



RELATIONSHIP POLICY

Chair of Governors: P Halsall

Date: 19/5/21

Date of Review: May 2024

Our school is invested in supporting the very best possible relational health between:

- Parent and child
- Child and child
- Child and school staff
- Parent and school staff
- School staff and school staff
- School staff and Senior Leads
- School staff and external agencies

To this end our school is committed to educational practices, which **Protect, Relate, Regulate and **Reflect**.**

Protect

- The approach of 'Unconditional Positive Regard' is the golden thread which weaves itself throughout the school, in all that we do.
- Increased 'safety cues' in all aspects of the school day, e.g. meet and greet at transport, familiar staff teams, familiar routines.
- School staff trained in Trauma Informed Approaches including TIS and THRIVE practitioners. These staff model and train others in the 'PACE' modes of interaction (Hughes 2015): being warm, empathic, playful and curious (proven to shift children out of fight/flight/freeze positions.)
- The school have a PCP approach and work with a multidisciplinary team around each child to know individuals incredibly well. This information is fed into pupil One Page Profiles and updated regularly.
- School staff ensure that interactions with children are socially engaging not socially defensive, in order to decrease chances of children relating defensively (fight/flight/freeze.)
- A whole school commitment to Unconditional Positive Regard and a 'no shouting/raised voices' approach adopted by all (proven to be damaging psychologically and neurologically.)
- School staff will, in line with the Positive Behaviour Policy and using their Team Teach 95% de-escalation training, 'interactively repair' the occasions when they themselves move into defensiveness. Staff will use the script to provide a 'change of face' and regularly debrief and reflect on dialogues.
- The implementation of pedagogic interventions that help staff to get to know children better on an individual basis e.g. One Page Profiles, meetings with parents, carefully planned

transitions etc. Where appropriate, older pupils and those that are able to will contribute to these processes.

- All children and young people will have easy access on a daily basis to at least one named emotionally- available adult, and these children know when and where to find that adult. If the child does not wish to connect with this adult, an alternative person is found.
- School staff adjusting expectations around vulnerable children to correspond with their developmental capabilities and experience of traumatic stress. This will include removing vulnerable and traumatised children in a kind and non-judgmental way from situations they are not managing well. Staff to use pupil sensory profiles and the individual TIS and THRIVE action plans to support identified pupils closely.
- Where appropriate, a provision for children and young people of a clear, confidential and open system of self-referral for help/talk time.
- The nurturing of school staff in such a way that they feel truly valued and emotionally regulated enough to be able to interact throughout the school day with social engagement rather than defensiveness.

Relate

- All school staff trained in emotional coaching and in relating to children in terms of the four key relational needs for secure attachment: affect attunement, empathy, soothing and containment.
- A whole school commitment to enabling children to see themselves, their relationships and the world more positively, rather than through a lens of threat, danger or self-blame.
- Relational opportunities for vulnerable children with emotionally available adults at school to enable them to make the shift from 'blocked trust' (not feeling psychologically safe with anyone) to trust, and from self-help to 'help seeking.'

Regulate

- The implementation of daily class routines, interventions and therapies designed to bring down stress hormone levels (e.g. from toxic to tolerable) in vulnerable children, enabling them to feel calm, soothed and safe. This is to support learning, quality of life and protect against stress-induced physical and mental illness, now and in later life.
- Evidence-based nurturing and regulatory interventions for identified learners that aim to repair psychological damage and brain damage caused by traumatic life experiences, through emotionally regulating and playful, enriched adult-child interactions.
- The emotional well-being and regulating of staff is treated as high priority in order to prevent burn-out, stress-related absence or leaving the profession, through stress-related illness, secondary trauma and/or feeling undervalued, blamed or shamed.

- Daily debriefs in staff teams are an embedded way of school functioning, staff have opportunity to reflect, discuss and problem solve whilst having a safe space to share the impact of the day on themselves.
- Designated staff-only spaces, which are specifically designed to support the release of natural anti-stress, pro-social neurochemicals (opioids and oxytocin).

Reflect

- Staff educated in the art of good listening, dialogue, empathy and understanding (instead of asking lots of questions/giving lectures).
- The provision of skills and resources to support parents and staff to have meaningful empathic conversations with vulnerable children who want to talk about their lives in order to empower children to better manage their home situations and life in general.
- Within the context of an established and trusted relationship with a member of staff ('working alliance'), children are to be provided with the means to symbolise painful life experiences through images rather than solely everyday words, should they wish to do so, as a key part of 'working through' and memory re-consolidation. To this end, there is the provision of different modes of expression for children e.g. THRIVE/ TIS action plans/ Art/ Play/Drama/Music/Sand-play/SEAL
- PSHE (personal, social, and health education) informed by current research (psychology and neuroscience) on mental health, mental ill-health (full range of specific conditions) relationship health: family, parenting, intimate relationships and tools for how to do life well. Curriculum content, in context, to enable children to make informed choices about how they relate to others and how they choose to treat their brains, bodies and minds now and in the future.
- Staff trained to help children, where appropriate, move from 'behaving' their trauma/painful life experiences, to reflecting on those experiences through empathic conversation in order to address negative self- referencing and help them to develop coherent narratives about their lives
- A positive behaviour policy, which models Unconditional Positive Regard, enquiry, resolution and interactive repair.