

## Guidance Notes

Prepared by Thrive in response to the Department for Education / BAAF paper entitled

### Pupil Premium for Adopted Children Case Studies

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#### Key points from the report and case study 1

**The Pupil Premium provides schools in England with additional funding to help them raise the attainment of disadvantaged children and close the gap with their peers. It is paid to schools in respect of children from Reception to Year 11. In April 2014 the Pupil Premium was extended to include children adopted from care on or before 30 December 2005.**

**The Government extended the Premium in recognition of the trauma and loss many adopted children have experienced early in their lives. It stated:**

- ***... teachers and schools have a vital role to play in helping these children emotionally, socially and educationally by providing specific support, to raise their attainment and address their wider needs'***

The Thrive Approach is a developmental approach to emotional health and wellbeing. Adults in schools, parents and carers and professionals within support services are trained to identify gaps in emotional development that become apparent through the child's behaviour or missing social skills. A focused assessment then pinpoints the relational, play and environmental experiences that will address the missed learning. Thrive training equips any adult who is working with a child with unmet developmental needs to be able to provide the necessary experiences so that the child's ability to regulate their emotions improves. Their resilience, resourcefulness and readiness to learn also improves as does their ability to relate to peers and adults.

The Pupil Premium for one child (£1900 at the time of the BAAF report) is sufficient to cover a licence for Thrive-Online for the whole school and /or training for a member of staff to become a Licensed Practitioner.

- **Case Study 1 Luke 11 years old, in Year 7. History of chronic neglect and the witnessing of domestic violence during the first two and a half years of life in his birth family. When he was two-and-a-half a younger sibling died in an accident which was attributed in part to his parents' alcohol abuse and drug taking. After being removed from his birth family he then experienced multiple foster placements before being placed for adoption at the age of five.**

The Thrive Approach and Thrive-Online (TOL) provide guidance and strategies to support individual children with specific needs through individual assessment and action planning on TOL.

Thrive Licensed Practitioner training builds understanding and capacity within staff groups, enabling them to address the emotional needs/development of key children in school.

Luke's personal experiences in his birth family will have had an impact on Luke's emotional and social development. The Thrive Approach offers a model for understanding brain development in the early years. It identifies the ways in which gaps in emotional learning can be addressed within the security of positive significant relationships. The 1:1 strategies and activities that are suggested are directly matched to any identified (as yet) un-met developmental needs. Adoptive parents can use these simple, practical strategies in their daily contact with their children. This can complement the approach taken by the Thrive Licensed practitioner in school.

**Luke's adoptive parents were invited to meet with school staff to explore**

Thrive-Online is a consent-based assessment tool that requires parents to give permission before an assessment is carried out. The

<p>ways the pupil premium could be spent</p>	<p>practitioner training places an emphasis on engaging parents actively in the process and supporting them through Home Activities plans where appropriate and possible. In addition to this, 'Thrive At Home for Adoptive Parents and Long-Term Foster Carers' and 'Family Thrive' are programmes that have been developed to work directly with parents. School staff members are also supported through the Talking to Parents Continuous Professional Development (CPD) course.</p>
<ul style="list-style-type: none"> <li><b>Key Points about Luke:</b> A history of anxiety, traits of Attention Deficit Disorder at age 9; issues related to executive functioning, difficulties with working memory, planning and organising, moving from one activity to another, and initiating new tasks on his own</li> </ul>	<p>There will always be children with complex needs who require more specialist support. Thrive can help ensure that school staff are able to do all they can to address these needs before requiring a specialist referral.</p> <p>Thrive's development of training for Education, Social Care and Health Professionals contributes towards a common language and understanding across professions.</p>
<ul style="list-style-type: none"> <li><b>Luke is immature in his behaviour and expressing his emotions. He finds transitions within school extremely difficult and needs to be well prepared for and supported through, any changes. In class he often fidgets and occasionally shouts out He has difficulties with his peer relationships but has two or three good friends who 'accept him for what he is' and 'stick with him.'</b></li> </ul>	<p>Thrive-Online (TOL) offers two routes to individual assessment, either through any behaviours that cause concern or through the child's current level of emotional and social skills. Luke's behaviours would indicate a need to reshape his emotional regulation system using suggested strategies to address his early development gaps in learning. Within the safety of consistent, contained, positive and significant relationships with his adoptive parents and identified trained Thrive staff, the Thrive-Online Action Plan would suggest both 'ways to be' with Luke as well as 'things to do' with him that would help to reshape his brain and body for emotional regulation.</p>
<ul style="list-style-type: none"> <li><b>The school worked on a Pupil Profile and a Provision Plan that included Luke, his teachers and adoptive parents in various assessments. The Provision Plan included 'A Toolkit for Teachers' CD Rom by Family Futures, 'Jungle Memory', a memory development application and 'Friends For Life', a CBT based programme.</b></li> </ul>	<p>Thrive action plans use the moment by moment contact that is available during the ordinary teaching day to enhance and supplement the child's relational experiences. Specific interventions support the child to feel safe, know they are valued and to experience having their survival, practical needs anticipated and met. This rebuilds the basic physiological regulation systems in the brain, developing vagal tone and helping the child to manage anxiety differently. In addition, specific strategies build confidence in relationship building, managing change and cognitive management of stress.</p>
<ul style="list-style-type: none"> <li><b>Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem</b> and involve their parents and the pupil in considering why they behave in certain ways.</li> </ul>	<p>The SDQ is a useful tool to measure concerns regarding a child or young person's mental health. However, Thrive assessments are much more detailed and specific. They include an action planning function which suggests activities which can be used immediately, while helping LP's to interpret behaviour as communication. They could be used as a next step once the SDQ has identified particular difficulties for a child/young person (YP), or perhaps more usefully from the onset of concern.</p>
<ul style="list-style-type: none"> <li><b>There are things that schools can do – including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience,</b></li> </ul>	<p>Thrive specifically addresses whole school approaches to children's emotional wellbeing and development. It can be used from babies to adulthood, so covers the whole educational age range. It absolutely supports and enhances Prevention, Early Identification and Intervention strategies. It also works in</p>

before serious mental health problems occur.	partnership with parents, the importance of which is emphasised throughout this guidance.
<p><b>There are national organisations offering materials, help and advice. Schools should look at what provision is available locally</b> to help them promote mental health and intervene early to support pupils experiencing difficulties. Help and information about evidence-based approaches is available from a range of sources.</p>	<p>Thrive is a national organisation which responds to need at a local and personalised level. The Thrive Approach integrates findings from the neuroscience of emotional development; child attachment theory; child development models and the role of creativity and the arts in emotional development.</p> <p>Further information on the Thrive Approach Research and Evidence Base, which includes empirical data evaluating its success within schools, is available here:  <a href="http://www.thriveapproach.co.uk/a/api/resource-file/?resource_id=273">www.thriveapproach.co.uk/a/api/resource-file/?resource_id=273</a></p>

## References

Rutter, M (1985) *Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder*. British Journal of Psychiatry. Vol. 147, pp. 598-611