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September 2023

Dear Parent

Headteacher - Patrick Earnshaw Deputy Headteacher - Mathew Downs

At Highcliffe School we recognise the importance of being able to offer students support with social and emotional issues and the difficulties that young people have managing their well-being. As the schools Emotional Literacy Support Assistant (ELSA) I am fully trained to support and help students with difficulties which may include behaviour, anxiety, anger, self-esteem, social communication and interaction.

Part of the work also includes running group sessions to help students with their social communication, interaction with others, confidence and self-esteem.

As part of our next Confidence and self-esteem session your child has been given the opportunity to engage with this intervention through 'The Thrive Project' along with other students in this year group.

The support would be for one hour a week, in a group session, for a seven-week period beginning Monday 2nd October 2023 and would be held during curriculum time. We try to ensure the minimal disruption to personal timetables.

I enclose a leaflet giving details of ELSA work along with a leaflet explaining the work of the Thrive Project including a letter with consent form. I would also ask you to return the permission forms enclosed.

Please contact me if you require any further information, or if you think there is anything it would be helpful for us to know, before the sessions begin.

Yours sincerely

Mrs Browning

E.L.S.A.

Emotional Literacy Support Assistant

















Email: anne@shineproject.org.uk Website: www.shineproject.org.uk Mobile: 07780 604 643 34 Headswell Crescent, Bournemouth, Dorset BH10 6LH Charity Number: 1118173

September 2023

Dear Parents/Carers,

The Thrive Initiative's aim is to have every young person aged 11-14 who attends develop and maintain good physical and mental health, providing a firm foundation with which to achieve a successful and happy future. Thrive is part of The Shine Project charity.

I am writing to tell you that your child has been given the opportunity to attend our free 7-week Thrive course, running in partnership with Highcliffe School, every Monday at 10am starting Monday 2nd October 2023. A Thrive member of staff and volunteer will be running each session; both have DBS clearance to work with children.

The Thrive Course

Through the provision of a 7-week course, Thrive provides young people the opportunity to explore subjects closely related to their physical and mental health, in small groups of up to 12 people.

The course covers areas in building self-acceptance and identifying and celebrating healthy masculinity, understanding mental health, gaming and social media usage, grooming online and in person for the purpose of both CSE and county lines, healthy relationships, positive communication, respect for self and others, managing strong emotions, bullying, addiction, healthy eating, the benefits of exercise, identifying personal core values and aspirations. Each session is between 1 to 1 and 1/2 hours and includes practical activities helping to build friendships, embed the knowledge build healthy coping mechanisms and developing emotional resilience. At the end of the course, we take the students out for a meal or activity to celebrate completing the course and encourage the development of new friendships – all of which is free.

The Outcomes

The Shine Project charity has been running for 16 years and delivering the Thrive Initiative for 2 years. We can evidence that students who attend Thrive:

- Build self-awareness.
- Improve their knowledge and implement healthy habits around food and exercise.
- Recognise their core values.
- Build new friendships and reduce loneliness.
- Improve communication skills and relationship management.
- Develop a tool kit to build their emotional resilience.
- Increase confidence and happiness.
- Grow a positive outlook for their future.

Student Questionnaires

The Thrive students will be asked to complete a questionnaire 3 times over the 7-week programme, these will either be emailed or completed in session. With both of your permission, this data will be used to help map your young person's journey and create an action plan for their further development post Thrive.

Please feel free to contact me if you would like any more information. I look forward to hearing from your shortly.

Kind Regards,

Anne Clarkson, Operations Manager



Parental

Full name of young person			
Date of birth			
Address			
Details of any regular medication / medical			
problem (e.g. asthma, diabetes, dietary needs			
etc.) or disability:			
Please state any known allergies your child has			
including cosmetic products:			
Please answer the following q	juestions with a Ye	s or No in the box provided	
I am happy for my child to apply shaving products:		•	
I give permission for photos to be taken of my child within Thrive. I understand these photos will be			
used to raise publicity, and for other features which	h the management	team consider appropriate:	
In an emergency and / or if I am not contactable, I a	am willing for my cl	nild to receive necessary hospital	
or dental treatment including anesthetic:			
By returning this completed form by email or as a had to take part in the activities in Thrive and that the reschool to support any further development post Thr control and care of the group leader and / or other at the group will take all reasonable care of the childre injury suffered by my child during, or as a result of, the support of the childre injury suffered by my child during, or as a result of, the support of the childre injury suffered by my child during, or as a result of, the support of the childre injury suffered by my child during, or as a result of, the support of the children injury suffered by my child during, or as a result of, the support of the children injury suffered by my child during, or as a result of, the support of the children injury suffered by my child during, or as a result of, the support of the children injury suffered by my child during, or as a result of the support of the children injury suffered by my child during, or as a result of the support of the children injury suffered by my child during, or as a result of the support of the children injury suffered by my child during the support of t	sults from the well ive. I understand the adults approved by n, they cannot nece	being questionnaire will be shared wat while involved my child will be used. Thrive and that, whilst the leaders it essarily be responsible for any loss,	with the nder the in charge of damage or
participate fully in all activities.			
Privacy Notice At The Thrive Project we respect the privacy of those using our sonly to safeguard, maintain our service to your child, communic further information http://shineproject.org.uk/gdpr-policy			
Name of parent / guardian (please print and sign)			
Date			
Parent Contact Number			
Parent Email Address			



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Shine 34 Headswell Crescent, Bournemouth, Dorset BH10 6LH

Charity Number: 1118173

Student Consent

Thrive is a wellbeing course that we are offering to 12 young people in your school this term. The Thrive Initiative provides you with the opportunity to explore subjects closely related to your physical and mental health. The course covers areas in self-acceptance, understanding mental health, gaming and social media usage, healthy relationships, positive communication, respect, managing strong emotions, bullying, healthy eating, the benefits of exercise and identifying skills, talents, and aspirations. Each session is between 1 to 1 and 1/2 hours and includes practical activities ranging from team building activities, self-care, role play, arts and crafts, mindfulness and exercise classes and finishes with a meal out at a local restaurant. During the course we ask you complete a questionnaire 3 times and using this information The Shine Project will map your wellbeing journey throughout the 8 weeks. This information will then be passed on to your school/organisation to help you moving forward.

If you have been offered one of the limited places – please return this form to a member of the Thrive team in the first session, which gives your consent and commitment to participate in Thrive and for the questionnaire information to be shared with your school/organisation. If you have any further questions, please ask a member of the Thrive Team during the first session.

Full Name of Young person
I agree to attend the 7 week Thrive course and to participate to the best of my abilities in the activities and discussion. I agree to be respectful towards the leaders and other members of the Thrive group at all times.
Signed
Date

Privacy Notice

At The Thrive Project we respect the privacy of those using our services. The personal information that we collect about you and your child is used only to safeguard, maintain our service to your child, communicate with you effectively and measure outcomes. Our legal basis for processing the personal information relating to your child is protecting your vital interests and necessary for the legitimate interests of the Thrive Project to run the course effectively. Please refer to our GDPR policy for further information http://shineproject.org.uk/gdpr-policy/