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CLEAR Children and Young People's Service Evaluation Report April 2024 to March 2025

The evaluation and report was undertaken by Nicola Henderson, Clinical Psychologist and CLEAR Evaluation and Quality Lead with contributions from Zahraa Abdulreda-Wilson, Trainee Clinical Psychologist on clinical placement with CLEAR.

The information which has contributed to this report has come from enquiries and referrals for children and young people to the children's trauma service, the therapy outputs and routine outcome measures which were completed by the children and young people and their parent/carers who have engaged in therapy within the report timeframe. Further information has been drawn from the children's trauma therapy service 6-month post-therapy follow-up evaluation completed in January to March 2025. The framework for this 6-month post-therapy follow-up is in Appendix A.

- During the reporting period, the Invictus CLEAR Counselling service was operational with counselling and therapeutic parenting support offered for young people 11 - 17 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 outcomes for this service are not included in this evaluation report of CLEAR children and young people trauma service.

The Children's trauma service was closed for a majority of referrals for a period of seven months, from September 2024 to reopen late March 2025. Referrals with trauma-specific funded pathways and spot purchases remained opened. This length of closure period resulted in the waitlist being worked through, and a significant reduction in the level of sessional work being offered for child therapists.

The delivery of the children's trauma therapy service was pre-dominantly face-to-face in therapy spaces in the CLEAR office, schools, family hubs and other community spaces including outdoor spaces.

Demographic and service delivery information

Enquires for service

The total **enquiries** for the children's service received from a public form of enquiry available on the CLEAR website, by email and/or telephone was **237**. A total of 29 enquiries had an action of referral to service accepted, with a further 40 enquiries invited referral to be made with referral form being sent. Of the remaining 168 enquiries that were closed at



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this point of contact to service, 33 enquires were closed with active signposting information and support due as CLEAR's children service not considered to be the suitable / right fit of service for the child and young person. Remaining enquiries were closed largely due to:

- The children's service was closed to new referrals and the presenting difficulties or lived experiences of trauma did not fit with the limited funding pathways open, or
- Professional or Self enquiry related to current referral on the waitlist and timeframes of access

Referrals to service

The total Children and Young People's trauma service (CYP-ts) referrals received was **161**. Of these total referrals, 47 (29%) identified sexual trauma as the reason for referral. There were 67 CYP allocated for trauma-informed and/or trauma-focused therapy and allocated a therapist. From the allocated referrals, 21 (31%) identified sexual trauma as reason for referral and accessing for therapy. Ninety-four CYP referrals were closed and/or signposted at point of referral. The reasons for closure at point of referral are many and varied:

- CYP is engaged in therapeutic support with statutory and commissioned organisations, e.g., CAMHS, MARRS, Jigsaw within Social Care, First Light within Safer Futures.
- CLEAR not in a position to fund access to therapeutic support for CYP and family/carers, with presenting lived experiences of abusive relationships excluding sexual harm, or lived experiences of trauma unrelated to abusive relationships, or victim of crime.
- CYP in an insecure or temporary living arrangement including kinship care.
- CYP considered to not have therapy readiness for therapy as assessed by the Children's Clinical Lead to progress to allocation of therapist and sessions; reasons are (not an exhaustive list)
 - Identified as being in an abusive relationship(s)
 - Recency of traumatic event and recommendation for early post-disclosure supports to be accessed
 - In mental health crisis and presenting with high levels of distress and risk behaviours
 - Active family court proceedings which are seeking to address contact and care arrangements with parents/carers, often with lived experiences of domestic abuse
 - Significant transition in process or within 3-month period in child and young people's education setting and access to learning
- CLEAR not considered the appropriate service or fit for the presenting difficulties of the CYP and family/carers. This is assessed by the Children's Clinical Lead through

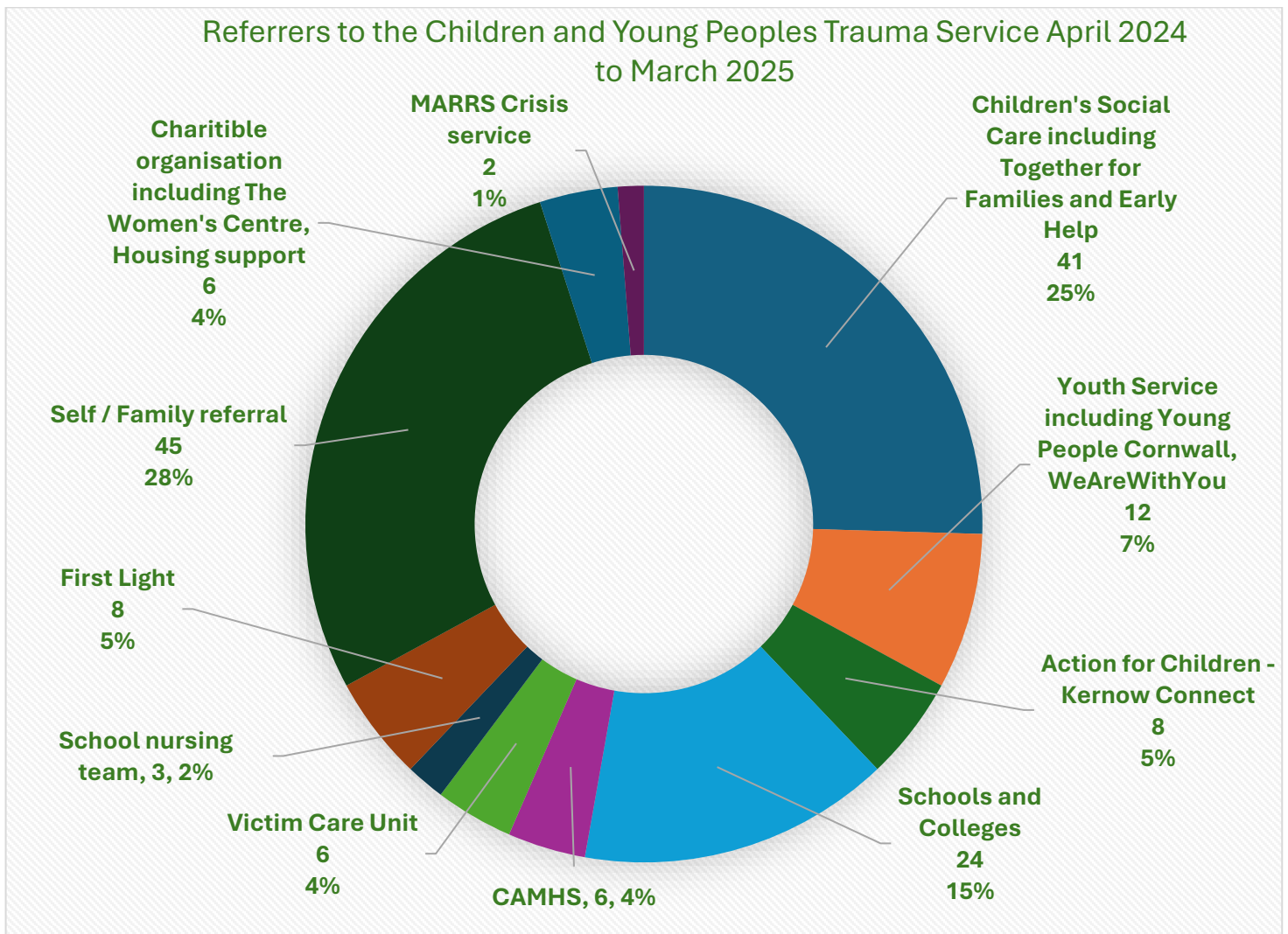
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consultation with family/carer, and professionals involved with CYP and family/carers.

Referral pathways

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



Referral demographics

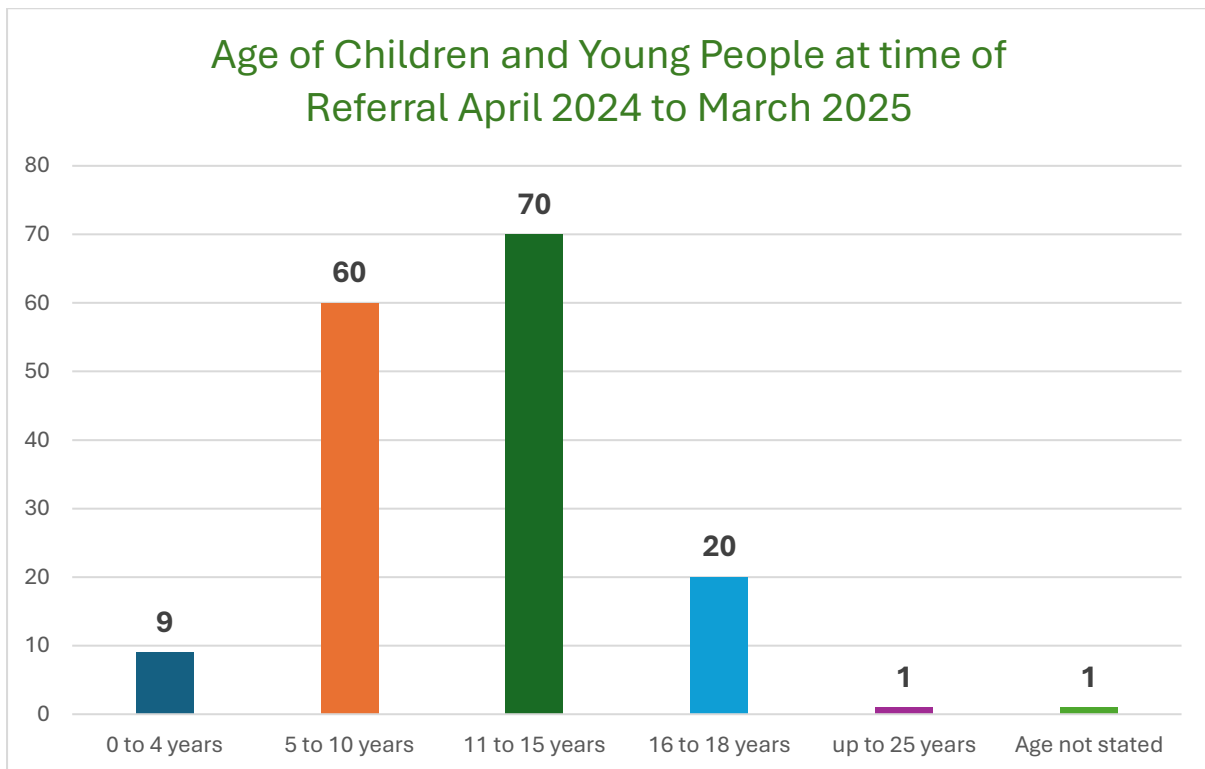
Of the total 161 referrals made, 91 referrals were for girls (33 allocated to therapy), 69 referrals for boys (34 allocated to therapy) and one young person identified as non-gender on referral (not allocated to therapy).

Sixteen CYP identified as having a disability on referral including Learning Disability, Autistic Spectrum Conditions, Serious Health Condition such as cerebral palsy, Neurodevelopmental Disorders such as Tics, and Attention-deficit disorders, severe and enduring mental health

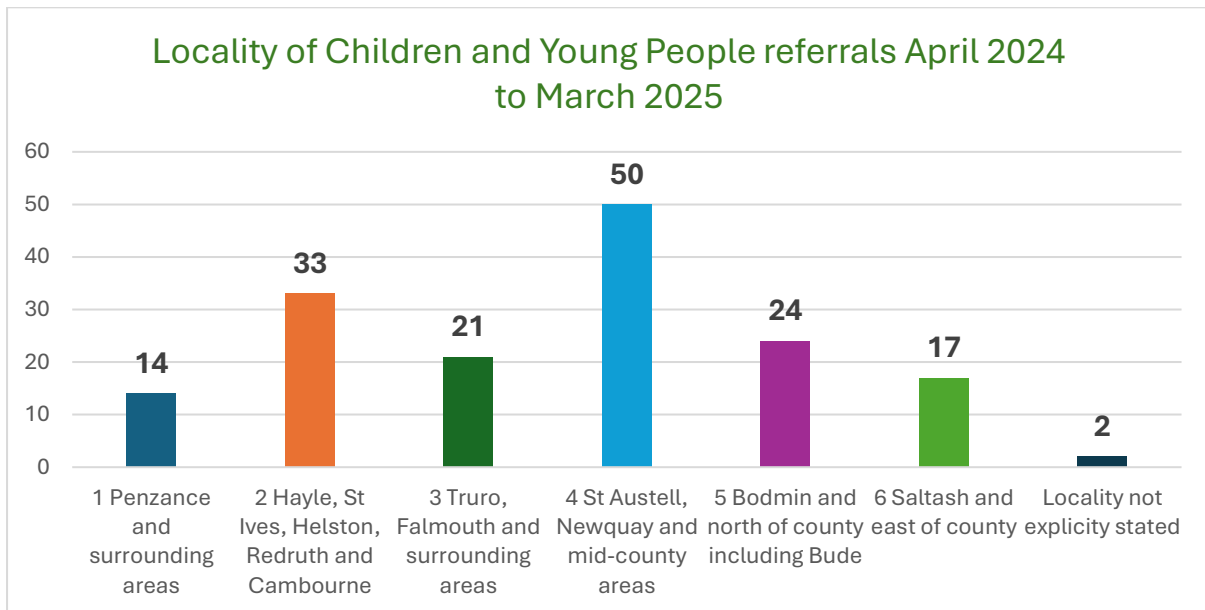
difficulties such as Depression, Anxiety and Post-Traumatic Stress Disorder. It was Unknown for 67 children on referral whether they had a disability.

Of the 161 referrals, 148 children and young people identified as White British, three of multiple ethnicities, and three Cornish. There were seven Not stated/Prefer not to say ethnicity referrals.

Of the 161 referrals, the age range was 0 – 24 years, with an average age of 11 years. There was a reduced difference gap between the number of referred by age groups 5 – 10 years and 11 – 15 years compared to the previous year (2023 – 2024), with an increase in the 5 – 10 years age group proportionately.



The referrals were spread across county, with highest number in locality 4 (St Austell, Newquay and Mid-County) and noticeable decreases in areas Penzance and surrounding areas and Truro, Falmouth and surrounding areas comparatively to the 2023 – 2024 data.



Allocation processes by funding pathway for new referrals

From the total new referrals (161) made to the children’s trauma service within the reporting period, a total of 67 have become a client and allocated therapeutic support. The average time from referral to allocation of a therapist for those accepted into service was 60 days, with a wide range of 0 – 251 days.

The allocations of new referrals by funding pathway are:

Ministry of Justice RASAC funds	12
Hope for Harm Service People in Mind funds	1
The Children’s Society – Child Sexual Abuse partnership fund	1
Victim Support funds	21
CYP Multi-Crime Partnership fund	12
Safer Futures (First Light) Spot Purchase	1
Schools Spot Purchase	4
Social Care Spot Purchase	7
Ad-hoc Spot Purchase	8

Therapy engagement, processes and output

A total of **232** child and young people clients engaged with therapeutic support and interventions with CLEAR during the report period, with **87** child and young people clients being newly allocated to start their interventions within the report period, 67 child and young people clients allocated being new referrals alongside 20 child and young people coming from the waitlist.

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A total of **218** child and young people clients exited the service during the report period, with **163** (75%) child and young people clients exiting the service having *completed* their therapeutic support and intervention.

Of the further **58** child and young people clients who exited service, a low disengagement of **six** (3%) clients, with an average of seven sessions before disengagement, however there was a larger ratio of clients declining the offer of sessions once allocated a therapist (**3**) or choosing to end their sessions during the intervention, **21** (total of 11%) after an average of six sessions.

Other reasons for exit from service were due to No engagement with therapist once allocated **six** (3%), Safeguarding with clients in mental health crisis, **eight** (4%), and Transferred Service with clients being supported to transfer to other statutory services e.g., CAMHS, MARRS, Children's Social Care **10** (5%).

Fourteen child and young people clients remain active in their work with CLEAR from being engaged in the report period.

Therapeutic Outcomes and Impact for Child and Young People engaged in therapy

Routine Outcome Measures (ROMs)

The outcome and effectiveness of the therapy for children, young people and their families/carers was measured from the observations of **163 children and young people who completed therapy** within the reporting time period. There was an **average of 16 therapy sessions** within these completed interventions. From those who completed therapy, there were 103 CYP who completed at least one pre and post outcome measure (64%) while 70 had completed data pre and post therapy sessions for both CYP and parent/carer (43%). The outcome measures remain voluntary for CYP and parent/carers; notably for adolescence, there is increased likelihood that only CYP outcome measures are completed with less parent/carer involvement in therapy by CYP choice.

Across **the Emotional Literacy Scale – Parent report** (aged 7 years to 18 years), the return for pre and post data for parent was a total of 49 observations (34%). When reviewing these outcomes, there were positive improvements overall for the parent report (pre-therapy mean = 59.4 compared to post-therapy mean = 63.7; $t = -1.80$, *ns*), however these were not significant. There were individual scale observations of significant improvement in the area of self-awareness ($t = -3.48$, $p < .001$). The Post-therapy *Mean* total of 63.7 falls within *Average* range.

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Within the **Emotional Literacy Scale – Child report** (aged 7 years to 18 years) observations made by the children and young people, there were positive improvements made for both children aged 7 to 11 years ($n = 16$), and young people aged 12 years and above ($n = 23$) in their emotional literacy following their therapy sessions, however these were not significant in either age group.

Across the **Strength and Difficulties Questionnaire – Parent report** (aged 4 to 17 years), the return for pre and post data for parent report was a total of 67 (44%). The observations of parents pre and post therapy demonstrated a significant reduction in overall difficulties for the child and young person ($t = 3.03, p = 0.00$). Within these observations, there was significant improvements for Emotional symptoms ($t=3.21, p=0.00$). There was a significant reduction observed in how the difficulties impacted both on the child and young person, their families and support, their friendships, interests and learning ($t(132)=2.79, p=0.00$).

From the **Child Outcome Rating Scale – Child report** (From 7 years and over), there were observations made by 103 (71%) children and young people pre ($mean = 25$) and post ($mean = 29.1$) therapy which showed reduction of distress experienced by children and young people across areas of self, family, school, everything which was significant ($t(208)=-4.05, p>0.00$).

The Routine Outcome Measures for children and young people aged 10 years and older have continued to complete the Child Revised Impact of Events (CRIES-13) as a trauma response screening and the Child and Youth Resilience Measure (CYRM) which looks at both personal and relational resilience for a child and young person.

The **Child Revised Impact of Events (CRIES-13)** was completed by 61 CYP (53%) which observed significant reduction in overall trauma responses ($t(124)=4.76, p>0.00$); a small effect size (Cohen's $d = 0.182$) is observed with pre-therapy ($Mean = 46.8$) compared to post-therapy ($Mean = 36.2$).

Within the CRIES-13, there were significant reductions in all areas; Intrusions ($t(98)=4.53, p>0.00$) Avoidance behaviours ($t(98)=3.82, p=0.00$), and levels of Arousal ($t(98)=4.53, p>0.001$). The most notable effect size being in reductions of Intrusions (Cohen's $d = 0.269$).

The **Child and Youth Resilience Measure (CYRM)** was completed by 50 CYP (43%) and observations showed significant and positive improvement in overall resilience ($t = -2.36, p=0.02$) and significant improvements within the Personal Resilience scale ($t = -2.83, p = 0.00$) while the Relationship Resilience scale (pre-therapy mean = 27.5 versus post-therapy mean = 28.5) showed progress in the positive direction, though this was not significant. This suggests that following the experiences of therapy children and young people are feeling more resourced in themselves, while not necessarily experiencing changes in their relationships as resources to go to for support.



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Psychoeducation and Therapeutic parenting support

The Psychoeducation and Therapeutic parenting support offer of six sessions continued subject to funding availability. The parent/carers were referred internally by CYP therapists subject to funding approval by Children's Clinical Lead. This therapeutic support is provided by a child and young person therapist, separate to the CYP's therapist and by telephone or online platform.

During this reporting period, there were **12** adults/parents engaged in the therapeutic parenting support, funded by CYP Multi-Crime partnership fund, Ministry of Justice, Social Care Spot Purchase, and the People in Mind project fund. Ten parents completed their six sessions of therapeutic parenting support.

Parent/carer outcomes following the Psychoeducation and Therapeutic parenting support

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 following outcomes are from the **seven** parent/carers who exited the service during the reporting period.

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 data only included one complete data set for this measure and therefore we are not able to report further on the outcomes for this group of seven.

Parent/carers are also asked to identify three goals for the intervention and rate progress towards these goals out of 10 (10 being achieved). The data again only offered one complete set for goals.

Parent/carer feedback following the Psychoeducation and Therapeutic parenting support

What was good about my care?

It was in a calm and friendly environment. [therapist] was absolutely wonderful in making me feel at ease, and that I could let my emotions out. I was glad for the support as I had needed someone unbiased to understand my situation and agree that certain aspects were rightly difficult, and that I was right to be upset and angry regarding this. I was able to run ideas past her without worrying that they sounded bad.

[therapist] was very compassionate and insightful, Very kind and good at listening as well as understanding what I was going through and giving good guidance

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What improvements could be made

No there wasn't anything - it was a very good and professional experience

General feedback on service

I sincerely appreciated the help at a very significantly difficult stage of my daughter's life and just wish it could have continued for longer.

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

Evaluation of Service questionnaire for parent/carers

At the end of therapy parents and carers were asked to complete the Evaluation of Service Questionnaire (CHI-ESQ). In total, 72 (44%) 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 34.7. A high level of satisfaction observed for those giving feedback.

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.

What was good about my child's care?

That the sessions were adapted to suit [child] needs rather than a one size fits all

[therapist] was amazing with [child] and made the sessions so personal to him and he thoroughly enjoyed them, and he has made so much progress

The whole experience. We've been really happy with the experience.

The trust I have with [therapist] being with [child], I can relax knowing he is safe in [therapist's] hands. Communication between Me and [therapist] is good and so reassuring.

The help received was awesome and made an impact.

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Communication, care, sensitive

It gave [child] a space to express her feelings and to work through them safely.

I loved the way [therapist] approached the whole thing. I could tell that they were so engaged straight away. [therapist] has communicated with me so well. I felt confident to let my children just get on with the therapy with no input from me, I trusted her with my children, she has made such a difference and has given me much more confidence too. I felt really safe. My children loved her, and she's been brilliant. Thank you. We have been so lucky.

[child] enjoyed the sessions and has explored his emotions and how he feels

Listened to and good understanding

The support given to [child] made such a difference.

It's been life changing and I don't want it to finish, [therapist] has been amazing

My son has come on in leaps and bounds from when he started. He is set on the right path and is a different boy.

Very supportive, really helpful for us.

My daughter has changed a lot - she doesn't get so angry so quick anymore. When she does get really angry, she doesn't react or argue, she just walks away. This is a huge change. Her relationship with her sister has significantly improved. Before there was shouting, slamming doors. She now uses her punchbag which she never used before. She is now getting her anger out. There has been huge changes.

This was the first time that [child] has worked with a professional and attended every week and got up early and didn't complain or try to get out of coming. It was the only morning of the week that we didn't have to argue about getting him up.

What improvements could be made?

to have a little more information on the process behind the sessions

Opportunity for more sessions

Heating in the room. It was really hot. Sadness around ending.

Clear communication from the school as to where [child] should be and not challenged when he returned to class.

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Only that it would be good to have more sessions!

I don't like the fact you only get a certain amount of sessions and should be on an individual bases.

Really anxious that she is left without support now

General feedback

It's been wonderful, thank you so very much.

Would highly recommend the service you provided for us

Amazing support for [child] and [therapist] was amazing and I just wished he had more sessions with her

The sessions have made such a positive impact on [child's] life and our family life, being able to cope with situations that [child] wouldn't have been able to cope with before is testament to the service and our sessions with [therapist]

Outstanding, really pleased and grateful for all the help and support given to [child] .thank you ever so much.

It was brilliant the help, support and advice given was second to none. Would definitely recommend.

"It's hard to put into words" service evaluation questionnaire for children and young people.

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, 98 (67%) 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 37.8 which is at a "very good" level. Here are some examples of the feedback from children and young people;

What was good about my care?

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I've had a sweet person to talk my problems through, and I feel she's really understood and helped me.

It is good to talk to someone, help recognise feelings and be given ways to cope with things

I think that my sessions really made an impact on my future and on how I view different situations as an individual.

I was able to communicate a lot differently and to different people.

I feel my sessions have really helped me to open up to people again and realise that I shouldn't not be myself to please people.

[therapist] helped me understand my past and also overcome the paranoia of my trauma.

that I was able to talk about things that I don't think I would be able to say to my family or friends and that it gave me more support around everything that has happened.

Being able to talk about it all to someone who didn't know about it.

They helped me understand why I feel how I feel and I'm ok to feel like that

Having someone that i could get along with and understand where i was coming from and myself not feel judged when talking about how i feel and fully expressing how i felt in/about the situation

I get to open up more and I feel more free / confident.

I could actually deal with what happened and not keep struggling.

Themes in the feedback from children and young people

Emotional Safety & Acceptance

Self-Awareness & Emotional Understanding

Confidence & Sense of self

Improved Communication and Relationships

Healing of self, coping, and looking to the future

What to improvement could be made?

Make the amount of sessions more.

Having to change location and times was difficult at times

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A permanent thing where I don't have to say goodbye.

The room at school because the windows where people can see me

I feel like I need some more sessions. I felt I have only just started.

Themes in the feedback from children and young people

Frequent and strong desire for longer and ongoing support

Disruption and inconsistency in the sessions and service delivery

Privacy in the therapy space

General feedback

It's helped my in improving my relationships at home and he helped me to cope with my parents.

I had a nice first experience with counselling

Thank you so much for helping me.

Thank you for helping me get through some stuff.

I feel I have a better understanding of why I was feeling the way I did

[therapist] has helped me so much more than any other counsellor and I am very grateful.

It's really helped me and I'm glad I got seen by someone quickly.

It made me feel better - particularly in the long run

The sessions are amazing I want it to go on for ever

I feel so much better now. It has really helped me. I loved my sessions with [therapist]. I loved the games and the slime and all the fun stuff we did.

Themes in the feedback from children and young people

Gratitude and positive therapeutic experience

Emotional understanding and recognition of resilience

Themes in the feedback from children and young people

Long-term impact and the timeliness on intervention

6-months follow-up survey for children, young people and their families who had completed therapy with CLEAR.

As part of the CLEAR evaluation programme, there is a follow-up survey undertaken with children, young people and parent/carers 6-months post-therapy. It seeks to capture the ongoing impact of the therapeutic work completed with CLEAR.

The follow-up surveys were undertaken by a CLEAR Child therapist and our Trainee Clinical Psychologist between January and March 2025. The survey sought reflections by Client/Parent/Carer on the therapy with CLEAR and to understand what support, and at what level that children and young people may have needed after therapy with CLEAR.

The qualitative data is included from **19 parents/carers** of children who had completed therapy with CLEAR. A further **seven young people** gave their own feedback on their therapy outcomes and sustained benefits.

The Client and/or Parent/carer were asked to complete the routine outcomes measures, Child Outcome Rating Scale and the Strength and Difficulties Questionnaire – Parent report.

Routine Outcome Measure	Pre-therapy mean	Post-therapy mean	6-month Follow-up mean
Child Outcome Rating Scale (CORS) <i>n = 7</i>	17.8	23.6	28.6
Strength and Difficulties Questionnaire – Parent report (SDQ-P) <i>n = 17</i>	20.1	17.2	17.4

While the numbers at follow-up are small, the CYP report on the CORS replicates the reduction in distress post therapy, while also suggestive of further growth in their wellbeing at the 6-month follow-up.

The parent/carers report continues to rate total difficulties that match what was observed at post-therapy, suggesting a level of sustained outcomes for the client. On follow-up, 45% of responses reported no further support was required after completing CLEAR therapy, while a further 20% of those responding did require further support due to an experiencing a bereavement, significant transition or traumatic event since their therapy came to an end.

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Themes from the qualitative data from parent/carers at 6-month follow-up

Significant Positive Change and Personal Growth – parents reported transformational outcomes, where counselling was described as “*life-changing*”, leading to improved emotional regulation, increased confidence, and new opportunities for their children and young people.

“Absolutely great. Sustained outcome and following therapy, more growth with CLEAR Ideas and St Ives art course and an art bronze award plus art exhibition at CLEAR - great exercise in confidence and being 'good enough'. Great outcome. Not sure what he would say he got out of therapy for himself but observed to have lots more confidence. Therapist was brilliant, calm, quiet, no pressure and great advocate for child.”

“Callum is now “flying”. His whole world has changed after doing therapy with CLEAR. Callum went from being a child who was suicidal and now he is doing amazing training in military academy in the marines. He won best student of the week and got a merit in every subject and got £300 for this. He is flying. He is mentoring children who are shy/anxious and he wants to help others who have had similar experiences to him. He went from “I cannot do it” to doing all these amazing things. He has increased in confidence. It gave him what he needed. He spoke about his difficulties, bared his authentic self to his therapist, he felt he could say what he needed to say and let it go. He wouldn't have achieved everything he did if he didn't have therapy. It allowed him to take on different perspectives and think about things differently.”

Sustained Emotional Regulation and Use of Coping Strategies – parents noted that children continued to use techniques learned in therapy, particularly around anxiety, anger, and interpersonal communication.

“Definitely helped with anxiety. She manages it herself with tools learned. Still does it, maintains self-regulation. Very positive as to techniques learned in sessions. Very specific difficulties at home within the family and the techniques have made it much easier.”

“He had a great time during his therapy. Since then, his communication around emotions are a lot better and his emotions are calmer. He doesn't go into a rage anymore in seconds and there is more thought process around emotions. He has done really well in school since. The benefits have definitely sustained.”

Therapy as a Safe and Supportive Space – Parents often highlighted that therapy provided a trusted and safe space outside of the home, where children and young people could talk openly about difficult experiences.

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“Therapist an absolute asset, changed child life, don't know how we would have got through. so approachable, doesn't judge. Helped so much with comprehending and validating child emotions, therapist helped both parent and child and taught great coping skills. The child knows he can come back the safe therapy space.”

“Beneficial by creating a safe space that was outside of the home. Home is now safe. Therapist provided a safe space really well to talk about difficult things - everything we needed.”

A need for longer or continuation of therapy - a recurring theme was that therapy was not long enough for some children, especially those with complex trauma or who took longer to engage.

“The therapist found it difficult to engage him at times. She did physical things to engage him which helped. The therapy was overall good for him. He is really struggling at the moment to cope with a full week of school – was suspended twice after the art therapy stopped due to dysregulation/overwhelm about not being able to cope. The therapy was successful but I don't think the benefits have sustained. This might be because of potential neurodiversity whereby I am trying to get an assessment for him.”

“I think it was really good, he could have done with more sessions as my son takes a while to warm up with people. If he had a longer time, he would have benefited from it even more than he already did. At the time of the therapy, he calmed down a little bit and was more understanding. I think the benefits have sustained, but its also hard to say as he is quite challenging anyway. He is definitely doing better though.”

“Child needs a lot more intensive therapy for a lot longer than what she received at CLEAR. She is in the middle of a court case and this has been really difficult for her. Although, right now, she is on holiday and is having a good time, and she has been able to regulate a lot more recently since leaving school.”

Impact of External and Ongoing Life Stressors - parents reported that external events (e.g., court cases, parental trauma triggers, school transitions) led to relapse or emotional regression post-therapy.

“My daughter has had multiple therapy types – she had therapy from CLEAR and saw someone from Cornwall Council. She was doing really well until a recent situation the past few months. Her mother has moved down here and this has put a spanner in the works. Her mother is the person who caused a lot of problems/trauma. At the time, we didn't feel we had to go to court, however, my daughter has been triggered in response to her mother moving down to the local area. She was really making progress until this has happened.”

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“Very useful and opened up quite a bit. Trauma still affects child though with bed wetting, and night terrors when he sees Dad around.”

“CLEAR believed in my son when he couldn’t. You were a massive part of his healing journey”

Parent feedback at 6-month follow-up

Learning and Goals for service development

Strengths	Areas for Improvement
<ul style="list-style-type: none">Experienced and exceptionally skilled therapists delivering trauma-informed and trauma-focused therapies and counselling with outcomes of benefit for the child and young person, parents and families during and post-therapy.	<ul style="list-style-type: none">Greater consistency in the pre-post data collection in the routine outcome measures and input into the databaseLow rates of evaluation of Therapeutic parenting support
Learning Points	
<ul style="list-style-type: none">The impact and consequences of long closure periods on the awareness of CLEAR Children’s Service in the community, what we can offer and how this supports beneficial outcomes for children and young people. More consideration to be given to the balance between longer closure times or longer waiting lists, as referrals are slow to come in after long periods of closure despite knowledge that demand in the community remains high.The repositioning of the children’s services as influenced by funding e.g., access through spot purchase or presenting sexual trauma only. This has resulted in increasing complexity within the child’s trauma and distress. This also has a knock-on effect on safeguarding concerns and reporting, the resilience of therapists and the need to look after wellbeing. In the coming year and beyond we hope to have a broader range of funding so that there is balance within CYP Therapists caseloads.	
Priorities for Service Improvement 2024/25	
<ul style="list-style-type: none">Ensuring robust therapist and staff supervision, and wellbeing resources in place to meet the needs and impact of working with complex trauma in children and young peopleContinue to review and reset procedures and therapist engagement following the change of clinical leads.Increase compliance with use of CLEAR Routine Outcome measuresActively seek alternative sources of funding to broaden the scope of service delivery	

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Appendix A

Children and Young People Service Evaluation – 6-month follow-up after therapy completed with CLEAR

What was an outcome of the therapy work with CLEAR? Has this been sustained over this period since the therapy came to an end?

Have you or your child(ren) had any further therapeutic or professional support over this period since the therapy came to an end?

If so, with whom?

Any further feedback or comment in relation to the therapy work with CLEAR or after working with CLEAR as an organisation?

Big thank you for their feedback and being part of this evaluation!