

In line with other CORE service benchmarks, all scores reported herein are 'clinical' scores - equal to the mean CORE-OM score multiplied by 10. If your service uses the mean score rather than the clinical score then please divide all reported mean scores and standard deviations by 10 to obtain the appropriate values for comparison.

PLEASE NOTE THAT WHERE APPROPRIATE ANALYSIS USES THE NEW CLINICAL CUT-OFF OF 10 (1.0) RATHER THAN THE GENDER-SPECIFIC CUT-OFFS USED IN CORE-PC.

It is important to bear in mind that these are the first set of benchmarks for the Higher Education sector and that, as more data becomes available, values are likely to change.

The Sample

Data was contributed by 18 universities with the number of cases contributed ranging between 16 and 10 381. Staff counselling data was excluded. Only 6 services contributed more than 1 000 cases and 6 services contributed less than 500. The total number of cases received was 30 519. Clients with missing age or gender data, or with age less than 16 or greater than 65, were removed from the dataset yielding a dataset of 28 378 cases. Finally, clients whose only indicated therapy modality was something other than individual therapy were removed yielding a final dataset of 28 237 clients.

Demographic information on the final, cleaned dataset is as follows (figures have been rounded up):

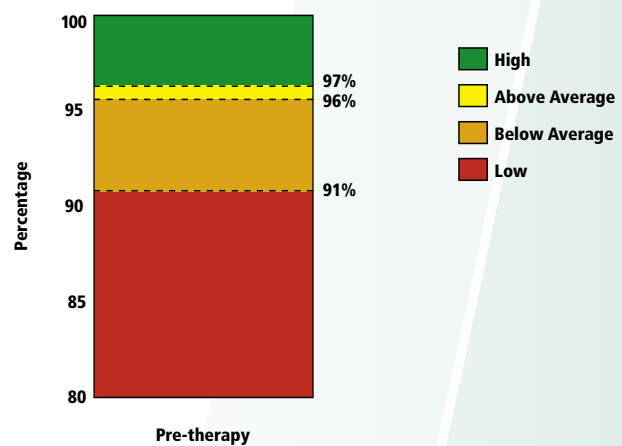
- ◆ The female to male ratio is approximately 70:30;
- ◆ The average age is 24 years;
- ◆ Overall 50% of clients were aged 21 or under, 75% of clients were aged 25 or under;
- ◆ Data on ethnicity were supplied for 95% of clients: 77% of the sample were 'White'; 12% 'Asian'; 5% 'Black'; 2% 'Chinese' and 1% were 'Mixed'.

Benchmarks

Generation of benchmarks followed a 2-stage process: first analysis was conducted on the dataset as a whole (client-level analysis) and then a site-by-site analysis (service-level analysis) was conducted in order to generate the benchmarks.

As with the Primary Care sector benchmarks (see *Counselling and Psychotherapy Research* March 2006) a 'traffic light' system has

Figure 1: Service-level benchmarks for completion of pre-therapy CORE-OM



been used to enable services to easily see where the values for their service fall in comparison with other services in the sector. Average rates are calculated for each service and then ranked from smallest to largest. Quartiles are calculated which split the data into four, equally-sized groups and are then used to produce benchmarks for that particular indicator. If we consider the example (Figure 1) then a service which has a completion rate for pre-therapy measures of 98% falls within the green area of the bar chart and can say that their response rates are high for the sector (ie they fall within the range for the top 25%). Similarly, a service with a pre-therapy CORE-OM response rate of 85% falls within the red area of the bar chart and has low response rates (ie they fall within the range for the bottom 25%).

Data Quality

On receiving the data and preparing it for analysis it quickly became apparent that the quality of data received, in terms of data completion, were very variable. There was a large amount of missing data which hindered the compilation of accurate benchmarks.

The issue of waiting times was a difficult one due to a lack of accuracy and consistency in recording these data. There were for example a substantial number of clients with first therapy dates before their first assessment date. Since waiting times are a key indicator of a service's performance, it is essential that all therapists follow the same procedure when recording referral/assessment/therapy dates, based on the guidance given in the CORE System Manual.

We also looked at clients on medication and the number of episodes attended, although unfortunately a lack of data makes these figures unreliable. Eleven percent of clients were taking at least one form of medication for their problems but this figure is likely to be somewhat higher since there was no medication data for almost 90% of the sample. It is not possible to know whether or not this is because the clients were not taking any sort of medication for their problems.

Data on the number of sessions experienced by clients were only available for 17% of clients and values ranged from 0 to 49. The average number of sessions experienced was 2 with 99% of clients having 6 or fewer sessions.

It is recommended that services who are unsure of their data quality should seek advice from CORE IMS.

Key Performance Indicators for the Higher Education Sector

Table 1 below shows a summary of the key performance indicators (KPIs) for UK higher education student counselling services. Sample sizes vary depending on selection criteria used. For further detail please see the associated HE benchmarking papers.

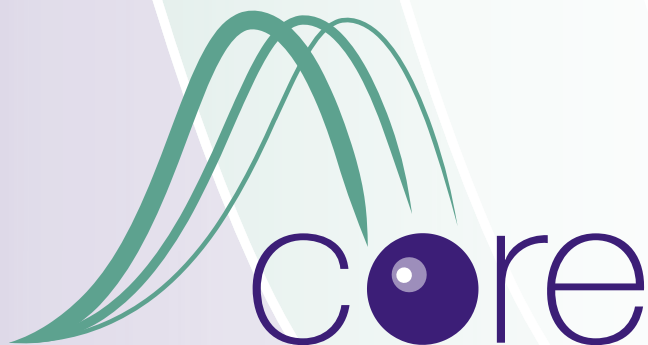
Table 1: 2010 Key Performance Indicators for HE services

Indicator	Overall Mean	Highest performing service	Lowest performing service	Percentiles		
				25	50	75
Waiting time from referral to first assessment (days)	9	0	22	6	8	11
Pre-therapy CORE-OM completion rates (%)	92	100	71	91	96	97
Pre- and post-therapy CORE-OM completion rates (%)	41	82	18	26	35	51
Clients accepted for ongoing therapy following assessment *(%)	77	100	51	70	79	87
Differences in clients' and practitioners' ratings of risk (%)	16	0	26	11	15	21
Client-initiated termination of therapy by undeclared discontinuation (%)	52	21	78	34	57	66
Clients meeting criteria for recovery and/or improvement (%)	75	89	60	68	78	80

* In this case, 'highest' performing service is something of a misnomer, since interpretation of what is 'good' depends to some extent on how services are expected to meet the needs of clients.

In some areas of the analysis, there were marked differences between Higher Education (HE) sector data and Primary Care (PC) sector data (2010 updates). In the individual papers associated with this introduction comparisons are drawn between HE and PC data where relevant.

Please note that it has not been possible to provide benchmarks for any of the service or sector specific sub codes due to a lack of consistency across the contributing services in collecting such data. It is hoped that if services adopt the new F & HE spoke additional sector-specific analysis should be possible in the future.



For all enquiries related to CORE and CORE System Benchmarks please contact admin@coreims.co.uk

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Developing quality at the heart of therapy