

# With Kids Full Day Play Therapy Service 2024-25

## Therapy Service

### PLAY THERAPY

Play Therapy is a way of helping children to explore and express difficult feelings and adverse experiences. Children can often struggle to understand or put words to their experiences and this can impact on their ability to manage their emotions, and on their mental well-being. The play therapist recognises the importance of understanding the child's world from their perspective, and will help the child to make sense of and understand their feelings, this enables them to cope better.

### WHAT IS PLAY THERAPY?

Play therapy is based on the theory that play is the primary language of the child where the toys are the words a child uses to express their inner emotional experiences and how they experience the world. It offers a way of working that allows the child to take control, is minimally intrusive, and allows the possibility of exploring issues and concerns important to the child. It is well researched and recognised as a successful early intervention for children's emotional and mental well-being.

Play Therapy is a child centred and non-directive therapy using play & creative materials. Children are free to communicate their thoughts, feelings and behaviours in their own way, at their own pace. For children words can be too difficult to find, so there is no pressure to talk about their difficulties. The therapist supports the child to explore and resolve some of the themes that come up in their play. Play Therapy supports positive change and helps the child to:

**Act out and release pent up feelings of tension, frustration, insecurity, aggression, fear and/or confusion**  
**Build self-esteem and self-confidence**  
**Improve ways of relating to others**  
**Imagine other ways of being**  
**Process life events**  
**Develop self regulation**  
**Concentrate in school**

## WHO IS IT FOR?

Play Therapy is particularly useful for children aged 3ys to 12yrs who have experienced trauma or who display emotional or behavioural difficulties, including:

<b>Emotional</b>	<b>Behavioural</b>	<b>Situational</b>
<b>Anxiety</b>	<b>Withdrawn</b>	<b>Bereavement</b>
<b>Low Self-Esteem</b>	<b>Aggression</b>	<b>Family Breakdown</b>
<b>Anger</b>	<b>Relationship Difficulties</b>	<b>Abuse</b>
<b>Sadness</b>	<b>Defiance</b>	<b>Trauma</b>
<b>Confused</b>	<b>Acting out</b>	<b>Parental Addiction</b>
<b>Unhappy</b>	<b>Poor Impulse Control</b>	<b>Domestic Violence</b>

## WHAT HAPPENS?

Our therapy sessions take place in dedicated play rooms in partner nurseries and schools or at our office bases, on the same day and same time. During the 50 min session the child is allowed to use their time in the room however they want. Therapists do not question or direct the child to do anything, giving them space to play or act at their own pace. Over the weeks the child will be helped to process any difficulties that they're experiencing which helps them to manage more easily at school and home.

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You will have a dedicated therapist assigned to your school for the duration of each day you have requested. All our child therapists are fully qualified play, arts or creative therapists and come with the expertise to help you meet the needs of children, their families and staff within your school.

### OVERALL SERVICE DELIVERY

Your therapist will be available for whole school day and will provide:

4 x individual play therapy sessions per day  
(groups and drop-ins are also possible in discussion with therapist)

Staff support

The development of trauma informed practice/culture

A range of training opportunities

Support & connection for parents

Our therapists aim to be an integral part of the school team and will provide regular opportunities for staff consultations on *all* children in school.

### REQUIREMENTS

Play Therapy takes place in a consistent and private space. This means that therapy sessions need to take place in the same space on the same day and at exactly the same time each week, in a room that is **entirely free from interruptions**.

All play equipment will be provided by With Kids, though access to a lockable storage space is very helpful.

## FIRST STEPS

**Our CEO/Clinical Manager will:**

Communicate with the Headteacher to

1. Discuss referrals
2. Gain background information
3. Establish reasons for referral
4. Ensure appropriateness of referrals for the intervention.

Once established, the head teacher will gain consent from parents/carers for referral to be made for Play Therapy.

Prior to the start of therapeutic work **the allocated therapist will:**

1. Meet with parent/carer to outline the work, gain background information and seek their agreement on the support going ahead.
2. Meet with the class teacher - main areas of concern are noted. These become the basis of the outcome goals which are monitored and reviewed regularly.

## NEXT STEPS

### **ASSESSMENT**

1. Classroom Observation
2. 4- 10 x Play Therapy assessment sessions will take place
3. Feedback to parent and relevant teaching staff.

This assessment will support the understanding of the difficulties the child is experiencing and provide strategies needed to support the child.

## MONITORING AND EVALUATION

Our therapists will monitor progress made in therapy through consultation with parents/carers and school staff, through the use of the With Kids Progress Monitoring form and our Attainment Survey.

### ONGOING WORK

If recommended, individual play therapy will be offered.  
This is arranged in 10 weekly blocks of 50 minutes per session.

We offer a flexible model of Play Therapy delivery offering open-ended sessions depending on the child's needs – agreed in consultation with the child, teaching staff and parents, and based on the child's level of engagement and progress in the therapeutic sessions, reviewed roughly after each block of 10 sessions. Interim summary discussions are held every 10 sessions, and a report with recommendations will be made by the end of input.

Regular contact will be made with the class teacher to support understanding of the child's emotional communications and to consider ways of responding to this in the classroom environment.

### PARENT/CARER SUPPORT

At With Kids, we view parents/carers as an integral part of the work. At a minimum, termly face to face contact will be made with parents/carers, alongside regular phone contact. Through this contact parents are helped to understand the nature of the child's emotional difficulties and are supported to consider ways of supporting their child. Recognising that parents are vital partners in this will ensure that parents are better able to meet their child's emotional needs.

### CONFIDENTIALITY

The therapist would not divulge detail of the content of the child's play in order to maintain confidentiality, and thereby trust in the therapeutic relationship. However in the event of any child protection concerns these will be raised in line with Glasgow City Council Child Protection Policy.

### CHARGES

Full Day Play Therapy Service charged at £12,500 per day for school year for 24-25.

### SESSION NUMBERS

Session numbers likely to be needed by children is dependent on a number of factors, but most notably on the complexity of early life experiences and level of stability of home life. The following information below serves as a **guide** only.

### MINOR DIFFICULTIES

The minimum number of sessions we would offer a child is **10**.

This would be for a child who is experiencing minor emotional and/or behavioural difficulties. They may present with the following issues and experience:

- A child who is slightly anxious
- A child who is struggles slightly with relating to peers
- A child who is slightly withdrawn
- A child who has experienced a few minor changes
- A child who slightly struggles to be part of group in class
- A child who goes between feeling happy and sad
- A child who says they are lonely

### MODERATE DIFFICULTIES

In the region of **15** sessions would be appropriate for a child presenting with moderate emotional and/or behavioural issues. They may present with, for example, the following:

- Bereavement outside immediate family
- Parents who are divorced, separated or there has been family breakdown of some sort
- Experience of ill health or a parent with minor ill health
- Experience of bullying
- A child who has experienced changes of home/school
- A child who is anxious
- A child who struggles with making peer relationships
- A child who has outbursts at times
- A child who can be withdrawn at times

### **SIGNIFICANT DIFFICULTIES**

In the region of **20** sessions would be appropriate for a child experiencing significant emotional and/or behavioural difficulties. They may present with the following issues and experience:

- Bereavement of a close family member
- Adopted or in foster care
- Experienced an acrimonious divorce/separation of parents
- Experienced short term domestic abuse
- Experienced a single traumatic event
- A child who struggles to communicate with peers
- A child who finds it difficult to focus in class
- A child who has experienced some significant changes
- A child who struggles to relate to adults
- A child who has aggressive outbursts
- A child who is withdrawn a great deal of the time
- A child who has experienced some loss

### **COMPLEX AND SIGNIFICANT DIFFICULTIES**

In the region of a **minimum of 30** sessions would be appropriate for a child experiencing complex and significant emotional and/or behavioural difficulties. They may present with the following issues and experience:

- Bereavement of a close family member
- Adopted or in foster care
- Experienced an acrimonious divorce/separation of parents
- Experienced severe domestic abuse
- Experienced complex trauma
- A child who struggles to manage in class
- A child who struggles to relate to peers and adults
- A child who has severe outbursts which may be aggressive
- A child who has experience early neglect
- A child who has experienced abuse
- A child who has experienced significant loss
- A child who has had many and significant changes

