



An Daras Trust
Igniting Curiosity Growing Capabilities

An Daras Multi Academy Trust Relationship Policy

The An Daras Multi Academy Trust (ADMAT) Company

An Exempt Charity Limited by Guarantee

Company Number/08156955

Status: Approved	
Recommended	
Statutory	Yes
Adopted v1.0	29 Sep 2021
Review v1.0	Sep 2024
Advisory Committee	ADMAT RSS Committee
Linked Documents and Policies	TIS Programme ADMAT Behaviour Policies School PSHE Policy

An Daras Multi Academy Trust

Relationship Policy

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 to educational practices which Protect, Relate, Regulate and Reflect:

Protect

- Increased 'safety cues' in all aspects of the school day, e.g. in primary schools, 'meet and greet' at the school entrance.
- Staff trained in 'PACE' modes of interaction (Hughes, 2015): being warm, empathic, 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 decrease likelihood of children relating defensively (fight/flight/freeze).
- A whole-school commitment to cease all 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.
- Pedagogic interventions that help staff to get to know children better on an individual basis e.g. "I wish my teacher knew" (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 life 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 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).
- Provision of a 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 a 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-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.
- Designated staff-only spaces, which are specifically designed to support the release of natural anti-stress, pro-social neurochemicals (opioids and oxytocin). Timetabled times for staff to use these spaces.

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 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 ('working alliance'), 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) 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 empathic conversation, addressing children's negative self-referencing and helping them develop positive, coherent narratives about their lives.