

Guidance on Attachment, Trauma and Relational Approaches

The Importance of Relationships

Relationships are central to children's wellbeing, their ability to manage their own behaviour, achieve well at school, and their success in adult life. A report by the Mental Health Foundation (2021) states that the 'the influence of social relationships on the risk of death are *comparable with* well-established risk factors for mortality such as smoking and alcohol consumption and *exceed* the influence of other risk factors such as physical inactivity and obesity' and that 'physicians, health professionals, educators, and the media should [...] take social relationships as seriously as other risk factors that affect mortality' (Holt-Lunstad, Smith and Layton, 2010).

Relationships are important throughout life but are a key factor in supporting children's social and emotional development, and the development of their ability to manage their own behaviour in school (Roffey, 2012; EEF, 2019; Behaviour in Scottish Schools Research BISSR; Ofsted, 2019). Research shows us that there are lots of interventions we can put into place to support children to manage their behaviour and these need to be placed upon a solid foundation of consistent and containing relationships, delivered in environments where children feel that they belong, in order to be successful. This toolkit aims to provide some useful psychology and resources in line with the principles of relational approaches, for school colleagues supporting children's behaviour.

Psychological theories supporting a relational approach

Relational approaches are defined as, 'approaches that emphasise connection, belonging and the teaching of effective conflict resolution skills. These approaches assume that behaviour is a means of communication and that behaviour that challenges can be a sign of unmet emotional needs. Relational approaches approach behaviour with curiosity rather than judgement. They are grounded in psychological theory and support children to build their self-regulation skills. They take account of context and the child or young person's lived experiences.' (NICE, 2022).

In short, relational approaches have two key components:

1. They view the child within the situation in which they live and have lived, including individual and environmental factors,
2. They harness relationships to progress the child's social and emotional development.

There are different psychological theories underpinning the relational approach, primarily attachment theory, social learning theory, polyvagal theory, and theories of neuroscience and brain development. The toolkit outlines below some concepts which might be helpful in thinking about the development of children's social and emotional skills.

The development of children's brains

Children's brains develop in response to their environment and experiences, and can be thought of as having two primary parts; the 'upstairs' and 'downstairs' brain. The 'upstairs brain' allows us to



think before we act, 'downstairs brain' allows us to act before we think. The 'upstairs brain' is required for impulse control, complex thought and emotional regulation is still in development up to late 20s (Siegel and Bryson, 2015) so we can't always expect that children have conscious control over behaviours.

The development of emotional regulation

Emotional regulation refers to how someone manages their emotions and is a key factor in achieving well at school, and in life more generally. Emotional dysregulation can present generally in two ways (or a combination of both of these) and are often children showing their emotions through their behaviours. These might be behaviours such as hitting, kicking, becoming very upset or angry, or other behaviours such as 'shutting down', becoming withdrawn and appearing anxious.

We hope that this toolkit will be helpful for all children but may be particularly helpful for staff supporting individual children who are particularly struggling with emotional regulation. Emotional regulation develops through early attachment relationships. When children are very young, they rely on their primary caregiver to regulate their emotions for them through external means, for example, by meeting their physical needs and comforting them calmly when they are upset. Through these initial relationships, children learn that the world is safe and adults will meet their needs. They begin to follow the rules adults set as they trust that these keep them safe. As babies grow into children, through these key relationships, children begin to independently implement strategies for regulating their own emotions. They feel calm, can focus their attention, and learn that the world is a safe and sometimes fun place where they can explore and learn.

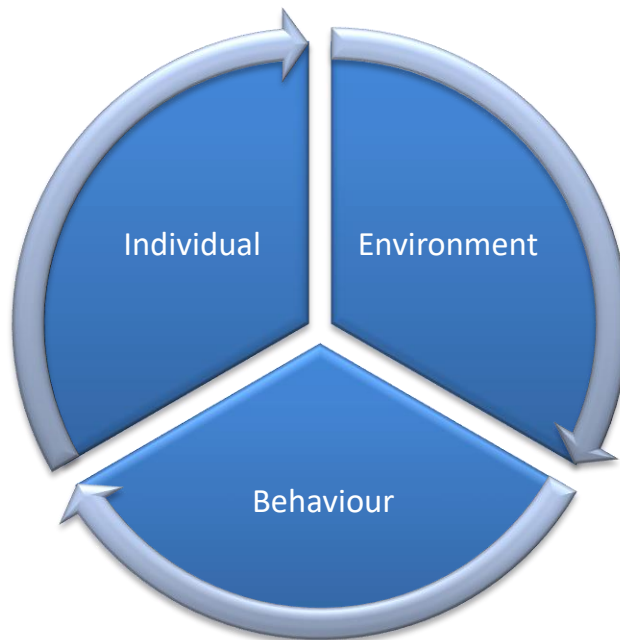
The impact of developmental trauma on emotional regulation

Some children may have experienced (and have ongoing experiences of) early relationships that were frightening, unsafe or unreliable. Some children may have experienced discrete events where they felt that they or their primary caregiver was at significant risk. These events are sometimes referred to as developmental trauma. When we see a child becoming dysregulated, our first signal to them, through our words, body language and facial expressions needs to be that they are safe, we are calm and can contain their emotion.

If children have experienced developmental trauma, they might have missed opportunities to be able to begin to learn strategies to regulate their own emotions and so need an adult to show them how to do this consistently, over a period of time. This can be compared with a child who may not have been exposed to early reading opportunities entering education with poorer literacy skills than a child who has.

A brief overview of social learning theory

Social learning theory (Bandura, YEAR) suggests that children learn from watching the world around them and learn about the world via their responses to it. This in turn then influences their future behaviour.



What if the child is 'choosing' their behaviour?

As described above, children sometimes do not have the ability to 'control' their emotional regulation and may become very upset and angry. At other times, it may appear that children have more control over their behaviours. When it is felt that this is the case, we would continue to encourage a curious approach to the behaviour. Asking the following questions might be helpful:

- 'why did the child respond like this in this situation?'
- 'what were they hoping to achieve?'
- 'what is the need driving their goal?'
- Is there an added level of challenge or risk that is making the child feel unsafe?
- 'how can I respond differently to fulfil the need without the child displaying the undesirable behaviour?'

Attachment

Attachment Theory originated from John Bowlby (1907)

Attachment refers to the emotional bond that infants form with their primary caregivers in their first years of life, and it can shape the child's ability to form future relationships. Attachment is a two-way process, between the caregiver and the infant including the use of eye contact, smiles, and warmth to encourage reciprocity.

Attachment has a survival value to ensure both physical survival and psychological wellbeing. Its primary function is to ensure that an infant can receive comfort and protection at times of stress and danger.

Bowlby believed that attachment is what allows children to develop a secure base from which they can explore the world. The literature demonstrates that when a caregiver consistently responds to a child's needs, children develop the trust that the world is a safe place and that adults are caring. However, in instances where caregivers are inconsistent, withdrawn, or even hostile, children develop the belief that adults are not safe and develop future beliefs that they are not deserving of love, care, and relationships.

Children with secure attachments develop internal working models that emphasise:

- I am loved, therefore I am lovable
- Others are caring, protective & available
- My feelings are accepted and understood
- Therefore, I can express my feelings appropriately
- I can trust others

Attachment is the strong, affectionate tie we have with special people in our lives that leads us to experience pleasure and joy when we interact with them and to be comforted by their nearness in times of stress (Berk, 2013, p.428).



Please note: this is not intended to be used as a diagnostic tool, and is to support professionals in thinking about strategies to support children who may display patterns of behaviours. Children, their circumstances and attachments are often complex and individual and strategies need to be considered as suggestions rather than definitive responses.

Secure Attachment – “I can consistently rely on adults in my life to meet my needs.”

Children who have a secure attachment to their caregiver may still have experienced traumas or significant harm. Trauma informed approaches will therefore be beneficial in promoting good outcomes for the CYP.

Ambivalent Attachment – “I am insecure about my caregivers. Sometimes when I seek help it is there, other times it isn't.”

A long term reassurance of value and worth needs to be offered to these children, they respond well to responsibility and being given jobs. They need space to work at their own pace and their anxiety over new challenges understood.

Emotional Literacy will help them to make sense of their sometimes confusing or turbulent emotional state.

Avoidant Attachment – “There is no point seeking help/ support from caregivers – It's not coming.”

Trust needs to be earned for these children and therefore intensive 1:1 interventions should not be used until the child is ready. In the interim use small group structured and reliable activities and games can be helpful.

These children work cognitively rather than emotionally and will find eye contact/ personal communication to be difficult.,

Disorganised Attachment – “I am fearful of my caregivers. It can be dangerous asking for help or being noticed.”

Identifying a reliable, safe key adult could be helpful for these children. Safety, consistency, predictability needs to be created for them.

Emotional Literacy work will help them to understand and voice their emotions and the emotions of others.

Trauma

"Trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on the mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present" (Bessel Van der Kolk, 2015)

The term trauma refers to a person's emotional response to a distressing experience. Trauma in children refers to any event or situation that is scary, dangerous, violent, or life-threatening for the child or someone they know, and that overwhelms their ability to cope or function. Traumatic events can undermine a person's sense of safety in the world and create a sense that danger could strike at any time.

When children experience early loss, separation, abuse or neglect their brain development is affected in significant ways. They often experience what is known as Developmental Trauma, which means their development has gone off track and they cannot behave, feel, relate and learn like other children their age. Developmental Trauma can be repaired with a holistic, 'bottom up' approach; with safe and sensitive relationships with adults being central.

(Taken from Beacon House, www.beaconhouse.org.uk)

(For further guidance please refer to Toolkit resources – 7 Minute Briefings and Little book of Trauma Informed Practice)

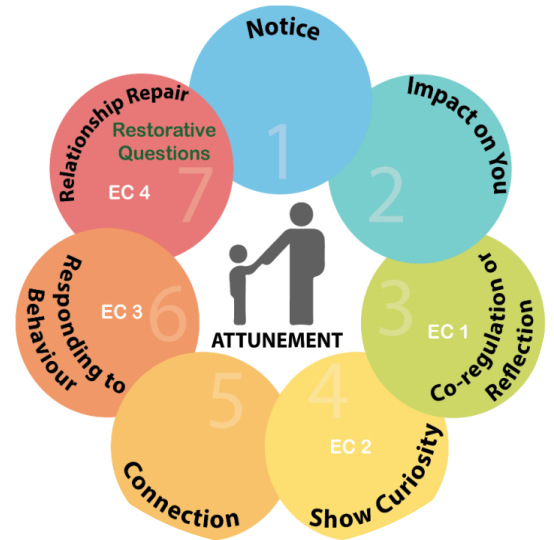
Impact of trauma across the life span

Exposure to trauma and adverse childhood experiences (ACEs) can have long lasting effects. Traumatic experiences during childhood can lead to high levels of tension and stress which can disrupt an individual's psychological functioning and lead to chronic overactivation of the stress response (Bremmer, 2003; Danese et al., 2009). Research has also highlighted that experiencing trauma or adverse childhood experiences can cause neurological changes and differences in brain structure which can result in emotional, social, or cognitive impairments. Research suggests that trauma can contribute to poorer life outcomes in relation to the following:

- Physical health
- Mental health
- Substance abuse
- Relationships with others
- Self esteem
- Learning ability
- Emotional regulation
- Social inclusion

Relational approaches

A relational approach is the term used to describe a strengths-based approach to supporting behaviour. It is informed by the idea that all behaviour communicates an unmet need that adults must identify in order to support the child or young person effectively (Rutledge, 2011). The importance of considering the range of environmental and contextual factors that can influence behaviour is also emphasised. In terms of support, the relational approach is restorative in nature, with a focus on developing attuned relationships which promote relational connection and a sense of belonging



So what can we do to support?

Relational approaches can be implemented at different levels; the whole school, classroom, and individual levels. This toolkit provides resources aimed at supporting children requiring targeted intervention at the individual level and for schools wishing to implement a whole school relational approach.

A Relational approach should aim to provide at least one safe and containing relationship for the child within the education setting. This does not need to be a person who works on a 'one-to-one' with the child, but just someone who is available to them within their immediate environment, e.g., a teaching assistant, or class teacher. Children often 'choose' their own adult, and this is sometimes a member of the school administrative or maintenance team and so ensuring that non-teaching staff have an understanding of relational approaches can be helpful.

Children A and B are Lancashire children who have been supported via a relational approach.

"Child A is making a great deal of progress and has very much matured over the last 12 months. They have some fantastic friendships and are learning to control their emotions. They have experienced a significant decrease in outbursts and he can now be re-directed when this happens." *Teacher of Child A*

"I like to talk to adults that I know. During form time I see Mrs X. This is helping me to make good progress." *Child A*

"Sometimes when I'm outside on the playground it gets too much for me and Miss X comes over and asks if I'm alright, she tells me that everything is going to be alright and I believe her. All the teachers at the school know and they help me. They know that when I gaze out of the window, I am looking for X on the buses and cars that are going by. They understood how I was affected when X first went away, they were only little things they allowed me to do but they made a big difference." *Child B reflecting on the support she has received after her mother received a custodial jail sentence.*

As with a child who may struggle with a skill such as reading, there will need to be a plan in place to support the development of the child's social and emotional skills (see below and appendix A) which should be co-produced with parents/carers. The use of the relationship with the key adult should provide containment in times of upset and the plan may also contain additional

interventions and strategies (see toolkit guidance documents on PACE, Emotional Coaching and Attunement).

There are three key steps in implementing a relational approach at an individual level for a child, in line with the assess, plan, do, review process as outlined in the SEND Code of Practice (Department for Education and Department of Health, 2015).

1. Know the child well. Identifying the child's current strengths and need

All children need to be considered within their individual context, and this is particularly important when supporting a child with social and emotional needs. Two potential assessment tools are included in appendix B and C.

It is important to work with the child's parents/carers and any relevant external professionals to identify the child's needs and their resilience factors as part of this. There will be a variety of factors that have either a positive or negative impact on a child's development of emotional regulation, these could include:

- a sense of belonging in a friendship group or at school, which can be built upon,
- the child's current understanding of language to effectively plan a co-regulation intervention,
- information regarding the child's previous experiences shared on a 'need to know' basis in line with GDPR, and safeguarding guidance (KCSIE, 2022),
- the current support in place for the child and how they might experience this in light of their previous experiences.

2. Planning support

This will need to rely on different methods but should feature co-regulation as a key basis. When children are not yet able to implement their own methods to regulate, they need an adult with whom they have a positive relationship to support them to do this. It is important to work in partnership with parents/carers to identify the strategies that the child uses already to regulate and build on these (ideas of what these may be are contained within the co-regulation plan in appendix D).

In the process of creating a holistic view of the child the efficacy of support plans can be ensured, For example, for a child who has experienced developmental trauma, or a child who cannot yet regulate themselves, the use of 'isolation' as a sanction may further exacerbate their undesirable behaviours due to this removing social support and compounding feelings of exclusion and shame.

Your link EP can support in writing the co-regulation plan through your school's free individual EP consultation offer.

3. Review

This plan should be reviewed every 6 weeks alongside the child's parents/carers. Do more of what works and none of what doesn't work!

In moments of dysregulation

When a child becomes dysregulated, it can either be difficult to know how to respond, or we can respond in the same way we usually do, meaning that we achieve the same outcome.

“The definition of insanity is doing the same thing over and over again and expecting a different result.”

When someone is dysregulated, it can sometimes trigger dysregulated feelings within the adult supporting the child. This can then signal feeling unsafe to the child, which will in turn exacerbate their dysregulated feelings. When a child is dysregulated, we need to think about how we are responding, not only verbally but in our body language. We should consider:

- How are we communicating to that child that they are truly safe and we as adults are calm and regulated?
- How does this child expect us to respond based on their previous experiences?

The diagram below demonstrates the structured response that could be used to respond to a child who struggles to regulate. The use of this approach means that when a child becomes dysregulated a co-regulation plan will be in place and followed.

Use of language

As a key adult in the child's life, you are very influential in how the child's needs are constructed by others. Alongside teaching the child self-regulation skills, you may also need to create a 'picture' or narrative of the child for others. Sometimes, there are stories told around children who struggle with regulation, which can impact the way we and others see their behaviour and therefore respond to them.

Words you might often hear used around children who struggle are 'manipulative', 'controlling', 'doing it on purpose', 'just like X family member'. Often, children are using behaviours that have helped them to survive to this point, and so using alternative language is helpful in supporting others to understand the child, their behaviour and move towards supportive strategies.

Additionally, children who demonstrate dysregulated behaviours often feel unpleasant in themselves, and so they learn these narratives about themselves, further compounding their feelings of exclusion. (See Toolkit Resource on Trauma Informed Language)

What about me?

In order to teach someone to read, we need to know how to read. In order to teach emotional regulation, we have to be emotionally regulated. When others are frequently emotionally dysregulated, their emotions can be projected onto us, meaning that we feel uneasy and on edge around them. Sometimes, these experiences can remind of us unpleasant people or experiences from our past, meaning that it is difficult for us to provide emotional regulation in their times of dysregulation. Sometimes, it is just very emotionally tiring to support someone who is emotionally dysregulated on a daily basis. In order for school colleagues to be able to provide effective emotional regulation teaching, they need ongoing support. This might be in the form of regular, scheduled supervision with a colleague or external professional, through the use of a 'change of face' when things are becoming overwhelming, through group peer supervision, or through the use of structured tools such as 'Circles of Adults' and reflective practice templates. (See Toolkit resource - Reflective Practice Template)

Evidence base for a relational approach

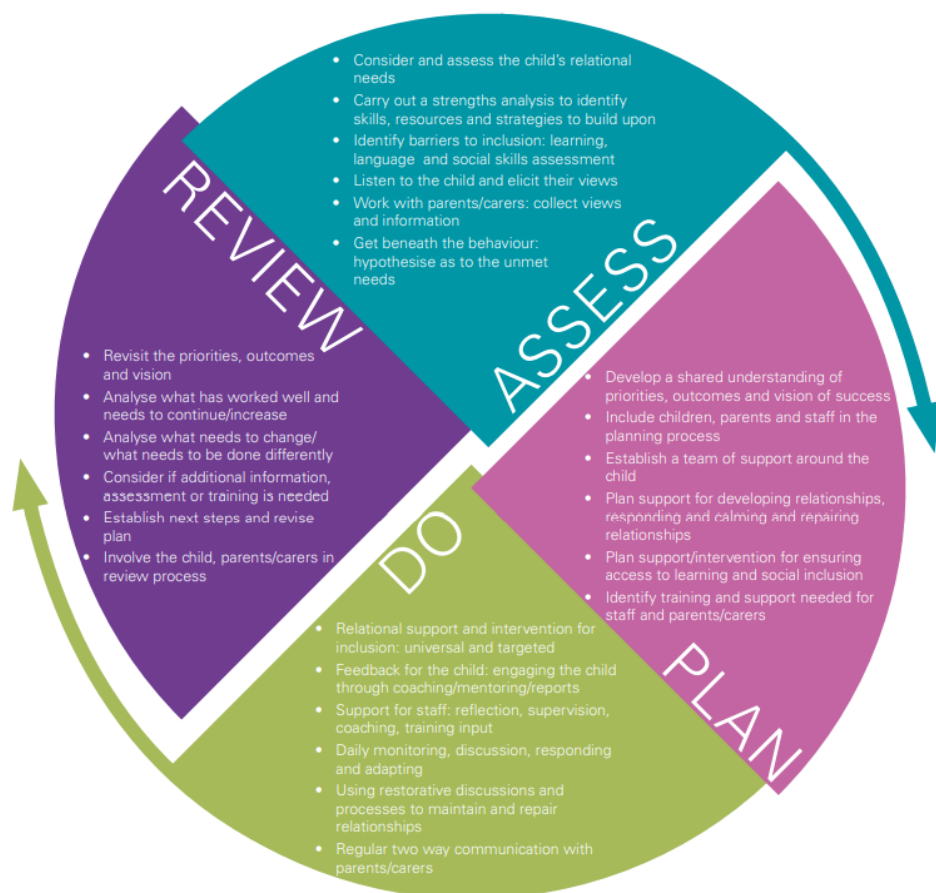
Research highlights that a relational approach is more effective than behaviourist framework alternatives in supporting behaviour and improving outcomes for children and young people.

Responding in the Moment

Nottinghamshire Educational Psychology Service (2020)
adapted from *Parenting in the Moment* (Golding, 2015)

- ▶
- ▶ Attuned pupil teacher relationships enable effective co-regulation to occur. Over time, staff can model and directly teach children the skills required to identify changes in their own emotional state and strategies to manage these. Effective emotional regulation skills have been linked to improved wellbeing and academic achievement in schools (Gottman et al., 2007)
- ▶ Attuned pupil teacher relationships allow the opportunity for teachers to take on a role as secondary attachment figures. This involves building secure connections to reshape insecure attachment behaviours which impact on subsequent relationships with others (Geddes, 2014).
- ▶ Through offering stimulating experiences and empathetic and attuned relationships, school staff can optimise neurodevelopment and 'support the brain's capacity to organise itself more autonomously' (Siegel, 2012)

Relational approaches as part of the assess, plan, do, review (APDR) process



(Taken from Devon County Council Guidance for developing relational practice and policy. Quick guide to developing relational practice and policy - Support for schools and settings (devon.gov.uk)