**Willow Primary Academy**

**The Piper Centre**

**Positive Relationship Policy**

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| Willow Primary Academy  The Piper Centre –  Taking PRIDE in *all* we do  Promoting Positivity, Nurturing Respect, Celebrating Individuality, Fostering Determination, Striving for Excellence  **Policy Review Schedule**  **Date agreed:** September 2023  **Next review due:** September 2027  **Distributed to staff:** September 2023  **Signed by SLT:** P Hales  **Signed by chair of governors:** W Ward |

The aim of this policy is to build strong relationships between pupils, parents, staff and senior leaders. It is vital that children are provided with repeated relational opportunities to feel safe, valued, able to emotionally regulate themselves and interact with positive engagement. Staff are empathetic and offer opportunities for children to calm, talk and reflect on their life experiences, through a variety of pathways.

**Relationship Policy (for all staff)**

**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
* School staff and senior leads
* School staff and external agencies

**To this end our school is committed educational practices which protect, relate, regulate and reflect:**

Protect

* Increased ‘safety cues’ in all aspects of the school day, e.g., meet and greet upon arrival
* Staff trained in ‘PACE’ models of interaction (Hughes, 2015): being warm, empathetic, playful and curious (proven to shift children out of flight/flight/freeze positions)
* Staff ensure that interactions with children are socially engaging and not socially defensive, to increase likelihood of children relating defensively (fight/flight/freeze)
* A whole-school commitment to cease all use of harsh voices, shouting, put-downs, criticism, and shaming (proven to be damaging psychologically and neurologically)
* Staff ‘interactively repair’ occasions when they themselves move into defensiveness
* Pedagogic interventions that help staff to get to know children better on an individual basis. E.g., what matters to them, who matters to them, their dreams, hopes. This is key to enabling children to feel safe enough to talk, if they wish, about painful experiences, which are interfering with their ability to learn and their quality of life.
* Vulnerable children have easy and daily access to at least one named, emotionally available adult and know when and where to find that adult. If the child does not wish to connect with the allocated adult, an alternative person is found.
* School staff adjust expectations around vulnerable children to correspond with their developmental capabilities and experiences of traumatic stress. This includes removing vulnerable and traumatized 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 a classroom environment, can access a calmer, alternative place with an emotionally available adult)
* Provision of clear, confidential and non-shaming system of self-referral for children's help/talk time.
* The nurturing of staff in such a way that they feel truly valued and emotionally regulated and in so doing to support them to interact throughout the school day with positive social engagement rather than defensiveness.

Relate

* A whole school commitment to enabling children to see themselves, their relationships and the world positively rather than through the lens of threat, danger or self-blame.
* Vulnerable children 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’.

Regulate

* Relational interventions specifically 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 interventions that aim to repair psychological damage and brain damage caused by traumatic life experiences, through emotionally regulating, playful, enriched adult-led 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.

Reflect

* Staff development and training in the art of good listening, dialogue, empathy and understanding (instead of asking a series of questions/giving lectures).
* Provision of skills and resources to support parents and staff in meaningful empathetic 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 (working alliance) children are given the means and opportunity to symbolize painful life experiences through images as well as words, as a key part of working through these experiences and memory reconsolidation. Means include the provision of different modes of expression, e.g., art/play/sand-play/emotion worksheets/emotion cards.
* PSHCE - personal, social and health education and psycho-education as preventative input informed by current research (psychology and neuroscience) on mental health, mental ill-health (full range of specific conditions), relationships (including parenting) emotions, social media and tools for how to ‘do life well’. 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 development and training to help children move from ‘behaving’ their trauma/painful life experiences, to reflecting on those experiences. Staff learn to do this through empathetic conversations, addressing children’s negative self-referencing and helping them develop positive, coherent narratives about their lives.
* A behaviour policy based on not on punishment, sanctions and isolation, but one that models enquiry, reflection, resolution and interactive repair (e.g., restorative conversations).