

Abingdon House School Purley

Creative Therapy and Counselling Policy

Policy owner	Alice Baxter, Music Therapist and Emily Duvill-Roniger, Counsellor
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Introduction

Abingdon House School, Purley (AHSP) is owned and operated by Cavendish Education.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its students and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core values.

While this current policy document may be referred to elsewhere in AHSP documentation, including particulars of employment, it is non-contractual.

In the school's policies, unless the specific context requires otherwise, the word "parent" is used in terms of Section 576 of the Education Act 1996 as updated, which states that a 'parent', in relation to a child or young person, includes any person who is not a biological parent but who has parental responsibility, or who has care of the child. Department for Education guidance Understanding and dealing with issues relating to parental responsibility updated August 2023 considers a 'parent' to include: all biological parents,

whether they are married or not any person who, although not a biological parent, has parental responsibility for a child or young person - this could be an adoptive parent, a step-parent, guardian or other relative any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part time and who looks after the child, irrespective of what their biological or legal relationship is with the child.

The school employs the services of, among others, the following consulting companies to ensure regulatory compliance and the implementation of best practice:

Peninsula BrightHR
Peninsula Health and Safety
Atlantic Data (DBS)
Educare (online CPD)
SchoolPro (data protection)
Marsh Commercial (insurance)
VWV (legal)

AHSP is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and seek to contribute to safeguarding and promoting the welfare of children and young people at AHSP.

The policy documents of AHSP are revised and published periodically in good faith. They are inevitably subject to revision. On occasions a significant revision, although promulgated in school separately, may have to take effect before the scheduled re-publication of a set of policy documents. Care should therefore be taken to ensure, by consultation with the Senior Leadership Team, that the details of any policy document are still effectively current at a particular moment.

Introduction to Creative Therapy and Counselling within Abingdon House School

Abingdon House School, Purley recognises that many of our pupils, because of their special educational needs and/or disabilities (SEND), experience communication, sensory, emotional, social and mental health difficulties that are not always best supported through verbal or academic approaches.

Creative therapies (Art, Music and Drama Therapy) provide a non-verbal or partially-verbal route through which pupils can process experiences, regulate emotions, build relationships and develop self-expression, self-esteem and communication skills.

Counselling provides a primarily talk-based, safe, confidential and supportive space for pupils to explore their thoughts, feelings and experiences. Through a child-centred and non-judgemental approach, it can support emotional regulation, self-understanding, resilience, communication and positive relationships, while helping pupils develop strategies to manage challenges and express their needs.

Abingdon House School, Purley are committed to supporting pupils holistically within the school environment, where creative therapists and counsellors work closely alongside Speech and Language Therapists, Occupational Therapists, Teaching Staff and Senior Leadership.

Creative therapists work under protected titles such as Music Therapist, Art Psychotherapist and Drama Therapist. They will hold the relevant qualifications from recognised training boards and are members of their relevant professional bodies (BAMT, BAAT, BADT) alongside being registered with HCPC. All governing bodies have their own code of conducts and ethics which therapists will adhere to, alongside the school policies. Therapists who work at Abingdon House School are covered by the schools professional indemnity insurance and have passed DBS checks by the school.

The School employs two therapists, one creative therapist and one counsellor. The creative therapist is employed directly by the school and works 3 days a week. The counsellor is a contractor, engaged to the school 4 days per week.

Throughout this policy, creative therapy and counselling will be covered under the term 'therapy' and 'therapists'. This policy should be read alongside the school's SEND Policy, Safeguarding Policy, Mental Health Policy, Behaviour Support Policy and Child Looked After Policy.

Aims and Objectives

The aims of the therapy provision at Abingdon House School, Purley are to:

- Provide pupils with a safe, consistent, non-judgemental space in which to explore feelings, experiences and relationships verbally or through art-making, music, movement or drama.
- Support the emotional regulation, communication, self-esteem and mental health of pupils whose needs are not always fully met through the pastoral support available at the school.
- Complement and support pupils' progress towards outcomes identified in their Education, Health and Care Plan (EHCP), where applicable.
- Reduce barriers to learning and engagement by addressing underlying emotional, sensory or relational difficulties.
- Work in partnership with families, education staff, and other professionals (e.g. CAMHS, Speech and Language Therapy, Occupational Therapy, Educational Psychology) to provide joined-up, holistic support.
- Ensure therapy is delivered safely, ethically and confidentially by appropriately qualified and registered practitioners.

Identification, Referral and Access

Pupils will access therapy on a needs - led basis as part of a wider pastoral support package. This may mean that some pupils do not access therapy if it is deemed that their emotional, behavioural, sensory and communication needs are being met appropriately within the classroom or as part of a different level of support through the pastoral team.

All staff within the school receive training on what creative therapy and counselling is, appropriate reasons for referral and how to refer to the service.

Pupils may be identified as potentially benefiting from therapy through:

- Provision specified in an EHCP.
- Referral by the SENCO, teaching staff, pastoral team or Designated Safeguarding Lead.
- Recommendation from an external professional (e.g. CAMHS, Educational Psychologist, Paediatrician, previous external therapy).

- Pupil self-referral, where age and understanding allow, if needed with the support of a trusted adult.

Assessment, Planning and Delivery of Therapy:

Therapy at Abingdon House School typically follows this cycle:

1. Referral is made by staff or through the self referral form for older pupils (year 10 and above).
2. Therapists receive referral and collate information to understand the support already provided to the pupil via the pastoral team.
3. If needed and depending on the level of crisis / urgency of the referral, a pupil will be added to a waiting list for therapy.
4. The appropriate therapist will discuss with relevant members of staff and, where appropriate, observe pupil in class.
5. The therapist will discuss with parent to understand more about history, home life and gain consent. During this conversation the process of therapy will be explained and an opportunity to answer any questions will be given.
6. Where appropriate, therapists may commence assessment sessions with a pupil (2 - 3 sessions), assessing whether or not therapy is suitable for the pupil and their needs. Evaluation measures will be used within the assessment.
7. The therapist will then verbally inform parents of therapy input moving forwards.
8. If therapy is deemed appropriate, sessions will start. Sessions take place in the same room at the same time each week. Formulation of aims will be based on referral reasons, therapist's clinical judgement and pupil input.
9. If the pupil is deemed not ready for therapy, the therapist will liaise with the pastoral team regarding other input which may suit the pupils needs better at that time.
10. Therapy continues and reviewed at appropriate intervals. Evaluation measures are used to help understand the effectiveness of intervention.
11. When deemed clinically appropriate a considered, therapeutically planned and structured ending will occur.
12. When discharged from therapy, the therapist will either write an ending report or an ending letter addressed to the pupil. The therapist will use their clinical judgment whether a report or a letter is best suited to pupils' circumstances. It is with the pupils consent that the ending letter this is shared with family or appropriate staff cohort.

Consent and Pupil Voice

Informed consent will be sought prior to a pupil beginning therapy. Consent arrangements are as follows:

- General parental consent will be obtained for all pupils, in line with the school's usual arrangements for consent to interventions in the admissions process entering the school.
- Pupils will be given an age appropriate explanation of what therapy involves and their assent will be sought and respected.
- Where appropriate and needed, parental consent will be sought once again prior to therapy starting.
- Pupils have the right to decline to attend or to withdraw from therapy at any time; this will be discussed sensitively with the pupil, staff and family, and will not be treated as a behavioural or disciplinary matter.
- Continuation of therapy will be reviewed at appropriate points between the therapist and the pupil to ensure consent, appropriateness and effectiveness of intervention.
- Any information discussed with family or staff will be at the consent of the pupil, unless it is a safeguarding concern, eg, where the therapist believes a pupil is at risk of harm to themselves or others, or where a child protection disclosure is made.
- Ending letters or reports, which are written when the pupil is discharged from therapy. Ending letters are shared with family or appropriate staff members with the pupil's consent.

Video and Audio Recordings

Video or audio recording are sometimes required by the therapist (particularly creative therapists) for clinical supervision, sharing with other professionals (i.e. through a lawful subpoena) or to aid in the therapeutic thinking for the therapist. If this is needed, the secure storage and purpose of these recordings will be discussed with the pupil. Only when the therapist is fully comfortable with the pupils understanding and consent given, will recording occur. Parental consent to audio and video recording will also be sought within the creative therapy consent form before a pupil starts therapy.

Supervision and Peer Supervision

The school supports and encourages clinical supervision every 3 weeks for their internal therapist. This is held with an approved clinical supervisor in order to meet the requirements set by governing bodies and the regulations of HCPC. Words First supports and encourages clinical supervision for their counsellor in order to adhere to their ethical counselling practice and regulations.

Meetings and peer supervision between the therapists is vital to ensure a multi-modal provision is delivered in practice. These meetings will provide a space to discuss case load, ensure pupils are accessing the support which is best suited to their needs and support the therapists work and clinical thinking. Alongside this, all therapists are encouraged to seek peer supervision in their own time.

In all clinical supervision, pupils are anonymised to protect identity and confidentiality.

The Therapeutic Space, Resources and Boundaries

Therapy will be delivered in two dedicated, consistent spaces that:

- Offer privacy and freedom from interruption, with a clear system for staff to know the room is in use.
- Are calm, appropriately resourced for multi - modality (art materials, instruments, movement space, props as relevant), and safe in terms of layout and materials used.
- Have means of summoning help in an emergency.
- Allows materials, artwork, recordings or objects created in sessions to be stored securely and confidentially between sessions.
- Are not used as multipurpose rooms. This would blur boundaries for pupils, not conducting a safe therapeutic environment for those pupils engaged in therapy. This will be routinely communicated to all staff at the school.

When starting sessions, the therapist will work with the pupil to establish the boundaries of language used within the sessions. The therapist will encourage expression of self, whilst also using professional judgement around language used and expressed, both verbally and within any art or music work. The therapist will use their clinical judgement to ascertain when correcting language will disrupt the therapeutic process and alliance, particularly when a pupil is processing a situation, trauma or external state.

Working with Parents and Other Professionals

Therapists will offer parents the opportunity to discuss general progress, themes and strategies to support the pupil at agreed review points, while maintaining appropriate confidentiality about specific session content.

Therapists will, with consent, liaise with other professionals involved with the pupil (e.g. CAMHS, Speech and Language Therapy, social care) to ensure coordinated support and holistic multidisciplinary thinking.

In some cases, pupils may be receiving psychological support elsewhere outside of school whilst also be referred for therapy in school. With these cases the therapist will seek to liaise with the external therapist to establish how to progress with the school referral. For a pupil to receive two psychological inputs at the same time is not best practice and can at times be deemed clinically inappropriate. In some cases it may be best to bring the psychological support 'in house' and in others it may be best to separate the two for the pupil and family.

Confidentiality and Information Sharing

Confidentiality is fundamental to effective therapy and enables pupils to engage openly in the therapeutic process. The school and its therapy operate the following confidentiality framework:

- The content of therapy sessions (what a pupil says, creates or does) is confidential to the therapeutic relationship and will not be routinely shared with staff or parents in detail.
- General information such as attendance, engagement, broad themes and recommended strategies to support the pupil may be shared with relevant staff and, with consent, parents to support the pupil's wider education and wellbeing.
- Confidentiality will always be broken where there is a safeguarding concern, i.e. where the therapist believes a pupil is at risk of harm to themselves or others, or where a child protection disclosure is made. This will be handled in line with the school's Safeguarding Policy and reported without delay to the Designated Safeguarding Lead. Wherever possible, and when appropriate, the therapist will inform the pupil of the safeguarding concern and that they will have to break confidentiality. This is to ensure the protection of the therapeutic relationship and open and honest communication between pupil and therapist.

- This limit to confidentiality will be explained clearly to pupils and parents at the outset of therapy, in age and ability appropriate language.
- Clinical notes, artwork, and any audio/video recordings will be stored securely and separately from the main pupil file. This is in line with UK GDPR, the Data Protection Act 2018 and relevant professional body guidance on record-keeping, and retained/disposed of according to the school's data retention schedule.
- Clinical notes, and any ending letters or reports, as per HCPC and relevant body guidance, are kept in line with GDPR guidelines. Data is retained in child health/mental health services until aged 25 years, 26 years if started in the service aged 17 or 8 years after their death if it occurred during episode of care.
- Upon discharge, any art work or recordings of music made will be offered to the pupil to keep if they wish. If the pupil does not wish to keep these, the therapist will securely destroy the confidential waste, ensuring that the pupil is aware and understands this process.
- If needed, reports may be requested to be written for external agencies, to help support transition to a new provision or for an external agency.

Parental Consent to Therapy

As part of the school admissions process, parents/carers will be asked to consent to their child accessing counselling or creative therapies, where appropriate, during their time at the school. When a referral is received, the therapist will seek specific informed consent from the parent/carer and pupil before therapy begins.

If a parent refuses therapeutic support for their child, further conversations with the therapist and safeguarding team would occur in order to ascertain why this might be the case. We will aim to listen and understand any anxiety or concerns a parent might have to consent to therapy starting.

If a pupil under the age of 16 wishes to access therapy but parental consent has not been obtained, the circumstances will be considered individually. The therapist will seek to understand and discuss any concerns with the parent/carer or family, where appropriate, and will consult with relevant school leads. Appropriate clinical supervision and consultation will be sought before any decision is made. Such situations are expected to be uncommon and will be approached carefully, with the pupil's welfare, wishes, understanding, and best interests at the centre of decision-making.

Safeguarding

All therapists working at Abingdon House School, Purley will:

- Complete safeguarding training in line with the school's requirements for all staff, including training on the additional vulnerability of pupils with SEND.
- Be familiar with, and act in accordance with, the school's Safeguarding Policy and reporting procedures.
- Report any concerns about a pupil's safety or welfare to the Designated Safeguarding Lead (or Deputy Designated Safeguarding Lead) immediately, following the same procedures as any other member of staff.
- Be aware of indicators that non-verbal or partially-verbal pupils may communicate distress, abuse or neglect symbolically through art, music, play or movement, and know how to respond and escalate appropriately.

Equality and Inclusion

Therapy provision will be planned and adapted to be accessible to pupils with a wide range of needs, including physical, sensory, communication and cognitive differences. Therapists will work closely with the SENCO and other professionals (e.g. Occupational Therapy, Speech and Language Therapy, teaching staff) to ensure sessions are appropriately adapted to suit the needs of the pupils.

The school will have regard to pupils' cultural, linguistic and religious backgrounds in the delivery of therapy, respecting family wishes and beliefs wherever possible. Therapy rooms will be set up to include and welcome the diverse communities that the school supports.

CPD and Staff Wellbeing

- Therapists will maintain continuing professional development (CPD) in line with professional body requirements and will renew registration as required.
- The emotional demands of therapeutic work will be recognised, and the school will support therapists' wellbeing, including protected time for supervision, planning, note-writing and liaison.
- Therapists will not be required to partake in staff duties which may involve behaviour management due to the blurring of their clinical boundaries and impact for the pupils and their felt safety within their sessions.

Monitoring, Evaluation and Impact

Due to the nature of therapy it can be very difficult to quantify and qualify. Evaluation of the provision are conducted in a different way to those used elsewhere in the school, such as in speech and language therapy and occupational therapy.

Evaluation tools are qualitative in nature and give an insight into how a pupil sees themselves, their internal emotional state and their capacity to reflect. Alongside this the therapists liaise with staff members and use their clinical judgement to assess and evaluate the impact of therapy.

These will be conducted by questions asked to the pupil, teacher and parents. These will be asked during the assessment period, at various review points throughout therapy and at the end of therapy. The discussion of aims in therapy will be ongoing with the pupil to ensure that they feel they are working towards these. Where appropriate, the therapist will share the results of the outcome measure and any progress with the pupil, parents and appropriate wider staff team. Evaluations are gathered sensitively and are kept in a secure online system which only therapists are able to access.

Any reports to senior leadership summarising referral numbers, caseloads, waiting times and overall impact will be anonymised to protect confidentiality.

Multi Disciplinary Thinking and Support for Staff

Due to the cohort of pupils which the school supports, multidisciplinary thinking and reflection is needed. Therapists will support staff by providing training ad hoc on therapeutic topics in order to aid their thinking and teaching of the pupils in the classroom. This will be on an ad hoc basis and in collaboration with the senior leadership team, teaching staff and therapy team (Speech and Language Therapists and Occupational Therapists)

Opportunities to support staff will be through training afternoons - currently on Tuesdays between 3.30 - 4.30pm and on an adhoc, more informal basis.

Complaints

Any concerns or complaints about the therapy provision should, in the first instance, be raised with the SENCO. If unresolved, complaints will be handled in line with the school's general Complaints Policy. Concerns about the professional conduct of an HCPC-registered arts therapist may also be raised directly with the Health and Care Professions Council.

Review

This policy will be reviewed annually, or sooner if there are changes to relevant legislation, statutory guidance, HCPC requirements, or the school's creative arts therapy provision. The next scheduled review date is September 2027 .