



Annual Impact Report 2021

What is Play therapy?

Play therapy is an age-appropriate form of therapy for children which uses play as a way for the child to communicate and engage with their feelings.

It is a gentle and child-centred approach to helping children who have experienced a range of issues, including grief and loss, domestic violence, divorce and separation, attachment issues, bullying, medical trauma and chronic illness, abuse, autism spectrum disorders, ADHD, anxiety, bullying, and the impact of parental drug and alcohol usage or mental health issues.

Play therapy has a robust evidence base and its effectiveness is supported by meta-analytic reviews, randomised controlled trials, and evaluations by professional organisations. Studies on play therapy prove that it is an effective preventative and responsive intervention for school-age children.

Who is Be Centre?

Our Play Therapists are highly trained mental health professionals with degrees in social work, counselling, nursing and/or psychology with additional Post Graduate qualifications in play therapy.

Play therapy for children

The core offering of Be Centre is its 'Hear Me Play' play therapy program – a structured, 1-to-1 program with a therapist. Children are provided with a range of stimuli, from painting, puppets and costumes, to sand play with a world of miniatures – this gives them plenty of scope in how they choose to play, interact and communicate.



Ancillary activities

Some activities supplement the core play therapy (e.g. Art Club) whilst others provide links to the local community (e.g. holiday workshops). Ultimately all ancillary activities provide opportunities for both parents and children to develop themselves further.

Advocacy

Be Centre seeks to contribute to building the play therapy evidence base and increase the prevalence of play therapy as an early intervention across Australia.

Executive Summary

Be Centre is Australia's leading play therapy organisation. Play therapy is a way to support children to express their feelings and deal with their emotional challenges through their natural language of play. Be Centre's highly trained therapists work with children and their families to achieve a range of outcomes for both children and parents/carers. This includes supporting children to make sense of their past experiences, increasing their self-awareness, and helping them learn to self-regulate their behaviour. Parents are also supported to have more positive interactions with their child, helping improve the overall family dynamic.

This 2021 impact report evaluates Be Centre's social impact over FY19-FY21, identifying key changes created by Be Centre's work. **Overall, the report highlights the significant positive impact being created by Be Centre.** More specifically, the report revealed five key findings:

1

The most common outcomes achieved for children are increased self-awareness and self-regulation

2

Play therapy is flexible as an intervention, catering for children with a range of complexities and different starting points

3

Often, greater outcomes are achieved for the child when parents/carers are actively engaged in their child's play therapy journey

4

Equipping parents/carers to better understand and more effectively engage with their child helps maximise the outcomes of play therapy in the home environment

5

The safe and non-judgemental environment created through play therapy was a key enabler for children's success

Our key achievements

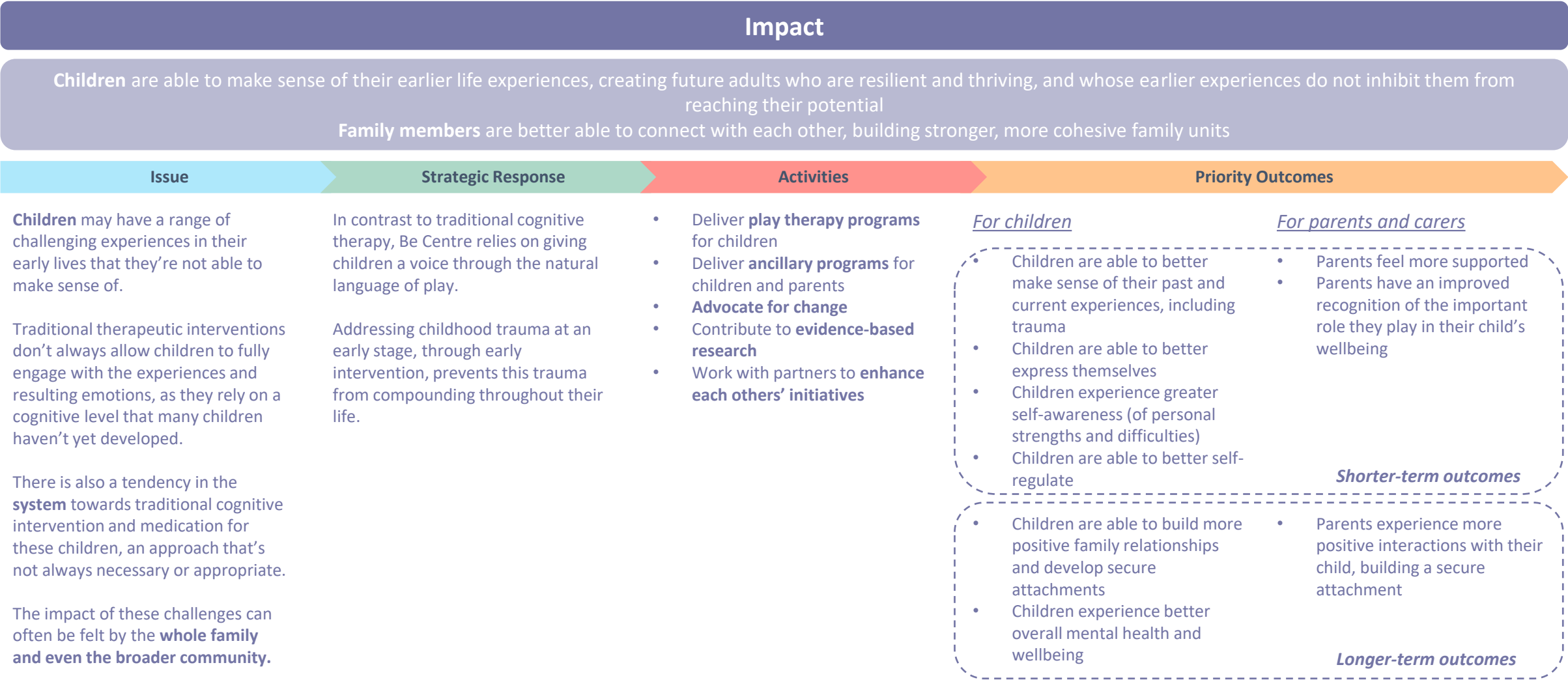
Over the last three years (FY19-FY21), Be Centre has worked closely with the diverse range of families that comprise its client base. Although the COVID-19 pandemic impacted families' overall ability to engage with play therapy, Be Centre worked closely with children and families to ensure they received the support they needed.



* Ancillary activities include Art Club, holiday workshops, and the Festival of Play program

Our Theory of Change

Be Centre’s model is guided by its Theory of Change, which outlines an understanding of the key issues faced by children, families and the wider system, the activities Be Centre undertakes in response, the consequences that can be expected and the desired outcomes and impacts.



Methodology

Social Ventures Australia (SVA) worked collaboratively with the Be Centre team to help design its Theory of Change and identify the priority outcomes for the organisation to measure. Three main data sources were used to capture information relevant to these outcomes.

Firstly, seven play therapists at Be Centre were interviewed to understand their experiences with 30 clients who started and completed play therapy in the period between 1st September 2020 and 31st August 2021. These interviews provided a detailed view of the outcomes experienced by these children. To supplement these qualitative insights, data was also collected from the Strengths and Difficulties Questionnaire completed by parents— providing a quantitative perspective on the outcomes achieved (these are featured in the Appendix of this report).

Lastly, we conducted a wider survey of all parents and carers whose child(ren) had completed play therapy in the period between 1st September 2020 and 31st August 2021. 25 responses were received, representing a response rate of 35%. These responses provided the viewpoints of parents with respect to outcomes for themselves, as well as for their child(ren). Of note, this survey was conducted during a period of lockdown in Sydney, whilst parents were home-schooling their children – this may have had some impact on the responses collected.

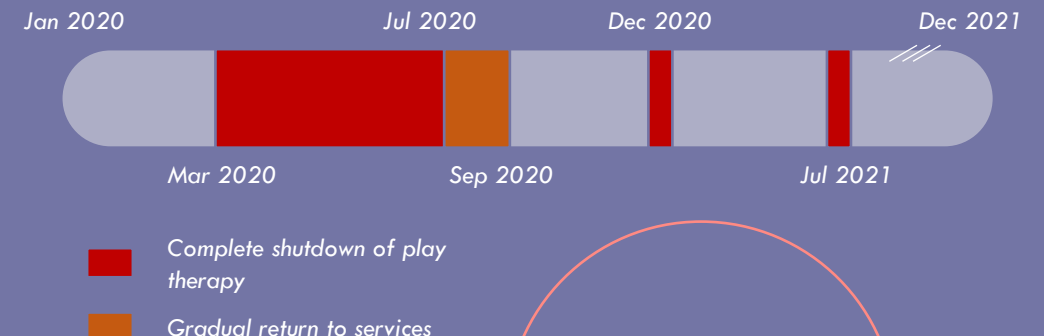


Impacts of COVID-19

It is important to note that the pandemic had a significant impact on the way services were able to be delivered, and resultingly, the level of engagement from clients. This ultimately affected some of the results presented in this report.

Play therapy is overwhelmingly viewed as more effective when delivered in person, as it relies on a strong connection to be formed between therapist and client. Be Centre was forced to cease its in-person delivery for several months as a result of COVID-19 restrictions.

When the second wave of COVID-19 hit, Be Centre decided it needed to act fast and offered tele-play therapy for existing clients during the initial week-long shutdown, after a careful assessment of their suitability for this delivery method. Despite the limitations of online therapy, it proved to be such a success for these particular clients, that Be Centre continued to offer it on an ongoing basis for those who were unable to resume face-to-face sessions, including those with compromised immunity and/or those living in the high-risk Local Government Areas. Since 1st July 2021, Be Centre has delivered 56 sessions virtually.



Key findings

1

The most common outcomes for children are increased self-awareness and self-regulation

- Overall, both parents and therapists were aligned on the benefits of play therapy in improving their child's/client's self-awareness and self-regulation
- Where self-awareness improvements occurred, this typically happened very gradually over the course of their play therapy sessions
- Improvements in self-regulation occurred in both the home environment as well as external environments such as schools

2

Play therapy is flexible as an intervention, catering for children with a range of complexities and different starting points

- Children come to Be Centre for a wide range of reasons and at very different stages in their therapeutic journey
- With the optimal number of sessions, clients were able to achieve positive outcomes; clients with less complex needs typically needed approximately 12-14 sessions to achieve their desired outcomes, whilst those with more complex needs (e.g. autism, childhood trauma) typically required 20+ sessions
- Some clients had a more negative starting point when beginning their journey with Be Centre – this included a history of previous negative experiences with traditional therapy, previous medical trauma, or a lack of parental engagement as part of previous therapy. In some cases, this resulted in achieving outcomes to a lesser extent than clients with a more neutral starting point into play therapy

3

Often, greater outcomes are achieved for the child when parents/carers are actively engaged in their child's play therapy journey

- Parents' engagement involved participation in structured programs (e.g. Parents Support and Parent-Child Attachment Play), as well as informal participation such as taking onboard feedback from the child's therapist
- For clients whose parents were not supporting the child's therapy, outcomes were achieved to a lesser extent, particularly in making sense of experiences and self-regulation

4

Equipping parents/carers to better understand and more effectively engage with their child helps maximise the outcomes of play therapy in the home environment

- Building parents' capacity to engage with their child had extremely positive impacts, particularly with regards to building and maintaining a strong connection with the parent following play therapy. It also led to reduced incidence of issues such as separation anxiety amongst some clients

5

The environment created through play therapy was a key enabler for children's success

- One aspect of this positive environment was the feeling of a 'safe space' created by the therapist, allowing for a non-judgemental atmosphere where children could be themselves
- Play-therapy being child-centred was also viewed positively by therapists, as it empowered children to achieve outcomes themselves

Our outcomes For children

Play therapy, as an early intervention, contributes to longer-term children's mental health as they progress into adulthood. When asking about the changes experienced so far for children, we heard the following from therapists and parents



Making sense of one's experiences

- **90%** of therapists and **76%** of parents agreed that their client/child was better able to make sense of his/her past and/or current experiences, including trauma



Expressing oneself

- **93%** of therapists and **84%** of parents agreed that their client/child was better able to express himself/herself



Self-awareness

- **87%** of therapists and **80%** of parents agreed that their client/child had a greater sense of self-awareness



Play therapy is the only thing that has shown results from day one and the only thing the client has never wanted to miss. This family had seen about six other therapists before trying play therapy.



Self-regulation

- **93%** of therapists and **76%** of parents agreed that their client/child was better able to self-regulate



Relationships and attachments

- **90%** of therapists and **84%** of parents agreed that their client/child was better able to foster more positive family relationships and develop secure attachments



Overall mental health and wellbeing

- According to the WHO*, half of all mental health conditions start by the age of 14 years, and therefore early intervention is critical. Children achieving the above outcomes have a higher likelihood of better longer-term overall mental health outcomes

* WHO, 'Adolescent mental health' (2020).

Our outcomes

For parents and carers

When asking about the changes experienced for parents and carers, we heard the following



Parents felt more supported

84%

of parents agreed that having their child in play therapy made them feel more supported (of which 80% 'strongly agreed')

Parents recognised the role they played

80%

of parents agreed that engaging with Be Centre made them more aware of the important role they play in their child's life (of which 52% 'strongly agreed')

Parents interactions improved

80%

of parents agreed that their interactions with their child have improved, following play therapy (of which 48% 'strongly agreed')

*"It was a necessary and potent reminder to always start with honouring my child's feelings, to meet them where they are in any given moment and to **remember how critical my own inner state is and the impact my energy has on them.**"*

*"Working with my therapist gave me **more confidence** as a parent to a neurodiverse child and helped me develop a **better understanding of her specific needs.**"*

*"**It was certainly nice to feel supported** and to know that our grandson had a special safe place to be able to express himself with someone who he grew to love and trust."*

Case studies



Case study 1

Situation: Eight-year-old Robert* was showing heightened emotional behaviour after his parents separated. He became frequently angry and was showing aggression towards his siblings. He was also exhibiting challenges at school, having trouble focusing.

Play therapy: During his time at Be Centre, Robert was able to safely explore his emotions without judgement. His work with the play therapist identified Robert's primary fear – that he would lose time with his mother due to the separation – and helped him communicate and work through these emotions.

Outcome: Robert was better able to express himself and self-regulate when he became frustrated, sibling rivalry decreased, and the overall family dynamic improved.

Case study 2

Situation: Six-year-old Susie* came to Be Centre after her mother's severe mental health challenges, following a history of domestic violence, started to negatively impact Susie. Susie was internalising feelings of anxiety related to her mother's condition and had become more withdrawn and isolated.

Play therapy: With support from her play therapist, Susie worked towards being able to verbalise her needs to her parents and her teachers. The therapist also worked with Susie's parents, helping them identify environmental triggers and supporting her to remain calm in stressful situations.

Outcome: Susie was able to explore her feelings in a safe place which resulted in increased self-esteem and a stronger ability to verbalise her needs. In the school environment, it resulted in being able to pay more attention, and being better able to access learnings. Her parents also had better tools to support Susie when things got stressful at home, supporting a healthier family relationship.



Feedback

What are parents saying about Be Centre?

Our son is able to express his emotions appropriately, as opposed to always feeling so angry and tearful.

He seems happier and confident in himself, our family is extremely appreciative, our boy has a zest for a life.

My son is more independent and slowly beginning to take healthy risks. He has stopped focusing on sickness and death (I had a cancer diagnosis and treatment prior to Be Centre) which is quite amazing during 3 months of lockdown in a pandemic.

My child definitely learnt skills to manage her anxiety through her play therapy, and also **both my daughters developed a special bond with their therapists**, which I felt really helped them to have an extra 'adult' they learnt to open up to and trust, apart from my partner and I.

Feedback

What are our play therapists observing?

After therapy, client's tantrums went from once a day to once a fortnight. **She found it easier to reconnect with friendships, was feeling less tension around school,** and had a lot more confidence with separation. She was happy to go to camp too.

Parents were given skills to work with client at home. He was able to ask when he needs his alone time now and is singing on the toilet. Sleep had also improved and client wasn't going into parent's room as much due to decreased anxiety.

He was more confident, a lot more comfortable interacting with others. He could manage things a lot better. Client presented as a ball of anxiety and afterwards he was very comfortable in himself.



Our ask from you

How can you get involved with Be Centre?



Funders

Few, if any, centres in Australia offer what we do – what we do requires a specific type of expertise. Our approach to healing isn't a quick fix, and our waiting list is ever present. There are times we need to turn cases away based on a lack of resources.

We're looking for new funding partners – if you would like to be involved in funding play therapy scholarships for our clients, or to contribute in some other capacity, please reach out.



Clients

As play therapy continues to become more established in Australia, we are also looking to grow our footprint as an organisation. Please get in touch with us to see how we could help you achieve your child's goals.

We are based in the Northern Beaches, and although most of our clients are located in the area, we are looking to expand our footprint across Sydney. Regardless of your location, we can help identify a solution that works best for your needs.



Community and Volunteers

Above all, we need voices to champion the impact of what we do. Our work can change the outcome of a life in just a few weeks. It's vital, and it's necessary to the wellbeing of Australia's future.

There are many ways we work with our valued individual and corporate volunteers. Whether it be skilled volunteering (marketing, web site, creative etc.), or administrative and events support, we'd love to hear from you.

For further information on how you can get involved, please visit becentre.org.au, or contact **Michelle Carlyle** at info@becentre.org.au



**“Birds fly, fish swim, and
children play”**

Garry Landreth

Appendix

We also analysed outcomes for children using the Goodman's Strengths and Difficulties Questionnaire (SDQ)

What is the SDQ?

- The Goodman's SDQ is a behavioural screening questionnaire for children aged 3 to 16, used to assess their mental health
- It provides a quantitative measure of a child's progress against one positive and four negative dimensions of mental health, over the course of the child's play therapy sessions
- These indicators are across the following categories: 'Emotional Distress', 'Behavioural Difficulties', 'Hyperactivity', 'Peer Relationship Difficulties', and 'Pro Social Behaviour' (the first four of which are aggregated to give a 'Total Difficulties' score)

How does Be Centre capture this data?

- Parents/carers of Be Centre's clients assess their child's strengths and difficulties at the beginning, midway through, and at the conclusion of their play therapy program
- This is achieved by answering 25 questions (5 questions aligned with each of the dimensions), which each have a corresponding score of between 0 and 2, depending on the particular question

SDQ results (n = 23*)

	Average Pre	Average Post	Average Difference
Total Difficulties (/40)	13.1	10.1	-3
Pro-social (/10)	8.2	8.4	+0.2

Key insights

1. Both 'Total Difficulties' and 'Pro Social' scores shifted in the intended direction following play therapy, indicating the effectiveness of the intervention for this particular sample
2. Most (16 out of 23 clients) had a decrease in their total difficulty score, whilst 2 had no change. For most of the remaining 5 clients whose scores increased, their initial total difficulty score was relatively low, and their therapists were nonetheless satisfied with the outcomes achieved
3. Of the 4 dimensions of 'Total Difficulties', 'Emotional Distress' changed the most (-1.8 average difference), and this change was more pronounced for clients who had a higher starting level of emotional distress

* The 23 SDQ scores were derived from the same sample of 30 clients who started and completed play therapy in the period between 1st September 2020 and 31st August 2021. The SDQ score for the remaining 7 clients could not be included for a range of different reasons.