Online Training Module:
The interpretation and use of outcome data
in child and youth mental health

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Welcome to CORC Module 2; Choosing the right measures for your service or intervention. This module is approximately 20 minutes long.

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My name is Sally Marriott, I am a CORC Regional Officer and I am delighted to be delivering this module of the CORC Online Training Programme.

I have a background in business improvement and transformation, and I have been CORC since 2014. Since then I have developed and delivered numerous CORC Trainings and I have supported many organisations across the UK to interpret *their* child and youth data and I look forward to helping you learn more on this topic today.

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Can you think of a time when outcome information from your services was presented to you? Maybe you were hearing it at a team meeting or a management meeting; maybe you were discussing it with a commissioner. Perhaps you saw some tidy graphs or tables like this…or this…

It can look quite clean-cut in these graphs and there may be a tendency to draw immediate conclusions based on the information they yield. But the reality is that child and youth mental health data is messy and complex, giving good reasons to be particularly thoughtful about how we interpret and use this information. Whilst CORC acknowledge that there are uncertainties with these data, we also believe that this is unlikely to change in the near future and so understanding the strengths and limitations up front will help to give way to better conversations around the implications of what the data is telling us and help to identify service improvements.

This module is dedicated to offering practical tips for facilitating these discussions and helping you ask the right questions when exploring the data.

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To begin with let’s get practical with some considerations for facilitating these discussions…

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Have the right people in the room including funders, data leads, front line staff, strategic staff and where possible representation of the service user voice. These will all bring different perspectives the conversation i.e. data leads may be more cautious about the limitations of the data, front line staff can add detail and richness to the stories underpinning the data whilst strategic leads can offer insight into wider population factors that may be influencing trends. Service users may offer reflection on strengths and limitations of the tool being used such as whether it asks the right questions on areas they feel are important.

Set ground rules for the conversation to make it a safe space for encouraging curiosity and critical thinking – no point scoring or punitive discussions

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Know the measurement tools being used.

Whilst this seems obvious to practitioners using them on a daily basis, some people in the room who are being presented with the information may have little experience or knowledge of the tool being used to generate the results. Therefore understanding what type of outcome the measurement tool focuses on such as young peoples goals, their functioning or their symptoms is helpful, as well as knowing what does ‘good’ or ‘bad’ look like for this questionnaire and how are scores calculated? Does an increase in the score mean the young person is coping better than before, or does it mean the are experiencing more difficulties? Is the total score made up of several subscales (i.e. different underlying difficulties) and so the level of severity is being pushed up by one area of difficulty in particular?

Is the tool a good fit in terms of the appropriateness for your target group such as literacy or language barriers they may experience when completing it. Or its sensitive enough to change for the period of time your intervention is taking place across?

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Allocate time to exploring the data but dedicate the majority of time to discussing what the implications mean for your service; we recommend a 25 / 75% split in favor of the latter.

And have an agreed process for making a decision on next steps however imperfect the process may be. For example, agreeing areas that warrant more of a deep dive and triangulation of other data (and who is responsible for gathering and presenting next time). Make the reporting back of actions a set agenda item at every meeting.

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To help facilitate the conversation around exploring the strengths and limitations of the data itself CORC recommend asking the following questions.

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How representative is the data? Rarely will a service hold complete data for 100% of their cases (complete data referring to paired outcome measurement tools being collected at least 2 time points) but these missing data will ultimately skew the results and make them less representative. It might be that those who are more engaged and getting more from the service, stay until the end and complete a 2nd time point measure thus making the results overly positive. OR it could be the opposite and those who quickly improve stop coming and do not complete at a second time point and so positive outcomes are underestimated.

This is particularly meaningful when thing about key subgroups in the data – for example your data set may contain a disproportionate split between male or female respondents, be predominantly white British or not capture a good cross section of the age groups you work with.

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Whose perspectives have been captured?

The data being presented may have been collected from different stakeholder in the intervention from the child themselves to their parent or carer, teacher or the practitioner. Each one of these stakeholders offer a different perspective to the work and it is important to remember that everyone may see things differently and see different things.

Because of these very different and subjective viewpoints, it is important that each contributor is kept separately and that results are not grouped together into one overall score for that child. Keeping the perspectives separate helps to identify where the work may be having more or less of an impact overall. For example, children may be showing signs of feeling less stressed or anxious at school but the problem has been displaced to the home environment and parents are observing heightened difficulties. By seeing these opposing results Decisions can then be made on how best to support parents with the transition or change the work to have a more balanced effect.

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How has the data been cut?

It must be ensured that the data is being viewed at the right level. If the figures being presented bring together many teams or projects to give a whole service results (such as an average change score) there is a risk that this may have been ‘flattened’ by too many competing results. Therefore, looking at results by team, intervention or project, level of severity or need or even by key demographics could be more enlightening. For example there may be two types of work happening within a team: work focused on recover (i.e. the outcome is to see improvement and thus a bigger positive change score is better) OR work focused on relapse prevention (i.e. the outcome is to maintain current levels of mental health and so minimal fluctuations in total scores thus yielding flat change scores id desired). If both of these types of work had the change scores lumped together the relapse prevention work would flatten out the recovery change scores, leading to the incorrect interpretation that the recovery work isn’t making much difference. In this example viewing the data at the level of incoming need or by the separate types of work would be more appropriate. Cutting data into demographic or key characteristic groupings will allow for identification of potential disadvantages or advantages certain groups have in achieving better outcomes. For example, if girls are achieving better outcomes than boys, can adjustments be made to delivery for boys?

It is important to note that the more the data is ‘cut’ the smaller the subsamples become, and small numbers can limit statistical inference.

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We would like to acknowledge the benefits of comparator data in interpreting the information being presented. Comparators allow for benchmarking and to contextualise results against what is normal, expected or within reasonable parameters.

You may be able to source this from data repositories such as the Mental Health Services Data Set held by NHS Digital, or by receiving a CORC report where we present your services results against or data set, currently the largest of its kind in the country. There will also be published articles and reports about outcomes seen in particular research programmes and evaluations such as the National Lottery Community Fund programme HeadStart

There may be a large evidence base for that specific intervention and so research might sight expected effect sizes or levels of impact to lend comparison against. Or the measurement tool itself may have published research which details what clinical or reliable change scores would be for that particular scale.

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The fundamental purpose of collecting these data and presenting them as an aggregated report is to identify successes and challenges that are occurring in service delivery and to adopt a continuous improvement approach. Therefore, the majority of the discussion should be dedicated to discussing the implications of the data.

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Some questions to answer are:

What does this data tell us about what is happening in our service? Is the service, intervention or project having an impact on children and young people and to what degree? IS this more or less of an impact than what was expected? Are some subgroups seeing bigger improvements than others? Is anything occurring that wasn't anticipated?

Secondly and arguably most importantly What needs to be improved? Are there changes to direct delivery that need to happen straight away or over time? Followed by How can we do this? And finally, How will we know when this has been achieved?

Having the right people in the room to answer these questions will result in realistic and informed decisions, managing the expectations across all stakeholders.

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Finally, CORC champion openly sharing and learning from the data so as we can continue to combat the challenges posed by its complexity and uncertainty as a community.

Open communication about how the data has been used is so important. Its good practice to feedback results to those who provided and collected the data and any actions being taken on the back of them. Seeing the information being considered and meaningfully used incentivizes people to engage in the whole rocess of routine outcome monitoring and this will ultimately improve quality and quantity.

Celebrate successes that the data highlights but also remain open, honest and curious about challenges it may unearth.

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Thank you for listening and please do check out our other online training modules which can be