

# THE CLD TRUST ANNUAL REPORT 2022 TO 2023



**THE CLD TRUST**

COUNSELLING | LEARNING | DEVELOPMENT



### Introduction from the Chief Executive

These are challenging times for many of our children and young people. As we all adjust to life after the Covid pandemic it is hard to avoid the sense that we are now grappling with a new pandemic related to emotional wellbeing. As cited in a recent Children's Commissioner report (found [here](#)), the NHS estimates that 18% of children aged 7 to 16 have a mental health disorder, with this figure rising to 26% of those aged 17 to 19. These are troubling numbers. The reasons for this surge in demand are complex and still not fully understood; some related to the Covid pandemic, of course, but others more deep-rooted, linked to the pressures of social media, family tensions and broader social and economic problems. For Herefordshire, these challenges are often aggravated by the risk of isolation. The recent Children's Commissioner research found that 1 in 5 children were unhappy with their emotional health and that a startling 40% of 16 and 17-year-old girls were unhappy with their mental health.

The reality behind these stark figures is that too many of our young people's childhoods are blighted by anxiety, worry and loneliness, with obvious consequences for their potential to learn and flourish. There remains so much to be done.

Counselling organisations like the CLD Trust continue to play a vital role in addressing these needs. By responding quickly and effectively we can prevent problems in childhood escalating to life-long mental health problems. Established in 1994, the CLD Trust was founded on the idea that early intervention is crucial. This remains as true now as nearly thirty years ago: each week, we can see the difference our services make.

By providing the right support at the right time we can help children and young people to recognise that the problems they encounter are not all their own fault, that the challenges they face need not cast a shadow over their whole lives. We can enable adults to become kinder and more forgiving of themselves, helping them in turn to be calmer and more attuned to their own children. It is hard to think of a more pressing priority.

I arrived at the CLD Trust in February 2023. Given that this annual report covers the period April 2022 to March 2023, this report largely summarises and celebrates work that pre-dates me. Kaye Berry, my predecessor, deserves immense credit and gratitude for building up the CLD Trust from a small organisation to the multi-faceted and well-respected mental health charity that it is today.

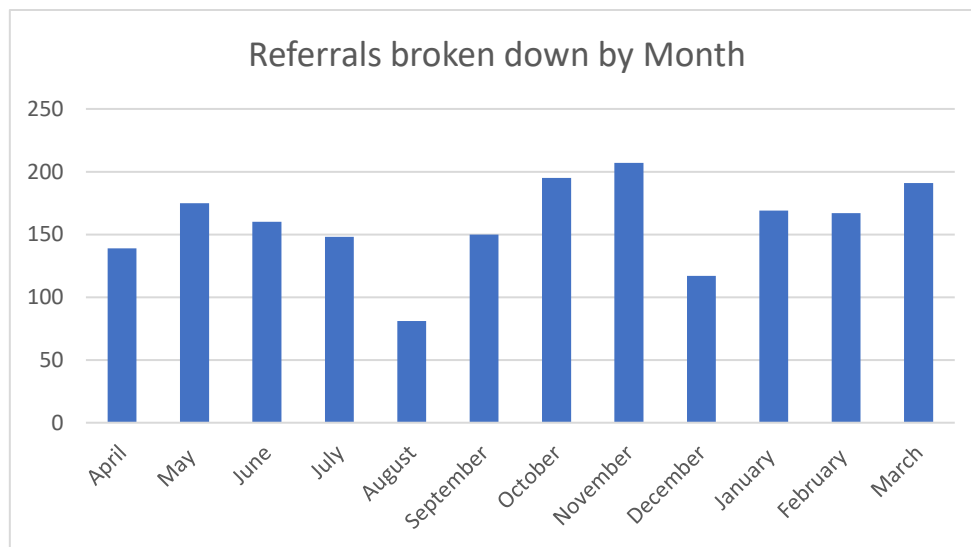
During my introductions to colleagues in health, social care, education and the voluntary sector in my first few months, I have been struck by how highly CLD is regarded. This strong reputation is built on years of expert and rigorous support. Many of those working within CLD have a personal commitment to its mission and ethos that is genuinely inspiring.

The report contains some background data to give a sense of the scale and impact of the work undertaken by CLD. As always, numbers only tell part of the story. Alongside the data, we have compiled just a few case studies with the aim of bringing the nature of our services to life. All of them have been made anonymous, altered to protect the identity of the individuals concerned. All of them demonstrate the lasting difference that therapeutic support delivered at the right time can make. All of them show us just how resilient our children, young people and adults can be if they are just given the right support.

### Some Patterns and Trends

In common with previous years, we can see a slight drop in numbers during the summer and in the weeks leading up to Christmas. 213 referrals were carried forward from the previous year’s annual reporting period, making the grand total of active referrals 2112 for this year. To provide some context, Herefordshire is home to around 35,900 young people aged under 18 and this is projected to increase to 37,000 by 2025.

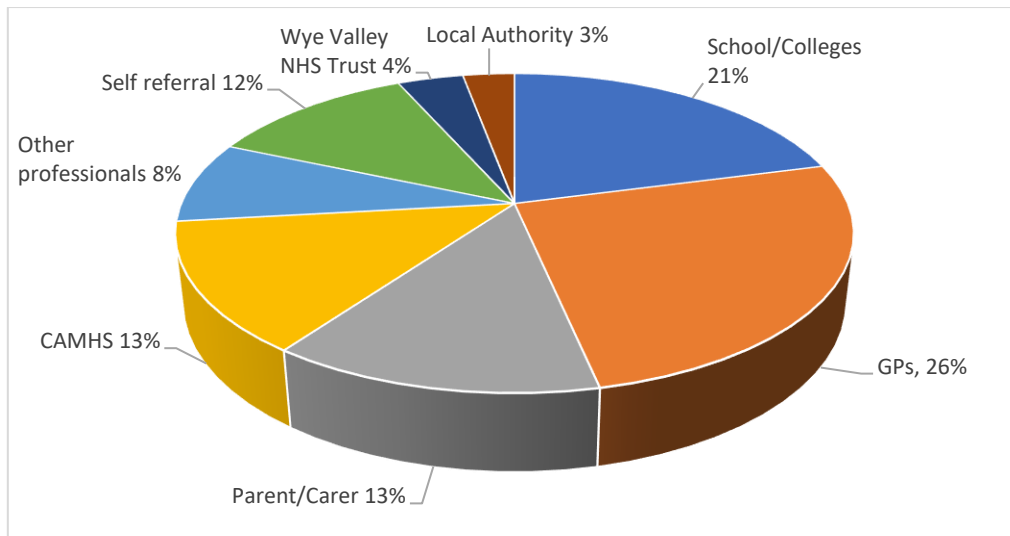
April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
139	175	160	148	81	150	195	207	117	169	167	191



### Referral source

The option to self-refer was re-introduced during the Covid pandemic and it has become an important source of referrals in recent months. Taken together, the self-referral and parent or carer referral route accounts for a quarter of all our referrals this year.

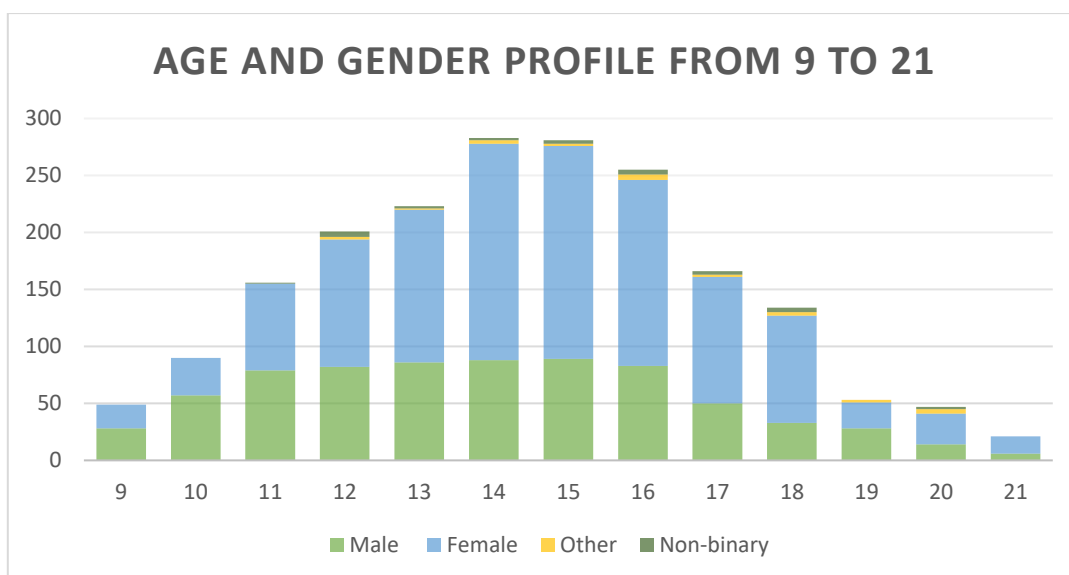
Source of Referral	Number
GPs	543
Schools/Colleges	442
Parent/Carer	282
CAMHS	279
Other Professionals	175
Self	250
Wye Valley NHS Trust	79
Local Authority	62



### Age and Gender Profile

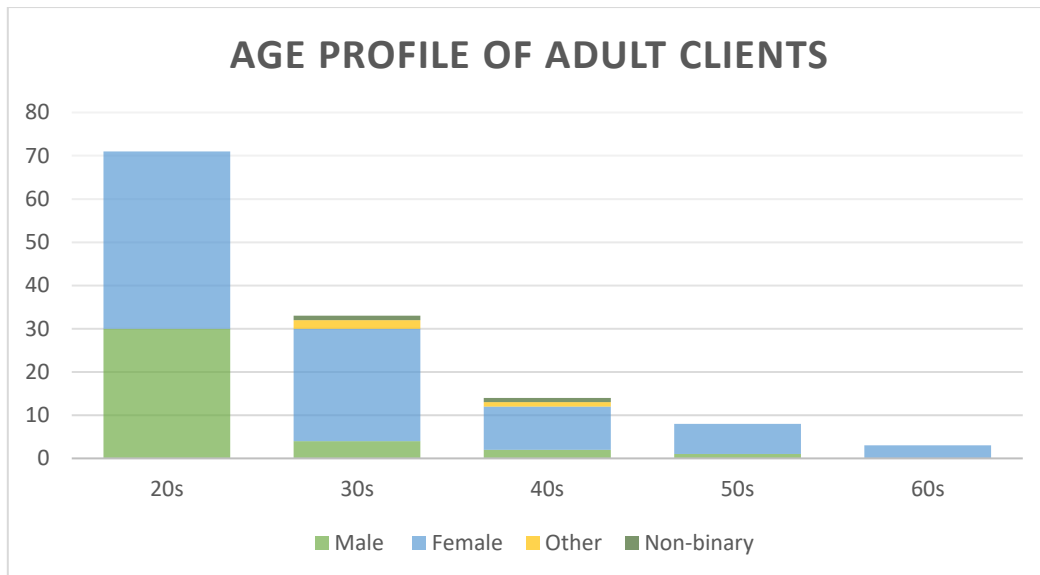
The last couple of months of 2022 to 2023 saw CLD take on some adult clients, in response to a commissioning request from our colleagues in the NHS.

It is interesting to see girls and young women engaging with counselling more consistently than boys and young men, supporting other messages in mental health research that indicate the difficulties boys have with exploring their own emotions, as well as evidencing the findings of the Children’s Commissioner report about the emotional vulnerability of girls in late teenage years.



The issue of gender identity is not adequately captured in this graph. Our counsellors report that an increasing number of young people are exploring their own gender identity. Working confidently with gender dysphoria remains a priority for the service.

Gender differences, it seems, become even more acute with age, as can be seen by an analysis of the clients seen on our adults’ contract.

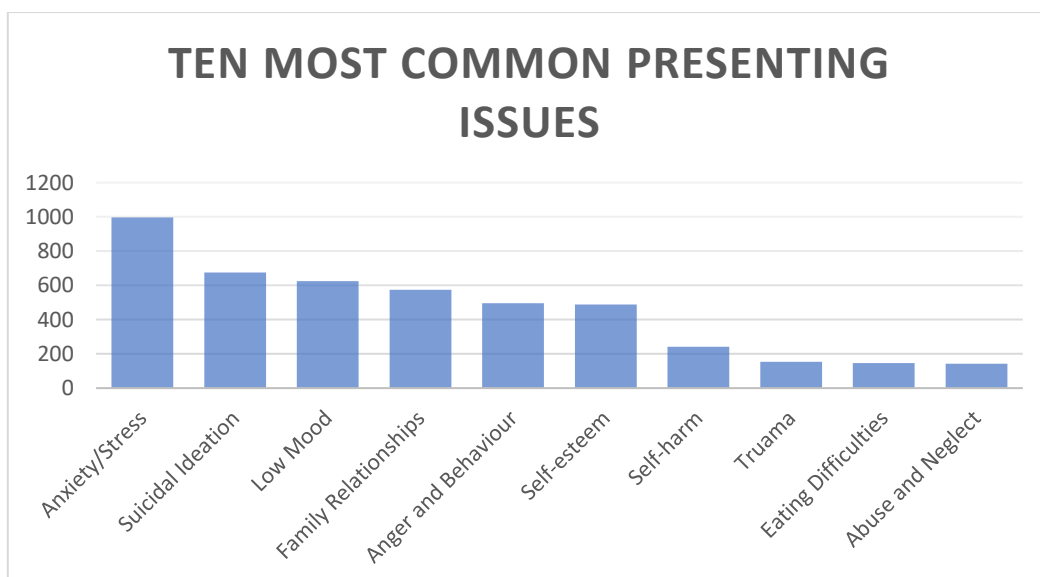


### Types of Need

One way of making sense of mental health needs is to seek to categorise the problems that clients are hoping to address. In counselling jargon, this is known as a presenting issue.

These presenting issues set out below are identified on the basis of the referral information. Sometimes, this information accurately reflects the problems a young person or adult needs to focus upon in their counselling. Other times, once in the counselling room, the counsellor will find that the issues that need to be addressed are different to the initial presenting issues.

Complicating the picture still further, a lot of issues overlap. Anxiety, for example - our most common presenting issue - is often linked to loneliness or low mood. All of which is a complicated way of saying the following data needs to be treated with some caution. Nevertheless, it does provide a powerful sense of the range of issues we are addressing each and every day.



It is striking how many young people have reached the point of self-harm and suicidal ideation, reminding us of the gravity of the issues counselling addresses. Counsellors who have been at CLD for some time reflect that it is the *complexity* of need as much as the *scale* that has been so different in



recent years. A few years ago, they explain, half of their clients seen on a given day might have been regarded as having a high priority and complex issues; now it feels as if almost every client has a pressing concern that needs to be addressed urgently.

Alongside presenting issues, we can also decipher important trends in the underlying characteristics of children and young people referred to CLD, including autism and neurodiversity, compounded by the impact of the transition from teenage years to young adulthood and the challenges of rural isolation. The CLD Trust is working closely with our NHS commissioners and other voluntary sector partners to address these background factors. For example, we are keen to support the redesign of services in the age range 14 to 24 and to contribute to the development and support of clearer diagnostic pathways related to neurodiversity.

### **The Impact of CLD Services**

At the end of their counselling, our children, young people and adults are asked to evaluate the impact of the service from their perspective. The following is an analysis of some of these statements.

<b>Statement</b>	<b>Number that selected this statement</b>
I understand my feelings better	435
I feel more able to talk about my worries	405
I feel calmer	337
I feel more positive about the future	327
My confidence has improved	308
I feel more able to control my emotions	289
My relationships have improved	253
I have more self-esteem	243
Things are better for me at home	239
I feel less angry	234
I feel stronger	224
My attitude to eating has improved	124
I don't self-harm as much	74
My use of alcohol has reduced	32

As you might expect, for many of our young people and adults, the sense of being heard was perhaps the most important aspect of counselling.

*I was listened to and it gave me a better perspective on things.*

*I was always listened to, felt understand and not being judged for what I had to say.*

*I liked that someone actually listened to me when I was upset.*



*I liked how my counsellor listened to my important needs and we had normal talk as well. Also, the feedback to some of problems was really good.*

*I liked that I felt listened to, having some challenges to build motivation. Feeling no judgement, feeling safe and being able to laugh.*

For many, the fact that another person was in the room with them was important. Making that connection seemed a key component of the service's value.

*Being face to face is important.*

*I felt comfortable being face to face as there were no distractions and I could talk as much as I needed to.*

*I felt understood and it was easier to talk in person.*

*It's easier to talk to people in person.*

*I like face to face counselling because it's easier to talk and I really enjoyed going out in public because it feels less like an interview.*

No counselling can be effective unless people feel relaxed. The following comments underline just how important transparency and flexibility are to many of our young people and adults.

*I liked how I felt that I could be open and I liked how casual it all felt.*

*Counselling was very open and friendly, gained my trust from first sessions. Great connection and understanding.*

*I liked the level of understanding and transparency. I also liked the flexibility of what we did and how sessions were done.*

*I liked my therapist's approach and I felt comfortable being honest with her.*

*I liked the chillness and openness of it.*

For some of our younger clients, it was the playfulness of the sessions that helped them to engage with the whole process.

*I won at Dobble everytime!*

*I liked playing Connect Four and having a break from school.*

*I liked the sofa and singing games.*



As one young person succinctly put, in a phrase that is not perhaps readily associated with counselling by the wider public:

*It was fun!*

For many of our clients, as we will see the case studies later in this report, there was a sense of counselling being a journey.

*I liked that as our sessions progressed I felt like I could bring up more things than at the beginning that I didn't feel comfortable to talk about.*

As with all services, counselling was not always the complete answer, and it was not always delivered in a way that suited all. For some, more in-depth and extended therapeutic support is required. For others, the sessions were, it seemed, a little too much for them.



*I liked having the free space to talk about everything. Disliked how long the sessions are as I miss my free time after school. Would prefer 20 to 30 minute sessions.*

*Felt there were too few sessions as I was just building up a rapport and now it's over!*

*Very understanding and helped with everyday issues but hard to talk about larger issues.*

The need to broaden and adapt our services to meet a wide range of need is returned to at the end of this report.

One of the challenges of counselling is ensuring that the progress we see in the counselling room is continued and consolidated when the counselling finishes. The following feedback highlights how many clients value the 'take home' messages from their involvement with CLD.

*I liked using visuals to help explain and understand things.*



*I enjoyed doing a volcano about my anger.*

*I have now got some anxiety coping techniques.*

*I liked that I learnt to focus on myself and pay attention to the good things.*

*I was able to grasp all of different emotions and organise them so they take up less space in my mind.*

*Felt less overwhelmed and found it easier to see the bigger picture.*

*He listened to me and gave solutions which I tried and it helped.*

*I liked the methods I was taught to deal with difficult days and how well I was listened to.*

*Nice knowing I can rant and the counsellor listens and come up with sensitive solutions and tried to understand my point of view.*

*I felt that I was heard and was given ideas to help with most of my problems.*

For many of our clients, the progress could be summarised succinctly by the following:

*I liked how it helped me rethink things.*



## Strong Young Minds



Alongside our counselling services, CLD also runs the Strong Young Minds Service. Funded by the Big Lottery currently, the project aims to raise awareness and reduce the stigma of mental health services.

The service has several strands:

- Participation – this area of the service’s work focuses upon engaging children and young people, ranging from a Mental Health Champions Programme in schools which seeks to promote peer support and develop campaigns that reduce the stigma of accessing mental health services, through to our Wellbeing Ambassadors, who are a little older and can provide a service user perspective on significant strategic developments in mental health.
- Inclusion – Strong Young Minds is committed to engaging with communities and groups that face structural barriers preventing them accessing mental health services. This commitment includes working with young carers, the Ukrainian community and the farming community.
- Outreach – linked with the emphasis upon inclusion, a key challenge in Herefordshire is its rurality and the difficulties many young people have accessing preventive mental health services in a timely way. Strong Young Minds is enriching youth work provision across the county and, when needed, initiating new provision to improve the speed of access.
- One-to-one mental health and emotional wellbeing support. This can be provided in the community, as evidenced in the case study later in this report, or through more traditional forms of counselling.



*Strong Young Minds Champions at the Hay Festival*

To achieve our aims in these four areas, the team is comprised of Mental Health Youth Workers, Personal Advisors (who tend to work one-to-one with young people in the community) and Participation Workers. Overseeing this is a Programme Co-Ordinator with a counselling background, who can provide more formal, structured therapeutic support when needed.



The age range of the service extends up to 26, straddling the chasm that sometimes exists between provision for children and the provision for young adults. This makes it ideally placed to support our health and social care colleagues in managing important transitions for our young people.

The service has proved to be very effective in 2022 and 2023. In this reporting period, we provided 1382 therapeutic sessions over the year, exceeding our targets. With some positive new appointments in recent months, we are confident that the service will go from strength to strength.

None of these remarkable outcomes could have been achieved without the support of the National Lottery Community Fund (<https://www.tnlcommunityfund.org.uk/>). CLD and Strong Young Minds are very grateful for their loyal support of this crucial part of our work.

## Our Work in Schools

CLD currently works in nine schools across Herefordshire. By locating counsellors in schools, we are able to provide a responsive and flexible service to young people, reducing the stigma of accessing mental health service as well supporting our educational colleagues with the emotional wellbeing problems and issues they are encountering in the classroom. We know that for many teenagers, school is the area of their lives that causes the most distress (see the Children's Society's Good Childhood Report found [here](#)).

Reflecting these national trends, many schools in Herefordshire have described a surge in issues related to self-harm, parental and family conflict and low self-esteem. Schools experience ongoing challenges related to attendance and resilience, and the damaging impact these can have upon children's attainment and staff morale. Children who would once have had the strength to overcome obstacles in their learning now seem to give up far more quickly than before the pandemic. Many of the schools where we provide a service are now looking to commission additional counselling services from us, such is the extent of the demand for mental health support and the trust they have in CLD.



The feedback from the schools about our counselling is consistently positive. We recognise, though, how challenging it is for pastoral and mental health leads in schools to determine the best pathway to support the emotional wellbeing of their pupils. In response, we are exploring new ways to help them navigate what can often feel like a confusing and complicated mental health system.

Currently, CLD is only providing counselling in one primary school (Riverside Primary School in Hereford). We have recently been commissioned by Herefordshire Council to develop mental health resources that support primary schools' PSHE (Personal, social, health and economic education) programme across the whole county. In response, we have developed a **CALMS** model (based on the five steps to mental wellbeing promoted by the NHS and others) as follows: **C**onnect, **B**e **A**ctive, **L**earn new skills, **M**indfulness, and **S**upport – for yourself and others. This framework is being used to structure lesson plans and other supportive materials.



At the heart of CLD's ethos is a commitment to providing timely and informed mental health support to prevent problems escalating. Working more closely to support our colleagues in primary schools is a natural development for our work. The following examples of feedback typify the comments we receive from young people who have recently received counselling in schools.

*I liked how safe and calm it was, it has been a great help.*

*I liked being able to talk about things I wouldn't usually talk about with my family.*

*I liked the way I could talk freely, not being judged and just felt comfortable during sessions.*

*It helped me understand things that trigger my low moods.*

*Being able to talk about stuff I usually wouldn't.*

## Case Studies

Management information and formal feedback forms cannot always convey the lived experience of our clients. The following case studies have been carefully developed to provide a glimpse into the counselling room. All the names and some of the details have been changed to preserve the confidentiality of the young people and adults (and the photographs are not of the actual clients), but the case studies remain true to the essence of their stories.

### Defusing the Bomb

*Joelle was 18 when she was first referred to CLD by her GP following a suicide attempt. She was unable to connect with anyone, she said. She felt so alone in the world. She often found herself having disagreements over silly things with those she hoped would be her friends. Her family felt she was exaggerating her problems and always looking for reasons to fall out with people. Anyone she spoke to about how she was feeling didn't seem to understand what she was saying. Joelle was feeling that nobody could understand just how isolated she felt. All she wanted, she explained, was for that feeling of profound isolation to stop.*



*Her counsellor identified that she may have some autistic traits, explaining how this might lead her to feeling overwhelmed at times. Joelle's counsellor spent a couple of sessions exploring and acknowledging how difficult and tiring it must be always to see yourself as the problem. By getting alongside Joelle in this way, the counsellor explained, he was able to take the sting out her negative view of the world and of herself. Gradually, in the remaining sessions, the counselling explored how her distinctive view of the world could be something to celebrate rather than deny. She could even start to enjoy the sense that she was unique, rather than feeling that this left her alone in the world.*

*Joelle started to develop a relationship with her herself through her counselling. Instead of judging herself, she was able to celebrate her own quirks. She started to make plans for the future and feel a lot better about myself. 'I no longer want to die!' she joked in the final session. She stopped assessing her own value by how others saw her. Instead, she had formed her own, more positive self-assessment. She understood that others may not always agree with her, that she has her own way of seeing things, but that this is okay, and to some extent this is true for everyone. For years, she said, she had been digging a hole for herself, without ever realising it.*

*It's like defusing a bomb, the counsellor summarised. Sometimes you just have to focus extremely carefully to work out how somebody is constructed; only then can you attempt some re-wiring and make things feel safe again. By the time Joelle finished her counselling, she described herself as confident and happy, finally trusting in her own judgement.*

### Getting a Proper Grip

*Sarah was 16 when she first came to CLD. She had experienced some suicidal thoughts for some time. The focus of the counselling was self-confidence, anxiety and problems making attachments.*

*Much of her trauma came from strains and disruptions in family relationships, leaving her feeling very uncertain where she fitted in her family. She felt very low and isolated. Nobody in her family seemed to understand her, and family members seemed too distracted by their own problems to help her feel heard.*

*When she did sometimes try to reach out to those around her, they were often dismissive, telling her that of course she didn't want to end her life, that everyone feels low from time to time; that she just needs to focus on being more positive. Get a grip, would be an accurate summary of the well-intentioned but misguided responses of those around her.*



*As a result, when she first arrived at CLD, Sarah was struggling to see any good in the world. Nobody seemed to understand her and she couldn't see any future for herself.*

*Drawing upon her own experiences, the counsellor felt able to put herself in Sarah's shoes. Counselling provided the space to talk and be heard that seemed so absent in Sarah's life. Sarah felt as if people had dismissed her all her life, but now counselling provided some validation and explanation for how she was feeling. 'We just try to normalise her feelings,' the counsellor explained. The counselling made links between the broken attachments in Sarah's earlier childhood with her current sense of feeling abandoned. By naming these things, Sarah was able to see that she was looking for the attachments she had lost, but that she couldn't expect those around her to fix her. She started to realise that there was nothing to be gained by looking for validation from others. She would have to value herself first. The validation of others would then follow.*

*By the end of the counselling sessions, Sarah had started to build up a portfolio to start an apprenticeship, a remarkable transformation from the very low teenager who had come to the first session. She was looking forward to getting to a job. She was grasping her own future. The counsellor explained, with characteristic modesty, that Sarah brought about all the change; the counselling just facilitated it.*

### **It's really not your fault**

*Mary was fourteen when she first came to CLD. She was very low and wasn't communicating with anyone. Mary had seen a very traumatic event with her friend (the details are not shared here to protect her anonymity) and she kept seeing this event again and again in a series of flashbacks. She was convinced that her life had been ruined by this experience.*

*As might be expected, this had a significant impact upon Mary's education. She had found it almost impossible to focus at school. She often had a number of different staff supporting her, and although this was well-intentioned it meant that she kept having to repeat her story to each new staff member, forcing her to re-live the trauma once again.*

*Her counsellor didn't focus so much on the traumatic event itself. Instead, the sessions focussed upon how she was feeling as a result of the incident. Then, gradually, the sessions explored how witnessing this traumatic event was not Mary's responsibility. By naming the feelings of guilt they started to lose their power. Mary stopped blaming herself and was even able to describe the events calmly and clearly.*



*Mary described how, thanks to her counselling, she now accepts that something has indeed happened to her, and that she can't wish this away, but that it has made her all the more determined to live her life well. She explained how her confidence had returned. She had been shutting herself away and was not planning*

*for the summer, which up until this event she had been looking forward to. Now, she has changed her perspective and is back to planning ahead. Instead of feeling that she was re-living the event by talking about it, she felt more confident talking it through with friends and family, enabling her to feel far less isolated. Mary now confidently believes she could cope with any future problems she runs into.*

### **The not so odd one out**

*Katie was 24 years old when she first came to CLD. She had been, in her own words, thrown out of her family home when she was fifteen. Her mother had said she could no longer cope with her behaviour. Katie had decided to come to counselling because she was feeling very depressed and was relying on cannabis to numb how she was feeling. Katie had just started a job in a pub and was living on her own in a flat. In terms of her family, Katie only communicated with her father, either by phone or by the occasional visit.*



*Katie felt that a lot of her issues were related to how she felt in her family. She was the youngest in the family and grew up believing that she was a problem, that everything she did caused problems for others in the family and that anything bad that happened in the family was somehow always her fault.*

*Katie had never really reflected on these feelings. They had become embedded in her view of the world. She had taken on board the family's view that she was root cause of all their problems and she had never really thought this through. As a result, she was very hard on herself and never felt good enough. She felt that she didn't deserve anything good in her life.*

*The counselling focussed upon changing the story Katie told herself about her childhood. She started to see how well she had done to cope with being rejected at such a young age, and just how hard it had been growing up feeling so often blamed and so alone. She started to look at her younger self more objectively. Prompted by her counsellor, she imagined giving advice to her younger self. If she was advising herself, she started to realise, she would immediately see that not everything was her fault. This was a watershed moment for Katie. Over time, she started to apply this same logic to herself. She began to realise that the compassion she so readily showed to others could also be applied to herself. This was the significant change that counselling helped to bring about.*

*After a few sessions, Katie could see the inner strengths she possessed. She made some important changes to her life which meant that she didn't rely as much on cannabis, no longer feeling the need numb her emotions. By the end of the counselling, she was looking forward to the future, based upon a clearer understanding of her own resilience and strengths. "It's all about self-compassion," her counsellor summarised. "She did all the work. I just helped her see things differently."*

### **Taking off the Mask**

*A young man in his early twenties sought support from one of our Personal Advisors who was working for the Strong Young Minds Project.*

*Mark had struggled to make sense of the world from a young age. He was bullied at school and always felt different to those around him. By the time he accessed the Strong Young Minds service in his early twenties he was diagnosed with depression and was chronically isolated. He had no friends. Although he was still living with his family, he was isolating himself from family members as well. All of his meals, for example, were eaten in his bedroom. Even on Christmas Day he remained in his room and refused to come out.*

*When he first came to Strong Young Minds, he hid behind his Covid mask and kept his hood up. He explained he was pleased about the pandemic-related use of masks because it gave him an excuse to cover his face. His clothes were often full of holes and his hair was very long, hanging down to his waist. His self-care was poor.*

*His Personal Advisor quickly realised that speaking to him face to face in a structured way was unlikely to work. Instead, she adopted a 'walk and talk' approach with him, avoiding the direct eye contact that he would have found so threatening. By walking alongside him, she was also taking him out into the community and building his confidence in the wider world.*

*His Personal Advisor looked for opportunities to explore his feelings and fears. She pointed out that he tended to walk in the gutter next to the pavement rather than the pavement itself. He was able to explain that he liked to be more on the edge of things so he didn't have to move out of the way. He started to talk about how he would even cross the road if he saw someone walking towards him.*



*Eventually, after a few weeks, she started to explore what life might be like without a face mask. His decision to come to his next appointment without a face mask was the first sign of progress. It seemed he wanted a little bit of direction: he would smirk when he was congratulated for showing his face. His Personal Advisor pointed out that his body language was defensive and secretive. He hadn't thought about this before and was pleased to respond to this feedback.*

*He started to talk about his clothes. He described how he always liked to wear the same hoody. One day, he went to his local shop – where he was well known – in a different hoody and he was upset that the shopkeeper drew attention to him wearing a different colour of hoody. His Personal Advisor explained that this was not meant as a criticism by the shopkeeper. Instead, it was natural that she would spot the difference and a positive thing that she was taking an interest in him. At the next appointment with his Personal Advisor, he came in a different hoody.*

*By redescribing small events in this way in a positive light, Strong Young Minds started to have a significant impact on his emotional wellbeing. After a couple of months, he was able to sit in a coffee shop. From where he was at the start, this was a significant achievement. He was still suspicious of the world around him and his Personal Advisor had to interpret the world at times for him. For instance, sometimes he would think the worst of another customer in the café. His Personal Advisor would reassure him that they were just having a drink and posed no threat to anyone.*

*The work was highly skilled in a non-clinical setting, carefully grounding him in his environment and teaching him practical techniques to manage his anxiety. By explaining the world to him in a less threatening way, he became more at peace with himself and his environment.*

*In a visible demonstration of this progress, he arranged to have his hair cut and his beard trimmed. He was unrecognisable from the withdrawn young man who had first come to Strong Young Minds. His transformation drew positive feedback from those around him and helped to restore his developing self-esteem still further. As part of the closure of the service's work with him, he was introduced to The Cartshed, another voluntary sector organisation in Herefordshire. This transition process was handled very carefully by his Personal Advisor, who remained with him for several hours when he first visited. Strong Young Minds remains a source of background support for him and he keeps in touch periodically with this Personal Advisor to this day.*



## Some Words of Thanks

CLD is very grateful to the following to the following organisations and funding streams for their support of our work.

Each of the following organisations have played a key role in helping to make such a positive difference to over 2100 children, young people and adults.

Tenbury Ormiston High School	West Mercia Women's Aid
Lady Hawkins High School	John Lindsay
John Masefield High School	Luctonians Sports Charity
John Kyrle High School	Grenfell Road Raffle
Kingstone High School	Herefordshire Community Foundation
Hereford College of the Arts	Herefordshire Council
Bishop of Hereford's Bluecoat School	NHS England Health Education
Queen Elizabeth High School	Screwfix Foundation
St Marys RC High School	The Rowlands Trust
Herefordshire & Worcestershire Integrated Care Board	BBC Children in Need
GMC Trust	Breinton Village Hall
Herefordshire and Worcestershire Group Training	The late Mrs D J Matthews
ABE	The Eveson Trust
Pryce's H L Charity	Charles Plater Trust
Cllr Howells, Mayor of Ledbury, and his team	Mrs Nova Bliss
The National Lottery Community Fund	The High Sheriff of Herefordshire Awards for All
	The Hay Literary Festival

Thanks also to all those who chose to donate anonymously. Your support, both large and small, means so much and makes all that we do possible. Thanks also to our excellent Board of Trustees, who generously offer a breadth of knowledge and experience that is so crucial to the ongoing development of CLD.

## Our Plans for the Future

There is much excellent work evidenced in this annual report. There is, though, no room for complacency in these challenging times. Our current priorities for the coming year can be summarised as follows:

1. Range – to broaden the range of services we offer, to include groupwork and creative solutions to those who find it difficult to access formal counselling.
2. Responsiveness - to continue to focus upon those waiting for a service so that we can say with greater confidence when they are likely to receive our support.
3. Reach – to continue to develop community-based provision across the county, including further support work and mental health youthwork services in the towns and villages across the county.

If you have reached this far in the report, you are clearly committed to the cause! Thanks so much for your support. It really does mean a great deal to us.

Nick Dunster  
Chief Executive

August 2023