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CLEAR Adult Service Evaluation Report

April 2024 to March 2025

This evaluation and report have been completed by Nicola Henderson, Clinical Psychologist and CLEAR Evaluation and Quality Lead *with contributions from the Adult Clinical Lead, Jenny Trevethan and CEO, Carolyn Webster.*

The information in this report has come from CLEAR adult enquiries, referrals and readiness assessments undertaken within the timeframe identified along with therapy outputs and routine outcome measures which are completed within the adult service.

During the reporting period, the Adult Service Waitlist had periods of closure in response to the accumulation of historically high self-referrals sustaining a waitlist of over 100 clients resulting in long wait times to access interventions and CLEARs funding commitments to those on the adult waitlist. The closure periods amounted to eight months within the 12-month period of evaluation. During closure periods, access remained for self-referrals to the Hope for Harm service funding by the People in Mind project, and direct referrals from the Victim Care unit funded by Victim Support funds.

Pilot and Project specific services within the evaluation period

- During the reporting period, the Invictus CLEAR Counselling service was operational with counselling and therapeutic parenting support offered for young adults 18 – 21 years and parents/carers of young people 11 – 21 years with mild to moderate mental health difficulties. There are separate evaluation reports for this service for reference.
- The IAPT Talking Therapies pilot provided a funding pathway and enabled access for adult clients presenting with mild to moderate anxiety and/or depression from 01 January 2024, with engagement before/on the 31 March 2024. The therapy processes and outcomes of these interventions are included in this evaluation of adult service work.
- The Trauma Stabilisation pathfinder project was ongoing during this evaluation period and provided a limited funded pathway for up to 12 adult clients with complex needs. The intervention was project-specific with access to six sessions of trauma stabilisation prior to transitioning to therapeutic intervention of 20 sessions. The therapy processes and outcomes of these interventions are included in this evaluation of adult service work.

Demographic and service delivery information

Enquiries for service

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The total **enquiries** received from a public form of enquiry available on the CLEAR website was **380**. A total of 28 enquiries had an action of referral to service accepted, with a further 67 enquires invited referral to be made with referral form being sent. The remaining 285 enquires were closed, with the provision of signposting information to help enquirer identify other services and supports available to meet the need. The principal reason for closure of enquiry was due to the Adult Service periods of closure for new referrals, which was for a total of 8-months during the reporting period. There was accessibility to the Hope for Harm service and for direct referrals from the Victim Care Unit (<https://www.devon-cornwall.police.uk/advice/advice-and-information/victim-support/Victim-witness-support-organisations/>).

Thirty-three enquiries were closed following action for professional enquiries for access to services in general or by clients they were working with (e.g., checking if a client was on the adult waitlist and timeframe for wait) and collaborative work with clients to enable access to services (e.g., giving timeframe for wait period before starting sessions, or help to complete referral forms).

Referrals to service

The total referrals received (includes all referrals to the Adult waitlist; Self-referrals, the Victim Care Unit pathway, People in Mind Hope for Harm and Project work referrals e.g., IAPT Talking Therapies and Trauma Stabilisation project and Spot purchase referrals within the year period of 01 April 2024 to 31 March 2025 was **194**.

- A total of **51** referrals were for the Hope for Harm service, with **27** closed in referral coordination and allocation process.
- A total of **28** referrals were from the Victim Care Unit and/or able to access the adult service with victim support funds, with **seven** closed in referral coordination and allocation process.

While undertaking the processes of referral coordination, allocating for therapy readiness assessment and allocating to a therapist/counsellor, there were **62** (32%) referrals which were closed and signposted due to the following reasons (not exhaustive list);

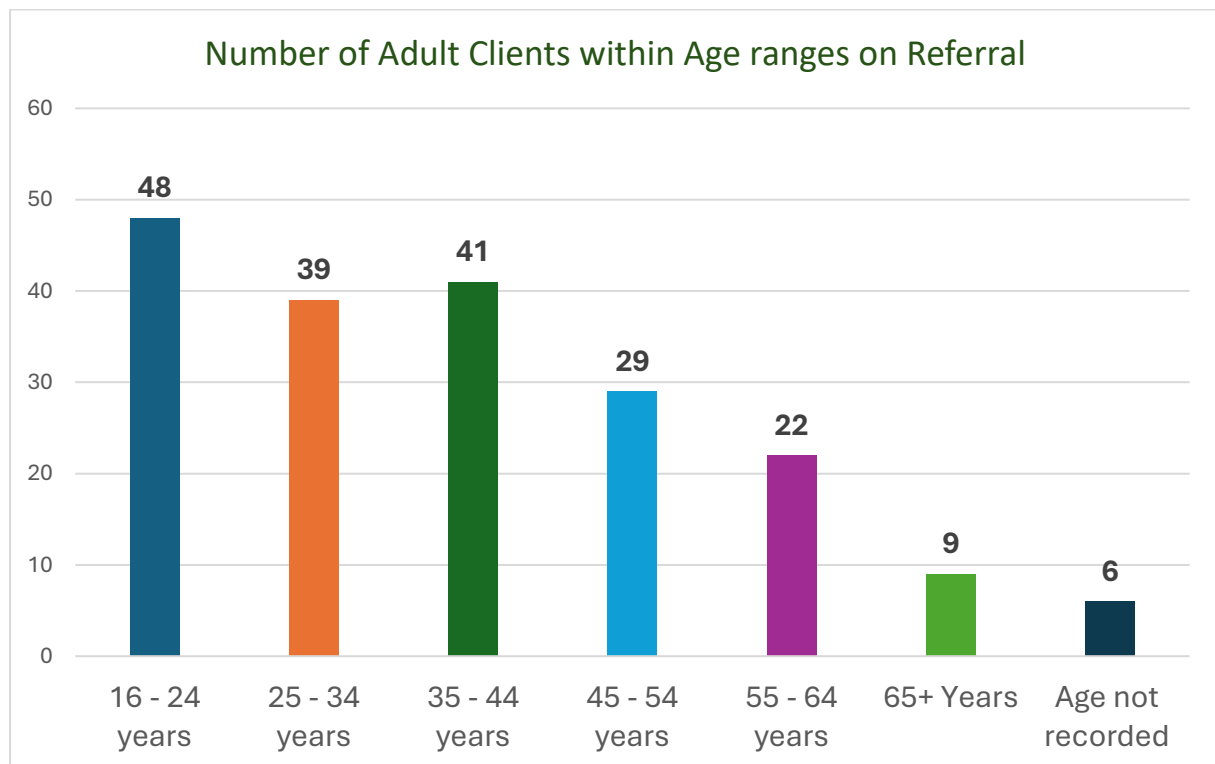
- CLEAR was identified as not being the appropriate service at that time and signposting discussion and information shared to referrer
- Referral was made by a professional agency for access to services which are self-referral only
- Client was not assessed to be ready for a therapeutic intervention e.g., client in mental health crisis, remaining in an abusive relationship, presenting with psychotic symptoms or physically unwell
- Client had no further engagement at a point in the referral coordination and allocation process
- Client had engaged with support from another organisation or from the private sector

All Referral demographics

Of the total referrals made, the referral form information identified gender as 153 females, 35 males, and six transgender clients.

A total of 75 (38.7%) referrals identified the client as having a disability, including Learning Disability, Autistic Spectrum Condition, Attention-Deficit Hyperactivity Disorder, Hearing and Vision impairments, Pain conditions, Serious Physical Health conditions and enduring mental health conditions including Post-traumatic Stress Disorder and Complex Post-traumatic Stress Disorder.

The age range for all referrals with age shared (188) was from 17 to 77 years; 37 years the averaged age.

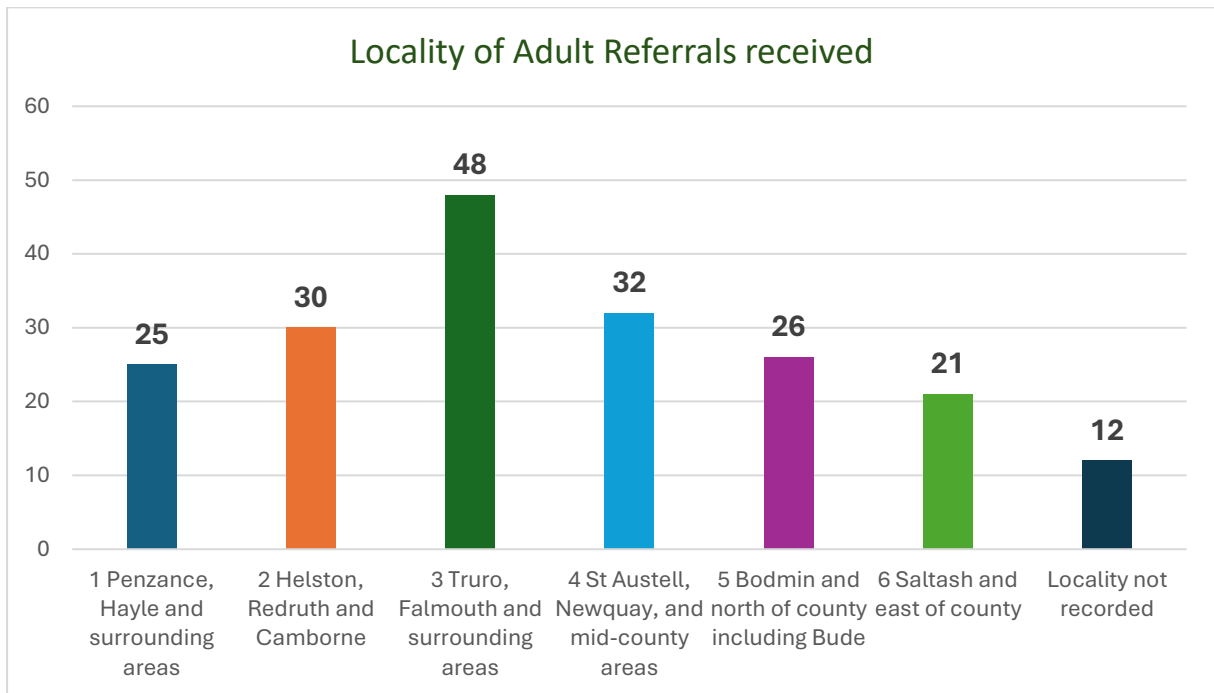


The ethnicity of those referred was identified as predominantly White British, 172 adults. Six adults identified as Cornish. Four clients identified as Mixed ethnicity, one client identified as Asian mixed ethnicity, and three identified as White mixed ethnicity. Seven adult clients choose not to share their ethnicity on referral.

Adult referrals were received from across the county, with higher rates in the mid-county localities.

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Allocation processes by funding pathway for new referrals

From the total new referrals (194) made to the Adult service within the reporting period, a total of 89 have become a client and allocated therapeutic support, while 43 remain on the waiting list at the time of this report.

The allocations of new referrals by funding pathway are;

Ministry of Justice RASAC funds	22
Hope for Harm Service People in Mind funds	29
OPCC Adult Sexual Abuse fund	5
Victim Support funds	24
NHS Talking Therapies Pilot fund	1
NHS Spot Purchase	2
Ad-hoc Spot Purchase	6

Therapeutic processes, outputs and engagement

A total of **340** adult clients engaged with therapeutic support and interventions with CLEAR during the report period, with **193** adult clients being newly allocated to start their interventions within the report period.

A total of **310** adult clients exited the service during the report period, with **228** adult clients exiting the service having *completed* their therapeutic support and intervention.

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Of the further **82** clients exited service, with a low disengagement of **18** (6%) clients, with an average of eight sessions before disengagement, however there was a larger ratio of clients declining the offer of sessions once allocated a counsellor/therapist or choosing to end their sessions during the intervention, **39** (13%) after an average of four sessions.

Other reasons for exit from service were due to No engagement with counsellor/therapist once allocated **14** (5%), Safeguarding with clients in mental health crisis, **six** (2%), and Transferred Service with clients being supported to transfer to other services e.g., CMHT, **five** (2%).

Twenty-six adult clients remain active in their work with CLEAR from being engaged in the report period.

- o Within the funding pathways, these were 160 clients with Ministry of Justice Rape and Sexual Abuse Support Fund, of which 107 (67%) completed their interventions. Seven clients (4%) disengaged, 22 (14%) declined sessions, three (2%) had no engagement once allocated their counsellor/therapist, four (3%) required Safeguarding due to mental health crisis and three transferred service. 14 clients remain active in their intervention. The average time from referral to allocation was 217 days.
- o Within the funding pathways, these were 33 clients with Victim Support funding, of which 24 (73%) completed their interventions. Two clients (6%) disengaged, two (6%) declined sessions, and four (12%) had no engagement once allocated their counsellor/therapist. One client remains active in their intervention. The average time from referral to allocation was 24 days.
- o Within the funding pathways, these were 51 clients with Hope for Harm funding, of which 37 (73%) completed their interventions. Four clients (8%) disengaged, one declined session and one had no engagement once allocated their counsellor/therapist. Eight clients remain active in their intervention. One client remains active in their intervention. The average time from referral to allocation was 36 days.
- o Within the funding pathways, these were 73 clients with IAPT Talking Therapies funding, of which 50 (68%) completed their interventions. Eight clients (11%) disengaged, nine (12%) declined sessions, four (5%) had no engagement once allocated their counsellor/therapist, and two (2%) transferred service due to mental health crisis. One client remains active in their intervention. The average time from referral to allocation was 101 days.

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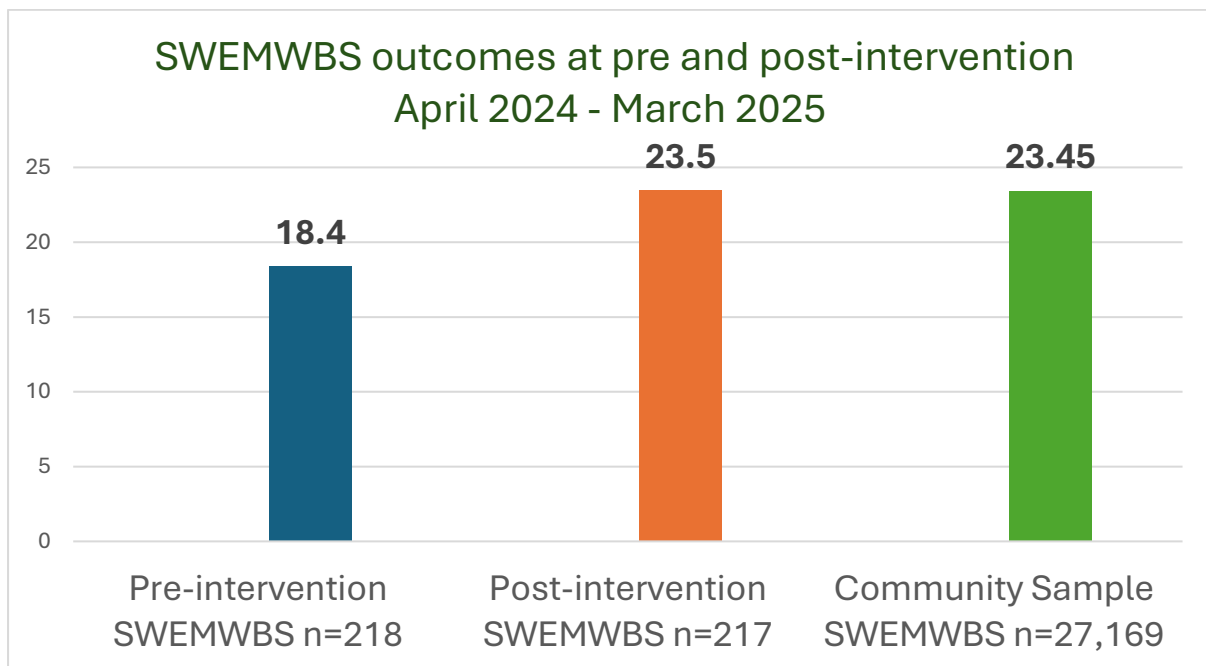
Therapeutic Outcomes and Impact for Clients

Routine Outcome Measures (ROMs)

The Warwick-Edinburgh Mental Wellbeing Scale – Short form (SWEMWBS)

The CLEAR adult service routinely uses The Warwick-Edinburgh Mental Wellbeing Scale – Short form (SWEMWBS)¹ 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 at every session throughout all the counselling and therapy interventions; the routine measures are voluntary and the choice to complete these is made each session. We can then measure pre- and post-intervention mental wellbeing to examine differences at the individual level and compare outcomes to those reported in community populations.

The SWEMWBS analysis is from observations across all clients who engaged and completed therapeutic interventions during the reporting period, whom and completed pre and post outcome measures.



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

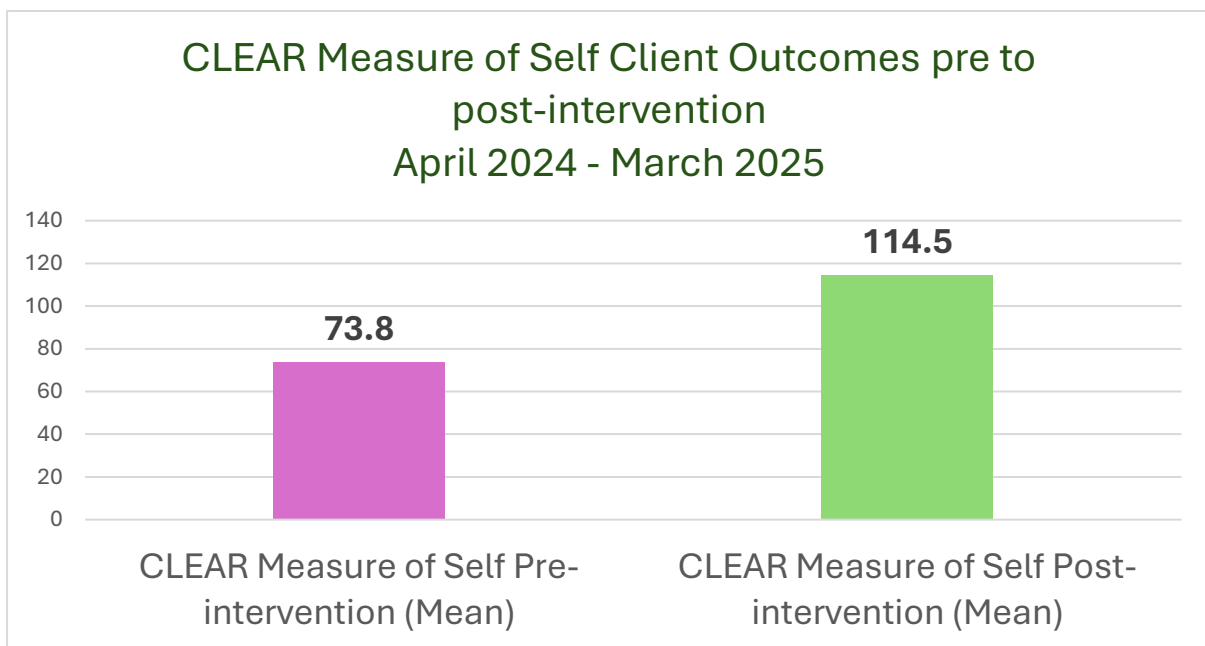
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The outcomes show a significant difference in mental well-being between pre-intervention SWEMWBS (*Mean* = 18.4) and post-intervention SWEMWBS (*Mean* = 23.5) scores ($t(433) = -9.96, p < .001$). The Cohen's *d* effect size of ($d = -0.152$) demonstrates a small effect of the intervention on the basis of improved mental wellbeing. A comparison is made with the Mean ($M = 23.45$) of SWEMWBS 2017 Community Sample analysis ($n = 27,169$ adults aged 16+)².

The CLEAR Measure of Self – an in-service questionnaire

The CLEAR Adult service routinely asks for clients to complete a 16-item questionnaire pre and post therapeutic intervention which explores the client's perceptions of self, confidence, and future. It also asks the client to reflect on their experiences of counselling/therapy. The items are scaled 0 – 10, 10 is strongest agreement with positive perceptions therefore a higher total of the 16 items means a stronger positive perception of self, confidence and future.



There are outcomes from 133 clients completing this questionnaire pre and post their therapeutic intervention which show positive improvements in perception of self, confidence and future; pre-intervention (*Mean* = 73.8) compared to post-intervention (*Mean* = 114.5). These positive improvements are significant in difference ($t(273) = -13.1, p < .001$).

² Ng Fat, L., Scholes, S., Boniface, S. *et al.* Evaluating and establishing national norms for mental wellbeing using the short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS): findings from the Health Survey for England. *Qual Life Res* **26**, 1129–1144 (2017). <https://doi.org/10.1007/s11136-016-1454-8>

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CLIENT VOICES: reflections of experiences of counselling, and the personal impact of counselling as reported in the CLEAR Measure of Self

Given me confidence to set my boundaries and assert them. Helped me see my needs matter.

It was more helpful than any other counselling I had before

I cannot thank [counsellor] enough for allowing me to be myself and allowing me to grow as a person. I feel so enabled to live "my life" now. I am happy to finish my sessions and carry on living.

It has really helped me in a lot of ways. I feel I have grown and learnt so much since having my sessions.

It has been a lifeline for me and huge part of my life.

You have given me the tools to be able to reflect on how I approach a situation 'think about it before I react' step back and look at it from the outside' You've given me the tools to cope with these situations - How much does it matter that kind of thing. Strategies I can remember and looking at things objectively instead of emotionally - it's the 'Ah ha' moments of situations linked to childhood that I now have a better understanding of and being able to explain to my husband why I sometimes react and behave the way I do.

My Counsellor has been really easy to talk to, I felt safe and valued in the sessions. I feel so much better after counselling.

Really enjoyed and found so helpful. Feeling stronger and have found my voice.

Got the coping skills to cope with how I'm feeling now. When I do wobble I know how to pull myself out. I know my emotions better now, through talking it out, exploring trauma resources, seeing things on paper really helped. I know what to do when I'm struggling so I don't go so deep into the sadness and anger and get stuck. I can see the signs quicker when I'm starting to struggle. I have steps to protect myself now. It's been good to be able to talk about things without feeling judged or that I'm impeding on their mental health. I like myself more now and I understand what I need.

Project-specific outcome measures

Self-harm Questionnaire – an in-house questionnaire

The Hope for Harm Service for adult clients 16 years+ routinely asks for the completion of a 4-item questionnaire pre and post therapeutic intervention which explores the client's frequency of self-harm, their understanding of why they self-harm, their distress tolerance

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abilities and self-compassion in relation to their self-harming. The items are rated by descriptors, with higher scoring being associated with less frequency, better understanding, more distress tolerance skills and greater self-compassion.

There are outcomes from 23 clients completing this questionnaire pre and post their therapeutic intervention which show positive improvements in the frequency of self-harm, their understanding of why they self-harm, their distress tolerance abilities and self-compassion; pre-intervention (*Mean = 4.8*) compared to post-intervention (*Mean = 7.35*). These positive improvements are significant in difference ($t(48) = -6.26, p < .001$).

CLIENT VOICES: reflections of experiences of counselling, difficulties in counselling and the personal impact of counselling

CLEAR Service feedback by clients

The *CLEAR Service Feedback questionnaire* is embedded across all referral pathways and therapeutic interventions for clients. It aims to give clients an opportunity to share their thoughts on CLEAR as a service at the end of counselling/therapy. It asks what was good about their care, what could be improved, anything else to feedback and an overall rating of the service.

What was good about my care

"...[Therapist] helped me to understand and see things otherwise I would have been unable to."

"Friendly therapist who is trauma-informed and genuinely interested in their role. Being able to see me locally as someone with health/transport issues was great as this was a concern. [Therapist] is very caring and well-informed on autism/the importance of sensory and creative outlets."

"Professional, supportive support tailored to my individual needs and experiences. Providing effective tools to use in the sessions and at home. Building a supportive professional relationship which enabled me to feel safe enough to explore very difficult experiences. The support given not just within the sessions but being mindful to how I'd feel post-session."

"The counsellor really helped me to change my perspective and be able to strengthen relationships by engaging in a different way. There was also some opportunity for self-reflection which helped me to recognise traits in my children which I have too. The counsellor provided a very calm, relaxing environment and her calm reassuring demeanour enabled me to open up and accept the help she was providing."

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“...The EMDR process at times was tough, but [Therapist] had a warm way of making you feel like you were on the journey together, I felt safe throughout and knew I was in good hands. There was never any judgement, instead always an authentic empathy, understanding and time for you. [Therapist] supported me with difficulties i had at work around having the time off to attend the sessions and took the time between sessions to find additional resources to support me further which were really helpful...”

“i always felt understood and like what i was going through isn't weird or silly.”

“I just wanted to give some feedback on the outstanding counselling sessions I had through clear with [Therapist]. These counselling sessions have literally been the best counselling I've ever had. [Therapist] made me feel heard. She helped me to regain my confidence and I will soon be starting a [healthcare job] soon. I believe this is because of the counselling sessions with [Therapist]. She helped me to gain clarity with things. Helped me to have the courage to put boundaries in place. She helped me in so many ways and I'm so very grateful for this. What an amazing counselling service clear is.”

Things that could be improved

“Longer sessions would have been better.”

“Time limits to therapy made working through multiple traumatic events very difficult, we ran out of time part-way through making a timeline of life/traumatic events which put me off opening up more and reprocessing. I could have done with check-ins to know where we were at time-wise, and an earlier/longer focus on the core elements of therapy ie. Timelines/reprocessing.”

“Maybe possibly fortnightly sessions as I found I couldn't process stuff within a week time scale, I needed more time before coming back.”

“Only thing that got in the way of the sessions was the amount of forms. Most of the first session was forms and last session. When you only have 6 sessions, losing that much time to forms makes it seem like a disproportionate overhead. Maybe filling in the first set of forms before the first session and reviewing them during the session would help?”

“More sessions would be good.”

“The only thing that could be improved which I know isn't a simple fix is the waiting times. However, although these are long, the check in calls were provided so you didn't feel totally on your own and the results of the therapy are definitely worth the wait if you are able to wait it out.”

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“A contact within Clear that isn’t your therapist should be an essential safeguarding precaution and point to discuss any issues/concerns. Also to have someone to help with non-clinical issues, such as funding for transport for vulnerable people would be beneficial.”

General feedback

I cannot thank [counsellor] enough for allowing me to be myself and allowing me to grow as a person. I feel so enabled to live "my life" now. I am happy to finish my sessions and carry on living.

Realising I'm not to blame. Realising its ok to be angry, but my anger doesn't have to control me. Opening up to someone won't always mean they call me a liar. Such a weight lifted to be believed and I could breathe. Felt warm and safe and like my counsellors arms were round me.

[counsellor] was a good listener and was helpful in giving me a voice to ask for respect.

Such a fantastic service, without CLEAR I wouldn't be in the happy place am right now.

I was very grateful for the service received and all members of the team were kind and helpful at all stages.

I am truly thankful for the support and guidance my counsellor gave me, they were the first person in my life that actually believed in me and wanted me to just "be".

That is a powerful thing to help people with, especially when it can difficult to trust people or be afraid of a lot of things.

**I appreciate the service that CLEAR has given me.
It's the first time having therapy where I felt like I
was being listened to.**

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Learning and Goals for Service Development

Strengths	Areas for Improvement
<ul style="list-style-type: none">• A committed and experienced team of skilled counsellors and therapists who are well-engaged and highly valued by CLEAR as an organisation.• Professional development and training opportunities being available and taken up by counsellors and therapists which contributes to development of CLEARs service offer and is in line with NICE guidelines for evidence-based interventions in working with the impact of trauma.• Development of training and counsellor/therapist skills in trauma stabilisation as an outcome of involvement in the Trauma Stabilisation Pathway project.• Sustained BACP accreditation of adult services• Good and consistent levels of data collection of routine outcome measures and project-specific outcomes with client service feedback.• Quarterly service feedback reports which enable more effective change and impact of feedback from clients into service development, and to support counsellors/therapist/office staff wellbeing	<ul style="list-style-type: none">• More detailed and thematic evaluation of client's outcomes, specifically where is the change occurring• To implement the 3-month post-intervention follow-up evaluation of impact with clients
Learning Points	
<ul style="list-style-type: none">• Greater oversight of waitlist and funds management – this has been implemented.• Managing the impact of Project specific work on therapist/counsellor capacity and the clinical lead and evaluation lead workloads – funding is built in whereas capacity is static in central roles• Introduce the International Trauma Scale Questionnaire across adult services to better understand and evidence the extent of complex trauma work delivered within the Adult Service	
Priorities for Service Improvement/Delivery 2025/26	
<ul style="list-style-type: none">• To implement the 3-month post-intervention follow-up evaluation of impact with clients	

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- To establish the post-therapy transitions into supportive and empowering spaces for clients who are ready for this; co-production group, wellbeing groups, volunteering with 8 Cathedral Lane