

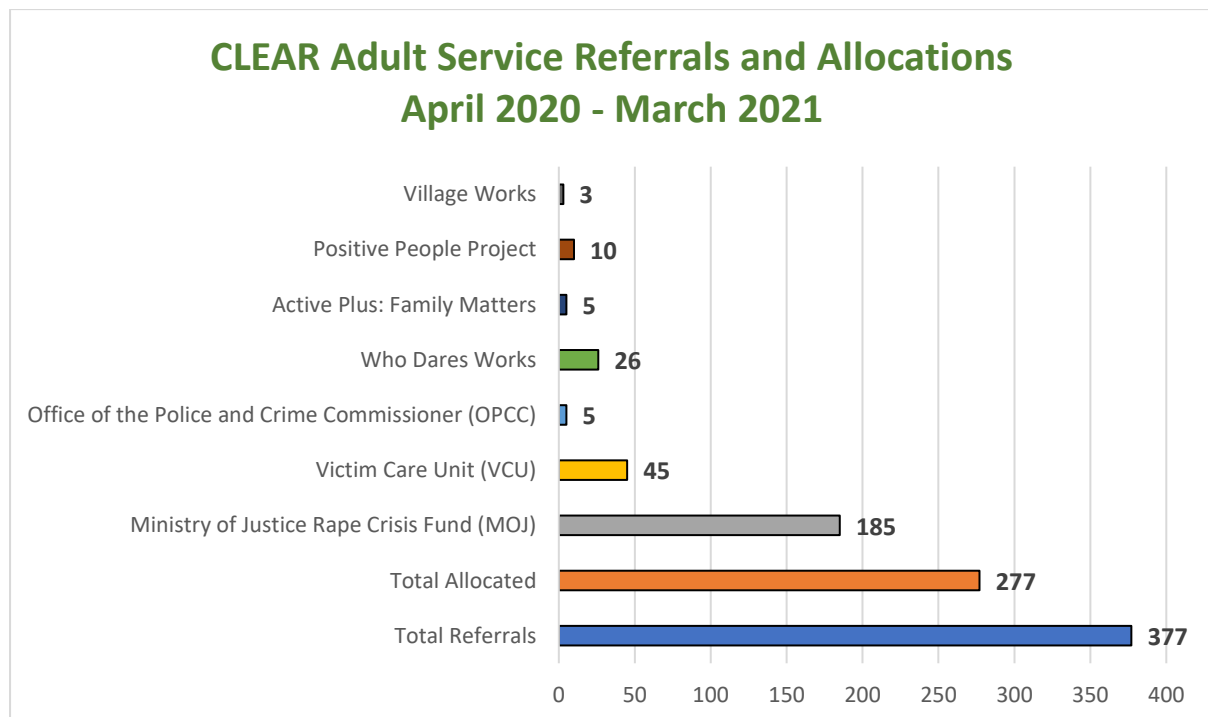
## CLEAR Adult Service Evaluation Report April 2020 to March 2021

This evaluation and report was completed 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 adult waitlist referrals and assessments undertaken within the timeframe identified and the routine outcome measures which are completed within the adult service. The impact of the restrictions and recurring national lockdowns which starting mid-March 2020 is considered to have had a significant impact on the delivery of service, and the emotional well-being of clients throughout the reporting period.

### Demographic and service delivery information

The total referrals received (includes all referrals to the Adult waitlist, from the Victim Care Unit and Project work referrals e.g., Who Dares Works) within the year time period of 01 April 2020 to 31 March 2021 was 377.



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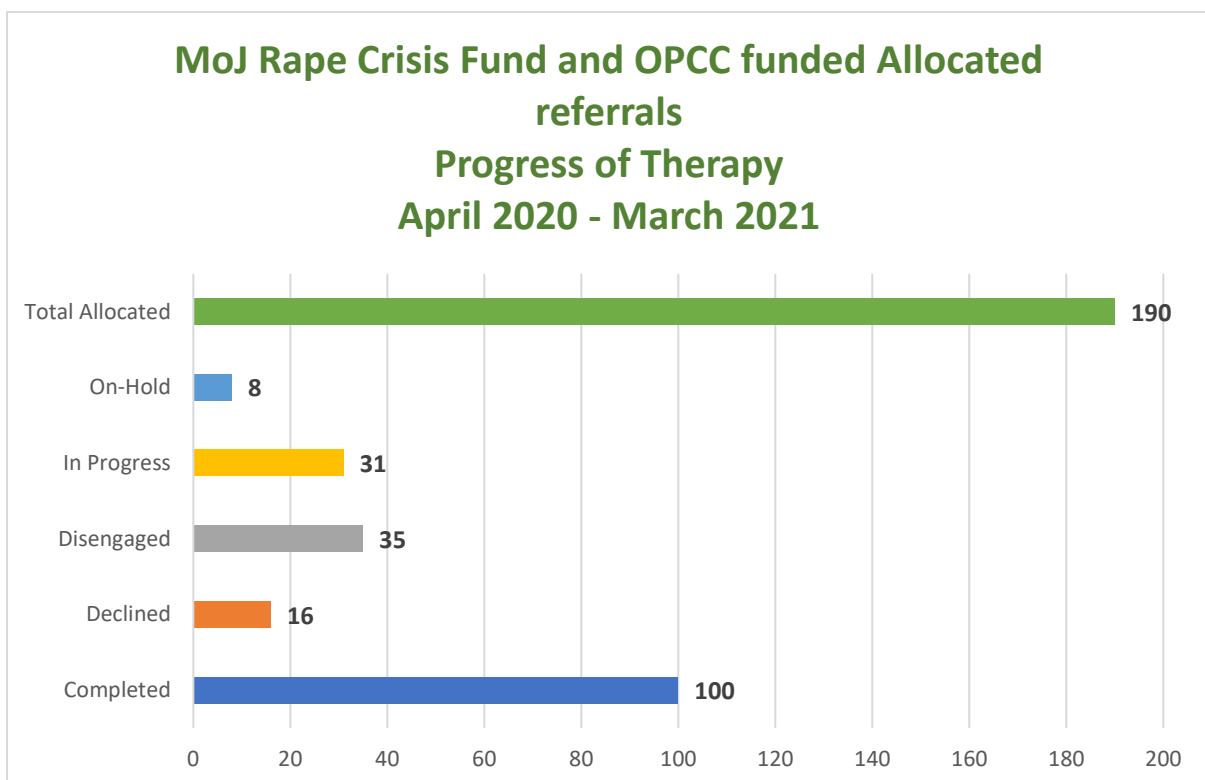


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The total allocation of referrals to counsellors and therapists was 277, with the majority of 185 adults having an initial assessment to access sessions through the Ministry of Justice Rape Crisis fund (MoJ Rape Crisis Fund).

Within the MoJ Rape Crisis fund and OPCC allocations, a total of 100 completed the intervention, recording ten or more sessions. While 16 clients choose not to take the sessions forward at the beginning and 35 clients disengaged from the counselling intervention after less than 10 sessions. At the time of reporting, eight clients remained on hold and 31 clients remained engaged and in progress in the counselling sessions.



Within the MoJ Rape Crisis fund and OPCC allocations, we have seen 48 males, 142 females and three transgender clients.

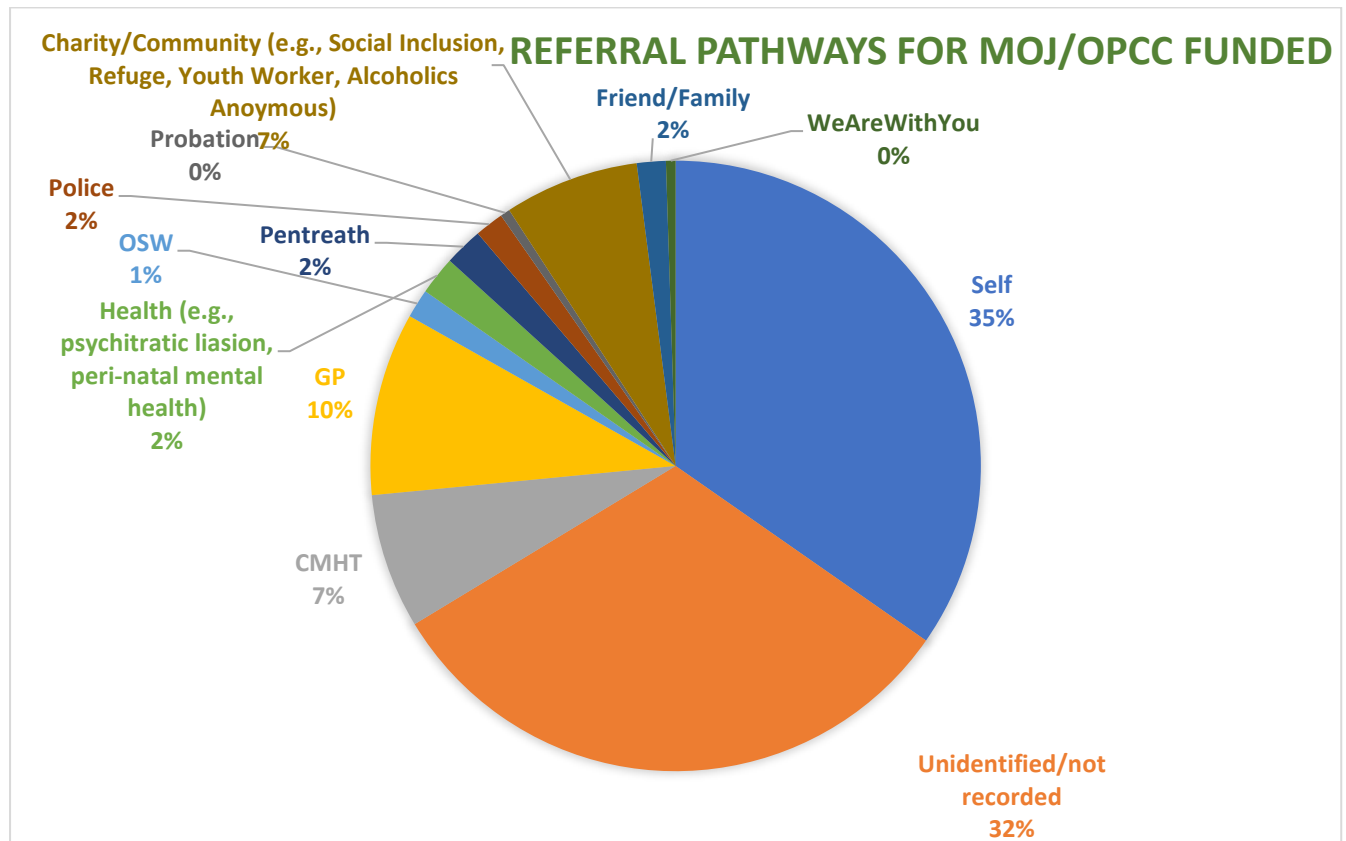
The referral pathways for the MoJ Rape Crisis fund and OPCC allocated referrals that referrals are predominantly self-referral (35%). There were 19 referrals from GPs directly and a further three referrals from Outlook South West and 14 referrals from Community Mental Health teams. Fourteen referrals came from the charity and voluntary sector. The referrals and allocations were appropriate for this funded pathway as the historical

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experiences of the clients were 44% reported rape and 46% reported childhood sexual abuse.



The outcome for the Victim Care unit referrals during the reporting period was a total of 45 allocated referrals with 20 completing sessions, eight declining to start or not engaging, ten disengaging after less than ten sessions and seven referrals remaining in progress.

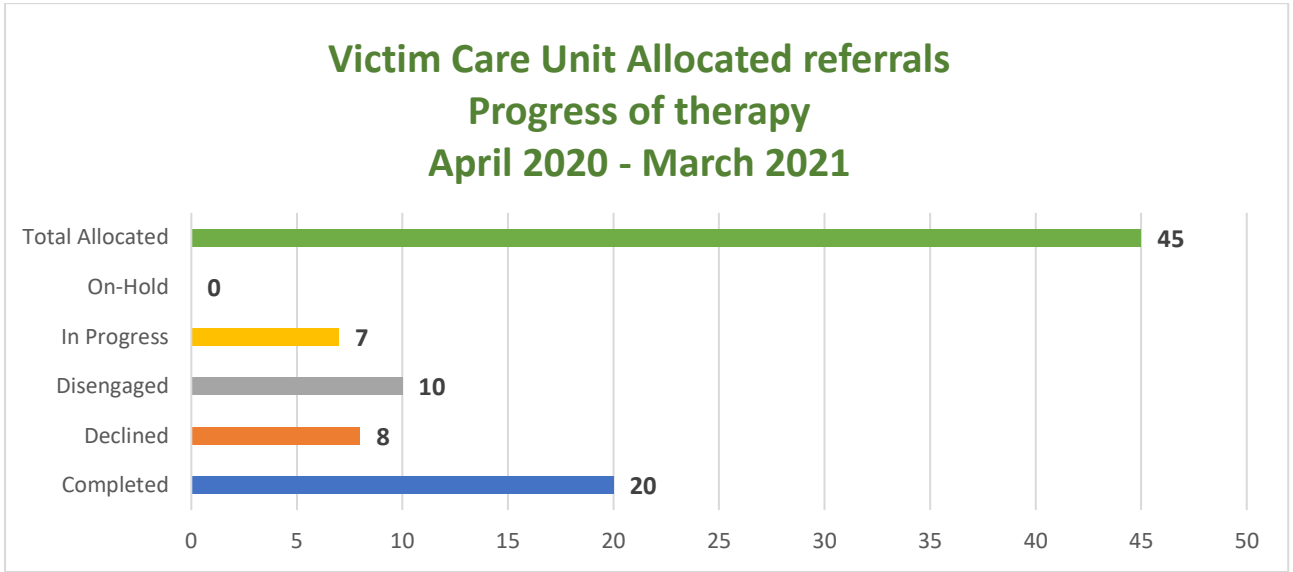
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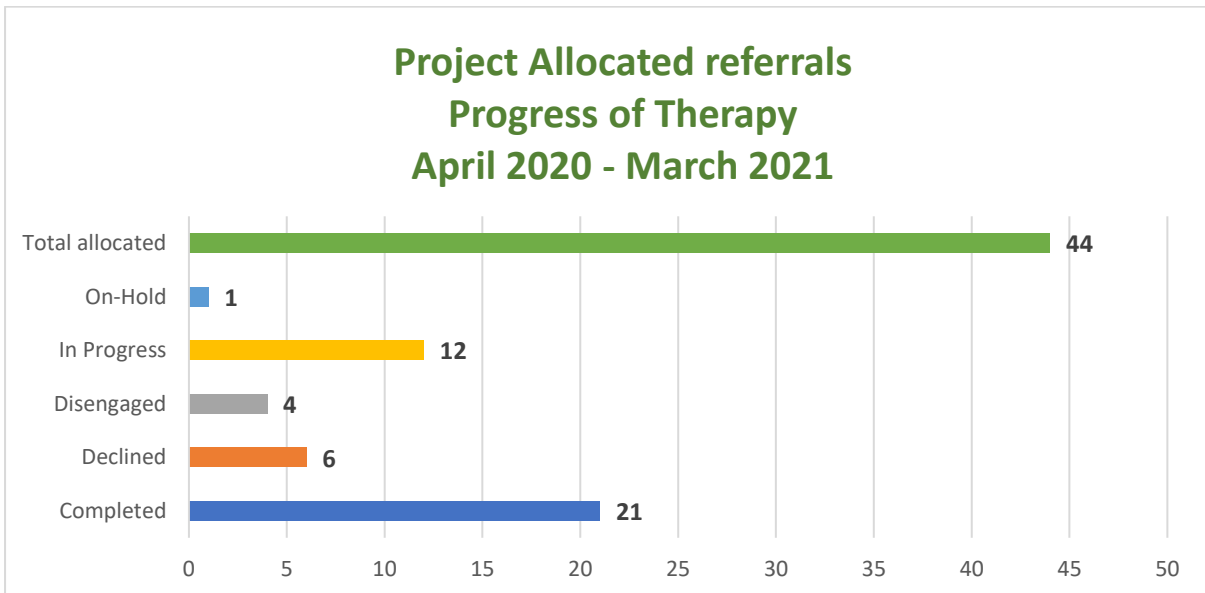
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Within the Project works for CLEAR, a total of 44 referrals were received during the reporting period. Twenty-one clients completed a counselling intervention of 10 sessions or more, while six declined at the beginning or were not engaged, and a total of four disengaging from counselling in less than 10 sessions. The referrals were made for 21 females and 20 males with histories of emotional trauma.



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## Outcome and effectiveness of service

The CLEAR adult service routinely uses The Warwick-Edinburgh Mental Wellbeing Scale – Short form (SWEMWBS)<sup>1</sup> which was developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. Clients are asked to complete this measure on assessment and sessionally throughout the counselling intervention. We are able to then measure pre- and post counselling mental wellbeing to examine differences at the individual level and compare outcomes to those reported in community.

Within the reporting period, the data collection rate for the SWEMWBS was 91% for those who were engaged within the MoJ Rape Crisis (MoJ) and Victim Care Unit (VCU) referral pathways. The data collection rate for the SWEMWBS was 68% for within the project work allocated.

Due to the impact of the pandemic and community restrictions including lockdowns, there was a significant and sustained change in the delivery of service from direct/face-to-face sessions to remote sessions. Within the MoJ and VCU pathways, 15% of sessions were recorded as face-to-face, compared to 38% by telephone and 9% by video/online platform. A total of 88 clients (38%) session delivery was not recorded.

### MoJ Rape Crisis and Victim Care Unit referral pathways

The analysis of observations showed a significant difference in the direction of improved mental well-being between pre-counselling SWEMWBS and post-counselling SWEMWBS scores ( $t = -7.31$ ,  $p = 0.00$ ). The Cohen's  $d$  effect size of  $(-)$ 1.09 demonstrates a large effect of the counselling intervention on the basis of improved mental wellbeing.

Further analysis comparing three data points (On assessment, at 10 sessions and 20 sessions) across the counselling intervention found consistency in the improvements of mental well-being, with the mean SWEMWBS score reported by clients who completed 10 sessions to be  $M = 20.7$ ,  $SD = 5.48$  and 20 sessions to be  $M = 24.3$ ,  $SD = 6.39$ . This is comparable to the SWEMWBS scores from the 2011 Health Survey where the mean mental wellbeing scores of the community were reported as  $M=23.61$ ,  $SD=3.9$ .

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<sup>1</sup> For further information and published research on the SWEMWBS, you can refer to <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

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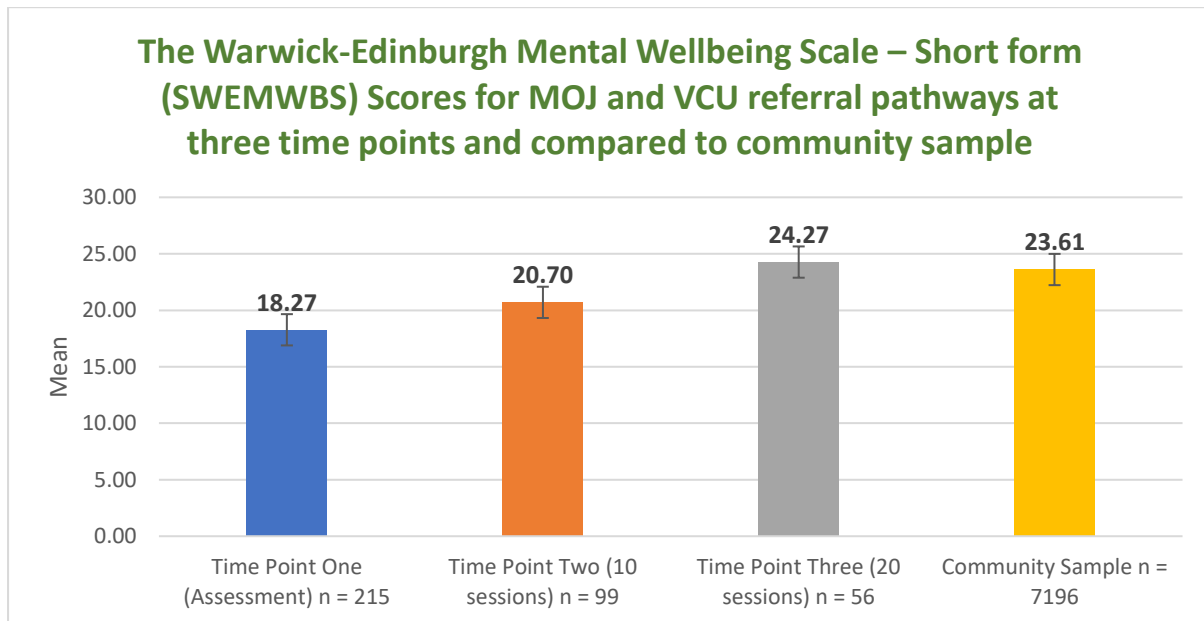
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## Project referral pathways

On analysis, the pre and post-counselling scores based on a 10 sessions counselling model showed improvements being made however these were not significant ( $t = -1.8$ ,  $p = 0.07$  ns). The pre and post-counselling scores based on 20 sessions showed significant difference and improvement in mental wellbeing ( $t = -2.18$ ,  $p = 0.04$ ) however to be aware that this is based on a small number of clients  $n=7$ .

Further analysis comparing three data points (On assessment, at 10 sessions and 20 sessions) across the counselling interventions found consistency in the improvements of mental well-being, with the mean SWEMWBS score reported by clients who completed 10 sessions to be  $M = 21.5$ ,  $SD = 5.37$  and 20 sessions to be  $M = 22.8$ ,  $SD = 2.64$ . This is comparable to the SWEMWBS scores from the 2011 Health Survey where the mean mental wellbeing scores of the community were reported as  $M=23.61$ ,  $SD=3.9$ .

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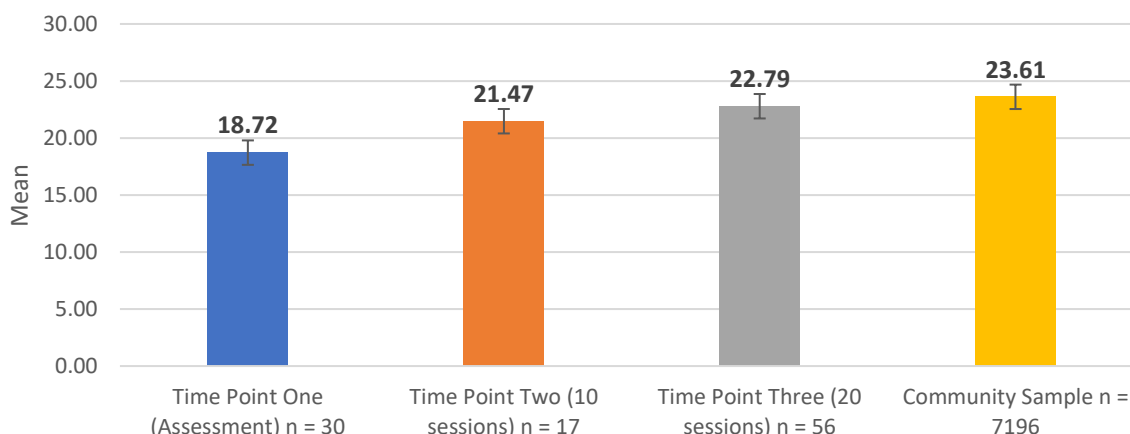
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## The Warwick-Edinburgh Wellbeing Scale - Short form means scores for the Project work referrals pathway over the period of counselling intervention compared to the community sample



## CLEAR Service feedback and reflections on counselling by clients

The *CLEAR Service Feedback questionnaire* was introduced across all referral pathways and interventions for clients to share their thoughts on CLEAR as a service at the end of therapy; what was good about their care, what could be improved, any thing else to feedback and an overall rating of the service.

*I felt completely safe and supported throughout. It helped me make sense of my past and gave me courage and strength to leave an abusive and sexually coercive relationship. My release from toxic shame and trauma has been life-changing and I have been able to make profound life changes. Thank you so much, what a phenomenal service.*

*The Clear counsellor enabled me to share details of the case - I had not discussed this previously and check my response to issues raised. Latter point crucial because I was running out of ideas and energy. The counsellor provided excellent information about similar situations and has provided links to documents to further help the progress of my relationship. Simply talking with someone who has professional experience of the field is immensely useful.*

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# CLEAR

Emotional Trauma & Therapy Specialists

*I felt a sound trust in [counsellor], I was able to speak truthfully and freely to her. I was able to see why my mind acted as it did leading up to, around and after my breakdown. [Counsellor] helped me acknowledge this and gave me the tools and strength to handle the situations that led me to need and seek help.*

*I started with [counsellor] at Clear when I was totally broken and had fled to a Domestic Abuse Refuge. Nothing made sense anymore and I was suicidal and confused and trying so hard to make sense of what had happened to me. I did not expect a magic wand to fix it all but to gain and understanding of myself and to regain my confidence. I felt safe and was able to explore difficult parts of my history and understand the most painful moments. I achieved all that and more. I honestly don't think that I would still be here if i had not had [counsellor]'s help and i owe her a huge debt of gratitude.*

*Has been extremely useful to understand myself and the outside world and how I fit in with it - how it fits in with me. To deal with problems that have been given to me throughout my life from childhood and the military - deep within me - that had a big effect on my sleep, life, work. I'm not 'there' but definitely getting there!*

*The experience has been life changing. It has been pivotal in me being able to turn my life around. I very much appreciate the funded sessions. It was really lovely that the funding was extended because it allowed me to heal from my childhood trauma. [counsellor] is lovely. Professional, empathetic, caring, kind, insightful. Really positive experience. Trust is there and we built up a good relationship. I was able to be vigorously honest.*

*Professional and warm therapeutic support. Felt safe at all times and able to build really good relationship despite it being online. Very reliable therapist who was really competent in supporting me. Good amount of sessions.*

*Would recommend this to everyone who shares their life with someone who has experienced childhood and adult trauma.*

*Really nice connection. Identified my needs. Helped me break down my barriers and identify multiple ways of moving forward and dealing with stuff. Excellent platform to move off. I don't feel that I'm going to sink lower again.*

*Honestly nothing at all to be improved, during the pandemic I was not ignored, [counsellor] continued to speak to me over the phone.*

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The overall (averaged) rating given by clients, where 10 = the best a client could hope for in the service was 9.6

## Learning and Future Goals

Throughout the pandemic, Counsellors and Therapists have found it increasingly difficult to collect evaluation data from clients as the usual method of face to face collection was severely impacted by Covid restrictions. This has impacted data analysis.

CLEAR's ability to safely transition clients from face to face to remote working in a very short space of time relied on good processes, communication and oversight. Additional risk assessment was required in relation to both Covid risk and risk of working remotely.

Support for counsellors was extremely important to maintain wellbeing and avoid burnout. Consideration of caseload levels was given when allocating clients with more complex needs. Supervision time was increased, including the offer of 1-2-1 supervision alongside group supervision.

Complexity and safeguarding were highlighted as increasingly challenging throughout the year. Staff at Community Mental Health Teams have informed our Adult Clinical Lead that they have been sending clients to CLEAR as they do not have the staffing levels to support them at this time. This has led to more complexity in terms of mental health issues coming into counselling and has also been confirmed by the counsellors.

Many clients responded positively to remote counselling as this provided more flexibility. For the future, we intend to maintain this choice for clients in future years but will need to establish this within the BACP framework rather than as a Covid flexibility. This will require ongoing training, policy development and flexibility of support for counsellors.

Learning through covid has also led to changes in adult referral forms and introduction of the referral form for VCU/OPCC clients to address issues around risk and lack of engagement.

Our goals for 2021-2022 are to establish a core remote delivery option for adult counselling and therapy. Increase our capacity for trauma-based work and register for BACP accreditation.

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