

CLEAR Children and Young People's Service Evaluation Report April 2020 to March 2021

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

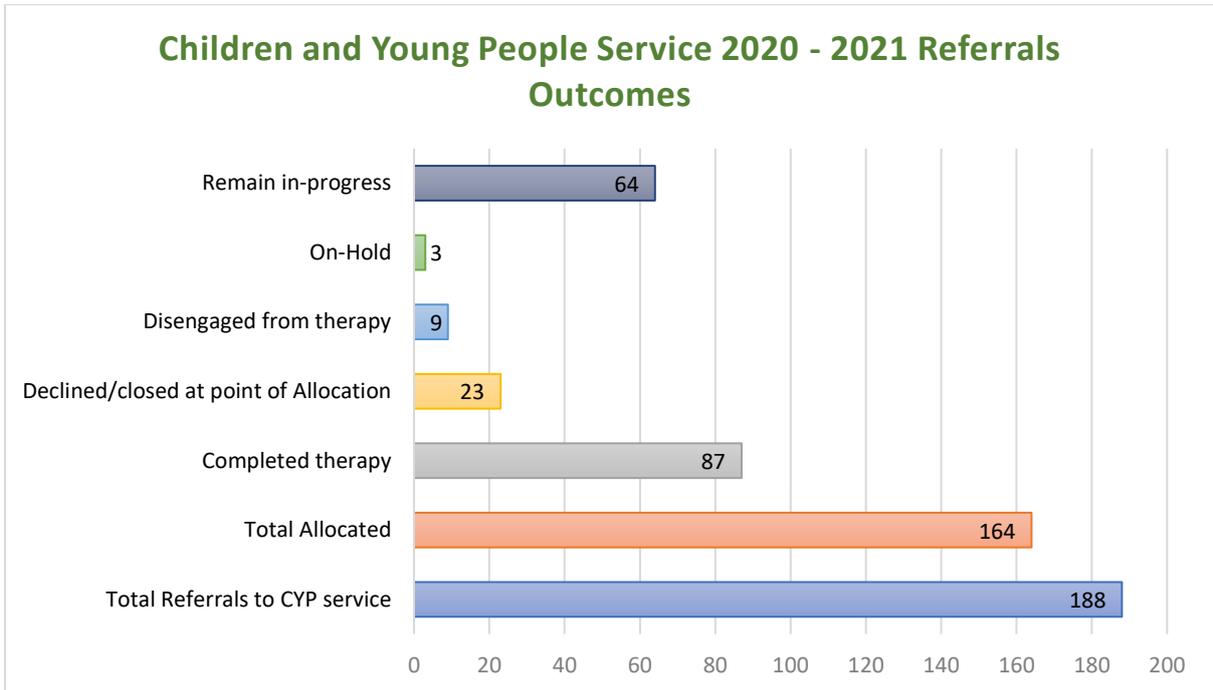
The information which has contributed to this report has been based on the CLEAR Children and Young People referrals and assessments undertaken within the timeframe identified and the routine outcome measures which were provided by the children and young people (CYP) and their parent/carers who completed therapy within the timeframe identified. The impact of the restrictions and national lockdown which came into effect mid-March 2020 is considered to have had a significant impact for this reporting period. A brief timeline of events and service measures in response is given in Appendix A.

Demographic and service delivery information

The total CYP referrals received within the reporting period was 188. Seven referrals (3.7%) were identified specifically due to child sexual exploitation (CSE) risk and concerns. The monthly pattern of referrals changed significantly once a national lockdown as established in March 2020, with minimal referrals being received in the first quarter of the year (April-June, 19 referrals in total), while the number of numbers received from July 2020 were average with familiar patterns of low referrals for August (summer holidays) and December (christmas holidays). Further effect a lockdown was noted in January 2021 with very low referral. February and March return to above average referral numbers, 23 and 25 respectively. See Appendix A for Referral totals by Month and Referrer.

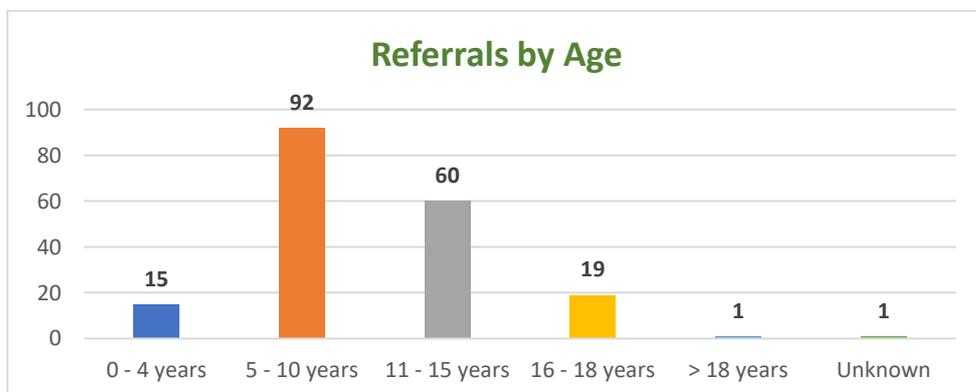
Of these, 164 CYP were allocated a therapist and engaged in an initial assessment and started therapy sessions. There have been 87 referrals who have complete therapy, and 64 referrals which remain in progress at the time of reporting. There are three referrals which are currently on hold due to a change in readiness for therapy, court processes underway, and a shift in care placement with a settlement period requested.

Of the 188 referrals made, there were 21 referrals were cancelled at point of allocation, two referrals were declined/closed following initial assessment with signposting to community supports and nine CYP had been allocated a therapist and started sessions before disengaging and not completing therapy; an average of four sessions were completed before the CYP has disengaged.

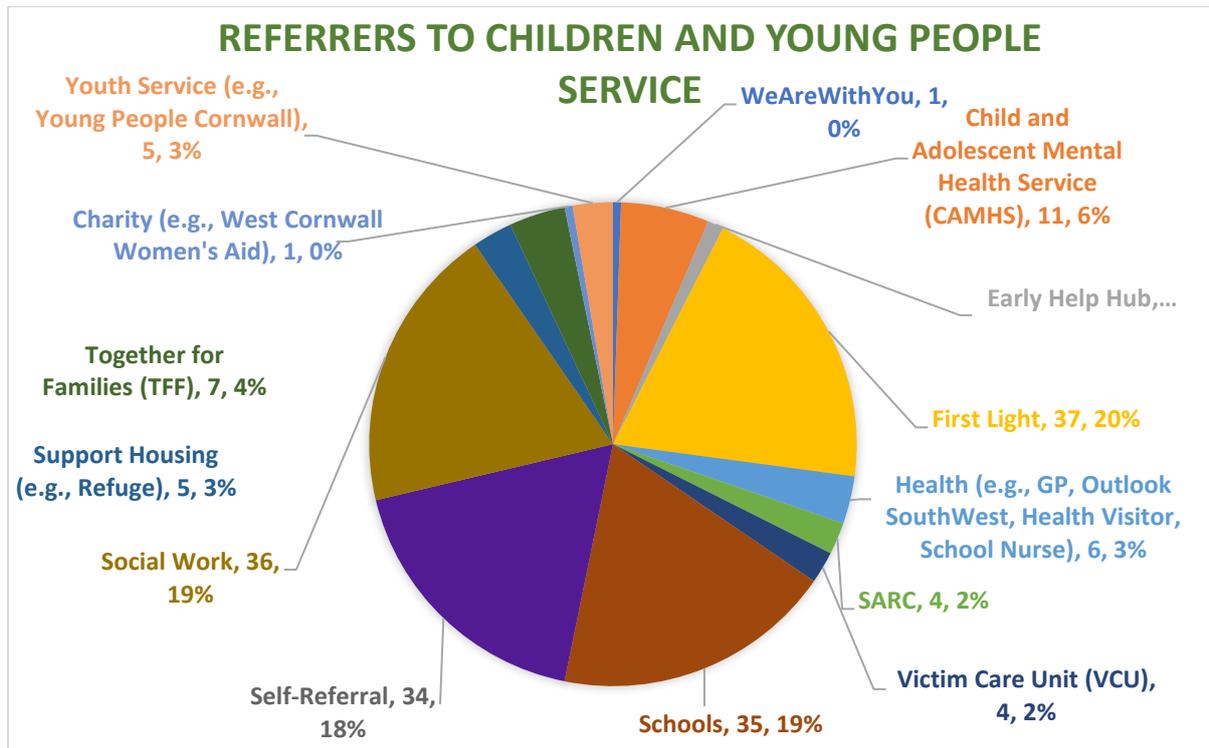


Of the 188 referrals made, 90 referrals were for girls, 96 referrals for boys and two young people identified as transgender. Nineteen CYP were identified as having a disability including Learning Disability, Autistic Spectrum Condition, Neurodevelopmental Disorders such as Tics, Attention-deficit disorders, Hearing or Vision impairment, Cerebral Palsy and Chronic Fatigue Syndrome.

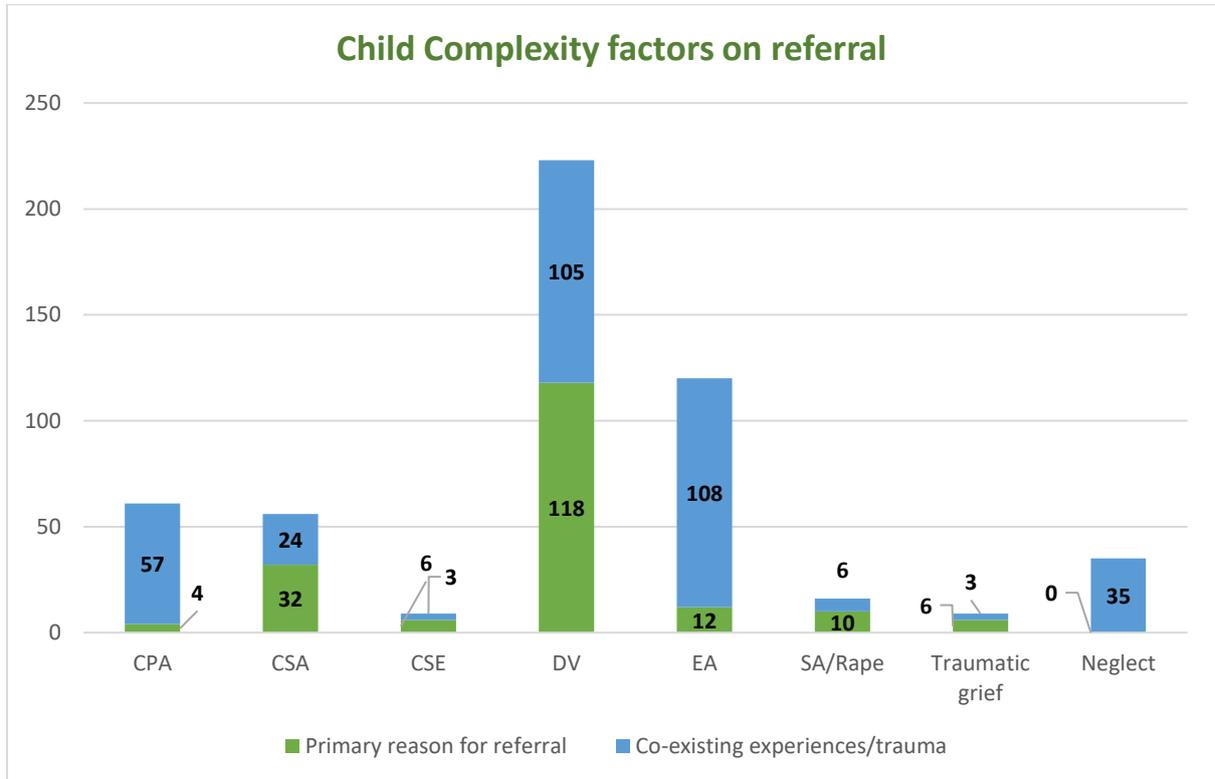
Of the 188 referrals, 154 children and young people were identified as White British, one Black British, One Asian British, six Cornish and seven children and young people of mixed ethnic groups. There were 15 Not stated ethnicity referrals.



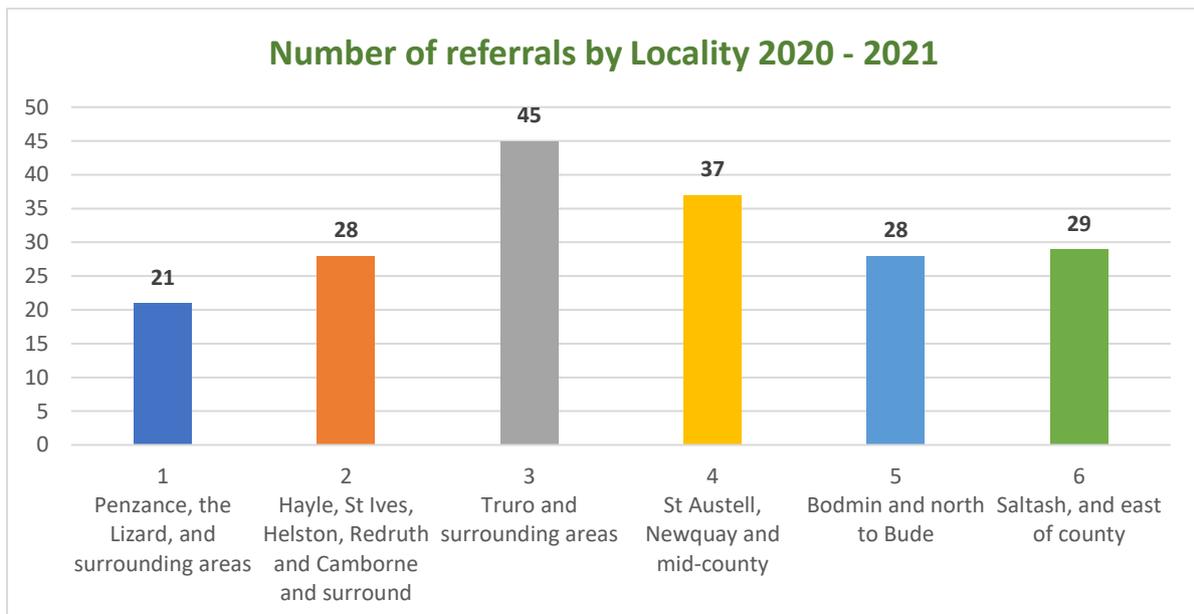
There was diversity in referrers and included those who funded the sessions directly on referral, or through funding a referral pathway.



From the referral information identifying child complexity factors, there were 118 children and young people identified as having experienced domestic violence and this was the reason for referral, 32 for child sexual abuse, ten for rape and sexual assault and six for child sexual exploitation. Four children and young people were referred primarily for child physical abuse, 12 for emotional abuse and trauma and six following an experience of traumatic grief. Within the 188 referrals, 35 children and young people were identified as having experienced neglect as a co-existing experience, though none as a primary reason for referral.



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



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 111 CYP 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 78 who completed at least one pre and post outcome measure, 70% while 64 had completed data pre and post therapy sessions for both CYP and parent/carer (58%).

Across the Emotional Literacy Scale, the return for pre and post data for parent was a total of 36 observations (36%). 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 ($t=-4.09$, $p = 0.00$).

Within the Emotional Literacy Scale observations made by the children and young people, there are reports of improvements though not meeting significance for the young people aged 12 years and above ($n = 11$); however there were observations by children aged 7 to 11 years of a significant improvement in their emotional literacy following their therapy sessions ($t = -3.1$, $p = 0.002$, $n = 26$).

Across the Strength and Difficulties Questionnaire, the return for pre and post data for parent report was a total of 47 (47%). 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 ($t = 4.41$, $p = 0.00$). With the most apparent significant difference being observed in how the difficulties impacted both on the child and young person, their families and support, their friendships, interests and learning ($t=9.5$, $p = 0.00$).

From the Outcome Rating Scale, there were observations made by 52 (52%) children and young people pre and post therapy which showed progress and improvements across "me, family, school, everything) which were significant ($t=-3.3$, $p = 0.001$).

Due to the changes in delivery of service during the reporting period, the outcomes were examined for how the completed therapy sessions were delivered. For example, face-to-face, including in outdoor spaces ($n = 66$, 59%), remote delivery using an online platform (e.g., zoom, whatsapp, $n=28$, 25%), using the telephone for one-to-one sessions with the child and young person ($n=5$, 5%) and working with the parent/carer only on the telephone ($n=12$, 11%).

The outcomes showed a difference in therapy effectiveness in relationship to service delivery. From the child and young person perspective, using the Outcome Rating Scales (ORS) there were observed improvements which were significant if the sessions were delivered face-to-face ($M1=25.6$ versus $M2=30.3$, $t=-2.67$, $p=0.01$) however if the sessions were delivered online or therapeutic parenting support by telephone, there were still improvements yet these did not reach significance (Online; $M1=26.6$ versus $M2=30$, $t=-1.63$, $p=0.12$ and Telephone; $M1=28.4$ versus $M2=32.6$, $t=-1.13$, $p=2.76$).

From the parent/carers perspective, using the Strength and Difficulties Questionnaire (SDQ-P) there were observed improvements which were significant if the sessions were delivered face-to-face (M1=19.2 versus M2=13.7, $t=3.79$, $p=0.00$) and online with the child and young person (M1=17.4 versus M2=10.5, $t=2.50$, $p=0.02$) however if the sessions were delivered as therapeutic parenting support by telephone only, there were still a small improvement yet these did not reach significance (M1=16.3 versus M2=14.3, $t=0.70$, $p=0.49$).

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, 28 (28%) parents¹ 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;

The way I could talk about an issue and get strategies to try out. Not just good for my child but good for my parenting. Definitely helped my child, she has grown massively in confidence.

Support of family unit. Psychoeducation for family. Huge improvement in child behaviour

Lot of my time listen normalise and I feel listen to I feel stronger having been through Clear

No been great whole way through even in lockdown , son remained comfortable and more than happy to have sessions.

Son was made main focus and any concerns was discussed and worked on in next visit.

Listening and family work , helping all the family together

¹ There were a total of 11 Young People whose parents/carers did not participate in the therapy including pre and post observations. Therefore the return percentage is based on the possibility of 100 parents returning their feedback.

Good communication between all parties, feel [therapist] went above and beyond in helping my daughter.

Very professional and very easy to talk to. Very beneficial for my child and myself. Helped me to understand why my child might present with certain behaviours.

The way that [therapist] engaged and related to Evie. Very good relationship built. Input with official side also helpful eg involvement with school, social care.

Thank you for staying consistent during the lockdown. We appreciate your flexibility. Consistent, she's had her voice heard. It's supported to have positive changes in her thinking.

Really happy with it all- brilliant

Informative - well informed about the process.

"Its hard to put into words"

Children aged seven years or more were also asked to complete a satisfaction with service questionnaire, It's Hard to Put into Words, which was designed by CLEAR Ideas, CLEARs co-participation group. In total, 33 (38%) children² 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;

They made me feel happy, lots and lots

I love it the way it is

I think talking to someone is great and you don't get to hide your feelings anymore.

Talking to you and realising all the stuff , drawing was important to express .

It really helped that [therapist] could put my feelings into words for me.

The fact that I could talk about anything

² There were a total of 87 children 7 years and older with the possibility of returning their feedback on service.

Being able to talk to someone whose there for me. It's good to have proper information which helped me.

Learning and Goals from the year

The recurring transitions over therapy from direct to remote or therapeutic holding has has an effect on the flow and length of time taken to complete an intervention, and affected at times both engagement/disengagement and completion of therapy rates. By establishing a good therapeutic relationship with a child and young person, a greater resilience to disruption and transition of session delivery has been found.

The collection of data from parents/carers has been greatly affected by the restrictions in the community where parents were not able to join children and young people in school settings to meet with a therapist. There was an increase in assessment and contact with parents/carers being remote only (e.g., telephone or online) which affected data collection.

The importance of supports across systems, including social and community supports (e.g., clubs, being able to socialise freely) has been observed in the impact on children's emotional wellbeing and also how this supports both readiness for therapy and the effectiveness of therapy.

The emotional wellbeing of parents/carers having a huge impact on children and young people being able to access therapeutic support and find it beneficial. The goal for increased parenting support including building skills to help manage their own emotional stress which are separate to one-to-one CYP therapy sessions to help manage the potential negative impact of parents involvement on the effectiveness of therapy for CYP.

Appendix A

Number of referrals by month April 2020 – March 2021

Month	Total number of referrals
April	9
May	4
June	6
July	25
August	13
September	26
October	20
November	21
December	12
January	4
February	23
March	25

Appendix B

Timeline of events for 2020 – 2021

❖ **National Lockdown established 23 March 2020**

CLEAR Children's service transition to temporary contingency measures

11 years and over – Remote/online therapy sessions

10 years and under – Remote/online sessions with parent-child, or parenting support/therapeutic parenting only

For some children, if established relationship and competency/capacity for working remotely considered, one-to-one remote sessions

All CYP/families given choice of therapeutic holding and waiting for return to face-to-face sessions

If there is high need/high risk CYP, with health and safety measures in place, CYP seen in therapy space in office

❖ **Easing of measures/restrictions in May 2020**

❖ **Return to school for primary and secondary CYP by June 2020**

CLEAR Children's service with precautions and checklist in place return to one-to-one/face-to-face sessions in schools and in therapy space in office.

- ❖ **Cornwall remains in Level 1 during increased restrictions through country in Autumn/Winter 2020; enabling therapists to work in schools and community.**

CLEAR Children's service with precautions and checklist in place continue to work one-to-one/face-to-face sessions in schools, family hubs and in therapy space in office. *If there is high need/high risk CYP, with health and safety measures in place, CYP seen in therapy space in office, or in health setting.*

- ❖ **National lockdown established 5 January 2021**

Those CYP who are working remotely/online to complete their therapy in the same mode of delivery. Return to temporary contingency measures, working remotely/online for many children in therapy. All CYP/families given choice of therapeutic holding and waiting for return to face-to-face sessions

- ❖ **Schools reopen March 8 2021 and process of easing in restrictions starts.**

Transition of most therapy work to face-to-face with parenting support sessions remaining primarily by telephone or online. The therapy offer from CLEAR continues to offer remote/online sessions for CYP as an option.