Evaluation and Collaboration:
Celebrating the Impact of CWP's

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Presented by

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Hello and Special Thank You

We would like say a special thank you to the following colleagues who have contributed to this presentation – directly and indirectly:

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Context and Background

- Nationally commissioned in 2017, the CWP Role has a focus on local deployment and **community** impact (NHSE, 2015)
- The role represented a significant component of an exciting programme of national workforce **expansion** focused on **early intervention**
- Context of continued challenges in relation to collection and reporting of **outcomes** within CYP Mental health services (Wolpert et al., 2018)

Rationale for Outcomes

- Improved Clinical Practice (Edbrooke-Childs et al., 2016)
- Transparency and accountability of service (NHSE, 2015)
- Enhances shared decision making (Law & Wolpert, 2014)
- Improved communication (Carlier et al., 2012)
- To support effective supervision (Law & Wolpert, 2014)

Rationale for Evaluation and Reporting

- Developing an understanding of impact and effectiveness
- Real world sustainability
- Provider support, development and challenge
- Feedback-loop supporting outcome informed practice
- Celebration and Consideration

A Regional Collaboration and Evaluation

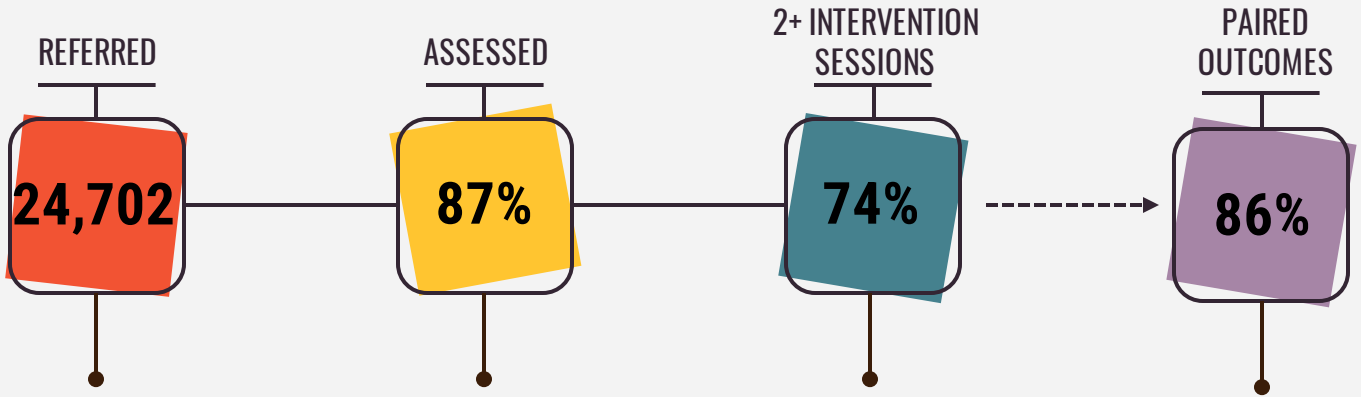
- A new workforce provides new opportunity and motivation
- The importance of being proactive – strategies for regional engagement and problem solving
- Ongoing service liaison and collaboration
- Research and Evaluation opportunity

A National Collaboration and Evaluation

- This presentation brings together a range of regional evaluation data and findings from across 4 participating regions in England
- London, Reading and the North East and South West of England
- The data provides an amalgamation of this data and is presented to provide a brief summary of key findings
- This exert of combined data is not exhaustive and is limited in scope, but offers us an insight into the scale, reach and impact of the CWP role

Let’s Take A Look..

REFERRAL JOURNEY



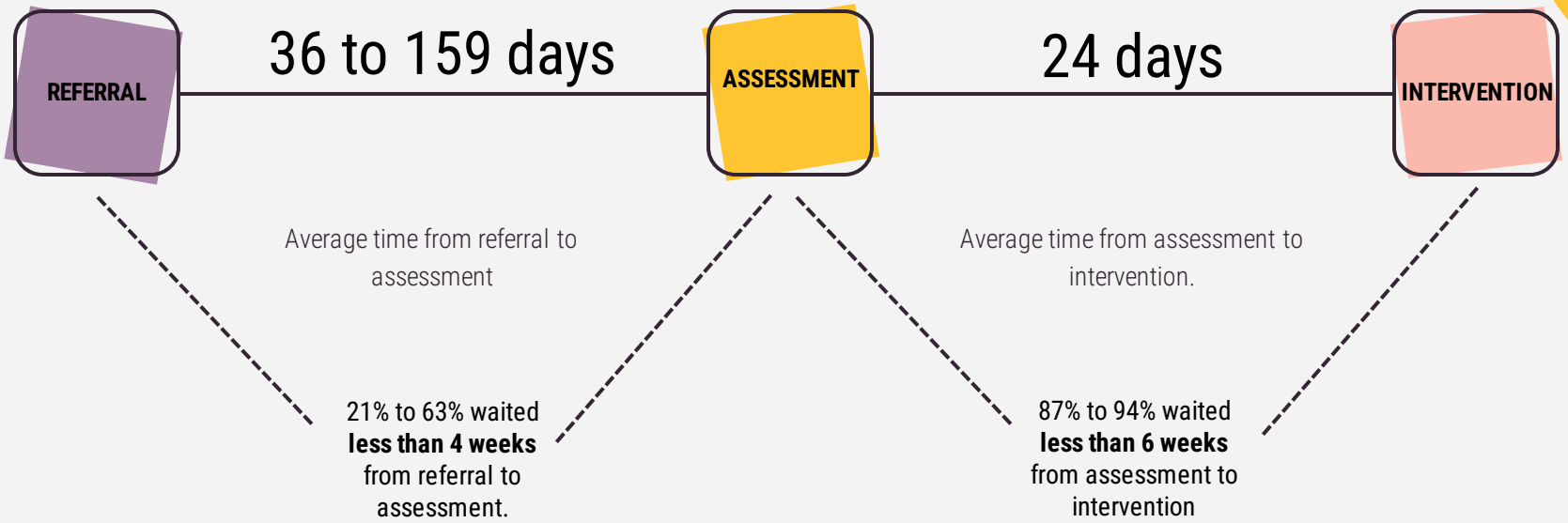
Referral data collected from 2017 to 2022.

21,500 referrals assessed

Of those assessed, 15,894 referrals completed two or more intervention sessions

Of the 15,894 with 2+ intervention sessions, 13,649 had paired outcome data

WAITING TIMES

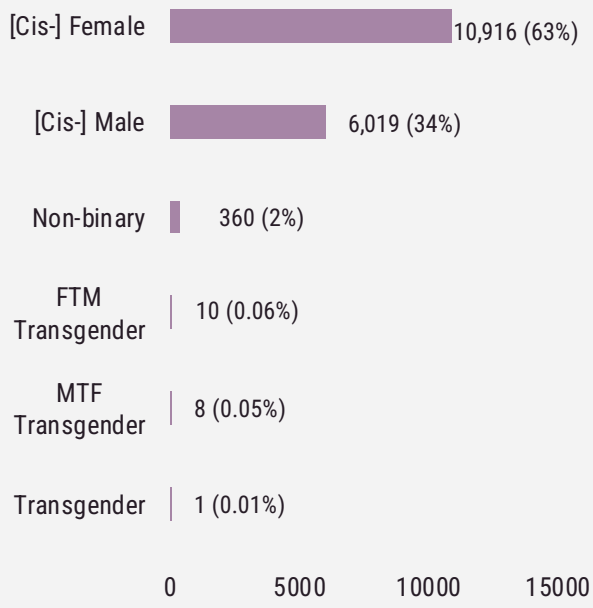


Average time from referral to discharge ranged from 113 to 240 days

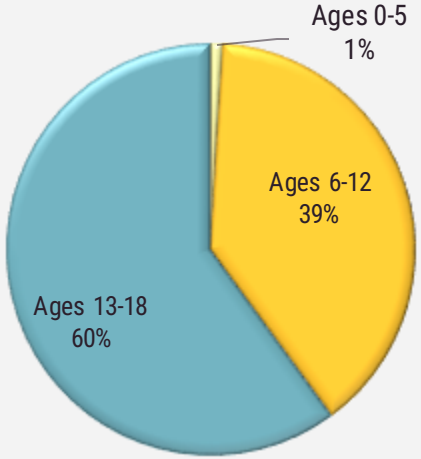
Based on 9,308 CYP

DEMOGRAPHIC CHARACTERISTICS

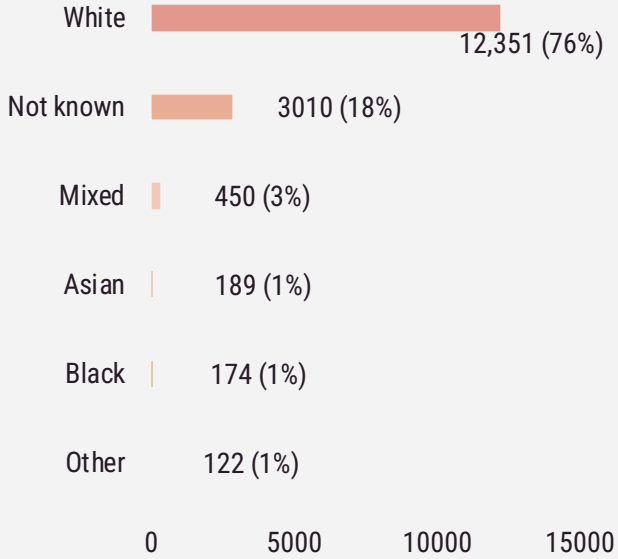
Gender of referrals (n=17,361)



Age of all referrals (n=17,039)

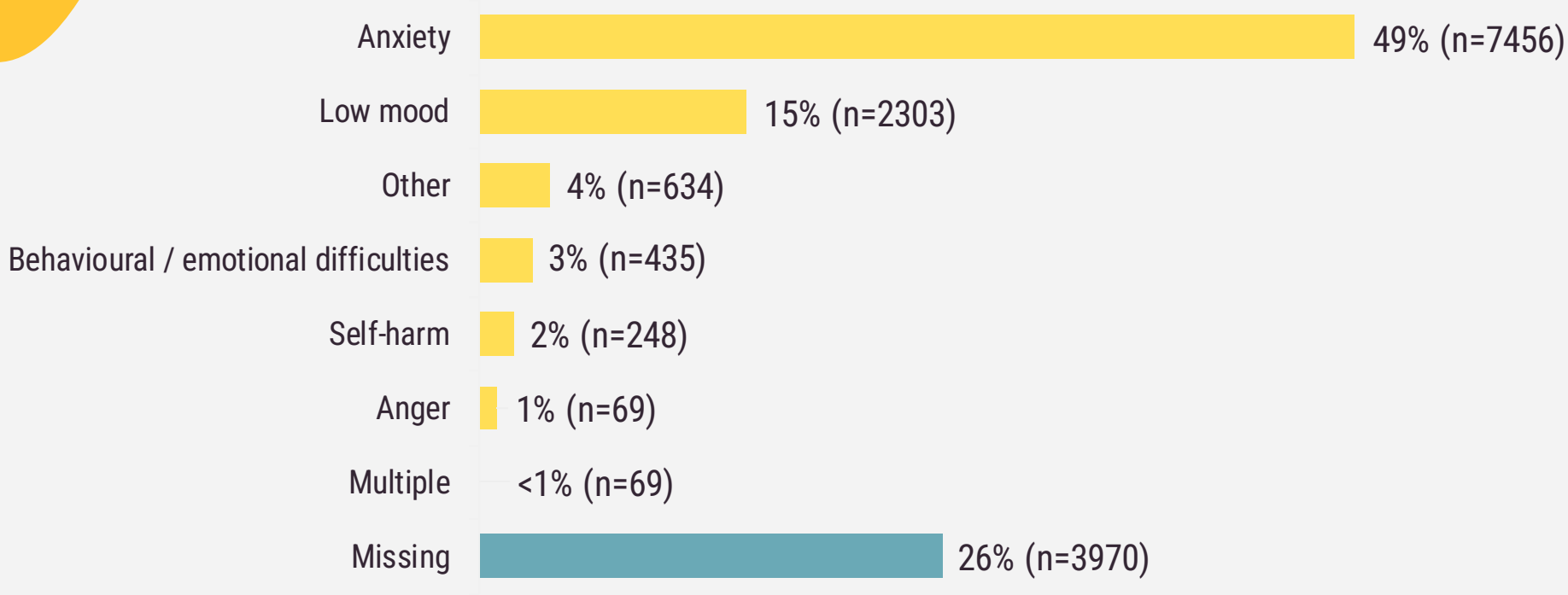


Ethnicity of all referrals (n=16,296)



Note on gender: We are continuously expanding our data collection to more accurately reflect gender diversity and we now collect gender data across the categories cis-female, cis-male, non-binary, transgender FTM and transgender MTF. We previously collected data on transgender CYP in one group, this is represented on the graph. The combined % of CYP who identify differently from the sex they were registered with at birth is 2.12%.

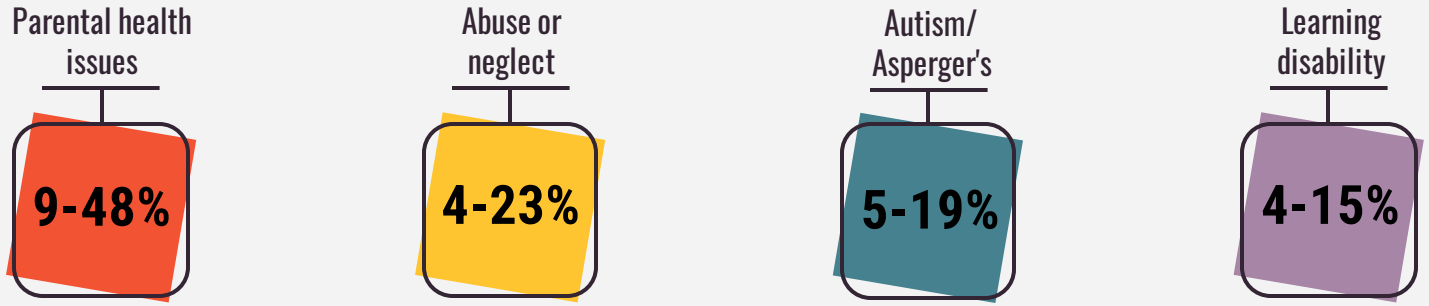
PRESENTING DIFFICULTY



Based on 15,269 CYP

COMPLEXITY FACTORS

A practitioner rated measure (Current View) is used to identify children and young people living in difficulty. Data below represents the four most frequently identified complexity.



The number of children and young people presenting with at least one complexity factor was 25% - 42%

Based on 1,085 CYP

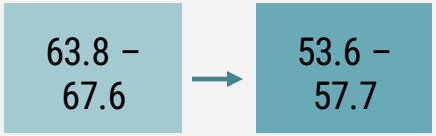
Revised Child Anxiety and Depression Scale (RCADS)

The Revised Children's Anxiety and Depression Scale (RCADS) assesses symptoms of anxiety and depression in children and young people across six subscales Overall (total) scores are described below.

AVERAGE IMPROVEMENT

7.1 – 11.2

Mean score difference from before to after intervention.



average before intervention

average after intervention

RELIABLE IMPROVEMENT

41-53%

made a reliable improvement.

42 – 51% haven't changed.

5 – 8% deteriorated.

SEVERITY

50%

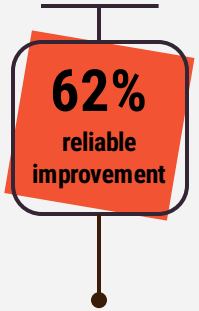
of children and young people presented as above the severity threshold.

Based on 6,678 matched pairs

INTERVENTION IMPACT

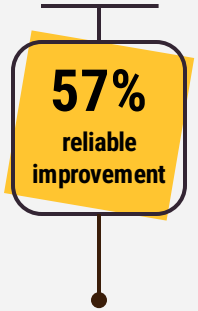
Data from four most frequently delivered low-intensity interventions using RCADS Total score.

Brief Behavioural Activation



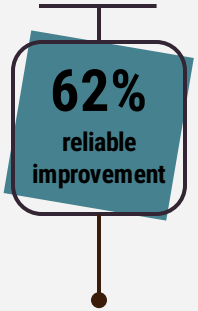
35% no change
4% deteriorate

Behavioural Experiments



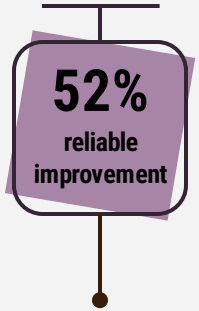
38% no change
5% deteriorate

Cognitive Restructuring



33% no change
5% deteriorate

Parent-led CBT



41% no change
7% deteriorate

AVERAGE IMPROVEMENT

12.1 – 14.1

Mean score difference from before to after intervention.

average before intervention

average after intervention

Based on 689 CYP

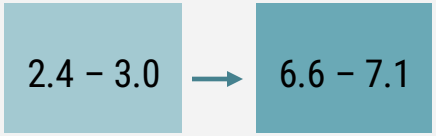
GOAL BASED OUTCOMES (GBO)

Meaningful goals are generated in collaboration with the practitioner and are used to measure progress during the intervention.

AVERAGE GOAL DIFFERENCE

4.0 – 4.2

Average goal difference from before intervention to after intervention.



average before intervention

average after intervention

RELIABLE IMPROVEMENT

66-71%

made a reliable improvement.

28 – 33% haven't changed.

1% deteriorated.

GOAL IMPROVEMENT

80%

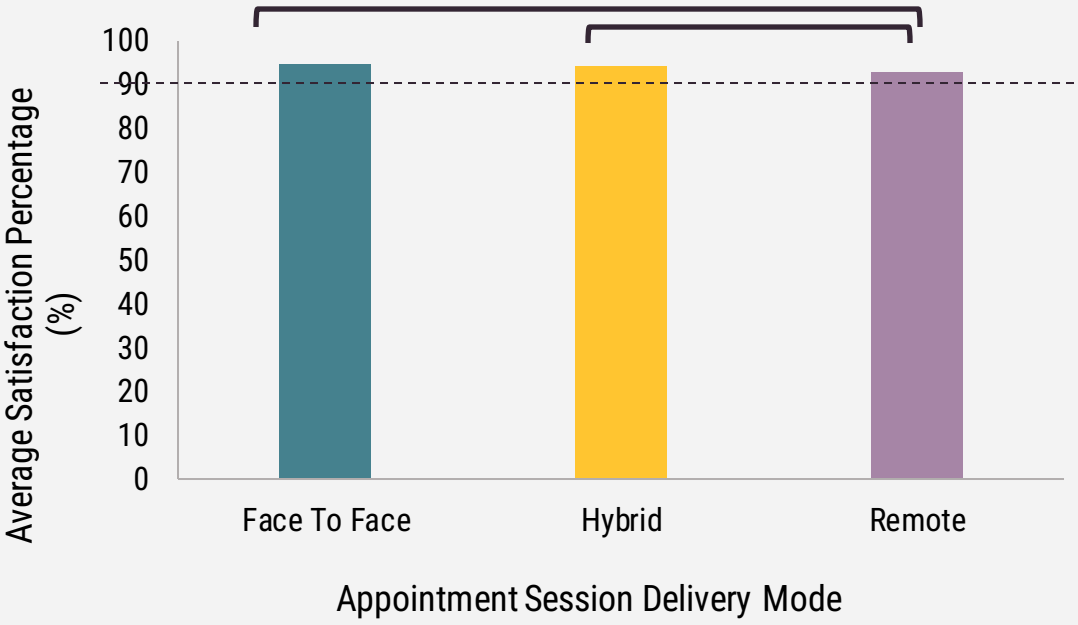
improved on all goals.

14% improved on some goals.

6% made no improvement towards their goals.

Based on 11,417 matched pairs

SESSION SATISFACTION



All groups showed satisfaction rates higher than the target 90%

Statistically significant results:

- Face to Face had higher average satisfaction than Remote (p=.004)
- Hybrid had higher average satisfaction than Remote (p=.050)

Overview

- Overall satisfaction rates are high and impact is demonstrated nationally across diverse socio-economic and demographic areas and service delivery models
- Outcomes are comparable to outcomes demonstrated in other adult and CYP mental health services (Clark et al., 2009; Edbrooke-childs et al., 2018 CYP-IAPT evaluation)
- High reliable improvement rates in individualised Goal Based Outcome measures suggest interventions are targeted, impactful and CYP centred (Edbrooke-childs et al., 2015).
- Low deterioration rates suggest the possibility that interventions serve a preventative role essential to early intervention.

Limitations

- Only a snap-shot of real-world, CWP collected data. Very little can be determined about the active elements of guided self-help interventions for common mental health difficulties in CYP
- Understanding of impact of gender, ethnicity or complexity factors on outcome is still very limited
- Understand little about the broader impact of the role in relation to increasing access, community relationships, resilience and prevention of CYP mental health

Future Steps

- More controlled research to investigate the impact and development of specific GSH interventions delivered by CWPs and active elements of support.

- Exploration of factors that contribute to improved or poorer outcomes; complexity factors, severity and comorbidity of difficulties.

- Evaluation of impact of broader aspects of the role; increasing access, prevention of child and adolescent mental health difficulties and building resilience in CYP communities.

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