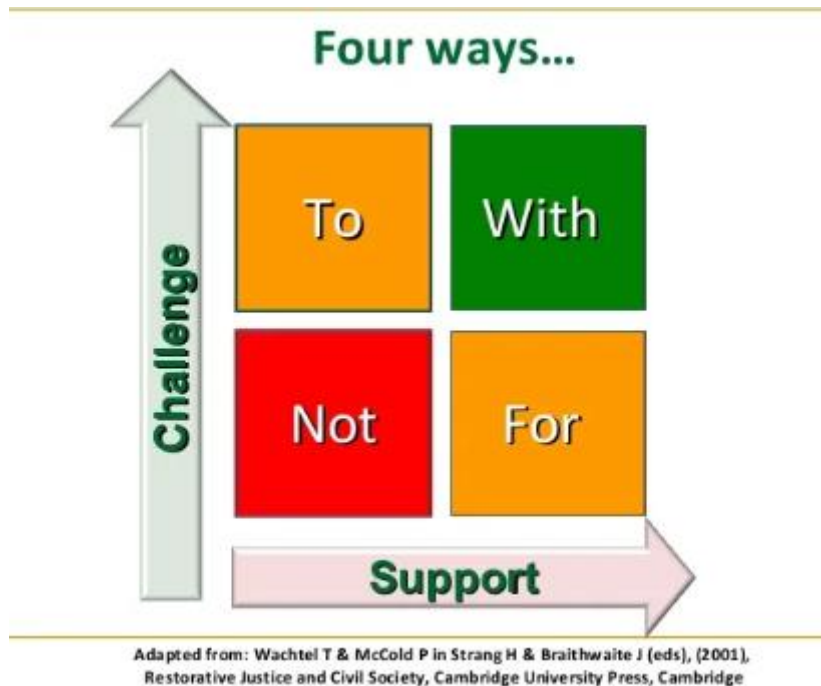


# Relational and Restorative Approaches

## High Challenge High Support



*We know that people are happier, more cooperative and productive, and more likely to make positive changes to their behaviour when we do things WITH them rather than To them or For them. (Ted Wachtel, International Institute for Restorative Practices)*

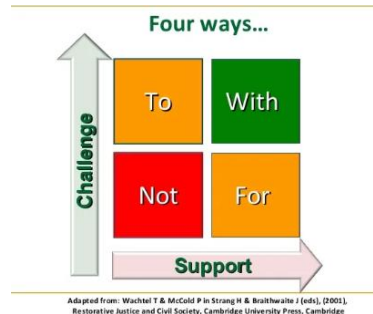


# The 4 Ways of Being

## The Social Discipline Window

## The Relationship Window

(These are all the same but with different names)



This is the main model behind Restorative Practice which supports Relational and Restorative Approaches

The arrow pointing 'up' shows a level of 'Challenge' and the arrow pointing to the right side shows a level of 'Support'.

Each box highlights how we interact with others and how others interact with us.

### Newcastle's working principles include **Challenge and Support**:

We challenge ourselves and support each other. We welcome challenge and support from others.

We recognise that creating change sometimes requires challenge as well as support. We will;

- Support families to change
- Respectfully challenge families and ourselves when change is not happening
- Work *with* children, young people and their families rather than do *to* them or *for* them to ensure change is sustainable and that they are not reliant on our support for longer than is necessary

## High Support, High Challenge

**'Not'** may sound like *'I didn't look at my phone or e-mails, so I don't know'*.

**'To'** may sound like *'I need to come and visit you at that time as that's when I am available, so you will need to be home'*

**'For'** may sound like *'I know you said you was going to ring the charity, but don't worry I've already done it for you'*

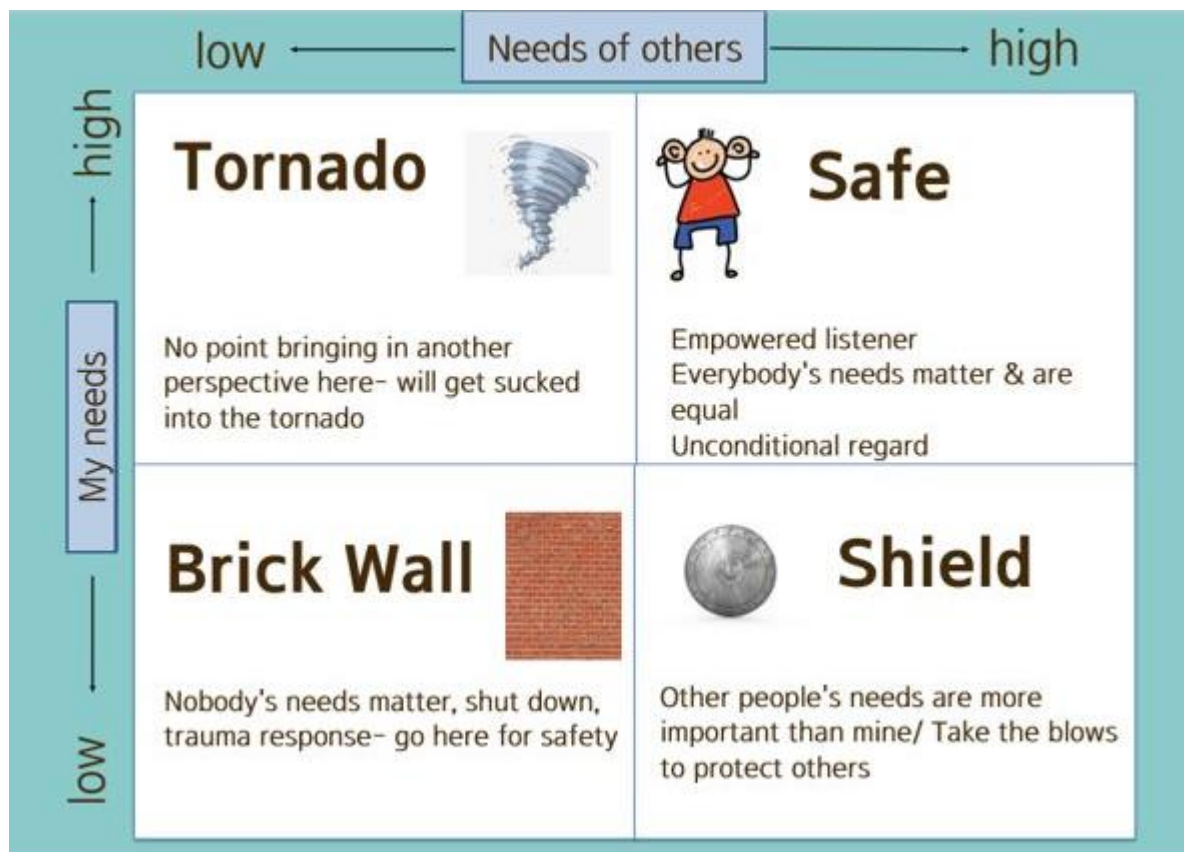
**'With'** may sound like *'I know you are struggling to come to the office to meet with me, how about you let me know where would be best to meet with you, this would need to be a place which is safe for both for us, and then we can have the conversation which we both need to have with each other. I might need to challenge you during this conversation, but I will support you also, and I will always ask your views'*

**WITH** is when things are done in partnership with children and their families, this is when there is *High Support and High Challenge*.

While being 'with' is the goal, as we know that when people have been worked with by those in positions of power and authority they are more likely to achieve and sustain positive changes, there are times when we will need 'for' and 'to', such as when there are safeguarding concerns.

Doing things 'to' or 'for' children and their families may save time in the short term and can often come from additional working pressures 'to get things done on time', and a genuine desire to help. However, if we are not mindful, we may, without realising, be a reason which keeps the issues going...

# The 4 ways of being through a Needs Lens (Gavin Hudson)



**Brick wall** this is when no-one's needs are met, and the relationship is dysfunctional by means of **'NOT'** and the brain state could be a **flight response**.

**Tornado** this is when your needs are met, but not the needs of the other person **'TO'** and the brain state could be a **fight response**.

**Shield** this is when the needs of the other person are met, but your needs are not **'FOR'** and the brain state could be a **friend or fawn response**.

**Safe** this is when both people's needs have been met and something has been agreed such as a plan of action whereby everyone has been involved **'WITH'**. The brain state is a **regulated brain response**.

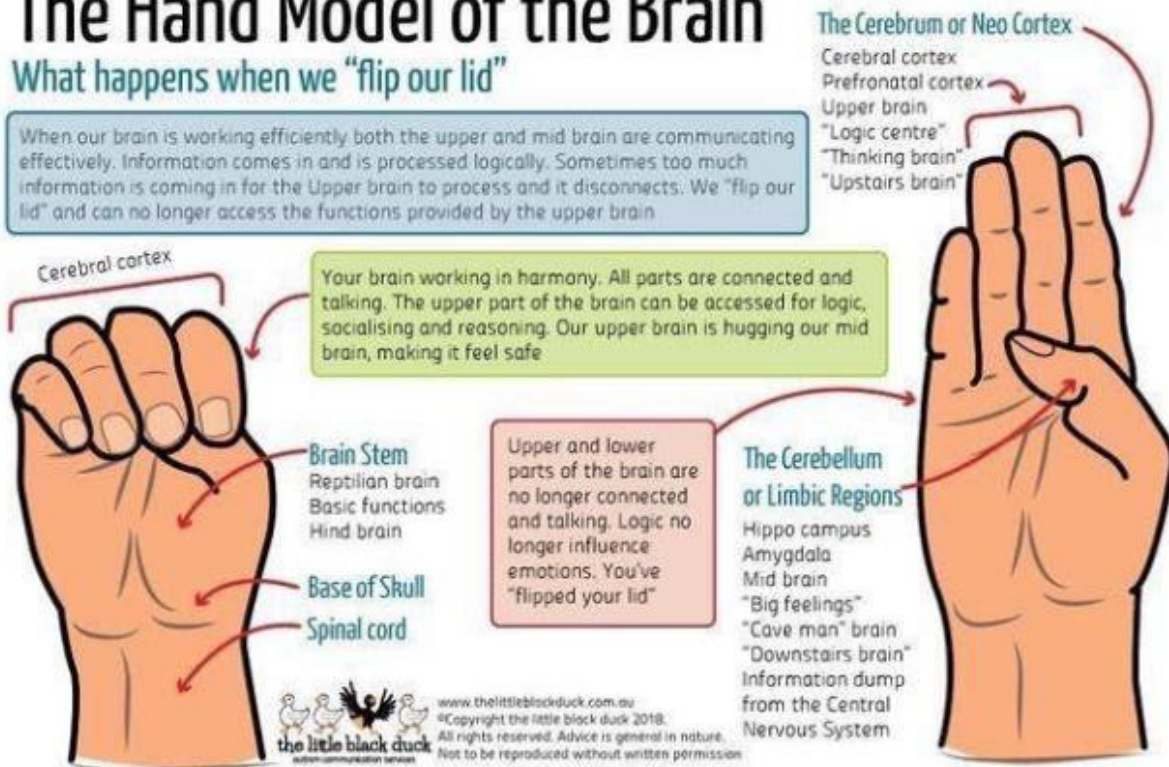
# The Brain

Let's think about responses we have faced when working with children and their families and when we have been met with difficult and sometimes frightening responses. The below Hand Model of the Brain helps us to understand what is happening in a person's brain when they have 'flipped their lid'.

## The Hand Model of the Brain

### What happens when we "flip our lid"

When our brain is working efficiently both the upper and mid brain are communicating effectively. Information comes in and is processed logically. Sometimes too much information is coming in for the Upper brain to process and it disconnects. We "flip our lid" and can no longer access the functions provided by the upper brain



Dr Dan Siegal (developed the hand model of the brain)

## Trauma and the Brain

Traumatic experiences can make the limbic part of your brain more reactive, so even minor stressors can cause people to 'flip their lid' meaning the upper brain goes offline. When this happens, the person has lost it, they're inflexible and reactive. They've lost emotional balance, reasoning skills, empathy, moral awareness and insight. People can act in ways which are dangerous and terrifying to others.

In these situations, it's no use trying to continue having difficult conversations when the person's brain is responding in this way, as it will not be useful to either the person receiving the information or the person trying to give the information.

Understanding that the brain responds in this way, can feel like there is little hope. However, there are ways for people to get their upstairs brain back online and reduce the likelihood of flipping their lid, such as mindful meditation.

As practitioners working with children and their families, we are not trained in delivering meditation sessions for the people we work with. It would also be inappropriate for us to do so; this should be left to those are trained in this area.

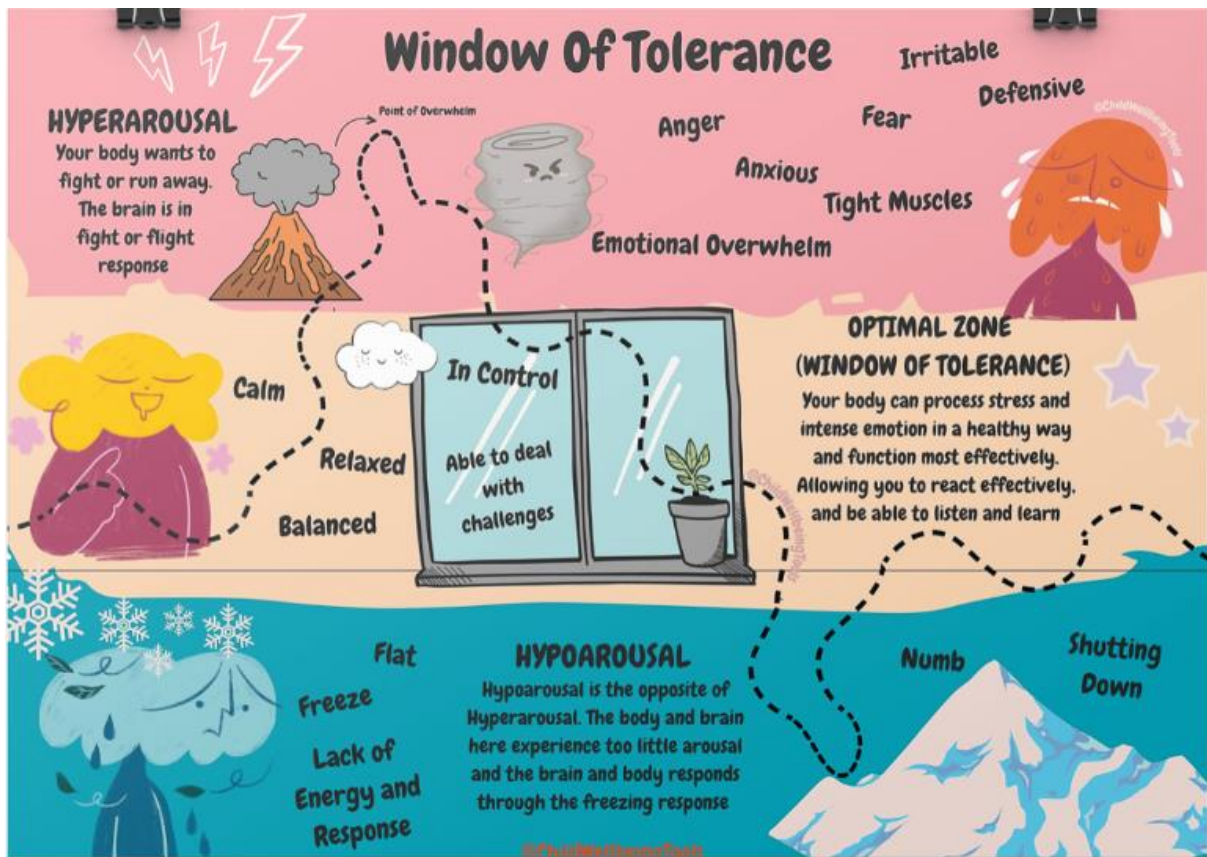
However, it's important to know that a calm nervous system can help to regulate a dysregulated nervous system – our calm presence alone in the situations can act as a useful tool in itself.



*There are other things we can do and be aware of as practitioners working with children and families who have experienced trauma...*



# Understanding the 'Window of Tolerance'



Window of Tolerance; Dr Dan Siegal

When someone is within their window of tolerance - they feel regulated, calm, able to learn, able to play and participate to the best of their ability.



Our brain works best when the upstairs (thinking) and downstairs (emotion) brain work together by sending messages to each other.

## Stress, Trauma, the Brain & Understanding the Window of Tolerance

Triggers (making someone feeling worried or scared) can push people outside of their window of tolerance. Triggers are unique to everyone. A person can be pushed a little outside of their window, or a lot outside of their window which then can lead to mild or extreme distress or crisis.

Those who have experienced trauma (including loss) have a narrower window of tolerance and their stress response system is more easily activated. As for those people who have been hurt the part of the brain responsible for determining how to act in a crisis is set to maximum sensitivity and therefore, they have lower resilience (so can pushed outside of their window of tolerance more frequently).

‘Flipping our lid’ occurs when the amygdala starts sounding the alarms, putting pressure on the thumb (limbic regions) and the fight or flight response is activated, pushing open the pre-frontal cortex fingers. Remember, the cortex is where thinking happens, so when you flip your lid, your thinking goes out the window. So, when you’re outside of your window of tolerance you could be flipping your lid.



When we experience big emotions, our upstairs thinking brain flips up and our downstairs brain is in charge! This means that it is hard for our upstairs brain to help our downstairs brain to stay calm.

Once a person understands their window of tolerance, they can begin to understand their emotions and reactions that come during times of stress, then it's easier to become aware of when you are feeling triggered and may be leaving your window of tolerance. Widening your window of tolerance (or increasing your resilience) takes patience and practice.



When we flip our lid, we need to get our upstairs and downstairs brain talking to each other again so that our upstairs brain can calm our downstairs brain down. We need our upstairs brain to hug our downstairs brain!



## Relational and Restorative Approaches

So how can we use our understanding of relational and restorative approaches to support individuals to feel calm, able to participate, and learn to the best of their ability?

'Relational trauma requires relational repair' says Dr Treisman (child and family clinical psychologist). If we think about the children and families we work with, it's very common that they have been negatively impacted by the relationships they have had with their caregivers. MRI imaging of the brain has shown that relational harm can have a comparable physiological impact on the brain as physical impact, therefore, a focus on relational repair is vital!

Marg Thorsborne (Accredited Restorative Justice Practitioner) says *'to achieve truly working with then ideally everyone must feel Valued, Included, Heard and Supported. Also, everyone's needs should be met'*.

When people feel safe & connected to the person they are interacting with, then they will be better at hearing what the person is communicating. If you are self-regulated, you can help someone regulate. **A dysregulated person cannot regulate another person.**



**BE KIND, FOR EVERYONE  
YOU MEET IS FIGHTING  
A HARD BATTLE.**

With this in mind, what should we consider when preparing for a challenge?

When working with children and their families we often have **challenging conversations**, which could lead to individuals 'flipping their lid'.

It is important to consider these Four Key Questions before or during a challenging conversation to be as regulated as possible and achieve a positive outcome.

## Feelings

*How or what am I feeling?*

*How might they be feeling?*

## Needs

*What are my needs?*

*What could their needs be to feel safe?*

## Environment

*Is the place and environment suitable?*

*Are there any potential triggers?*

## Response

*What is the ideal response or outcome for everyone?*

*Is there an ideal outcome for this conversation?*

*How might others respond?*

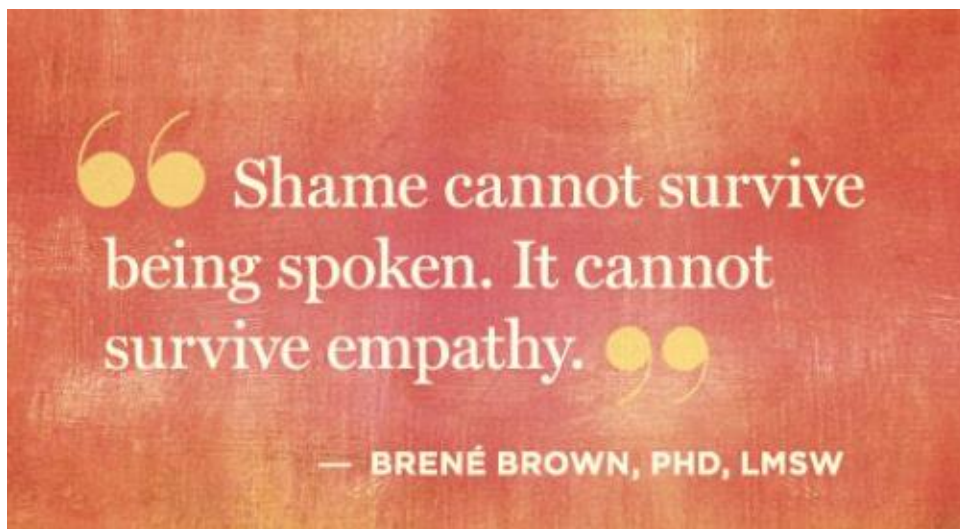
*How can I safeguard everyone involved?*

## Understanding Shame

Nathanson (1992) says that shame is a critical regulator of human social behaviour, and it can occur at any time our experiences of positive emotions such as joy and excitement is disrupted. Meaning that you don't have to have done something 'wrong' to feel shame.

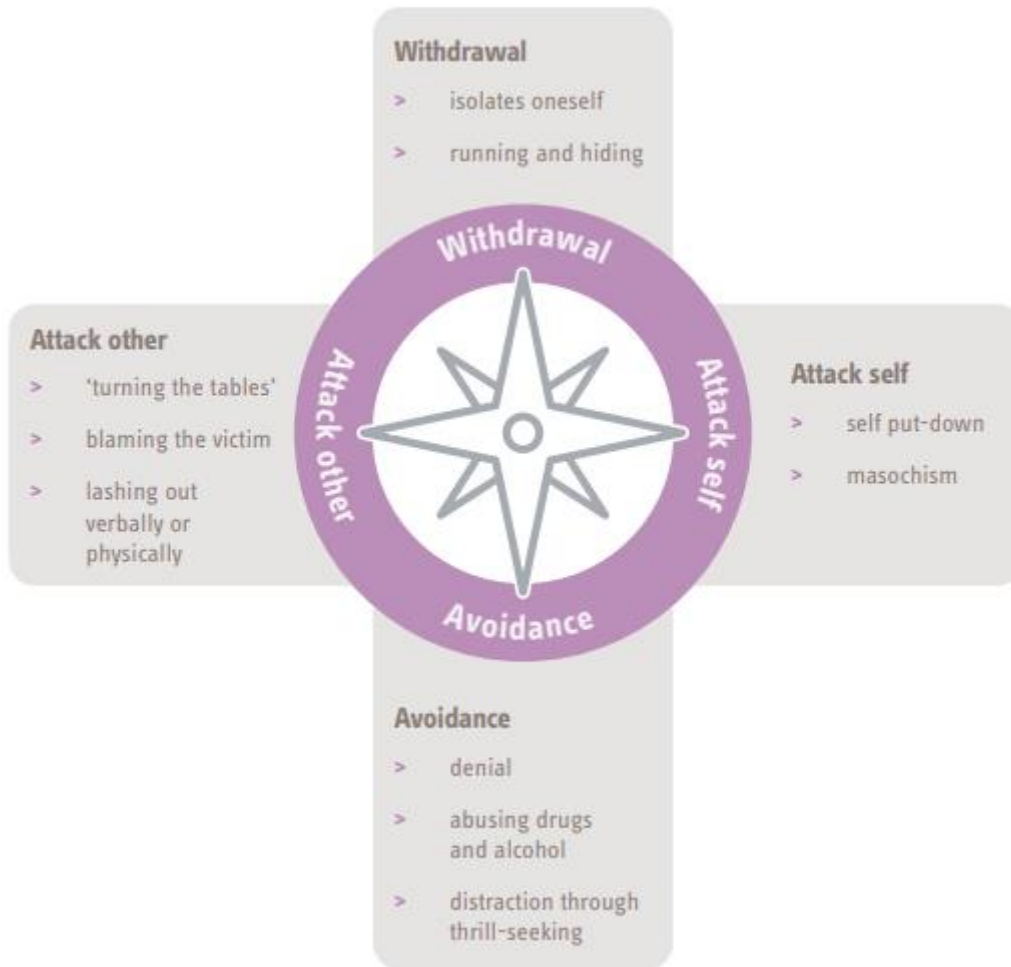
Many children and their families can experience powerful feelings of shame and stigmatisation because of needing additional support, particularly social work support. Feelings of shame can, if unacknowledged impact negatively on a family's ability to engage in a positive working relationship with the practitioner.

"If you put shame in a Petri dish, it needs three things to grow exponentially: secrecy, silence and judgment. If you put the same amount of shame in a Petri dish and douse it with empathy, it can't survive," says Dr. Brene Brown.



## The compass of shame

The compass outlines the four ways that human beings react when they feel shame:



**Withdrawal** — isolating oneself, running and hiding, avoid the knock at the door, avoid new situations and feeling hyper aware of little mistakes

**Attack self** — 'I'm a rubbish parent and worthless', buying into negative self-thoughts without questioning them

**Attack others** - turning the tables, lashing out verbally or physically, critical of other people who might have caused you shame

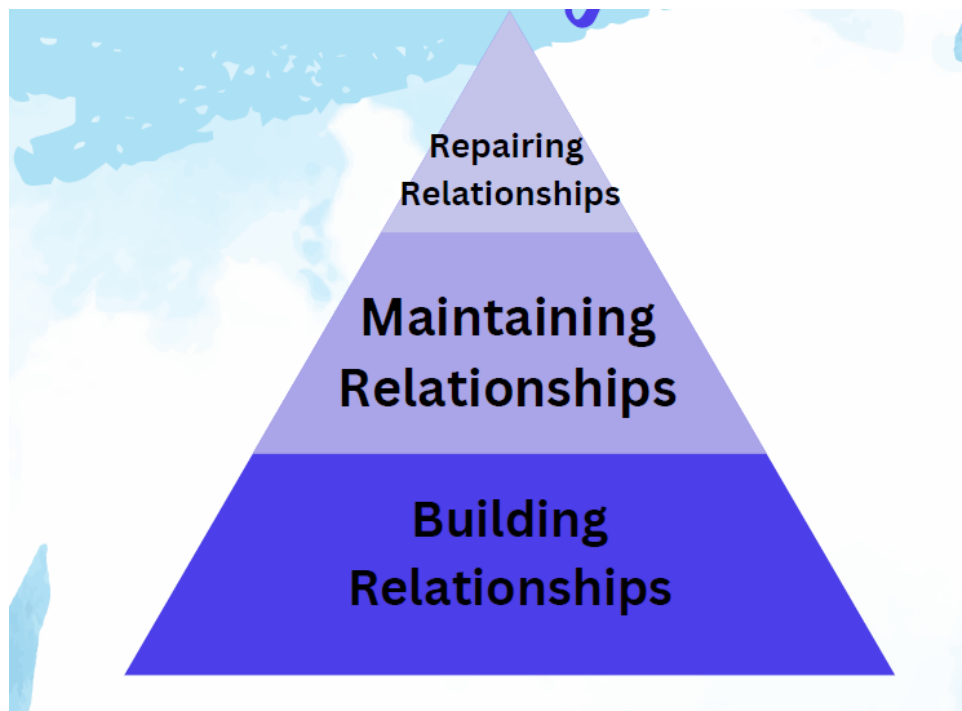
**Compensate**- Overcompensating, drug or alcohol misuse, seeking perfection which cannot be achieved, workaholic

## What Can We Do?

It is important that we can recognise, note and acknowledge the causes/triggers of shame so that we can show empathy.

Shame cannot survive if spoken about and treated with empathy and, therefore, empathy becomes a powerful tool for the practitioner to ensure engagement, trust and a positive working relationship.

Working relationally enables us the 'relational currency' (Paul Dix, 2017) to challenge and to reassert boundaries without fracturing the relationship itself, our understanding of the four ways of being and offering high support, high challenge helps with this. As we know supporting change requires challenge as well as support.



Further reading: **Dr Brene Brown** has done lots of research called the power of vulnerability regarding shame which can be easily found with an internet search.

# A 'Fair Process'

## The 3 E's: Engagement, Explanation, Expectation Clarity

We will all have unique nervous system responses to certain scenarios and our personal triggers are equally unique. We know that relational trauma requires relational repair but often our own nervous system response can inhibit our ability to remain relational when dealing with some of the most distressing behaviours.

It is, therefore, helpful to consider the 'fair process' (3 E's) to make a potentially challenging conversation/decision as fair as it can be. Research has highlighted that when these are present the person receiving the decision, even if this is the decision that was not intended, is more likely to accept this when a fair process has been present.

## Engagement

*involving individuals in decisions that affect them by listening to their views and genuinely taking their opinions into account*

What are the benefits of change? Have I asked the family what they would like to change?

Who shall we talk to?

How shall we talk about it? What's the best way to communicate?

What will the change look like?

How long will it take? Being honest if a timeline cannot be given

How do we show we have listened?

Who needs to be part of the decisions?

Has the environment been considered? (is this trauma informed?)

How will the family know if you have listened?



## Explanation

*explaining the reasoning behind a decision to everyone who has been involved or who is affected by it*

What is the reason for involvement in families lives? What will happen? How will that look?  
Has it been shared in a way that everyone understands?

What is the reason behind the decision/change? Have they understood the process and how do we know this?

Is there a policy or procedure that means the decision has to happen? Has this been shared?

How will we know the decision has been understood?

Are the benefits and risks explained in full?

Is language clear, concise and appropriate? Has it been shared in a way that everyone understands?

What are the non-negotiables / bottom lines?

## Expectation clarity

*making sure that everyone clearly understands a decision and what is expected of them in the future*

What are the changes to the plan? What happens next? How long could this take?

Who is responsible for making sure the decisions and actions are completed?

Is it realistic and achievable? Are there any barriers for the plan to not be achieved? How do we know if it's been successful?

Is there a back-up plan (contingency)?

Has all of this been communicated with the family in a way they understand? How will we know this?

To verbalise the challenge in a non-shameful way, we use the structure of affective statements (**see booklet on Restorative Language**)

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