



ABBEY MEAD
PRIMARY ACADEMY



A Trauma Informed Schools Relational Policy

Policy Monitoring, Evaluation and Review:

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V0.1	25/11/22	MC	Created
V0.2	16.12.23	MC	Reviewed content

Introduction:

The Abbey Mead Primary Academy relational policy embodies our culture and ethos developed through a Trauma Informed approach where relationship is at the heart of every interaction and supports the whole school community to include our staff, our pupils, parent(s)/carers and all other agencies working with Briarwood.

Purpose:

At Abbey Mead, we believe in providing every child with the opportunity to experience an outstanding education academically, emotionally and socially. We strongly believe that by identifying the barriers to learning, we can provide an inspiring and relevant curriculum that considers the whole child and provides the necessary support for pupils to achieve, develop and reach their true potential.

We are committed to ensuring that our school develops a Trauma and Mental Health Informed Approach to ensure that all our pupils develop positive mental health and resilience, enabling them to fully engage in life and learning. There is a growing body of research and understanding of the impact of Childhood Adversity Experiences (ACE) on long term mental and physical health and the protective factors that mitigate the potential impact. It is our aim to maximise the protective factors of school by creating an environment of safety that has strong, positive and supportive relationships at its heart.

Our priority as a school is to ensure psychological and environmental safety first; it is the foundation on which everything else depends. The ability to learn without fear in order to relate to others and engage in learning. Through a trauma informed approach our focus is not only the physical environment, but the relational environment and the very culture and ethos of our school. This requires emotionally regulated and available adults who can provide essential calming and containing of our pupils, their parents/carers or each other when they are overwhelmed by an event, a situation or their feelings. In some circumstances, this may mean that literal physical containment of each other to keep all safe.

In practical terms it means that we try to not place the pupils in situations that they are unable to manage. It is vital that our response to their distress and often behaviours that challenge is supportive and focusses on how best to support the brains frontal lobe functioning to be able to relate to the world and each other in a healthier way, rather than employing punitive sanctions that are detrimental and inappropriate to the child's development. If we are truly to protect our pupils and each other, our school approach needs to reflect a differentiated and developmentally appropriate response to behaviour by recognising that behaviour represents an unmet need, Adverse Childhood Experiences (ACE) and/or neurocognitive or neurochemical profile.

Whole School Approach:

As a school we have embraced a wider definition of trauma to encompass any event that is experienced as frightening, painful or out of control, characterised by there being no one available to support or mitigate the impact of traumatic toxic stress. As such, even the day-to-day exposure to events such as divorce, loss of a loved one, illness within the family, moving house can be experienced as traumatic. Children and adults can be affected by toxic stress. Providing an environment that has safety, connection and compassion at its heart ensures that our school environments never unwittingly re-traumatise any of our school members and act to maximise protective factors through the conscious use of our relationships.

All adults in our school are aware of how to create an ethos and environment of both physical and psychological safety and have the skills to respond to those who have been impacted by traumatic stress. We fully understand and support the impact that connection with a trusted, emotionally available adult has on a child and seek to maximise this for those who are identified as requiring additional support.

Our positive behaviour management and relationship policies reflect a trauma informed approach, and our behaviour strategies are both developmentally and trauma- informed. We do not operate a 'zero tolerance' or 'one size fits all' approach to distressed behaviour, however, we have high expectations of behaviour for all, and support is offered to those having difficulty meeting those expectations. We have a specially trained Trauma and Mental

Health Informed Practitioner to support children who are identified as requiring additional support. This support may be offered in 1:1 session, in class or in small groups. Our aim is to support children to make sense of their experience, find ways to manage their emotions and feelings and ensure that they maintain the capacity to learn, despite difficult events that may happen for them.

Children are identified for additional support by a number of methods. Children do not always present through their behaviour when life is becoming difficult for them, our screening program ensures that no child is missed. The TISuk Practitioner regularly meets with teachers who will discuss any pupils they have any concerns about, Children may be referred by their class teacher or highlighted through a significant change in their behaviour in school or through a parental concern when behaviour changes at home or a significant life event impacts the family. The DSL team will also identify children for further support in their weekly meetings looking at CPOMS where any contextual information/concerns are recorded.

All staff are responsible for adhering to positive practice that promotes a pupil's ability to engage in and access their learning. This is based on the understanding that pupils best achieve, develop and reach their true potential when staff are; fair, flexible, trustworthy, respectful, and model positive relationships. It is the expectation at Abbey Mead Primary Academy that all staff, regardless of role act in this way.

We believe that our parents know their children best and we are committed to working in partnership to identify the best ways of providing support for everyone within school. We aim to develop positive, non-judgmental working alliances with all our parents.

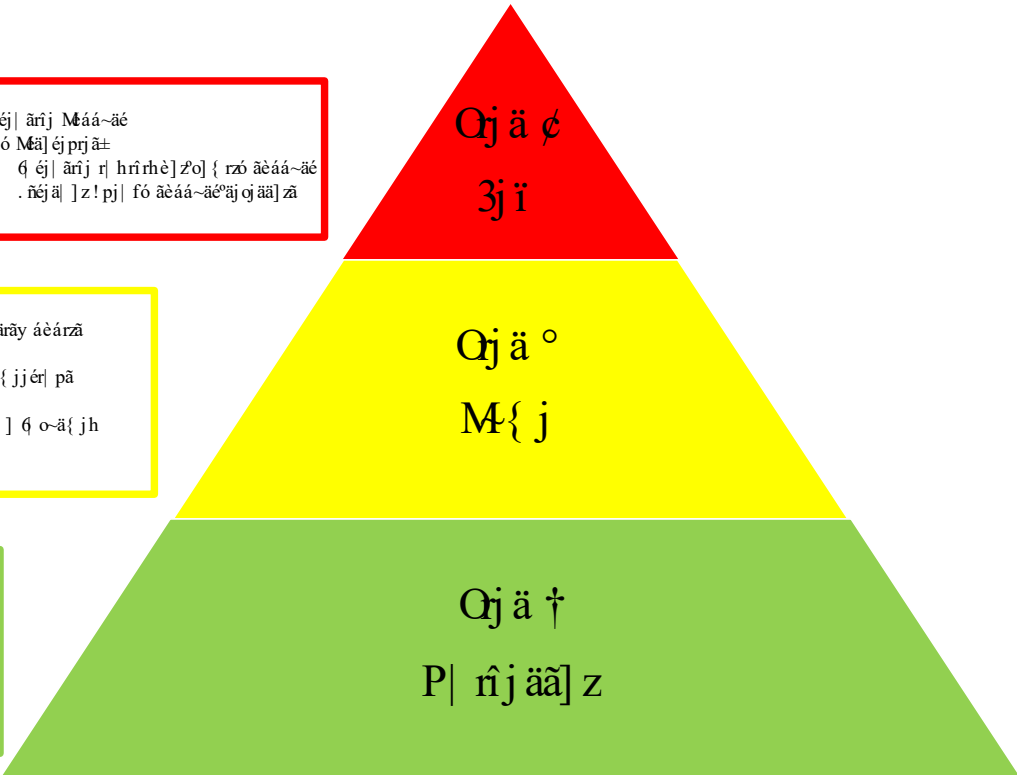
"The ability to form meaningful relationships is fundamental to mental health and happiness. It's the quality of contact we have with other people that is arguably the most important determining factor in our quality of life. We can only truly develop ourselves through relationships with others" (TISUK 2019)

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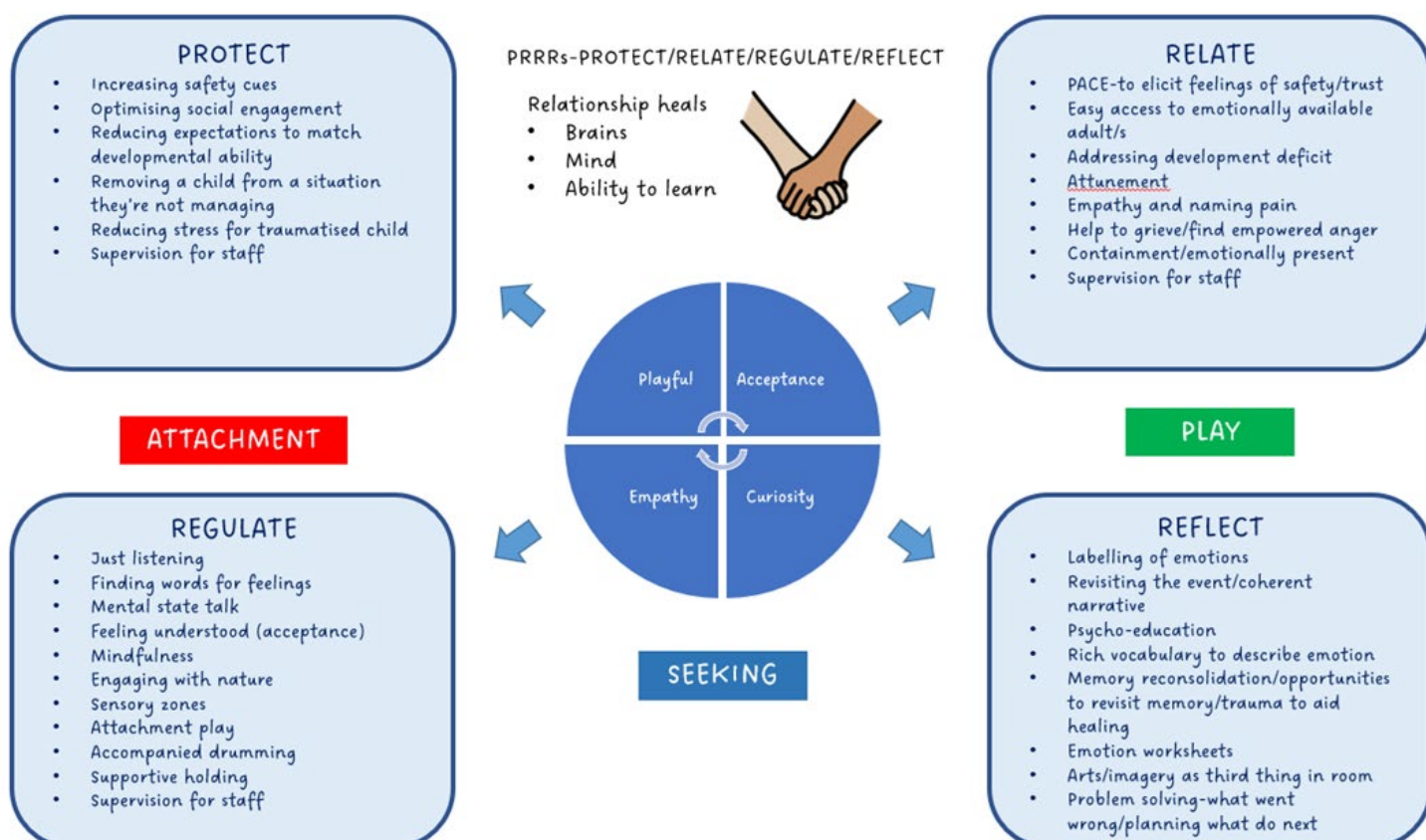


"Just one emotionally available adult in the school, community or home can make all the difference" (TISUK 2019)

Therefore 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 leaders
- School staff and external agencies.

Learning is enhanced by the evidence-based model 'Protect, Relate, Regulate, Reflect' (PRRR) (TISUK, 2020). PRRR prioritizes secure attachments and safe environments ("Protect"); promotes emotional attunement, where the intensity (but not the tone) of emotion is matched, triggering opioid and oxytocin release ("Relate"); supports cognitive and physiological self-regulation ("Regulate"), unblocking goal-directed energy such as motivation, enthusiasm and tenacity; and liberates mental capacity to reflect and integrate new learning ("Reflect").



Our community adopts relational and educational practices which PROTECT, Regulate, Relate , Reflect as follows:

Protect

- Increased 'safety cues' in all aspects of the school day; 'meet and greet' at the classroom door and an open door policy for informal discussions with parents/ carers.
- Staff trained in 'PACE' modes of interaction (Hughes 2015); being warm emphatic, playful and curious (proven to shift children out of flight/fright/freeze positions).
- Staff ensure that interactions with children are socially engaging and not socially defensive, to decrease likelihood of children relating defensively (flight/fright/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. '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 adult 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 child 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 areas with emotionally regulating adults).
- 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 burnout, stress related absence, or leaving the profession through stress-related illness, secondary trauma and/or feeling undervalued, blamed or shamed.

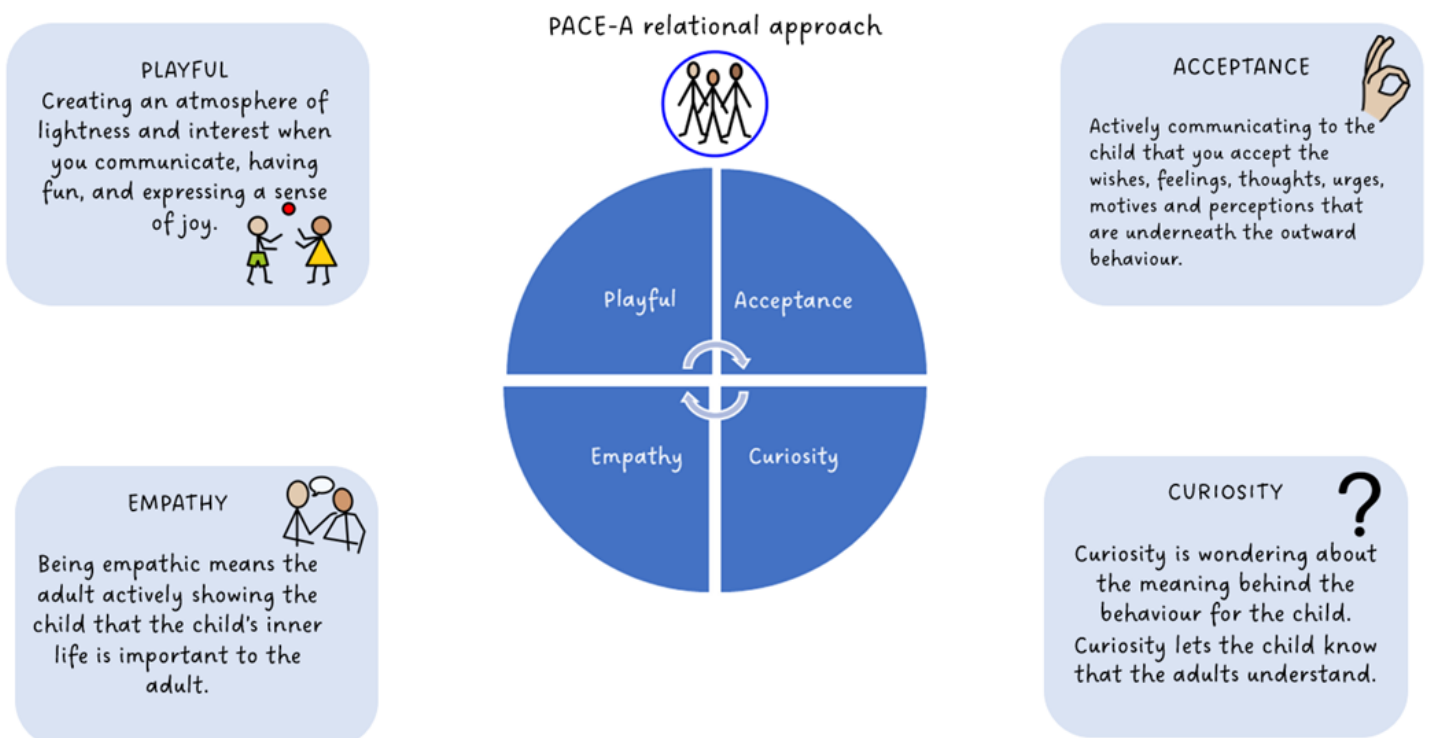
Reflect

- Staff training and 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 meaning 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 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/emotion worksheets/emotion cards.
- PSHE (Personal, Social and Health Education) and psycho education as preventative input, informed by current research psychological 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, to reflecting on those experiences. Staff learn to do this through empathetic conversation, addressing children's negative self-referencing and helping them develop positive, coherent narratives about their lives.
- A behaviour policy based not on punishment, sanctions, resolution and interactive repair (e.g. restorative conversations).

This is then underpinned by the use of **PACE**

We embed the PACE (Play, Acceptance, Curiosity, Empathy) approach originated by Dan Hughes in order to support a child's social engagement system. The development of positive pupil/staff relationships along with effective teaching which recognises individual needs encourages children to behave in appropriate and less challenging ways. **PACE** is a way of thinking, feeling, communicating and behaving that aims to make the child feel safe. It is based upon how parents connect with their very young infants. As with young toddlers, with safety the child can begin to explore. With PACE, the troubled child can start to look at themselves and let others start to see them or get closer emotionally. They can start to trust.



- Appendix 1

Definitions – Glossary

Relational environment	this kind of environment that can provide a safe place for young people to be transparent and vulnerable. As trust between adult and young person grows deeper, this kind of environment encourages accountability and spiritual growth. The aim is to develop close, nurturing individual relationships with the children and facilitate an emotionally safe and secure milieu that fosters an effective and challenging learning environment.
Behaviours that change	Any behaviours that interfere with learning. These behaviours may include non-compliance, passivity, task avoidance, aggression or stereotyped behaviours.
Toxic stress	Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.
Tolerable stress	Tolerable stress activates the body’s alert system to a greater degree and generally occurs within a time-limited period. If it is buffered by supportive caregivers/relationships that assist the person to adapt, this gives the brain an opportunity to recover from potentially damaging effects.
Traumatic stress	Traumatic stress is a normal reaction to a traumatic event such as a natural disaster, motor vehicle accident, plane crash, violent crime, or terrorist attack.
Emotional literacy	Emotional Literacy is the term used to describe the ability to understand and express feelings. Emotional Literacy involves having self-awareness and recognition of one's own feelings and knowing how to manage them, such as the ability to stay calm when angered or to reassure oneself when in doubt.
Self regulation	Self-regulation involves controlling one's behaviour, emotions, and thoughts in the pursuit of long-term goals. More specifically, emotional self-regulation refers to the ability to manage disruptive emotions and impulses.
Executive functions and skills	Executive function is responsible for a number of skills, including: Paying attention. Organizing, planning, and prioritizing. Starting tasks and staying focused on them to completion. Understanding different points of view. Regulating emotions. Self-monitoring (keeping track of what you're doing).
Interventions	Interventions provide students with the support needed to acquire the skills being taught by the educational system and address functional skills, academic, cognitive, behavioural, and social skills that directly affect the child's ability to access an education.
Relational interventions	Intervention that is designed for children who have experienced relationship-based trauma.
Debrief	Debriefing (reviewing an experience) through a structured process aids staff through reflection, by sharing experiences, gathering information, and developing ideas moving forward. Whether things went well or not all involved have likely learned from the experience. By debriefing we can capture lessons learned to ensure better outcomes.
Secondary trauma	Secondary trauma can be incurred when an individual is exposed to people who have been traumatized themselves, disturbing descriptions of traumatic events by a survivor, or others inflicting cruelty on one another.
ACEs	There are three direct and six indirect experiences that have an impact on childhood development. The more adversity a child experiences the more likely it is to impact upon their mental and physical health.

References

- Trauma and Mental Health Informed Schools and Communities Delegate Programme Handbook (TISUK, 2019)
- Behaviour Policy
- Creating Loving Attachments: Parenting with PACE to Nurture Confidence and Security in the Troubled Child (Daniel Hughes, 2015)