

# Erinsborough CORC Report

2015 – 2016

Produced by the CORC Team, October 2016

Service-level Outcomes



# About CORC

**The Child Outcomes Research Consortium (CORC) is the UK's leading membership organisation that collects and uses evidence to improve children and young people's mental health and wellbeing.**

Founded in 2002 by a group of mental health professionals determined to understand the impact of their work, today our members include mental health service providers, schools, professional bodies and research institutions from across Europe and beyond.

We analyse and interpret data relating to mental health and wellbeing outcomes of more than 400,000 children and young people in the UK, representing the largest data set of this kind worldwide.

The latest news and resources can be found on the CORC website:

[www.corc.uk.net](http://www.corc.uk.net)

4-8 Rodney Street, London, N1 9JH

020 7443 2225

[CORC@annafreud.org](mailto:CORC@annafreud.org)

# Key Contact

The key contacts within your service are:

Rhys Lawson

Jessica Girdwood

Georgia Brooks

# Contents

**Key Findings .....**

Summary of the main report

**Implications.....**

Discussion about what the report may mean for your service

**Your Report.....**

Information about the service and data completeness

**Are children, young people and their families improving?.....**

**Are children, young people and their families improving compared to the rest of CORC sample?.....**

**How do children, young people and their families feel about the service? .....**

**Appendices .....**

A: Technical Glossary

B: Reference Tables

C: Demographics

D: Outcome Measures

E: Our Data Slide



# Key Findings

Are children, young people and their families improving?

What do children young people and their families think of the service?

# Key Findings

**Data quality:** Overall data completeness of outcome measures collected in your service was 31%, meaning that about one in three children and young people for whom we received data had an outcome measure recorded at a first and a last time point. In the rest of CORC sample, the paired outcome rate was 13%. The follow up rate (the proportion of children and young people with a measure recorded at a second time point, out of those who completed the same measure at a first time point) of the child-completed SDQ was 66%. A higher follow up rate would allow us to be more confident that the findings in this report reflect all children and young people who completed the SDQ at a first time point in Erinsborough.

**Child-reported measures:** Scores on the child-reported SDQ indicated that most children and young people we have data for made modest improvements, with an average improvement of between 1 and 5 points, on a scale of 1 to 40. Bearing in mind that we do not have a time 2 score for one third of children and young people with a score at time 1 (follow up rate of 66%), we cannot be confident that the findings could be generalizable to all children who completed the measure at a first time point.

**Experience of Service:** The majority of children and young people were positive about your service, and the proportion of children and young people with this data (100% of cases submitted) means this is likely to be a good reflection of all those seen by your service. The most positive item was 'Listened to', rated by 88% of children and young people as 'certainly true', compared to 80% in the rest of CORC sample. The one area where your service seemed to do less well, was perceptions of how easy staff were to talk to. Only 56% of children and young people certainly agreed with this item, compared to 61% in rest of CORC services.

**“Recovery” and reliable change:** Scores for 36% of children and young people showed “recovery”, 52% showed reliable improvement, and 27% showed reliable “recovery”. These results are in line with those reported in [Wolpert et al., \(2016\)](#).

Wolpert, M., Jacob, J., Napoleone, E., Whale, A., Calderon, A., & Edbrooke-Childs, J. (2016). *Child- and Parent-reported Outcomes and Experience from Child and Young People’s Mental Health Services 2011-2015*. London: CAMHS Press

# Implications

What are the main implications?

# Implications

**Data collection:** The overall paired completeness rate of 31% suggests that the majority of children and young people seen do not complete a measure at two time points. You may wish to discuss as a service what processes are currently in place that help with your data collection and how they could be improved to ensure more data is captured. There is a wealth of information on this on our website and the CORC team is on hand to provide support if needed.

**Use of measures:** It is encouraging to see that the perspectives of children and young people are being taken into consideration at your service. However, it would also be useful to collect data from parents and carers, and practitioners, because gathering their perspectives in addition to those of children and young people would allow you to triangulate the findings and provide a more comprehensive picture of the outcomes children and young people achieve at your service.

**Maintain progress:** Based on the data you have submitted, your service seems to be successful in helping most children and young people make improvements in their SDQ scores. The magnitude of improvements made is very similar to in the rest of CORC sample. This is a strength you can build on during coming year. On the other hand, some children and young people (around 30%) either had a very similar score at time 2, or their score deteriorated. Although this is very similar to the proportion of children and young people who did not improve in the rest of CORC sample, it is perhaps worth looking into this finding further.

You may wish to discuss whether the results match the kind of impact that your service is aiming for, and what factors could be influencing the outcomes (for example, completion rates, complexity of needs, and length of interventions).

**Address challenges with working practices:** Service users were generally positive about your service, but they were less positive about how easy staff are to talk to. It may be useful to explore this further; for instance, you may think about whether any changes have been made recently that could have had an impact on service users' satisfaction, and whether any changes could be made to improve this area of service user experience.

# Your Report

# Data Completion: Outcome Measures

What is the sample size?

Who is in your sample?

Paired outcome rates

Follow up rates

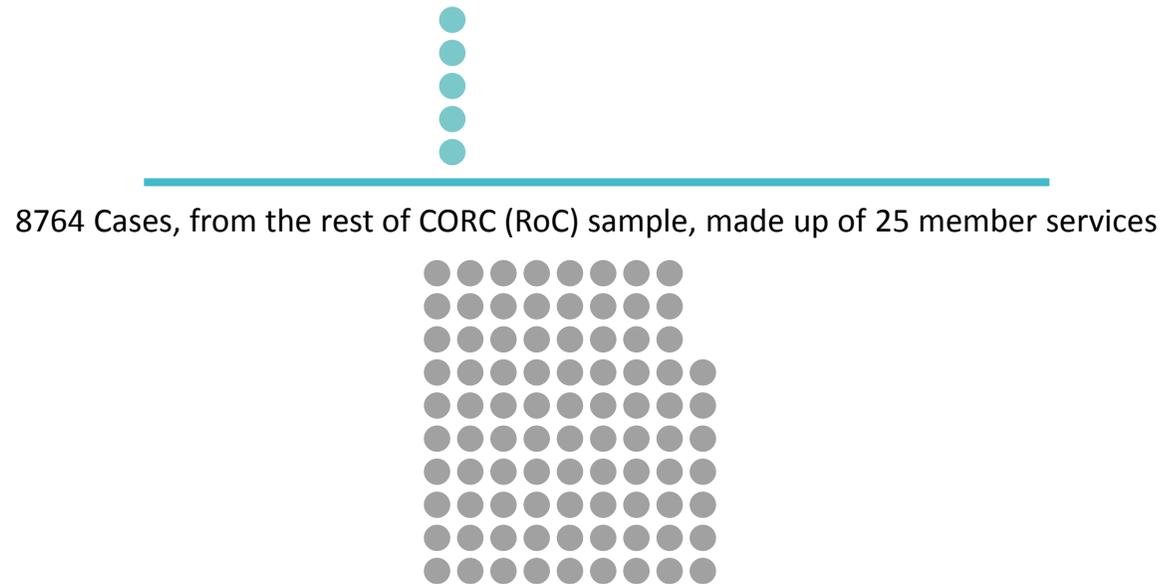
How many CYP have an ESQ?

# What is the sample size?

Date from:  
31<sup>st</sup> Aug 2014

579 Cases - Service

Date to:  
1<sup>st</sup> Sept 2015



'Rest of CORC (ROC)' is made up of a majority of statutory services and some non-statutory services. Also included are members working primarily in Targeted and Specialist CAMHS (Tier 2&3), community CAMHS and Highly Specialist (inpatient) data.

The dataset consists of demographics and mental health outcome information collected locally by members and submitted for collation by the CORC Team; the main purposes are service evaluation and to inform clinical practice.

What is the sample size?

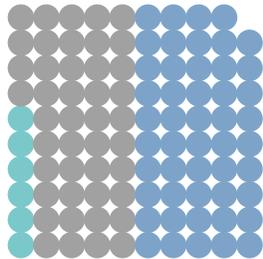
# Who is in your sample?

**579 people were seen by the service**

This slide displays a summary of age, gender, and referral source shown in further detail in the report. This sample may not be representative of every child seen by your service as data may not have been submitted for all children, and completeness may vary across variables.

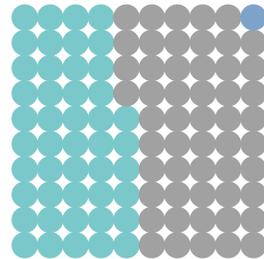
## If the service saw 100 people:

Age  
People would be:



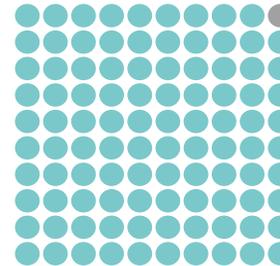
- 0-5 years
- 6-12 years
- 13-18 years

Gender  
People would be:



- Female
- Male
- Unknown

Referral Source  
People would be:



- Other
- Self referral

# How many children and young people have a paired outcome measure?

**Paired Outcome Rate:** 'Paired Outcome Rate' shows the proportion of children and young people with **any** paired outcome measure.

Service = 31%, 180 cases

Rest of CORC = 13%, 1100 cases



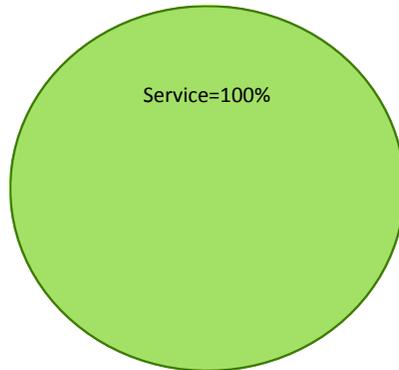
How many children and young people have a paired outcome measure?



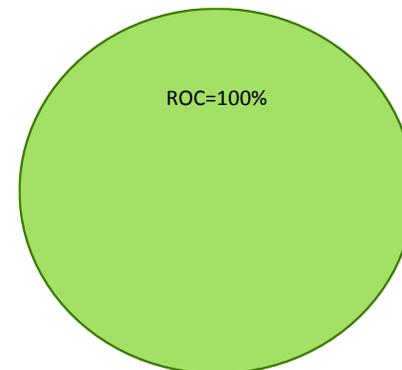
# How many children and young people have an ESQ?

All ESQ questionnaires are child completed.

Service



Rest of CORC



How many children and young people have an ESQ?

# About the Plots

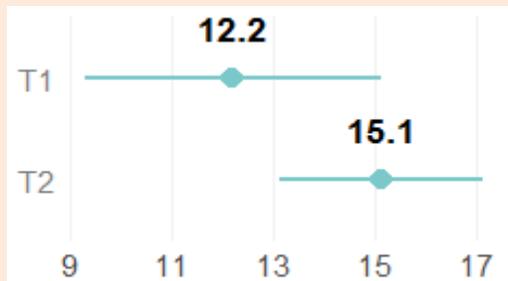
Information about how to read and interpret the plots.

# What are Margins of Error?

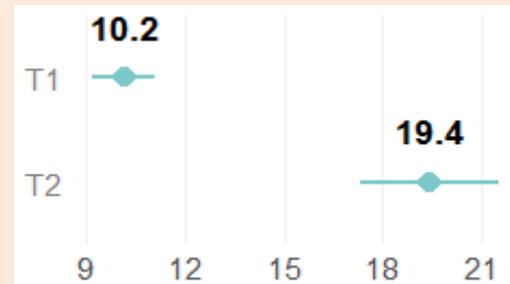
**Why show margins of error?** When we make statistical comparisons, we have to take the uncertainty in the data into account. This can be caused by small sample sizes or very varied data. The margin of error gives a range of numbers which we are reasonably certain contains the true average. If the interval is narrow, we are quite certain what the true average is. If it is wide, we are not.

**How can margins of error be used to compare averages?**

As a rough rule, if the difference between two averages is within the margin of error, there is no cause to think that the two averages are different.

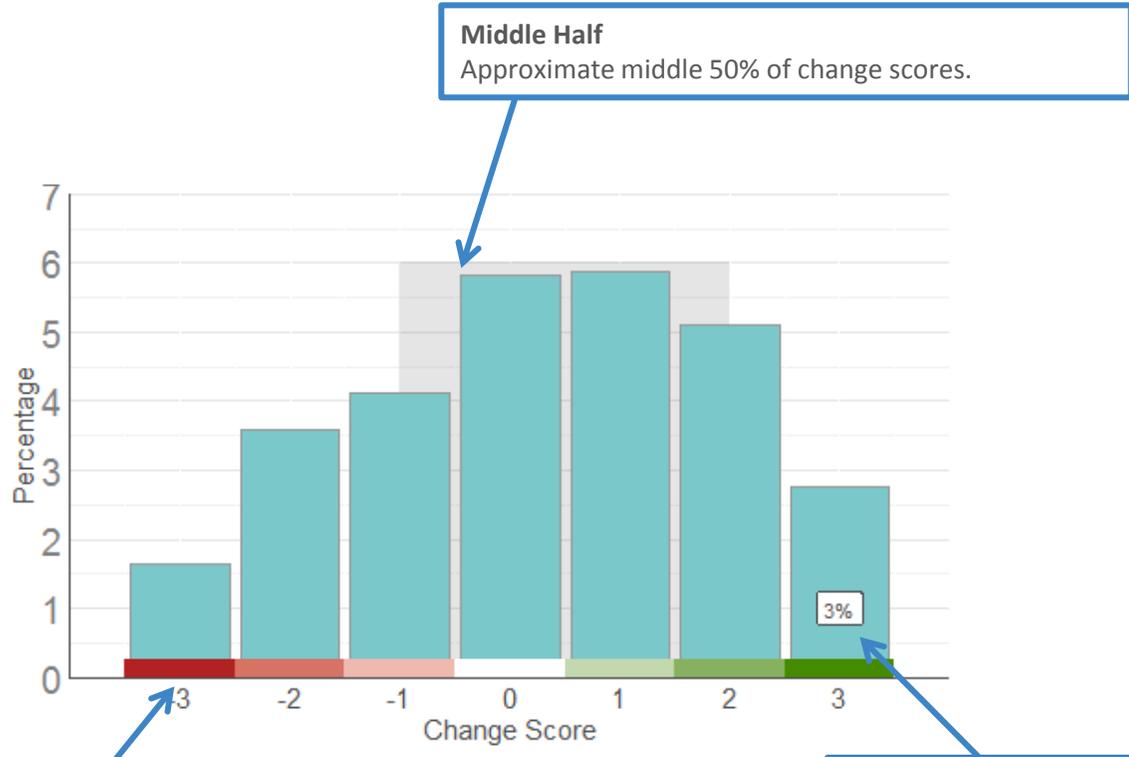


However, if the difference is larger than the margin of error, we may want to investigate why there may be a difference between the two figures.



# What do the plots mean?

**Icon**  
Indicates who completed the outcome measure.

**Progress Bar**  
Red if score has got worse,  
White if score has not changed,  
Green if score has improved.

**Labels**  
Give the percentage of individuals with this score.

**Results included**  
Any paired scores. The change score is the difference between the time 1 score and the time 2 score.

**What do the plots show us?**  
A short explanation of the graph and results of tests conducted. An indication of whether scores appear to be improving over time or not.

Technical details are included in the appendix.

**Data Completeness**  
The proportion of those with a time 1 score, who also have a time 2 score.



Follow up rate 17%  
17% full

What do the plots mean?

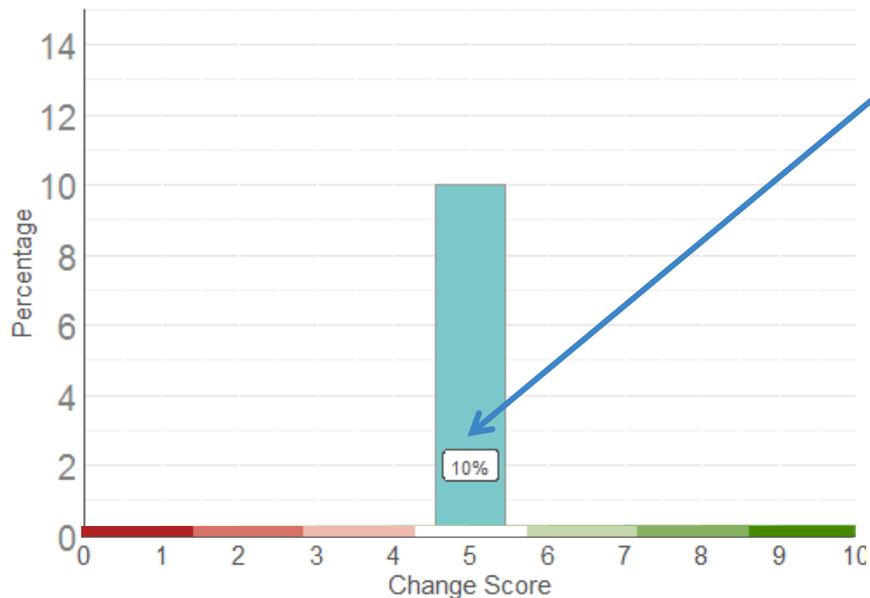
# How are 'change' scores calculated?

Session	Date	Today I would rate my progress to this goal? (please circle the appropriate number below)										
Remember a score of zero means no progress has been made towards a goal, a score of ten means a goal has been reached fully, and a score of five is exactly half way between the two												
1		0	1	2	3	4	5	6	7	8	9	10
2		0	1	2	3	4	5	6	7	8	9	10
3		0	1	2	3	4	5	6	7	8	9	10
4		0	1	2	3	4	5	6	7	8	9	10
5		0	1	2	3	4	5	6	7	8	9	10

Change = Goal progress (last session) – Goal progress (first session)

Change = 7 – 2

Change = 5



10% of children's scores had gone up by 5 between time 1 and time 2.

We plot these change scores to get an impression of how much all individuals have changed between time 1 and time 2.

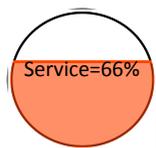
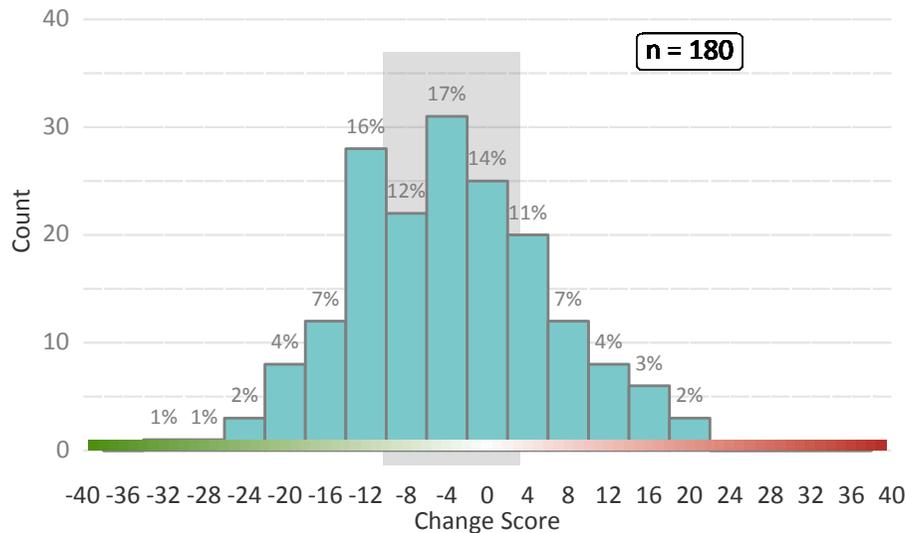
How are 'change' scores calculated?

# Are children, young people and their families improving?

Child-reported SDQ

Are children, young people and their families improving?

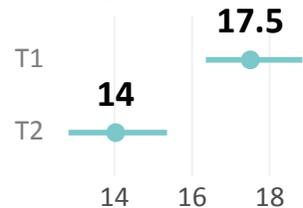
# How have Child SDQ scores changed between T1 and T2?



### Average Change



### Average T1 and T2 Scores



### Results included

All paired scores for the Child SDQ (n = 180).

### How representative is this sample?

66% of those with a time 1 score, had a corresponding time 2 score. The follow up rate suggests the sample is representative of about two thirds of the children and young people who completed the SDQ at the first time point.

### What do the plots show?

The middle 50% of children and young people (C&YP) either had a similar score at time 2, or improved by up to 10 points (on a scale of 1 to 40). The top quarter improved by between 10 and 30 points, however the bottom quarter deteriorated by up to 23 points. In the long run, we estimate that the average improvement of C&YP like those contained in this sample would be between 1 and 6 points.

### Conclusion

Most of the C&YP we have data for have made modest improvements in their SDQ score. With a higher follow up rate, these results could be generalizable to all children and young people who completed the SDQ at a first time point in Erinsborough.

# “Recovery” and Reliable Change – Child Reported Measures

Update as of June 2017:

The data in this slide are those reported in Wolpert et al. (2016). Please note CORC is currently developing this part of the report to be available in annual reports to members.



Indicator	Definition	N	% of paired clinical sample [95% Margins of Error]
“Recovery”	Moved from above a clinical threshold on at least one paired measure at a first time point, to below on all completed measures at a last time point	2117	36% [35% - 37%]
Reliable Improvement	Change from a first to a last time point was more than what would be expected due to measurement error, in a positive direction, on at least one measure, and no measure reliably deteriorated	3056	52% [51% - 53%]
No Reliable Change	Change from a first to a last time point was less than what would be expected due to measurement error	2223	38% [36% - 39%]
Reliable Deterioration	Change from a first to a last time point was more than what would be expected due to measurement error, in a negative direction, on at least one measure	617	11% [9% - 12%]
Reliable “Recovery”	Moved from above a clinical threshold on at least one paired measure at a first time point, to below on all completed measures at a last time point, and the change was reliable in a positive direction, with no measures reliably deteriorating	1569	27% [25% - 28%]

## Sample included

Any closed cases with three or more recorded events, and above a clinical threshold on at least one paired child-reported measure at a first time point (the ‘paired clinical sample’), n = 5,896.

## How representative is this sample?

Of all closed treatment cases (n= 23,373), 25% fell in the ‘paired clinical sample’. This means we cannot be confident this sample represents all children and young people who were seen for a course of treatment (of at least three events, excluding assessment only).

## What does the table show?

Scores for 36% (margin of error between 35% and 37%) of children and young people showed “recovery”, 52% (margin of error between 51% and 53%) showed reliable improvement, and 27% (margin of error between 25% and 28%) showed reliable “recovery”.

## Conclusion

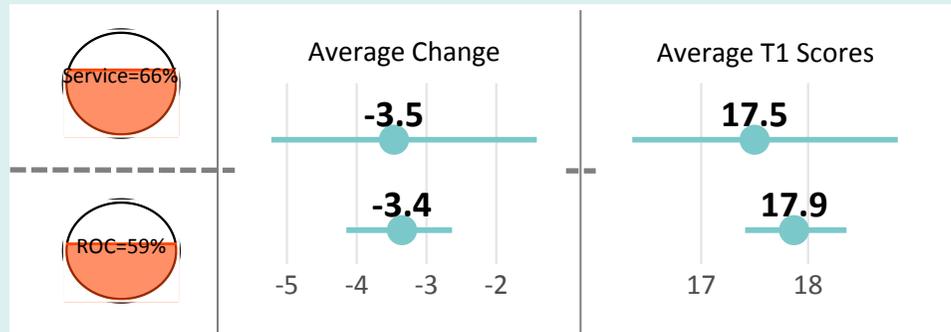
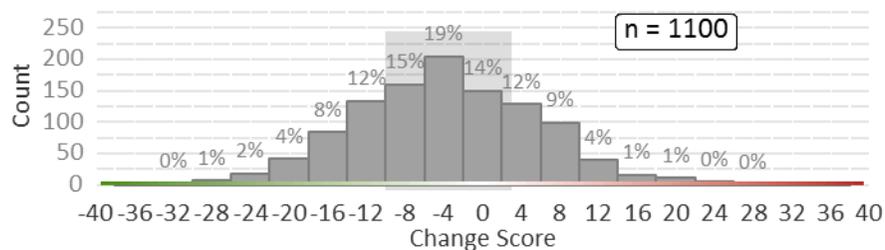
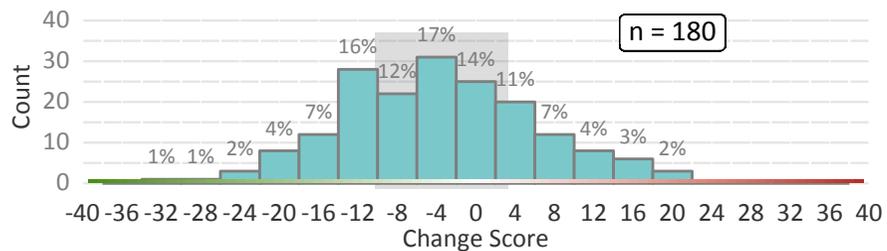
The results are in line with those reported in [Wolpert et al., \(2016\)](#).

# Are children, young people and their families improving compared to the Rest of CORC sample?

Child-reported SDQ

Are children, young people and their families improving compared to the Rest of CORC sample?

# How have Child SDQ scores changed between T1 and T2?



## Results included

Any paired scores for the Child SDQ for your service (n = 180) and the rest of CORC sample (n = 1100)

## How representative is this sample?

66% of those with a time 1 score, had a corresponding time 2 score at Erinsborough. For the RoC sample this figure was 59%. The follow up rate suggests the sample is representative of around 60% of the children and young people who completed the SDQ at the first time point in Erinsborough and rest of CORC services.

## What do the plots show us?

The change scores look very similar for your service and the rest of CORC. The top quarter improve their scores, the bottom quarter deteriorate, and the middle 50% do not change or improve by up to 10 points (on a scale of 1 to 40). On average, children started at an SDQ score of about 18. This was about the same for Service and ROC. By the end of treatment, the average improvement in SDQ score was around 3.5 in both Service and ROC.

## Conclusion

The C&YP we have data for appear to progress at a similar rate to those in the rest of CORC sample. With a higher follow up rate, these results could be generalizable to all children and young people who completed the SDQ at a first time point in yours and rest of CORC services.

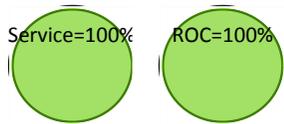
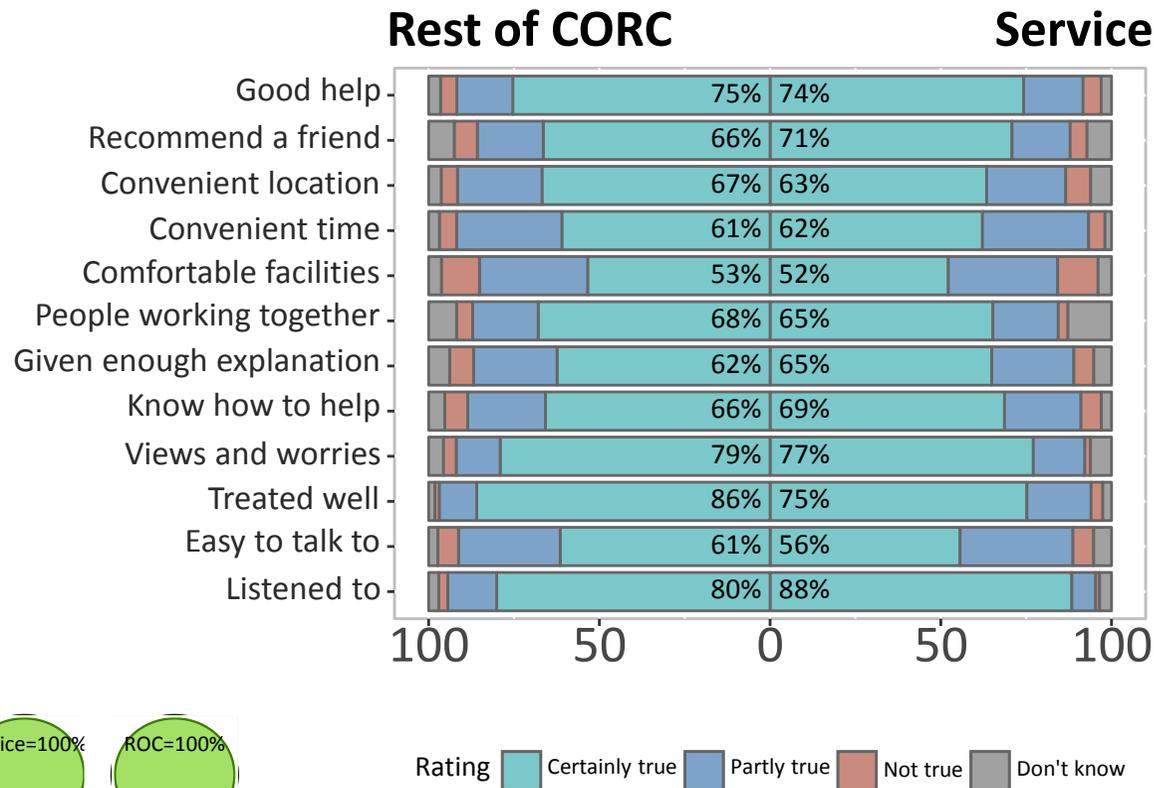
# How do children, young people and their families feel about the service?

Experience of Service Questionnaire

How do children, young people and their families feel about the service?

# Child ESQ

How do children and young people feel about the service?



### Results included

Any child-reported ESQ with at least one item completed: Service n = 579, Rest of CORC n = 8761.

### How representative is this sample?

Children and young people were asked to complete the ESQ 6 months after first contact or at case closure, if this was sooner. The completeness rates suggest that the samples may not be representative of all children seen by Erinsborough and by rest of CORC services.

### What do the responses show?

Children and young people's responses at Erinsborough were similar to those in rest of CORC services. The most positively-rated item was 'Listened to', rated by 88% of children and young people as 'certainly true', compared to 80% in the RoC sample.

# Appendix A

Technical Glossary

# Technical Glossary

Term	Definition	Methodology
Paired Outcome Rate	The percentage of children and young people who have <b>any</b> paired outcome measure.	The number of individuals with at least one paired outcome measure (completed by child, parent or clinician) is divided by the total number of individuals in the data submitted.
Follow up rate	<b>For each</b> outcome measure, out of those with a time 1 measure, the percentage of those with a time 2.	The number of individuals with both a time 1 and time 2 measure is divided by the number of those with a time 1 measure, for each outcome measure separately.
Margin of Error	A confidence interval: a numeric interval around an estimated number (for example, the mean), which contains the mean with a certain level of confidence.	Confidence intervals are calculated at the 99.9% level, using the 'basic' non-parametric bootstrap method.

# Appendix B

Reference Tables

# Completion rates and counts

## Data Counts

Sample	Time	Child SDQ
Service	1	273
Service	2	180
Rest of CORC	1	1880
Rest of CORC	2	1100

*Corresponds to slide: What are the Follow Up Rates?*

## Follow Up Rates

Sample	Child SDQ
Service	0.6593407
Rest of CORC	0.5851064

*Corresponds to slide: What are the Follow Up Rates?*

## Cases with any paired outcome measure

Sample	Percentage	Count
Service	31.09	180
ROC	12.55	1100

*Corresponds to slide: How many paired outcomes were present?*

# Completion rates and counts

## ESQ Counts and rates

Type	Sample	Child	Parent	Either
Rate	Service	100	0	100
Count	Service	579	0	579
Rate	Rest of CORC	100	0	100
Count	Rest of CORC	8761	0	8761

*Corresponds to slide: How many paired outcome measures for ESQ?*

# Time 1 and Time 2 Means and Confidence Intervals

## Means and confidence intervals: Service

Measure	Time	Mean	Lower limit	Upper limit
Child SDQ	1	17.5	16.4	18.8
Child SDQ	2	14.0	12.8	15.4

*Corresponds to slides on individual outcome measures*

## Means and confidence intervals: Rest of CORC

Measure	Time	Mean	Lower limit	Upper limit
Child SDQ	1	17.9	17.4	18.4
Child SDQ	2	14.5	13.9	15.1

*Corresponds to slides on individual outcome measures*

# Change Score Means and Confidence Intervals

## Means and confidence intervals: Service

Measure	Mean	Lower limit	Upper limit
Child SDQ	-3.5	-5.2	-1.4

*Corresponds to slides on individual outcome measures*

## Means and confidence intervals: Rest of CORC

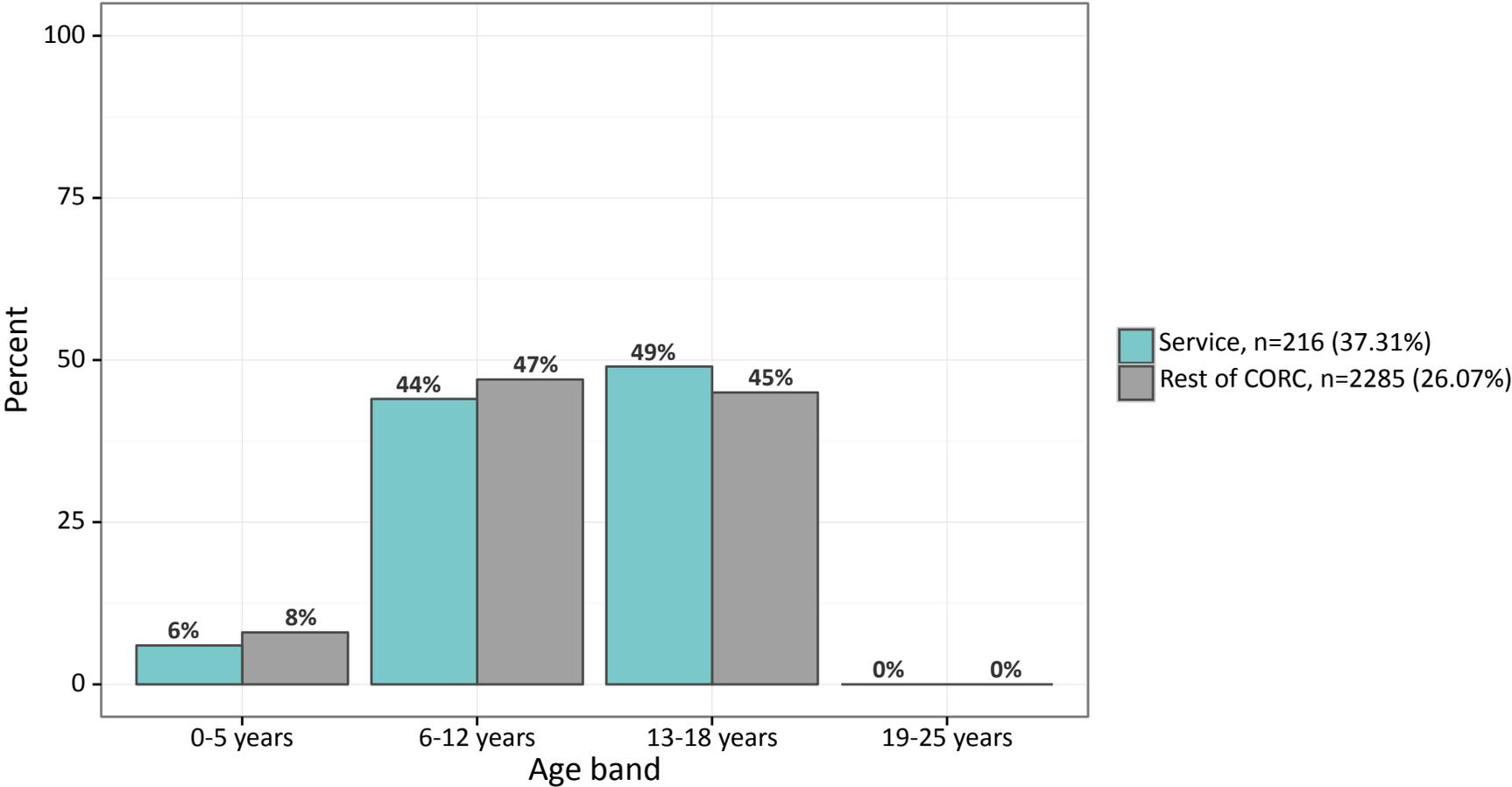
Measure	Mean	Lower limit	Upper limit
Child SDQ	-3.4	-4.1	-2.6

*Corresponds to slides on individual outcome measures*

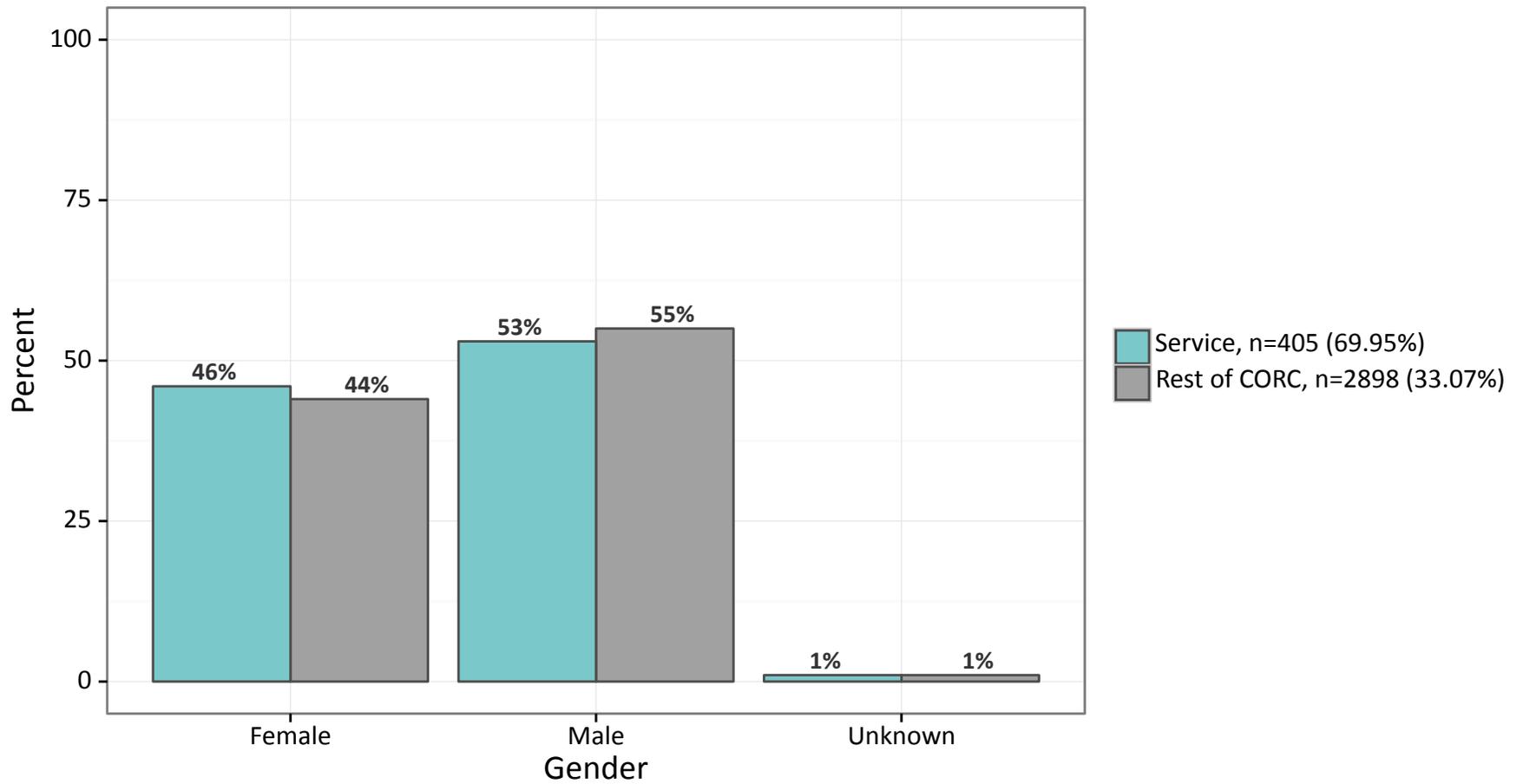
# Appendix C

Demographics

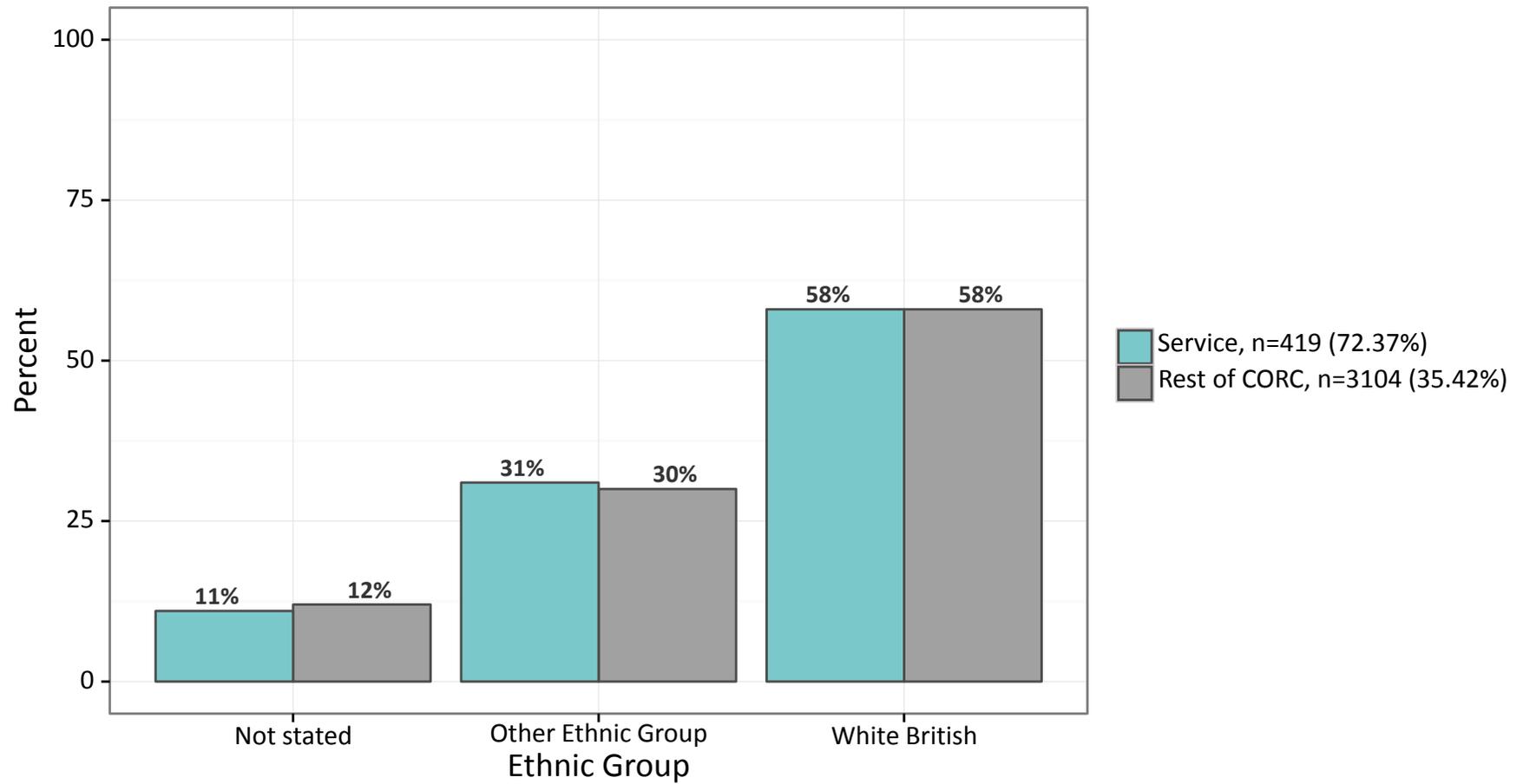
# Age Bands



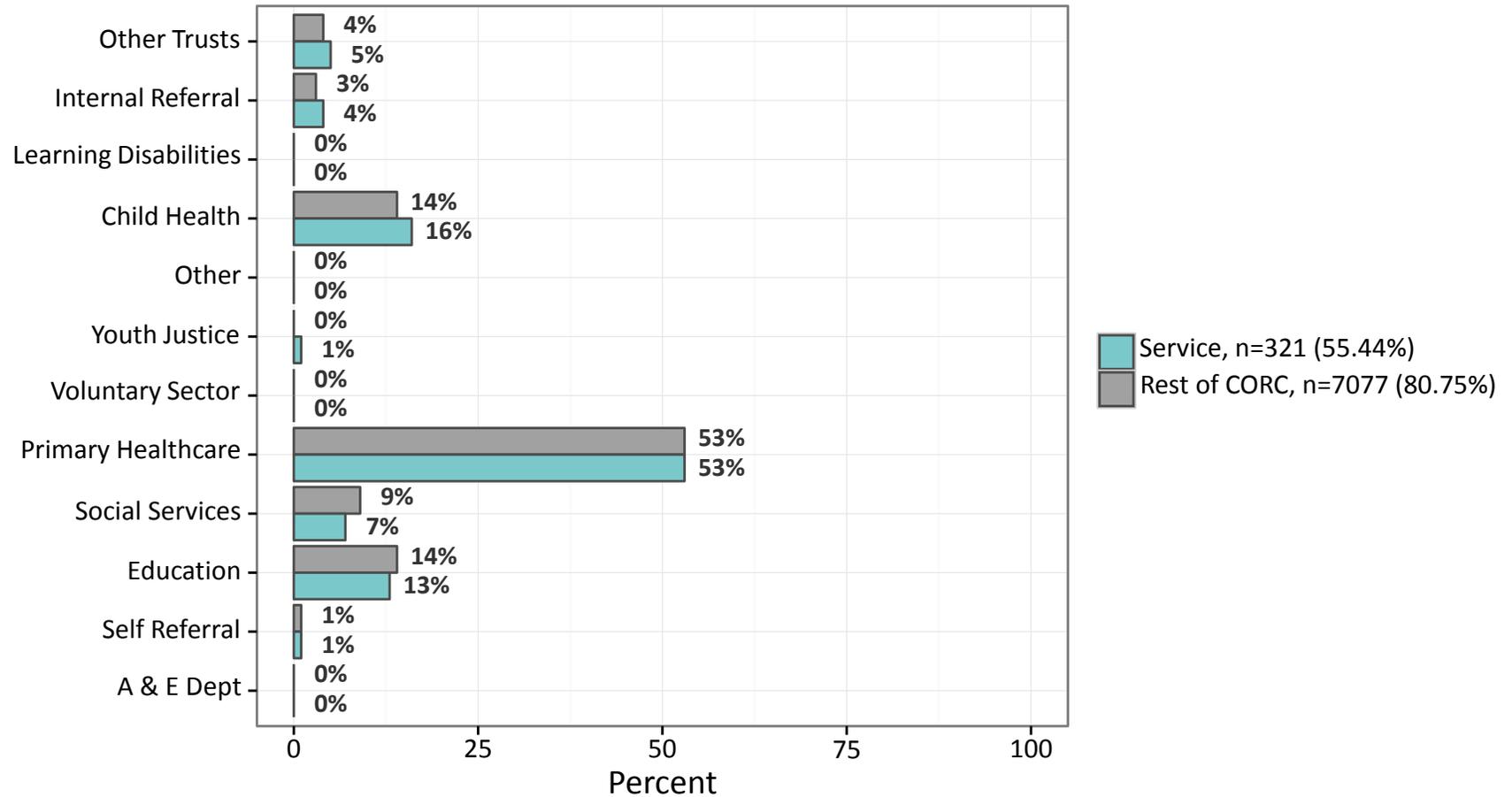
# Gender



# Ethnicity



# Referral Sources



# Appendix D

Outcome measures

# Web Links to Outcome Measures

- Strengths and Difficulties Questionnaire (SDQ): <http://www.sdqinfo.com/py/sdqinfo/b0.py>

For additional information and resources on outcome measures, visit the CORC website:

[www.corc.uk.net](http://www.corc.uk.net)

# Appendix E

The following slide can be used to display a summary of your data returns to service users

# OUR DATA

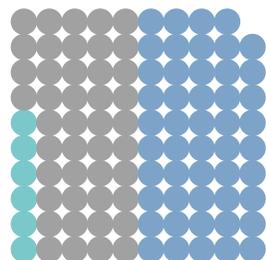
31<sup>st</sup> August 2014 to 1<sup>st</sup> September 2015

We collect information with your permission, we then take off your name and pass it to CORC, a research team who look at how to improve our service, national services and inform national policy. Your data makes a big difference to us, the general population and others with mental health difficulties.

579 people were seen by the service

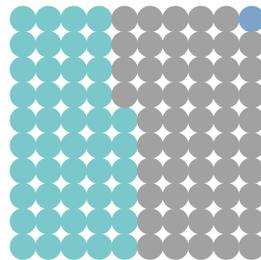
If the service saw 100 people:

Age  
People would be:



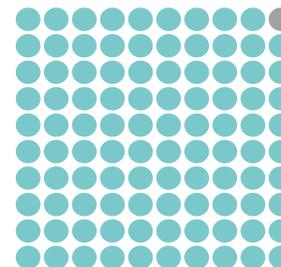
- 0-5 years
- 6-12 years
- 13-18 years

Gender  
People would be:



- Female
- Male
- Unknown

Referral Source  
People would be:



- Other
- Self referral

31%

## Current completeness

This shows how many people completed questionnaires at their first and at a return visit.



The Child Outcomes Research Consortium (CORC) is the UK's leading membership organisation that collects and uses evidence to improve children and young people's mental health and wellbeing.