

CLEAR Children and Young People's Service Evaluation Report April 2019 to March 2020

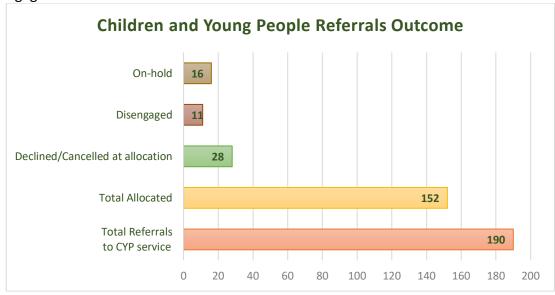
The evaluation and report was undertaken by Nicola Henderson, Clinical Psychologist and CLEAR Children and Young People Service Lead.

The information which has contributed to this report has been based on the CLEAR Children and Young People referrals and assessments undertaken within the timeframe identified and the routine outcome measures which are completed within the children and young people (CYP) service. The impact of the restrictions and national lockdown which came into effect mid-March 2020 is considered to be minimal in this reporting period.

Demographic and service delivery information

The total CYP referrals received within the reporting period was 190. Of these, 152 CYP were allocated a therapist and engaged in an initial assessment and therapy sessions. There are 16 referrals which are currently on hold due to readiness for therapy, waiting for a return to face-to-face sessions, or court processes to be completed.

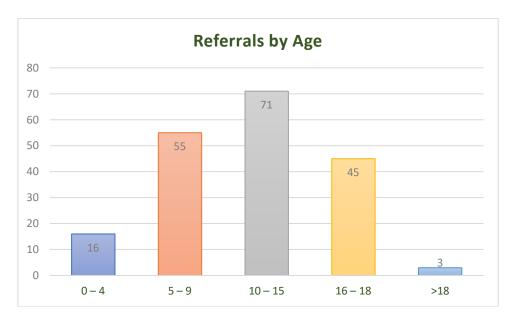
Of the 190 referrals made, there were 28 referrals were cancelled at point of allocation, and 11 CYP had been allocated a therapist and started sessions before disengaging and not completing therapy; an average of 3 sessions were completed before the CYP has disengaged.







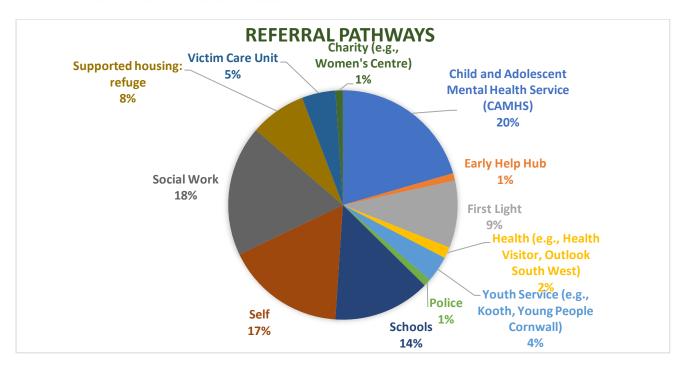
Of the 190 referrals made, 112 referrals were for girls and 78 referrals for boys. While a small number of CYP identified as transgender upon entering therapy or transitioned in the process of therapy, this was not recorded on referral. Twenty-nine CYP were identified as having a disability including Learning Disability, Autistic Spectrum Condition, Neurodevelopmental Disorders, Hearing or Vision impairment.



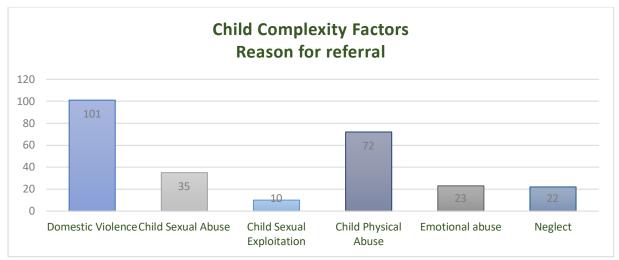
There was diversity in referrers and included those who funded the sessions directly on referral, or through funding a referral pathway.







From the referral information identifying child complexity factors, there were 101 children and young people identified as having experienced domestic violence and this was the reason for referral, 35 for child sexual abuse and ten for child sexual exploitation. Within the 190 referrals, 72 children were identified as having experienced child physical abuse, 23 as having experienced emotional abuse and 22 neglect.



The referrals were spread across county, with higher numbers in locality 3 and 4 (Truro and surrounding areas and St Austell and surrounding areas).

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Locality of Referral	Number of referrals
1	17
2	33
3	46
4	49
5	21
6	24

Outcome and effectiveness of service

The outcome and effectiveness of the therapy for children, young people and their families/carers was measured from the 104 CYP who completed therapy within the reporting time period. There was as average of 14 therapy sessions within these completed interventions. From those who completed therapy, there were 87 who completed at least one pre and post outcome measure, 83% while 64 had completed data pre and post therapy sessions for both CYP and parent/carer (62%).

Across the Emotional Literacy Scale, the return for pre and post data for parent and child was a total of 42 observations (40%). When reviewing these outcomes, there are significant improvements overall for the parent report and observations in the areas of empathy, motivation, self-awareness, self-regulation and social skills (t=-5.8, p = 0.00).

Within the Emotional Literacy Scale observations made by the children and young people, there are reports of improvements though not meeting significance for the young people aged 12 years and above; however there were observations by children aged 7 to 11 years of an significant improvement in their emotional literacy following therapy sessions (t = -2.8, p = 0.008, n = 31).

Across the Strength and Difficulties Questionnaire, the return for pre and post data for parent report was a total of 67 (64%). The average observations of parents pre and post therapy was of a significant reduction in overall difficulties (Emotional, Behaviour, Peer and Social relationships, Hyperactivity) for the child and young person (t = 6.5, p = 0.00). This was a large effect as identified by Cohen's d = 1.35. With the most apparent significant difference being observed in how the difficulties impacted both on the child and young person, their family, learning and relationships (t=12.3, p = 0.00).

From the Outcome Rating Scale, there were observations made by 69 (66%) children and young people pre and post therapy which showed progress and improvements across "me, family, school, everything) which were significant (-4.09, p = 0.00).

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CLEAR Service feedback and reflections on therapy by children, young people and their families/carers

At the end of therapy parents and carers were asked to complete the Evaluation of Service Questionnaire (CHI-ESQ). In total, 34 (33%) parents completed this questionnaire and their responses to individual items on this measure indicated they were very satisfied with the service received from CLEAR. Total scores on CHI-ESQ can range from 12 to 36, with higher scores indicating greater satisfaction. The average score was 35.

Open-ended questions are also asked of parents such as what did they value in the service, where could things be improved and in general comments. Examples are;

The therapist was very good at remembering about my son's life, his worries, friendships and how he is as a person

Being able to have support for my child and myself, as a family we have begun to cope a great deal better with stress

Nothing at all. Couldn't fault the help we've received. Very attentive towards [child], and had a very comfortable feel being in [therapist] company. Which helped put myself and [child] at ease.

[Therapist] is a really good person to deal with such sensitive issues- she's done a really good job. I think she is excellent.

It was exactly what my son and I needed and has made a huge difference in our lives.

Taken seriously. Completely changed my child [Child] was very happy to go along to the sessions.

Advice and support has been fantastic, encouraging and practical support, great communication between provision. Have appreciated all the support my child has received.

Very caring person-centred approach with a gentle positivity that was nuturing

My son enjoyed his sessions and I have seen an improvement in behaviours. It has been good for him to have a space of his own to communicate his feelings

More sessions so it doesn't have to stop halfway through and before any change seen

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It was personal and to my daughters needs

[Child] really connected with [Therapist]. He was always positive and happy at the end of each session and I really feel that the help he has received has been of great benefit to him. Our situation is very complex and it has given us a great foundation on which to move forward with our emotional recovery.

Advice and support has been fantastic, encouraging and practical support, great communication between provision. Have appreciated all the support my child has received.

"Its hard to put into words"

Children aged seven years or more were also asked to complete a satisfaction with service questionnaire, It's Hard to Put into Words, which was designed by CLEAR Ideas, CLEARs co-participation group. In total, 31 (30%) children seven years and over, completed this questionnaire at the end of therapy. Children's feedback was generally very positive. Total average scores on this measure can range from 0 to 45. The average score was 36 which is at a "good" level. Here are some examples of the feedback from children and young people;

That I've had someone to talk to about my problems and was given advice to help

[Therapist] listened to me and I liked what we did together, making things and playing games

It helped me feel calmer and happier.

I think clear should give us more sessions.

That I've had someone to talk to about my problems and was given advice to help

Enjoyed all sessions, fun, would like longer time

Learning and Goals from the year

We would like to have a better understanding of the impact of the therapy work on specific areas of a child and young person's world. For example, the impact of trauma they may experience and if this is improved through therapy, the sense of safety they may experience at home or in the community, and the level of trust and safety in their relationships. We are looking at ways we could measure this across all children and young people and whether these are approporiate outcomes for our therapy and prevention/education work.

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We would like to improve on the collection of feedback from parents and children and young people; this is encouraging therapists to ask for this feedback and increasing the ways in which this feedback can be given. For example, we have a service feedback form on our website which parents can complete and submit in their own time.

Nicola Henderson Clinical Lead

