisational level influence the types of supports offered and the overall outcomes for this group of people. As previously mentioned, many people with a mild intellectual disability are deemed ineligible for disability support services based on their disability diagnosis. They may also be actively excluded from programmes due to their complex support needs. Service providers may become “risk-averse” to clients with a history of complex behaviours and/or criminal legal system involvement. Managers of services may question the capacity and skill set of their staff to respond appropriately to behaviours that may challenge, and there may be concerns about ensuring the safety of staff and other service users. These pressures may be exacerbated by funding models, such as Australia’s NDIS, which emphasises market-place competition and flexibility and autonomy within the disability support workforce. This has seen the emergence of business service models which are contractual in nature, rely on online platforms for the direct recruitment of disability support staff, and increase the casualisation of the disability services workforce. Within such contexts it becomes difficult to appoint, train, and supervise key workers with higher-level skills/qualifications who can work holistically with people with a mild intellectual disability.

Given these challenges, a key consideration in improving the lives of people with a mild intellectual disability involves improving their access to support. Service providers in all sectors need to develop proactive strategies to ensure they cater for this group of people. For services where people with a mild intellectual disability represent a small proportion of the clientele, such as housing services and health services, this may involve the development of service information in Easy English formats to assist a person to understand what supports are on offer and what the person’s rights are in regard to the organisation. For services which position people with a mild intellectual disability as involuntary clients—for example, child protection and criminal legal services—improving access to support is likely to involve advocacy representation for the person, such as the inclusion of an independent third party who can safeguard the person’s rights. Disability services can engage in outreach practices which involve actively reaching out to people with a mild intellectual disability in the everyday

places they occupy in their communities rather than always relying on referrals from other service providers (Grymonprez et al., 2017).

The widening of eligibility criteria in disability service programmes and flexibility in assessment processes can greatly assist people with a mild intellectual disability to receive support. Eligibility should not only consider a person's diagnosis but also account for any challenges in the person's social circumstances. All service providers, regardless of the type of service, should seek to minimise bureaucratic processes for the service user, which may serve to alienate and confuse people with a mild intellectual disability.

The organisational space of all services needs to be a safe, welcoming environment for those it intends to support. It is beneficial if services are located close to public transportation and to other relevant services. By considering all these elements, the service user with an intellectual disability can establish relationships with staff members and a relationship with the place in which those staff members work.

The model of service delivery can also be influential in ensuring a stable and supportive response to people with a mild intellectual disability. A disability service provider can designate key workers for people within this group. From the perspective of the service user, a key worker can offer consistency and continuity in support and can become the point of contact when help is needed. The key worker can provide guidance to other support workers for the person and can assist the person in their communication and interaction within other service contexts and stakeholders. The service provider can support the worker to have frequent and regular contact with service users and not place unhelpful time limits on the duration of the helping relationship (Renehan et al., 2017). However, other workers should also be encouraged to connect with service users with a mild intellectual disability so that each person has a familiar face to contact in the event that the key worker is unavailable.

To truly embody the principles of relationship-based practice, it involves consideration and respect for all stakeholders. Organisations need to recognise the gifts and abilities of both with a mild intellectual disability and their workers if relationship-based practice is to prosper. A failure to commit to service users and staff to carry through relationship-based practice can lead to poor outcomes. For example, the recruitment and retention of skilled disability support workers is crucial yet challenging in a sector which is known for high levels of casualisation in the workforce and low levels of remuneration (Robinson et al., 2022). Staff need to work within

a supportive organisational culture and context to truly help their service users. Similarly, organisations should value the voices and input from people with a mild intellectual disability and their families in their decision-making and governance. The input of service users into organisational decisions can help a service to keep its focus on improving the lives of people with an intellectual disability.

To sustain relationship-based practice, service providers need to actively build the knowledge base of both people with a mild intellectual disability and workers and provide appropriate training opportunities. Knowledge, for both workers and people with an intellectual disability, is derived from many sources and can include technical knowledge (such as learning how to keep a budget or run a meeting), story-telling (such as the sharing of practice examples or case studies), knowledge from lived experience (such as when giving people the opportunity to try something new), and knowledge from conscious reflection (such as critical reflection activities for workers). When the source of knowledge is considered in this way, opportunities for training and skill development can be diverse. The building of knowledge can be a collective event—for example, running a service provider forum related to overarching policy and practice initiatives in the disability sector—or it could be person-specific—such as behavioural support strategies related to individual service users or specific training development needs identified by a staff member in supervision. The sharing of knowledge can also involve peer-mentoring between staff members, and knowledge translation can be led by people with a mild intellectual disability.

Good supervision, a component of knowledge-building, is indispensable in relationship-based practice and can support a worker's emotional and professional growth (Rasmussen & Mishna, 2018). Supervision can take many forms, including critical reflection groups and activities with workers, informal peer supervision, incidental debriefing, and formal individual supervision. The key to such practices is to foster an organisational culture in which workers can take risks, safely discuss their mistakes, and learn from them. Supervision is also a forum in which managers can monitor caseloads and workloads of staff closely and frequently and ensure appropriate support is provided. Supervision should also go beyond everyday procedural matters and help illuminate the difficult and sometimes confronting aspects of practice. Supervision can be a way of recognising

and developing the personal and professional resources of the worker and celebrating the gains they make. The degree and timing of supervisory supports should also align with workers' level of experience, with employees who are new to the service provider initially receiving more frequent supervision.

Managers are not only supervisors—they also have an active part to play in building relationships with people with a mild intellectual disability and with their staff. The following example illustrates this point:

Rita is the team leader in a program which supports people with a mild intellectual disability to come together and collectively advocate for change on the issues that matter for them. Rita regularly drops in on the group to make herself known and chat to group members. Michael, a man with a mild intellectual disability and autism has been having a difficult time with his employment service provider and is becoming increasingly frustrated. He acts aggressively with another group member. The group facilitator is able to call on Rita to talk to Michael separately. Rita is able to de-escalate Michael's behaviour and talk through with him what triggered his behaviour and what is acceptable within the group setting. While Michael is angry initially, Rita is a familiar face, and he therefore can accept her intervention and her authority.

Rita's approach here illustrates how team leaders can support both staff and people with a mild intellectual disability. Her active presence in the daily work of the programme was beneficial to the well-being of all in the group, but also provided assistance to the group facilitator by managing the critical incident and modelling effective practice. Rita's involvement prevented the risk of relationship rupture between Michael and the group facilitator and allowed Michael to continue to feel safe and supported within the group. Managers within a relationship-based model have a primary task "to promote the effectiveness of practitioners and ultimately enhance the well-being of service users" (Ruch, 2012, p. 1329).

Organisational practices such as those described above do not occur in a vacuum. Practitioners and service providers must collaborate with outside service systems, and energy must be given to optimise these relationships and coordinate the supports for people with a mild intellectual disability. In addition, service models which include key worker roles and a team commitment to each service user can be particularly challenging

within the current funding parameters of the NDIS. This may involve cross-subsidising the key worker model from other related programmes and identifying alternative sources of funds that can be used (such as project-based funding). The need to be creative, to forge helpful partnerships with other stakeholders, and to advocate for systemic change are all vital ingredients to ensure the survival of relationship-based practice. These issues are discussed in the next section on related service systems.

RELATIONSHIP-BASED PRACTICE AT THE SERVICE SYSTEMS LEVEL

People with a mild intellectual disability are often high-frequency users of a diverse range of welfare services (Dowse et al., 2016). This multi-agency involvement in a person's life can create many challenges, especially when each service system responds to concerns in different ways and there is a lack of communication between service providers. Sarah's experience illustrates this:

Sarah grew up in a chaotic family environment and from 11 years was engaged in high risk and illegal behaviour. As she grew older, she constantly sought out relationships with older men but these men sexually exploited her. More recently, she became involved with two men in their 30 s and 40 s who coerced her into sex work. They supplied her with methamphetamine, and she was trapped in a cycle of debt to these men. She also presented to hospital with drug-induced psychosis. The health system regards the issue as a mental health concern. The police see the issue as a criminal matter resulting from Sarah's own choices. The NDIS is focused on Sarah's intellectual disability. These systems can operate in silos and only address one aspect of Sarah's life. The key worker involved in supporting Sarah needs to understand what is happening to Sarah from a holistic lens. By building an effective and supportive relationship with Sarah, the key worker can be the communicative bridge between different service systems and can assist Sarah to navigate these supports in her life.

As indicated by Sarah's story above, each professional may have only a partial understanding of the person's needs, undermining a core human need of the person with an intellectual disability to be known and understood. Without overarching coordination of supports, a person with a mild intellectual disability may frequently move from one service to

another, important information can be lost, and the frequent interaction with different professionals can become destabilising (Ellem et al., 2020).

The relationship-based practitioner fulfils a crucial role in helping the person with a mild intellectual disability to access supports from other service providers by maintaining a holistic perspective on the person's life, brokering information to these other supports, and mediating when conflicts may arise. The worker can provide important background knowledge about a person's life, their communicative processes, and behavioural presentation. They can also challenge any false assumptions regarding mild intellectual disability held by other professionals who may have little experience in the disability sector. A practitioner therefore needs to not only build a supportive relationship with the person with a mild intellectual disability but also create connections with stakeholders in other service systems, developing multi- and cross-system expertise (Dowse et al., 2016).

Cross-agency work can be fraught with complexity. To act with fidelity to the service user with a mild intellectual disability, a worker may need to educate and sometimes challenge other services which place too many preconditions on supporting the person (Ellem et al., 2019). In such conflicts, the worker must tread carefully, particularly if the other service is the only one of its kind available in the area. The cost to the individual person with an intellectual disability, to other service users who may want to access the service, and to the ongoing organisational relationship with the said service must all be considered. Workers must therefore be skilled not only in relationship-building but in respectful negotiation, conflict resolution, and advocacy. This reiterates the importance of organisations prioritising the appointment of qualified key workers to engage in this work, who have tertiary training in social work, psychology, or other helping professions. Unfortunately, such standards for worker qualifications are not mandatory or even encouraged within the current NDIS funding system.

Another tension is the competition between services for scarce funding resources. Many service providers are required to compete for the same pool of government funding, and this in turn can lead to the withholding of information and lack of collaboration (Haight et al., 2014). Systemic change, such as memorandums of understanding between systems, policy alignment between Government Departments on issues of concern, and creative ways of collaborating such as sharing resources, programmes, or interventions across service providers are all needed to provide the

appropriate environment for relationship-based work. Collaboration can include joint applications for funding via consortium models to leverage the knowledge and skills of multiple service providers to meet the needs of this cohort. Without these overarching mechanisms, individual practitioners may expend unnecessary energy in negotiating supports for people with a mild intellectual disability with other sectors (Ellem et al., 2019).

Many of the elements of practice discussed in this chapter are predicated on investments by governments to consider the well-being of people with a mild intellectual disability, to draw on knowledge about evidence-informed practice, and to commit to addressing people's needs at a pace that suits each individual person. The NDIS is one such attempt to offer people with disability, their families, and carers greater choice and control over their lives. Its introduction across Australia has shifted the delivery of disability supports to individualised funding for each person with a disability admitted to the scheme. Unfortunately, the transition to self-direction has not occurred with concomitant attention to disability workforce training, skills, and remuneration, which is conducive to relationship-based practice (Cortis et al., 2017). Pricing arrangements for disability support work do not adequately recognise the need for supervision, development, and coordination activities for staff. In addition, there is significant unfunded work that disability workers do to assist people with a mild intellectual disability to access the NDIS and to understand and utilise their NDIS plans, as well as an increase in administrative demands for service providers to ensure quality and safety assurance (Carey & Malbon, 2021).

Many of the challenges associated with the NDIS model are beyond the capacity of individual service providers to address and require systemic advocacy over a concerted period. To support relationship-based practice, service providers need to build allies with other organisations to form a collective voice about issues that matter. Consideration of alternative sources of funding may also supplement relationship-based work, such as applying for grants for project-based work (such as group programmes) and applying to community-based and philanthropic funding schemes.

CONCLUSION

This chapter has focused on the positive impact that relationship-based practice can make in the lives of people with a mild intellectual disability, a group who are often poorly serviced by both mainstream and disability

services. Relationship-based practice is based on reciprocity and prioritises the development of authentic, trusting, and supportive relationships. Such relationships provide the person with a mild intellectual disability a platform from which they can access support and build connections and confidence in order to take control of their own life decisions. To facilitate such outcomes, relationship work must extend beyond the person with an intellectual disability, to also include their personal networks, and the services and systems which the person encounters. Importantly, relationship-based practice is not about prescriptive interventions or ‘techniques’, but rather the quality of the relationship that is developed. To do this work, practitioners require a diverse skill set that spans micro, meso (middle), and macro practice. As showcased in the case studies embedded in this chapter, this may include, but is not limited to, skills in interpersonal communication, groupwork, negotiation, community education, and advocacy. Relationship-based practice of this nature requires significant commitment, creativity, and resourcing by both individual workers and their employing organisations. However, the dominance of individualised and market-driven funding models can constrain the ability of organisations to embed comprehensive relationship-based approaches into service delivery models. Thus, it is imperative that organisations actively seek to resist casualisation and de-skilling of the disability workforce in order to establish practice cultures that privilege relational practices and ongoing training and professional development.

Take-Home Messages

- Many people with a mild intellectual disability do not fit the box for mainstream and disability services and systems.
- Building authentic, supportive, and trusting relationships with this diverse group of people is paramount to bring about positive change.
- This relationship work extends beyond the person to their personal and formal networks, to the culture of an organisation, and to the services and systems with which the person comes into contact.

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