

## Relationship Policy

**Written:** 6.2.19 Adapted from materials by Trauma Informed Schools UK

Reviewed annually or when required.

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Therapeutic Teaching provides short-term therapeutic-based education to a maximum of 2 children typically between the ages 7-13 as part of reintegration to a full-time educational setting. Consultations are commissioned by parents/carers and educational settings for specialist assessment and recommendations for provision. This policy serves as a description of policy and practice to support safe behaviour and conduct of all individuals involved in the provision of this service. Educational settings should have a behaviour policy (DfE, 2016) and make clear practices to support mental health and wellbeing and attendance. While Therapeutic Teaching is not a setting the practices described below are aimed at the same outcome:

- ✓ promote good behaviour, self-discipline and respect;
- ✓ prevent bullying;
- ✓ ensure that pupils complete assigned work;
- ✓ and which regulate the conduct of pupils.

### Principles and practice

This provision aims to support improvements in mental wellbeing so that each child can feel joy in relationships and learning experiences. Therapeutic Teaching is invested in supporting the very best possible relational health between:

- Parent and child\*
- Child and child
- Child and teaching staff
- Child and other school staff
- Child and external agency staff

\*the term child/children refers to both children and teenagers/young people

To this end we are committed to educational practices which support healing of trauma and development of resilience – we do this through an evidence-based model advocated by [Trauma Informed Schools UK](https://www.traumainformedschools.org/).

This model comprises four components: **Protect, Relate, Regulate and Reflect.**

#### **Protect**

We use and promote the use of 'safety cues' in every communication.

We optimise safety both physically and psychologically in every environment we practise in.

We are trained in PACE models of interaction (Hughes, 2015): being warm, empathic, playful and curious, which are proven to shift children out of 'alarm' states.

We aim for all interactions to be socially engaging and not socially defensive, to decrease the likelihood of children relating defensively (moving to 'alarm' states).

Language used in interactions will always aim to be supportive, encouraging, truthful and helpful.

Coaching interventions that support school staff and parents in understanding the child's strengths and needs better to enable the child to feel more comfortable and confident when expressing and managing feelings.

We support by acting as an emotionally available adult for the child within the session time, acting as a trusted 'bridge' to school staff and as a coach to parents/carers/staff during liaison times.

Expectations are adjusted to support the child based on their developmental capabilities and experience of traumatic stress.

## **Relate**

We aim to enable the child to see themselves, their relationships, their learning and the world positively, rather than through a lens of threat, danger or self-blame. We do not use rewards or sanctions to help the child to make better choices; we ensure that the child feels safe first and may intervene in a warm and connected way with the child to interrupt a behaviour to restore safety or to explore what is happening for them (how their nervous system is reacting- a stress response) .

We use **Emotion Coaching** to address any behaviours that compromise wellbeing or safety of others, where it is safe to do so. We use least intrusive, soothing safety cues to co-regulate and down regulate a child who becomes distressed. Distress may appear as defensive or aggressive behaviour towards others but comes from a place of fear and anxiety in the autonomic drive for survival.

When the child is calm and able to socially engage we always explore thoughts, feelings and actions and explain the dangers and consequences (potential and in reality). We will always seek to interactively repair relationships where any misunderstandings or errors of judgement occur.

We aim to provide repeated relational opportunities through the learning /coaching sessions to support the mental shifts that move from a position of distrust or blocked trust to willingness to trust and from self-help to 'help seeking'.

We aim to support the integration of relational skills with consistent co-regulatory practice with the child and through carefully managed programmes to develop emotional and social literacy, that lead to self-regulation skills for the child.

## **Regulate**

We use and promote the use of relational interventions and strategies designed to bring down stress hormone levels (from toxic to tolerable) in the child and activate the social engagement system (Porges, 2011).

We use and promote the use of evidence-based interventions that aim to reduce the gap in psychological and neurological development caused by traumatic life experiences. These interventions include the six R's: relational; repetitive; rhythmic; rewarding (fun); relevant (developmentally matched to the individual) and respectful.

We make every effort to create safe spaces in the learning environment, with the support of the parent, school and others.

## **Reflect**

We use and promote the use of whole-hearted listening and language through dialogue that communicates unconditional positive regard.

We coach the child directly and their parents/carers and school staff using resources that support the child to reflect and learn new ways of relating to others and ways of understanding themselves that help them to better manage home/school and life in general.

Through the use of arts, play and different modes of expression incorporated into learning, children are given the means and opportunity to understand their feelings and life experiences through images as well as words.

Personal, Social and Health education (PSHE) and psycho-education is worked into learning opportunities with the child to support their reflection and learning about how to 'do life well'. Materials approved by the PSHE Association will be used.

Training materials are designed to support school staff with greater understanding and resources that support a child to move from 'behaving' their feelings and life experiences to reflecting on those experiences.

We use and promote the use of reflective and restorative conversations to support social engagement that in turn enables social learning and academic learning to take place.

## **Partnerships**

In the induction sessions, as part of the introduction to these principles the child and family are invited to read, discuss and sign an agreement between teacher, child and family (Appendix 1).

This is linked to the shared outcomes explored in the initial meeting – what we are aiming to achieve and how we are going to do this in partnership, as a team around the child.

Family are coached using the Family Partnership Model approach in 'Relationship-first' parenting that supports the child to be more mentally well, engaged and connected to others and to achieve their goals (within the short-term of the involvement). Psychotherapy based supervision supports the wellbeing of the teacher to have capacity to support when families struggle. Signposting and liaison with other agencies is an essential part of the role of the therapeutic teacher, dovetailing the practice with that of others supporting the child's health and wellbeing.

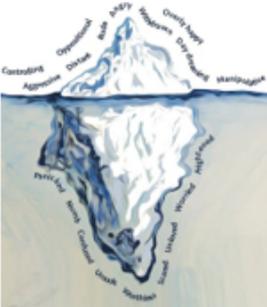
## Interventions:

PACE for parents/carers is the main resource that is coached, use of videos, online training and recommended parenting courses. These are strategies that support the parent-child relationship but are also the mainstay of the engagement strategies that support teaching and learning.

An **Individual Response Plan** ( on the same principles as Roots and Fruits – Norfolk Steps) is facilitated to coach parents to agree on consistent language and adult behaviours that support the child. This is a no-blame approach and solution-focused.

### Individual Response Plan

This plan is designed to enable staff and parents/carers of ..... to explore and refine strategies that support ..... to feel safe, to play and learn and have enjoyment while at our setting.

<p>Completed by:</p> <p>Discussed with:</p> <p>Date written:</p>  <p>Dates reviewed:</p>	<p>Social defence: (behaviours)</p>	<p>How we respond:</p>
	<p>Feelings?</p>	

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If a parent's own mental health needs are impacting on the child support is provided to direct them to access support, this may involve Early Help, a referral to Family Solutions or access support via their GP.

In exceptional circumstances if the child, when in such distress, cannot be soothed and down regulated during the session time, the session may need to be extended to support restoration of calm and safety.

The teacher remains with the child as long as it is safe to do so to support the child and manage safety within the resources at the time. The child may need to be guided to a place of safety at/ nearby the property or venue and parents will be made aware of this. This might be on an occasion when an incident within the home/venue interrupts the session and compromises the safety of the child or teacher. If there is no alternative course of action the teacher may have no option than to use reasonable force to prevent the child committing an offence or injuring themselves or others. Procedures in accordance with this document:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/444051/Use\\_of\\_reasonable\\_force\\_advice\\_Reviewed\\_July\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf)

CC: parents, website, LA