



**PEOPLE (CHILDREN'S SERVICES)**  
**DEVON HOSPITALS SHORT STAY SCHOOL**  
**THRIVE POLICY**

**Aims**

Through the Thrive approach, we endeavour to ensure that:

- All children flourish.
- We are constantly alert to children's well-being.
- We find effective ways to support our most vulnerable and troubled children to help them be more engaged, confident and able to make progress.

**What is Thrive?**

Thrive is an assessment and reparative intervention strategy that uses specifically designed experiences, activities and approaches to repair and enhance the emotional development of the brain.

**Thrive for all pupils**

At the DHSSS we recognise that, as a result of their admission to hospital, many of our pupils may be in an emotionally vulnerable condition. They may not yet be ready or able to learn, as their stress management, emotional regulation and seeking/exploring systems may have been thrown back to an earlier developmental stage. This could result in a temporary inability to settle, feel safe, concentrate, be curious or be willing to work. To enable them to engage effectively with learning, it may be necessary to address their immediate emotional needs before embarking on curriculum focussed activities. In order to do this, staff may consciously adopt the principles and practices of the Thrive Approach although many of these are already embedded in our daily provision. If children have been emotionally thrown off track, either temporarily or over longer periods, Thrive can help us understand the needs being signalled by their behaviour and gives us targeted strategies and activities to help them re-engage.

## The Development of the brain

Thrive identifies 6 developmental building blocks of healthy brain development:

- **Being** 0 – 6 months
- **Doing** 6 – 18 months
- **Thinking** 18 months – 3 years
- **Power and Identity** 3 – 7 years
- **Skills and Structure** 7 – 11 years
- **Separation and Sexuality** 11 – 18 years

Although most pupils attending the DHSSS will fall into 4 – 18 years age bracket (4 – 25 for pupils with SEN), some may be operating within the 0 – 3 years strands of development and may need a carefully planned and implemented approach in order for them to successfully engage in learning. When a child's life is interrupted by fear or anxiety, his thinking brain will be disengaged as how we feel is closely linked to how we behave and emotions are key to the learning process.

For pupils who are operating within the:

- **Being** stage of development (physiological), the key foci are: safety; having needs met and being special. The adult takes the role of regulator/container.
- **Doing** stage of development (relational/emotional), the key foci are: exploring safely; knowing body limits; experiencing doing and learning about options. The adult takes the role of co-adventurer.
- **Thinking** stage of development (cognitive), the key foci are: thinking about feelings; problem solving; learning about cause and effect and expressing a view. The adult takes the role of co-creator of meaning.

## The Vital Relational Functions (VRFs)

In all interactions with pupils, staff endeavour to use the VRFs outlined in the Thrive Approach. These are drawn from the teachings and findings of leading commentators on emotional, psychological and child development (Sunderland, Kohut, Stern). These skills provide a relational basis for a child's emotional, social and neurological development. They are:

- **Attunement** – demonstrating an understanding of how they are feeling by “catching and matching” their emotional state.
- **Validation** – demonstrating that their feelings are real and justified.
- **Containment** – Offering their feelings back to them, named and in small pieces.
- **Soothing** – Soothing and calming their distress repeatedly.
- **Regulation** – Communicating the capacity to regulate emotional states by modelling how to do it.

The provision of emotional containment by the adult who is working closely and regularly with the child, is a significant contributing factor to the child's developing capacity to contain and regulate his/her own emotions.

The relationship between a child and a significant adult can be an under-recognised and under-used resource so, by using Thrive, this relationship is enhanced. It can help a child get ready to learn and enhance their learning, build positive relationships between a child and their peers and it can improve attainment.

### **Thrive On-Line Resources**

One staff member at each site has completed the Thrive Primary training and is a licenced Thrive Practitioner.

RDE: Vanessa Fortune

NDDH: Elaine McIntosh

At each site, staff have access to a range of Thrive activities and strategies to use with each child as appropriate to individual need. Interventions and outcomes are recorded within the pupils' individual planning and assessment files.

### **Thrive Assessment**

Although the trained Thrive Practitioners are licenced to use the Thrive Online Assessment tools, it will rarely be appropriate for a formal assessment to be completed on any pupil. The relatively short length of stay and the unique nature of the hospital situation would make an in depth formal assessment, and the formation of a structured action plan, meaningless.

However, as part of our liaison with home schools, parents/carers and other agencies, we will ascertain whether a pupil is already on a Thrive Action Plan, discuss their level of need and what could be done to support him/her in the hospital setting. Information regarding progress towards targets specified in the pupil's action plan would then be relayed back to the home school, parents/carers and other agencies as part of the usual reporting process.