

Relationship & Partnership Policy

Written: 6.2.19 Adapted from materials by Trauma Informed Schools UK and Unyte-iLS

Reviewed in line with developments in legislation, theory or practice.

Updated: 06.01.20, 01.09.20, 21.06.21, 26.02.24, 01.07.24

For simplification:

- Child refers to child/young person or young adult (18-25)
- Catherine Stephenson is referred to as **Teacher** but may be providing coaching as part of an intervention agreement with parents/school/agency.
- Parents/Carers or Guardians are referred to as **Parent/s**.
- **School** (refers to any educational agency / LA) commissioning the service or involved by agreement with the Parent client.

Therapeutic Teaching provides:

- ✓ Short-term therapeutic-based education to a maximum of 2 children typically between the ages 7-13 (or into Year 9 if engaged in active reintegration) as part of reintegration to a full/part-time educational setting or as part of support to determine appropriate educational provision. The child/YP must be on roll at a school. Schools can commission this service.
- ✓ Consultations of individual children/YP 4 - 18 to assess needs related to social, emotional and mental health and communication and interaction. Usually commissioned by parents/carers and educational settings for specialist re/assessment with recommendations for provision or as part of determining whether request for statutory assessment/change of provision should be considered.
- ✓ Local authorities can commission The Safe and Sound Protocol (SSP)(Unyte-iLS) as a one-off or annual intervention - as part of an early intervention or Education Other Than At School package;
- ✓ Parents can commission the SSP (with coaching for a specific goal) for a specific child or more members of the family. Coaching to support mental health can be provided online or in-person if local.
- ✓ Sensory integration - following the direction in an Occupational Therapist's report, as would be fulfilled by a support assistant in school. This may be part of SEN Support or part of an EHC Plan.

With the involvement The Safe and Sound Protocol and/or iLS program may be provided, both listening interventions that support improvements in emotional and functional wellness . 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 or DfE registered as such, the practices described below are aimed at the same outcome:

- ✓ promote pro-social skills, understanding of rules, responsibilities and respect towards others;
- ✓ encourage self-awareness, self-care, self-advocacy and assertiveness;
- ✓ deter any control over others e.g. coercive behaviour, bullying;
- ✓ enable conditions that help children and young people to feel safe to learn and connect socially;
- ✓ and which support regulation of their body and behaviour.

Principles and practice

This service and provision aims to support improvements in mental wellbeing so that each child can feel joy in relationships and learning experiences. Parents and Carers are partners in this objective. 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

This requires a commitment from parents/carers to working in partnership with Therapeutic Teaching. **we** refers to those involved in the partnership supporting the child.

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

To this end I am committed to educational practices which support the development of self-regulation and healing of trauma and development of resilience. This is developed through an evidence-based model advocated by Trauma Informed Schools UK (TISUK) and through **co-regulation** in partnership with parents and carers and schools in a Polyvagal Theoretical approach.

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

The Polyvagal Educator uses observation of the child's nervous system in their behaviour and the adult's own responses with self-regulation practices to respond to the child's nervous system and communicate safety cues to the child. If outlined in a service agreement... coaching in this therapeutic communication, is provided to all adults directly involved in the child's everyday care. These practices are integrated into the **PRRR model** below:



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

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

Use strategies from the PACE model of interaction (Hughes, 2015): being warm, empathic, accepting emotions, playful and curious, which are proven to shift children out of 'alarm' states.

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. With parents willingness to collaborate language and strategies are adapted through partnership for consistency between adults and to support new learning and behavioural responses In adults and child.

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.

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. Behavioural limits will be made clear and these boundaries are intended to preserve psychological safety for all involved.



As partners in the child's development during the period of involvement the aim is 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. Rewards or sanctions do not serve to help the child to make better choices; adults are encouraged to communicate and behave in ways that support the child to feel safe first. Where parent and teacher are in a joint role in supporting the child it is essential to work together 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 **Coregulation** to tune into the child and 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 withdrawing, defensive or aggressive behaviour towards others but comes from a place of fear and anxiety in the autonomic drive for survival. This does not excuse behaviour that can offend or hurt others or damage property, however the principal is to understand the source of the behaviour as a stress response in the service of self-protection. This may require the child and the others involved being given space, with some sessions postponed if necessary, to create recovery and reflective time.

When the child is calm and able to socially engage **both** teacher and parent (in collaboration but separately) need to support the child to 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 and this involves a commitment from parents to facilitate and support any reparation with their child. Using declarative statements in a restorative approach, can create a distance for sensitive children and young people to re-consider their actions and the impact on others. Restorative coaching questions support the child to better understand their nervous system so they can make sense of their responses and if necessary make reparation or at least form a healthy narrative

about the event, helping them to move on from the event and minimise shame. Parents will be coached in using these strategies and the expectation is that they use them to the end of supporting this provision.

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 such as The Safe and Sound Protocol, to develop emotional and social literacy linked to a biological understanding of the brain and body (nervous system) that leads 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). With additional consent we may use /coach others in the use of The Safe and Sound Protocol or The Integrated Listening (Focus) System to support the child to regulate better through increased flexibility in the nervous system and improved integration of the brain-body connection.

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 6R's: relational; repetitive; rhythmic; rewarding (fun); relevant (developmentally matched to the individual) and respectful. This may look like communication games, expressive arts, sports and sensory play.

We make every effort to create safe spaces in the learning environment, with the support of the parent, school and others. Where there are barriers beyond this provision's influence that impede the work of this provision, then it may be necessary to postpone or conclude the involvement.



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.

We use observations of nervous system responses and adaptations to better understand the way the person interacts in pursuit of felt safety. The **observation guide** (*provided separately to this document*) is used actively to understand the child's unique protective states and actions.

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 parents and school staff to develop greater understanding and own parenting/teaching resources that support a child's nervous system to respond more consistently to safety cues from them and facilitate growth in resilience.

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, on a regular basis, 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, session fees reflect the cost of liaison time. Liaison Time (provided in addition to session time) is no more than 50 % of total session time. Teacher and parents will liaise on a regular basis (at least once per week) to reflect and determine next steps within this Liaison Time. It is the parent's responsibility to engage with and respect the boundaries of this Liaison Time.

Important: Consistency and a joined-up approach is fundamental to the outcomes of improved well-being and engagement with educational provision for the child. If teacher and parents cannot agree on an aspect of the consistency of support for the child then a meeting will be called with the school/LA involved to support mediation and going forward. If no school is involved then either teacher or parent client is at liberty to give notice on the agreement with mutual respect for differences of opinion.

Interventions:

The PACE model and Polyvagal Co-regulation for parents/carers are the main resources coached to other adults involved. Parents and school staff are invited to make use of videos, online training and recommended parenting/sensory integration courses to support positive outcomes in partnership. These are strategies that support the parent-child and child-others relationships but are also the mainstay of the engagement strategies that support teaching and learning.

Observation guides or **Coregulation Analysis** (provided separately to this document) are facilitated to coach adults supporting the child to agree on consistent language and adult behaviours that support the child. This is a no-blame approach and solution-focussed.

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 local CAMHS 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 involved or 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

This document can be downloaded and printed. Distributing this document or parts of it in publications or presentations is NOT permitted without prior consent of the author. This restriction also applies to customised versions of this document.

Disclaimer: interpretation of this document is entirely at the expense and risk of the user and is solely for the purpose of the service provided by Therapeutic Teaching. The author does not accept any liability for the consequences of improper, unethical or incompetent use.

This policy requires knowledge of the nervous system through coaching provided. The expectations are that an agreement to supporting this policy equates to enacting it in practice.

See <https://therapeuticteaching.uk/training/> for information.