



Portreath School - Relationship Policy
Written January 2019 reviewed January 2025
Due for renewal January 2026

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

- Child and staff
- Child and child
- Parent and staff
- Parent and child
- Staff and staff

Our school recognises that all behaviour is a form of communication. We need to address what children are trying to communicate, and support and empower them to communicate in a safe and appropriate way. Our commitment is to create relationships with the children in order to meet their needs. We want everyone to feel safe, listened to and valued. We want to help everyone to communicate in an appropriate way. We want to give everyone the skills and understanding to build happy, healthy and trusting relationships. Our school is committed to educational practices which follow the 'Protect, Relate, Regulate and Reflect model'.

Protect

- We have increased 'safety cues' in all aspects of the school day, e.g. 'meet and greet' as children enter the school in the morning.
- Staff are open, warm and engaged. Staff apply what they have learnt in training about 'PACE' (Hughes, 2015). Everyone tries to be Playful, Accepting, Curious and Empathetic (proven to shift children out of flight/fight/freeze positions).
- Staff ensure that interactions with children are socially engaging and not socially defensive, to decrease likelihood of children relating defensively (fight/flight/freeze).
- There is a commitment to cease the use of harsh voices, shouting, put-downs, criticisms, and shaming (proven to be damaging psychologically and neurologically).
- Staff 'interactively repair' occasions when they themselves move into defensiveness.
- The staff are committed to getting to know children better on an individual basis. Staff know what matters to them, who matters to them, their dreams, hopes. This is key to enabling children to feel safe enough to talk, about their feelings and concerns and, if they wish, about painful life experiences, which are interfering with their ability to learn and their quality of life. Staff use activities such as "I wish my teacher knew" to do this.
- Vulnerable children have easy and daily access to at least one named, emotionally-available adult.
- School staff adjust expectations around vulnerable children to correspond with their developmental capabilities and experience of traumatic stress. This includes removing vulnerable and traumatised children in a kind and non-judgmental way from situations they are not managing well (e.g. children who are continually triggered into alarm states in the main playground can access a calmer, smaller playground with an emotionally regulating adult).
- There are non-shaming developmentally appropriate sanctions for socially unacceptable behaviour. Staff focus on praising what they want and celebrating the good things.
- Staff recognize the importance of touch used appropriately.
- Staff are treated in a way so that they feel valued and emotionally-regulated. This supports them to interact with positive social engagement rather than defensiveness.

Relate

- There is whole-school commitment to enabling children to see themselves, their relationships and the world positively, rather than through a lens of threat, danger or self-blame.
- Vulnerable children are provided with repeated relational opportunities (with emotionally-available adults) to make the shift from 'blocked trust' (not feeling psychologically safe with anyone) to trust, and from self-help to 'help seeking'.

- When children are distressed staff:
 - attune (meet their emotional intensity)
 - display empathy (let them know that you can imagine their pain)
 - contain the child emotionally (and physically through supportive holding if needed to keep them safe please see note at the end of the policy)
 - soothe
- Staff do not dissuade children from having the feelings they are having. They affirm, understand and recognise the feeling. They help give them language for these feelings. No feelings are labelled as bad feelings. Staff use phrases such as “It is OK to feel angry, it is not OK to hurt yourself or others and it is not OK to damage things.
- Staff use phrases such as “I wonder if...”, “I imagine you might feel...”, “I understand you...I need you to...”, “I noticed you...”,

Regulate

- Relational interventions specifically designed to bring down stress hormone levels (e.g. from toxic to tolerable) are provided for 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.
- Vulnerable children are involved in evidence-based interventions that aim to repair psychological damage and brain damage caused by traumatic life experiences, through emotionally- regulating, playful, enriched adult-child interactions.
- The emotional well being and regulating of staff is treated as a priority to prevent burn-out, stress-related absence, or leaving the profession through stress-related illness, secondary trauma and/or feeling undervalued, blamed or shamed.
- The staffroom is a designated staff-only space, which are specifically designed to support the release of natural anti-stress, pro-social neurochemicals (opioids and oxytocin).

Reflect

- Staff recognise the importance of reflecting on feelings and incidents. If a child can reflect on their feelings they are less like to behave on their feelings. All children need to feel listened to. If there has been an incident, once the children involved are calm, a conversation takes place where everyone gets to express their feelings and have them validated, then talk about what has happened and then actions and next steps that are required are discussed.
- Staff demonstrate the art of good listening, dialogue, empathy and understanding (instead of asking a series of questions/giving lectures).
- Parents and staff are supported in having meaningful empathic conversations with vulnerable children who want to talk about their lives. This is 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, children are given the means and opportunity to symbolise painful life experiences through images as well as words, as a key part of ‘working through’ these experiences and memory re-consolidation. Means include the provision of different modes of expression, e.g. art/ play/ drama/music/sand-play/emotion worksheets/ emotion cards.
- PSHE (Personal, social, and health education) is informed by current research (psychology and neuroscience) on mental health, relationships and emotions. Curricular content enables children to make informed choices about how they relate to others, how they live their lives, and how they treat their brains, bodies and minds.
- Staff try to help children move from ‘behaving’ their trauma/painful life experiences, to reflecting on those experiences. Staff learn to do this through empathic conversation, addressing children’s negative self- referencing and helping them develop positive, coherent narratives about their lives.
- Our Behaviour Policy has been amended so that it models enquiry, reflection, resolution and interactive repair (e.g. restorative conversations).

Supportive holding-

Some children may need supportive holding offered by a safe adult in order to regulate and calm their high body arousal state. It is developmentally-appropriate and necessary response to a child who is behaving in ways that are unsafe and who is deep emotional distress. It can relate to the emotional and physical containment of a child and can replicate the calming and soothing that happens in the arms of a parent. Supportive holding is in line with current guidance from the DFE (00295-2013). Usually touch would be through holding a hand, having an arm around them, a reassuring hand on the back. Only in more extreme circumstance would a restrictive physical intervention be needed. Supportive holding should not be used when the adult is alone. The adults must be calm. It should not be used if the adult has been triggered by the child's behaviour and are dysregulated, as it is impossible to contain, calm and soothe a child if you are not calm and steady. The purpose of the hold should never be to obtain power over the child.