



**FIRST FORTNIGHT**  
THE ART OF MENTAL HEALTH

‘Expression of Interest’

## **Creative Therapist Panel Member**

### Guidance Notes

First Fortnight is a diverse organisation delivering impact to a large group of people by challenging mental health prejudice through arts and cultural action. First Fortnight started their service of creative arts therapy for Adults in 2012 and has been providing music and arts psychotherapy to adults with experience of homelessness or at risk of homelessness since then. This initiative has gone from strength to strength and through support from The Government of Ireland & ReThink Ireland First Fortnight now plans to expand its provision to provide creative therapies to children and young people who are at risk of, experiencing or have experienced homelessness. This service will aim to support and enhance the mental health and wellbeing of the target population.

To support the expansion First Fortnight is currently seeking to engage a panel of suitably qualified /accredited creative therapists to support their expanded therapy service.

The panel will be comprised of a diverse group of creative therapists with expertise across a range of different modalities and work in line with best practice trauma informed practice. Panel members will be called on as required to provide creative therapy interventions on a referral basis. Creative therapist panel members will be required to have the following in place:

- Up to date professional accreditation through a recognised accreditation body such as IACAT
- Professional indemnity and Public Liability insurance
- Clinical practice supervision
- Access to own suitable therapeutic space
- Their own equipment and materials to support the creative therapy modality offered i.e. instruments, sand trays, art materials etc.
- Covid-19 Safety Plan and Procedures

The deadline for submission of EOIs is **5pm on Friday 18<sup>th</sup> September 2020**.

All expressions of Interest should carry the following reference :**FF/EOI/Creative Therapist Panel/2020**

Creative therapists wishing to be considered for the panel are requested to submit the following documentation for the attention of Patricia Bourke D’Souza, Therapeutic Services Manager, First Fortnight at [patricia@firstfortnight.ie](mailto:patricia@firstfortnight.ie) no later than 5pm on Friday 18<sup>th</sup> September 2020:

- a Curriculum Vitae providing evidence of the relevant required skills, professional experience and accreditation;
- a copy of the completed application form (see below)

Following the closing date for receipt of Expression of Interest, applications will be evaluated by First Fortnight. Short-listed applicants will be invited for an interview. Please note that it is envisaged that the panel from which referrals may be made will extend across the lifetime of the funding allocation (2020-2022).

For queries relating to the expression of interest please email or contact Patricia Bourke at [patricia@firstfortnight.ie](mailto:patricia@firstfortnight.ie) Tel: **(086) 0654476**

Thank you. We look forward to receiving your application for this new and exciting initiative.

**Please note:** The expansion to the Creative Therapy service will commence in the Dublin region and the outcomes from the pilot will inform future provision and reach.



**FIRST FORTNIGHT**  
THE ART OF MENTAL HEALTH

### **Creative Therapy Fees and Payment**

Panel members will be paid a sessional fee for each consultation they provide as per the agreement with First Fortnight. Payment will be made on receipt of an invoice to First Fortnight for creative therapy sessions held. Panel members will be required to submit invoices to First Fortnight no later than one week following the session. Payment will be made directly via bank transfer.

### **Referrals to the Creative Therapy Service**

The creative therapy service will form an important element of First Fortnight's service provision for children and young people who are at risk of, experiencing or have experienced homelessness. The service will work in conjunction with the Music in Mind programme, which is an initiative developed by the National Concert Hall, in partnership with First Fortnight, supported by The Government of Ireland & ReThink Ireland.

It is envisaged that many of the referrals to the creative therapy service will emerge as a result of a child's/young person's participation in the Music in Mind programme. Children and young people who present with additional mental health support needs may be referred for additional creative therapy support on a case by case basis (see below). In such cases the child or young person will meet with a clinical team member of the First Fortnight Creative Therapy Service who will carry out an assessment of need. A referral for Creative Therapy may then be made for up to 6 sessions. On completion of the agreed creative therapy sessions the child/young person will be required to meet for a second time with First Fortnight clinical team member to complete the post therapy assessment.



FIRST FORTNIGHT  
THE ART OF MENTAL HEALTH

## Expression of Interest Details Application

Re: Creative Therapy Panel Ref: FF/EOI/Creative Therapist Panel/2020

1 Personal Details	
Forename(s):	Surname:

Home:	Address	
Work/Mobile		Postcode:
Email:		
<b>Address of Creative Therapy Location</b> The therapy location must have easy access to public transport options		

Please state your currently held Creative Therapy accreditation/s and associated accrediting body/s:

Accreditation	Accrediting Body

Please state the Creative Therapy modalities which you are **fully accredited** to provide:

Please indicate your proposed creative therapy sessional fee (the fee must be inclusive of all room, equipment and material costs). The fee amount agreed will be based on available funding.	€
---	---

The Creative Therapy Service will be provided on a sessional basis. Successful panel members who receive referrals are required to be able to commit to supporting the child/young person for the <b>full course</b> of their agreed therapy. Please indicate your availability and ability to work in line with this.	
--	--

Please indicate the days/times that you would be available to facilitate creative therapy referrals i.e. morning, afternoon, evening etc. <i>e.g. Tuesday and Thursday mornings between 10-1pm only</i>	
--	--



FIRST FORTNIGHT  
THE ART OF MENTAL HEALTH

2

### Relevant Experience

Please provide the details of your creative therapy provision history, beginning with your most recent.

**Role:**

Centre/Service Name and Address:

From:

To:

Briefly describe the modality you used and indicate the extent of your experience with different age groups: i.e. Under 10's, 10-14yrs, 14-18 years 18+ years

**Role:**

Centre/Service Name and Address:

From:

To:

Briefly describe the modality you used and indicate the extent of your experience with different age groups: i.e. Under 10's, 10-14yrs, 14-18 years 18+ years

**Role:**

Centre/Service Name and Address:

From:

To:

Briefly describe the modality you used and indicate the extent of your experience with different age groups: i.e. Under 10's, 10-14yrs, 14-18 years 18+ years



FIRST FORTNIGHT  
THE ART OF MENTAL HEALTH

3

### Relevant Professional Training and Accreditations

Please include all **relevant** qualifications and training undertaken.

Date		Training body/Institution	Qualification/Accreditation body
From (mm/yy)	To (mm/yy)		

4

### Evaluation Process

First Fortnight has embedded an evaluation process into its creative therapy service provision to help ensure that our service provision is effective in meeting the needs of our target group. In advance of referral children and young people will have completed a pre engagement assessment. Creative therapists on the panel will be required to work with the child/young person to complete and return all interim and closing session evaluation documentation. Please indicate your ability and commitment to comply with this requirement.

Yes  No

Details: \_\_\_\_\_



FIRST FORTNIGHT  
THE ART OF MENTAL HEALTH

5

### Supporting Statement

Please detail your experience, skills and knowledge to undertake this role.

6

### Garda Vetting through First Fortnight and Other Relevant Training Requirements

Please indicate below if you have the following completed.

Garda Vetting in respect of your practice     Yes    No   Date Completed:

Give Details<sup>1</sup>

Child Protection/Safeguarding Training     Yes    No   Date Completed:

Give Details:

Trauma Informed Practice Training     Yes    No   Date Completed:

Give Details:

7

### Declaration

I confirm that the information I have provided on this application form is true to the best of my knowledge and belief. I understand that my application may be rejected and/or that I may be dismissed if I have given false information or withheld relevant details. In such cases creative therapy referrals and sessions will be withdrawn.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

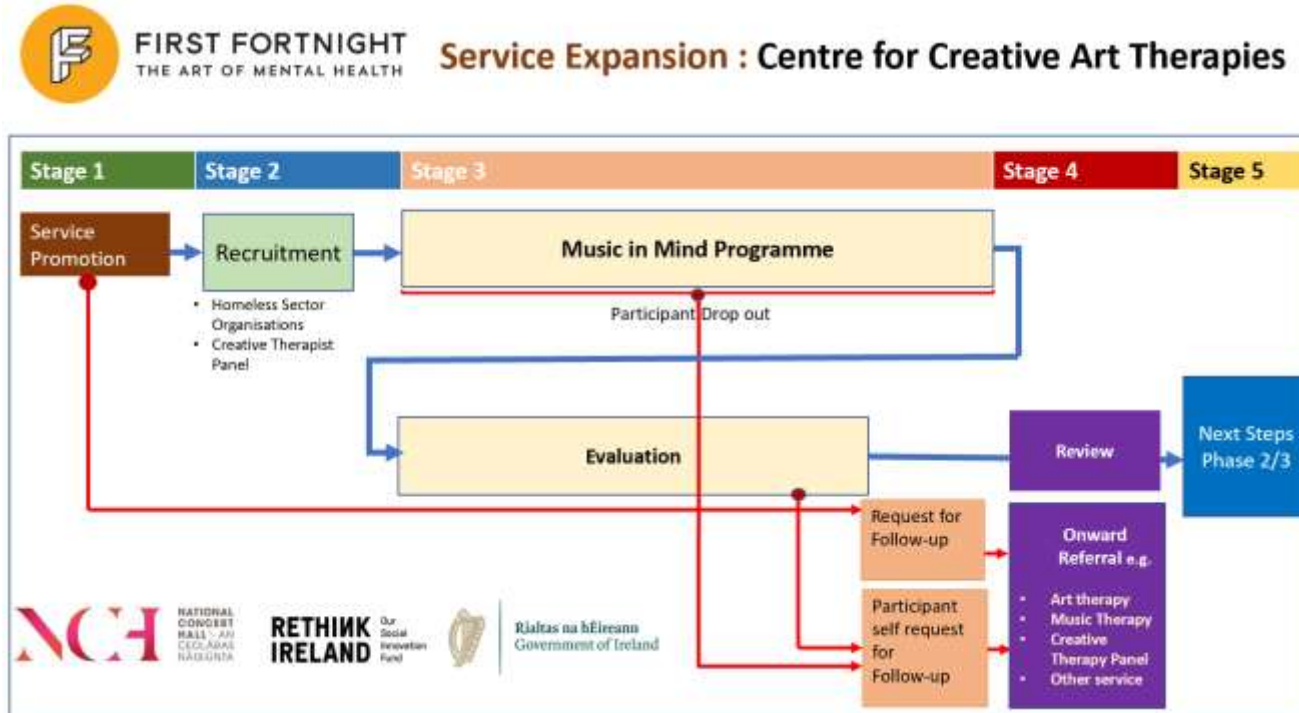
Please note that inclusion on the panel will not confer a guarantee of referrals. Referrals will be made based on the needs as presented by the child/young person target population. Panel members who receive referrals are required to ensure that they are in a position to commit to supporting the child/young person for the full course of their agreed therapy.

<sup>1</sup> Where Garda Vetting has not already been secured in respect of your creative therapy practice this will be arranged through First Fortnight



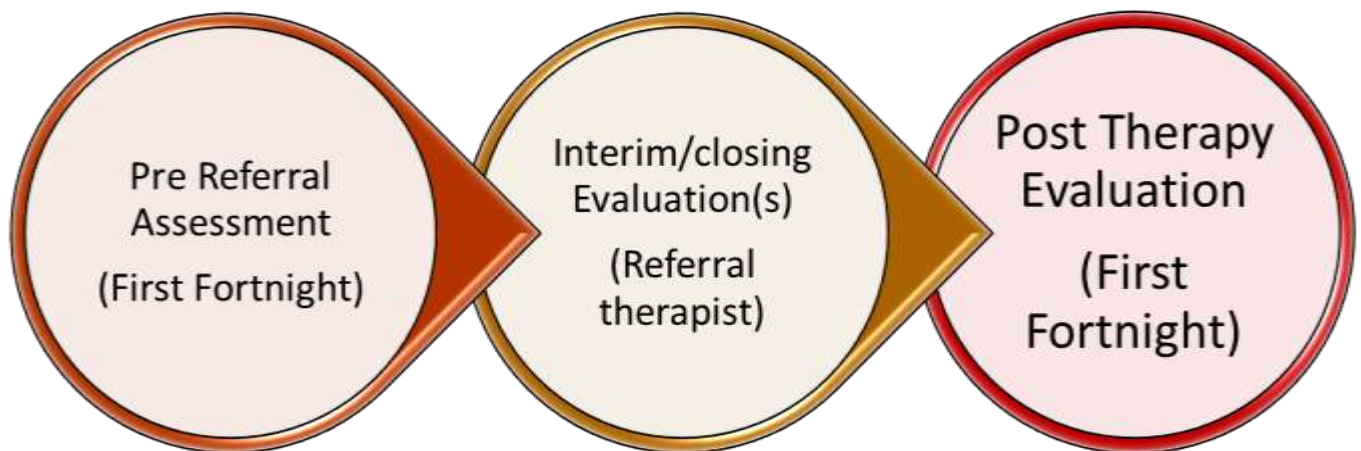
FIRST FORTNIGHT  
THE ART OF MENTAL HEALTH

## Appendix 1: Service Expansion



## Appendix 2: Evaluation Process

### Creative Therapy for Children and Young People Review/Evaluation process



1. Interim evaluation form completed by child/young person/therapist after session 6 and after each subsequent 6 sessions (as applicable).
2. Closing session evaluation form completed by child/young person/therapist