

Overview

The Child Outcomes Research Consortium (CORC) Best Practice Framework outlines the CORC standards for best practice in the use of outcome and feedback measures. This Self-Assessment Tool offers organisations a structured process for working towards best practice, and ultimately towards CORC Accreditation.

The overall completion of the Self-Assessment and journey to Accreditation should be strategically led, with a clear vision of where the organisation aims to be in regard to the use of outcome and feedback measures.

The framework is designed to promote a 'whole system' approach to the use of outcome and feedback measures; no aspect of provision works in complete isolation. By 'whole system' we mean ensuring that children, young people, parents or carers, and staff at all levels within and across organisations are engaged in meaningful outcome and feedback measurement. Attaining the standards necessary for Accreditation will require a service-wide commitment to developing practice. The framework is structured in such a way as to enable a service to make 'stepping stone' progression in improving practice.

What do we mean by outcome and feedback measures?

Outcome measures

Outcome measures are those that relate to the state of an individual's mental health and wellbeing

In this context outcome measures often take the form of a questionnaire about how an individual feels or functions in relation to their mental health and emotional well-being. They can be filled in by children, young people, parents, carers, practitioners, teachers or other mental health and wellbeing professionals.

Feedback measures

Feedback measures collect information from those receiving help about how they found it. This may include data from a parent, child, young person, professional or other, about their experience of their care.

It is widely understood that the collection of outcome and feedback data - as well as being vital to informing and improving service delivery - can also present challenges. CORC's Best Practice Framework provides a helpful and easy-to-use tool to help emotional health and well-being services across all sectors to consider their current practice and shape best practice in this regard.

Themes

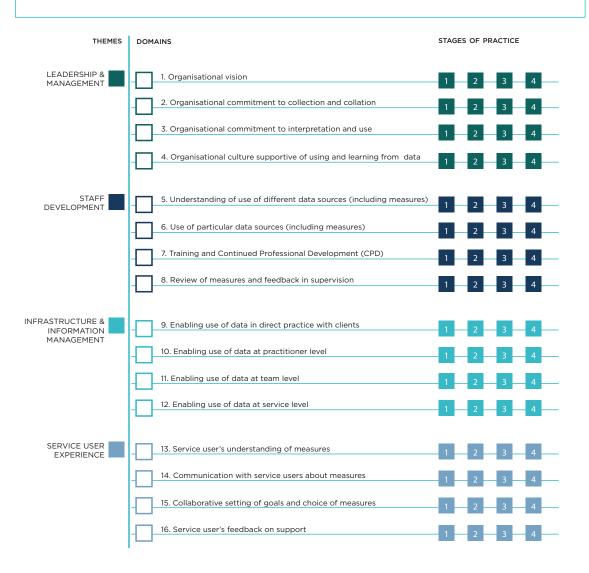
The CORC Best Practice Framework has been developed based on evidence to date of what makes for effective use of outcomes and feedback measures to inform quality service provision (see references below).

The framework is intended to provide a rounded picture of the use of outcomes and feedback within a service and consists of 4 themes that CORC believes constitute best practice:

- LEADERSHIP AND MANAGEMENT
- STAFF DEVELOPMENT
- INFRASTRUCTURE AND INFORMATION MANAGEMENT
- SERVICE USER EXPERIENCE

Each theme consists of 4 domains, each of which is broken down into 4 stages of practice. Services may find that they excel in some domains, but may be in early stages of development in others.

4 CORC BEST PRACTICE FRAMEWORK



It is the responsibility of the service to establish which stage represents their current practice within each domain, and outline the evidence that demonstrates this.

For each domain a range of evidence could be presented and suggestions are included below – these are drawn from the range of evidence a service may already

have. The suggested evidence is not an exhaustive list; there are likely to be other examples of good practice that are not included here. It is not intended for services to create additional materials but it is important to include a mix of evidence. Information gathered for other assessment or inspection processes could also be mapped to the domains within this framework.

LEADERSHIP AND	Stage achieved		Summary of Self-Assessment	STAFF DEVELOPMENT	Stage achieved			d	Summary of Self-Assessment				
MANAGEMENT	1	2	3	4	Areas of Strength	Areas for Development	STAFF DEVELOPMENT	1	2	3	4	Areas of Strength	Areas for Development
Organisational vision							Understanding of different data sources (including measures)						
Organisational commitment to collection and collation							Use of measures						
Organisational commitment to interpretation and use							Training and Continued Professional Development (CPD)						
Organisational culture supportive of use and learning							Review of measures and feedback in supervision						
INFRASTRUCTURE AND	ASTRUCTURE AND Stage achieved			Summary of S	ummary of Self-Assessment		Stage achieved		d	Summary of S	Self-Assessment		
INFORMATION MANAGEMENT	1	2	3	4	Areas of Strength	Areas for Development	SERVICE USER EXPERIENCE	1	2	3	4	Areas of Strength	Areas for Development
Enabling use of data in direct practice with clients							Service user 's understanding of measures						
Enabling use of data at practitioner level							Communication with service users about measures						
Enabling use of data at team level							Collaborative setting of goals and choice of measures						
Enabling use of data at service level							Service user's feedback on support						

Guide to Completing the CORC Best Practice Framework

The following information is intended as a guide for systematic completion of the CORC Best Practice Self-Assessment Tool. Individual organisations are best placed to determine how to tailor this process within their local context. Full CORC Members are able to access advice and support directly from their CORC Regional Support Officer.

Step 1: Planning

It is useful to agree how the CORC Best Practice Framework Self-Assessment Tool will be used within the organisation and give due consideration to:

- Who will lead/coordinate the process
- Who else will be involved (for example in a working group)
- The timescales within which the elements outlined below will be completed

Step 2: Staff Survey

As part of the Self-Assessment process it is recommended that all staff are invited to complete the staff survey developed by CORC, to enable the service to understand more about the views and practice of staff in relation to using outcome and feedback measures. The responses will help the service to understand where it is in relation to the CORC Best Practice Framework.

Organisations are able to tailor the introductory text for staff, and can request bespoke edits to the demographic information collected to enable the most useful interpretation of the results. The survey is completed online and takes around 15 minutes. Respondents may answer anonymously if they wish.

CORC has designed this survey, will analyse the feedback for the organisation, and will retain the anonymised survey responses to inform future evaluation and improvement activity.

Step 3: Completing the Self-Assessment

The organisation should determine who will be involved in completing the Self-Assessment, how this will be operationalised, and agree a realistic timeframe.

For all 16 domains an assessment should be made as to which stage of practice is currently reflected within the organisation using the descriptors provided within the Self- Assessment Tool and considering the range of evidence available within the service. The Summary Checklist should be used to record the agreed result. The completed checklist should provide an overview of where the service is strong and where there are opportunities for development.

Step 4: Creating the Action Plan

Collaborative discussions can highlight which areas to focus on and lead to the development of an Action Plan using the template below. Full CORC Members may wish to consult with their CORC Regional Support Officer when doing this. Actions should be specific, measurable, achievable, realistic and timely (SMART), and timescales and responsibilities should be clearly outlined and communicated.

CORC can advise on a range of activities which can help you in your improvement journey e.g. training, process mapping, MINDFUL use of data

Step 5: Implementing the Action Plan

Organisations will determine locally what actions need to be taken, by whom and by when. It is recommended that a designated leader is responsible for coordinating the implementation of the action plan, and monitoring the impact of changes made.

Step 6: Review

CORC recommends that organisations engage in a cycle of ongoing review. The frequency of this will be established locally, but good practice would be a review of the Self-Assessment at least every 12 months.

Step 7: Requesting Accreditation

Accreditation is a separate, costed process requested by services when they judge their practice in relation to outcome and feedback measurement has reached at least Stage 3 across all domains.

Accreditation is a separate, paid-for process requested by services when they judge their practice in relation to outcome and feedback measurement has reached at least Stage 3 across all domains.

For more information about the Accreditation process, please see our website or email corc@annafreud.org

CORC Support

Full CORC Members can access advice and guidance around the CORC Best Practice Framework from their Regional Support Officer.

For more information about the support available to non-members please visit the CORC website at www.corc.uk.net



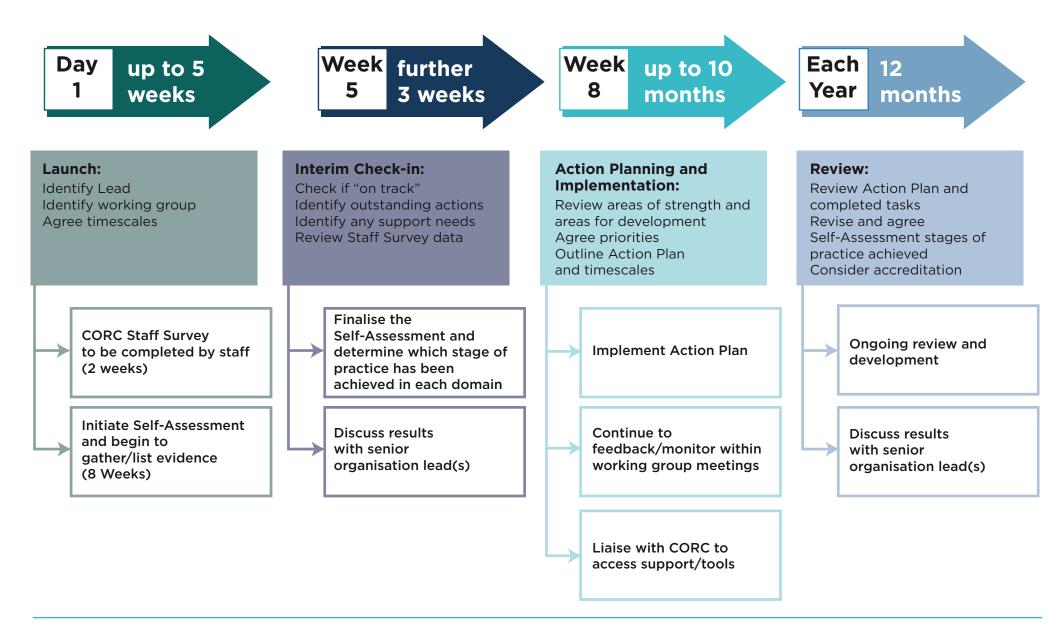
Good StartAt least 3 has been achieved in 4 of the 16 criteria.

Half way
At least 3 has been achieved in 8 of the 16 criteria.

Almost There
At least 3 has been achieved in 12 of the 16 criteria.

Accreditation standard At least 3 has been achieved in 16 of the 16 criteria.

Suggested Timeline



CORC Best Practice Framework

The following pages outline the 16 domains within the framework in detail so that services are able to best judge which stage of practice the organisation has reached.

Theme: Leadership and Management

Guiding principle:

The meaningful collection and use of outcomes and feedback data requires senior organisational vision and support.



DOMAIN 1: ORGANISATIONAL VISION

Stage 1	Stage 2	Stage 3	Stage 4	
A vision of the meaningful use of routinely collected outcome and feedback data is held by at least some staff from each of the following groups:	A routine outcome and feedback coordination group or equivalent is in place consisting of representatives from senior staff, service user advocates,	Outcome and feedback data is flowing within the service and staff are signed up to the process and vision.	Outcome measurement is embedded within a context of shared decision making and is adapted to meet local needs.	
 Senior staff e.g. service managers and/or board member and/or senior clinician Practitioners Service user advocates Administrative staff 	outcomes champions, administrators and practitioners.			
The vision must have a clear focus on shared decision making.				
Commitment to use of outcomes	Evidence of attempts at	Evidence of implementation from:	Evidence of ongoing development e.g.	
and feedback data in the context of	implementation from:	Staff survey	Children, young people and parents or	
collaborative practice and shared decision making is shown in:	Minutes of meetingsReports to board	Training assessmentsService user survey	carers are included within the consultation process for the introduction of new	
 Action plans Senior staff memos and /or priorities Board items Job plans Visual communications e.g. posters 	Staff training	Evidence of data flow to NHS Digital or CORC or elsewhere e.g. parent and child SDQ data submitted to evidence data collection from multiple perspectives	outcome and feedback measures.	
Job plans				

domain 2: organisational commitment to collection and collation

Stage 1	Stage 2	Stage 3	Stage 4
and a process of the same of t	Senior staff are involved in reviews of outcome monitoring.	Outcome and feedback monitoring occurs and is regularly reviewed as part of senior management and teams meetings.	Monitoring and review of outcome and feedback collection and collation is carried out in collaboration with young people and communicated to commissioners.
Staff training	 Action plans Senior staff memos and /or priorities Board meeting agendas Job plans 	 Team and management meeting agendas/ minutes Action plans CORC ACCREDITATION STAGE	 Minutes of collaborative meetings with young people and communication with commissioners

DOMAIN 3: ORGANISATIONAL COMMITMENT TO INTERPRETATION AND USE

Stage 1	Stage 2	Stage 3	Stage 4
Data collated and reported at least annually, and reviewed by senior staff. EXAMPLE EVIDENCE	Collated data reviewed by senior staff and practitioners at least annually.	Collated data is reviewed at least annually by wider range of stakeholders including senior staff, practitioners, service user advocates and used to inform action plans, Quality Initiatives (QI) or Continuing Professional Development (CPD) strategies	Collated data is reviewed at least annually by wider range of stakeholders including senior staff, practitioners, service user advocates and used to inform action plans, QI or CPD strategies and used to inform discussions with commissioners.
 CORC report Internal collated report Notes/evidence of review 	 CORC report Internal collated report Minutes of data review meetings 	 CORC report Internal collated report Minutes of meeting when reviewed Actions plan Minutes include attendance by relevant roups Evidence of action plans QI or CPD CORC ACCREDITATION STAGE	 CORC report Internal collated report Minutes of data review meetings Actions plan Minutes include attendance by relevant groups Evidence of action plans QI or CPD Evidence of agreed actions with commissioners

domain 4: organisational culture supportive of using and learning from data

STAGES OF PRACTICE

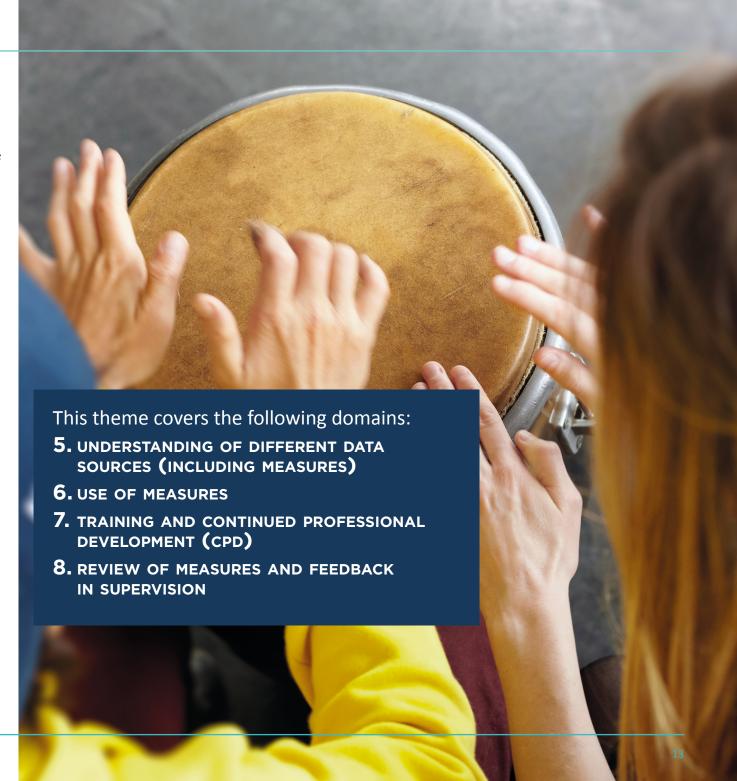
Stage 1	Stage 2	Stage 3	Stage 4		
Local outcome and feedback champion(s) exist and practitioners feel that the use of outcomes is valued and expected.	Staff are supported in discussing the use of outcome and feedback measures in supervision.	Outcome measures are aligned to wider strategies within the service including participation, evidence based practice and care pathway developments.	Across all levels there is a continuous drive to improve practices around outcome and feedback measures.		
EXAMPLE EVIDENCE					
 Champions identified Attitudinal survey to outcome and feedback measurement disseminated to staff Results of survey suggest there is transparency around how data garnered by outcome and feedback measures will be used in the organisation. 	 Evidence of use of outcome and feedback measures in supervision Inductions for new staff includes outcome and feedback measurement training/ protocols Evidence of impact of Champions 	 Team and clinical discussions include the use of outcome measures as shown in minutes/case notes/supervision notes Practitioners and young people feel and experience positive use of outcome measures as shown in staff and user surveys 	 Both practitioners and children, young people and families feel valued and part of the service development process as shown in user feedback and staff feedback. Evidence of use of outcome and/or feedback data to inform QI or other service changes Evidence of change in how measures are used as result of findings 		

CORC ACCREDITATION STAGE

Theme: Staff Development

Guiding Principle:

The meaningful collection and use of outcomes and feedback requires staff to be able to use the measures flexibly to support personalised care.



DOMAIN 5: UNDERSTANDING OF DIFFERENT DATA SOURCES (INCLUDING MEASURES)

Stage 1	Stage 2	Stage 3	Stage 4
Some staff have knowledge of at least some of the ways to consider the impact of their work including: client report, data from external sources, practitioner review.	Staff have knowledge of a variety of different ways to consider the impact of their work including: client report, data from external sources, practitioner review. Staff have a sense of the strengths and weaknesses of different approaches.	 Staff know: How to select an appropriate measure When to introduce a measure How to introduce the measure to a young person How to score the measure and interpret the information How to use the information gained from the measure in their work When not to use a measure 	Staff using measures and considering meaning in supervision to aid clinical decision making.
 Some attempt to routinely consider outcomes e.g. practitioner ratings Staff survey shows the majority of front line staff have adequate knowledge Some attempt to routinely consider outcomes including service user perspective e.g. child ratings 	 Staff training agendas/feedback Staff survey shows the majority front line staff have detailed knowledge (including pros and cons of different approaches) 	 Staff training (e.g. UPROMISE) Staff survey shows the majority of front line staff have detailed knowledge (including when not to use) Measures discussed in team meetings and/or supervision CORC ACCREDITATION STAGE	 Evidence of feedback being used in supervision and/or team meetings to inform decision making Training assessments

DOMAIN 6: USE OF MEASURES

Stage 1	Stage 2	Stage 3	Stage 4		
Some practitioners are using the measures with some young people. Use is limited and sporadic across the service.	Half of practitioners are using the measures with young people.	Most practitioners are actively using measures with young people.	Practitioners are actively using measures in a meaningful way to inform practice decisions and support shared decision making with children, young people, parents or carers.		
Data quality information from NHS Digital or CORC Staff survey	 Data quality information from NHS Digital or CORC Staff survey 	 Data quality information from NHS Digital or CORC Staff survey 	 Service user survey Evidence of feedback being used in supervision sessions Training assessments Data quality report from NHS Digital or CORC Staff survey 		
		CORC ACCREDITATION STAGE			

DOMAIN 7: TRAINING AND CONTINUED PROFESSIONAL DEVELOPMENT (CPD)

Stage 1	Stage 2	Stage 3	Stage 4	
Some training around outcome and feedback measurement takes place	Approximately half of the service have had training in the use of measures. There is clear mapping and analysis of	Most staff within the service have had training on measures as appropriate e.g. UPROMISE or other CORC training	The service supports a continuous cycle of professional training, which involves staff attending relevant conferences and forums. Training and CPD specific to the use of outcome and feedback measures is linked to an organisational performance framework.	
	staffing. The service understands the skill set of their staff.	Training is included in inductions for new staff.		
 Staff training agendas/feedback Staff survey Training assessments 	 Staff training agendas/feedback Mapping and analysis of staffing skills Staff survey Training assessments 	 Staff training agendas/feedback Mapping and analysis of staffing skills Staff survey Training assessments 	 Staff training agendas/feedback Mapping and analysis of staffing skills Staff survey Training assessments Performance framework 	
		CORC ACCREDITATION STAGE	1	

DOMAIN 8: REVIEW OF MEASURES AND FEEDBACK IN SUPERVISION

Stage 1	Stage 2	Stage 3	Stage 4	
Peer group supervision is available to all staff and staff know where they can access support with using measures within the organisation.	Discussion of the use of outcome and feedback measures is encouraged within supervision.	Discussion of outcome and feedback measures is embedded within the supervision structure. Examples are discussed, including how they may be used differently.	Service user feedback is regularly used in supervision.	
EXAMPLE EVIDENCE				
Staff survey	 Evidence of feedback being used in supervision sessions 	 Evidence of feedback being used in supervision sessions Supervision policy CORC ACCREDITATION STAGE	 Evidence of feedback being used in supervision sessions Supervision policy 	

Theme: Infrastructure and Information Management

Guiding principle:

Appropriate infrastructure and feedback systems are in place to ensure timely collation and supported review of outcome data and feedback to allow meaningful use.



DOMAIN 9: ENABLING DATA USE IN DIRECT PRACTICE WITH CLIENTS

Stage 1	Stage 2	Stage 3	Stage 4	
Copies of measurement tools are available to staff and a system is in place to allow review.	Staff supported in the use of measures with systems capable of capturing scores. Data can be viewed at an appropriate level.	Infrastructure supports feedback of patient report in real time to front line staff: staff and service users can directly input	Infrastructure supports feedback of patient report in real time to front line staff: staff and service users can directly	
The service has access to an IT or paper based system which can be used to record client data.	Clear processes exist to support the implementation of measures, which cover how and when scores are recorded, and facilitate the feedback of scores to children, young people and parents/carers.	outcomes into a secure IT or paper based system, which facilitates rapid feedback.	input outcomes into a secure IT system, which facilitates immediate feedback and meaningful interpretation.	
EXAMPLE EVIDENCE				
Audit of practiceIT specification	Staff reportAudit of practice	Staff reportAudit of practice	Staff reportAudit of practice	
		CORC ACCREDITATION STAGE	l	

DOMAIN 10: ENABLING USE OF DATA AT PRACTITIONER LEVEL

St	tage 1	Stage 2	Stage 3	Stage 4	
	ata on practitioner outcomes viewed at ast annually for some practitioners.	Data on practitioner outcomes viewed at least annually for the majority of practitioners.	Data on practitioner outcomes viewed at least annually for the majority of practitioners with evidence of relevant CPD or other action plans in light of these.	Data on practitioner outcomes viewed at least annually for majority of practitioners with evidence of CPD or other relevant action plans in light of these.	
				Information shared with children, young people, parents or carers.	
E	XAMPLE EVIDENCE				
•	Notes of supervision, management meetings Staff report	Notes of supervision, management meetingsStaff report	 Notes of supervision , management meetings Staff report CPD logs 	 Notes of supervision , management meetings Staff report Service user materials 	
			CORC ACCREDITATION STAGE		

DOMAIN 11: ENABLING USE OF DATA AT TEAM LEVEL

Stage 1	Stage 2	Stage 3	Stage 4		
Small number of staff members in team see CORC (or other data) reports. Data reports have small impact on team planning.	CORC (or other data) report circulated and/ or discussed in relevant team/ staff forum.	Actions are taken as result of CORC (or other data) report to improve service provision within the team.	Key learning from report shared with children, young people, parents or carers.		
EXAMPLE EVIDENCE					
Receipt of CORC report	Staff meeting agendasAction plan	 Evidence of actions taken cross referenced with outcome or feedback data Service user feedback 	 CORC findings displayed in waiting room 		
		CORC ACCREDITATION STAGE			

DOMAIN 12: ENABLING USE OF DATA AT SERVICE LEVEL

Stage 1	Stage 2	Stage 3	Stage 4	
Small number of staff members in service see CORC (or other data) reports.	ice see CORC (or other data) reports. or discussed in relevant service staff forum.		MINDFUL approach fully implemented.	
Data reports have small impact on service planning.		Actions are taken as result of report to improve service provision.		
EXAMPLE EVIDENCE				
Receipt of CORC report	Staff meeting agendasAction plan	 Evidence of actions taken cross referenced with outcome of feedback data Service user feedback Board minutes or equivalent Quality Initiatives linked to report CORC ACCREDITATION STAGE	 CORC report discussed with key stakeholders Regular review of Quality Initiatives 	

Theme: Service User Experience

Guiding principle:

The views and involvement of children, young people, parents or carers must be central to any consideration of outcomes and use of outcome data.



DOMAIN 13: SERVICE USER'S UNDERSTANDING OF MEASURES

Stage 1	Stage 2	Stage 3	Stage 4		
Information is available to young people about outcome and feedback measures and why they are used.	Young people understand the range of measures used and know that different measures have different purposes e.g.	Young people are supported to make informed choice about their treatment/therapy e.g. through shared	Use of outcome and feedback measures is reviewed with children, young people, parents or carers and co-facilitated sessions		
Information is available to young people about the treatment/therapy they	tracking symptoms, giving feedback.	decision making.	are held to develop and review outcome and feedback measures in use.		
are receiving.			Young people actively engage in selecting which outcome and feedback measures their practitioners use.		
 Examples of literature provided to young people Website content Service user survey 	Service user feedback	Action planService user feedback	User group meetings with children, young people, parents or carers include discussions about outcome and feedback measurement		
		CORC ACCREDITATION STAGE			

DOMAIN 14: COMMUNICATION WITH SERVICE USERS ABOUT MEASURES

Stage 1	Stage 2	Stage 3	Stage 4
Information provided to children and young people explains what will happen when they come for an appointment and what to expect including reference to outcome and feedback measures.	Information related to outcome and feedback measurement is accessible to children, young people, parents or carers across different media and includes links to related websites e.g. My CAMHS Choices. Information is welcoming, friendly and children, young people and family centred. Information explains or details the use of outcome and feedback measures within the service and how this will be used as part of treatment.	Clear communication protocols exist to ensure that high quality information is provided to children, young people, parents or carers during all stages of their engagement with the service.	 All information is: child and family centred, co-produced with children, young people and families, and based on national good practice guidance in the use of outcome and feedback measures.
EXAMPLE EVIDENCE			
 Examples of literature provided to young people Website content Service user survey 	 Examples of literature provided to young people Website content Service user survey 	 Action plan Service user feedback CORC ACCREDITATION STAGE	User group meetingsAction plan

DOMAIN 15: COLLABORATIVE SETTING OF GOALS AND CHOICE OF MEASURES

Stage 1	Stage 2	Stage 3	Stage 4	
Some young people or their family have set their own goals and chosen measures together with their practitioner	Children and young people set goals and choose measures together with their practitioner in 50% of cases	Children and young people set goals and choose measures together with their practitioner in 75% of cases	All children, young people, parents or carers have set goals and chosen measures, and these are reviewed regularly and changed as relevant.	
Service user feedback	Service user feedback	Service user feedback	Service user feedback	
CORC report	CORC report	CORC report	CORC report	
33.0.1eps.1	• File audit	• File audit	• File audit	
		CORC ACCREDITATION STAGE		

DOMAIN 16: SERVICE USER'S FEEDBACK ON SUPPORT

Stage 1	Stage 2	Stage 3	Stage 4		
Children, young people, parents or carer views are recorded using a feedback measure.	The organisation demonstrates that it values service user feedback by acting upon it.	Feedback measures are regularly used with children, young people, parents or carers and acted upon.	Children, young people, parents or carers are involved in decisions relating to the service as a whole.		
Mechanisms are in place to collect/ gather complaints and compliments from service users.	Mechanisms in place to disseminate information to children, young people, parents or carers about actions taken as a result of feedback.	Staff consult children, young people, parents or carers about information garnered from feedback measures and make changes to work if required.			
Relevant policy/procedure Evidence of use of feedback measures in casework	 Evidence of feedback being acted upon Examples of how actions have been communicated to service users 	 Evidence of service user's views taken into account in supervision Evidence of feedback measures being in used in casework Service user feedback CORC ACCREDITATION STAGE	 Action plans Examples of actions taken User forum 		

CORC Best Practice Framework Summary Checklist

Once the available evidence for each domain has been considered alongside the analysed CORC staff survey results, this checklist can be completed as a summary of which stage of practice has been reached for each element of the CORC Self-Assessment Framework.

LEADERSHIP AND MANAGEMENT	Stage achieved				Summary of Self-Assessment		
LEADERSHIP AND MANAGEMENT		2	3	4	Areas of Strength	Areas for Development	
Organisational vision							
Organisational commitment to collection and collation							
Organisational commitment to interpretation and use							
Organisational culture supportive of use and learning							
STAFF DEVELOPMENT	Stage achieved			d	Summary of Self-Assessment		
STAFF DEVELOPMENT	1	2	3	4	Areas of Strength	Areas for Development	
Understanding of different data sources (including measures)							
Use of measures							
Training and Continued Professional Development (CPD)							
Review of measures and feedback in supervision							

INFRASTRUCTURE AND INFORMATION MANAGEMENT	Stage achieved				Summary of Se	Summary of Self-Assessment		
INFRASTRUCTURE AND INFORMATION MANAGEMENT		2	3	4	Areas of Strength	Areas for Development		
Enabling use of data in direct practice with clients								
Enabling use of data at practitioner level								
Enabling use of data at team level								
Enabling use of data at service level								
SERVICE USER EXPERIENCE	Stage achieved			d	Summary of Self-Assessment			
SERVICE OSER EXPERIENCE	1	2	3	4	Areas of Strength	Areas for Development		
Service user's understanding of measures								
Communication with service users about measures								
Collaborative setting of goals and choice of measures								
Service user's feedback on support								

Action Planning

Consider which areas for development to prioritise and set SMART actions. Be clear about timescales and responsibilities and ensure these are communicated widely.

DOMAIN	ACTION	RATIONALE	WHO?	WHEN?	MEASURES
e.g. 'Organisational Vision'	What do you need to do?	Why do you need to do it?	Who will be responsible?	Completion date	How will you know it has been completed and a success; Do you need to measure anything?

Notes

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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 hold 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.

