



Equipt Therapy Service – Statement of Purpose

September 2022

Introduction

Since 2015 we have been providing a service to schools, social care and post adoption therapeutic support by providing Therapists to work with children identified as having emotional and mental health difficulties. This could be as a result of their difficult early lives with severe neglect, developmental trauma for example, or for children who have behavioural or emotional needs from loss, family difficulties etc. These pieces of work are usually funded by local authorities, Adoption Support Fund (ASF) schools or private families. In addition, and more recently we have found that there are some children and families who cannot access funding through typical channels and therefore have therapeutic needs that are unmet so set up a not for profit Community Interest Company called, Equipt Therapeutic Service Yorkshire & Humberside CIC.

Sandra and Suzanne have been children's play therapists since graduating in 2009, working with children and families in different settings and feel today the same passion for providing good quality therapy to help children reach their full potential. Together as therapists we noticed the enormous need in our area for creative therapies and focussed our efforts on building a team of therapists to meet this need.

Since we started Equipt Therapeutic Services it has grown in numbers and strength and we are continually striving to improve our service and the provision for children and their families. From May 2015 the Department for Education set aside money in what is called the Adoption Support Fund (ASF) that became available nationally. This was established because many families need some kind of support following adoption and some have struggled to get the help they need in the past and we both registered as individual therapists and more recently, we have proudly achieved registration to their Providers list for Equipt Therapeutic Service Limited.

As a company we have set out our aims, objectives and values and created a Statement of Purpose which demonstrates how we set out to meet our priorities and achieve the outcomes we have set, including the services we offer and the systems we use to maintain a high quality of support for our children, young people, and families. This will be our first formal Statement of Purpose however it mirrors the principles and values we set out when we first set up Equipt Therapy Services; the desire to provide excellent therapy for children.

Our Provision

We are based in Barnsley and have a therapy unit close to the town centre, within easy travelling distance to public transport and has parking facilities for car drivers.

We currently have 13 qualified and experienced Art & Play Therapists and an Integrative Counsellor and Admin assistant.

We provide a local and comprehensive therapeutic provision across South Yorkshire having contracts with Barnsley, Rotherham and Doncaster local Authorities and schools across South Yorkshire and North Yorkshire areas.

There is an increased need for mental health services to be accessible to children and families and many children and families can find themselves without the support they need. We have added to our provision and become a Community Interest Company to meet that needs of children and families who are not able to access statutory, school funding or are unable to pay for this themselves.

Our therapists are experienced, trained, and registered therapists with a proven track record of working affectively with children who have experienced neglect, trauma, attachment, loss and related mental health issues, through therapeutic support.

We work holistically and systemically with children, adolescents, parents, carers, schools, professionals, and support networks to improve the mental health of young people. We are passionate about making a long-term difference.

eQuiPT stands for Quality in Psychological Therapies and aims to help and support children, individuals, families, professionals, and groups to increase and improve their understanding of emotional mental health difficulties, provide one to one and group based interventions for children struggling with their emotional mental health difficulties.

Business Registration

Equipt Therapeutic Services has been running since it was set up as a Partnership business in 2015. Since this time, it has grown and developed and registered as a limited Company in **7th February 2022**, the Company Number is **13897545**.

Our Registered Office and Therapy unit is
Churchfield Court
Barnsley
S70 2JT

We also have a Community Interest Company that was formed in May 2022 and the same accountant does the accounts for both businesses.

Financial Organisation

Suzanne & Sandra have equal responsibility for managing the businesses finances. We have spreadsheet to record each session that takes place. We have Service Level Agreement that we use with schools and we the Call off Contract in place for Adoption work.

We have an Accountant to complete the annual finances and reports to HMRC

Our Experience

We are Suzanne and Sandra, both who are the therapists behind eQuiPT Therapeutic Service. We have a wealth of experience of working with children and families and are passionate about supporting them. We have been Play and Filial Therapists for over 12 years and are committed to helping children who struggle with emotional, social and behavioural difficulties.

Suzanne has had experience of managing a provision previously as a Senior manager at Derbyshire County Council managing a team of Literacy Co-ordinators, has worked in a secondary school as a lead of Literacy support across the school as part of the Literacy Across the Curriculum program. Suzanne has also managed the Targeted Mental Health in Schools Project in Huddersfield whilst working at CAHMS. These roles have involved leading and managing projects and staff to provide a service to young people.

Sandra has had experience of setting up and leading a bereavement support service for FSU, now called Family Action in Barnsley prior to training in Play Therapy at York University. Sandra has also led a therapy team for Barnsley Education Authority and was based at Springwell Community School in this role. She has also worked in a multi-disciplinary team for tier-4 CAMHS to assess children's attachment and trauma needs. She has run her own successful therapy business for the majority of being qualified as a therapist and has an excellent reputation across local authorities. Sandra continues to develop her knowledge in assessment skills and successfully trained as a CAPA (Child Attachment and Play Assessment) coder. She has also trained in the MIM (Marshack Intervention Method). Sandra leads the team by example, expecting quality therapeutic work, ensuring families are welcomed into the unit and by continuing to learn and develop professionally.

All of our therapists are fully qualified and experienced Art and Play Therapists plus we have a highly experienced counsellor and a trained support worker. We are upskilling new therapists as part of our focus on having only the best therapists by supervising a student Play Therapist and a student Art Therapist. Aside from the therapists' primary qualifications they have continued in their professional development adding to their skill bases. We as an organisation also seek to provide quality professional development training such as our recent Sandstory training. We have organised for Filial Therapy trainers to train new Play Therapists in Filial Therapy in the autumn. Our therapists have a background of working with a wide range of families and in various settings. We provide therapy for Adopted, Looked After, Special Guardianship and birth families and work both at our unit as a base but also in local schools and try to accommodate the right setting to suit the child. We have experience of working with Local Authorities, Schools, CAHMS and for private families.

Our experience of delivering therapeutic interventions include; Play, Art and Filial Therapy, Sandstory Therapy, Therapeutic Life Story, Animal Assisted Play Therapy, EMDR, Autplay and Counselling. We also are able to complete a range of therapeutic assessments including , Attachment Style Interview, CAPA, MIM, ADOS as well as more quantitative assessments such as Strengths and Difficulties Questionnaire, the Parental Stress Index and Ages and Stages Questionnaire. All of these are used to better understand the difficulties the child faces and decide on the best therapeutic intervention for them.

We have a good understanding of the difficulties facing children who have experienced some or all of these early experiences. Sometimes children's behaviours may appear difficult to understand but when viewed through the lens of their early experiences it becomes clearer. We are skilled in helping their adopted families understand this and give them the skills to support, contain and manage their child.

AIMS

We have a passion to make long term changes and aim to relieve the mental and emotional stress of all children, young people and families. Our support is based within the Yorkshire and Humber communities.

Our aim is to support families from our local communities, who may have experienced traumatic events including developmental trauma, attachment, loss, bereavement and other mental health distress. We aim to improve the life chances and relationships for long term well-being. We have set up our Company to focus on providing families with access to the very best therapeutic support.

In our work with families and feedback from other professionals we have identified a number of gaps in mental health provision that we are also aiming to fill:

- Long waiting lists for CAMHS
- The level of need having to be higher before being seen
- Travelling to appointments in unfamiliar settings
- Lack of suitably qualified therapists to provide creative based interventions
- Lack of early intervention and longer term support
- Lack of Creative and Play based interventions
- Lack of funding for mental health support aimed at Looked After Children

Our Objectives

- To provide individual and group therapy to children, adolescents' and adults who have experienced traumatic events such as developmental trauma, attachment, and other mental health distress.
- To use creative therapies that help children and young people to access therapy
- To provide family based Interventions for children who are experienced attachment, trauma, or other mental health distress
- To provide therapy for under-represented groups and those unable to access funded therapeutic work such as children with special needs, looked after children and kinship care (where they do not meet the ASF funding criteria)
- To be able to provide therapy in a timely manner without long waiting times and when families need it
- To provide therapy in a neutral setting that is warm, friendly and welcoming to both children and their families

Our Values and Principles

- To provide excellent therapeutic Interventions
- To keep the best interest of children and young people at the centre of all our work
- The child's experience, safety and needs at the centre of everything we do

- The wishes and feelings of children are important to us and we include children's feedback to us both in the therapy session, at reviews and end of therapy and also have a freely available feedback/comment/complain sheet they can complete
- We are committed to safeguarding and promoting the welfare of children, young people and their families
- To ensure our therapists are the best they can be by recruiting the right people who have had excellent training, gaining appropriate qualifications, and are registered with a professional body that ensures they follow high quality principles
- To ensure our therapists are up to date with relevant training and professional development
- We provide training that can enhance the skills of Therapists such as Sand Story Training
- All the therapists working at the therapy unit have been trained in first aid and the use of the defibrillator, that we purchased for the unit
- We encourage Therapists to share good practice
- To continually improve the services, we offer by listening to our communities through the use of surveys, evaluations and feedback from parents, carers, young people and professionals
- To work together as a team to promote and provide high quality therapy for children and young people
- Providing a value for money service for authorities
- To work in partnership with professionals to provide a high quality service and to ensure we deliver the best outcomes for children
- Seeking and providing funding for families to access therapy

Core Competencies that our therapists adhere to are:

- **Empathy**
To empathise with the emotional and psychological expressions, experiences and needs of clients and significant others
- **Sincerity**
Commitment to being sincere and genuine to self and others
- **Honesty**
To act truthfully and with integrity towards self and others
- **Respect**
To acknowledge and show acceptance towards other people's understanding, experiences and abilities
- **Ethical**
To be committed to ethical practice and able to comply with the ethical code and values defined by the British Association of Play therapists;
- **Knowledgeable**
To be able to apply knowledge, evidence and experience critically
- **Self-Awareness**
To assess, review and consider own competencies, strengths and weaknesses as a Play Therapist
- **Self-Responsibility**
To operate and practise efficiently within own level of competencies
- **Congruence**
To be authentic and genuine in conduct with clients and significant others
- **Compassion**
To be emotionally warm, caring and concerned towards others

- **Critical** **Reflection**
To critically reflect upon the emotional, social and psychological world of clients, significant others and the Self and to integrate reflection into practice
- **Commitment to personal development**
To continue professional development as a play therapist in a responsible and effective manner
To be reflexive, to integrate personal insights into future practice, to continue personal development in a responsible and effective manner

Monitoring and Quality Assurance

- We monitor the referrals made for therapy to ensure we match the best Therapist and Therapeutic Intervention to the child's, young person's needs and risk assess these
- We take account of the best day and time that will best support the family's needs
- We aim to respond to referrals and enquiries within 48 hours during normal working hours
- We have a paperwork trail that covers the whole of the Therapeutic provision and ensure Therapist follow this
- We ensure our therapists all have the necessary qualifications and updates for training; including Safeguarding and First Aid using an online system that highlights when things are due
- The outcomes for children and young people are measured by initial outcomes set at the start of therapy and revisited at Reviews and end of therapy, the use of assessments such as PSI and SDQ's and the feedback from parents, professionals and young people.
- Case Management sessions are held with staff 3 times a year to ensure paperwork is completed and therapy is making progress
- We aim to be as paper free as possible so provide a secure One Drive system for storage and completion of all paperwork and accessed only by our Therapists
- To support the provision of the service by utilising an efficient and effective administrative system and keeping personal data safe in accordance with the Data Protection Legislation.
- Keeping and maintaining a fit and safe premise for the provision of the service

Record Keeping/GDPR/Security

As much as possible we have all our records in a paper free format, using One Drive and staff understand the importance of keeping this information safe and secure. We have Case Management sessions with each member of staff to ensure the necessary paperwork is being completed. Therapists use a Therapy Checklist and agreement for GDPR that they each sign.

We have a Cyber Security Policy which informs staff how to:

- Protect devices

- Keep emails safe
- manage passwords
- Transfer data securely

All staff have to be registered annually with the ICO office.

As a management we attended GDPR training early in 2018 and this training has guided our policies and practices. As an organisation we follow GDPR regulations, we have Cyber Security and Privacy Policies that are shared with staff both by providing the written policy and address at Team meetings, each of our therapists sign an agreement to follow GDPR guidelines in their work for us. We aim to have as few hard copies of documents as possible, but any that we do have are stored in lockable filing cabinet inside two further locked rooms. Therapists do not carry any hard copies of information outside of the unit, when they work at an external setting, they complete their notes etc back at the therapy unit or online at home. The information we store and back up electronically are: - Referral Forms, Case Notes, Reports, Meetings & Appointments, Spreadsheets for managing budget & numbers of sessions, emails, contact information. All are kept on Microsoft 365 and use One Drive that we have bought exclusively for equipt. One drive has transport layer security (TLS) encryption. One Drive backs up our data automatically at least every 10 minutes or whenever there is activity and as part of our admin's quality processes, we back up the office computer every week. We do not have a network for files to be shared on. The office computer is stored in a locked office within the locked Therapy unit. We have in our Cyber Security Policy guidance for staff to follow regarding use of their personal laptops and mobile phones.

The Process

Prior to working with a family, we liaise with the Social Worker to establish the family's needs and they complete our referral form, we discuss outcomes, and we have a consultation with the social worker and parents to establish the outcomes. Review meetings are held every 4-6 sessions to monitor the outcomes. If things are not going to the plan the assigned therapist communicates with the family and social worker to find out why and what else we could do. If it becomes apparent that carers/parents/children are not making progress, we arrange a review meeting sooner than planned.

Our referral form captures as much early history, reasons why removed from birth family (if an adoption case), health issues and current presenting difficulties as well as hoped for outcomes for parents and child or young person.

At the start of each intervention an Introductory/planning meeting is held with the family and social worker in which we look at the outcomes for the child and family and plan the intervention. In this meeting we set realistic timescales and plan the review sessions. It is important at the outcome stage that we set realistic and measurable outcomes. Sometimes we use a scaling activity to do this eg (1-10) or maybe we ask how many times something is happening, so we have something to use as a baseline and compare in future discussions.

We try to provide information about all stages of the work verbally and in written format with information about the therapeutic approach and processes, eg Play Therapy and/or Filial Therapy and Art Therapy. We have introduction leaflets that explain the process, information about confidentiality and complaints. We also have a consent form and a privacy statement sheet. Our therapist will talk through each of these to explain the process of

the therapy including roles and responsibilities for them, e.g. that they turn up to appointments on time and for the therapist.

In Parent Consultations and Review Meetings the therapist will recap at the end of the session what has been covered and what is going to happen next including, for example, any recommendations and changes in parenting they are suggesting to try. This can be reviewed at the next meeting.

We use a range of assessment approaches that support the planning of an intervention and provide us with information about their engagement. All assessments are carefully explained to parents.

A MIMS assessment includes both child/ren and adults and if appropriate the Attachment Style Interview (ASI) for the adults can form a basis to build the work on. We have a CAPA and PSI-4 assessment when appropriate. Our Art Therapists also use YP CORE, CRIES, A-DES, C-DES and CDC.

All interventions include as a minimum an SDQ Questionnaire. Throughout the process of assessment and intervention parents/carers are included in setting and reviewing of the outcomes via Parent Consultations and in Review meetings. Play Therapy can lead onto Filial Therapy if appropriate and a clear sequence of what will happen is explained to parents/carers. The Referral information, outcomes and assessment feedback are referred to in Parent Consultations and Reviews to help see how things are progressing. All the information around planning the intervention is shared with parents/carers to help them understand the process and as you can see from our processes, they are included at all stages of the intervention. This enables us to address issues as they arise and help to solve problems that come up. Parents know what to expect and what the expectations are for them at the Parent Consultations & Review sessions. Although we have a planned process we also try to work as flexibly as possible to account for the varying family routines. For e.g., we offer appointments in the day times but also evenings which can suit some families for when the children are in bed, or the other parent is home from work. We also offer face to face and remote meetings.

When our therapists are working with individual children, they use a session chart to ensure the child understands the sessions they have left and to help them manage the ending. We also help children manage the session endings by giving clear structures at the start of a session and endings.

We have a **flowchart** that illustrates this process to help our therapists.

Insurance

Currently all our therapists have their own Insurance with cover of £10 million Public Liability and Professional Indemnity of £1 million. However, we are aiming to have the following:

Public Liability Insurance = £10,000,000 in respect of any one claim.

- The Service Provider's Public Liability Insurance should include:
- Sexual Abuse and Molestation Public Liability cover to a minimum of £1,000,000 in respect of any one claim for proven bodily or mental injury, disease, death or suffering of a Service User following sexual abuse or molestation. This cover may also be taken out as an extension to a Professional Indemnity policy.
- Medical Malpractice Public Liability cover to a minimum of £500,000 in respect of any one claim must be provided for proven bodily or mental injury following the maladministration to a Service User of

prescribed or non-prescribed drugs. This cover may also be taken out as an extension to a Professional Indemnity policy.

We have up to £1,000,000 but will increase this

Professional Indemnity Insurance / Medical Malpractice/Treatment Risk = £2,000,000 in any one claim.

We have up to £1,000,000 but will increase this

Complaints/Comments/Feedback

- We have a Complaints Policy and procedures that all staff and service users are aware of and contribute to. This is available on our website and a hard copy in the unit
- Young people are given information about the various ways they can make a complaint; in the information leaflet, comments box in the reception which they can complete anonymously, and on the Young Person contract
- We will take complaints seriously, act upon them quickly and efficiently to avoid an escalation
- We will monitor complaints and work to learn from them in future practice
- We take notice of children, young people and families' comments and are committed to resolving things quickly

Our policy outlines the numerous ways people can give us their comments, feedback and or complaints.

Example taken from the policy... Throughout your child's/your intervention you can talk to the therapist or Suzanne or Sandra at the unit. If you feel more comfortable talking to our Admin Kerry that is fine too. You can give us your comments verbally (we will check you are happy that we write them down. During the therapy we have reviews so you can pass on any comments there or at the end Meeting too. You will also be provided with an Evaluation form on which you can let us know your comments. Lastly you can use our Post box in the waiting area. Please do give us your feedback we try where possible to act on things quickly and will give you an update if you want that.

We encourage people to voice their concerns with the therapist initially if they feel they can do this. They can also talk to one of the directors or the admin staff at the unit.

If their complaint isn't dealt with satisfactorily, then they can put in writing and make a formal complaint.

Families can make a formal complaint to either of the professional bodies if they wish to do so and our policy lets people know if they want to see the professional bodies Complaint procedures, we will provide this.

Example taken from Policy

The following outlines the procedures we will follow if a complaint is made.

We will:-

- *Listen carefully to all concerns*
- *Deal with all complaints promptly, politely and, where appropriate, confidentially*
- *Respond in the most appropriate way to resolve the cause of the complaint*
- *Learn from complaints and use them to improve the quality of our service*
- *If you are unhappy about any aspect of your counselling or therapy, we encourage you to discuss this*

directly with your therapist in the first instance. Our therapists are trained and supported to work in a person-centred way, including responding appropriately to the needs, wishes and concerns of our clients.

- *If you do not feel able to address your concerns with your therapist or wish to complain about any other aspect of eQuiPT's service provision or organisation, you may wish to deal with this informally by discussing your concerns with one of the directors, Sandra or Suzanne who will make every effort to resolve the issue with you.*
- *If you are dissatisfied with the response or if your complaint is of a serious nature which requires a formal response, you should use the following procedure to register a formal complaint. The Directors will, on request, supply you with a copy of the relevant procedure.*

We let the complainant know we have received their complaint within 7 days and respond with 28 days to the complaint; if we are not able to do it within these time frames, we let the complainant know.

We inform families that if a therapist does or says anything that they are unhappy about they should feel free to tell them or us as managers and we will have an open discussion about this. We let parents know that they can contribute comments / feedback to our website if they so wish and they can contact BAPT/BAAT or the local authority we are working for with any other concerns or comments they may have.

In the Evaluation at the end of therapy there is opportunity for families to comment on the things that worked for them as well as anything else they thought we could do to support them or to improve the therapeutic experience.

Safeguarding

Safeguarding is paramount to the work with often vulnerable children and young people. We ensure all our staff are Safeguarding trained and understand our policy and practice of safeguarding concerns.

Sandra Georgeson is the designated person responsible for Safeguarding however therapists can contact Suzanne Lester as well. We have a form for Therapists to complete about a concern and contact numbers are provided in the policy for Therapists. Concern forms are kept in individual children's folders.

Where possible we work with the agencies around the child, such as schools and understand what to share and how to do this. The policy has the contact numbers for Therapists to use. Our Privacy policy outlines clearly how we will share information.

We have a Safeguarding Policy that has been written with the latest information, training and guidance including the paper, "Working Together to Safeguard Children – a guide to inter agency working 2018" Both of us as Directors and managers have undertaken the Safeguard Lead training and completed this in January 2022. Our Policy also takes account of other important papers; Home Office – Reporting of Female Genital Mutilation – procedural Information and What to do if you're worried a child is being abused – Advice for Practitioners

We also have a document we make available to our therapists called "Children and the Law" in which we have highlighted the current laws that apply to us, for example Gillick Competence.

We have a number of other useful documents made available to staff, a Body Map, and a concern form in case of any issues arise.

We have leaflets to inform families what we will do in safeguarding situations and that if we ever do or say anything that they are unhappy about they should feel free to tell me and we will have an open discussion about this. We let

parents know that they can contribute comments / feedback to us website if they so wish and they can contact BAPT, BAAT or the local authorities we work for with any other concerns or comments they may have.

We operate an open and inclusive ethos and work with children and families from all walks of life and any cultural or ethnic background, valuing and welcoming diversity. This ethos underpins the provider's practical approach to keeping children and young people safe, because we keep the child at the centre of our practice at all times, irrespective of that young person's gender or social, economic or cultural background.

As all of our therapists are qualified and experienced both in terms of the qualification status, their continued professional development and their experience of working in a range of settings with many different clients. As therapist who have worked within CAHMS, Local Authority and Schools we are acutely aware of safeguarding issues. We use our experience to help children and families to understand the impact of abuse and neglect on child development.

We explain the safeguarding procedures to families at the outset, in the Introductory Session and in our leaflets and if any child protection concerns arise during my work, we are clear and transparent with them about how we will respond. When we first meet children, we also explain to them in an age-appropriate way that we will maintain confidentiality unless we have concerns about their safety or the safety of others and then we have to tell someone. We let children know what we are going to do to try to maintain the therapeutic relationship.

Any safeguarding incidents are reported immediately to the local authority to help ensure that children are protected. We have a Concern Form for Therapists to record all incidents and seek follow up information from the Duty & Assessment Teams.

As a management we will talk through the therapists concerns with them and provide advice on how to move forward as well encourage our therapists to discuss their concerns within clinical supervision and if further action is required or if we are not comfortable with decisions made by professionals, we will escalate the concerns further.

Risk Assessment

We risks assess each individual child/young person's referral to identify potential issues and have a proforma for this purpose.

We have a completed Risk Assessment of the unit that includes Slips and Trips, Equipment Handling, Electrical, Fire and Lone Working and we are working to resolve some of the issues we discovered.

We try to identify settings for Play and Filial Therapy that meet the needs of the child/ren and family and allow children to be able express themselves with as few limitations on mess and space as possible.

Sometimes this will be an external venue such as a Children's Centre, sometimes a school room or sometimes at the child's home. If we use an external venue, our policy is that we take account of the organisation eg a school's policy and then view the space therapists will use for practically and safety depending on the age and mobility of the child. The space needs to provide room for the toys and for moving around. Also, in Filial Therapy space for the adults to observe too. We consider how the space will be used safely. When using external venues, we always ensure our therapists are not in a building by themselves, and this is covered when we are planning the delivery of the work. For example, we make sure windows and doors with glass in them are partly uncovered. We fulfil schools/children's centres lone working policies. As a part of assessment of a suitable venue we ensure we know who else is in the building in case the therapist needs assistance. With children identified with complex behaviours we suggest a mechanism to get help quickly eg use of a personal alarm, on one occasion when working with a child

at risk of aggression towards adults, we were situation close to a member of staff and had a large bell we could ring if needing assistance.

We have Insurance for equipt that covers us in case of allegations and each therapist also has their individual Insurance. We record all sessions and supervisions with adults to ensure clarity regarding advice given and keep comprehensive case notes and interaction records and have clinical supervisions.

Rarely we use a families' homes, however if so, we consider information collected at assessment regarding risks that the home may pose. I talk to the family's social worker to gather any further identified risks and if there is risk of aggression from parents for example, we ensure there is another professional in the room at meetings. If the home does seem to contain risks, then another venue would be sought. .

We ensure parents/carers are waiting for a child during therapy so if the child needs their parent, they are close by.

When working remotely we ensure the room/office is private, house phones and mobiles are turned to silent. A sign is on the door and no one else can come into the room. When visiting families' homes, we have an arrangement with my therapists that they call us as they arrive to go into the home and again when they leave. Where possible we use our business unit for all meetings, sessions, and contacts.

When we have a referral for therapy we consider in co-operation with the social worker and parents the best place for the therapy to take place. We have a therapy unit which has been set up with therapy in mind so provides private confidential spaces for young people and a safe waiting area for families. The unit is not easily identifiable from the outside so young people like the fact than others don't know why they are attending. It provides them with a safe and confidential setting.

We have a Health & Safety Policy for the unit which includes preventative actions and emergency management. We have conducted a risk assessment of the premises and an action plan to address any issues. We have recently installed an IN – OUT sign and a keycode lock to the door to the unit to ensure only those who are given the code can enter.

All our therapists have received recent First Aid training, which focused on paediatric first aid, but also covered adult as we have a range of age groups attending therapy. We also had training in the use of a defibrillator and bought one for the unit as a fool-proof feature in case of an emergency relating to a serious heart condition. We have an up-to-date first aid kit, which the first aid trainer checked.

We have a lone working policy for our therapists that includes instructions for when they are at the unit alone. This is a rare occurrence as sessions are usually planned when other therapists, admin or management staff are present. As a management we are always aware if a therapist will be alone in the building and the therapists lets us know when she arrives and is leaving.

Services we Provide

- Play Therapy – Individual & Groups
- Art Therapy - Individual & Groups
- Filial Therapy
- EMDR
- Animal Assisted Play Therapy
- Autplay
- Therapeutic Life Story
- Sand Story
- Integrative Counselling
- Training to Schools

We are developing :

- Support Groups for Adoptive Families
- Group based Counselling

We also offer a range of assessments including:

- Attachment Style Interview (ASI)
- Child Attachment and Play Assessment (CAPA)
- Marchak Interaction Assessment (MIM)
- Autism Diagnostic Observational Schedule (ADOS)

Training we provide for Therapists

- First Aid - we provide this at a subsidised costs for face to face training
- Filial Therapy – we will be hosting this in the next few weeks
- Sand Story - we provide this at a subsidised costs for face to face training

Management Structure & Staffing

- Directors - Sandra and Suzanne oversee all the operations and are responsible for the day-to-day operation of the service, business planning, development of activities and the information management systems
- Suzanne Lester is the Ofsteds Responsible Person (RP) – to supervise the management and delivery of our service and ensure we are meeting our regulatory requirement
- Sandra Georgeson is the Ofsted's Registered Manager (RM)
- Community Committee with representatives from social care, schools, adopters and parents – who contribute to the direction and progression of the service
- Administrative Assistant

- Therapists who are Art Therapy, Play Therapy or Counselling trained and contracted on an independent self-employed basis

Recruitment & Staffing

All our therapists are self-employed. We have built up a bank of associate therapists chosen based on their qualifications and experience. We have a reference proforma for references to be completed to ensure we collect the necessary information

All our staff are subject to a full range of essential requirements:

- Enhanced DBS – updated every 3 years and we encourage them to join the DBS Update Service
- Qualifications – must be Art Therapy or Play Therapy or Counselling Trained by universities offering courses endorsed the following professional bodies
- All Therapists are registered with the Health Professionals Council
- Hold registration with professional Bodies – Art Therapists – BAAT, Play Therapists BAPT and Counsellors BACP
- X2 References from employers
- Registration with ICO
- Hold their own independent Insurance
- All Therapists have personal Supervision that they fund themselves. Their supervisors are those required by the therapist's professional organisation

We have a system to record the information and that informs us when it will be due for renewal.

We are currently working through some newly qualified therapists and building their experience and knowledge and also have 2 Student therapists that we supervise. We want to encourage and build therapists to meet our own exacting standards of therapy.

Therapists Qualifications

Suzanne Lester

- Post Graduate Diploma in Non-Directive Play Therapy (BAPT – York University) 2009
- Advanced Filial Therapy Training (Dr Virginia Ryan) 2010
- B.Ed Hons Design & Technology
- *ASI Training (Middlesex University) 2014*
- *AutPlay Training 2020*
- *Therapeutic Life Story*
- *Designated Safeguarding Lead 2022*

Sandra Georgeson

- *BAPT qualified and registered Play Therapist (Post-Grad Dip, York University) 2009*

- Advanced Filial Therapy Training (Dr Virginia Ryan) 2010
- BSc Hons Psychology (The Open University) 2006
- BA Hons Art (Bretton Hall / University of Leeds) 1999
- ASI Training (Middlesex University) 2014
- CAPA Assessment 2020
- MIM Assessment 2021
- Animal Assisted Play Therapy (Internal Institute for Animal Assisted Play Therapy) 2019
- Therapeutic Life Story 2018
- SandStory Therapy 2021
- AutPlay 2020
- Designated Safeguarding Lead 2022
- Paediatric and Adult First Aid 2022
- Level 3 Triple P 2010
- GDPR training 2018

Chiomah Akanwa

- Art Psychotherapy
- (MA Leeds University)
- registered with BAAT & HCPC
- BA Hons interdisciplinary Art & Design
- SandStory Therapy

Njoki Clegg

- BAPT qualified and registered Play Therapist
- (MA, York University)
- Social Work Trained
- Advanced Filial Therapy Training
- AutPlay
- CAPA Assessment
- ADOS Assessment
- Therapeutic Life Story
- Experienced CAMHS Practitioner
- EMDR Psychotherapist
- SandStory Therapy
- Paediatric and Adult First Aid 2022

Lindsey Childs

- Art Psychotherapy
- (MA Leeds University) registered with BAAT & HCPC
- BA Hons Fine Art
- Dyadic Art Therapy
- CATT
- Life Story
- Helping Hands

- *DCAT*
- *EMDR Psychotherapist*
- *SandStory Therapy*
- *Paediatric and Adult First Aid 2022*

Louise Bayne

- *BACP Registered (Reg No. 388730)*
- *PG Diploma in Counselling & Psychotherapy (Leeds Beckett University)*
- *PG Certificate in Counselling & Interpersonal Skills (Leeds Beckett University)*
- *BA Hons Fine Art*
- *SandStory Therapy*

Rhiannon Matthews

- Play Therapy Student (BAPT – University of South Wales)
- *BA Childhood Studies*
- *MA Childhood Studies*
- *Level 3 Forest School Practitioner*

Kelly McCarthy

- *MSc Play Therapy (BAPT - University of South Wales)*
- *BAPT qualified and registered Play Therapist*
- *PGCE Primary Teaching*
- *BSc Psychology*
- *Certificate in Integrative Sandplay*
- *CAMHS Practitioner*

Louise Howarth

- Bapt qualified and registered Play therapist (Post Graduate Diploma, Liverpool Hope University)
- Intensive Filial Therapy training
- CQSW (Social Work)
- BSc (hons) Psychology and Education
- Certified Theraplay Practitioner
- DDP Level 1 and 2
- SandStory Therapy

Supervision

All of our therapists are registered with either British Association of Play Therapists, British Association of Art Therapists or British Association of Counselling and Psychotherapist. They each have a Code of Ethics that covers the requirements for Supervision, and they each follow their professional organisations supervision guidelines. Below is summary of these requirements but we often suggest they have more than the minimum requirements.

Art Therapists – One supervision of a minimum of an hour per month, some of our therapists have an hours session every 2-3 weeks depending on their case load.

Clinical Supervisors

Suzanne Lester – Sandra Georgeson BAPT
Sandra Georgeson – Dr Virginia Ryan BAPT
Chiomah Akanwa – Chrissy Lawrence BAAT
Louise Bayne – Kath Sharman BACP
Lindsey Childs – Sally Weston BAAT
Njoki Clegg - Philloomena McShane CPT PG CERT/EMDR Consultant
Rhiannon Matthews – Sandra Georgeson BAPT
Kelly McCarthy - Katherine Mautner BAPT BAPT
Louise Haworth - Julie N Bingham
Becky Morgan - Beverley Moslin
Caitlin Holland - Jayne McConkey

Play Therapists (per month)– 1-5 children= min 4 hours in 12-month period/6-10 children min 8 hours per 12-month period/11-15 children min 12 hours in 12-month period/16-20 children min 18 hours in 12-month period.

Integrative Counsellor – BACP - 1.5 hours per month/ our Counsellor has this split over 2 45 minute sessions having a supervision every 2 weeks

Additional Supervision – for those trained and delivering EMDR – they have additional Supervision with a EMDR supervisor every month

Some Therapist also attend a Complex Trauma supervision group once a month and others have Peer Supervision all of this is in addition to the above.

Continued Professional Development

Our therapists all follow their professional organisations Code of Ethics which also includes the amount of CPD they need to complete to meet their organisations minimum requirements. Below are the courses they have completed since with us or from previous employment.

Art Therapists registered with BAAT have a minimum of 30 hours CPD per year and to address any gaps in experience in their supervision sessions.

Play Therapists registered with BAPT have three sections to BAPT CPD requirements:

1. 10 hours per year of training directly related to Play Therapy.

2. 6 hours per year of indirect CPD activities.

3.Clinical Supervision - which I have referred to in previous question.

We ask that our Therapists supply us with their CPD training log as part of the Quality Checklist.

As an organisation equipt are invested in supporting our therapists to build their skills knowledge and experience. We do this by identifying training that is essentials such as First Aid and training to build their experience such as SandStory training.

Future Planning

- Further training for therapists on setting Outcomes and measuring progress
- Further training for Therapists on making recommendations for families and schools
- Providing support groups for adopters on developing positive relationships and behaviour, managing their own responses and feelings and understanding on their child's early life experiences and their impact on current behaviour
- Develop new activities such as Health & wellbeing programmes to support families eg Children s Yoga
- Create a thorough Recruitment, Selection and Induction process
- Create a staff Workforce Development process using - Children's Workforce Development Council's induction standards, commencing within seven working days of starting their employment and completing them within six months.
- Further development of Risk Assessment to include risk assessing family homes & School rooms for suitability as well as safety

This statement of Purpose will be reviewed annually – the next review being:
September 2023

