CLEAR Children and Young People's Service Evaluation Report

April 2021 to March 2022

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 were provided by the children and young people (CYP) and their parent/carers who completed therapy within the timeframe identified.

In reference to the ongoing impact of the pandemic and lockdowns in the community, our service provision for children and young people returned to face-to-face sessions when able to access schools and community spaces consistently. From April 2021, the children's service was predominantly direct sessional work. The introduction of our parenting support therapeutic offer in October 2021 has been by telephone or remote/online however this is to enable the best accessibility for parents/carers. As a positive for our children's service, we are able to offer online/remote therapy for children and young people, with upskilled workforce and expanded processes being in effect due to the pandemic. This can allow for children and young people where the barrier may be travel and the logistics in getting to therapy spaces, to continue to access therapy.

Demographic and service delivery information

The total CYP referrals received within the reporting period was 303. Of these referrals, 107 (35%) identified sexual trauma as the reason for referral. Within this, eight referrals (2.6%) were identified specifically due to child sexual exploitation (CSE) risk and concerns.

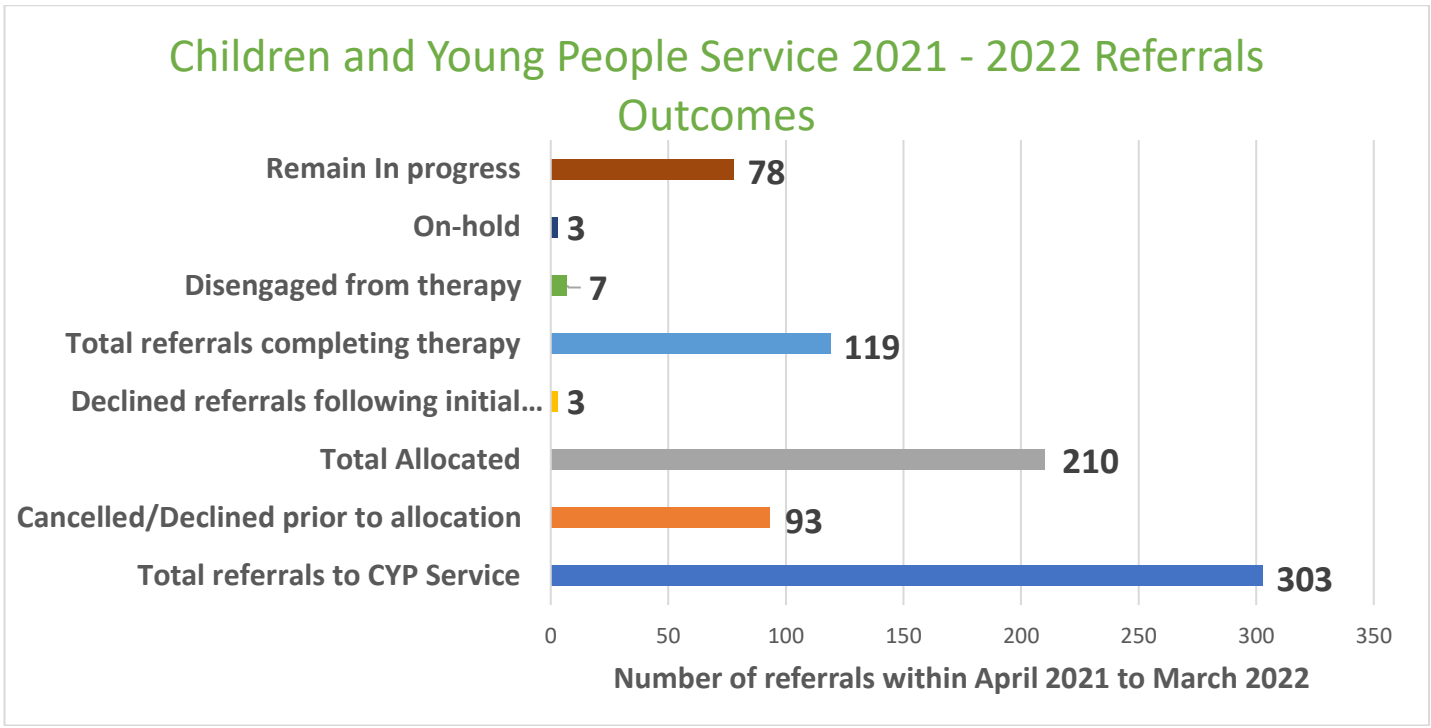
The average number of referrals on a monthly basis was 25 referrals. See Appendix A for Referral totals by Month. The pattern in the last year reflects more normative patterns for referrals on the basis of the school year including low referral rates in the summer break. Also of note are months where blocks of referrals are recorded from the trauma therapy partnership work with the Child Adolescent Mental Health Service e.g., January and March 2022, or the Recovery pathway with Safer Cornwall; First Light e.g., June and July 2021.

Of the 303 referrals received, 93 referrals were cancelled prior to allocation; there a number of reasons for these cancellations, including referrers not securing funding for the therapy sessions requested, child and family declining allocation of therapist, assessment and offer of therapy intervention, child and family making no response or contact at attempts to allocate therapist, child and family not meeting stability and safety threshold for therapy readiness, or identified current abusive relationship on referral. Twenty-nine referrals were considered to be not at threshold; that CLEAR was not the appropriate service for child and family and signposting into community and commissioned services provided to referrer.

Three referrals were cancelled following an initial assessment with a therapist, identifying not appropriate for CLEAR and therapy readiness as reason not to proceed. The referrer and child and family were assisted in accessing appropriate community and crisis supports.

A total of 210 CYP were allocated a therapist, engaged with an initial assessment session and started therapy sessions. Seven CYP disengaged from sessions once started, with an average of four sessions completed prior to disengagement.

There have been 119 referrals who have complete therapy, and 78 referrals which remain in progress at the time of reporting. There are three referrals which are currently on hold due to a change in readiness for therapy and therapeutic input currently being provided by another agency.



Of the 303 referrals made, 198 referrals were for girls (122 engaged in therapy), 99 referrals for boys (72 engaged in therapy) and six young people identified as transgender (all engaged in therapy). Thirty-eight CYP were identified as having a disability including Learning Disability, Autistic Spectrum Condition, Neurodevelopmental Disorders such as Tics, Attention-deficit disorders, Hearing or Vision impairment, Cerebral Palsy and Chronic Fatigue Syndrome.

Of the 303 referrals, 234 children and young people identified as White British, 18 of multiple ethnicity, one Black British, six Cornish, and three white other ethnicities (Polish and Kurdish). There were 41 Not stated/Prefer not to say ethnicity referrals.

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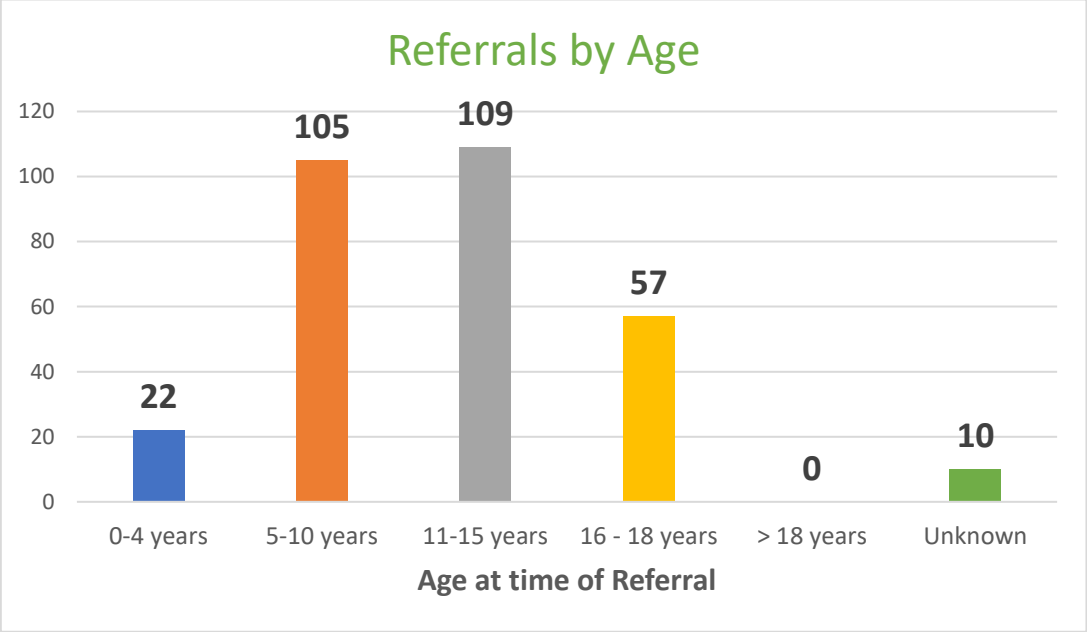
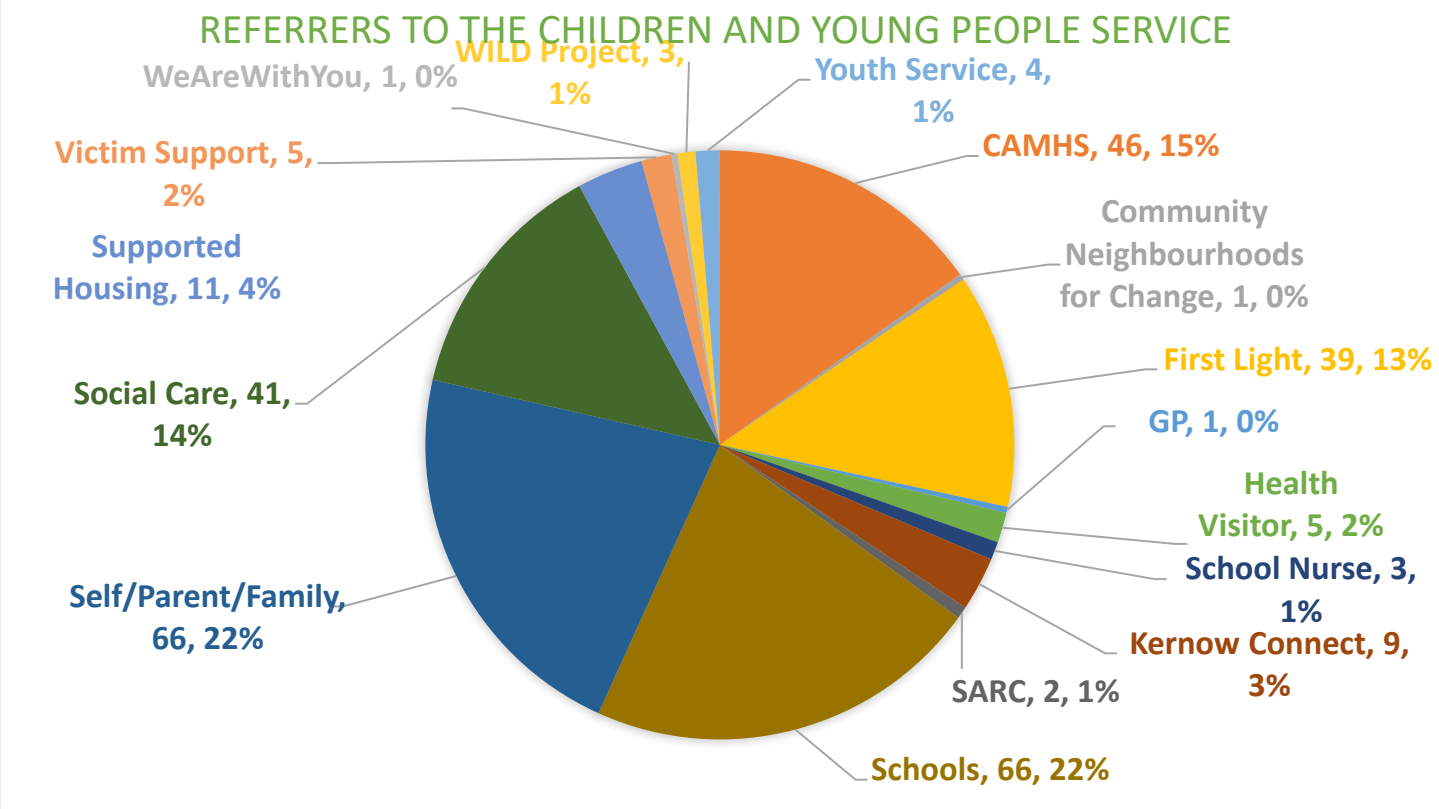
The age range for referrals was 0 – 18 years, with a large majority falling within the ages of 5 to 15 years. The largest increase of referrals compared to previous year was in the age range 11 – 15 years.

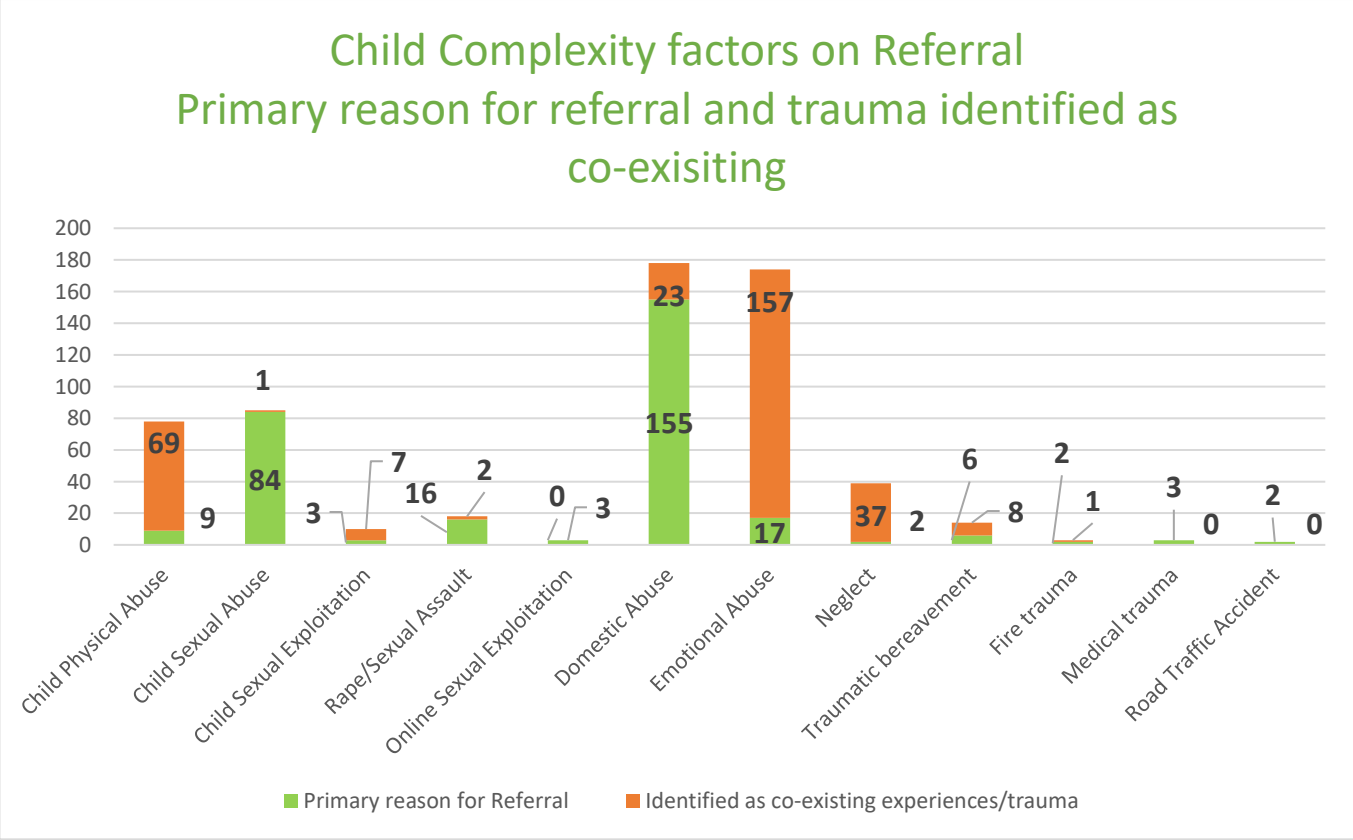


There was diversity in referrers and included those who funded the sessions directly on referral, or through funding a referral pathway.



The primary reason for referral and child complexity factors.

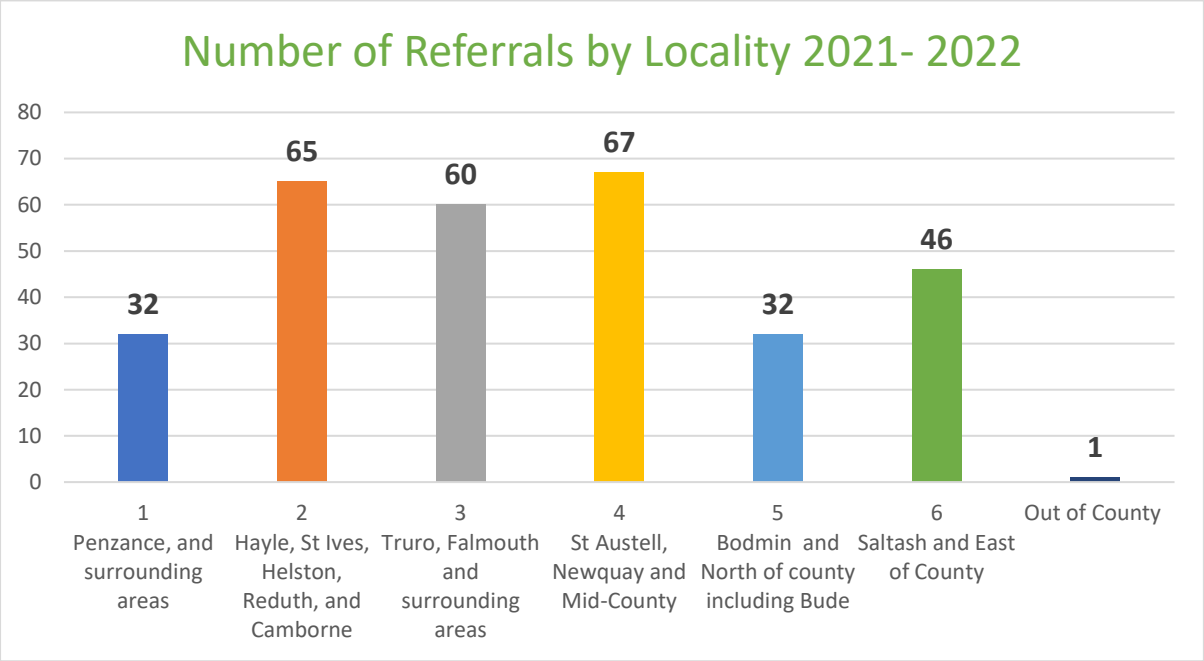
From the referral information where the primary reason for referral and child complexity factors are identified, there were 155 children and young people identified as having experienced domestic violence and this was the reason for referral, 84 for child sexual abuse, three child sexual exploitation, 16 for experiences of rape and sexual assault and three for online sexual exploitation including exposure to pornography. Nine children and young people were referred primarily for child physical abuse, 17 for emotional abuse, and two for neglect. Of note, the experiences of emotional abuse and neglect were identified as a co-existing trauma for 157 and 37 children respectfully. Six referrals were made following an experience of traumatic bereavement which included witness to a family member's sudden death, family suicide and homicide. There were increased rates of referral which did not relate to an abusive relationship with experiences of medical trauma (three), Road Traffic Accident (two), and fire trauma (two).



The locality of referrals

The referrals were spread across county, with higher numbers in locality 2, 3 and 4 (Hayle, St Ives, Redruth and Camborne, Truro and surrounding areas and St Austell, Newquay and surrounding areas; this has impacted on our capacity in the areas and wait times, with these

increases contributing to the Children's service holding a waiting list, with on average 45 children waiting and longest timeframes of 12 – 16 weeks.



Outcome and effectiveness of service

The outcome and effectiveness of the therapy for children, young people and their families/carers was measured from the observations of the 236 CYP who completed therapy *within the reporting time period*. There was as average of 15 therapy sessions within these completed interventions. From those who completed therapy, there were 157 who completed at least one pre and post outcome measure, 70% while 109 had completed data pre and post therapy sessions for both CYP and parent/carer (59%). The outcome measures remain voluntary for CYP and parent/carers; notably for adolescence, there is increased likelihood that only CYP outcome measures with less parent/carer involvement in therapy by CYP choice.

Across the Emotional Literacy Scale (aged 7 years to 18 years), the return for pre and post data for parent was a total of 95 observations (52%). When reviewing these outcomes, there were significant improvements overall for the parent report and observations in the areas of empathy, motivation, self-awareness, self-regulation and social skills ($t=-5.31$, $p = 0.00$). This is a medium effect size and the Post-therapy total mean of 67 falls within *Average* range.

Within the Emotional Literacy Scale observations made by the children and young people, there is significance improvement made for the young people aged 12 years and above ($n = 44$, $t = -1.78$, $p = 0.05$) thought with small effect. The observations by children aged 7 to 11 years ($n = 49$), showed improvements in their emotional literacy following their therapy

sessions, (Pre-therapy Total mean = 66 versus Post-Therapy Total mean = 69), these were not significant. (t = -1.27, p = *ns*).

Across the Strength and Difficulties Questionnaire (aged 4 to 17 years), the return for pre and post data for parent report was a total of 101 (46%). The average observations of parents pre and post therapy demonstrated a significant reduction in overall difficulties (Emotional, Behaviour, Peer and Social relationships, Hyperactivity) for the child and young person (t = 4.18, p = 0.00), showing a medium effect size. There was a significant difference observed in how the difficulties impacted both on the child and young person, their families and support, their friendships, interests and learning (t=11.7, p = 0.00); a large effect size.

From the Outcome Rating Scale (From 7 years and over), there were observations made by 109 (59%) children and young people pre and post therapy which showed progress and improvements across "me, family, school, everything) which were significant (t=-1.74, p = 0.04).

Psychoeducation and Therapeutic parenting support

The reporting period includes a 6-month period (October 2021 to March 2022) where parents/carers were offered following the initial assessment with a Child therapist, six sessions of psychoeducation on the impact of trauma and therapeutic parenting support. This therapeutic support is provided by a child therapist, separate to the CYP's therapist and by telephone. Thirty-three referrals were made for this therapeutic support during the reporting period; 10 parents/carers did not wish to start the sessions once allocated a therapist (mainly due to current stressors and time restraints). The outcomes for this therapy are measured by the Child-Parent Relationship Scale and with Parents/Carers identifying three goals for the sessions (relating to self, child and relationship).

The Child-Parent Relationship Scale is a parent self-report for parents/carers of children from 3 – 12 years which measures parent perceptions of the parent-child relationship in three domains; closeness, conflict and dependency. Our outcomes for 16 parents show perceived improvements were made in the closeness of the child-parent relationship (pre-support (M=34.9 versus post-support M = 36.5) however these were not significant. There were significant improvements for parents in the Conflict domain, (pre-support M=32.1 versus post-support M=23.8; t=1.75, p=0.05). For the perception of Dependency in the child-parent relationship, there were positive yet not significant improvements (pre-support M=16.8 versus post-support M=15).

There was consistent progress for parents across their individual goals for the support sessions, with average progress of 4 points towards the goal (e.g., starting at 4 out 10 and ending with 8 out of 10, 10=Goal achieved). Examples of parent's goals are;

Explore my own frustrations, it would be helpful to look at own underlying triggers in response to his behaviour.

Support daughter better if she continues to self harm, have more clarity and understanding.
To develop more understanding of daughter and be able to support and help her

Hoping to gain tools for coping and dealing with child's distress

To feel like I am not completely out of control / worst parent ever

Reassurance and parenting support and have space to explore, gain confidence.

Skills to help her become more grounded in relation to attention

Help to control overwhelming reactions to respond properly or better

Help to manage their behaviour

Go out with my son and both of us not feel so anxious

How to manage her own feelings and help the children when they are struggling

Parent feedback following the Psychoeducation and Therapeutic parenting support

Felt comfortable, made good connection with [therapist] who was easy to talk to. Very informative, enabled me to take steps to improving relationship with my child.

Brilliant service, worthwhile. Good to have sessions alongside my child's sessions, felt we were both able to progress together.

It has been a massive support for me, a chance for me to speak and let my frustrations come out and then I feel relieved like a weight is lifted. I have learnt a lot and understand mental health a 100 times more than I did, have much higher understanding and I feel more settled in myself.

It helped me realise and understand alot about trauma, through the process of reflection (mirroring) which helped me to accept more how I was feeling and get past disbelief, shock and guilt. I am 100% more clear and confident with boundaries concerning contact and communication with mum of kids and can evaluate and understand more about controlling behaviours. Children are happy and I am proud of my achievements.

It has been really great, very helpful and I appreciate all the support and amount of sessions which have helped me understand more towards my life. Now I can remain calm and confident and not get triggered

Flexible appointments to fit in with my work schedule. [Therapist] was easy to talk to and very knowledgeable. Felt I could openly discuss things. Felt the child and parent sessions worked well together.

What improvements could be made

Being able to have more sessions

To have the flexibility of telephone or face-to-face sessions

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, 51 (32%) parents[1] 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 *34*.

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;

Loved how you interacted with [child]. She felt safe and looked forward to it.

It was very uplifting for her.

[Child] has enjoyed the sessions with [Therapist] and they have helped her manage emotions better.

Very caring, understanding, professional, great communication.

Person centred, regular feedback and interaction with parent. And personalised feedback and effective communication.

I felt very comfortable and at ease with our therapist, it has been great to see [child] enjoy his work with [therapist] too. It was great to see different techniques of therapy that [therapist] used with [child] and [child], which was a huge relief.

[1] The return percentage is based on the possibility of 157 parents returning their feedback based on those who had provided both pre-and post-therapy outcome measures.

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Knowledge & Understanding of child's perspective

[Therapist] was approachable professional and helped link the sessions with home so we could work together. The children warmed quickly to [Therapist] and communication was excellent. Thank you for all you help the children are coming on leaps and bounds not just at home but at school.

Excellent information gathering to begin with, good communication throughout, reliable weekly sessions. Thorough and appropriate content. Exercises and experiences to remember, practise and reflect on at other times / at home.

[Child] has gained in so many ways, thanks to [Therapist] and these sessions, he has tools to use throughout his future. Brilliant service to offer.

My child really enjoyed [therapist] sessions and was able to understand more of her story.

It has helped [child] a lot and he is happier at home and [child] wanted to go back after he did his first session.

Both children felt at ease and that they could open up. They gained confidence.

The help has been great and I've seen a significant change in my daughter. She's coping better and able to live with how her Mum is now.

Very quick process and great support. Easy and assessable. Friendly and empathic.

The care given was very supportive, relevant and knowledgeable. Very professional, it has helped my child without end.

We can't thank you enough. [Therapist] has been absolutely amazing and I can't believe the massively positive impact the sessions with [therapist] have had.

<u>What Improvements could be made?</u>

None that I'm aware of I'm very happy with the service I've received.

I wish the sessions could be extended for [child] as I feel that he needs more time with [therapist]. Because he has autism The usual number of sessions doesn't seem enough for him.

More sessions to work together

"It's 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, 88 (45%) children[2] 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;

Everything was good

I got to know how to calm down and cope with myself when I get angry.

We did a stop motion and made a shield of values; I learnt about myself in good ways

Mood cards helped to work out which emotions I am feeling and how to share this.

It was nice to have someone to talk to and that you don't tell anybody

That fact that I had freedom in what I talk about and it has help me understand you don't have to be perfect for someone and to understand how great life can be if you let yourself free a bit

I think therapy does help a lot for anger issues like losing a parent or something like it did for me.

It's helped make me calmer but I still don't feel like a people person but it has helped a lot a lot.

It help me learn how to be safe and how to cope with it

Someone could hear what I was saying and I didn't feel like it was gonna get spread around, I didn't feel like I was being judged

It calmed me down and made me happy. I could express myself.

I was extremely lucky to have been able to have this experience. [Therapist] helped me open up, liked her energy. Thank you for everything you have done for me you have helped me greatly. You have helped me better achieve. I cannot thank you enough but I want you to know you have helped me change my perspective of reality.

[2] There were a total of 196 children 6 years and older with the possibility of returning their feedback on service.

Having freedom to say what's on my mind without fear of judgement. It felt like a safe environment and I was comfortable and able to express myself.

it helped me get nightmares off my mind and helped me to understand my thoughts

The support I had and made me open up more about feelings that hurt me or was making me upset

What to improvement could be made?

Nope it's helpful the way it is.

More 😀

I wish they were longer.

More options on this list.

Not at all, lovely caring people and place

I hope you continue to help others

Learning and Goals for improving service from the year

The accumulated effect of the pandemic and impact on statutory services, has led to increased volume and complexity of children and family needs, this is turn affecting level of demand on CLEAR's funding, readiness for therapy and the therapy being supported by other services/agencies.

We continue to work on improving on our data collection for both children and parents and are piloting the introduction of measures to the Routine Outcome Measures which assess change in the trauma response and resilience of a child and young person. This pilot has been running over the past 12-months within the CAMHS partnership and trauma-focussed therapy referrals. The outcomes have been positive in demonstrating more specific change in trauma response and improved connections in relationships. The goal is to broaden the use of these measures where trauma-focussed therapies are allocated. This is more easily enabled and embedded with the introduction of the CLEAR database.

It is recognised that we are limited in our ROMs for younger children, under the age of 7 years to give voice and feedback on their therapy in a standardised measure. This is to explored further as to how we can capture the younger child's experience and potentially change in the context of therapy. Where the therapy is dyadic, we have introduced the

Child-Parent Relationship Scale (CPRS) with some success as a measure of change in the repair of the relationship and the child's sense of security.

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Appendix A

Number of referrals by month April 2021 – March 2022

Month	**Total number of referrals**
April	19
May	21
June	40
July	32
August	15
September	17
October	20
November	31
December	21
January	31
February	21
March	36
Average number of referrals monthly	*25*