



Statement of Purpose

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Author: Claudia Wilson
Contact: cw@cherrycroft.uk

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Contents

Document version history	2
Update to Number, Qualifications and Experience of Staff	2
Facilities and Services provided Update address & Email	2
Values, aims and objectives.	3
Name and Address of the Registered Provider	4
Conditions in force under Part 2 of the Care Standards Act 2000	4
Legal Framework informing our work.....	5
Philosophy and ethos of service	5
Facilities and Services provided (including Assessment Procedure).....	5
Adoption Therapeutic Intervention Workflow.....	7
Responsible Individual – Qualifications and Experience	8
Registered Manager – Qualifications and Experience.....	8
Organisational Structure	9
Number, Qualifications and Experience of Staff.....	9
Further Policies and Documents	10
Monitoring and Evaluating the Agency Services	10
Summary of Complaints Procedure	11
Details of the Registration Authority	12

Values, aims and objectives.

The Cherrycroft Practice was set up to work with some of the most vulnerable members of society – children who have experienced trauma, abuse, and neglect. We aim to provide a therapeutic service to children and families. While we also see children or young people and their families struggling with a mental health or parenting issues, our main area of specialisation is working with children and young people who have experienced trauma. Adopted children and children in foster care and their families form the largest part of our client group. These are children and young people who have experienced a profound sense of a lack of safety, security, and care.

In line with the 2004 Children's Act, we believe that the needs of the child must be central to all work with families. We strongly believe that every child has the right to feel safe and nurtured. We value the welfare and safety of all children is fundamental value to our organisation. We strongly believe that every child has the right to be treated with respect and dignity and as such they have the right to equal opportunities throughout their lives regardless of race, gender, ethnic origin, disability, culture, religion, language and sexual orientation. Any sense of difference or diversity is to be treated with respect.

Children who have been traumatised have complex needs and we aim to provide a professional service that takes the latest developments in research and therapeutic techniques into account. Our overarching aim is to support children to heal from their earlier traumas by providing the best therapeutic support to them and their adoptive families as we are able to do.

We are mindful of the increased level of vulnerability for traumatised children and especially disabled children. Taking the time to get to know children and to listen to the voices of all children with special attention to disabled children is important.

We believe that the best intervention to help children who are able to be in a family environment, to heal from trauma in their birth families, is to be provided with the safety, care and stability of an adoptive family. We aim to support the stability of adoptive families by providing therapeutic support to children, young people and their adoptive parents. We aim to move away from a 'culture of blaming' adoptive parents when their family is in crisis and instead, we aim to work collaboratively with them. We value working in an open and collaborative way with parents as we believe that this is vital to trying to support adopted children and young people. We value the views of children, young people and their parents in the planning and delivery of support services. We also value their views in the broader design of our service.

An important part of supporting children and young people to heal from their earlier, traumatic experiences is about supporting their well-being and development and increasingly their confidence and self-worth so that they are more able to access the opportunities available. We do this in a number of different ways which tend to be bespoke to the child or young person – for example, by helping them and their network to understand how to manage their executive functioning difficulties means that they will be better able to access education and decrease the stress on family life.

We value working in a holistic and collaborative way with other professionals within the family's support network like Social Workers, post Adoption Social Workers, Teachers and others. Families with complex needs need holistic packages of support that require all professionals to work together to ensure the safety and security of children and young people

and working together to ensure that they have opportunities to fulfil their potential and to take part in the opportunities provided by society. We will contribute to EHCP plans and provide information and support to the network around children and young people.

Safeguarding children and young people's well-being in a holistic sense is important to us. We also value working with other agencies to keep children safe from possible harm as outlined in our Safeguarding policy and the relevant legislation.

We endeavour to create a warm and nurturing environment for children, young people, adoptive parents, other professionals and within our own team working. We believe that our core values of respect, care, safety, and creativity should be pervasive in all parts of our organisation.

Our objectives include:

- Therapeutic services to support the stability and well-being of adoptive placements.
- Support the strengthening and resilience of children/young people's relationships with their parents.
- Where it has not been possible for children/young people to continue to live with their adoptive families, we try to work with our colleagues to support the relationship between the child and their adoptive family.
- To support children and young people in making sense of their earlier life experiences in their birth families and to integrate these into their current identity within their adoptive families.
- To promote the positive development of identity, sense of well-being and self esteem
- To promote positive coping strategies for emotion regulation problems
- To support adoptive parents to provide therapeutic parenting of their adoptive children in a way that is also supportive of their own mental health and wellbeing.
- To advocate for children/young people and their families when we feel that they need support in having their voices heard by other services.
- Safeguarding and safety is at the heart of all our work.

Name and Address of the Registered Provider

The Registered Provider, for the purposes of the The Adoption Support Agencies (England) and Adoption Agencies (Miscellaneous Amendments) Regulations 2005, is as follows:

The Cherrycroft Practice
Portland House, Park Street
Bagshot
Surrey
GU19 5AQ

The key individuals carrying on the agency are the following:

- Responsible Individual: Zane Wilson
- Registered Manager: Dr Claudia Susan Wilson

Conditions in force under Part 2 of the Care Standards Act 2000

Responsible Individual: Zane Wilson
Registered Manager: Dr Claudia Wilson

Legal Framework informing our work

- Children Act 1989 & 2004
- United Nations Convention on the Rights of the Child 1991
- Care Standards Act 2000
- Care Act 2014
- Children Act 2004
- Adoption and Children Act 2002
- Equality Act 2010
- Children and Families Act 2014
- Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years.
- Working Together to Safeguard Children 2018
- What to do if you are worried a Child is being Abused 2018
- Keeping Children Safe in Education 2016
- Oxfordshire Safeguarding Children Board guidelines.
- Adoption: National Minimum Standards 2014
- Data Protection Act 2018 (encompassing the EU General Data Protection Regulation 2016/679 (GDPR))
- Adoption Support Agencies (England) and Adoption Agencies (Miscellaneous Amendments) Regulations 2005
- Health and Social Care (Community Health and Standards) Act 2003

Philosophy and ethos of service

Our philosophy is to provide therapeutic support to adopted children/young people and their families to enhance the family relationships and in so doing strength the family unit. To provide therapeutic service to adoptive families to increase their sense of wellbeing and resilience.

It is part of our philosophy that we need to keep up to date with the latest developments in research and practice so that we can provide the best service we can to families. Being reflective on therapeutic process is an important part of our underlying ethos.

It is also important to us that the organisation complies with the relevant legislation and regulations.

Facilities and Services provided (including Assessment Procedure)

We aim to provide a bespoke and holistic therapeutic support package based on our formulation of the child and family's needs.

COVID-19

It is still possible to catch and spread COVID-19, even if you are fully vaccinated. If you have any of the main symptoms of COVID-19 or a positive test result, we ask that you do not come into the practice.

Assessments

Our assessments are often multi-disciplinary, complex assessments that assess the emotional, mental health, social and attachment needs of children within their family. We also

look at their executive functioning skills and adaptive skills with their family and school environments. Where indicated we do cognitive assessments, assessment of sensory integration and mobility assessments. If needed, we will facilitate additional assessments such as ASD assessments and speech and language assessments as incorporate these into our assessments in order to provide a comprehensive formulation of the child/young person's needs.

Therapeutic support for children/young people

We use an integrated attachment based model of working therapeutically as such we tend to work with parent(s) and their children. For older adolescents where it is appropriate, we will see them individually. We may use Theraplay, DDP principles, life narrative work and other appropriate models in an integrated way. The way in which we integrate is dependent on the formulation of the child's therapeutic needs. We also offer sensory integration and Sensory Attachment Integration therapeutic work with our Occupational Therapists which may be precede or run alongside our attachment-based therapeutic work.

Therapeutic support for parents

The therapeutic support includes individual sessions where parents are provided with the space to express and think about how difficult it can be to parent a traumatised child/ children. We also spend time thinking about how parents might manage challenging or problematic behaviours and how they might support the development of their child's emotional, mental health needs and their attachment needs. We also keep a check on parents own mental health needs and we will discuss this sensitively with parents and encourage them to seek additional support as appropriate. Many adoptive parents experience isolation and so we provide a support group for adoptive parent where relevant topics are discussed but the social support of the group is seen as important.

Consultations

We provide consultations to parents and fellow professionals.

Training

Bespoke training for other professionals e.g., school staff, Post Adoption Social Workers and so on. Training and workshops for parents.

Promoting skills development in children/young people

We recognise that the mental health and wellbeing of children and young people can be positively promoted by helping them develop social skills and other skills. We have started to develop a bespoke programme for some families where our Assistant Psychologist supports children in these skills development.

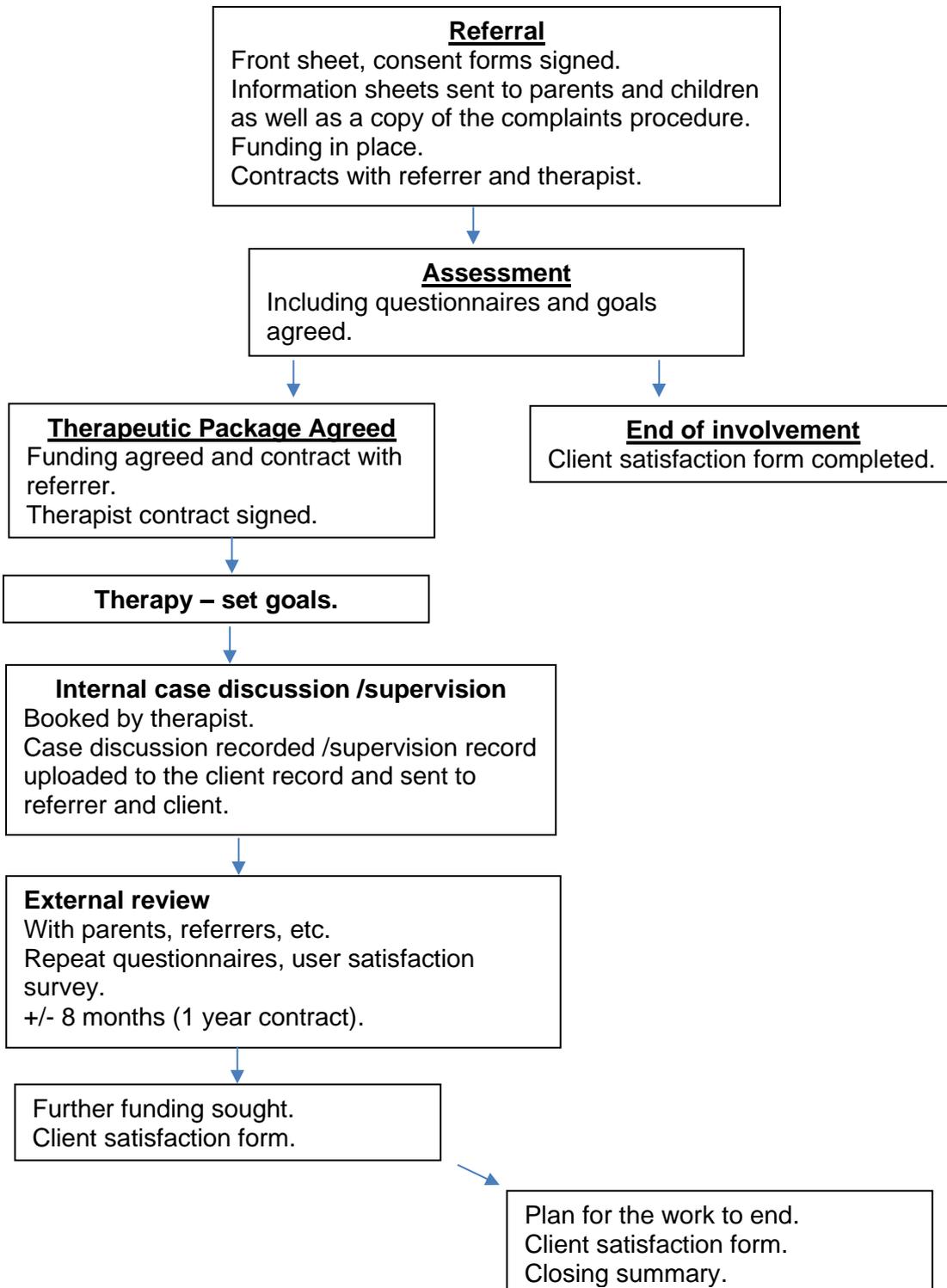
We are constantly reviewing what children/young people and their families need so we have other services in the planning phase including group Theraplay, or emotion-based groups in the school holidays to support families during what can be a stressful time.

Our therapeutic space has been designed with these services in mind. We have six therapy rooms designed to be homely, warm and safe. We also have a room dedicated to assessments such as Marschak Interaction Method, cognitive testing and so on. We have a dedicated Occupational Therapy room. The large waiting area doubles as a space for group sessions in the evenings. Our rooms are well stocked with toys for representational play, art materials, fidget toys, therapeutic stories and any other equipment that can be used to help children to express themselves and process their experiences.

Attachment and relationships are at the heart of what we do so we try our best to provide a warm and nurturing environment. Every aspect of their environment has been considered.

Adoption Therapeutic Intervention Workflow

Adoption contract workflow



Responsible Individual – Qualifications and Experience

Zane Wilson, Operations Director of The Cherrycroft Practice

Zane's qualifications:

- Bachelor of Science Honours (Computer Science and Business Computing) degree - University of the Witwatersrand (1994)
- Bachelor of Science - University of the Witwatersrand (1991-1993)

Zane's experience:

- Operations Director, The Cherrycroft Practice (2013-present)
- Solution Director, Lemongrass Consulting (2021-present)
- Chief Technology Officer (Central Europe), Lemongrass Consulting (2019-2021)
- IT Consultant and Technology Architect – 1995-2018

Registered Manager – Qualifications and Experience

Dr Claudia Wilson, Clinical Psychologist and Director of The Cherrycroft Practice

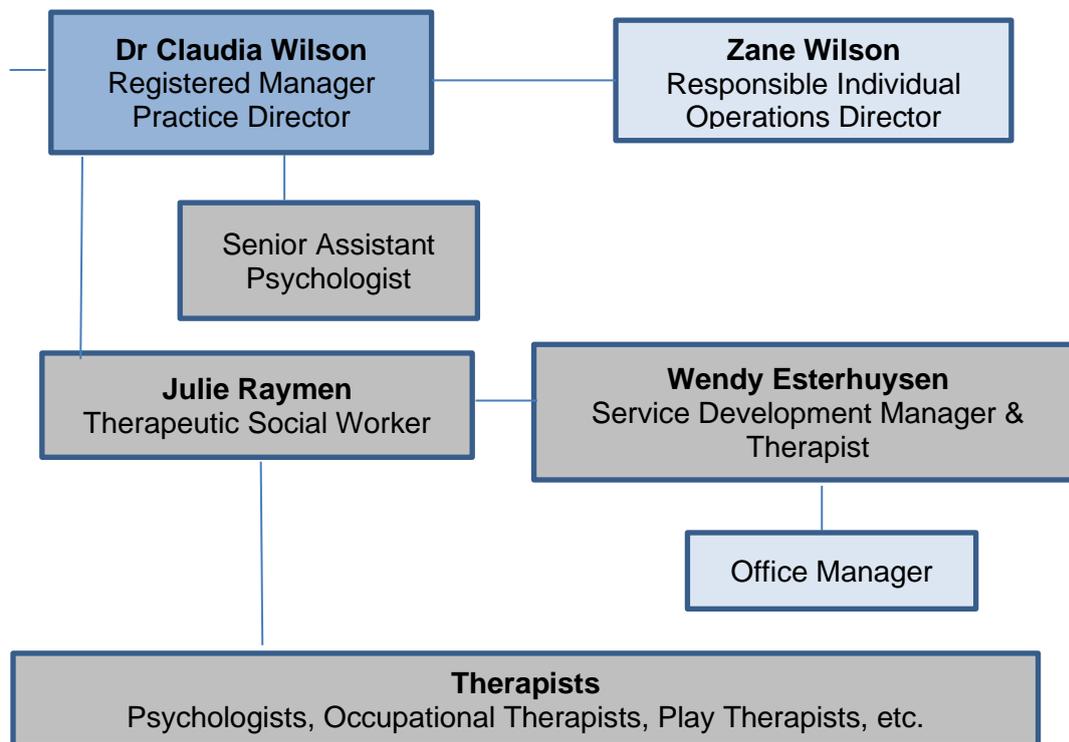
Claudia's qualifications:

- Doctorate of Clinical Psychology - University of Oxford (2005)
- Master of Arts degree – University of the Witwatersrand (1999)
- Bachelor of Arts Honours (Psychology) degree - University of the Witwatersrand (1995)
- Bachelor of Arts - University of the Witwatersrand (1994)
- DDP Levels 1 & 2 with Dan Hughes (2007)
- Theraplay Level 1 (2015) and Level 2 (2016), currently completing intermediate level of certification process
- EMDR part 1 and 2, EMDR with children and adolescents' level 1 (2017)
- Non Violent Resistance – Foundation level training completed (2019)
- Story Stems Training at the Anna Freud Centre
- Higher National Certificate in Business (BTec Level 4) – registered and in the process of completing
- Numerous conferences (Anna Freud Centre, BPS, ACAMH, DDP conference, etc.)

Claudia's experience:

- The Cherrycroft Practice (2013 to present) - envisioned and set up the Practice to provide therapeutic services to traumatised children
- PACT (2012-2013) – Service development as a therapist for adoptive families
- Independent Practice (2007 – onwards working with looked after and adopted children)
- Looked After Children's Psychologist for Wokingham CAMHS (2006 – 2011)
- HOPE service (2006) – Clinical Psychologist in a Tier 4 service for adolescents
- Placement work during D.Clin.Psych training (2002-2005)
- Assistant Psychologist at the Monroe Young Family Centre (2000-2002) which provided independent assessments for care proceedings
- European Research Psychologist for Refugee (2000)

Organisational Structure



Number, Qualifications and Experience of Staff

As of January 2023, our staff for the purposes of the agency are as follows:

- 1 Chartered Clinical Psychologist with experience in fostered, adopted children and complex trauma in CAMHS and VAAs (Sarah-Jane)
- 1 Clinical Psychologist (James)
- 1 Counselling Psychologist (Jane)
- 1 Psychologist PHD (Norma)
- 1 Senior Assistant Psychologist with a Masters level degrees in Psychology, and experience in reviewing case histories, and performing and evaluating questionnaire measures, direct work with children (Emily)
- 1 Paediatric Occupational Therapist with extensive Sensory Integration experience, experience in working in schools, and with children with complex trauma (Catherine)
- 2 Certified Play Therapists (Gill & Emma)
- 1 Senior Therapeutic Social Worker who has specialised in working with children who have experienced early trauma, as a senior member of a specialist therapeutic team since 2003 (Julie)
- 1 Art Therapist (Cecilie)
- 1 Psychiatrist (Jonathan)
- 1 Speech & Language Therapist (Nalia)
- 2 Counsellors (1 Counsellor with additional EMDR qualification) (Helen & Hannah)
- 1 Play Therapist who is an experienced Social Worker and with DDP L1 & 2, Theraplay L1 (Wendy)

We value the skills provided by a **multi-disciplinary team** as listed above. All therapists have professional qualifications and are registered by their regulatory body e.g., HCPC, Association for Play Therapists, etc.

All our therapists have specialist, additional training in attachment-based therapies like Theraplay and DDP. Our therapists have spent many years working with complex developmental trauma within a variety of settings including Social Care, NHS, SWAAY, and so on. Our Assistant Psychologists both have Masters level degrees in Psychology and one our Assistant Psychologists is currently working towards her Doctorate in Neuropsychology.

Keeping up with the latest developments in therapeutic methods, research into complex trauma, the neuropsychology of abuse, neglect and prenatal exposure to drugs and alcohol is important. We often engage in lively discussions about new developments and new innovations. All therapists and Assistant Psychologists are supervised, and we have a review structure for each family.

Most of our therapists are contractors and so they generally provide for their own training. Cherrycroft also organises and pays for training e.g., training by Dr White, Forensic Psychiatrist, on evaluating risk. Regular Safeguarding update training is also provided to all staff.

Clinical supervision is provided by Cherrycroft for our families and some therapists also opt for additional clinical supervision.

Further Policies and Documents

We have a number of policies that should be read in conjunction with our Statement of Purpose:

- Safeguarding
- Safer Recruitment
- Diversity
- Data Protection and Confidentiality
- Whistleblowing
- Equality
- Health and Safety, including Fire Safety Procedures
- Complaints Policy and Procedure
- Children's Guide to the Practice
- Young Person's Guide to the Practice
- Parent's Guide to the Practice

Monitoring and Evaluating the Agency Services

We monitor and evaluate the service in a number of different ways.

Clinical evaluation and monitoring:

- We listen carefully to what families tell us of their experience of the service
- Through feedback forms
- By observing and reflecting on our practice
- We repeat clinical questionnaires to look at therapeutic progress
- Review meetings
- Case discussions and supervision
- Case file audits.

Policies and procedures:

- Planned annual review of policies and procedures within the legal frameworks
- Some Local Authority LSCB websites allow us to sign up for automatic updates to policies and procedures
- Changes can be made sooner than annually if needed.

Financial monitoring:

- Regular financial reviews of contracts
- Company books are completed annually by our Accountants, Stewart and Company

These processes ensure that the services provided by the Practice are effective, and that the quality of these services is of an appropriate standard. The assessment data is provided back the commissioning body as part of our reports.

Summary of Complaints Procedure

We comply with good practice for regular formal and informal feedback, as described above. In addition, we operate a Complaints Procedure, which is underpinned by our Complaints Procedure Document.

At a high level, our complaints procedure is as follows:

How to Complain

Our complaints procedure has three levels. We would expect that any complaints would begin at Level 1 and should the complaint not be appropriately resolved then it can be escalated to Level 2 or 3. In addition, anonymous feedback can be left via our 'post box' in the waiting room, or can be sent to feedback@cherrycroft.pro. All complaints are kept confidential to the extent permitted.

Complaining about someone who normally investigates complaints

If the complaint is about the conduct of an individual, they will not be involved in investigating or adjudicating the complaint, apart from providing their input to the investigator(s). Should the person(s) being complained about normally have accountability for running the investigation, alternative contacts listed below can be used, or otherwise the complaint can be raised directly outside of the Cherrycroft Practice via the appropriate channel by skipping to the next level of escalation listed in Level 3 below.

Level 1 – Tell Us – Informal Complaint

Informal complaints should be raised to the person concerned in the first instance, if appropriate. They will try to resolve the issue within 14 days. Alternatively, the informal complaint can be raised to Dr Claudia Wilson as Manager of the Practice or Wendy Esterhuysen as a senior member of the team if the complaint is about Dr Wilson or Zane Wilson as Responsible Individual.

We will note the nature of the informal complaint and actions taken to resolve it in the 'Informal Complaints' section of our Complaints Management File.

Level 2 – Formal Complaint

A formal complaint can be made in writing directly to Dr Claudia Wilson (Registered Manager) or Zane Wilson (Responsible Individual). A formal investigation will be undertaken and we aim to complete this process within 28 working days. The investigation is likely to involve speaking with staff at Cherrycroft, obtaining statements, considering the child's or service users records and gathering other sources of information as appropriate. Depending

on the complaint, if is of a safeguarding nature we may need to contact outside agencies such as the Police, or Social Care, or individual therapists' regulatory bodies.

Progress updates will be provided, and if there are delays the complainant will be notified why and a new prospective completion date provided. A written response will be provided. All details related to the complaint will be recorded in our Complaints Management File, and kept confidential. We record all formal complaints, chronology of the actions around the complaint and who has been involved in investigating the complaint and any outcomes.

Level 3 – If still not satisfied

Should the complainant still not be satisfied with the outcome of their complaints, they are directed to contact one of the following bodies to take up the complaint on their behalf:

- The organisation who referred them to our service e.g. Local Authority, Regional Adoption Agency or GP
- Their Independent Reviewing Officer, if applicable
- Ofsted – for adoption related services, on enquiries@ofsted.gov.uk or 0300 123 1231
- Children's Commissioner for England on 020 7783 8330 (general enquiries) or 0800 528 0731 (advice for children/young people); www.childrenscommissioner.gov.uk
- Child Line 0800 1111 www.childline.org

Finally, complainants are informed that if their complaint isn't resolved, or they feel it is appropriate, they can contact the regulatory body for the individual concerned. Social Workers, Psychologists and other health professionals are regulated by the Health and Care Professions Council (HCPC) <https://www.hcpc-uk.org/concerns/raising-concerns/public/>

Details of the Registration Authority

Our Adoption work is inspected and regulated by Ofsted, which is the Registration Authority.

Registration Number: SC2528080

Ofsted

Piccadilly Gate
Store Street
Manchester
M1 2WD

Telephone: 0300 123 1231

E-mail: enquiries@ofsted.gov.uk

Website: www.ofsted.gov.uk

Approval Signature



Dr Claudia Wilson
Clinical Lead Manager