



## **Response from Theraplay UK regarding the reduction in Fair Access Limit on ASGS funding**

The recent reduction in the Fair Access Limit applied to ASGS funding has significantly constrained our ability to clearly articulate—and, more importantly, deliver—the full value of Theraplay as an evidence-based, relationship-focused intervention.

Theraplay is designed as both an early, preventative offer and a developmentally attuned therapeutic approach for children and families experiencing relational trauma. Its strength lies in its flexibility: it can be delivered at multiple levels, from targeted short-term support through to longer-term, intensive therapeutic intervention. This range allows us to respond proportionately to need while also maximising reach and social value.

However, the reduction in available funding is directly impacting the scope and quality of support we can provide.

### **Impact on the value and delivery of Theraplay**

The current funding constraints create a fragmented picture of Theraplay's value. While outcomes continue to demonstrate improvements in emotional regulation, attachment security, and placement stability, these gains are increasingly limited to short-term stabilisation rather than sustained change. Theraplay is being used reactively—as a crisis intervention—rather than proactively as an early help and preventative model, which is where it is most effective and cost-efficient.

### **Reduction in packages of support**

We are now able to offer fewer and shorter packages of intervention. This means:

- Reduced frequency of sessions, limiting therapeutic momentum
- Shortened duration of involvement, often insufficient to address complex developmental trauma
- Less capacity for parallel parent support, which is a core component of effective outcomes

As a result, interventions are less likely to produce the lasting change we have seen in allowing longer term packages with increased momentum.

### **Conflict between clinical recommendations and funding limitations**

There is an increasing mismatch between clinically recommended intervention and what funding allows. Evidence-based practice for developmental trauma emphasises the need for consistent, relational, and often longer-term therapeutic input. In contrast, current funding levels restrict delivery to brief or diluted interventions. This undermines clinical integrity and reduces the likelihood of meaningful, sustained outcomes for children and families.

### **Impact on families and placements**

We are observing a concerning rise in placement instability and family breakdown. Where previously we could offer sufficient support to stabilise relationships and build capacity, reduced provision is leaving families without the depth of intervention required. This has wider system implications, including increased demand on statutory services, mental health provision, and, in some cases, the youth justice system.

### **The role of parent support**

Parent and carer involvement is central to Theraplay's effectiveness. Reduced funding has limited our ability to provide consistent, structured support to caregivers, weakening the relational environment that sustains progress outside of sessions. This further impacts long-term outcomes.

### **Cost efficiency and wider system impact**

There is a clear economic argument for restoring access to earlier and more comprehensive intervention. Investment in preventative Theraplay provision reduces the likelihood of escalation into higher-cost services, including specialist mental health care, social care interventions, and youth justice involvement. Limiting access at an early stage creates greater financial and social cost downstream.

### **Evidence of effectiveness**

Empirical evidence consistently demonstrates that Theraplay strengthens caregiver-child relationships, improves emotional wellbeing, and reduces the need for more intensive services. Its adaptability across levels of need—from individual therapy to group and community-based delivery—means it can both target high-need cases and contribute to broader population-level impact when adequately funded.

### **Conclusion**

While Theraplay remains a highly effective and valued intervention, the reduction in the Fair Access Limit on ASGS funding is significantly restricting its potential. To realise its full value—both clinically and economically—there must be alignment between funding structures and evidence-based practice. This includes enabling a continuum of support, from early preventative work through to longer-term therapeutic intervention, alongside robust parent support.

Without this, we risk continuing a cycle of short-term stabilisation without long-term change, leading to increased pressure on families, services, and public resources.

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