

## Ideas for using CYP IAPT Dashboards

### What is the CYP IAPT dashboard?

- The CYP IAPT dashboard report is based on data from that your partnership has submitted to CORC
- It includes data from your partnership as well as the other partnerships in the collaborative (you can find a key to the partnership numbers at the end of the dashboard)

### Why is it important?

- The data included in this report can help your partnership to see how it is doing against other partnerships in CYP IAPT. If you can access your teams' data, you can also compare this to get a sense of how your service is doing.
- It is useful to compare your partnerships' data alongside the rest of the collaborative in order to make more **informed decisions**. You might want to consider making changes to your current way of doing things to improve your service, or share your good practice with other services.
- On a national level, CYP IAPT needs robust outcomes data to show that interventions are effective and to demonstrate to stakeholders that investment is worthwhile and should be continued

### What do I do with it?

- We encourage you to share this data with colleagues, and consider together how your partnership and/or team compares to others and what that might mean
- If possible, adopt a 'directed discussion' approach, spending around 25% of your time considering flaws in the data or lack of case complexity control, and the remaining 75% conducting a thought experiment: **'if these data are showing issues in our practice, how can we investigate and rectify them?'**
- This guide provides some ideas for questions to consider when looking at your data, and some useful resources that you might want to look at

'Directed discussion' approach presented by [Miranda Wolpert](#) (2014)

# What to do now

1.

If you have access to your teams data, get that ready so you can compare it against the dashboard.

It may be helpful to look at the data together with other colleagues from your team.

2.

Check the last page of your dashboard to find your **partnership ID** number.

You can then find your partnership's dot on the funnel charts later on.



3.

Go through the dashboard, matching the dashboard chart to the relevant page in the guide (check the pictures on the page).

If it's a funnel plot, find your partnership on the chart and have a think about what that might suggest compared to other partnerships (the guide can help you with this).

4.

Spend some time thinking about the meaning of the data. We suggest 25% of your time thinking about potential issues with the data and 75% of time considering what could be done if the data is showing up real problems.

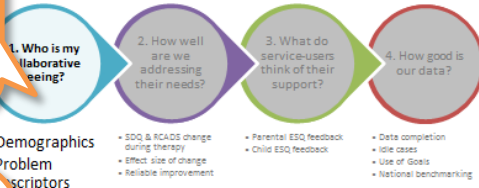
Have a look at the discussion box in the guide for some suggested questions.

5.

Feedback to your service about the data and what has been discussed.

# About this guide...

This **progress bar** lets you know what section of the dashboard you are in



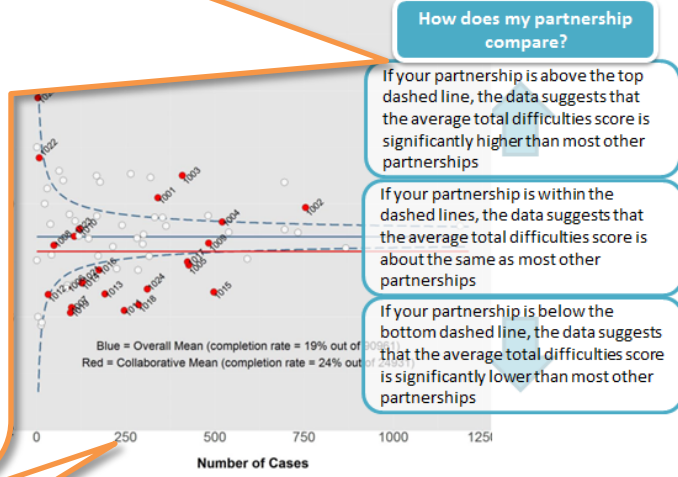
- Demographics
- Problem descriptors
- Severity
- SDQ & RCADS change during therapy
- Effect size of change
- Reliable improvement
- Parental ESQ feedback
- Child ESQ feedback
- Data completion
- Idle cases
- Use of Goals
- National benchmarking

## How does my partnership compare?

Most of the data in this dashboard compares aggregated data from each partnership. You can find your partnership's ID number in the last page of the dashboard.

It may be more helpful to look at your own team's data if it is available to you, to get a better sense of what the strengths and weaknesses might be in your particular service.

2. Total Difficulties At Start of Treatment (QI 2)



### How does my partnership compare?

- If your partnership is above the top dashed line, the data suggests that the average total difficulties score is significantly higher than most other partnerships
- If your partnership is within the dashed lines, the data suggests that the average total difficulties score is about the same as most other partnerships
- If your partnership is below the bottom dashed line, the data suggests that the average total difficulties score is significantly lower than most other partnerships

## Discussion box –description of what the chart is showing you

### Discussion box

**Severity**  
**SDQ:** describes the extent of difficulties that people have when they start at your service  
**RCADS:** describes the extent of anxiety and depression symptoms

Funnel plots are a good starting point to consider your data as they take into account the number of cases

#### Possible data issues (25% of discussion time)

- Are you collecting data from all service users? Do certain groups be completing the measures less than others? (consider language barriers, literacy, cultural perspectives of mental services and terminology)
- [Guides to using measures on CORC website](#)
- Is your service getting an accurate view of the problem? If people don't understand what the measures are for, they may not respond as carefully.

#### 'If these data are showing issues in our practice, how can we investigate and rectify them?' (75% of discussion time)

- Is your service being accessed by the CYP that need it? Where are CYP being referred from?
- Is your service equipped to see CYP with difficulties at this level

*Relevant Quality Indicator 2: Demonstrate that outcome monitoring (PROMS) and service user feedback (PREMS) is embedded across the whole service, and this information is used in supervision and clinical practice to improve and better collaborative practice*

## Discussion box - Possible data issues

Includes some questions to explore potential problems with the data that might effect how trustworthy or accurate it is.

It is important to have an *awareness* of possible data issues but for this not to stop you from considering potentially *real problems* that may be flagged up by your data. Because of this, it is recommended to spend 25% of your discussion time on data issues.

## Discussion box - 'If these data are showing issues in our practice, how can we investigate and rectify them?'

Some questions to consider whilst taking the perspective that the data could be flagging up *areas for improvement*.

It is recommended to spend 75% of your discussion time from this perspective. These discussions can help to improve your service and the experience of the children, young people and families using it.

## Discussion box - Relevant Quality indicators

Charts that partially or fully meet CYP IAPT programme quality indicators are included in chart titles on your dashboard. The relevant indicators are included on each page of this guide.

Quality indicators can help you to measure your services progress towards implementing CYP IAPT principles and guide development of a quality service. Dashboards can help you to demonstrate this to commissioners and the CQC.

If the same types of considerations could apply to multiple charts in the dashboard, we have pictured them in this space.

1. Who is my collaborative seeing?

2. How well are we addressing their needs?

3. What do service-users think of their support?

4. How good is our data?

- Demographics
- Problem descriptors
- Severity

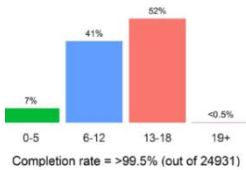
- SDQ & RCADS change during therapy
- Effect size of change
- Reliable improvement

- Parental ESQ feedback
- Child ESQ feedback

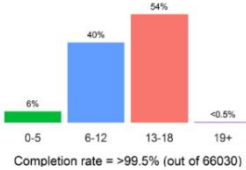
- Data completion
- Idle cases
- Use of Goals
- National benchmarking

How does the collaborative compare?

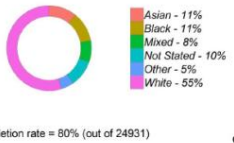
Collaborative Age Breakdown



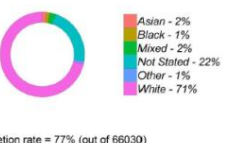
Rest of CYP IAPT Age Breakdown



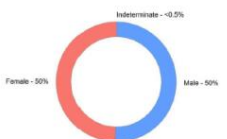
Collaborative Ethnicity Breakdown (Q1 8)



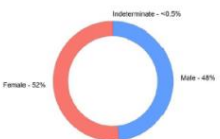
Rest of CYP IAPT Ethnicity Breakdown (Q1 8)



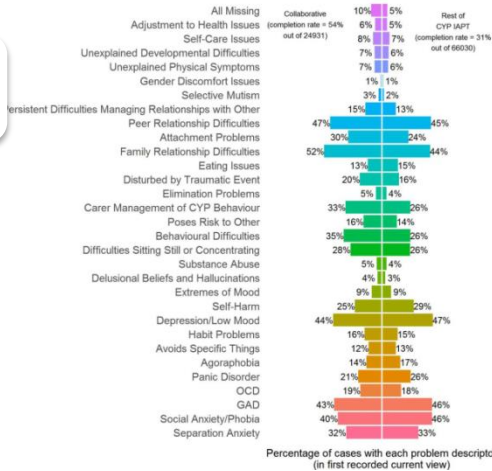
Collaborative Gender Breakdown (Q1 8)



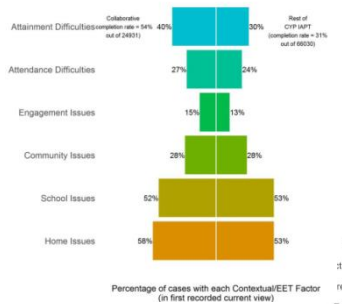
Rest of CYP IAPT Gender Breakdown (Q1 8)



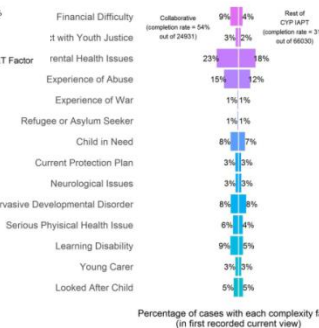
Problem Descriptor Breakdown



Contextual/EET Factors Breakdown



Complexity Factors Breakdown



Discussion box

Demographics and problem descriptors – These charts describe the type of people who use your service, the types of difficulties they have and information about the situation they are in

Possible data issues (25% of discussion time)

- Is there anything about the data that could impact on the way you view your partnerships results? (e.g. completion rates, type of service, comparative complexity, variation in service users, language barriers, perspectives of mental health services and terminology)

‘If these data are showing issues in our practice, how can we investigate and rectify them?’ (75% of discussion time)

- How representative is your data of your local community?
- Are there any groups who don’t appear to be accessing your service as much? Why could that be? What could be done about that?
- Does your service meet the needs of the population using it?

Relevant Quality indicator

8: Monitor the access to and acceptability of services cultural gender/sexuality appropriateness (see guidance)



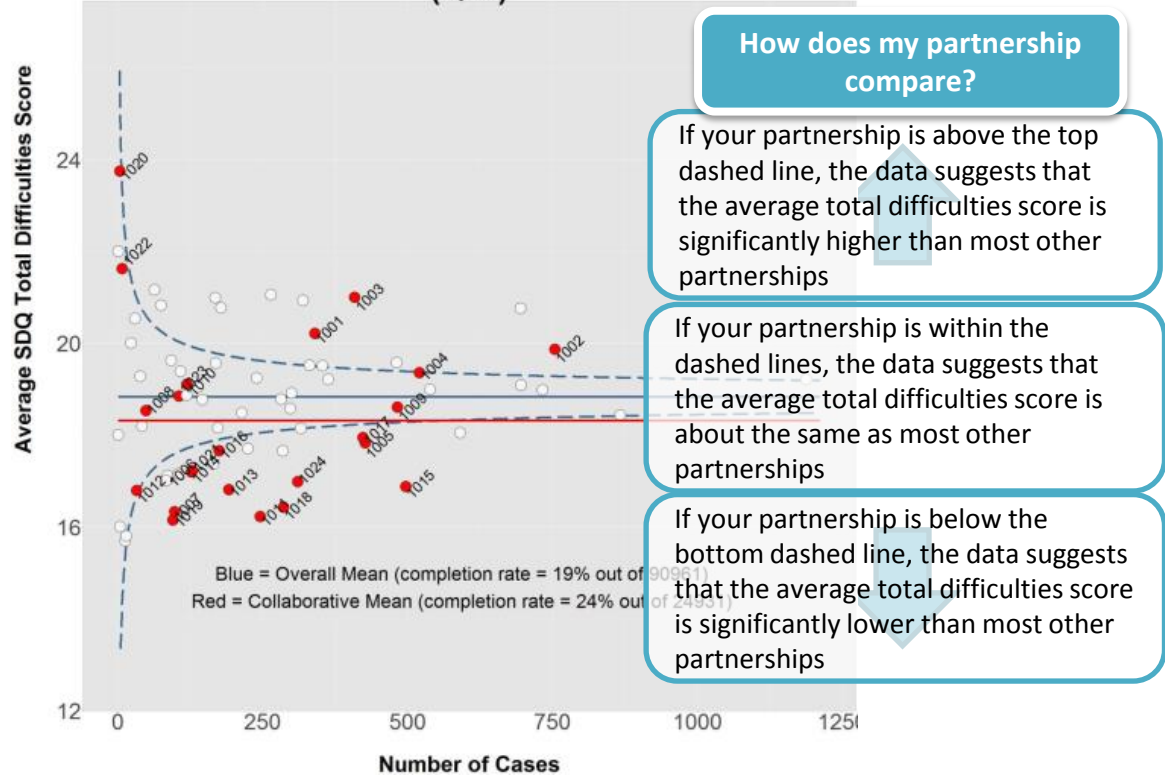
- Demographics
- Problem descriptors
- Severity

- SDQ & RCADS change during therapy
- Effect size of change
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- Parental ESQ feedback
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**Child SDQ Total Difficulties At Start of Treatment (QI 2)**



**Discussion box**

**Severity**

**SDQ: describes the extent of difficulties that people have when they start at your service**

**RCADS: describes the extent of anxiety and depression symptoms**

Funnel plots are a good starting point to consider your data as they take into account the number of cases

**Possible data issues (25% of discussion time)**

- Are you collecting data from all service users? Could certain groups be completing the measures less than others? (consider language barriers, literacy, cultural perspectives of mental health services and terminology)
- [Guides to using measures on CORC website](#)
- Is your service getting an accurate view of the problem? If people don't understand what the measures are for, they may not respond as carefully.

**'If these data are showing issues in our practice, how can we investigate and rectify them?' (75% of discussion time)**

- Is your service being accessed by the CYP that need it? Where are CYP being referred from?
- Is your service equipped to see CYP with difficulties at this level

*Relevant Quality Indicator*

*2: Demonstrate that outcome monitoring (PROMS) and service user feedback (PREMS) is embedded across the whole service, and this information is used in supervision and clinical practice to inform interventions and better collaborative practice*



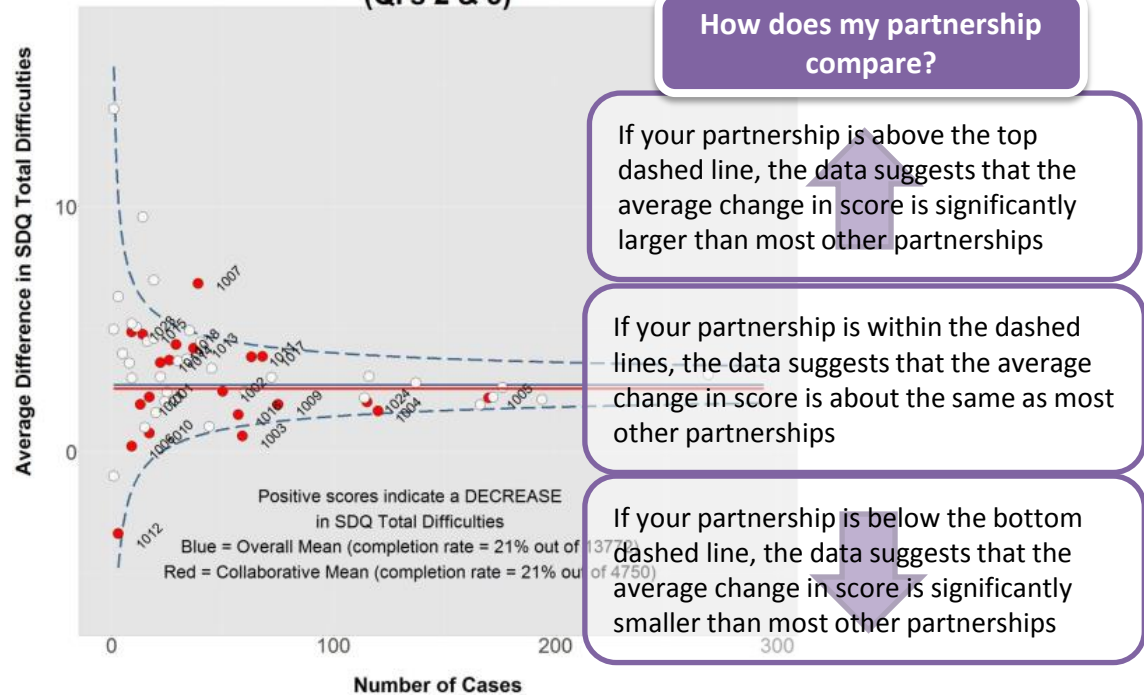
- Demographics
- Problem descriptors
- Severity

- **SDQ & RCADS change during therapy**
- Effect size of change
- Reliable improvement

- Parental ESQ feedback
- Child ESQ feedback

- Data completion
- Idle cases
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**Change in SDQ Total Difficulties Between Start and End of Treatment (QI's 2 & 3)**



**Discussion box**

**Change of scores from start to end of therapy – describes the average change in scores over the intervention**

- Possible data issues (25% of discussion time)**
- Is there anything about the data that could impact on the way you view your partnerships results? (e.g. completion rates, comparative complexity, length of intervention, type of service)
  - Is your service using measures at the right times?
  - Are the questionnaires in an appropriate format?

**'If these data are showing issues in our practice, how can we investigate and rectify them?' (75% of discussion time)**

- What kind of change would you be expecting to see?
- Does your service use regular outcome monitoring to inform interventions and supervision? Is there a mid intervention review to monitor how things are progressing or if any changes need to be made?
- Does your service share best practice with other similar partnerships?
- Does your service use interventions that are evidence based?
- Does your service look at the outcomes data during treatment?

*Quality indicators 2 and 3:*

2. Demonstrate that outcome monitoring (PROMS) and service user feedback (PREMS) is embedded across the whole service, and this information is used in supervision and clinical practice to inform interventions and better collaborative practice

3. Demonstrate treatment outcomes that compare, within agreed tolerance limits, with other services in the CYP IAPT programme. Using funnel plots to map services that fall outside agreed tolerance limits



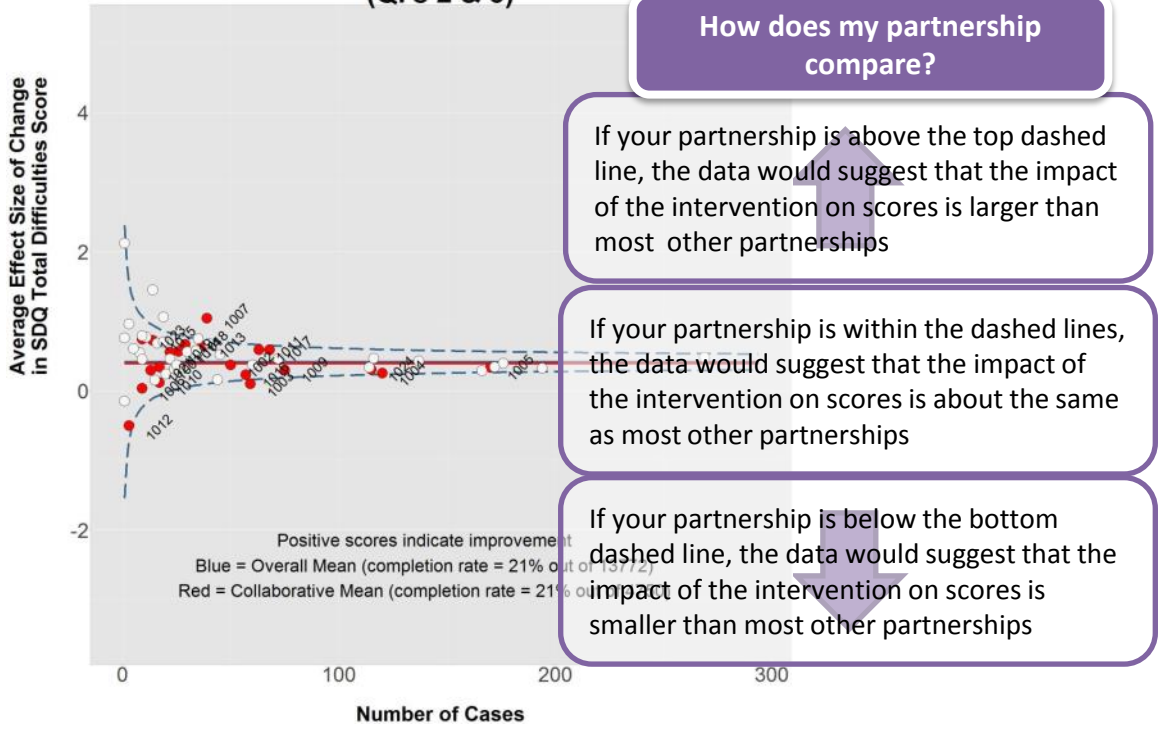
- Demographics
- Problem descriptors
- Severity

- SDQ & RCADS change during therapy
- **Effect size of change**
- Reliable improvement

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- Data completion
- Idle cases
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**Effect Size of Change in SDQ Total Difficulties (QI's 2 & 3)**



## Discussion box

**Effect size of change – tells us what the size of the change in scores shows about the impact of the intervention**

**Possible data issues (25% of discussion time)**

- Is there anything about the data that could impact on the way you view your partnerships results? (e.g. completion rates, comparative complexity, length of intervention, type of service)
- Is your service using measures at the right times?

**‘If these data are showing issues in our practice, how can we investigate and rectify them?’ (75% of discussion time)**

- What kind of impact should your service intervention be expecting?
- Does your service share best practice with other similar services?
- Does your service use interventions that are evidence based?

*Quality indicators 2 and 3:*

*2. Demonstrate that outcome monitoring (PROMS) and service user feedback (PREMS) is embedded across the whole service, and this information is used in supervision and clinical practice to inform interventions and better collaborative practice*

*3. Demonstrate treatment outcomes that compare, within agreed tolerance limits, with other services in the CYP IAPT programme. Using funnel plots to map services that fall outside agreed tolerance limits*



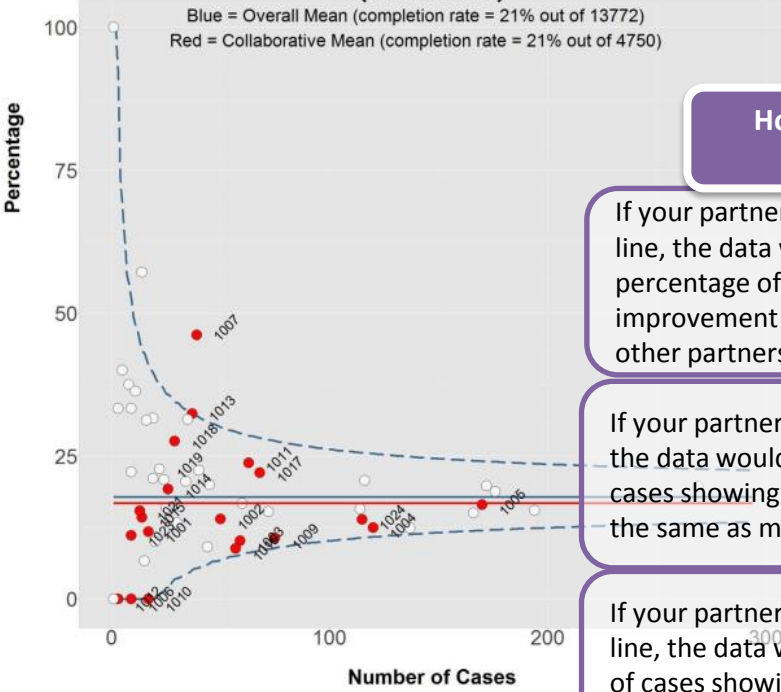
- Demographics
- Problem descriptors
- Severity

- SDQ & RCADS change during therapy
- Effect size of change
- Reliable improvement**

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- Data completion
- Idle cases
- Use of Goals
- National benchmarking

**Percentage of Cases Showing Reliable Improvement (SDQ Total Difficulties) (QI's 2 & 3)**



**How does my partnership compare?**

If your partnership is above the top dashed line, the data would suggest that the percentage of cases showing reliable improvement is significantly higher than most other partnerships

If your partnership is within the dashed lines, the data would suggest that the percentage of cases showing reliable improvement is about the same as most other partnerships

If your partnership is below the bottom dashed line, the data would suggest that the percentage of cases showing reliable improvement is significantly lower than most other partnerships

**Discussion box**

**Reliable improvement – describes the % of cases that showed improvements that are robust (likely to be due to factors other than chance alone)**

**Possible data issues (25% of discussion time)**

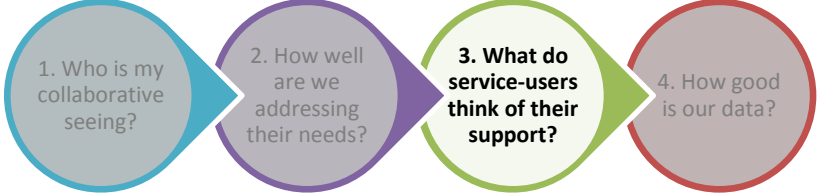
- Is there anything about the data that could impact on the way you view your partnerships results? (e.g. completion rates, comparative complexity, length of intervention, type of service)

**‘If these data are showing issues in our practice, how can we investigate and rectify them?’ (75% of discussion time)**

- What kind of improvements should your service be expecting?
- Does your service use measures to inform interventions and supervision? Is there a mid intervention review to monitor how things are progressing or if any changes need to be made?
- Does your service share best practice with other similar services?
- Does your service use interventions that are evidence based?
- Is your services intervention long enough?

*Quality indicators 2 and 3:  
 2. Demonstrate that outcome monitoring (PROMS) and service user feedback (PREMS) is embedded across the whole service, and this information is used in supervision and clinical practice to inform interventions and better collaborative practice  
 3. Demonstrate treatment outcomes that compare, within agreed tolerance limits, with other services in the CYP IAPT programme.  
 Using funnel plots to map services that fall outside agreed tolerance limits*





- Demographics
- Problem descriptors
- Severity

- SDQ & RCADS change during therapy
- Effect size of change
- Reliable improvement

- **Parental ESQ feedback**
- **Child ESQ feedback**

- Data completion
- Idle cases
- Use of Goals
- National benchmarking

## Discussion box

### ESQ feedback – shows what the responders think about their experience with your service

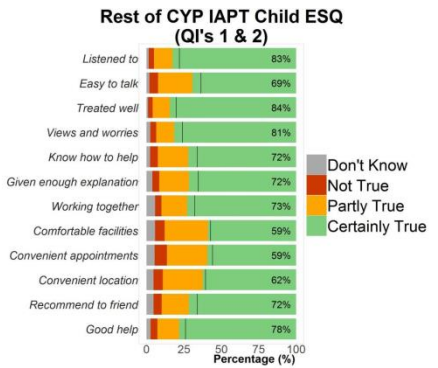
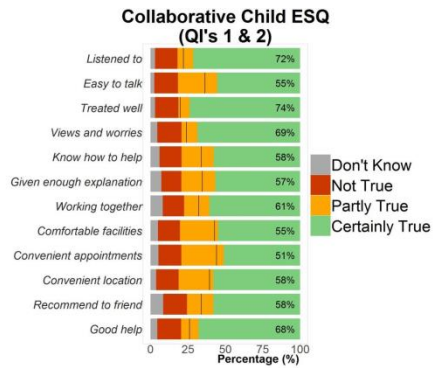
Session feedback questionnaires can be a valuable source of information for therapists and service managers, giving indicators where a change might be necessary.

### Possible data issues (25% of discussion time)

- Is there anything about the data that could impact on the way you view your partnerships results? (e.g. return rates, comparative complexity, length of intervention, type of service)

### ‘If these data are showing issues in our practice, how can we investigate and rectify them?’ (75% of discussion time)

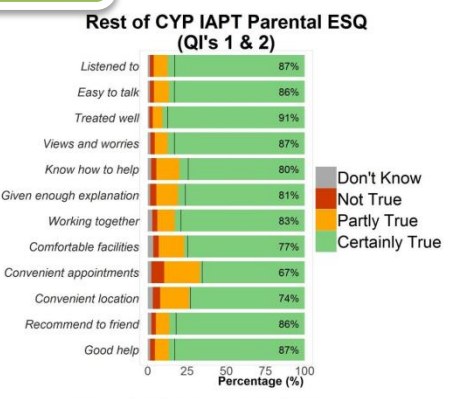
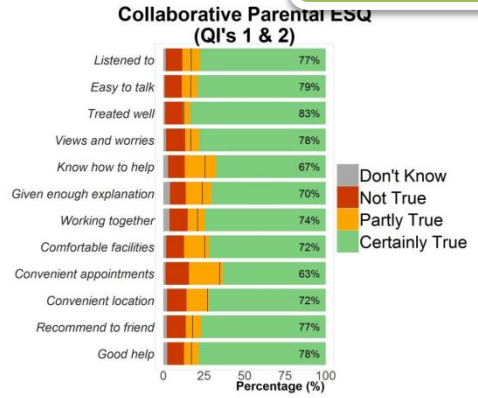
- What areas could be improved on and how?
- Have any changes been made recently that may have impacted on your scores?
- Does your service respond to feedback from CYP and parents?
- Does your service have a way for CYP to participate in your service?



Return rate = 7% of all cases (out of 24931)  
11% of closed cases (out of 8826)

Return rate = 4% of all cases (out of 66030)  
9% of closed cases (out of 18617)

### How does my partnership compare?

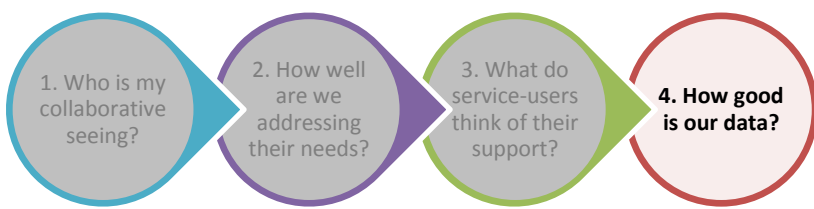


Return rate = 7% of all cases (out of 24931)  
10% of closed cases (out of 8826)

Return rate = 3% of all cases (out of 66030)  
8% of closed cases (out of 18617)

### Quality indicators 1 and 2

1. Demonstrate outcomes (PROMS) and feedback (PREMS) data for all children, young people and their families where an intervention is offered. Expectation: at least 90% data completeness of cases with two time points using a matched, normed outcomes measure
2. Demonstrate that outcome monitoring (PROMS) and service user feedback (PREMS) is embedded across the whole service, and this information is used in supervision and clinical practice to inform interventions and better collaborative practice



- Demographics
- Problem descriptors
- Severity

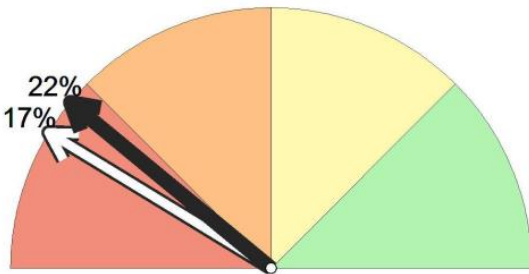
- SDQ & RCADS change during therapy
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- Parental ESQ feedback
- Child ESQ feedback

- **Data completion**
- Idle cases
- Use of Goals
- National benchmarking

**How does my partnership compare?**

**Collaborative (Black) and Rest of CYP IAPT (White) Data Completion (Q1 1)**



The aim for CYP IAPT services is to reach **90% completion rates** in order to be able to report meaningfully on outcomes for children and families.

When completion rates are low, we cannot be sure that the data is reflecting the whole range of people using our services.

## Discussion box

**Data quality- describes the number of closed cases with paired outcome measures**

**Possible data issues (25% of discussion time)**

- Low data completion levels could affect the quality of the aggregated data

**‘If these data are showing issues in our practice, how can we investigate and rectify them?’ (75% of discussion time)**

- What are the current barriers to completing measures? How do other services in the collaborative overcome these?
- Could your service benefit from a data champion or working groups to boost use of measures?
- Is there any training needed?

Useful resources

- [Guide to Using Outcomes and Feedback Tools with Children, Young People and Families](#)
- [CORC website](#) – a wide range of useful information and resources for CYP outcome measures including [measures for download](#).

*Quality indicators*

*1. Demonstrate outcomes (PROMS) and feedback (PREMS) data for all children, young people and their families where an intervention is offered. Expectation: at least 90% data completeness of cases with two time points using a matched, normed outcomes measure*

*7. Monitor the access to and acceptability of services in terms of access through self-referral, times, settings, methods of treatment*



- Demographics
- Problem descriptors
- Severity

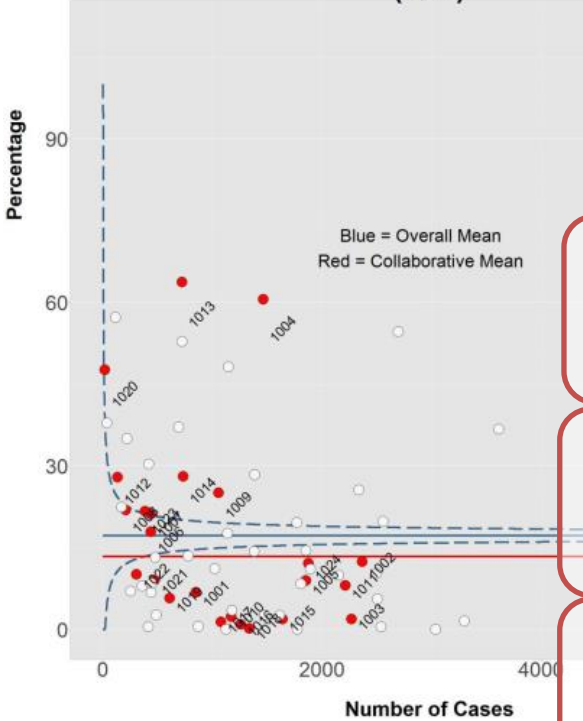
- SDQ & RCADS change during therapy
- Effect size of change
- Reliable improvement

- Parental ESQ feedback
- Child ESQ feedback

- Data completion
- Idle cases
- Use of Goals
- National benchmarking

**How does my partnership compare?**

**Percentage of Cases With Goals Recorded (QI 4)**



**How does my partnership compare?**

If your partnership is above the top dashed line, the data would suggest that the percentage of cases with goals recorded is significantly higher than most other partnerships

If your partnership is within the dashed lines, the data would suggest that the percentage of cases with goals recorded is about the same as most other partnerships

If your partnership is below the bottom dashed line, the data would suggest that the percentage of cases with goals recorded is significantly lower than most other partnerships

**Discussion box**

**Goals – description of the percentage of cases with recorded goals. An indicator of collaborative practice.**

**Possible data issues (25% of discussion time)**

- Is there anything about the data that could impact on the way you view the rest of your partnerships data? (e.g. proportional completion rates, type of service, ability to gather information)

**‘If these data are showing issues in our practice, how can we investigate and rectify them?’ (75% of discussion time)**

- What could your service do to integrate recording goals into assessment/sessions?
- What are other services in the collaborative doing?
- Is your service working collaborative way with children, young people and families?
- Are children and young people asked about what they want to change ?

Useful resources

- [Goals and Goal based outcomes](#) – some information about goals and using goals in clinical practice

*Quality indicators*

*4. Demonstrate that all contact with services are goal focussed and these are agreed collaboratively with the young person/family and clinician*