



Restorative
Journeys

Restoration to Self: Using Restorative Practice to build restorative culture within the workplace

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- **Catriona Harwood** Restorative Practice Lead, TPCH
 - **Kerrie Sellen**, Director and Trainer Restorative Journeys

What's happening within workforce?



- q Of the approximately 10,000 serious mental stress claims in 2021-22p, the highest proportion were attributed to work related harassment and/or workplace bullying (27.5%), work pressure (25.2%) and exposure to workplace or occupational violence (16.4%). Safe Work Australia, 2024
- q In healthcare 8–38% of healthcare workers have experienced physical violence at least once during their careers (International Labour Office et al., 2002) and many more non-physical harm.
- q **A psychosocial hazard is anything that could cause psychological harm (e.g. harm someone's mental health). Common psychosocial hazards at work (in healthcare or anywhere) include traumatic events, work related violence, job demands, and poor support amongst many others**

The Prince Charles Hospital story

- q Implementing RP in secure setting and community mental health as response to initially address staff assaults, however progressed to understanding harm by/for/to anyone in our setting
- q Since 2020 piloting in secure mental health setting, then 2023 more community teams
- q Building staff capacity for facilitating restorative approaches, and supporting consumer and carer involvement in restorative opportunity to respond to harm
- q Measured and validated tool showing restorative confidence and benefits have increased and maintained over time using our model of capacity building and mentoring healthcare teams
- q Alignment with peer responder model



Photo above - Staff and stakeholders of Restorative Practice Project, The Prince Charles Hospital, Brisbane

Photo below – Kintsugi Art (Restorative Pottery Workshop, 2022), by R MacIntyre



Our story matters...



Statement 58

Score

Taking everything into account, I would say this is a great place to work.

96%

AVERAGE OF ALL STATEMENTS

92

6th

**BEST WORKPLACE
CULTURE IN AUSTRALIA**

The 4 pillars of restorative practices

-  **SELF**
-  **COLLEGIATE**
-  **CLIENTELE**
-  **COMMUNITY**



Affect, Feelings and Emotions



q Affects

Nine innate, biological programs triggered in response to specific stimulus conditions

q Feelings

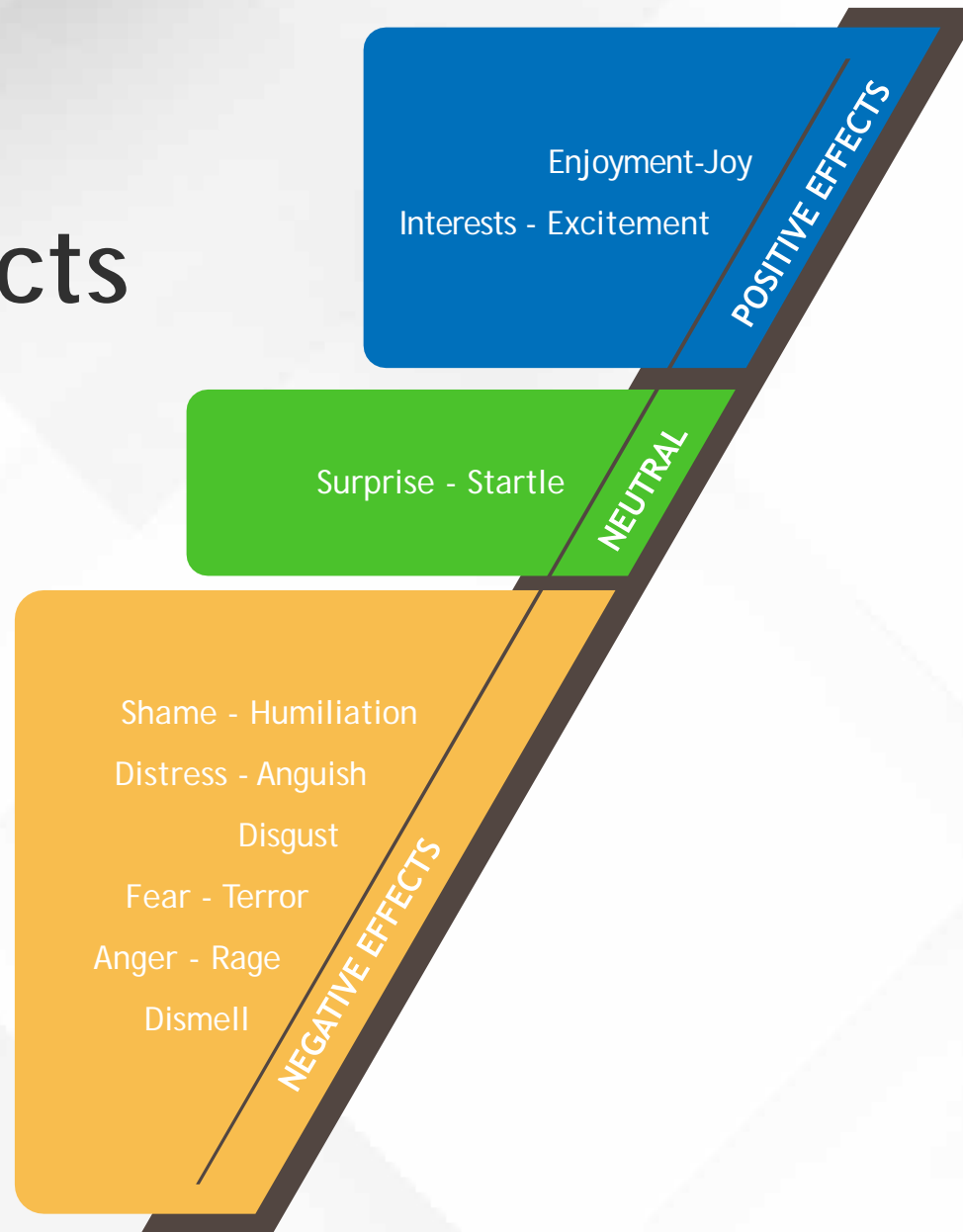
The awareness an affect is present

q Emotions

Scripted responses learned over a lifetime of the triggering of affects

(Vernon Kelly & Margaret Thorsborne, *The Psychology of Emotion in Restorative Practice*, 2014)

The Nine Affects



Shame and Relationships

According to Nathanson, shame has the following function:

- Sets the social parameters that govern how we interact with others.
- Interrupts our feeling good.
- Provides a sudden awareness of something we don't really want to know about ourselves.

Nathanson says that when we can't learn anything useful from shame, there are four ways that we attempt to minimise the awful feeling associated with shame:



Nathanson's Compass of Shame



Polar Responses to Shame



WITHDRAWAL: isolating oneself; running and hiding.

AVOIDANCE: denial; drugs and alcohol; workaholic; alcoholism.

ATTACK OTHERS: lashing out verbally or physically; blaming others.

ATTACK SELF: self put-down.

What animal is this?



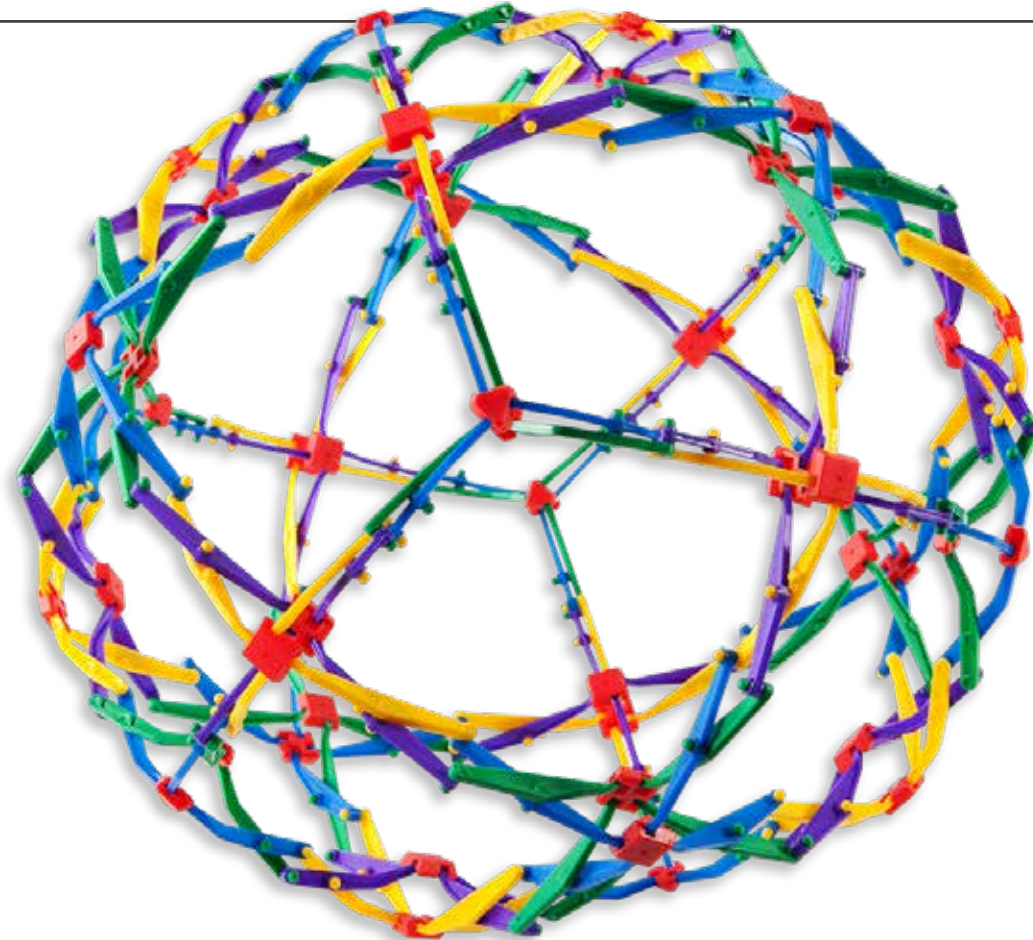
What is the echidna doing?



Echidna

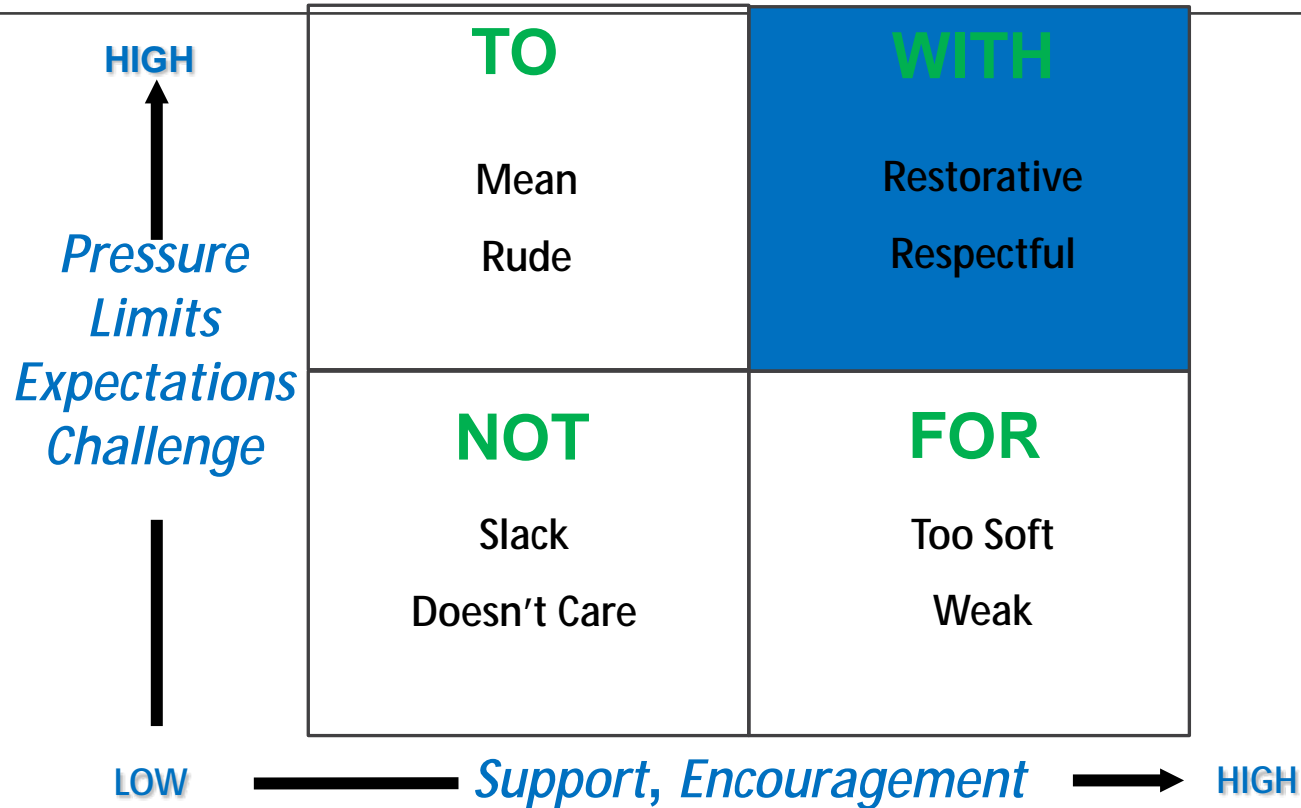


DEALING WITH SHAME



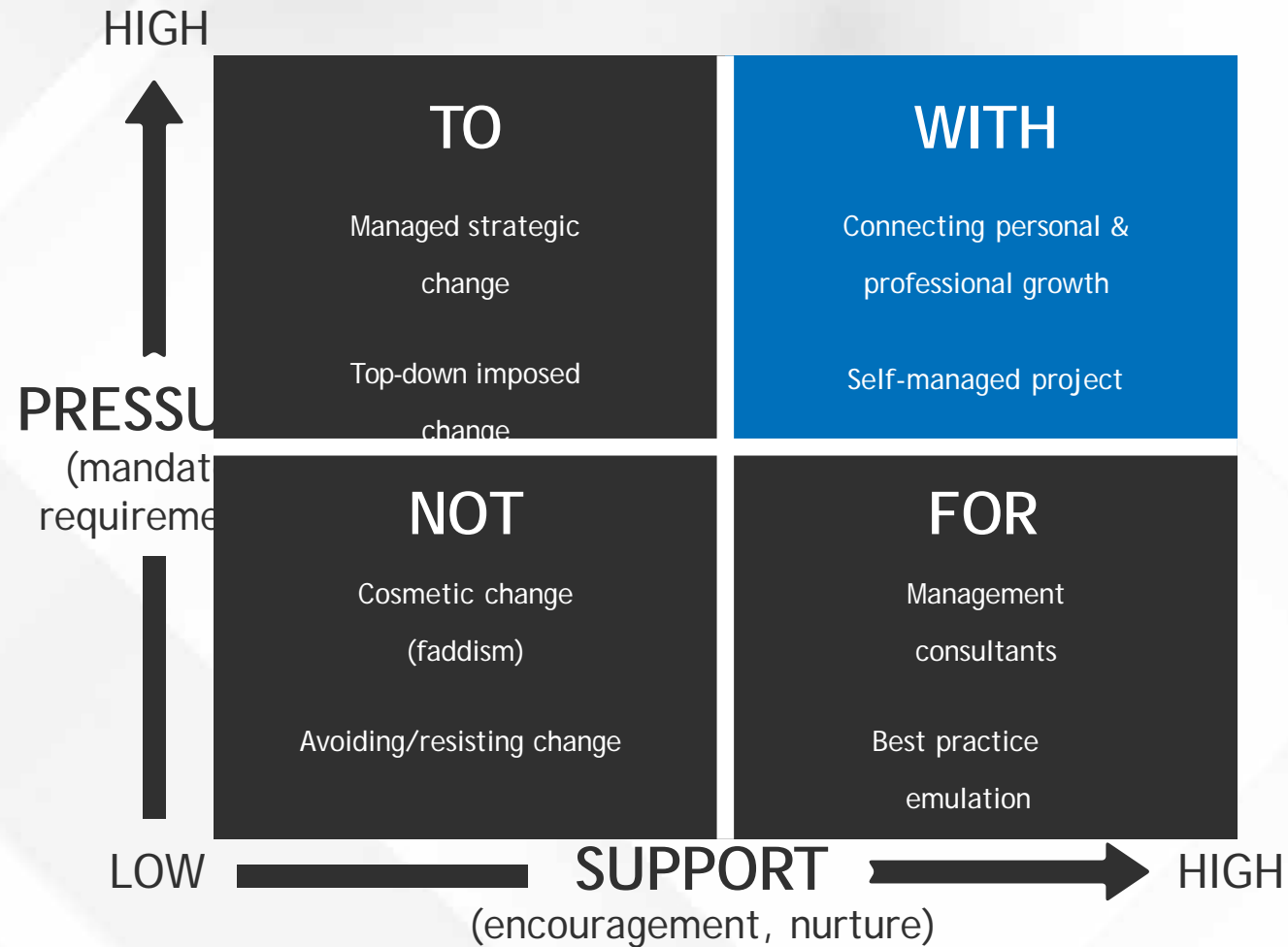
Practice Domains/Social Discipline Window (1 min)

The premise of the social discipline window is that people are happier, more productive, and more likely to make positive changes in behaviour when things are done WITH them, rather than to, for or not at all (Wachtel; 2016)



Adapted from Social Discipline Window - Paul McCold and Ted Wachtel - 2000

Organisational Change Window



Fair Process: the central idea

“.....individuals are most likely to trust and cooperate freely with systems - whether they themselves win or lose by those systems - when fair process is observed.”



**RESTORATIVE
JOURNEYS**

(W. Chan Kim & Renee Mauborgne, Harvard Business Review, January 2003)

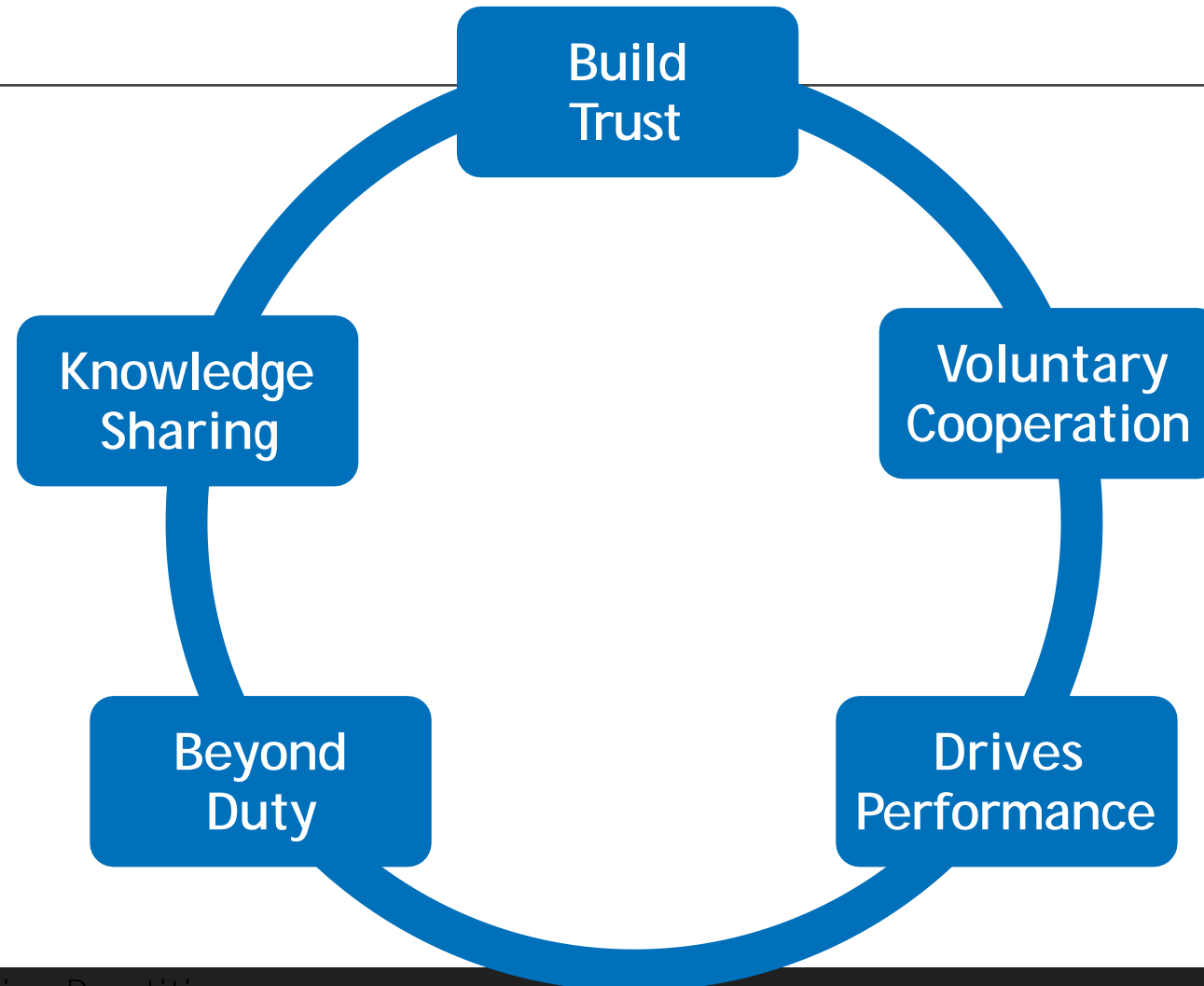


Fair Process: THE 3 PRINCIPALS

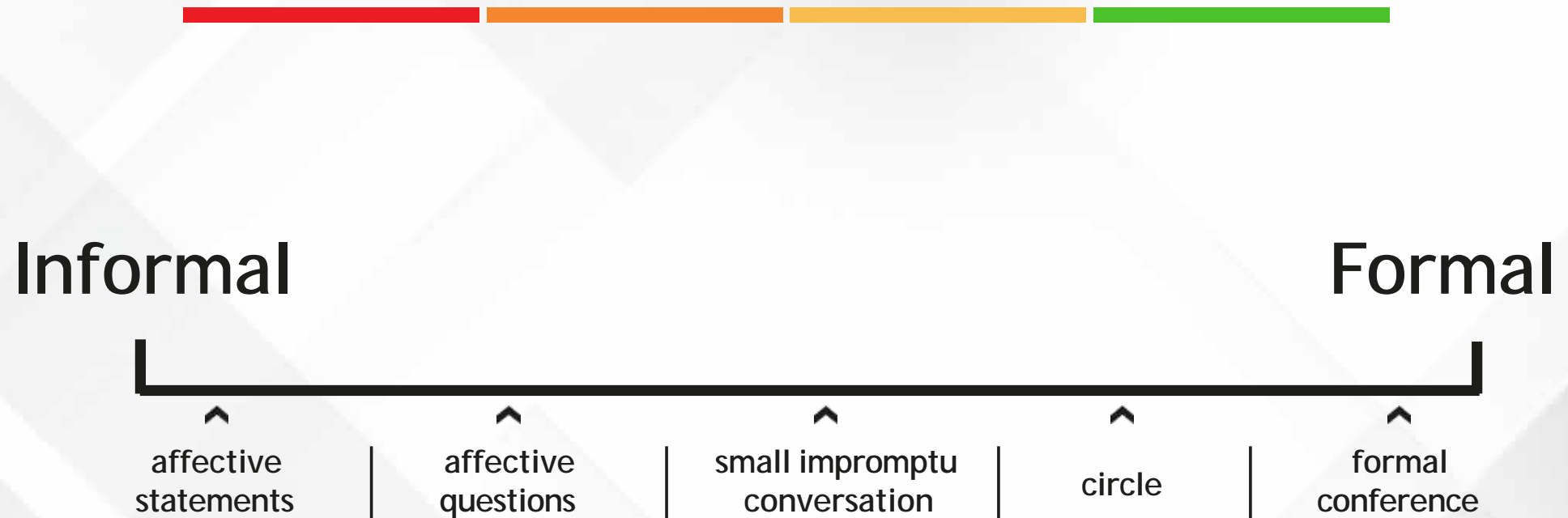
- 1 ENGAGEMENT**
Opportunity to have a say
- 2 EXPLANATION**
Understand the reasons for the decision
- 3 EXPECTATION CLARITY**
Shared understanding on what is expected in terms of behaviour and rules

(W. Chan Kim & Renee Mauborgne, Harvard Business Review, January 2003)

Fair Process: What it achieves



Restorative Practice Continuum



Affective Language



- q Referred to as "I" statements tell the listener, how the person feels (expressing emotion), connected to a specific behaviour, and why it makes them feel that way.
- q Affective statements are an effective way to teach how to express their emotions appropriately, and build social capital

Further info [Making "Affective Statements" More Effective in Restorative Practices - Joe Brummer](#)

Restorative Questions-

We encourage a restorative response to allow those most directly impacted to have a voice to be able to talk about what happened, the impacts, and what needs to happen going forward to help repair harm, or make things better.

In a mental health setting it is important to encourage restorative questions (IRP, 2012) as a voluntary way for the person harmed, and person who caused harm to express voice and acknowledge the incident, and reduce negative affect. This can have a significant impact, whether or not this leads to a later restorative meeting.

A restorative response considers:

- What happened and why did it make sense at the time? *(or not)?*
- Who has been hurt and what are their needs? *(direct, indirect, and different types of hurt)?*
- Who is responsible for meeting the needs and what are their obligations? *(staff/consumer/carer/system)?*
- How can harm be repaired and relationships improved?
- How can we prevent it from happening again?

Restorative Questions I

When things go wrong,

- What happened?
- What were you thinking of at the time?
- What have you thought about since?
- Who has been affected by what you have done? In what way?
- What do you think you need to do to make things right?

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Restorative Questions II

When someone has been hurt,

- What did you think when you realised what had happened?
- What impact has this incident had on you and others?
- What has been the hardest thing for you?
- What do you think needs to happen to make things right?

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Restorative Circles (2 mins)

Sequential go around

- Specific question
- Done in order
- Participation generally expected

Non-sequential circle

- Can be
 - Loosely structured
 - Unstructured
 - Structured
- No order
- Participation voluntary

Fishbowl

- Can be used with sequential or non sequential circles
- Feedback
- Role modeling

Circles can build:

- q Trust
- q Safety
- q Equality
- q Responsibility
- q Connections
- q Ownership

Examples in workplace setting (e.g. check ins, through to critical incident) we've used in SMHRU and community teams (e.g. consumer circles, incident debriefs, case review fishbowls)

More formal conferences

More structured, more processed, more time

Facilitated, generally with support people

Considerations

- q Capacity/consent
- q Suitability of all participants (including support people)
- q Dual facilitation model potential

Conclusion

- ✓ Economic benefit: Setting the scene for a restorative workplace will promote more effective and cost-efficient organisations.
- ✓ This includes staff wellbeing and client experience, both paramount for the needs of all people that work or are served by organisations such as mental health hospitals.
- ✓ Responding to psychosocial hazards and legislation

“Restorative practice supports emotionally intelligent leadership, reduces formal grievances between staff and ultimately supports a positive organisational culture which has the potential to increase productivity and happiness at work.”

(Smith and Spencer; 2019)



Any Questions? |

References and Links

References

- Restorative continuum – adapted from McCold & Wachtel, (2001); [4.3. Restorative Practices Continuum | Defining Restorative | Restorative Practices \(iirp.edu\)](#)
- Social Discipline window – adapted from Paul McCold and Ted Watchel (2000); [4.1. Social Discipline Window | Defining Restorative | Restorative Practices \(iirp.edu\)](#)
- Cook, A., Drennan, G. & Callanan, M. (2015). A qualitative exploration of the experience of restorative approaches in a forensic mental health setting. *The Journal of Forensic Psychiatry & Psychology* 26(4), 510-531
- Flores, P.A. When "First, Do No Harm" Fails: A Restorative Justice Approach to Workgroup Harms in Healthcare.
- Safe Work Australia Psychological health and safety in the workplace; Feb 2024 [Psychological health and safety in the workplace](#)
- RLJC
- Psycho social hazards
- Fair process

Resources

Further external links:

- [The NED Foundation Supports Restorative Practice | NED Foundation](#)
- [Restorative Practice - The Prince Charles Hospital \(health.qld.gov.au\)](#)
- [The Mint House \(minthouseoxford.co.uk\)](#)
- [Restorative Practices International
www.restorativepracticesinternational.com](#)
- [Health | Te Ngāpara Centre for Restorative Practice | Victoria University of Wellington \(wgtn.ac.nz\)](#)
- <https://www.merseycare.nhs.uk/about-us/restorative-just-and-learning-culture>