



ADOPTION SUPPORT SERVICE

**Statement of Purpose
2018/2019**

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1. Introduction

This statement of purpose is intended to provide a clear written summary of the aims and objectives of Psychology Associates' adoption support service. Psychology Associates has been in existence since 2000 and works across a broad range of specialisms. Our work with children and families covers a range of work undertaken by both Clinical and Educational psychologists and other clinicians, including Speech and Language Therapists (SALT), Occupational Therapists (OTs), counsellors and psychotherapists, in this area and includes public and private law as well as assessment and therapeutic services for all children and families. However, we have particular expertise in working with children who are looked after by the local authority in fostering and residential care, as well as adoptive families. Our provision of adoption support work continues to grow and, as such, we hope this statement of purpose will clarify our goals in this area and the services we offer, as well as indicating the pride we take in our work and the ethical foundations of our practice.

This statement of purpose is available online via our website and is also available in print format for those who request it. Those who may wish to read the document might include adoptive parents; birth parents and relatives; local authorities; Ofsted; and members of the public. A children's guide, intended to outline our services in an age-appropriate way for children and young people, is also available electronically and in print.

2. Values and principles

Psychology Associates has a strong foundation of principled, ethical practice. Our overarching aim to make a meaningful difference to users of the practice, many of whom are vulnerable. We also focus on our own staff wellbeing, aiming for our employees to feel nurtured, valued and respected. Where possible we use evidence-based approaches and a desire to achieve good outcomes and improve accessibility, whilst offering good value for money. We aspire to influence the field of psychology and disseminate our practice nationally, particularly within the area of trauma recovery. Our principles of practice are laid out as follows:



- 2.1. In relation to our adoption support work more specifically, we share the values and principles that underline the National Minimum Standards for Adoption (2014). We ensure that our adoption service also adheres to the Adoption Support Services Regulations (2014), the Adoption and Children's Act (2006) and the Care Standards Act (2000).
- 2.2 We recognise that adoption is a process with lifelong implications for all those involved and that therefore adoption support must be offered in appropriate ways across the whole life-span. We always assess each case individually and offer a range of services which can be tailored to individual needs.
- 2.3 We believe it is best, where possible, for children and young people to be raised by their own birth families, but where this is not possible we believe they are entitled to grow up in a loving family who can meet their needs during childhood and beyond.
- 2.4 We believe that adoptive parents undertake a very important and at times very difficult job in providing this kind of loving home to children who cannot live with their birth families. We believe these parents should be valued, respected, and provided with the support they need to enable and develop the work they do with their adoptive children.
- 2.5 We believe that delays in providing adoption support when it is needed can have a detrimental impact on the well-being of children, young people and their parents. We will therefore strive to provide a timely and responsive service when it is requested.
- 2.6 We believe that all those using our service are deserving of our respect and we strive to be non-judgemental and fair in all our dealings with our clients. We value differences of culture, ethnic origin, religion and language and invite our clients to share these differences with us so they might add to the richness of our work together.
- 2.7 Similarly, we will recognise and take account of any disability our clients may have. We will strive to make our services accessible and also to ensure that the impact of disability is taken into account of our work with children, young people and families.

3. Purpose and aims of the service

As a group of psychologists and other therapists we are well placed to provide a range of services to support adoptive placements. These services include support to children and young people; adoptive parents; birth families and relatives; and also professionals, and fall largely in line with the support services outlined in the Adoption and Children Act (2006). In addition to this we will also offer training and consultation to professionals, with a view to supporting their development and empowering them in their work to support adoptive parents and children.

3.1. Support to children, young people and their adoptive parents

Our services are available to children and young people aged 0 – 21 years and their adoptive parents. We have adoption guides for children which explains the service we offer to them and their families. The services we offer will aim to support and strengthen adoptive placements and there are a number of ways in which we propose that we can be helpful to local authorities and other agencies in doing this:

3.2. Support to the planning process

We offer services to support adoption planning so as to ensure as stable a placement as possible from the start. This work can include:

- Contributing to the recruitment and assessment of adoptive parents through formal assessments such as the Adult Attachment Interview or Parent Development Interview, as well as by bringing a psychological formulation to the understanding of a parents' own history and how this may impact on their relationship with an adopted child.
- Meeting with adoptive parents during matching, or in the early stages of a pre-adoptive placement, to help them develop a psychologically informed understanding of the child's likely presentation given their history.

3.3. Assessment

Another way we can contribute to the planning of an adoptive placement – with a view to supporting its stability in the longer term - is through psychological assessment. We will undertake an assessment in order to plan an adoption support intervention and this will be outlined in more detail later, however sometimes undertaking an assessment *is* the intervention we are asked to provide. A psychological assessment differs from other kinds of assessment as it draws on a wide range of psychological theories, including Developmental, Attachment, Educational, Systemic and Neurological theory, to inform an assessment of the child or young person in context. We have recently set up an MDT for fuller assessments, recognising that adoptive children can have complex needs. This team includes SALT, OT, Educational Psychologists, Clinical Psychologists and a Paediatrician. Such an assessment can provide a wide range of recommendations regarding placement and therapy, as well as practical strategies to

support and engage with the child or young person in as effective a way as possible, given their history and the impact of this on their emotional and neurological development. Such assessments can be undertaken at any stage of an adoption, usually where the family or professionals involved have questions about a child's presentation that they are finding difficult to answer.

As a service, we are able to offer a number of standardised approaches to the assessment of children and young people, including:

- Full cognitive assessment
- Assessment of attachment styles and family relationships – including The Story Stem Assessment Protocol, The Family Relations Test, and The Child Attachment Interview
- Assessment of mental health difficulties, coping styles and resilience
- Assessment of a child's capacity to understand their emotional world
- Play assessment of younger children
- Assessment of Sibling Relationships
- Assessment of Sensory Needs
- Assessment of Speech and Language
- Assessment of Educational Needs
- Dynamic learning Assessments
- Neuro psychological assessments

3.4. Formulation

As Clinicians, when we make an assessment of an individual child, a family or even a staff group, we develop what we call a formulation. This is an understanding of the difficulties or situation we have been asked to assess that is based on all the information we have been given. We draw on various theories and aim to put the difficulties in context and to make sense of them in a way that is helpful to a child, young person, family or staff group. Even the most puzzling behaviour should make sense when viewed in the context of a good formulation, and helping children and their parents to understand the reasons for difficult behaviour and interactions is often the first step in helping to resolve them or improve the experience of them. We always aim to share our formulation with those we are working with, where this is helpful. Such a detailed understanding, underpinned by theory and research, can help to inform effective support work and we will always base our therapeutic work on a formulation.

3.5. Therapeutic work

We are able to provide a range of therapeutic services for children, young people, families and adults. Our psychologists have a broad range of expertise in these areas. We are also able to call on associates with specialist skills in the fields of learning disability and forensic work where this may be relevant.

In relation to work with children and families specifically, we are able to offer a number of therapeutic approaches considered to be useful and effective with children who have experienced trauma and been removed from their families of origin. These include:

- Dyadic Developmental Psychotherapy (DDP)
- Theraplay
- Narrative Therapy
- Eye Movement Desensitisation Re-processing (EMDR)
- Solution Focused Therapy
- Cognitive Behaviour Therapy (CBT) (including Trauma-Focused)
- Family Systems Therapy
- Sensory Attachment Intervention
- Video Interaction Guidance (VIG)
- Therapeutic Play
- Therapeutic and Digital Life-Story Work
- Sensory Integration Therapy
- Compassion Focussed Therapy
- Mindfulness and Solution-Focussed
- Reducing Anxiety Management Planning (RAMP)

In relation to working with adults who were adopted as children and may be experiencing difficulties in their emotional well-being, adjustment, or relationships, we are able to offer evidence-based approaches for adults, including:

- Narrative Therapy
- Eye Movement Desensitisation Re-processing (EMDR)
- Solution Focused Therapy
- Cognitive Behaviour Therapy (CBT)
- Family Systems Therapy
- Cognitive Analytic Psychotherapy (CAT)

3.6. Building relationships

We will, where possible and helpful, work to increase understanding and empathy in adoptive families through offering joint therapeutic work for parents and adopted children and young people together. Some of the therapeutic approaches outlined above – including DDP, Theraplay and VIG - prioritise joint working as a way to deepen and strengthen relationships. We consider this fits well with our belief that adoptive parents should be supported and valued and that we should strive to strengthen adoptive placements through our work.

3.7. Support for parenting

Using our formulation as a foundation we will offer support to adoptive parents in developing their parenting skills in relation to the specific experiences and needs of the child or young person in their care. This can sometimes be done as part of a therapeutic package, such as DDP, which usually includes individual consultation with the parent. However, it can also be provided in isolation where adoptive parents need space to reflect on their parenting approach and time to consider how this might be understood and experienced by their child. This can be offered in a one-off consultation or in on-going sessions. The work is also often usefully offered jointly to parents and social workers together as a way of strengthening the network around a child and enabling the social worker to offer continued support after the consultation. We provide Therapeutic Parenting groups such as nurturing attachments.

3.8. Services to birth parents and relatives

We recognise that adoption has lifelong implications not just for those in the adoptive home, but also for members of the birth family, including birth parents, siblings and other family members. As such, we will offer assessment and support services to birth families, at any stage in their lives, where issues related to the adoption of a member of their family impacts on their well-being. The kinds of therapeutic approaches available are as outlined above and would usually be requested by the local authority.

3.9. Services to professionals

We believe that supporting the professionals who support adoptive families is key to maintaining healthy, strong networks around a child. Professionals benefit from time and space to reflect on the challenges of their work, both in terms of their own continued professional development, and also to ensure the best possible practise in relation to specific cases. We are able to offer this kind of support in a number of ways including supervision, training, and consultation. We currently are contracted with a number of charities to provide regular input to the adoptive families they support. This includes training, therapy, consultation, supervision and staff support. We are also involved in disseminating our knowledge more broadly, for example the manager is on an expert advisory panel as an external consultant to the NSPCC in relation to service development. We also work with the NSPCC on their sexual abuse services, providing training to complement their programme. We are often commissioned by Health Services, schools and Local Authorities, as well as independent agencies. Such work can include support to residential care homes, who often have children in their care who were previously adopted.

3.10. Consultation

As outlined above, we offer consultations regarding particular cases and specific challenges to social workers, usually jointly with adoptive parents. These can be one-off meetings, or can be offered on an ongoing basis. Such sessions can allow time and space to reflect, but can also provide an opportunity to develop a formulation around the difficulties and to develop new ideas and strategies based on this. When

undertaken jointly with adoptive parents, the social worker should feel empowered to support the parent in implementing these new ideas following the session.

We are also able to offer team consultation sessions where teams feel they would benefit from psychological input to their case discussions as a learning tool.

3.11. Supervision

We are able to offer psychological supervision to social workers and other professionals. This could be case specific or could involve the supervision of an entire case-load where specialist supervision is required. Such supervision can be provided to individuals or to groups.

3.12. Training

As a practice we offer a great deal of training across a range of specialisms. Within the field of adoption support specifically we offer a number of open access training opportunities throughout the year, for example in 2012 we offered a one day conference with three speakers well known in the field of adoption (Dan Hughes; Colwyn Trevarthan; and Graham Music) and in 2016 we hosted David Trickey, who delivered a day's training on Trauma-Focused CBT with Children. In 2013 we piloted a programme of training sessions for parents and professionals on using 'PACE' in parenting adopted children which we have continued to offer. In addition to these training sessions, we have also offered bespoke training to organisations and are able to provide sessions to address specific training needs in the field of adoption. Schools are increasingly requesting such training. There has been much demand for this training which has been well received and we are offering an ongoing programme. We offer an ongoing programme which responds to user feedback and provides relevant and current information to the attendees. We are also approved by the DDP institute as providers of DDP training and offer Level 1 and Level 2 training in DDP, facilitated by DDP Consultant and certified trainer Dr Sue Drake, on an annual basis. We work with large national charities such as NSPCC, Barnardo's, Action for Children, and Families for Children, often offering extensive training programmes. We have recently delivered an education conference, including keynote speakers Professor Sue Roffey and Sheila Burton as well as talks and workshops delivered by employed clinicians within the company. This considered up to date information upon supporting a whole school approach to improve emotional wellbeing of students, with a focus of those with a background of attachment difficulties and experiences of trauma. Our training ensures the dissemination of the knowledge we hold within the practice more widely.

In addition to the training sessions we offer, we also function as a training centre for psychologists. We offer work placements of up to 12 months for trainee clinical psychologists, research students, placement students and those looking to gain experience in the field of psychology. Those trainees with suitable experience and qualifications may be given the opportunity to undertake work in the field of adoption

support under supervision. A suitably qualified psychologist will always closely supervise and take responsibility for the work. Where trainees are not able to take on work directly, they are offered opportunities to observe; permission for this is always sought from clients.

4. Ensuring effective management of the service

As a practice, we always strive to provide efficient, effective and ethical work based on up to date research and literature. We aim to meet the needs of our clients, be they professionals, parents or children in a timely, polite way. Our registered manager, Dr Sarah Mundy, has knowledge, expertise, and experience of working with adopted and looked after children and young people and has completed her ILM Level 5 in Leadership and Management. Our registered manager is supported by Psychology Associates Managing Director and we also have a strategic lead for adoption and fostering who provides supervision and management to other psychologists working in this area. Our entire team of clinicians are HCPC registered.

4.1 Financial Viability and Business Continuity

In order to maintain Psychology Associates as a financially sound Adoption support service we have our own qualified accountant, who is also our Business Director. We also have an external Management Consultant as our Non-Executive Director who attends all board meetings. The Business director attends our board meetings monthly, and liaises with our external accountant on a regular basis. We also have a focused Adoption Support strategic update which is reviewed every few board meetings. All directors attend these board meetings, and the strategic lead for Adoption and Fostering has a monthly meeting with the Directors. This enables Psychology Associates to maintain and develop its adoption services. If there were ever to be a situation in which the service could not be maintained we have a contingency plan for our Adoption Support Services. It is important that these situations are considered, so that they could be dealt with in an ethical and professional manner should they ever arise.

4.2 Contingency planning

Should Psychology Associates find itself in a position where it was unable to continue to provide an Adoption Support Service, we would ensure that each client be dealt with ethically and in line with professional standards of practice. Cases would be closed only where ethical to do so (for example where sufficient change had been achieved and case closure was already planned). Cases requiring a continuing service would be signposted to alternative services able to meet their needs and appropriate referral and handover information would be provided to those services where necessary.

4.3 Referral process

We have a clear process for dealing with new enquiries regarding work across the practice as a whole. This process will be applied also to requests for adoption support work. Requests for work will be received

by our referrals team who, in consultation with one of the employed psychologists via a referral form template (see appendix 11) normally the strategic lead for adoption and fostering or in her absence a senior clinician, will identify a practitioner appropriate to undertake the work; this could be one of our employed psychologists or one of our self-employed associate psychologists. Where necessary, a psychologist will speak directly to the enquirer to clarify the request over the telephone and develop a plan of proposed work.

A proposal for the work, be it therapy, assessment, consultation, training or another intervention, will be provided to the enquirer in written format. Where appropriate, this will be accompanied by the CV of the psychologist who is suggested for the work. The enquirer will then usually need to seek funding for the work. Requests for adoption support work usually come from either the placing authority or from a private adoption agency, with funding usually sourced from the Adoption Support Fund or local authority. Occasionally, an adoptive family may choose to fund support work themselves.

4.4 Assessment

Although the professional commissioning the work may have suggested what type of therapy or intervention is required, the clinicians undertaking the work will always make their own assessment of a child and / or family's needs when they first meet them. There are numerous ways in which this might be done depending on the presenting issues. It may include formal assessment, or may be based on clinical interview with the child, family or with a professional. The clinician will always make a written record of their assessment, formulation, hypotheses and plan of work in their own typed notes and these will be stored according to legislation. If a consultation has been offered to parents they will be sent a summary of this, including recommendations.

4.5 Record keeping

As a practice, Psychology Associates abides by legislation relating to data protection and record keeping. As psychologists, we work to recommendations for practice set by the British Psychological Society (<http://www.bps.org.uk/content/generic-professional-practice-guidelines>) and the Health Care Professions Council (<http://www.hpc-uk.org/publications/standards> - select 'standards of proficiency – Practitioner Psychologists'). We have a record keeping policy, which is included in appendix 2 of this document.

4.6 Monitoring and evaluation

Ensuring the quality of the work we do and the services we provide is at the heart of our work at Psychology Associates. We have clear procedures for monitoring the adoption support services. These include financial, incidents, compliments, quality, and complaints procedures. These are detailed throughout this document. These policies ensure that all staff are clear about their role and responsibilities

(including who is responsible when the manager is absent), and that the quality of our service meets the National Minimum Standards for adoption. The quality of our service is monitored and evaluated using outcome measures and feedback forms. This is detailed in the outcomes section below (4.4.7)

4.6.1. Checks and registrations

All of our staff have up to date enhanced disclosure certificates from the Disclosure and Barring Service and these are updated every three years in line with legislation. Upon recruitment, copies of all relevant qualifications are obtained, along with Identity checks, confirmation of the right to work in the UK, two references, and where necessary a statement of opinion from the previous employer in regards to working with children. In addition, all of our qualified clinicians are registered with the Health Care Professions Council (HCPC) and copies of registration documents are kept centrally by us. These registrations are updated every three years and we ensure that all registrations are up to date. Psychologists are also encouraged to maintain membership of the British Psychological Society (BPS). Senior staff involved in recruitment are safer recruitment trained.

Psychology Associates is regulated by Ofsted as an adoption support agency, and was rated as Outstanding at our last inspection (in May 2016). Ofsted can be contacted on 0300 123 1231 or at Piccadilly Gate, Store Street, Manchester, M1 2WD.

4.6.2. Codes of conduct and practice

Registration with the HCPC places clinicians under certain obligations intended to ensure the quality of their practice. The BPS also has codes of conduct and practice which psychologists must adhere to, whether members of the society or not. These standards include levels of supervision and ongoing training, as well as guidelines for ethical practice; record keeping; and child protection, amongst others.

<http://www.bps.org.uk/content/generic-professional-practice-guidelines>

<http://www.bps.org.uk/what-we-do/ethics-standards/ethics-standards>

<http://www.bps.org.uk/content/child-protection-position-paper>

Expectations around levels of supervision and continuing professional development for clinicians are over and above that enshrined in legislation for adoption support services.

4.6.3. Supervision

As a practice, we aim to foster an environment in which all our clinicians and other staff, both employed and sessional, feel supported in their work. We ensure this through regular supervision and opportunities for training and development.

All employed psychologists receive regular individual supervision regarding their case-work and can access specialist consultation from other psychologists within the practice. In addition, those psychologists who have training in DDP are offered monthly group supervision with a certified DDP practitioner and trainer. Similarly, those trained in VIG have specialised external supervision. We require all associate psychologists to source their own regular supervision and to provide us with evidence of these arrangements. We also provide case specific supervision to associates where necessary.

The British Psychological Society suggests that all psychologists engaged in therapeutic work should access a minimum of 1.5 hours of clinical supervision per month. As a practice, we ensure that our employed psychologists receive over and above this requirement. Supervision acts to “...*maintain the quality of a psychologist’s performance and to extend the individual practitioner’s range of skills, mostly by means of reflection, learning and psychological support. These aims include maintenance of good practice in relation to clients, to other professionals and service delivery, to professional and personal development, and in relation to meeting any relevant organisational objectives*”. (BPS, Generic Professional Practice Guidelines, <http://www.bps.org.uk/content/generic-professional-practice-guidelines>).

4.6.4. Continuing Professional Development

As a practice, we value and encourage continuing professional development (CPD) for all our employees and associates. We offer in-house, monthly CPD sessions covering areas of practice relevant to our psychologists across a broad range of topics. As previously mentioned we also offer larger training events and our associates are encouraged to attend these and offered a discounted rate. We support the development of our employed psychologists by funding attendance at appropriate training events and conferences and see this as an investment in our development as a practice. We showcase our work through larger national conferences and employed clinicians are supported to attend these. We are a member of CASA to share and learn and developments relevant to our ASA.

4.6.5. Specialist expertise

Due to the breadth of expertise within our practice as a whole we have access to specialist consultation with other psychologists in areas such as forensic work and risk assessment; learning disability and autistic spectrum conditions; adult therapies; and neuropsychology. This breadth of knowledge and expertise within the practice is an important factor in helping us to maintain our high standards and our own ongoing learning and development.

4.6.6. Compliments and complaints

As a practice we seek user feedback whenever possible and both compliments and complaints are valued as a source of information on how well we are achieving our goals and where we can make improvements.

Our procedure for dealing with compliments and complaints is included with this document in appendix 4.

4.6.7. Outcomes

More formal collection of outcomes data is undertaken both before and after therapeutic work. We have developed a therapy manual which is embedded in the practice. This recommends specific pre- and post-measures to measure change. These are both in relation to adult wellbeing (such as the HADS and GHQ) but also in relation to children and young people. Because measurement of emotional well-being which is based on a population of children living with their own parents cannot accurately take account of the experiences of trauma that many adopted children have had and, as such, does not give an accurate reflection of their functioning we include measures specifically developed in relation to children who are not living with their birth family (e.g. the BAC; Tarryn-Sweeny). Additional measures also provide clinicians with a fuller understanding of the child/family and choice of these depend upon clinical judgement for each particular case. The effectiveness of this evaluation to show meaningful change is reviewed on an annual basis.

4.6.8. Service-User Involvement

We continue to develop ways to include service users in our development of services and to clearly analyse and document outcomes from therapeutic input. We ensure that children and families have a clear role in shaping the service they receive, throughout the support. At the end of the work we ask clients to complete an evaluation form which is fed into future planning. We always evaluate our training, and develop future sessions on user feedback.

We are developing a Service-User Involvement (SUI) group which aims to learn from service users and implement ideas to ensure the Adoption Support Agency is user focused and incorporates ideas to make the service more effective. In particular, we are creating a panel of adoptive families, both young people, parents and adopted adults, who are happy to be contacted with regards to supporting the development of services (e.g. creating leaflets, training, recruitment) as well as providing a peer support network for each other. We are mindful of only contacting those who have given their consent and work within GDPR. We currently also consult users on interview processes (asking for questions and inviting them to the interview) and resources we develop (such as information sheets about the service).

5. Staffing profile and organisational structure

5.1. The responsible individual

Overall managerial responsibility for the running of Psychology Associates is held by Dr Sue Candy, our Managing Director. Sue is a consultant clinical psychologist with over 25 years experience. She has

Psychology Associates, 41-43 Lower Fore Street, Saltash, Cornwall PL12 6JQ
Company Registration Number: 4194642 | VAT Registration No: 912 8734 18

worked both in the NHS and in private practice. She set up Psychology Associates in 2000 and has run it as a successful and growing business since that time. Sue continues to undertake clinical work, mainly doing pieces of expert witness assessment work in the family courts and offering therapeutic interventions to adults and children. She is also involved in the supervision and training of clinical psychologists throughout their career span.

5.2. The registered manager

The registered manager of Psychology Associates' adoption support services, taking day to day responsibility for the running of the service, is Dr Sarah Mundy. Sarah is a consultant clinical psychologist and Psychology Associates' Clinical Director with operational responsibility for all services. Since qualifying, Sarah has worked primarily with children in care, children at risk of care, and children who have been adopted. She has experience of providing expert psychological evidence to the Courts, consultation to the complex professional systems surrounding children who have experienced abuse and trauma, and supervision to other professionals. Sarah has also worked for the NHS within adult mental health services and the Special Parenting Service. She was involved in assessing and providing therapy to adults with chronic and enduring mental health problems and providing specialist and comprehensive parenting assessments and interventions to families in which at least one parent had a learning disability. Sarah has completed numerous expert witness assessments including of parenting, attachment, cognitive, psychological and developmental assessment, and assessment of therapeutic needs. Sarah is trained in various therapeutic approaches commonly used with children who are adopted, including Dyadic Developmental Psychotherapy and Theraplay. Sarah has also completed a NVQ level 4 in leadership and management and has training in Safer Recruitment.

5.3. Organisational structure

Psychology Associates has a number of employed psychologists working alongside a large number of sessional, associate psychologists. We always ensure that all those undertaking work for Psychology Associates have the necessary knowledge, experience and qualifications and are appropriately vetted in line with legislation.

A chart showing the organisational structure of the employed staff within Psychology Associates as a whole is presented in Appendix 1. In terms of our adoption support work the structure remains the same.

Due to the large number of Associate psychologists we work with they are not shown on this chart, however whilst undertaking work for Psychology Associates they receive support from either their Clinical Director, in this case Dr Sarah Mundy, or from one of the other employed clinicians, as appropriate.

5.4. Employed Clinicians

Psychology Associates employs clinical, educational and assistant psychologists, a senior Speech and Language Therapist and an Occupational Therapist all of whom undertake adoption support work.

5.4.1 Dr Molly Bodinetz

Molly is a HCPC registered clinical psychologist, who qualified in 2008 and works part time at Psychology Associates as the Strategic Lead for Adoption and Fostering. Prior to working for the practice Molly worked for three years for the NHS at the National and Specialist Adoption and Fostering team at the Maudsley Hospital in London. Prior to this she has worked in various other NHS settings, both inpatient and outpatient, within social care and in forensic settings, working with children, young people and their families, presenting with complex and challenging mental health and behavioural difficulties. She has a wealth of experience of both attachment and social-learning theory based parent-child interventions as well as experience and training in a variety of evidence-based individual interventions including DDP, CBT, narrative therapy, mentalisation based approaches, mindfulness, VIG and systemic approaches.

5.4.2 Dr Alison Carr

Alison is a HCPC registered clinical psychologist, who qualified in 1999, and works part time at Psychology Associates. Prior to this Alison worked within the NHS at an adults community health team, as well as a self-employed psychologist. Alison has been employed by Psychology Associates since 2015 and is supervised by Dr. Molly Bodinetz She was previously an associate from 2010- 2015. She has experience in family assessment and therapeutic intervention, as well as training and supervision. Alison has training in Cognitive Behaviour Therapy, Gestalt Therapy, Narrative Therapy, Family Therapy, Theraplay and Hypnotherapy.

5.4.3. Dr Kerry Davison

Kerry joined the practice in 2014. She is a HCPC registered clinical psychologist who has significant experience working as a specialist in the child and adolescent mental health service (CAMHS) and also having worked independently with adults and children. Her work within the NHS has involved psychological and developmental assessment, therapeutic intervention, research, training and consultation. Independently, Kerry has provided personal injury and post-trauma intervention for children and adults, parenting assessments and expert witness work for family court proceedings. She has a special interest in anxiety disorders, attachment, autism, post-trauma work and family work. Kerry has developed expertise in delivering narrative and systemic approaches, evidence based intervention for trauma and Video Interactive Guidance, a video based approach to help parents and children attune and strengthen their relationship.

5.4.4. Dr Katy Rees

Katy is HCPC registered clinical psychologist specialising in work with adults and older adolescents who are experiencing acute and chronic distress. Katy has been working as a consultant with Psychology Associates since 2006, providing Court reports and offering therapeutic expertise. She has also worked for a number of years in the NHS providing therapy, assessment and research in specialist adult services. Katy has also been involved in trauma aid work abroad. Katy continues to pursue her interest in developing therapeutic services for individuals experiencing complex mental health difficulties and the psychological consequences of abuse and trauma. She uses an integrative approach that includes Cognitive Behaviour Therapy, Acceptance and Commitment Therapy, Eye Movement Desensitisation Reprocessing, Mindfulness-based treatments, Psychodynamic and Attachment Psychotherapy and Schema Focused Therapy.

5.4.5. Roisin Salt

Roisin is an assistant psychologist who works within Child and Family Services within Psychology Associates since 2014. Before joining Psychology Associates she worked as a personal carer for students with disabilities. Roisin has experience and some training in mindfulness, DDP, VIG, compassion focused and cognitive behavioural approaches to working with children, young people and families. She has co-facilitated training in attachment and child sexual exploitation, both particular areas of interest and is currently involved in working with an NSPCC service for children who have experienced sexual abuse.

5.4.6. Emily Lewis

Emily is an Assistant Psychologist at Psychology Associates whose role at the organisation entails offering therapeutic support to children, young people and adolescents with mental health issues such as anxiety, anger issues and depression. Before Emily's employment at Psychology Associates, Emily studied Psychology at the University of Plymouth where her dissertation focused on the area of attachment, an area she is particularly interested in. Emily has experience in offering therapeutic support, such as Life Story Work and principles of Cognitive Behavioural Therapy (CB) to children in care who have attachment and relationship issues. Emily has experience in using Therapeutic Life Story Work, Cognitive Behavioural Therapy and Anger Management strategies with her clients. Emily currently provides research and evaluation services to a large charitable organisation that supports adoptive families. Emily has also assisted Psychology Associates' Clinical and Educational Psychologists in facilitating training in areas such as PACE, Self-Harm, Trauma and Attachment.

5.4.7. Gabrielle Hardwick

Gabrielle is an Assistant Psychologist at Psychology Associates whose role at the organisation entails offering therapeutic support to children, young people and adolescents with mental health issues such as anxiety, anger issues and depression. Before Gabrielle's employment at Psychology Associates, she studied Psychology at the University of Bournemouth where her dissertation focused on the areas of attachment and resilience, areas which she is particularly interested in. Gabrielle has experience in offering therapeutic support, such as Life Story Work and principles of Cognitive Behavioural Therapy (CBT) to children in care who have attachment and relationship issues. Previously, Gabrielle worked as a Research Assistant and was involved in several projects, including research within the Ageing and Dementia Research Centre. Gabrielle has also assisted Psychology Associates' Clinical Psychologists in facilitating training in areas such as PACE, Self-Harm, Trauma and Attachment. Gabrielle has also been involved in the service development drive at Psychology Associates.

5.4.8 Dr Matt Baker

Dr Matt Baker is an HCPC registered Educational Psychologist who has worked with a broad range of children, young people, and families. His experience includes working in Early Years, Primary, Secondary, and Tertiary settings, as well as in alternative provisions such as Pupil Referral Units. His main interest is in supporting young people, settings, and families to improve outcomes for young people, both in socio-emotional and academic terms. Much of his work has focused on mental health and wellbeing; he has particular interests and experience in working with individuals with anxiety, and with children diagnosed as having ADHD. His other areas of expertise include Extended Non-attendance ('School Phobia' or 'School Refusal'), Substance Misuse, and Outdoor Education (particularly when used as a vehicle for intervention). He is trained in a number of therapeutic approaches including Reality Therapy, CBT, and Compassion Focused Therapy, and in various approaches to assessing learning and understanding, including dynamic assessment.

5.4.9. Dr Morwenna Redwood

Morwenna is a HCPC Registered Educational Psychologist who has vast experience in working with children, vulnerable adults and families, across public, private and voluntary sectors. Morwenna has previously worked as an Educational Psychologist within a multi-agency support team, providing support to children and families with a wide range of Special Educational and Additional Needs. Prior to this role, Morwenna worked within Children's Social Care and brain injury support and rehabilitation. Morwenna has also held voluntary posts with the Youth Offending Service and with 'Headway', The Brain Injury Association.

Morwenna has vast experience in providing therapeutic intervention, assessment, training, mentoring and emotional support to families, children, parents and staff within educational settings. Morwenna

uses a wide range of psychological theories to underpin her work, with her core value being that individuals are the experts in their own lives. Morwenna holds a special interest in 'children's participation' and endeavours to keep this at the centre of her work, exploring creative and individual methods for capturing and implementing children and young people's views. Morwenna specialises in supporting individuals with

5.4.10 Dr Val Brooks

Dr Val Brooks is a HCPC Registered Speech and Language Therapist and registered member of the Royal College of Speech and Language Therapists who specialises in: Complex Developmental Language Disorders, language/communication difficulties and Attachment, and working with children and young people who are Looked After or Adopted and have language/communication difficulties. Val worked for many years in the NHS including as a consultant Speech and Language Therapist for children and young people presenting with complex language disorders in mainstream schools. For 8 years she was the Highly Specialist Speech and Language Therapist for Devon Youth Offending Service. She continues her work with children and young people at risk of social and academic exclusion and offending. In 2017 she received a 'Giving Voice' award from the Royal College of Speech and Language Therapists (RCSLT) in recognition of her work with young offenders. Val's clinical interests are in the relationship between language development and Attachment and Social, Emotional Mental Health. Val has expertise in differential diagnosis of language/communication impairments and Attachment disorders. She has extensive experience in assessing the language development and social cognition skills of older children and adolescents. Val was also part of the expert group advising the RCSLT on their response to the government's paper: '*Transforming Children and Young People's Mental Health Provision*'.

5.4.11 Trudy Richards

Trudy Richards is a HCPC registered Occupational Therapist, who has worked as a children's Occupational Therapist for the last 15 years. Trudy provides assessments and interventions to help people achieve functional independence and quality of life and specialises in children's sensory processing and fine motor difficulties. She has completed her Sensory Integration II training and is a qualified Bobath therapist. Trudy works with children with varied and complex difficulties including autism, cerebral palsy, dyspraxia, ADHD, chronic fatigue syndrome and learning disabilities. Trudy also has experience of working with children in care and children that have been adopted. Trudy has previously worked in the NHS within the Child Development Centre in Plymouth, working autonomously across a variety of settings. Trudy is family and child centred and has a holistic and positive approach to her work. She has delivered training to managers, peers and students and has previously acted as a moderator for student's coursework at the University of Plymouth.

5.4.12 Dr Suzanne Azer

Dr Azer is a HCPC registered Clinical Psychologist, who specialises in providing psychological assessments and therapy for adults. Suzanne has extensive experience in working with adults with complex and severe mental health difficulties. Suzanne specialises in working with individuals who have suffered complex psychological trauma and abuse. Suzanne worked in the NHS in secondary mental health services for a number of years offering supervision, assessment, formulation, consultation and individual and group therapies to clients. Suzanne works integratively, drawing on a wide range of therapeutic models including Compassion Focussed therapy and Attachment Focussed therapy.

5.4.13 Jane Hughes

Jane is a HCPC registered Clinical Psychologist who has been working with children and families for over 20 years. Jane has previously worked in Child and Adolescent Mental Health Services (CAMHS) offering individual, family and group therapy to children and adolescents and specialises in working with individual with complex behavioural and emotional difficulties. Jane's particular area of expertise has been working with children and adolescents who have experienced abuse, but more recently she has developed her expertise working with children and families where there has been a death or severe trauma in the family. Jane has previously worked with a local bereavement charity for children, adolescents and their families. Jane offers psychological assessments, developmental assessments, attachment assessments using Story Stem, individual and family therapy, and has completed training in Eye Movement Desensitisation Reprocessing (EMDR). Her particular interests are integrative and systemic therapy, divorce and separation, bereavement, trauma, attachment and loss. Jane is interested in the ideas of mindfulness and how they apply to parenting as well as more traditional approaches to parent training. Jane has recently completed level 2 training in Dyadic Developmental Psychotherapy.

5.4.14 Dr Emma Forde

Emma is a fully qualified Clinical Psychologist with experience of working with children and families in a range of settings. This has included a Sure Start Project working with children under 5 years, child and adolescent mental health service (CAMHS) and a number of years spent working with a Child and Family Bereavement Service 'Jeremiah's Journey'. Her work has involved developmental and psychological assessment and therapeutic work with both individuals and groups across the life span including adolescent, adult and older adult work. Emma has a special interest in attachment, narrative and biographical life story approaches to therapy and research and she has taught narrative research methods as a visiting lecturer on the Plymouth University Doctorate Clinical Psychology Training Course. Emma has undertaken the Tavistock Working with Children and Families course, a Group

Analytic Foundation Course and has also recently undertaken Theraplay training with Family Futures and is familiar with the principles of PACE.

5.4.15 Dr Helen Rowe

Dr Helen Rowe is an HCPC registered Clinical Psychologist who has worked within child and family services in the NHS and independent sector since 2001. She provides therapy and psychological assessments of children and adults, including parenting and attachment, cognitive and developmental assessment, therapeutic work with children and families, and staff consultation. She has special interests in parenting, child attachment, infant mental health, learning disabilities and long term health problems. Helen is experienced in providing expert opinion assessment and reports for courts, in relation to children and their families in public and private proceedings, this includes experience of providing evidence in Court. She also provides supervision to psychologists within the NHS and private sector.

5.4.15 Dr Emma Corrigan

Emma is a HCPC Registered Educational Psychologist, with extensive experience of working with families, schools and education providers to support children and young people in their educational progress, wellbeing and achievement. Emma has experience of working within a multi-agency support team and undertaking statutory assessments of Special Educational Needs and Disability. Emma has special interests in supporting developmental trauma and providing therapeutic intervention and consultation in schools. Emma is Psychology Associates' **Clinical Lead for Schools, Colleges and Services for Education**, leading our multi-disciplinary services for education and providing supervision to Educational Psychologists and other Clinical Psychologists supporting Educational Settings. Emma provides assessment, coaching, training and supervision across educational settings and facilitates person-centred approaches to strengthen young people's participation and inclusion. Emma has published research in the area of person centred approaches and supporting young people who have experienced school exclusion and also has experience of providing expert psychological evidence to the Court. Emma has developed specialisms in supporting families and young people who are adopted or fostered and supporting educational settings to meet a range of complex developmental needs.

5.4.16 Dr Martin Strawbridge

Martin is a HCPC registered Clinical Psychologist providing psychological assessment and therapy for adults and adolescents. Martin has experience in providing specialist psychological intervention to adults and adolescents with complex and enduring mental health needs, including personality disorder. Martin has extensive experience in supporting those with complex mental health issues,

having previously worked in the NHS for over a decade, largely within Community Mental Health Teams. He is an EMDR UK and European approved practitioner, currently working towards becoming an EMDR consultant. Martin also has a special interest in supporting Veterans with PTSD and other mental health diagnoses following their service.

5.4.17 Emily Burns

Emily Burns is a Child Psychotherapeutic Counsellor who specialises in work with children, young people and their parents using play and creative arts. She has additional training in Dyadic Developmental Psychotherapy and Theraplay and is experienced in attachment based relational interventions between children and their carers. She has an interest and additional training in trauma related symptoms and will integrate somatic based approaches, CBT, psychoeducation and mindfulness approaches. Emily has worked in child mental health for over twelve years including five years with adopted children and their parents. She has worked in primary and secondary schools to delivery therapy programmes and teacher training as well as for specialist organisations with children with medical conditions, refugee children and in The Priory CAMHS service.

Emily's background is in performance, choreography and theatre and she brings those skills into her work with children and families to facilitate emotional expression. Emily is also a qualified yoga teacher.

5.4.18 Karen Allin

Karen is an experienced Counsellor who has worked extensively with children and young people within an educational setting. Since qualifying in 2008, she has worked for the Children's Society with children and young people between 11-21 years old and with Plymouth Excellence Cluster, counselling both primary and secondary aged children. She has also worked with adults and families within a multi-agency support team ensuring best outcomes for children and young people. As an Integrative Practitioner, Karen draws on different theories and models to suit the client including CBT and Transactional Analysis but she can also work creatively using such interventions as sand, art and visualisation. Karen has gained a lot of experience working with trauma, attachment and abuse. She is passionate about empowering adults, children and young people and helping them find a voice.

5.5. Associate Psychologists/Other Staff

Alongside the Clinicians employed by us, we have a large number of associate psychologists and other clinicians (e.g. Therapeutic Social Workers, Counsellors, Psychotherapists, Occupational Therapists) who do work on a sessional basis. As with our employed psychologists, we seek to ensure the skills, expertise and qualifications of our associates and update their DBS checks every 3 years as set out in legislation. We currently have around forty associate psychologists/other clinicians working within our child and family section who would be suitably qualified to undertake adoption support work.

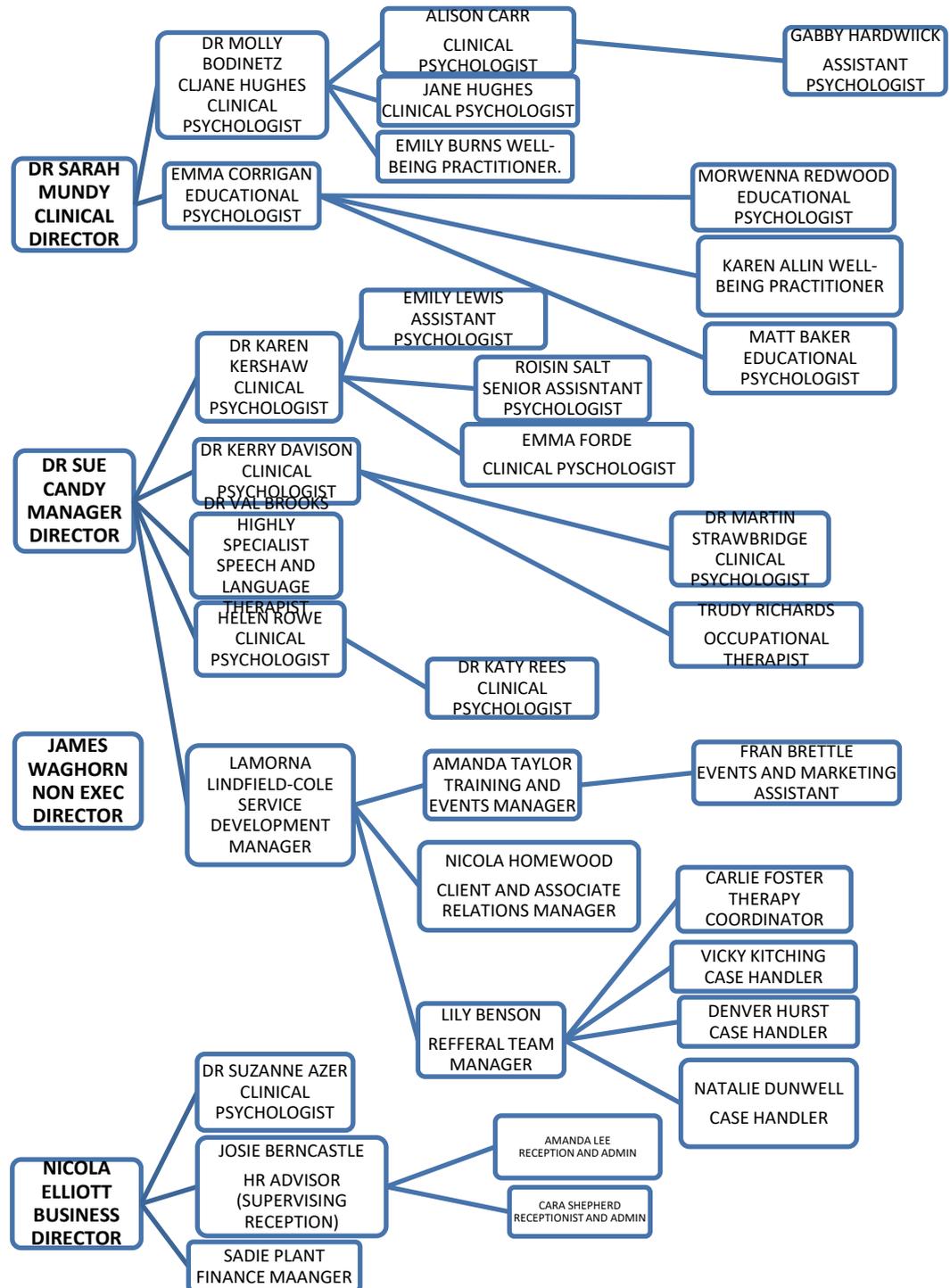
Psychology Associates, 41-43 Lower Fore Street, Saltash, Cornwall PL12 6JQ
Company Registration Number: 4194642 | VAT Registration No: 912 8734 18

5.6. The Referrals Team

All of our psychologists, whether employed by us or working on a sessional basis, are supported by our Referrals team. This team is made up of five administrators who have responsibility for allocating the work when received. They also take responsibility for recording enquiries on our database. The team are supervised by Lily Benson, the team manager, who, in turn, is supervised by Lamorna Lindfield-Cole. The administration of our service is further supported by our finance and marketing teams as per our organisation chart (Appendix 1).

6. Appendices

6.1. Appendix 1 - Organisational chart (of PA employees)



6.2. Appendix 2 - Record keeping policy

Aim:

The aim of this policy is to protect the information collected in confidence from patients by our employed clinicians, our self-employed associate clinicians and all other staff working with/for Psychology Associates.

What this policy covers:

This policy sets out the processes in place for record keeping within Psychology Associates to ensure compliance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. Clinicians should follow national guidance and statutory responsibilities regarding the retention of records. In the compiling of this policy we have taken guidance from the BACP ethical framework, the BPS practice guidelines, the Caldicott Principles and Information Governance. This guidance applies to all record keeping on clients, their relatives, carers and/or associates, and their organisations, regardless of the media in which information is held, e.g. written notes and reports, audio and video recordings, paper and electronic records, etc.

The purpose of records:

Under the General Data Protection Regulation 2018, there must be a valid lawful basis to process personal data. Psychology Associates will only obtain data where there is either a legitimate interest, legal obligation, vital interest or contractual necessity. The purpose of records made, kept or accessed by clinicians is to support their professional work with clients who may be individuals, related others, groups or organisations, in carrying out the core components of their role in part of all of the following:

- assessment;
- formulation;
- intervention/implementation;
- evaluation and research; and
- communication.

Our responsibility for these records:

All clinicians working with/for Psychology Associates are responsible for holding their records secure to ensure the confidentiality of the information contained within them and to control access to them. We require all associates working on behalf of Psychology Associates to be registered with the Information Commissioners Office.

All administrative staff are bound by the Data Protection Act 1998 and General Data Protection Regulation 2018 as part of their employment contract with Psychology Associates. Non compliance with this is seen as gross misconduct and potentially leads to instant dismissal.

All staff either employed or working with Psychology Associates must comply with the below plus the additional guidance provided in Appendix 1:

Clinicians must keep appropriate records of their work with clients unless there are good and sufficient reasons for not keeping any records.

- All records should be accurate, respectful of clients and colleagues and protected from unauthorised disclosure.

- Any records should be kept securely and adequately protected from unauthorised intrusion or disclosure.
- Clinicians should take into account their responsibilities and their clients' rights under data protection legislation and any other legal requirements.
- Clinicians need to take care when making and/or keeping records to include only such information as is required for the purpose of their professional involvement with the subject(s) of their records and to exclude superfluous information.
- All records will be kept for a period of seven years from the date of last treatment in line with the BACP ethical framework unless the clinician and client have come to an agreement otherwise.
- Clinicians must bear in mind the potential impact of the information in their records on all who may have access to such records, for example, the client, other professionals, managers, authorised carers, etc. Where possible, distinction should be made between fact, observation and opinion and judgemental comments should be avoided.
- Clinicians have a duty to bring to the attention of any organisation they are working with should they be asked to keep or disclose information in records in any way which breaches this policy.
- Clinicians working with clients who are the subject of court proceedings will keep all records which may be of relevance to the court process until it is clear that the court has reached a final conclusion, including any appeal that may have been heard. On completion of the case all records are returned to Psychology Associates headquarters for archiving and/or secure destruction in line with the Court.
- Record sharing: Records are only permitted to be shared if the function of which is primarily to facilitate inter-professional communication to ensure the safe and effective delivery of high quality services. Records may also be shared where the clinician is instructed to prepare a report for use in court. In this case the records may be shared with only a limited number of persons and the permission of the court should be sought via the instructing solicitor in the case if records are to be shared with anyone not a party to the proceedings. In family cases, any disclosure of material to third parties without the permission of the court is likely to be a contempt of court.
- Working notes: All notes made surrounding any client should be treated in line with this guidance.
- Assessment materials: clinicians should be mindful at all times of the confidential nature of assessment materials and all records regarding these should be treated in line with this policy.
- Electronic record keeping: Our database is controlled by an external design company who provide a SSL secured web portal linked to an external information storage server. No information is stored within the office and the web portal is a separate entity from the

company's website ensuring that a website breach does not jeopardise our records. Each database user is subject to a stringent password policy, and selected onsite staff are able to remove and add users when required.

Nb: All staff must follow the attached specific record keeping policies. Please see appendix two.

6.3 Appendix 3 Record keeping guidance principles

All staff are legally obliged to keep all forms of patient information confidential, in accordance with both the Caldicott principles and the General Data Protection Regulation 2018.

General Data Protection Regulation

In accordance with GDPR, personal data will not be kept for any longer than needed. The length of time personal data is held for will depend on the purpose for holding the data. The implementation of the right to be forgotten requires Psychology Associates to review the lawful basis whereby we require to continue to hold personal data associated with our practice and ethical standards. The decision to keep records will be reviewed based on the company's legitimate interest, legal obligation, vital interest or contractual necessity.

Caldicott Principles

These are outlined by the NHS Executive as follows:

- justify the purpose(s) for using confidential information
- don't use personal confidential data unless it is absolutely necessary
- use the minimum necessary personal confidential data
- access to personal confidential data should be on a strict 'need to know' basis
- everyone with access to personal confidential data should be aware of their responsibilities
- comply with the law.

Information Governance

Information Governance (IG) aims to improve outcomes by raising standards and ensuring that information processing is subject to continuous evaluation based on five broad aspects known as HORUS:

- Held securely and confidentially
- Obtained fairly and efficiently
- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and lawfully.

IG requires that this work be clearly understood, effectively recorded and constructively managed by all who are in contact with any sensitive information. This results in more informed patients who are aware of their privacy rights.

Electronic storage

Secure Server

Psychology Associates have two Microsoft based servers both being backed up by the inbuilt Windows Imaging Backup System.

The main active directory server and exchange server runs two daily backup jobs. The first job images the whole server to the external USB hard drive at 8pm and subsequently images the whole server to the in-house network attached storage device. In the event of damage or theft of the server the previous day's image can be applied to an alternative machine without any loss of data or settings.

Email Security

Our Encryption Policy is an extension of our Data Protection Policy and is in place to establish the requirements as a means of protecting confidentiality and ensuring accurate and consistent processing when handling personal data. It also sets out relevant standards which all employees must meet.

All confidential information transmitted via email to an email address outside of Psychology Associates domain (i.e. one that does not end in *psychologyassociates.org.uk*) must be encrypted and sent via Egress

Confidential information refers to:

- Client/staff personal data
- Client medical records
- Draft/final reports
- Financial reports
- Any kind of information another person can use to uniquely identify you.

When emailing any external user i.e. parents, schools, solicitors, associates and the email contains confidential information, these must be sent via Egress.

User Responsibilities

- It is the responsibility of the sender to make sure the processes discussed in this policy are consistently followed.
- Should an employee have any queries about how to securely send data they must seek support from their line manager and request training.
- Employees are responsible for ensuring any breaches are reported promptly to their line manager.

Reference

© BACP 2001, 2002, 2007, 2009, 2010 Ethical Framework for Good Practice in Counselling & Psychotherapy 11
BPS Practice Guidelines (Access to Records and Record Keeping)

6.4 – Appendix 4 - Specific processes for storage of notes of a confidential nature

Therapy

All process and clinical notes/client folders must be stored in a locked filing cabinet in a secure office. If the clinician is working away from the office and requires notes/folders at home these are to be kept in a locked filing cabinet, or locked car boot when in transit.

All notes must be returned to the filing cabinet immediately once the clinician has finished with them.

After each therapy session, the clinician completes the Clinical Notes template and this is uploaded to the database within 48 hrs. Typed notes are recommended, but legible hand written notes in black ink are acceptable. Regular auditing of clinicians' notetaking occurs every 6 months.

Expert witness

All files and folders we receive electronically will be emailed to the associate through Egress.

We will not print any information regarding a client unless expressly requested by the clinician.

Any received printed information will be stored securely in a filing cabinet in a key code locked office.

All reports being sent electronically will be sent via Egress secure email encryption.

Any document passwords will be sent in a separate email or given verbally.

General guidance

Staff must never leave documents on their desk or in an unsecure place.

Passwords must be changed frequently to ensure file storage security.

If a staff member is concerned that a breach of confidentiality has occurred they must immediately inform their line manager/ the managing director.

Once a case has closed the clinician must inform the clinical admin team who will ensure that the paperwork is promptly archived.

6.5 Appendix 5 - Safeguarding Policy

Safeguarding Policy

This document is the **Safeguarding Children & Vulnerable Adults Policy** for Psychology Associates which will be followed by all members of the practice and those linked as associates to the practice when engaged in work via the practice. This policy also covers domestic violence and any disclosures made to a team member. This document will be promoted by the Clinical Directors within the practice and is contained within the employee handbook which forms part of all employee's terms of employment. Staff are expected to regularly undertake safeguarding training whilst employed by Psychology Associates.

Individual agencies are responsible for ensuring that their employees are competent and confident in carrying out their responsibilities for safeguarding and promoting children's and the most vulnerable adults in society welfare.

The purpose of the practice is to offer psychological services across the lifespan. This may involve meeting with service users to complete assessment, therapy or consultation.

We know that a person's age, disabilities, and powerlessness can make them vulnerable to abuse. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the practice is transparent to safeguard and promote the welfare of all children, young people, and vulnerable adults.

This document is written in accordance with Working Together to Safeguard Children (2017 update), Keeping Children Safe in Education (2015 update) the Health and Social Care Act 2008, Safeguarding Vulnerable Groups Act 2006, Care Act 2014 and the Care Act statutory guidance on Safeguarding in Chapter 14 and is informed by local children's safeguarding boards recommendations, and the NSPCC's safe network evaluation toolkit. ([Appendix 1](#)). This document is supported by the Whistleblowing procedure which can also be located in the employee handbook. Psychology Associates is regulated as an adoption support agency by Ofsted. Please find the contact details for Ofsted in Appendix 10.

We have also been mindful of the need to consider learning from other's failings, particularly with Rotherham and Child Sexual Exploitation (CSE). See the governments guidance on tackling child sexual exploitation in [Appendix 2](#), as well as useful contacts / links on dealing with CSE locally in [Appendix 3](#).

In addition, we place importance of the need to prevent radicalisation and terrorism in children and adolescents, and this policy is written under the guidance of the governments advice on the prevent strategy ([Appendix 4](#)). Leads for safeguarding within PA will have undertaken training in PREVENT, and will advise and support staff and colleagues in this area.

Principles upon which the Safeguarding Children & Vulnerable Adults Policy is based upon:

- The welfare of a child, young person or vulnerable adult will always be paramount
- The welfare of families will be promoted
- All children and young people will have the same protection under this guidance regardless of age, disability, gender, racial heritage, religion and sexual identity.

- The rights, wishes and feelings of children, young people, vulnerable adults and their families will be respected and listened to.
- Keeping children and vulnerable adults safe from harm requires people who work with children to share information - see the HM [Government information sharing pocket guide \(Appendix 5\)](#) See also the Information Sharing: Practitioners Guide published by the Department for Education ([Appendix 6](#)).
- Those people in positions of responsibility within the organisation will work in accordance with the interests of children, young people and vulnerable adults and follow the policy outlined below.
- Administrative staff will all be trained to level one and the clinical staff will all be trained to level three with updates for both every three years and are supported through supervision and line management to keep abreast of developments in safeguarding and have a forum to discuss any concerns.
- Our safeguarding policy is easily accessible to our employees and is also highlighted as part of new employee induction process. Service users can view this policy through our Statement of Purpose.
- All members of the practice have an enhanced DBS check, which will be updated every 3 years. During the recruitment process references and qualifications are checked in accordance with safer recruitment checks.
- Safeguarding is seen as central to our practice.
- We ensure that senior staff involved in appointing new staff are “safer recruitment” trained.

Aim:

This safeguarding policy aims to assist those linked with or employed by Psychology Associates to:

- Understand risk factors and recognise children, young people and adults in need of support and/or safeguarding
- Recognise the risks of abuse or neglect within the practice’s work.
- Communicate effectively with children, young people and vulnerable adults, remaining focused on their safety and welfare.
- Understand the processes that the practice follow should a safeguarding concern arise.
- Liaise closely with other agencies and share information appropriately.
- Where appropriate take a role, through a child/adult protection plan, in keeping a child or vulnerable adult safe.

What this policy covers:

This policy will provide you with information on the process if there is a safeguarding concern. It contains:

1. What to do if there is a safeguarding concern
2. What to do if a child or adult discloses abuse
3. Consulting about your concern
4. Making a referral
5. Allegations against adults who work with children
6. Confidentiality
7. Appendix*
8. Reference

*We have provided details within the appendices for contacting local authority safeguarding

services local to our practice, as this is the area in which we do the majority of our work, however, we are aware that, at times, Associates and employed staff will be working further afield. It is expected that, if there are specific safeguarding concerns with regards to work in a different area, this safeguarding policy is still followed but they contact the relevant local authority safeguarding team when necessary.

1. What to do if there is a safeguarding concern

Immediate action to ensure safety:

Immediate action may be necessary at any stage in involvement with children and families or vulnerable adults.

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child/adult to the nearest Accident and Emergency Department.
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via their powers to use Police Protection.

Recognition of abuse and/or neglect:

If through our work a child or adult discloses that they are being abused, or harmed then it is our duty to follow the safeguarding procedures of Psychology Associates and the Local Safeguarding Procedures of the area within which you are working. Likewise, if you observe a child or vulnerable adult being hurt or harmed while carrying out your work, you are required to following the safeguarding procedures ([See section 2.1](#)). Within Psychology Associates, the Child Protection Officer is [Dr Sarah Mundy, Clinical Director and Clinical Lead for Child and Family Services](#). The person responsible for dealing with concerns for vulnerable adults is [Dr Sue Candy, Managing Director](#). Contact numbers for these people are given in Appendix.

To be clear about what constitutes abuse and neglect the following definitions are provided:

- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or vulnerable adult. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child/vulnerable adult.
- **Emotional abuse** is the persistent emotional ill treatment of a child/vulnerable adult such as to cause severe and persistent adverse effects on their emotional development and well-being. It may involve conveying to them that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person.

With children and vulnerable emotional abuse may feature age or developmentally inappropriate expectations being imposed on a person. These may include interactions that are beyond the person's capabilities, as well as overprotection and limitation of exploration and learning, or preventing the person participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. This may relate to institutional abuse and it is the duty of any employee or associate with the practice to report any care settings

which are employing punitive or disempowering methods. In the first instance this will be to the clinical lead most appropriate unless the person is deemed to be in immediate danger and then the person must take immediate action as described. It may involve serious bullying, causing the person to frequently feel frightened or in danger, or the exploitation or corruption of children and vulnerable adults which can occur in any context. Some level of emotional abuse is involved in all types of ill treatment of a child or vulnerable adult though it may occur alone.

- **Sexual abuse** involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children/vulnerable adults in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging them to behave in sexually inappropriate ways.
- **Neglect** is the persistent failure to meet a person's basic physical and/or psychological needs, likely to result in the serious impairment of their health and/or development.

In respect to children, **neglect** may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Further information on the signs and symptoms of abuse is available from the NSPCC. ([Appendix 7](#))

As a practice we also adhere to the Essential Standards to Safeguard Adults at risk of harm. Please see details below.

Essential standards to safeguard adults at risk of harm and abuse

The CQC has published under Section 23 of the Health and Social Care Act 2008 a guide to compliance called *Essential standards of quality and safety* (CQC, 2009b). It contains standards that the Commission will use to judge whether the regulatory legislation is being complied with.

One section deals in particular with safeguarding adults from abuse (although many other parts of guide are also relevant to safeguarding). In summary, the provider is responsible for:

- *Prevention*: take action to identify and prevent abuse from happening in a service.
- *Appropriate response*: respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.

- *Guidance*: ensure that government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
- *Restraint*: make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
- *De-escalation*: only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people
- *Diversity and safeguarding*: understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- *Protection of other people*: protect others from the negative effect of any behaviour by people who use services.
- *Deprivation of liberty*: where applicable, only use Deprivation of Liberty Safeguards (DoLS) when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005. In addition, the guidance states that, in order to safeguard people, providers need to consider effective leadership, personalised care, promotion of rights and choices
- (CQC, 2009b, Outcome 7).
- Please see the NHS guidance on spotting signs and symptoms of abuse in vulnerable adults. ([Appendix 8](#))

2.1 What to do if a child or adult discloses abuse

A child, young person or vulnerable adult may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations YOU MUST:

- Listen carefully to them. DO NOT directly question them
- Give them time and attention.
- Allow them to give a spontaneous account; do not stop them if freely recalling significant events.
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, their presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child/adults own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared - do not offer false confidentiality.
- Reassure them that:
 - they have done the right thing in telling you
 - they have not done anything wrong
- Tell them what you are going to do next and explain that you will need to get help to keep him/her safe.
- DO NOT ask them to repeat his or her account of events to anyone.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you MUST NOT discuss your concerns with parents/carers in the following circumstances, as this might place the child/adult or yourself at immediate risk:

- where sexual abuse or sexual exploitation is suspected
- where organised or multiple abuse is suspected (complex, organised or multiple abuse)

- where fabricated or induced illness (previously known as Munchausen Syndrome by proxy) is suspected
- where female genital mutilation (FGM) is the concern (See Current legislation and guidance on FGM, [Appendix 9](#))
- in cases of suspected forced marriage

In these circumstances, contact the relevant designated person within Psychology Associates for advice (see appendix 1).

2.2 Historical Abuse

Often abuse is disclosed significantly after it has occurred; this could be down to many factors for example, grooming, fear of retribution or control by the abuser. Should this occur we would expect you to follow the guidelines above and contact the relevant designated person within Psychology Associates (see appendix 1) as there may still be risk that the perpetrator has continuing access to children and vulnerable adults.

3. Consulting about your concern

Your observations of a child or vulnerable adult, or information you have received may be concerning even though the person has not spoken to you directly.

It is good practice to ask a child or vulnerable adult why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action. This will need to take into account the communication methods and abilities of the person.

If you are concerned about a child or vulnerable adult you must share your concerns. Initially you should talk to Sarah Mundy, who is designated lead for safeguarding within the practice. If Sarah is unavailable, contact should be made with managing director Sue Candy, and failing contact with her please contact Dr Molly Bodinetz, strategic lead for Adoption and Fostering. (Please see [Appendix](#) for contact details).

If one of those people is implicated in the concerns you should discuss your concerns directly with the Managing Director, Dr Sue Candy or if you need to speak to someone outside of the practice about concerns then contact the Safeguarding Unit for Children's Services in Cornwall (please see [Appendix 3](#) for contact details).

You should consult with your local Children's Social Care Duty & Investigation Team in the area where the child resides, in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when you are unable to consult promptly or at all with your designated internal contact for child protection

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Children's Social Care or the Police should progress.

4. Making a referral

A referral involves giving Children's Social Care or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Parents/carers should be informed if a referral is being made except in the circumstances outlined in section 2.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Children's Social Care about how and when the parents should be approached and by whom.

- If your concern is about harm or risk of harm from a family member or someone known to the children, you should make a telephone referral to the Children's Social Care Duty & Investigation Team in the area where the child resides (see Appendix : Contact Telephone Numbers).
- If your concern is about harm or risk of harm from someone not known to the child or child's family, you should make a telephone referral directly to the Police and consult with the parents.
- If your concern is about harm or risk of harm from an adult in a position of trust see [Section 5: Allegations Against Adults Who Work With Children](#).
- If your concern is that a child or family need additional help or support, you should contact the appropriate Local Authority Child & Family Services Team ([see Appendix 10](#)).

For vulnerable adults referrals will be made in accordance with the Vulnerable Adults Policy for the local service related to where the individual lives. In some settings this will be a Multi Agency Protection Team, and in others this will be a dedicated vulnerable adults team.

Information required when making a referral:

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the name of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family e.g.: GP, Health Visitor, School.
- The nature of the concern and foundation for the concern.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with Parental Responsibility has been given to the referral being made.

Action to be taken following the referral:

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to the Children's Social Care Duty & Investigation Team following the referral (within 48 hours - and using the multi-agency referral form).

Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

All members of the practice and associates who work on behalf of Psychology Associates will show full cooperation and assistance with safeguarding enquiries.

5. Allegations against adults who work with children or vulnerable adults

If you have information which suggests an adult who works with children or vulnerable adults (in a paid or unpaid capacity) has:

- behaved in a way that has harmed or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved in a way that indicates s/he is unsuitable to work with children or vulnerable adults

You should speak immediately with Child Protection Officer, Dr Sarah Mundy (CPO) for Psychology Associates or the vulnerable adults lead who has responsibility for managing allegations. The CPO will consult with/make a referral to the LADO (Local Authority Designated Officer), Safeguarding Unit, Cornwall or with the relevant Local Authority.

(If one of those people is implicated in the concerns you should discuss your concerns directly with the Local Safeguarding Children Unit).

Staff are directed to the staff handbook where code of conduct expectations are outlined. Breach of these may result in disciplinary processes as described in the employee handbook policy.

6. Confidentiality

Psychology Associates will ensure that any records made in relation to a referral should be kept confidentially and in a secure place.

Information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection ([Appendix 5](#))

If in doubt please consult Dr Sarah Mundy or Dr Sue Candy (please see appendix for contact details).

Appendix 1

NSPCC self Evaluation Toolkit

<https://www.nspcc.org.uk/preventing-abuse/safeguarding/writing-a-safeguarding-policy/>

Appendix 2

Governments guidance on dealing with sexual exploitation:

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<https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

Appendix 3

Dealing with Child Sexual Exploitation

Child exploitation and online protection centre:

<https://www.ceop.police.uk/>

CSE Cornwall:

<http://www.safechildren-cios.co.uk/health-and-social-care/children-and-family-care/cornwall-and-isles-of-scilly-safeguarding-children-board/exploitation/child-sexual-exploitation/>

CSE Plymouth:

<http://www.plymouth.gov.uk/sexualawarenesspscb>

CSE Devon:

<http://www.devonsafeguardingchildren.org/cse/>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408604/2903652_RotherhamResponse_acc2.pdf

Appendix 4

Governments advice on preventing and tackling radicalisation and terrorism in children and adolescents:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf

Guidance on the governments Channel referral process to prevent radicalisation and terrorism:

http://course.ncalt.com/Channel_General_Awareness/01/index.html

Appendix 5

Information sharing pocket guide:

http://www.plymouth.gov.uk/information_sharing_pocket_guide.pdf

Appendix 6

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Appendix 7

NSPCC – Signs and symptoms of abuse in children:

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<https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/>

Appendix 8

NHS guidance, and signs and symptoms of abuse in vulnerable adults:

<http://www.nhs.uk/conditions/social-care-and-support-guide/pages/vulnerable-people-abuse-safeguarding.aspx>

Appendix 9

Guidance on FGM:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/legislation-policy-and-guidance/>

Working with Female Genital Mutilation

<https://www.gov.uk/female-genital-mutilation-help-advice>

Appendix 10

Useful contact details:

Dr Sarah Mundy

Psychology Associates Ltd

41-43 Lower Fore Street

Saltash

Cornwall

PL12 6JQ

T: 0845 026 7260

E: sarah.mundy@psychologyassociates.org.uk

Dr Sue Candy

Psychology Associates Ltd

41-43 Lower Fore Street

Saltash

Cornwall

PL12 6JQ

T: 0845 026 7260

E: sue.candy@psychologyassociates.org.uk

Dr Molly Bodinetz

Psychology Associates Ltd

41-43 Lower Fore Street

Saltash

Cornwall

PL12 6JQ

T: 0845 026 7260

E: molly.bodinetz@psychologyassociates.org.uk

Cornwall and Isles of Scilly Local Safeguarding Children Board

Cornwall Safeguarding Children Unit

3rd Floor West Wing

New County Hall

Treyew Road

Truro

TR1 3AY

Tel: 01872 327225
Single Referral Unit - 0300 1231 116
Out of Hours Service - 0300 123 4100

Plymouth Safeguarding Children's Board

Plymouth City Council
Plymouth Civic Centre
01752 308600

Out of hours service: 01752 346984

<http://www.plymouth.gov.uk/homepage/socialcareandhealth/childrensocialcare/localsafeguardingchildrenboard.htm>

Devon Safeguarding Children's Board

0345 155 1071

Out of hours – 0845 6000 388

Ofsted

Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD.

T: 0300 123 1231

Police 101

Local Authority Designated Officers:

[Cornwall: - 01872 326536](tel:01872326536)

Plymouth: (Simon White). Contact via children's social care on 01752 307144, or email: simon.white@plymouth.gcsx.gov.uk.

Devon: LADO helpline: 01392 384964. OR email: ladosecure-mailbox@devon.gcsx.gov.uk.

South West child protection procedures:

<http://www.proceduresonline.com/swcpp/>

Reference

This document is written with reference to the "*Working Together to Safeguard Children: A Guide to Inter-agency Working to safeguard and promote the welfare of children*" (DCSF, March – 2015) and the Children Act 2004

6.6. Appendix 6 - Equal opportunities and diversity policy

Aim

Psychology Associates is committed to creating a working environment that is free from discrimination, bullying, harassment and victimisation. The aim of this policy is to provide all employees of Psychology Associates with further information regarding their responsibilities within the Equality Act 2010.

What this policy covers

This policy will detail the steps that Psychology Associates takes to ensure that all employees comply with legislation. It informs all employees of their responsibilities, the training that all employees can expect to receive and how we as a company monitor this policy is effective. It will also detail how to make a complaint if required.

Employee entitlements and responsibilities

Unlawful discrimination of any kind in the working environment will not be tolerated and Psychology Associates will take all necessary action to prevent its occurrence.

Specifically, Psychology Associates aims to ensure that no employee or job applicant is subject to unlawful discrimination, either directly or indirectly, on the grounds of gender, race (including colour, nationality, national origin and ethnic origin), disability, sexual orientation, gender reassignment, marital status or civil partnership, part-time status, age, pregnancy or maternity, religion or belief. This commitment applies to all aspects of employment, including:

- recruitment and selection, including advertisements, job descriptions, interview and selection procedures (further information can be found within our recruitment and selection policy)
- training
- promotion and career-development opportunities
- terms and conditions of employment,
- grievance handling and the application of disciplinary procedures
- selection for redundancy

Equal opportunities practice is developing constantly as social attitudes and legislation change. Psychology Associates will review all policies and implement necessary changes where these could improve equality of opportunity.

Training of our employees

All employees are required to read this policy at the commencement of their employment. This policy forms part of all our employee's contracts of employment therefore all staff sign to say that they have read, understood and will adhere to the procedures described herein. All employees involved in management or any aspect of recruitment will also undertake external training.

Monitoring

The effectiveness of this policy will be monitored by Sarah Elliott, Operations Director, on an annual basis or sooner if required. Further, Psychology Associates requires all new employees to complete the Equality Monitoring form which will also be reviewed annually.

Complaints of discrimination

Psychology Associates will treat seriously all complaints of discrimination made by employees, clients, customers, suppliers, contractors or other third parties and will take action where appropriate.

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If you believe that you have been discriminated against, you are encouraged to raise the matter as soon as possible with your manager or other senior employee using Psychology Associates' Grievance Procedure (which can also be found in the Employee Handbook).

Allegations regarding potential breaches of this policy will be treated in confidence and investigated thoroughly. If you make an allegation of discrimination, Psychology Associates is committed to ensuring that you are protected from victimisation, harassment or less favourable treatment. Any such incidents will be dealt with under Psychology Associates' Disciplinary Procedures.

Investigating accusations of unlawful discrimination

If you are accused of unlawful discrimination, Psychology Associates will investigate the matter fully.

During the course of the investigation, you will be given the opportunity to respond to the allegation and provide an explanation of your actions.

If the investigation concludes that the claim is false or malicious, the complainant may be subject to disciplinary action.

If the investigation concludes that your actions amount to unlawful discrimination, you will be subject to disciplinary action, up to and including dismissal without notice for gross misconduct.

6.7. Appendix 7 - Complaints policy

Aim

The aim of this policy is to provide any individual who comes into contact with Psychology Associates information regarding the process in place for receiving feedback on the services that we provide. Psychology Associates believes it vital to operate in an open and accountable way in order to build trust and therefore gladly welcomes all types of feedback, including negative. We will endeavour to resolve all complaints informally so that a resolution can be sought as quickly as possible. Psychology Associates priority is to provide a high-quality service to all our clients and customers.

What this policy covers

This policy sets out the process that a complaint will go through from its inception to its satisfactory resolution agreed upon by Psychology Associates and the complainant. This includes how a complaint is made, the process for differing types of complaints and what can be expected from us as a result of the complaint. Despite the set route that such comments take when received by Psychology Associates we must stress that any judgement is made on a case by case basis by the appropriate individuals to ensure that the most relevant action is taken. This policy will also detail the timeframe that complainants can expect Psychology Associates to adhere to and the likely person who will be handling their complaint.

The purpose of the complaints procedure

Initially the purpose of formally processing complaints is to be able to determine the cause of the complaint. This can then lead us to assess why this complaint came to be and if relevant improve processes to prevent reoccurrence. There are two desired results of the complaints procedure

- 1) Initially to ensure that the complainant is fully satisfied with our proposed resolution.
- 2) To enable Psychology Associates to look at the circumstances surrounding the complaint to assist us in avoiding the issue occurring again in the future. By analysing the complaint we believe we can provide a better quality service to clients.

Making a complaint

We encourage individuals who wish to make a complaint to ring Psychology Associates directly on 01752 581001; Psychology Associates always aims to provide an immediate response and by calling us we may do so without delay. The more information provided the quicker Psychology Associates will be able to provide a satisfactory response.

Our responsibility when dealing with complaints

Psychology Associates has a responsibility to deal with all complaints impartially and in a confidential manner, with names only being revealed in instances where information is required for any arising legal action. Psychology Associates will immediately assign an investigating officer who will be the point of contact for the complainant. With regards to our work as an adoption support agency, should the complaint concern the registered manager or registered individual the complaint will be handled by the Operations Director and reviewed by other senior staff to whom the complaint does not concern. Psychology Associates are regulated as an adoption support agency by Ofsted. Ofsted can be contacted on 0300 123 1231 or at Piccadilly Gate, Store Street, Manchester, M1 2WD.

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The person who is the subject of the complaint will not take part in the consideration unless the investigating officer deems it appropriate and at the informal resolution stage only. In the case of a minor we understand that the complaint may be made by a person acting on behalf of that person.

Although we try to resolve any complaint immediately and informally, if required, a formal response will be sent within 2 working days to the individual who has lodged the complaint, either summarising our findings and explaining what Psychology Associates thinks is a fair solution to the complaint, or in more serious cases informing the complainant of the current status of the process and when they should next expect to hear from us. Some complaints may require the involvement of several high level members of staff and discussion at Psychology Associates monthly board meeting, however no matter how long the wait Psychology Associates will fulfil its duty in keeping all parties informed of any progress. Psychology Associates will, so far as reasonably practicable, provide an outcome of the complaint within 28 days from the date the complaint was received. We will also report on any action that will be undertaken. If we are unable to do this within the 28 days we will ensure that the complainant is kept informed of progress and reason for the delay.

Psychology Associates will keep a written record of any complaints including the details of the investigation the outcome and any action taken in consequence. This will be retained for at least three years from the date that the complaint is made.

Psychology Associates take the decision as to whether or not any concerns over a clinician's fitness to practice have been raised. If this is the case it is our duty to report our findings to the HCPC and cooperate with any further investigations that they may wish to conduct.

Once Psychology Associates has provided the complainant with what they deem to be an acceptable response we are more than willing to communicate further on the matter if required. No person is subject to any reprisal for making a complaint.

6.8 Appendix 8 - Compliments policy

Aim

The aim of this policy is to enable any individual or party who come into contact with Psychology Associates to provide us with positive feedback about a service they have used or a staff member they may have encountered whilst conducting their business with us. Psychology Associates aims to use compliments to share good practice among the Company and encourage staff to continue to provide excellent services.

What this policy covers

This policy covers all compliments provided to Psychology Associates r.e. work that we or our associates have done. We see a compliment as an expression of satisfaction with the service that we have provided. A compliment may be made about an individual, a team or the organisation as a whole and may be made by both those external and internal to the company.

The purpose of the compliments procedure

The purpose of this Compliments Policy is to ensure that compliments received from customers, service users, staff and other external bodies are properly recorded, acknowledged and communicated to the individuals who are the subject. Compliments will be regularly analysed so that areas for improvement and potential good practice can be identified and used to promote a higher quality of performance.

Making a compliment

Psychology Associates warmly accepts both written and verbal compliments that individuals may wish to submit. All that we ask is that the individual provides some key information so that we may log the compliment formally. Information we ask for:

- 1) A name (although the compliment provider may remain anonymous)
- 2) The work or psychology Associates staff member it is regarding
- 3) Brief details of the compliment.

Once this information is submitted we may go through our formal compliments process (see appendix below)

Our responsibility when dealing with compliments

Any compliments will be passed on to the relevant member of staff within 3 working days by their line manager. Once the compliment has been dealt with and relevant parties informed Psychology Associates will record it for future reference, with the information being used for example during staff members appraisals or in the wider context any company performance monitoring reports.

7. 1 Appendix 9 - Health and safety policy

The Psychology Associates health and safety policy is a lengthy document, which is available to view separately to the statement of purpose to anyone who wishes to do so.

To receive a copy of the document, please contact our offices.

7.2 Appendix 10 - Ofsted report 2016



Psychology Associates

Inspection report for an adoption support agency

Unique reference number SC462558
Inspection date 20 May 2016
Inspector Heather Chaplin
Type of inspection Full

Setting address Psychology Associates Ltd, 41-43 Lower Fore Street, Saltash, Cornwall
PL12 6JQ
Telephone number 0845 026 7260
Email enquiry@psychologyassociates.org.uk
Registered person Psychology Associates Limited
Registered manager Sarah Mundy
Responsible individual Susan Candy
Date of last inspection 17 December 2014

Psychology Associates,

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Service information

Brief description of the service

Psychology Associates Ltd. provides specialised psychological interventions for children, young people, families and adults who have been affected by adoption. The agency provides adoption support as part of a wide range of therapeutic, consultation and training services. This includes:

- Forensic psychology and expert witness work
- Therapy for adults, children and families
- Consultancy and training for schools and local authorities
- Consultancy and training for a wide range of independent children's services, including children's homes, fostering and adoption agencies
- Bespoke research on behalf of voluntary organisations.

These aspects of the service have not been assessed as part of this inspection, because they fall outside of Ofsted's regulatory remit. The expertise gleaned from undertaking this wide range of tasks does, however, inform the service's adoption support work.

The agency is staffed by qualified and experienced psychologists, who offer a diverse range of therapeutic approaches to service users of all ages from the agency's offices in east Cornwall. The service also employs a number of assistant psychologists and an educational psychologist. In addition, there are more than 100 self-employed associates, including psychologists, an occupational therapist and a specialist therapeutic social worker. The associates who accept work from this agency are based throughout the country.

Thirty families receive an adoption support service direct from Psychology Associates. The agency's extensive consultation and training provision means that the service has an additional impact on the lives of traumatised children and their families by disseminating the knowledge and expertise of its staff to other professionals.

The inspection judgements and what they mean

Outstanding: a service of exceptional quality that significantly exceeds minimum Requirements

Good: a service of high quality that exceeds minimum requirements

Requires improvement: a service that only meets minimum requirements

Inadequate: a service that does not meet minimum requirements

Overall effectiveness

The overall effectiveness is judged to be **outstanding**

This service is outstanding because it provides exceptionally high-quality therapeutic intervention for children and adults who have been affected by adoption. Service users, including those who have experienced traumatic personal circumstances, say that the service is 'absolutely brilliant' and that they have made incredible progress. In some instances, they have turned their lives around.

Children and young people confirm that they are very well supported to manage past trauma and their resulting difficulties in school and at home. One child told his family that after receiving therapy, 'I haven't any worries in my bag anymore.'

Some children have been able to rediscover childhood. They can now giggle and be cheeky, which their parents welcome as a sign that they are beginning to respond to the help that they receive. Adoptive parents receive focused and highly effective support to enable them to care for their traumatised children and to reduce the impact of previous abuse on their family lives. At the previous inspection, outcomes for service users and quality of care were outstanding. Since that time, the registered manager and leadership team have ensured that the agency has further developed an impressive skill base in order to offer a wide range of therapeutic interventions. The work is highly focused on the individual service users' needs, and is flexible and responsive.

The weaknesses found at the previous inspection in staff recruitment and service management have now been resolved. Robust auditing, supervision and appraisal systems are now in place to monitor service delivery.

There are no breaches of regulation and one recommendation has been made with regard to recording. This is thorough and detailed but the clinical tradition of writing case records by hand means that in the event of a service user requesting access to records they may struggle to read them in some instances.

Areas of improvement

Recommendations

To improve the quality and standards of care further, the service should take account of the following recommendation:

Ensure that records are clear and contribute to an understanding of the child's life. In particular, ensure that case recording is legible so that it is accessible to service users and relevant professionals (National minimum standards 27.0 and 27.4).

Experience and progress of, and outcomes for, service users

Judgement outcome: **Outstanding**

Children and adults benefit from an exceptionally flexible, adaptable adoption support service, which is precisely tailored to their needs, irrespective of their gender, sexual preferences or other individual differences.

For example, children who have been severely traumatised by many years of abuse are helped to find strategies to survive their experiences. Children and young people, whose experiences have led them to harm others, receive the support that they need to acknowledge their actions in a climate of warmth and acceptance of them as people. This helps them to build trust with therapists and is an important step on the journey to understanding their behaviour.

Adult service users, who have experienced severe health problems and consequently, have lost children to adoption, say that their lives have changed. They report progress way beyond the level that they had expected and they have acquired valuable insights into their personal circumstances.

Children and young people may receive sensitive, carefully managed life story work to help them to understand their histories. The inspector saw examples of very good quality work which incorporates the child's own contributions and provides an honest and valuable insight into their family background.

When service users' needs change and different priorities emerge, therapists are highly responsive and flexible. This often involves re-negotiating the terms of their intervention with the child, the family and the funding authority. The agency is highly effective at obtaining negotiated agreements when the duration or intensity of the work has to change.

Quality of service provision

Judgement outcome: **Outstanding**

The quality of service provision is outstanding because highly trained and exceptionally well-supported therapists provide thorough assessments and carefully tailored services to help severely traumatised children, young people and adults. In some cases, this intervention helps to avoid the individual developing serious mental health problems.

There are reliable and efficient administrative systems in place to respond promptly to enquiries from members of the public and other agencies. Service users universally praised the clinical administration and reception staff for their warm, friendly and welcoming approach. This helps to reduce the anxiety for children and their parents who wish to contact the service or to attend the premises for therapy.

Services are targeted but highly flexible to accommodate service users' wishes and changing needs. Children and families are involved in their own detailed assessments and their views are incorporated in a meaningful way.

Communication with families and other agencies is exceptionally good. Service users say that telephone messages are always responded to on the same day and that their therapist will go

over and above all realistic expectations if they are in crisis. The agency has an educational psychologist who can advise on educational matters. Therapists frequently work with children's schools to help the learning support and teaching staff to understand challenging behaviour, or why a child appears distressed in certain situations. Parents say that this is a really valuable part of the service.

External professionals described the agency as 'impressive' and commented on the progress that children have made. One said that the registered manager is 'highly professional, producing exceptionally helpful, clear reports and formulations, with recommendations that are clearly linked to her evaluation of the clients' needs.'

Staff and associates are extremely passionate about their work. They actively seek out further training to promote professional development and to improve the quality of their service continually. They ensure that therapeutic intervention is informed by research, and have recently worked with a voluntary organisation to evaluate the effectiveness of different psychological interventions for children who may have been abused. Some staff have also undertaken research projects in local schools.

The agency's training provision ensures that the staff are able to disseminate the principles of their practice to other health and social care professionals. This then benefits a much wider group of children and young people. For example, children's homes and fostering service providers receive consultancy services to help support their most vulnerable children, some of whom will have experienced a breakdown in their adoptive families. Providers hold the service in extremely high regard and spoke about the positive impact that psychological consultation from this agency has had on their service.

Safeguarding children, young people, adults and families

Judgement outcome: **Outstanding**

The agency is outstanding at safeguarding children, young people, adults and families because the managers and staff demonstrate exceptionally clear professional boundaries, combined with a clear understanding of safeguarding guidance and locally agreed protocols. Some therapists work with highly complex child protection matters, which require an exceptional understanding of the impact of abuse. They maintain a calm, highly professional approach and have the knowledge and confidence to advocate for children and birth parents. They also challenge other agencies, when appropriate.

The service has undertaken extensive research and development work to help other organisations to inform their own service delivery. Every aspect of the agency's work is supported by reference to research and is subject to rigorous professional scrutiny through the clinical supervision process.

The agency's managers and staff have received good quality training in safeguarding and demonstrate the knowledge to put this into practice. They are well aware that they may receive disclosures of current and historical abuse at any time.

The registered manager is the agency's designated person for safeguarding and she is well aware of the responsibilities of this role. She has consulted with the local authority's designated person regarding the agency's safeguarding procedures to provide an opportunity for them to comment.

Children, young people and adult service users have access to a formal complaints procedure. No complaints have been received since the previous inspection.

The service has a robust procedure for recruiting and checking prospective employees. This has considerably improved since the previous inspection and now includes detailed information, containing all the elements required by regulation. References are fully verified and the process is monitored through a formal audit. The person responsible for maintaining the recruitment files has attended training in safer recruitment to help to ensure that she is aware of all the possible pitfalls and areas that might make the service vulnerable.

Leadership and management

Judgement outcome: **Good**

Leadership and management are strong, highly motivated and ambitious for the agency. They have responded enthusiastically to government initiatives in adoption support. Leaders and managers, supported by the company's board of directors, have made significant strides in the past year to develop and improve the service.

For example, since the previous inspection, the service has strengthened management monitoring. A major financial review has helped managers to ensure that the agency's previous difficulties in costing work effectively have now been rectified. This means that effective costing and robust accounting systems are now in place to ensure that the service is able to withstand the effects of changes in government policy on funding adoption support and that it remains viable into the future. Staff and managers commented on the positive benefits of greater financial security, which forms the foundation of sustainable growth in the business.

The service has included children's and young people's views in some of its consultation exercises. Their views are valued and used to inform service delivery; for example, to comment on a presentation intended for schools. The service's leaders and managers are pleased with this progress but acknowledge that there is further scope to identify additional areas to which the children and young people could contribute in future.

Leaders and managers have been courageous, open and transparent by inviting 360degree feedback on themselves. They conducted a strengths, weaknesses, opportunities and threats exercise with their staff, and issued a questionnaire. This exercise was completed a month before the inspection. The directors have fed back to staff what they learned from the exercise, and how they propose to take this learning forward.

The service has recently appointed a strategic lead for fostering and adoption to join the agency's leadership team. This person is not yet in post, but their appointment demonstrates the value that the service places on strategic development, and the understanding that as the service grows, the leadership and administration teams will need to expand to provide the required support.

The service has very strong and effective relationships with an expanding number of voluntary, private and local authority organisations. There are service level agreements to provide bespoke training and consultation to these organisations, including an independent fostering agency that also provides adoption services. There are plans to extend the group work currently offered to foster carers, to adopters. This will further enhance service provision.

The agency has a detailed and clear statement of purpose, which accurately describes the services on offer. This document is available on the website, which is accessible and easy to follow for prospective service users.

The registered manager is a qualified clinical psychologist who is registered with the Health and Care Professions Council and the Institute of Dyadic Developmental Psychotherapy (DDP). She has 17 years' experience of working in health and social care, and seven years' experience in management. She is currently undertaking her level 4 management qualification but has not yet completed this award.

The registered manager receives professional supervision both from her line manager and from a specialist DDP practitioner. She ensures that her own professional development is maintained through receiving, and delivering, training.

Staff who are employed directly by the agency receive high-quality, regular supervision from their line manager, in addition to clinical supervision from external or internal therapists to meet any specialised consultation needs. Staff report feeling very well supported and have annual appraisals to support their professional development.

The service continues to grow and develop, with a large number of associates who work around the country. Leading and managing such a diverse group of professionals is managed well. After a rapid period of growth, there is some scope for further consolidation to help to ensure that the service's ethos is disseminated to everyone. Some associates commented favourably on a conference that they had attended and said that more of these events would be welcome in the future.

At the previous inspection, one requirement and five recommendations were made, all of which are now met. The requirement concerned the quality and robustness of staff recruitment checks. The service has made considerable improvements in this respect. For example, there is now an effective auditing system in place. Staff files are complete and contain all the information required by regulation. Key staff have now completed training in safer recruitment to help them to understand how to manage the process effectively.

To respond to the recommendations, the service has begun to develop formal systems for consultation with children and young people. The children's guide has been updated with contact information for Ofsted. This was further amended during the inspection to include the Children's Commissioner.

The agency was asked to produce a written development plan. The registered manager has now produced a strategic plan for fostering and adoption services, March 2016 to March 2017. This is a detailed but very accessible document, which describes the service's progress since the previous inspection, and outlines areas for development. The agency now produces six-

monthly written reports on the management, outcomes and financial state of the service. The agency's case records are hand written. The therapist reviews notes frequently for the purposes of writing emails, reports and letters to other agencies. These documents are always typed so that there is always summarised information available in readable form, but the original case notes are not always easy to read. This could potentially make it more difficult for a service user to gain access to information about themselves. A recommendation has been made.

About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the inspection framework and the evaluation schedule for the inspection of adoption support agencies.

7.3. Appendix 11 - Referral Form

Adoption and Fostering Referral Form

Name of Child/Young Person: D.O.B: Name of Parent/Carer: Home Address: Contact Number: Is the young person aware of this referral?	
Referrer's name: Contact details:	
Person with Parental responsibility:	
Social Worker: Social Worker's contact details:	
Name of GP: GP Address:	
Name and contact details of key person in education setting:	
Any other professionals involved? If so what is their involvement?	

Current Family situation (i.e. who the child is living with at this time)	
Reason for referral:	
Desired outcomes:	
Brief history of the child's journey into care/adoption:	
Any risk issues (to themselves or others)?	

