

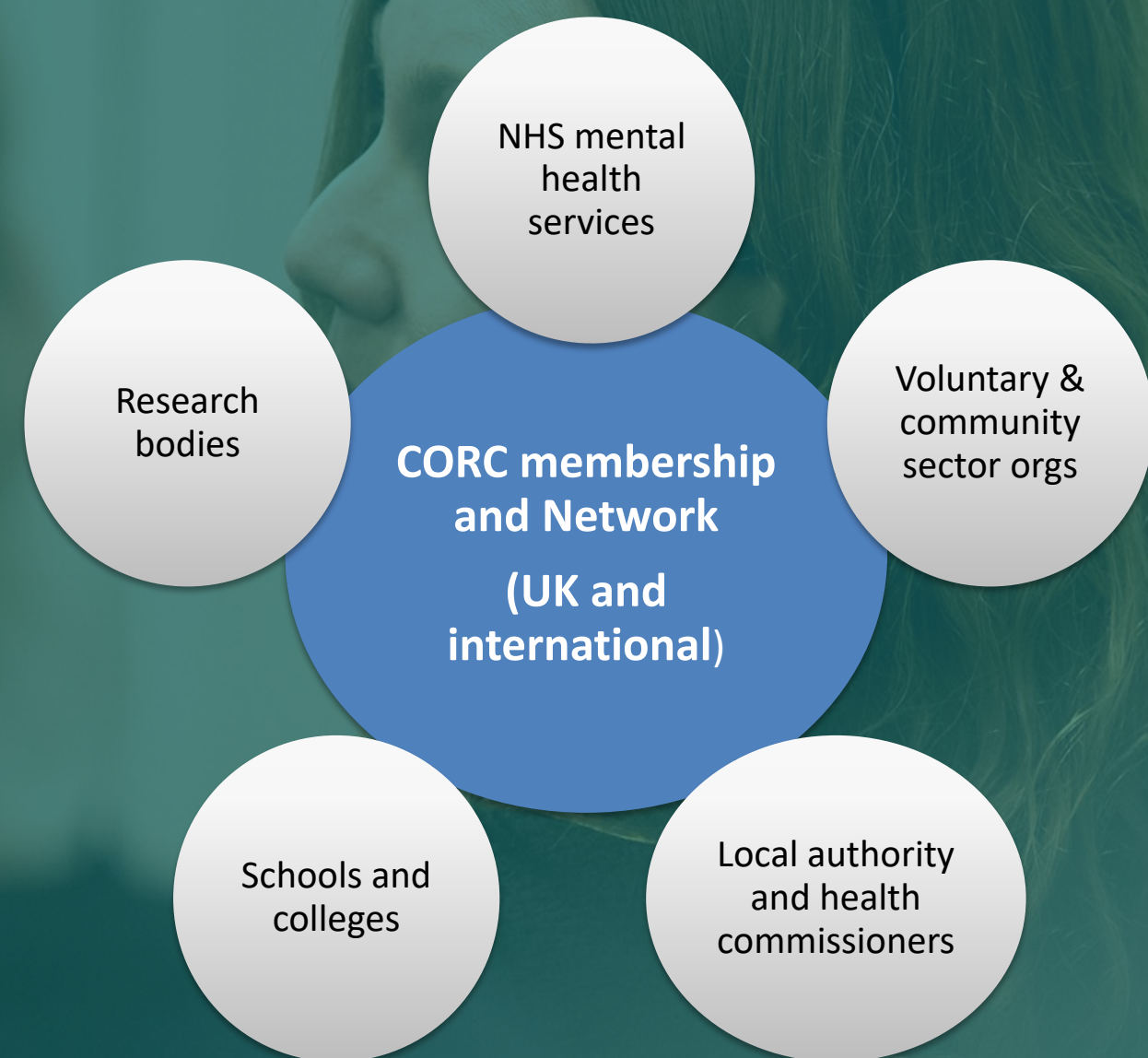
CORC Forum 2021

CORC Update

Kate Dalzell, Head of CORC

About CORC

(Child Outcomes Research Consortium)



CORC's vision is for all children and young people's wellbeing support to be informed by real-world evidence so that every child thrives.

Our **mission** is to make this happen in a meaningful, effective, child-centred way.



Moving toward:



A project of



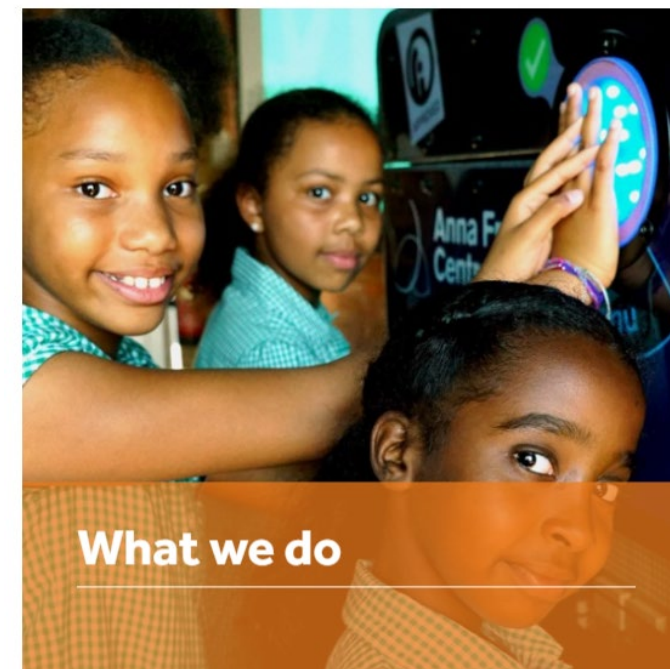
**Anna Freud
National Centre for
Children and Families**

The Anna Freud National Centre for Children and Families

Developing and delivering pioneering mental health care for over 65 years.

We believe that every child and their family should be at the heart of the care they receive, working in partnership with professionals.

Our mission is to transform the experience of children, young people and their families with mental health. We:



1. Carry out research
2. Develop new approaches, tools and services
3. Teach and train professionals
4. Collaborate through partnerships
5. Help develop policy and practice

Insights from NW England

1 in 8

CYP with probable mental
disorder pre-pandemic

1 in 6

CYP with probable mental
disorder during the
pandemic

CLOSING THE GAP IN CHILD AND YOUTH MENTAL HEALTH SUPPORT

- Only ¼ of these CYP access specialist help
- Some groups are more likely to experience difficulties
- Some groups find help harder to come by
- Even when specialist help is available, for about half problems persist

Addressing the gaps takes coordinated ideas and collective action - emerging principles

1. A wider range of people need to 'hold in mind' children and young people's mental wellbeing, including professionals but also family members and the wider community
2. Cross-sector working is crucial to ensuring children and young people don't fall through gaps in support
3. The voices of children, young people and families should be at the heart of decisions about the support provided to them, especially those who are socially excluded.

How do the gaps show up in research and evidence?

- Historically, low investment in child mental health research
- Longstanding challenges in addressing evidence gaps, & bringing new research knowledge into practice and policy
- The majority of knowledge pertains to certain (majority) groups in society and certain types of help



Three ways to move forward

- Getting better formal research evidence about what works
- Drawing more on practice-based evidence, so people generate learning from their own work in their own contexts with which to improve their support
- Making the evidence we have more widely known, understood and used in the help being offered

A wider range of people holding children and young people's emotional health in mind..

Learning about wider supports

Wellcome on Active Ingredients
HeadStart on social supports



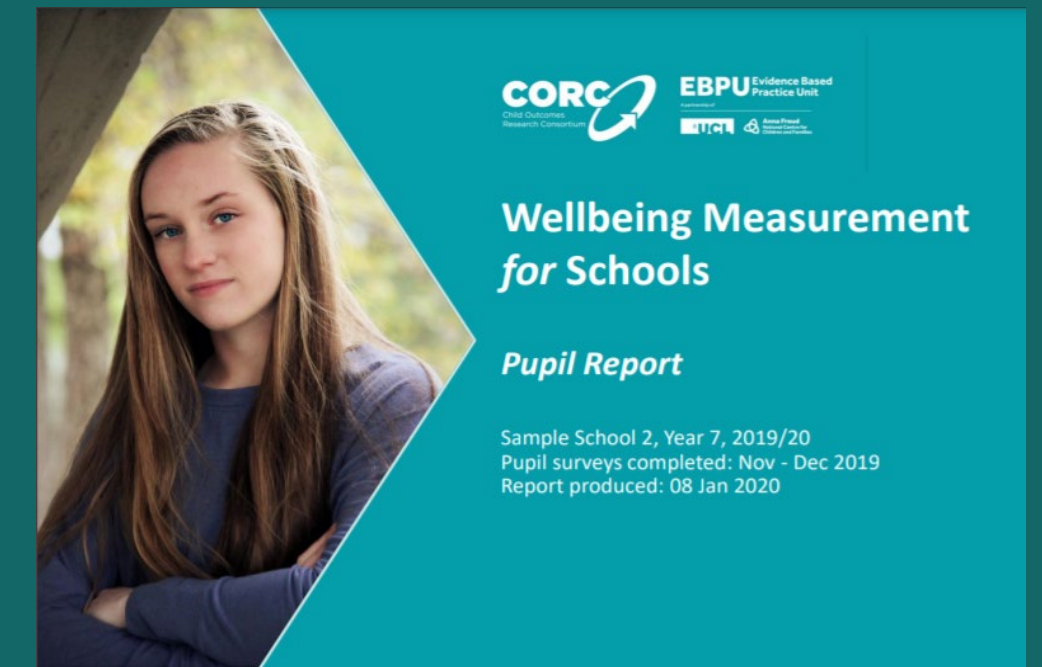
Social care settings

Relational and curious route
to shared understanding



School settings

Jersey: feedback, evidence &
learning in a whole school approach
#BeeWell: surveying wellbeing to
Listen, Act, Celebrate



Surveys completed:
September 2019 - November 2021

Wellbeing Measurement for Schools

Staff Report

All Staff



Overview of results

Survey participants

7012

staff in your group of schools participated in the survey.



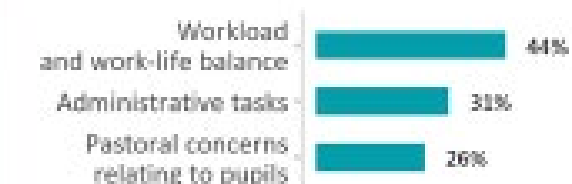
#1 Wellbeing

72%

of respondents reported 'medium' or 'high' wellbeing.

#2 Stress

Three biggest causes of stress were:



#3 Knowledge

62%

of respondents say that they are knowledgeable of a wide range of mental health issues.

#4 Confidence

59%

of respondents feel confident to support children that are experiencing difficulties with their mental health and wellbeing.

#5 Talking mental health

67%

of respondents feel confident to talk to children about their mental health and wellbeing.

#6 Support

Three of the most frequently suggested initiatives by staff that would improve wellbeing were:



Single session attenders

Modal number of
appointments was

1

24%

attended for a
single session

LEARNING THROUGH CORC

What do we know about single session attenders' characteristics, and how the single session might relate to their needs?

Recent CORC analysis shows single session attenders are more likely to be:

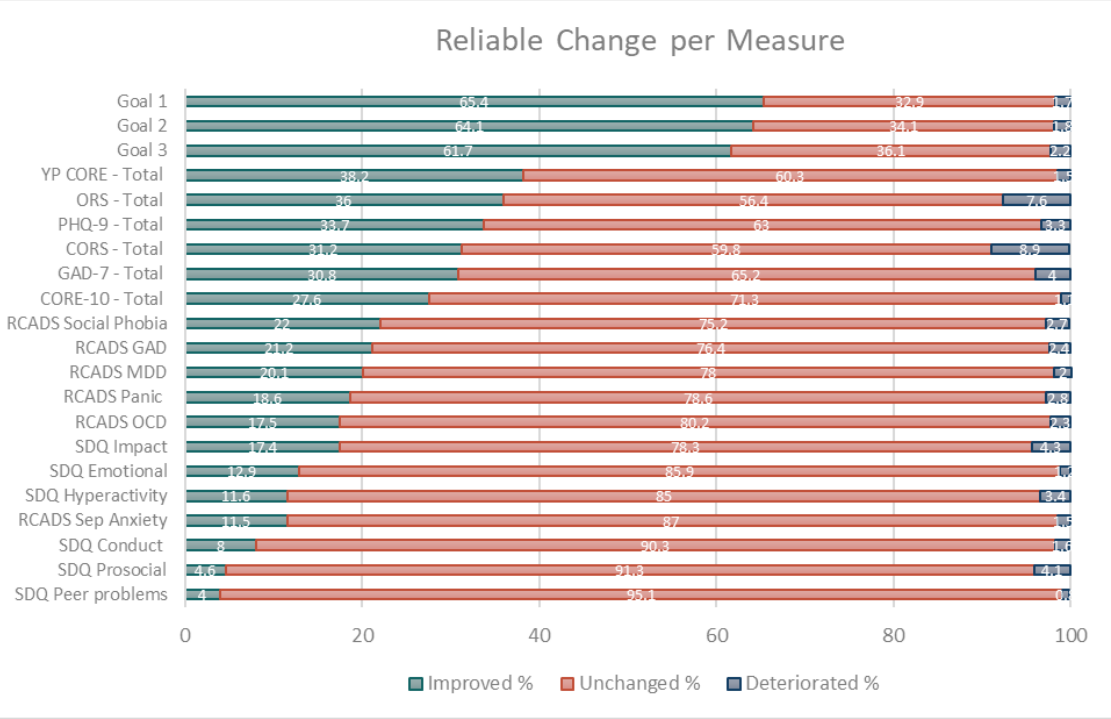
- **younger children**
- **black, or have ethnicity not stated**
- **have peer relationship difficulties or low frequency problems**
- **have more complexity factors**

Considerations

- single session attenders who do not need more support
- some not being able to sustain engagement for more sessions

How does this reflect the situation in your service?

Average rates of reliable improvement for different measures



LEARNING THROUGH CORC

At the spring seminars we discussed how this varies for different measures

Take these 2 for example	We see reliable improvement for -
CORE YP	38% of those completing
SDQ emotional sub-scale	13% of those completing

Considerations

- How well do the questions in the measure reflect the difficulties the child or young person is coming with?
- How well do the questions reflect the changes you are working on?

Where next?

Developing new resources to share the reliable improvement rate you might expect to see for different measures

Coming soon..



WATCH THIS SPACE!

Learning from the NHSE Discovery Project

New HEE e-learning on Implementing routine outcome monitoring in specialist perinatal mental health services

Shape new guidance on measuring outcomes for children and young people with Eating Disorders

- Contribute to our advisory group

Look out for opportunities to contribute to guidance on using measures in other specific contexts

Help us improve CORC with you

- As we move into the Anna Freud Centre we want to enrich our support and make CORC more vibrant than ever – and to work with you to understand what best supports you, and what you value and need more of

Thanks for listening

Any questions?

CORC ADDRESS

4-8 Rodney Street,
London N1 9JH

PHONE NUMBER

+44 (0)20 7443 2225

EMAIL ADDRESS

corc@annafreud.org

TWITTER

[@CORCcentral](https://twitter.com/CORCcentral)