# Gender Identity Therapy Service for Young People

# Service Evaluation 2010–25

Jo Pearce
Megan Crook
Joe Crook

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# Introduction

The Gender Identity Therapy Service that is the subject of this report, began as a partnership initiative between https://yellowdoor.org.uk/ and Southampton Child & Adolescent Mental Health Services (CAMHS). Opening to referrals in August 2010, it started providing group psychotherapy to 8 young people in June 2011. Subsequently housed under Yellow Door and delivered consistently throughout this 15 year period of rapid change, it has been sustained with funding from NHS, local authority and charitable sources. As well as group psychotherapy, the service now offers parent/carer and professional support, as well as (where funding allows) family work with under 12's.

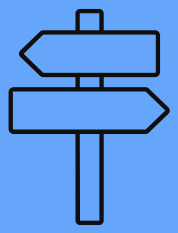
There has been a striking increase in the number of children and young people seeking help with gender-related distress over the past 15 years (Cass Review final report 2024). Their difficulties and the reasons for this increase are not well understood as research has been limited. Amid concern about the ethics and unknown effects of medical intervention for affected children and young people, this Evaluation Report aims to contribute to current consideration of what psychological therapies can offer as part of an appropriate and meaningful response. It provides anonymised data, collected over the lifetime of this provision, about the children and young people who seek help with these difficulties. It details the self-reported wellbeing and experience of service measures they have completed and it offers representative examples of feedback from both young people and their parents/carers about the service they have received. Our hope is that it will contribute to progressing the understanding of children and young people impacted by gender-related distress, the challenges they face and what a therapy service, that has evolved through learning from and alongside them, can offer.

**This report is illustrated throughout by artwork made in therapy sessions by children & young people who have generously given their permission for it to be photographed and used for these purposes. We ask that it is not copied or shared without permission.**

# Service provision and aims

The aim of this service is to provide a supported thinking space for children & young people experiencing confusion, distress or interpersonal difficulties related to gender.

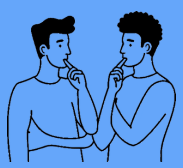
**For professionals**
We provide training and learning workshops to professionals as well as information & signposting to relevant resources & services for anyone working with a child or young person experiencing gender-related distress.



**For children in school years R-6:**
It can be difficult for parents, carers & schools to know how best to respond to a primary school child's gender-related distress. Following an initial discussion of their situation & needs and as funding allows, we can offer up to 6 sessions for those involved to come together and consider the child's support needs.

**For young people in school years 7 to 12:**
We occasionally offer an individual or family session to meet an identified need but most of our work with adolescents is in an early evening group where we aim, through art and talking therapy, to help young people:

- express thoughts & feelings that may be hard to put into words
- build social skills & confidence through exchange with others and participation in group activity
- explore thoughts and feelings about gender related distress – considering the many possible contributing factors
- recognise and manage uncertainties about the future, holding in mind the many possible ways in which gender-related difficulties can develop, resolve or change over time
- look at things from different perspectives
- explore ways of coping with challenging experiences or emotions
- build on strengths & consider aspects of identity aside from gender.



**For parents/carers**
We facilitate a termly group where parents/carers of children or young people engaged with this service can exchange information & ideas about supporting their child and sometimes hear from visitors with relevant expertise/experience.

# The adolescent therapy group

Portraits of each other (charcoal and chalk on paper)

This art and talking therapy group - for 8 young people at a time - meets weekly during school term-time. Young people can stay in the group for a maximum 6 terms if they need to, but the average stay is 3-4 terms. New young people join at the start of a term when a space is created by someone else ending.

"Having people come at the beginning of term allows the group to grow and trust each other through the term" (young person)

The aim is to provide a space that is safe and supportive while allowing for what can be challenging discussion about difficult subjects. We have fun in the group but we also have serious and emotionally challenging conversations. We don't pretend there are any simple answers to the difficulties young people are experiencing and it is important that anyone attending understands that this type of therapy is not always easy. Creative activity supports group members to connect with one another as well as express and communicate thoughts or feelings that may be difficult to put into words. For example the portraits that group members made of each other (above) helped them to think and talk about how they see themselves and how they are seen or believe they are seen by others.

"Arts & crafts and talking allows us to express ourselves more" (young person)

At times we invite visitors with relevant knowledge or experience for Q & As. This has included former group members who have undertaken medical intervention or have de-transitioned. Sharing their stories can help young people gain a 'longer term view' & recognise that current thoughts & feelings may persist or may change over time.

"You give the right mix between nurturing and challenging. You need the nurturing as well because the challenging bit can be really hard because you have to question things that you maybe just took at face value before and then stuck with. I don't just accept the first thought I have or the first thing someone says as being necessarily right any more so I'm more open minded about lots of things so it's been difficult but in the end I think it's a really good thing" (young person)

# Support for younger children

Following requests from professionals working with younger children, and feedback from adolescents/parents/carers that they would have benefitted from earlier help, we sought funding to extend support to the primary school age group. We received a grant for 2022-4 to enable family sessions and support to be offered to this cohort. During this time we processed referrals for 9 children with the following characteristics (number of children in brackets).

- Natal male (6), natal female (3)
- Age 7 (2), age 8 (2), age 10 (3), age 11 (2).
- Referred by: 3 x school (3), CAMHS (3), GP(2), police(1)
- Autism diagnosis (4), ADHD diagnosis (1)
- White British (7), other ethnic background (2)
- Experience of domestic or sexual abuse (2)
- Attending school (8), emotionally-based school avoidance (1)

We supported professionals regarding a further 3 children in this age group. For some families, one-off telephone or face to face support was sufficient but for others we were able to provide up to six family therapy sessions. The children involved made use of play and art materials such as lego, model magic and sandtray (see images below) to help them communicate and express themselves.

"Helped my child to process their emotions more and to feel more comfortable in themselves for who they are at the moment" (parent).

"It let me let my feelings out" (child).

"I like coming. It helps me to talk about it all and try and work things out" (child).

"It has really helped us to move forward and understand all the thoughts and feelings as well as details of the latest data & research" (parent).

Artwork and objects made by children in family therapy sessions

# Parents & carers

The Cass Report (2024, p.31) recognises the importance of help being available to the families of those experiencing gender-related distress if they need it. 118 parents/carers (70% of all referrals to the adolescent and under 12's service combined) have received some form of support regarding their child's difficulties. With many conflicting views in the media and online, parents/carers can understandably struggle with how best to respond to & support their child or young person. We offer an initial conversation with anyone whose child is referred & signpost them to the resources at MindEd.org.uk designed for their use. In addition, our termly parent/carer group aims to support them to share concerns, experiences & ideas with one another. 70% of parents/carers of young people waiting for/engaged in the adolescent service make use of this. These are typical examples of the feedback we receive from parents & carers:

"It was a great place for my child to come and have people who understood what they were going through and give advice and support. Also for giving a balanced view. The parent groups were brilliant for the same reasons".

"Yellow Door provided a safe, non-judgmental space where she could start to explore who she was, without the pressure of school or family. She was able to meet other young people who were experiencing the same, or similar, emotions and feelings and for the first time in her life, started to feel like she did have a place".

"The support and understanding is exceptional, not just of [my child] but also of me".

"[The service] gave me a valuable insight into how my child was feeling. The staff were amazing and made us both feel totally at ease. It helped me connect with other parents and helped me share my feelings".

"We always felt heard".

"The staff have all been incredibly kind and are, I feel, very knowledgeable about the struggles my child is facing. I have seen an improvement in my child's mood and confidence".

"Yellow Door has been absolutely amazing for (my child) and we would hate to think of how it could of been had he not had this safe space. We have seen him flourish as a young person and become more thoughtful and less rigid in how he sees himself. He is definitely more confident and has made good friendships at school. He hasn't wanted to miss one session".

(My child) benefitted so much from the group. She has stopped thinking there's something wrong with her just because she's a bit different.

# Training and support for professionals

**Learning events:**
We have delivered training events and learning workshops to professionals who are working with children and young people experiencing gender-related distress. This has included:

- Hampshire Police
- Dorset CAMHS
- Hampshire CAMHS
- HAMPSHIRE & IOW NHS Trust Specialist Mental Health Services
- Southampton University student support services

Subjects covered have included:

- What is Gender-related distress and what do we know about it?
- Learning from the Cass Review - key messages for supporting children & young people
- Questions and ethical dilemmas in working with gender-distressed children & young people and their parents/carers

**Participant feedback on learning events:**

"I attended an insightful workshop on Children and Young People Experiencing Gender Related Distress. (The facilitator) expertly and calmly guided us through the Cass Review, with key messages for supporting children and young people. The session also highlighted relevant legal and policy changes. It was really wonderful having the space to listen to the concerns and challenges we all face in this complex area. The workshop has encouraged us to stay curious and open-minded, and to look at a child or young person more holistically instead of focusing on one particular area. My awareness in this complex issue has increased, and the workshop has given me the confidence in appropriately supporting and signposting children and young people struggling with these concerns.".

"It is always good to challenge your beliefs and thoughts, I will take this further and do the same with my team"

"A well balanced, thoughtful, clear presentation"

"All information was useful and thought-provoking"

# Service data (adolescent service)

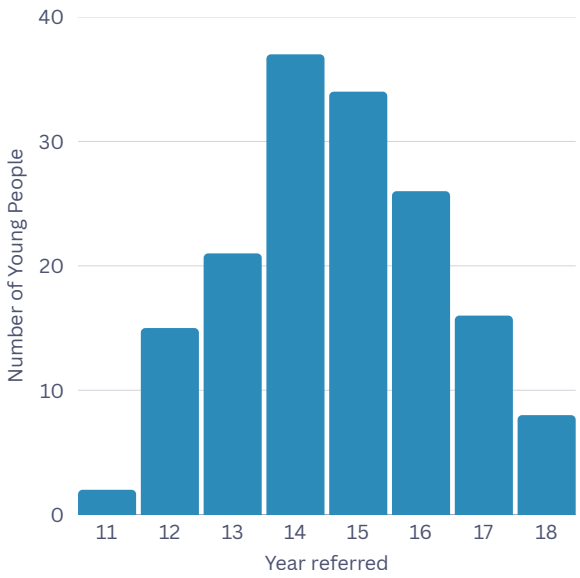
## i. Referrals & engagement

**160** young people were referred to the adolescent service over 15 years of operation from June 2010 - July 2025. Of these:

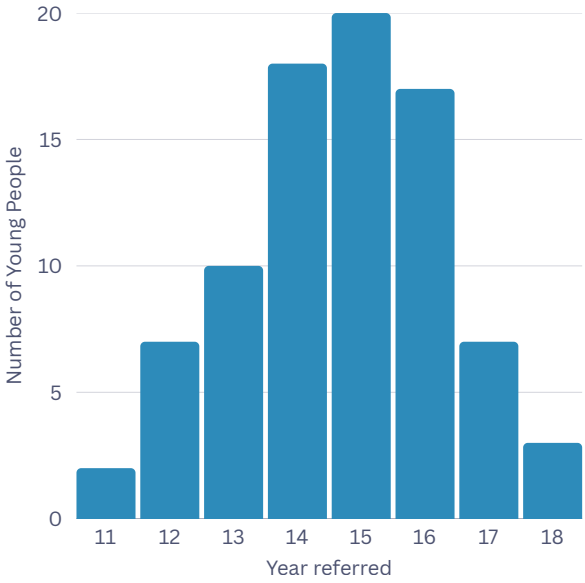
- **137** met the age and locality criteria for the therapy group. These criteria can change according to funding. Those referred who do not meet these criteria are normally offered one-off telephone or email contact to provide information, support or signposting to other help
- **11** either did not respond to initial contact or were referred by a professional and when contacted told us they did not want/need the service
- **4** were offered an initial face-to-face meeting but did not attend
- **122** attended an initial face-to-face meeting to consider their needs and suitability for group therapy
- **12** were provided with some form of short-term individual or family support
- **2** were referred on to another service that was considered more appropriate to their needs at that time
- **4** were put on the waiting list for the group but had moved out of area by the time a space became available
- **8** were put on the waiting list for the therapy group but no longer felt they needed this help by the time a space became available
- **84** had engaged with the therapy group
- **3** were waiting for a space in the therapy group

# ii. Age of young people at referral

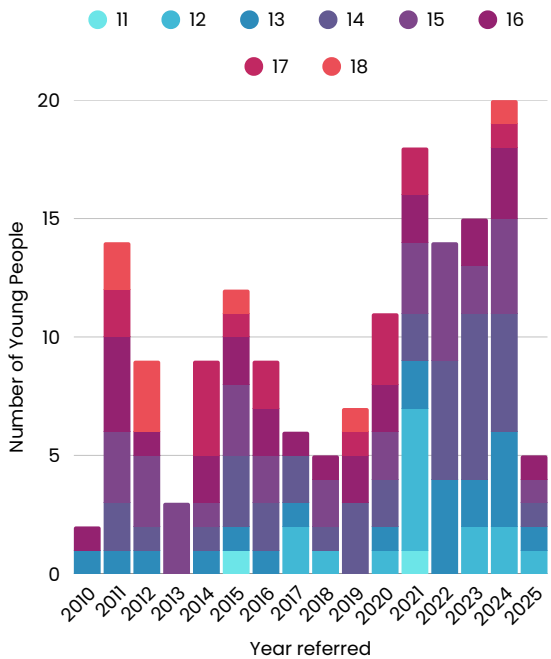
Age at referral (all referred)



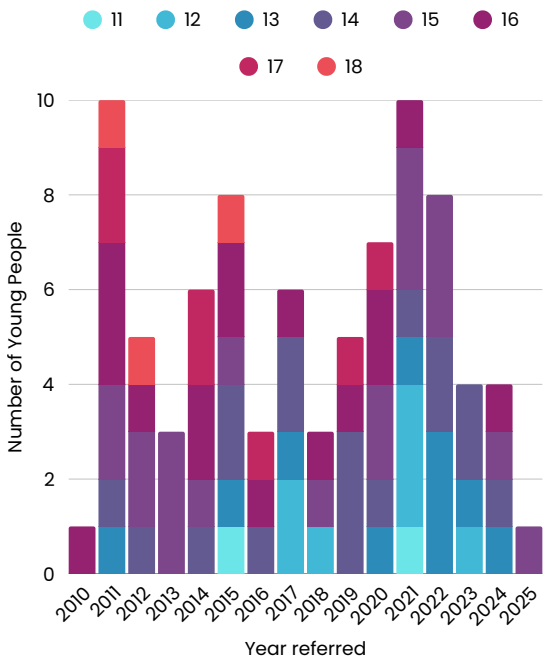

Age at referral (group participants)




Age at referral by year (all referred *)

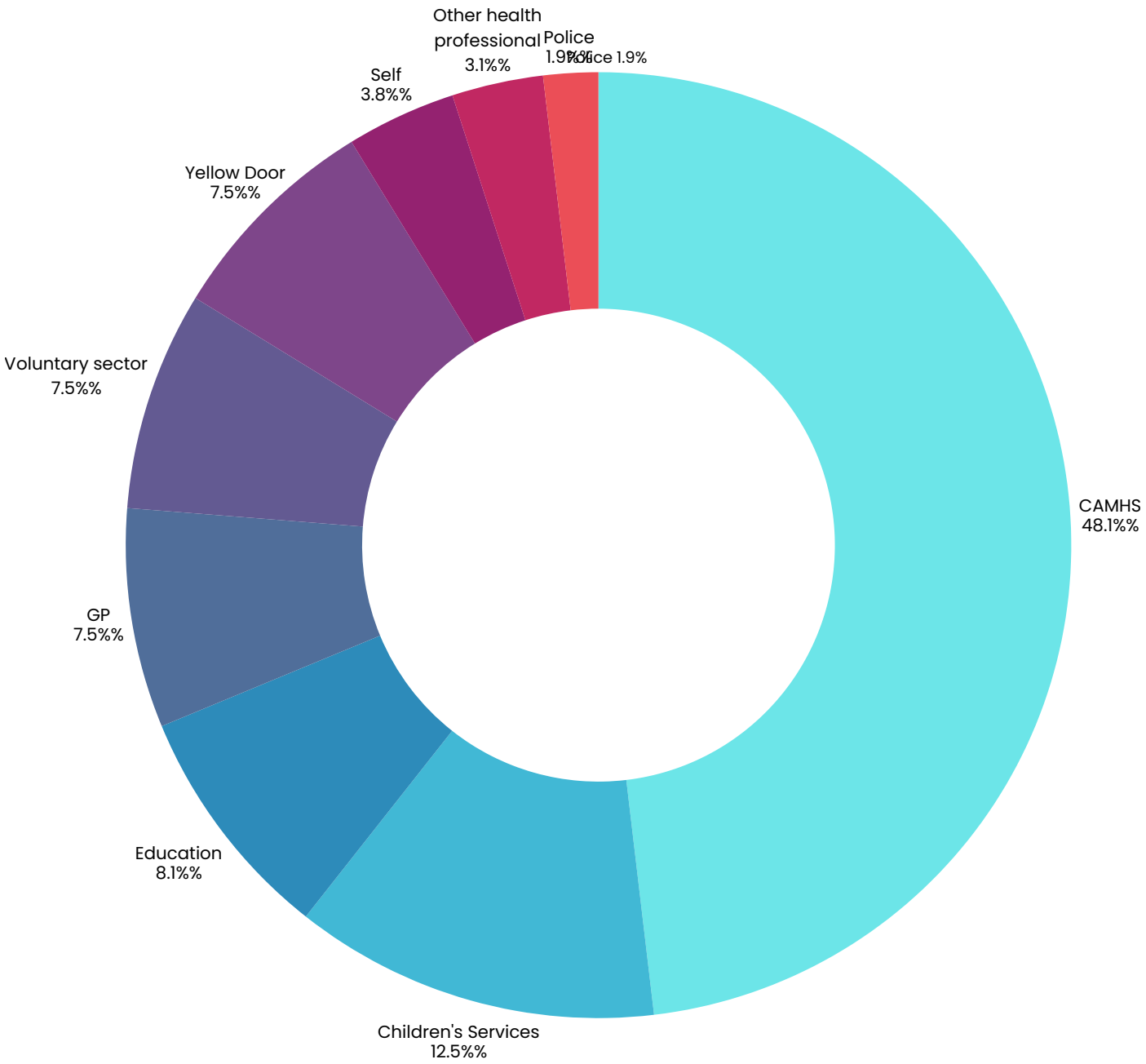



Age at referral by year (group participants)




*One young person referred was aged 19 by the time the referral was processed so is not included here

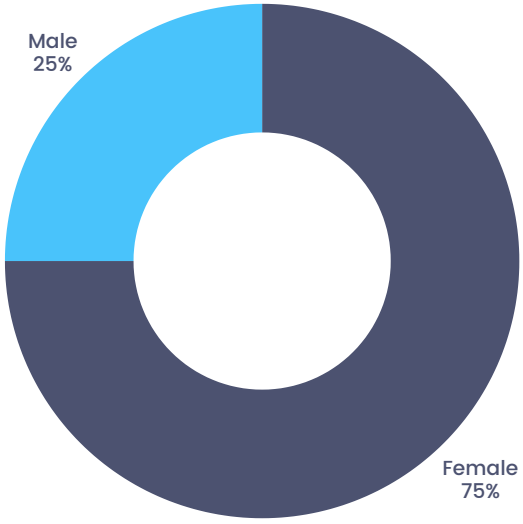
# iii. Referral sources



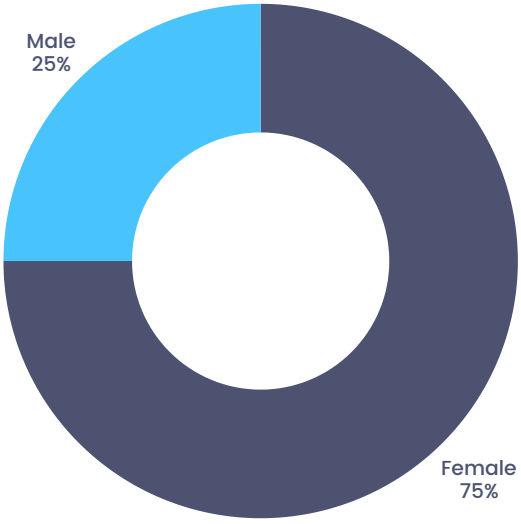
## iv. Natal sex

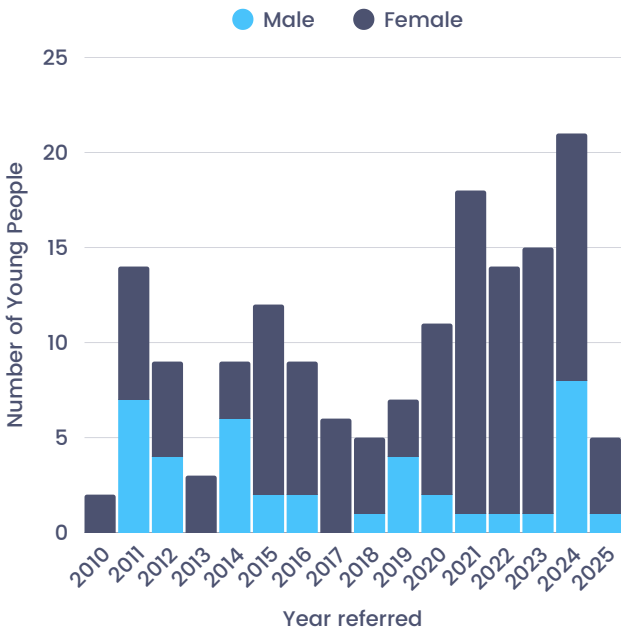
Young people referred to this service describe themselves in terms of gender in a wide range of ways that can sometimes change during their engagement in therapy. Regarding natal sex, in the first few years of operating we saw a fairly even mix of male and female referrals. From 2015 this balance changed and we received mostly referrals of natal females. In the last two years we have noticed referrals of natal males increasing again and are interested to see whether this continues.

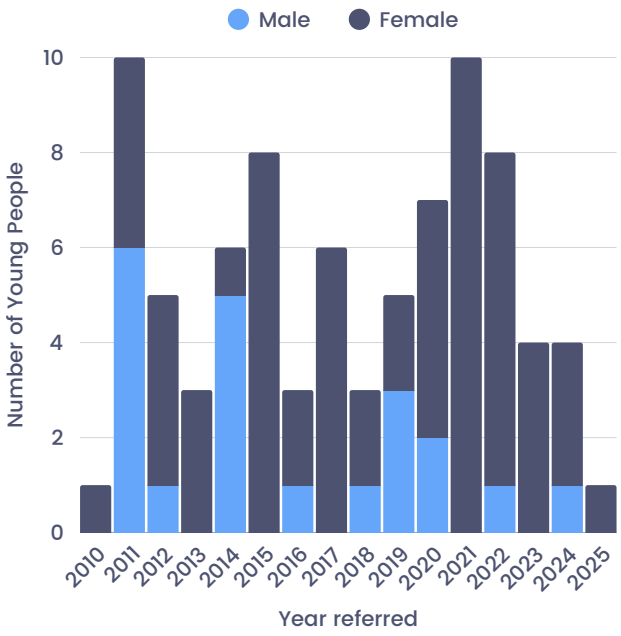
**Natal sex (all referred)**




**Natal sex (group participants)**



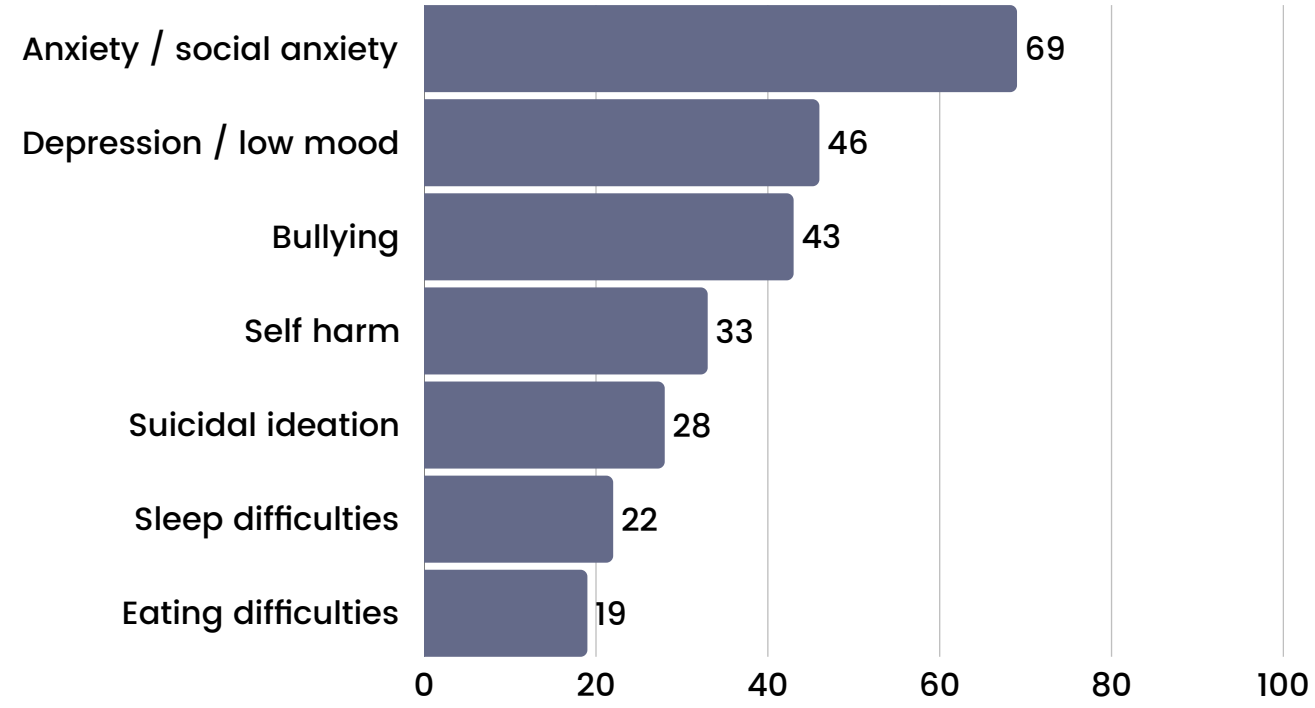



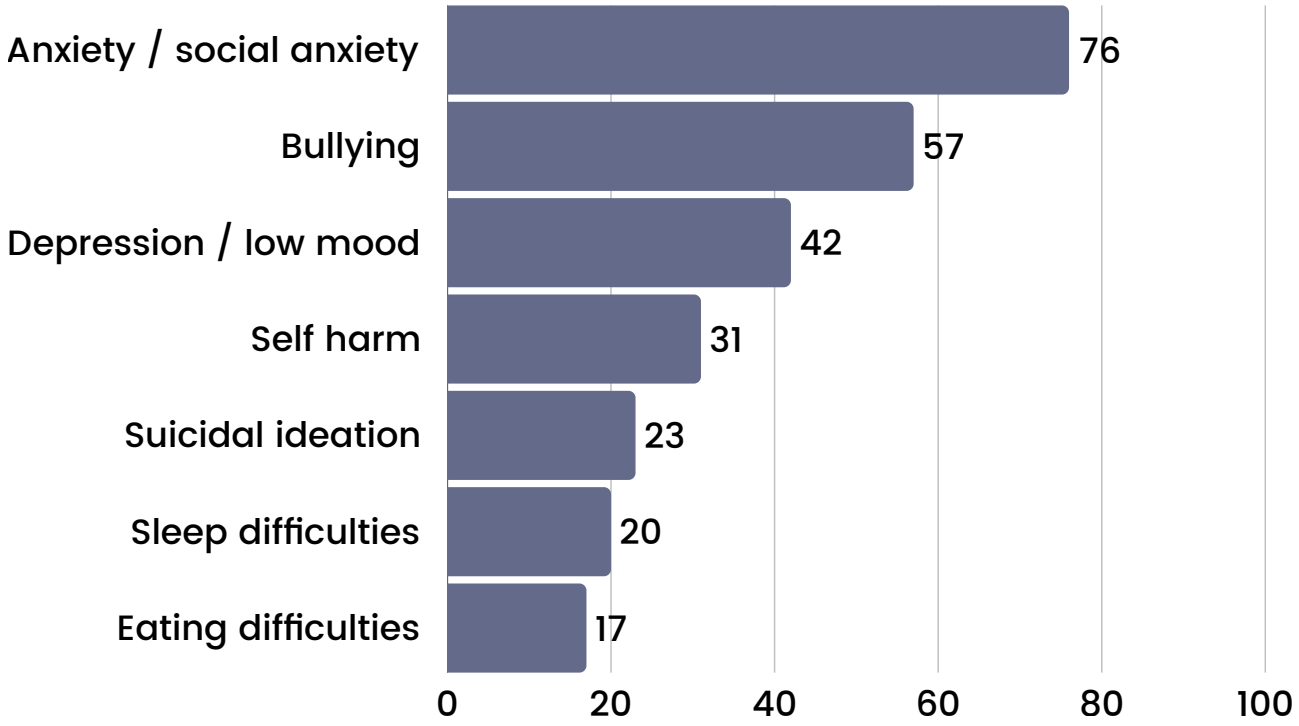
## v. Presenting Difficulties

This data represents self-reported presenting difficulties at referral/ initial assessment.

### Percentage of referrals



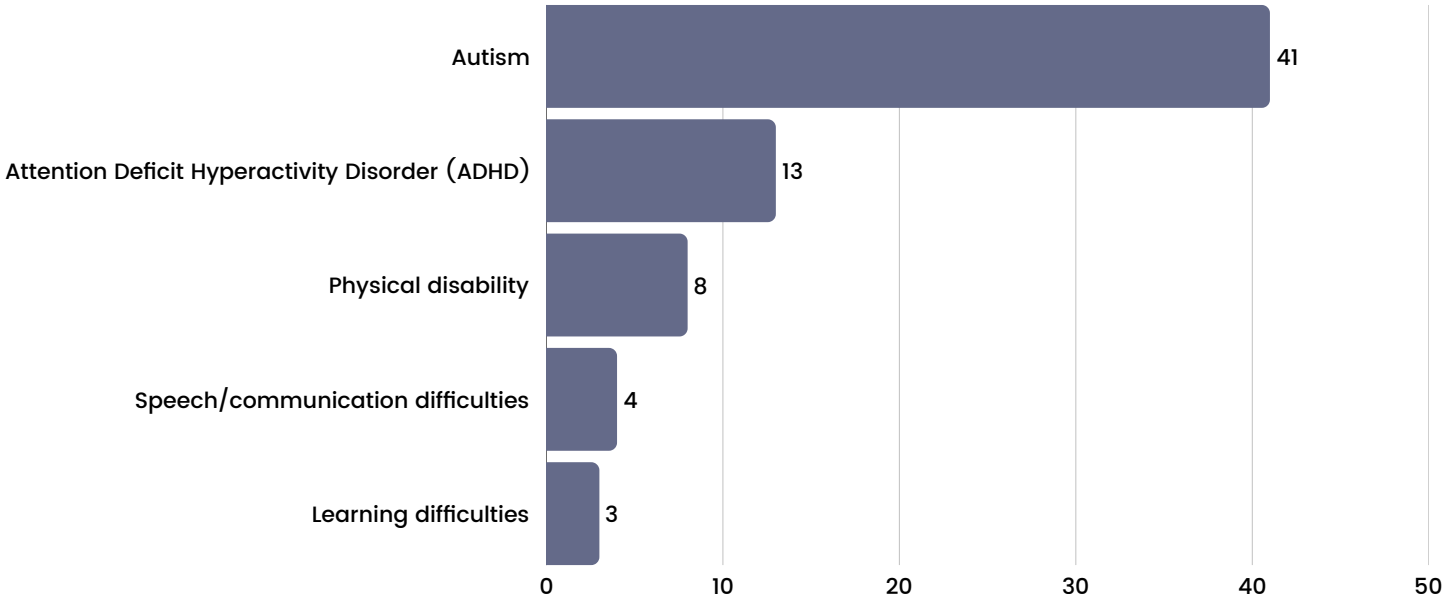

### Percentage of group participants



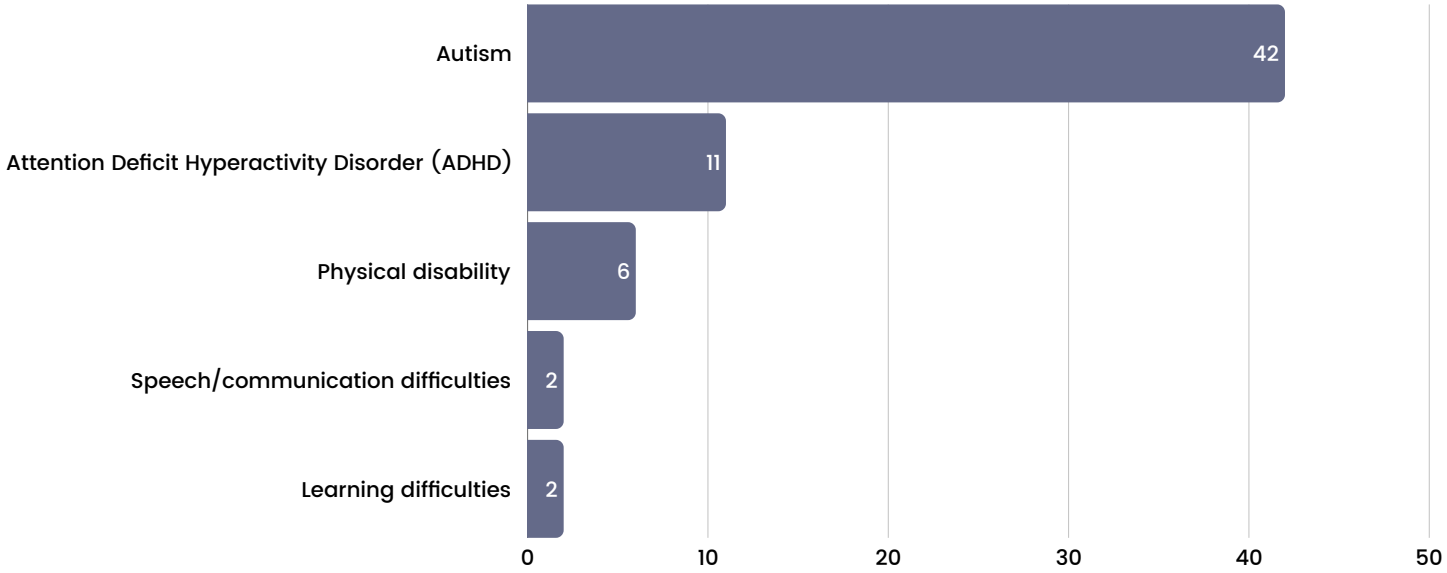
## vi. Disability & neurodiversity

Several studies report on links between neurodiversity and gender incongruence. For example, De Vries *et al.* (2010), record prevalence of autism among gender incongruent youth at 4 times and Warrier *et al.* (2020) at 3-6 times that in the general population.
Figures below for Autism and ADHD refer to those who have either received a diagnosis or who have been referred for and are awaiting assessment.

Percentage of referrals




Percentage of group participants




de Vries, A., Noens, I., Cohen-Kettenis, P., van Berckelaer-Onnes, I. and Doreleijers, T. (2010) *Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents.* J Autism Dev Disord. 40(8): 930–936. doi: https://doi.org/10.1007/s10803-010-0935-9

Warrier, V., Greenberg, D.M., Weir, E. et al. (2020). *Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals.* Nat Commun 11, 3959. doi: https://doi.org/10.1038/s41467-020-17794-1

# vii. Ethnicity

These tables represents all young people referred for whom we were provided ethnicity data. It shows an over-representation of referrals of White British young people and an under-representation of those from other ethnic groups when compared to local demographics. A similar pattern appears in national data. For example, less than 10% of referrals to the national Gender Identity Development Service were from an ethnic minority from 2012-15 (de Graaf *et al.* 2019) and 6.65% were from an ethnic minority from 2016-21, suggesting an under-representation in referrals of children and young people from ethnic minority groups compared with both national population and CAMHS in general (Manjra *et al.* 2022).

## All referred:

| | Referrals - Southampton | Actual population - Southampton | Referrals - Portsmouth | Actual population - P'mth | Referrals - Hampshire (excluding So'ton / P'mth) | Actual population - Hampshire (excluding. So'ton / Ports.) | All referrals (inc. out of Area) | Actual population - whole area covered |
|---|---|---|---|---|---|---|---|---|
| White British | 85% (no. = 70) | 57% | 100% (no. = 12) | 70% | 82% (no. = 41) | 83% | 85% (no. = 123) | 78% |
| White minority groups | 10% (no. = 8) | 14% | 0% (no. = 0) | 8% | 6% (no. = 3) | 5% | 8% (no. = 11) | 7% |
| Ethnic minorities (excluding white minorities) | 5% (no. = 4) | 29% | 0% (no. = 0) | 22% | 12%(no. = 6) | 12% | 6% (no. = 11) | 15% |

## Group participants:

| | Group participants - Southampton | Actual population - Southampton | Group participants - Portsmouth | Actual Population - Portsmouth | Group participants - Hampshire (exc. So'ton / P'mth) | Actual population - Hampshire (exc. So'ton / P'mth) | Group participants - whole service (inc. out of Area) | Actual population - whole area covered |
|---|---|---|---|---|---|---|---|---|
| White British | 86% (no. = 42) | 57% | 100% (no. = 7) | 70% | 78% (no. = 21) | 83% | 83% (no = 70) | 78% |
| White minority groups | 12% (no. = 6) | 14% | 0% (no. = 0) | 8% | 7% (no. = 2) | 5% | 10% (no. = 8) | 7% |
| Ethnic minorities (excluding white minorities) | 2% (no. = 1) | 29% | 0% (no. = 0) | 22% | 15% (no. = 4) | 12% | 7% (no. = 6) | 15% |

Note - numbers and percentages for ethnicity demographics exclude 'not recorded' or 'unclassified'. Only Young People from the areas of Hampshire, Portsmouth and Southampton are included in locality figures.

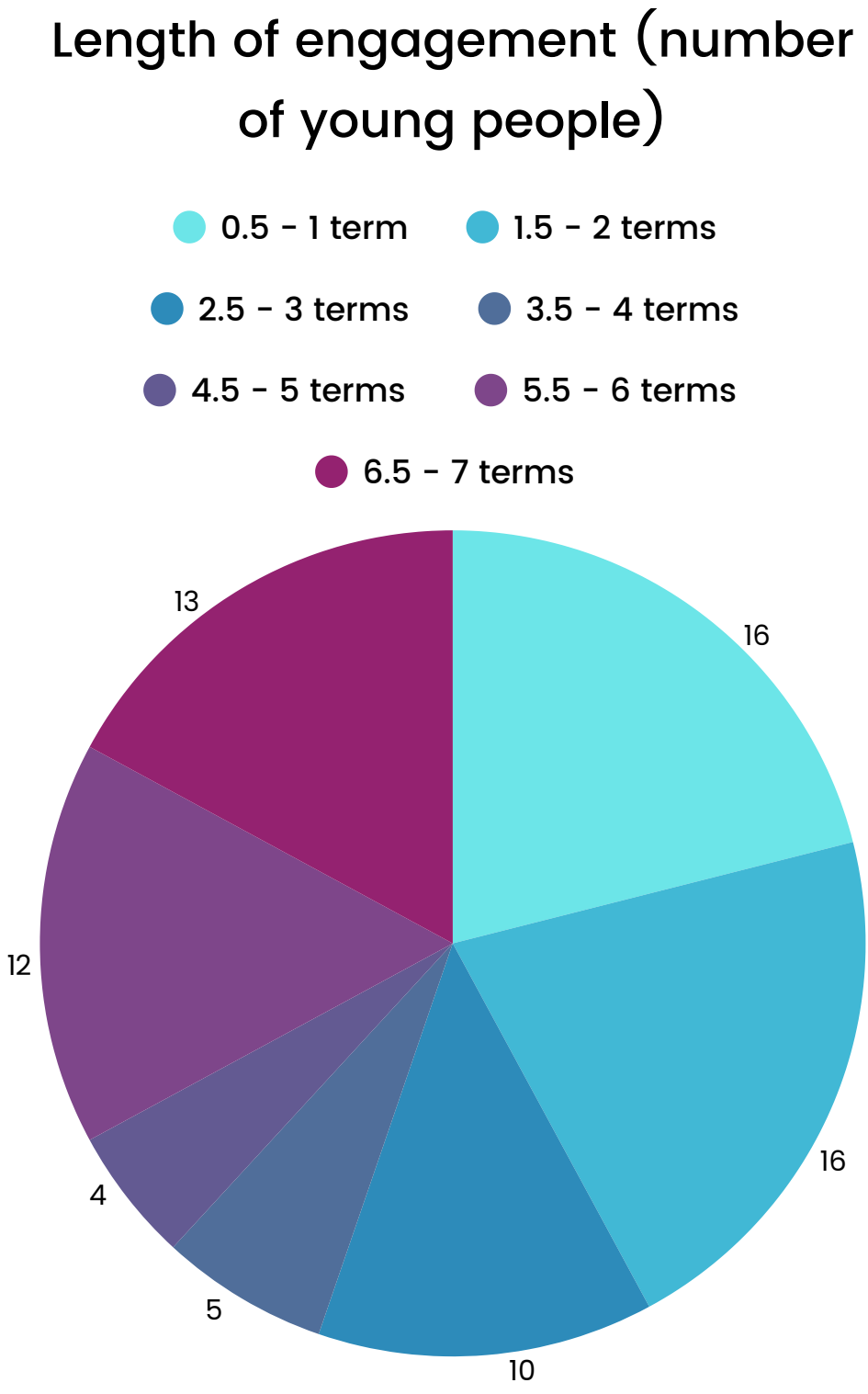
Local demographic data from the 2023 School Census, retrieved from the Southampton Data Observatory at https://data.southampton.gov.uk/population/ethnicity-language-and-identity/

Percentages may not total 100% due to rounding.

de Graaf NM, Manjra II, Hames A, Zitz C. (2019) *Thinking about ethnicity and gender diversity in children and young people*. Clinical Child Psychology and Psychiatry. 24(2):291-303.
Manjra II, Russell I, Maninger JK, Masic U. (2022) *Service user engagement by ethnicity groups at a children's gender identity service in the UK*. Clinical Child Psychology and Psychiatry. 27(4):1091-1105. doi:10.1177/13591045221102650

## viii. Length of engagement in group

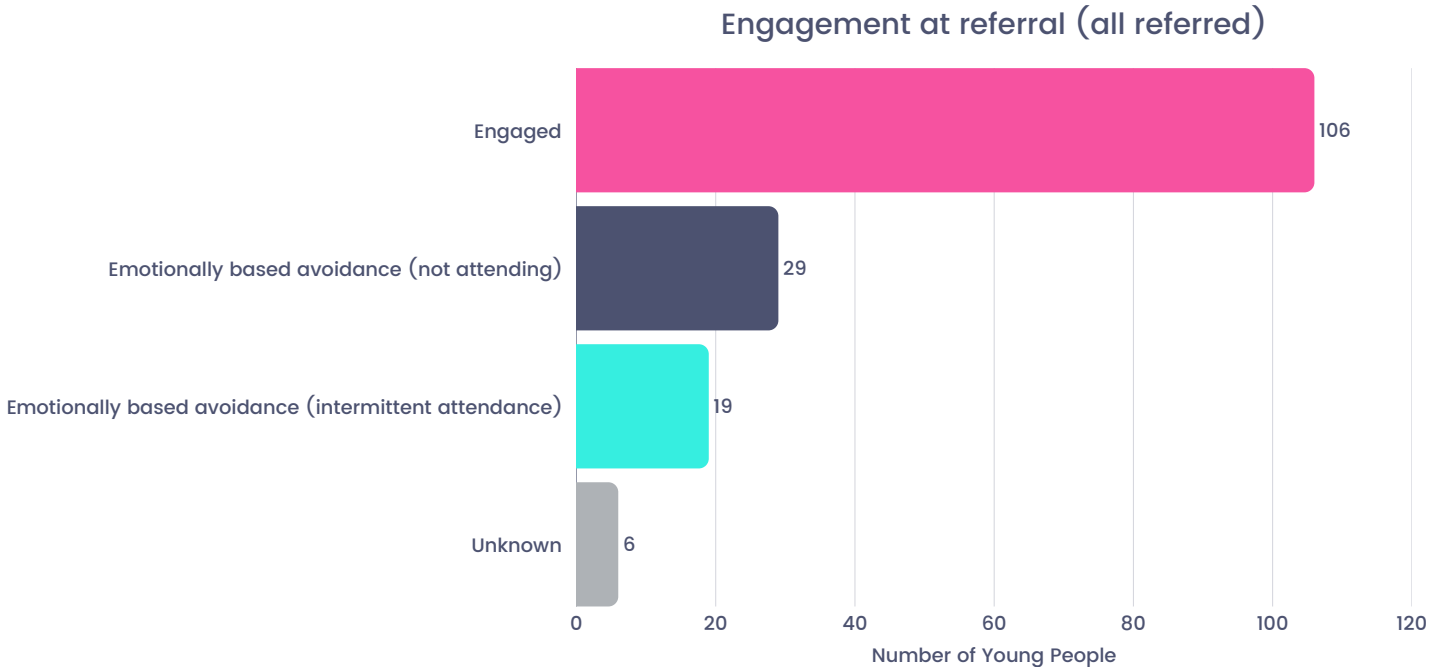
The amount of time needed in the group is different for each young person. The maximum stay in the group is now 6 terms but prior to our introducing a waiting list (from 2017/18) young people were able to stay in the group for up to 7 terms if we had a space. In each term the group runs for an average 12 sessions. The figures below represent all those who have engaged in this therapy.

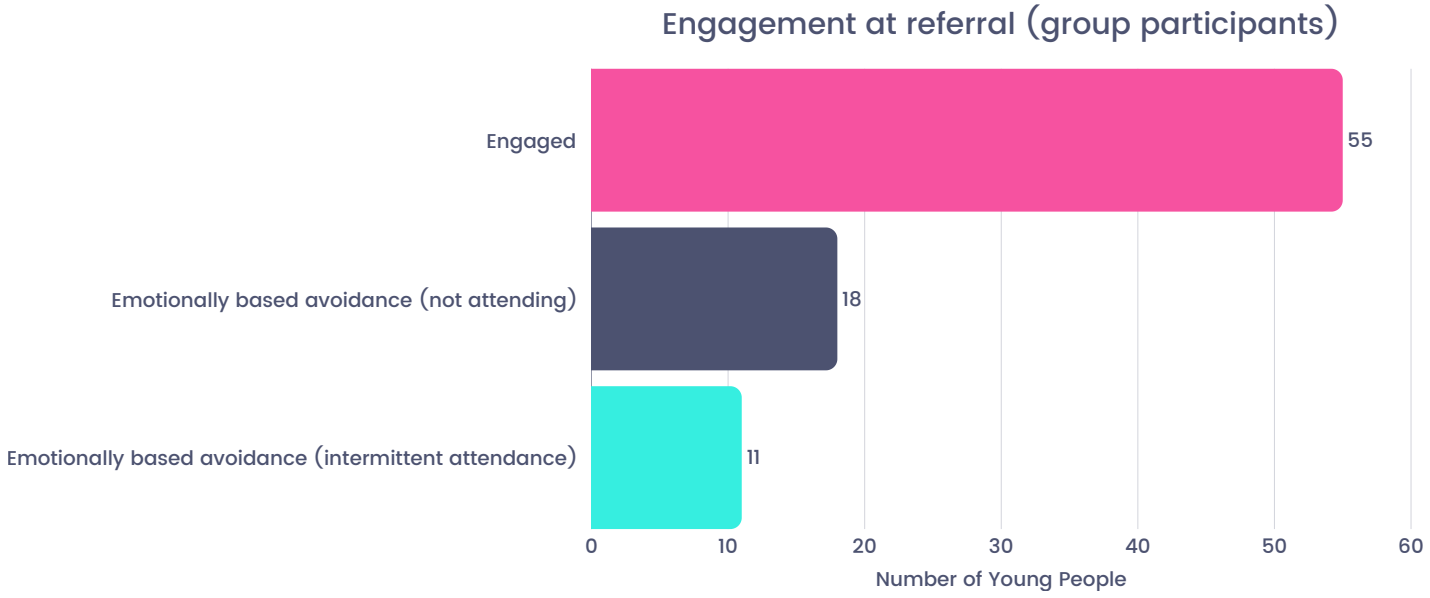


# ix. Engagement in school/college/work

Difficulties in attending school have been a common concern for young people seeking this help.

30% (n=48) of all those referred and 35% (n=29) of those who engaged in the therapy group presented with emotionally based school avoidance (EBSA). Of those young people with EBSA who engaged in group therapy, 45% (n=13) had increased their engagement by the time they ended - that is they had either moved from not engaging in school/college to partial or full-time engagement in school/college/work, or they had moved from partial/intermittent engagement in school/college to full-time engagement in school, college or work.



## x. Additional challenges & adverse experience

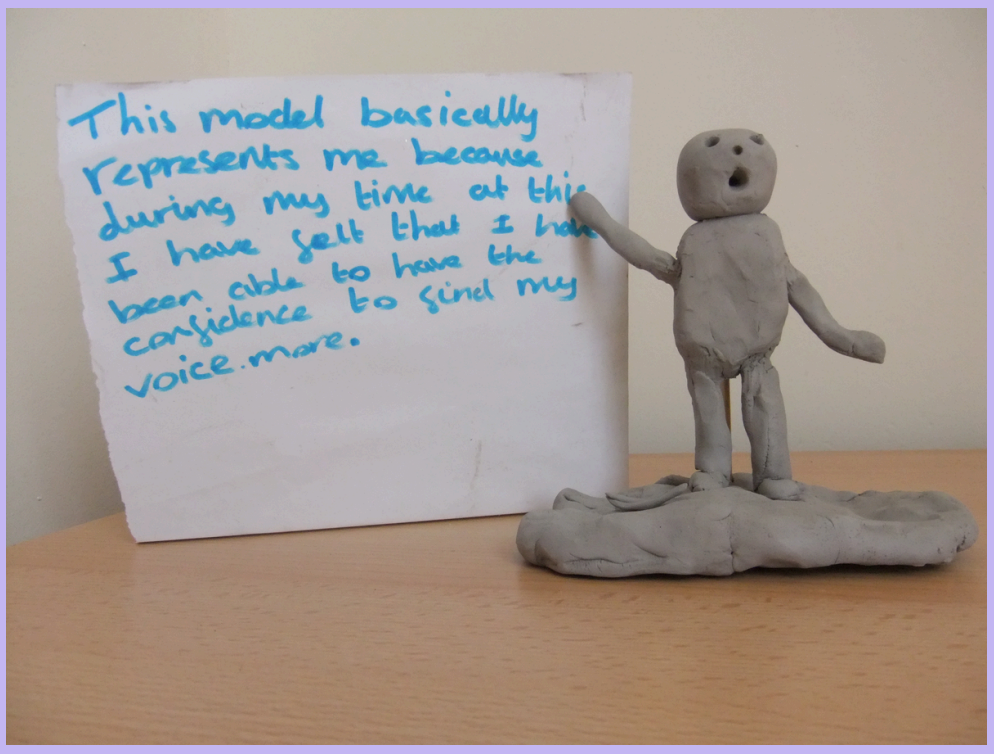
- **24%** of all referrals, and **20%** of those participating in the group had experienced **domestic abuse** or **neglect**.

- **18%** of all referrals and **26%** of those participating in the group had experienced **sexual abuse** .

- **12%** of those referred were **care experienced** young people. Of these, the majority (84%) engaged with the service in some form, but only 44% of those who met the criteria to do so participated in the group. For half of those who didn't participate, moving out of area by the time a place became available was the reason.

- **4%** of those referred and **6%** of group members were **young carers.**

- **4%** of those referred and **4%** of group members were living in **unsettled or temporary accommodation.**



# Service user feedback themes (young people)

## i. I felt included

Feedback overwhelmingly suggests that young people find value in having a space to be among other young people with similar experiences.

"It's meant I have been able to meet other people like myself, have been able to talk confidently and openly with the therapists and the group and it has enabled me to be okay with who I am.".

"It has helped me to meet so many amazing people and encouraged me to talk to people more. Being in the group with young people similar to me but also very different has helped me to realise more about myself".

"Being in the group has been an incredibly supportive and rewarding experience. I have been able to meet others in similar situations to me, give and receive advice and voice my thoughts in a safe space. I has improved my confidence and helped me work through my gender identity issues and I will be leaving the group as a happy and more mature person".

"I have had a chance to develop my confidence and know that I am not alone".

I felt included. I can relate to other people much better than how I normally do

"Listening to advice or experiences from others has really helped me with knowing how to deal with certain aspects of my life, especially with things at school".

## ii. I feel better about who I am

Many young people report that the group helps them develop confidence and self-esteem

It has helped me come out of my shell

It was a place to talk and get support when I had no one else to speak to. Without it I don't know where I would be. I have a long way to go but you and the group made me feel cared for and worth trying.

The people here have helped me realise that I am comfortable in my body and it has really helped my confidence.

I have felt more able to cope with my emotions and feelings. I feel better about who I am.

Being in the group has helped me express my thoughts and feelings more easily and helped me gain confidence.

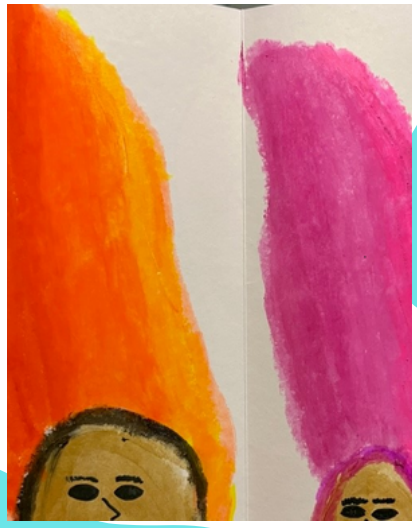
I have been able to meet others in similar situations to me, give and receive advice and voice my thoughts in a safe space. I has improved my confidence and helped me work through my gender identity issues

Helped with confidence and sleeping

## iii. I felt safe to talk openly. People listened.

Young people often describe the group as a consistent, accepting and 'safe' space:

It was consistent. It gave me a space to talk. I was heard.

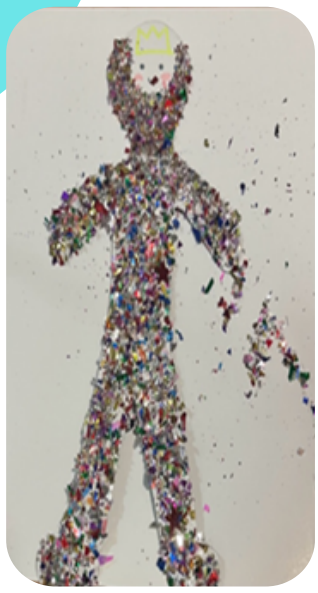


I find it helpful when we have in depth conversations about stuff I wouldn't normally talk about outside the group because I can consider other points of view and express my opinions without feeling judged.

Being able to speak to people I trust has meant that I am able to build up more confidence and have more of a voice. It has also meant that I have learnt new things and found new answers.

Being able to open up and talk about my emotions. This helps me because I cannot do this anywhere else so openly.

The group has provided me with a safe space to speak about anything in my life and to express myself any way I want to.



When I first got here I would never shut up and was giving it all the drama but then you start to trust that you won't be forgotten about if you're just you.

Being able to talk about really sensitive things in a comfortable and accepting environment. It's really helped me with anxiety.

It is a place where I can say how I feel without fear.

## iv. I find it difficult sometimes

The group is not always easy. It can be challenging for the young people who attend and we ask for feedback about this and about the things they feel we don't get right or would like us to change:

I find it really uncomfortable sometimes when we are challenged about issues to do with being trans. I get it and why it happens and on some subjects it is fine but on others sometimes it can feel like too much questioning of things

Sometimes it can be loud, or stressful with people talking over one another,

I get nervous being around new people

There is sometimes misunderstanding which can feel like judgement.

Better chairs please!

Sometimes I don't like bringing things up so it would be helpful to be asked questions more to get me to talk.

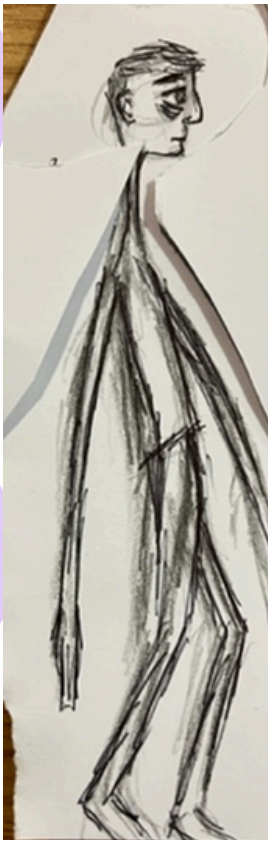
I find it extremely hard to speak in the group which is because of my own shyness and because I can never find a gap in the conversation.

# v. Activities help us express ourselves

**Young people enjoy the different creative activities and games and find they help them to connect and communicate:**

I would never have thought group therapy would suit me, but I much prefer it because I'm not constantly at the centre of attention so I can manage it.

I like how we can draw and talk at the same time because I always found creative things quite calming and therapeutic.



There are also lots of different activities we can do to express ourselves e.g. the art materials.

Art is good as it makes it easier to be comfortable and have things to do while you talk.

Relaxing while drawing with the group and discussing issues I found hard to talk about.

I like the group for the reason that there isn't always a set structure. Sometimes we all join in making a piece of art, other times we all work independently and show our pieces at the end and another time we may just talk.

## vi. It helped me think things through

Many young people fed back that their thoughts & perceptions had been challenged through the group and that it provided a space in which they could begin to think differently or where previously fixed views became more fluid, flexible and open to change:

Before I came I was not so open to ideas. I was completely sure about what I wanted to do in the future gender wise. Being in the group has helped me realise I am not what I thought I was. This is crucial because I did not jump into doing something before I thought about it carefully...

They challenge your thoughts and make you look deeper into thoughts and opinions.

I used to run from my problems now I've got to face them because of this group.

Being in the group has given me a space to discuss experiences and issues related to my gender identity and social transition. It has been a fundamental part of my support for a few years now and has helped me to try new things and ways of thinking.

The group has really helped me. The people running it listened to me and challenged my opinions. They have helped me to consider things that I never would have.

You get the opportunity to talk more openly and honestly- it's ok to say what you really think and you can disagree and you get encouraged to have a proper discussion which is helpful because sometimes you change your opinion from listening to what someone else says.

I love it that it is therapy and not just pandering to you. You are helping us work it out.

# The YP-CORE outcome measure & data collected

**About the YP-CORE**

The Young Person's Clinical Outcomes in Routine Evaluation or YP-CORE (Twigg et al., 2009), is a user friendly, 10-item, self-report measure, widely used across adolescent mental health and psychological therapy services. It is considered by the Core System Trust to be suitable for use with 11-18 year olds and provides a score as one indicator of a young person's level of psychological distress. 'The measure taps into a pan-theoretical 'core' of clients' distress, including subjective wellbeing, commonly experienced problems or symptoms, and life/social functioning' (Twigg and McInnes, 2010, p.5). The higher the score, the more distress the young person is reporting. A single item relating to a client's risk to themselves is included that can indicate need for further discussion in this area. The YP-CORE has proved a reliable instrument for assessing distress in this age group (O'Reilly et al., 2016, p.324) and pilot data suggests its validity, reliability, and sensitivity 'as a tool to investigate pre- to post-therapy change and thereby evaluate therapy outcomes' (Twigg et al., 2009, p.166). A comparison of YP-CORE scores from pre- to post-intervention cannot answer the question of the extent to which any change can be attributed to a particular intervention, but when viewed alongside other data, they add a meaningful dimension to the consideration of outcomes.

**The dataset**

Young people are asked if they are willing to complete the YP-CORE firstly at initial engagement with the service and secondly at the end of their therapy. 48 young people who participated in group therapy for gender-related distress at this service completed the recommended minimum of both pre and post-intervention measures (Twigg & McInnes 2010:6).

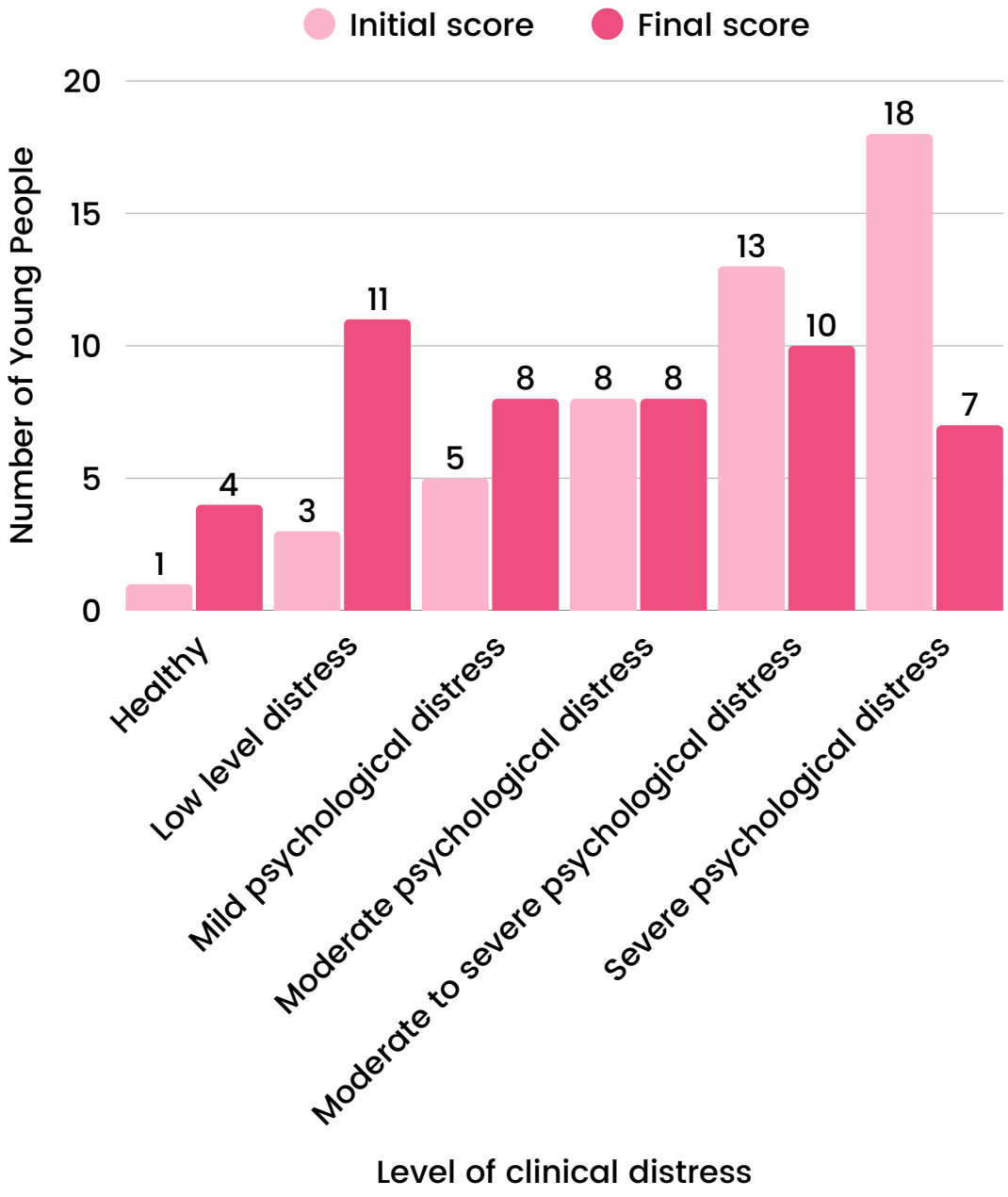
**Assessment of reliability & clinical change**

We used the British Association for Counselling and Psychotherapy pre to post outcomes tool guidance (2022) and pre-post outcomes calculator to determine whether changes observed in this dataset could be considered statistically significant i.e. showing a high probability that they were due to genuine change and not just chance. The calculator requires age and 'gender' to be taken into account and in line with what was apparently the original intention of its designers, gender for this purpose has been taken to mean natal sex. The results showed that 51.2% of YP-CORE scores collected did not fall into the range necessary to be categorised as representing reliable change. 2.4% recorded 'reliable deterioration'. and 46.3% recorded 'reliable improvement'. The calculator also showed that 39% recorded 'clinical change'; in other words, they initially recorded a score at or above the clinical threshold for psychological distress - 10.3-15.9 or above (depending on age and gender) - and finished therapy recording a score below the clinical threshold for psychological distress - below 10.3-15.9 (depending on age and gender). This 'clinical change' is sometimes also referred to as 'recovery' (BACP pre to post outcomes tool guidance, 2022)

## YP-CORE: Levels of clinical distress

The YP-CORE score can be categorised in terms of clinical severity as representing healthy, low level distress, mild psychological distress, moderate psychological distress, moderate to severe psychological distress and severe psychological distress (CORC 2025). The graph below shows the difference in levels between initial and final YP-CORE scores for all 48 young people who engaged in group therapy and who chose to participate in this measure.

In terms of their clinical severity scores from pre- to post-intervention, 63% of group participants (n=30) moved to a lower level of psychological distress, 25% (n=12) remained at the same level of psychological distress and 12.5%(n=6)moved to a higher level of psychological distress. Of those initially presenting with the most sever level of distress (n=18), 61% (n=11)had moved to a lower level of distress by the time they ended therapy.



# YP-CORE: self-reported wellbeing before & after group therapy

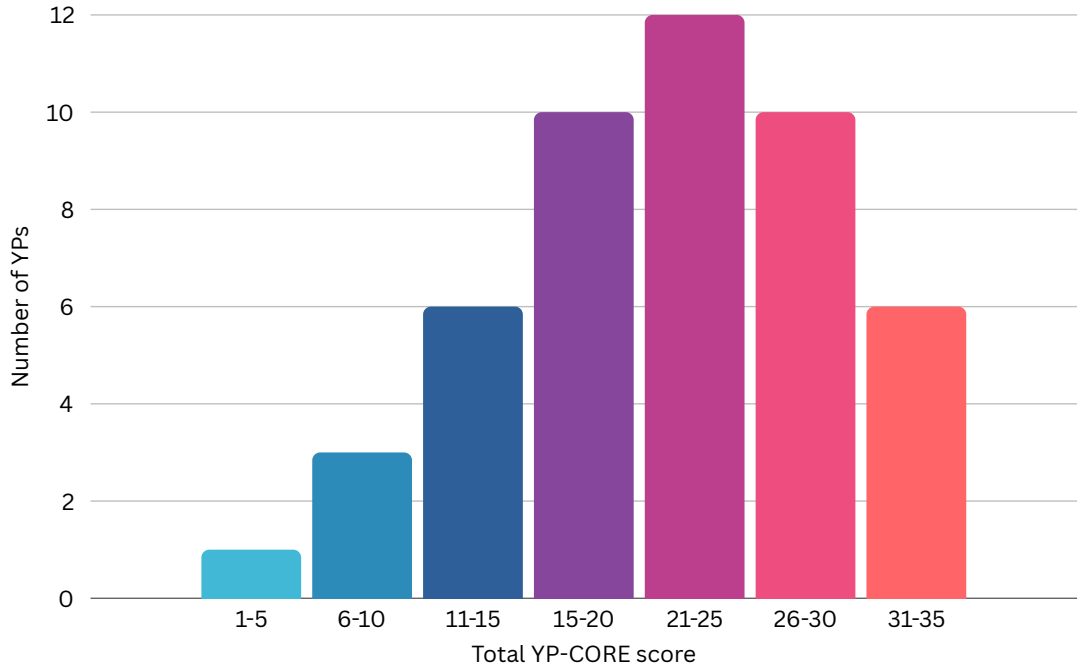
The YP-CORE data presented in the tables below shows the variance between total YP-CORE scores at first contact and those at close. In addition to average scores, median scores were calculated as these are less likely to be skewed by outliers, i.e. those scoring particularly high or low (Khorana et al, 2023). While factors beyond therapy are likely to have played a part in any reported change, the consistency in the pattern of improvements to self-reported wellbeing across this dataset could be understood to suggest that for many, this type of therapy has had positive effects. No significant difference was noted in a comparison of total YP-CORE scores with regard to natal sex of participants. The median YP-CORE score was 22 at initial assessment and 15 at final assessment, meaning that across the dataset, participants' median score of psychological distress reduced by 7 points from pre- to post-therapy.

| | **Average initial YP-CORE score** | **Average final YP-CORE score** | **Average variance in initial and final YP-CORE scores** |
|---|---|---|---|
| Males | 21.91 | 16.27 | -5.64 |
| Females | 21.46 | 15.51 | -5.95 |
| Overall | 21.56 | 15.69 | -5.88 |

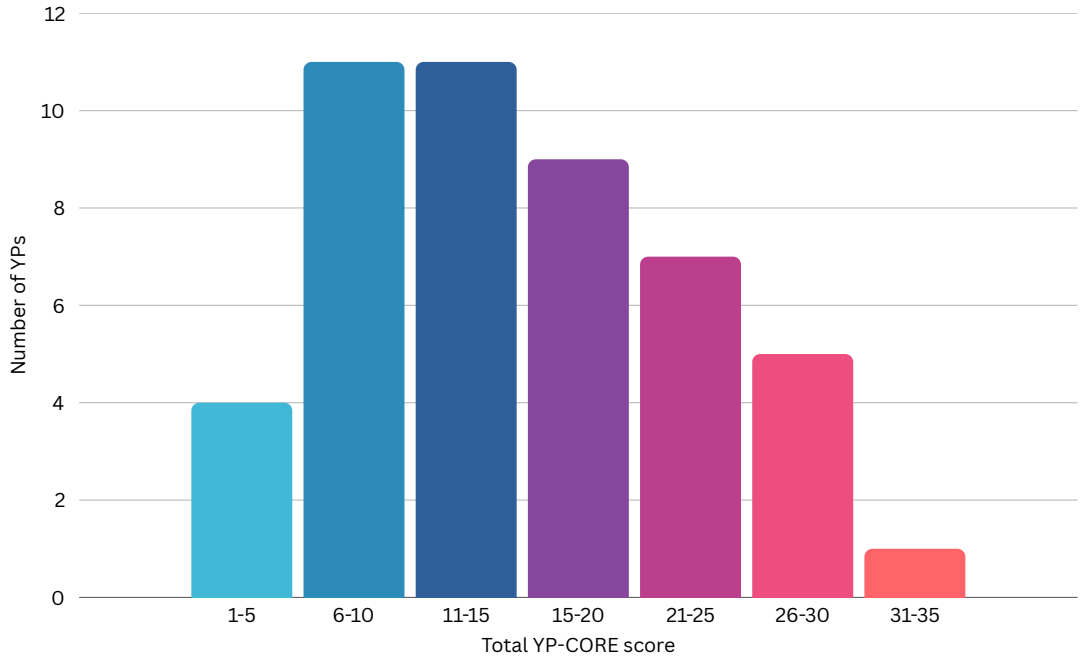
| | **Median initial YP-CORE score** | **Median final YP-CORE score** | **Median variance in initial and final YP-CORE scores** |
|---|---|---|---|
| Males | 22 | 15 | -7 |
| Females | 22 | 15 | -7 |
| Overall | 22 | 15 | -7 |

# YP-CORE: self-reported wellbeing before & after group therapy

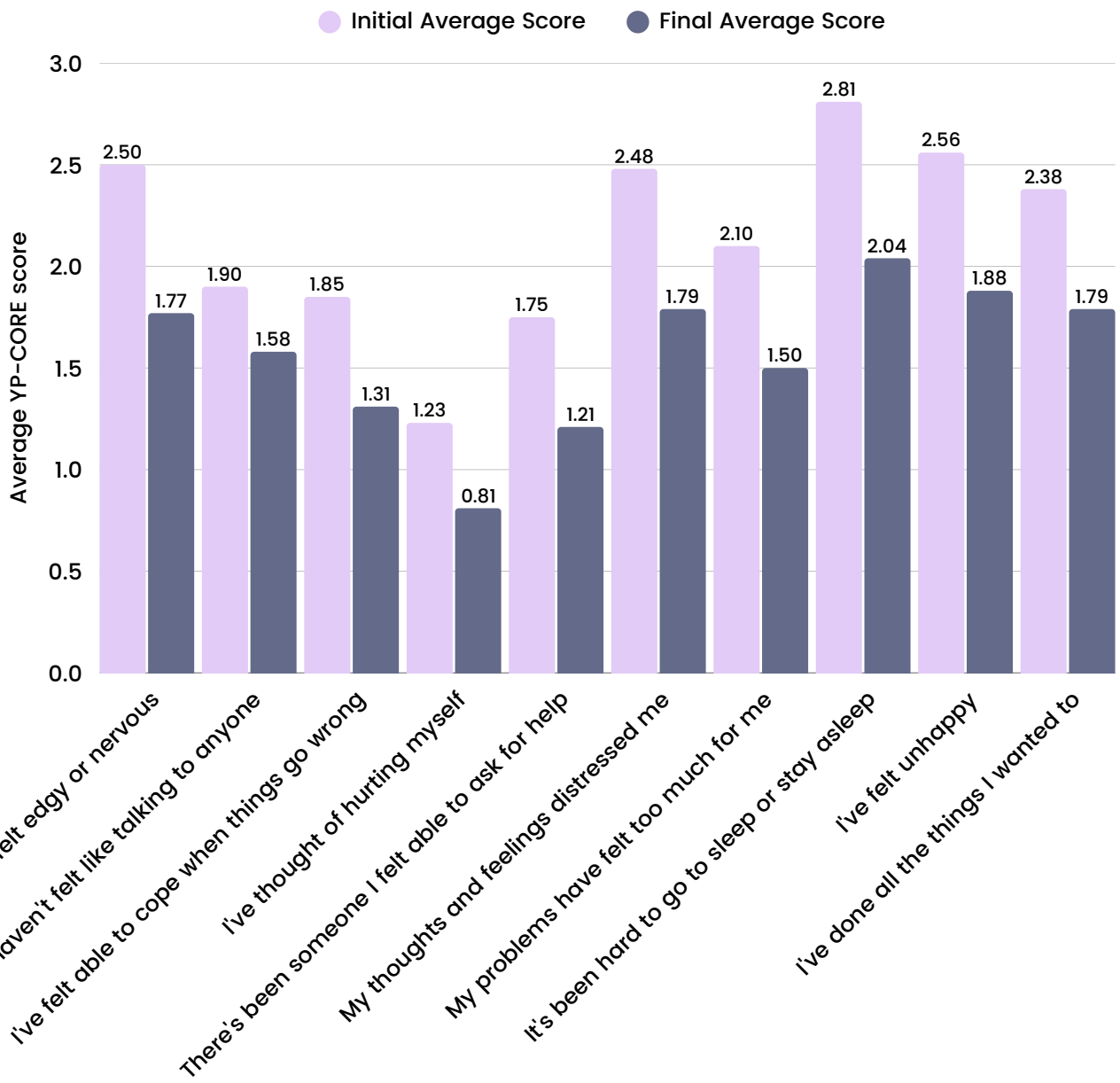
## Initial YP-CORE scores




## Final YP-CORE scores



# YP-CORE: initial and final scores in each domain




YP-CORE questions: the higher the score, the more difficulty the YP is experiencing in that domain


**References:**

Khorana, A. et al. (2022) *'Choosing the appropriate measure of central tendency: mean, median, or mode?,'* Knee Surgery Sports Traumatology Arthroscopy, 31(1), pp. 12–15. doi: https://doi.org/10.1007/s00167-022-07204-y

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Twigg, E., Cooper, M., Evans, C., Freire, E., Mellor-Clark, J., McInnes, B., & Barkham, M. (2015). *Acceptability, reliability, referential distributions and sensitivity to change in the Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE) outcome measure: replication and refinement*. Child and Adolescent Mental Health, 21(2), 115–123. doi: https://doi.org/10.1111/camh.12128

# The Experience of Service Questionnaire (ESQ)

The Experience of Service Questionnaire (ESQ) was developed by the Commission for Health Improvement (now the Health Care Commission) as a way of measuring service satisfaction in Child and Adolescent Mental Health Services. The Clinical Outcomes Research Consortium now recommend it is used routinely in conjunction with other measures so that experiences with a service can be understood alongside any change in symptoms. Since 2016, young people accessing this service have been invited to complete the ESQ at least once mid-therapy and again at last session. Parents/carers have also been invited to complete the parent/carer version at the end of their child's therapy since 2020. The ESQ consists of 12 items and three free text sections. The free text sections form part of the Service User Evaluation/Feedback forms dataset at Appendix 1.

| **Young people** | **Certainly True** | **Partly True** | **Not True** | **Don't Know** |
|---|---|---|---|---|
| **I feel that the people who saw me listened to me** | **43** | **8** | **0** | **1** |
| **It was easy to talk to the people who saw me** | **34** | **17** | **0** | **1** |
| **I was treated well by the people who saw me** | **45** | **5** | **0** | **2** |
| **My views and worries were taken seriously** | **41** | **8** | **0** | **3** |
| **I feel the people here know how to help me** | **32** | **18** | **0** | **2** |
| **I have been given enough explanation about the help available here** | **40** | **11** | **0** | **1** |
| **I feel that the people who have seen me are working together to help me** | **36** | **14** | **0** | **2** |
| **The facilities here are comfortable (E.g. waiting area)** | **43** | **7** | **1** | **1** |
| **My appointments are usually at a convenient time (e.g. don't interfere with school, clubs, college, work)** | **37** | **13** | **2** | **0** |
| **It is quite easy to get to the place where I have my appointments** | **30** | **21** | **1** | **0** |
| **If a friend needed this sort of help, I would suggest to them to come here** | **40** | **10** | **1** | **1** |
| **Overall, the help I have received here is good** | **46** | **6** | **0** | **0** |

# The Experience of Service Questionnaire (ESQ) cont'd

| Parents & carers | Certainly True | Partly True | Not True | Don't Know |
|---|---|---|---|---|
| I feel that the people who have seen my child listened to me | 30 | 0 | 0 | 0 |
| It was easy to talk to the people who have seen my child | 29 | 1 | 0 | 0 |
| I was treated well by the people who have seen my child | 29 | 1 | 0 | 0 |
| My views and worries were taken seriously | 30 | 0 | 0 | 0 |
| I feel the people here know how to help with the problem my child came for | 29 | 1 | 0 | 0 |
| I have been given enough explanation about the help available here | 29 | 0 | 0 | 1 |
| I feel that the people who have seen my child are working together to help with the problem(s) | 28 | 2 | 0 | 0 |
| The facilities here are comfortable (E.g. waiting area) | 23 | 6 | 0 | 1 |
| The appointments are usually at a convenient time (e.g. don't interfere with school, work) | 24 | 4 | 2 | 0 |
| It is quite easy to get to the place where the appointments are | 23 | 5 | 0 | 2 |
| If a friend needed similar help, I would recommend that he/she/they come here | 30 | 0 | 0 | 0 |
| Overall, the help I have received here is good | 30 | 0 | 0 | 0 |

# Acknowledgements

Thankyou to our Yellow Door colleagues and trustees as well as to Southampton SpCAMHS and the many other NHS, local authority and charitable funding sources that have contributed to maintaining this provision.

Our appreciation also goes to the parents & carers who have supported their young people to access this service and to the professionals who have shared information, resources and expertise or who have helped young people to attend.

We are indebted to all those who have worked in or with this therapy group, but in particular to Cliff Free and Mags Josephs for the very significant part both have played in its development and delivery.

Most importantly, it has been a privilege to work alongside all the inspirational young people who have helped us learn, given permission to share their art work and been instrumental in shaping and evolving this service with us.

Thank you all.