



# **QNIC-ROSE**

## ***Annual Report 2025***

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# Foreword

*We all know that collecting outcome data is essential. It improves care, strengthens services, and most importantly, it keeps the voices of young people and families at the centre of what we do. This year's report marks a significant step forward for QNIC-ROSE. With data from 92 young people across 17 units, the system is beginning to realise its unique potential as a powerful tool for understanding outcomes in inpatient CAMHS. The findings are clear: clinical outcomes improve over time, while feedback from young people and parent/carers highlights what services are doing well - and where they must do better. Themes such as communication, involvement, and the quality of the therapeutic environment stand out as priorities for continued improvement.*

*QNIC-ROSE is more than a data collection system. It is a growing national resource. By contributing data, services can benchmark their performance, track progress over time, and directly inform service development. The more we build this shared dataset, the more powerful and meaningful it becomes.*

*While engagement with QNIC-ROSE has certainly increased, there remains significant opportunity to expand participation across the network. At QNIC, we remain committed to supporting services through the training, guidance, and ongoing development of the QNIC-ROSE system to ensure it is both accessible and clinically meaningful. With momentum building, now is the time to embed QNIC-ROSE as a core part of outcome measurement across inpatient CAMHS.*

***Dr Paul Abeles, Consultant Clinical Psychologist, Galaxy House; and Chair,  
QNIC-ROSE Advisory Group***

# Acknowledgements

*We would like to express special appreciation to the following people for their support:*

- The members of the QNIC-ROSE Advisory Group, for their support in steering both the QNIC-ROSE project and the contents of the report*
- The services who have contributed data to QNIC-ROSE over the past 12 months. An extended list of these services is included in the **Appendix**.*
- The young people who submitted artwork as part of the QNIC Annual Forum Art Competition in June 2025. We've featured a few pieces in this report!*

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Artwork on the cover of this report was made by Bella, Sunflower House

# 1. Introduction

## 1.1 What is QNIC-ROSE?

The Quality Network for Inpatient CAMHS' Routine Outcome Measure and Service Evaluation system, known as **QNIC-ROSE**, is an additional benefit of being a QNIC member. The system collates data collected by member services, and reports are produced on key outcome measures, on both an individual and service level.

As of January 2026, **27** of the **94** QNIC members have uploaded data to the QNIC-ROSE system, with expectation that this number will grow over the next 12 months.

The QNIC-ROSE system collects data from the following outcome measures:

- Health of the Nation Outcome Scales for Children and Adolescents (**HoNOSCA**)
- Children's Global Assessment Scale (**CGAS**)
- Strengths and Difficulties Questionnaire (**SDQ**)
- Experience of Service Questionnaire (**ESQ**)

These outcome measures are discussed in more detail in the **Outcome Measures** section of this report.

## 1.2 Aims of this report

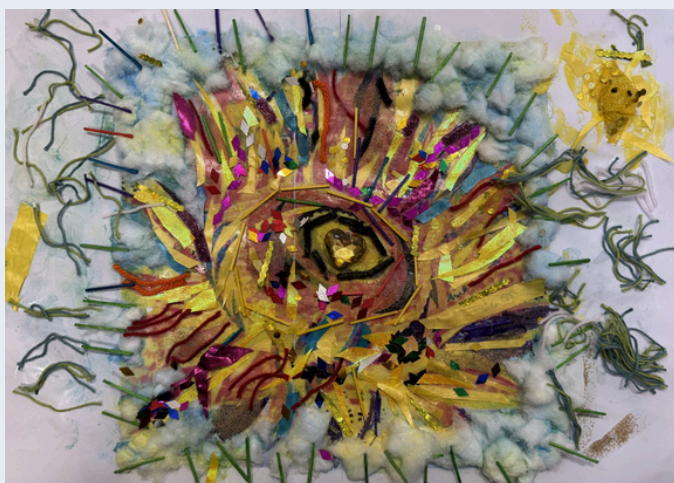
This report is produced with the following aims:

- **Explore trends in clinical outcomes data across the QNIC network** - this report assesses improvement in young people's symptoms and functioning based on changes in clinical outcome measure scores. This report looks at outcomes data from both young people who have been discharged, as well as young people who are currently under the care of an inpatient CAMHS team.
- **Identify themes in young person and family experience of inpatient CAMHS services** - through qualitative analysis of responses to the ESQ, this report identifies key aspects of young person and family experience. This includes areas of strength, as well as areas for improvement.
- **Provide member services with a national benchmark** - The quantitative output of this report can be used as a reference for member services when conducting analysis of their own outcome measure data.

### 1.3. Considerations for interpretation

When viewing the findings of this report, please consider the following:

- Due to data exclusion criteria, not all units who have submitted data to QNIC-ROSE are represented in this report. Units whose data has been used in analysis in this report are listed in the **Appendix**.
- In situations where a young person has been labelled on the QNIC-ROSE system as “discharged” but there is no officially labelled “discharge” measure, we have treated the last available data point as their discharge score.
- As all data used in this report is confidential, we do not have information on where a young person is discharged to.
- Data included in quantitative analysis is not separated by clinical setting (e.g., GAU, PICU, etc.)
- Data for this report has been collected from units across the QNIC network. There is likely to be variation in how clinicians have interpreted and scored measures.
- This report assesses the statistical significance of average improvements in scores for groups of young people. Other reports from the QNIC-ROSE system support discussion of the clinical significance of changes for individuals.
- **No young person can be identified from the data included in this report.**



*Artwork by MNN, Jade Ward,  
Brooklands Hospital*

# 2. Methodology

## 2.1 Outcome Measures

A brief overview of the outcome measures collected by QNIC-ROSE can be seen below.

### HoNOSCA

The HoNOSCA assesses the behaviours, impairments, symptoms and social functioning of children and adolescents with mental health difficulties.

The HoNOSCA can be completed from the perspective of:

- Clinicians
- Parents
- Self-Rated

Items on the HoNOSCA are scored from 0-4, with a possible score range of 0-60.

**A lower score indicates less severe difficulties.**

### ESQ

The ESQ measures satisfaction of service users (both young people and parents/carers) in CAMHS services.

Items on the ESQ are rated on a scale from 0-3, with a possible score range of 0-27.

**A higher score indicates higher satisfaction.**

The ESQ also contains open-text responses for service users to provide further detail around what they did and didn't like about their care.

*For the purposes of QNIC-ROSE, the ESQ has been adapted to reflect inpatient settings.*

### SDQ

The SDQ is a brief emotional and behavioural screening questionnaire for children and young people.

The SDQ can be completed by young people, parents/carers and teachers.

Items on the SDQ are scored from 0-5.

**A lower score indicates less severe difficulties.**

*QNIC-ROSE uses the single-sided version of the SDQ without the impact supplement.*

### CGAS

The CGAS is a measure of global functioning for children and adolescents, that is completed by clinicians.

Scores on the CGAS range from 0-100.

**A higher score indicates a higher level of functioning.**

## 2.2 Total Data Submitted

All data uploaded to the QNIC-ROSE system between 12/09/2024 and 12/09/2025 was considered for analysis. A total of **851** data entries were uploaded during this period.

A breakdown of the data submitted can be seen below:

**415**  
HoNOSCA  
entries

- 323 clinician rated
- 39 self-rated
- 53 parent/carer rated

**52**  
SDQ entries

- 26 parent/carer rated
- 19 self-rated
- 7 teacher rated

**48**  
ESQ entries

- 28 young person rated
- 20 parent/carer rated

**336**  
CGAS entries

- All CGAS responses are clinician rated

Following initial screening of data, a decision was made to exclude data from the self-rated and parent/carer subsets of the HoNOSCA, as well as all subsets of the SDQ, due to insufficient sample size.

## 2.3 Exclusion Criteria

Responses to the HoNOSCA and CGAS were excluded if:

- There was only a single entry for a young person
- They were “intermediate” data points (i.e., collected between admission and discharge)
- There was missing data in a survey response
- An item on the clinician-rated HoNOSCA was scored as “Don’t Know”
- They had been uploaded by QNIC ROSE admins as “test data”

Responses to the ESQ were excluded if a blank survey had been submitted.

**A detailed breakdown of data exclusion is available upon request.**



Artwork by SN,  
Riverdale Grange

## 2.4 Data Analysis

For this report, the following data analyses were used:

- For the clinician-rated HoNOSCA and CGAS, paired t-tests.
- For the scale-based items on the ESQ, percentages (find better words for this)
- For the open-text questions on the ESQ, thematic analysis of responses was conducted to identify key themes.

For the HoNOSCA and CGAS analyses, young people were grouped in to two categories for analysis:

- For young people that were discharged during the data collection period, analysis of their admission score vs. their **discharge** score.
- For young people who were still under care of their inpatient unit at the end of the data collection period, analysis of their admission score vs. their **most recent** outcome measure.

To create paired samples for young people admitted prior to September 12, 2024 for the clinician-rated HoNOSCA and CGAS, admission scores were obtained from the dataset downloaded from the previous year's report. A total of 15 admission scores for the HoNOSCA and 20 for the CGAS were added to the final dataset used for analysis.

## 2.5 Final Dataset used for Analysis

A breakdown of the data included in this report following application of exclusion criteria can be seen below.

**154**  
CGAS

Admission vs. discharge: 98  
Admission vs. most recent: 56

**138**  
HoNOSCA

Admission vs. discharge: 88  
Admission vs. most recent: 50

**47**  
ESQ

Young person: 27  
Parent/carer: 20



**Note: For the HoNOSCA and CGAS, two surveys are used for each young person.**

# 3. Demographics



**92**

Young people represented in this report



**18**

Parent/Carers represented in this report

## Age

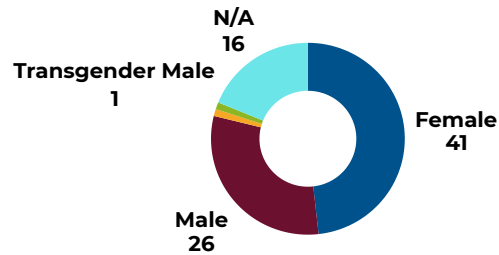
**15.14**

Mean Age\*\*

**8-17**

Age Range\*\*

## Gender Identity\*

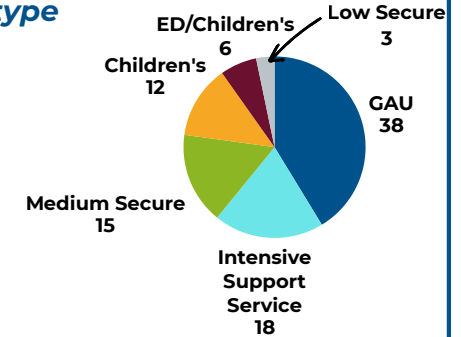


## Young people by unit type

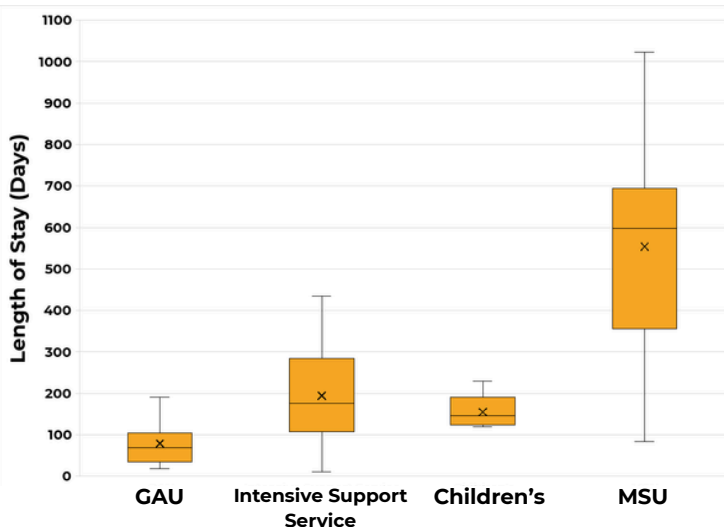


**17**

Young people from 17 inpatient units represented in this report.



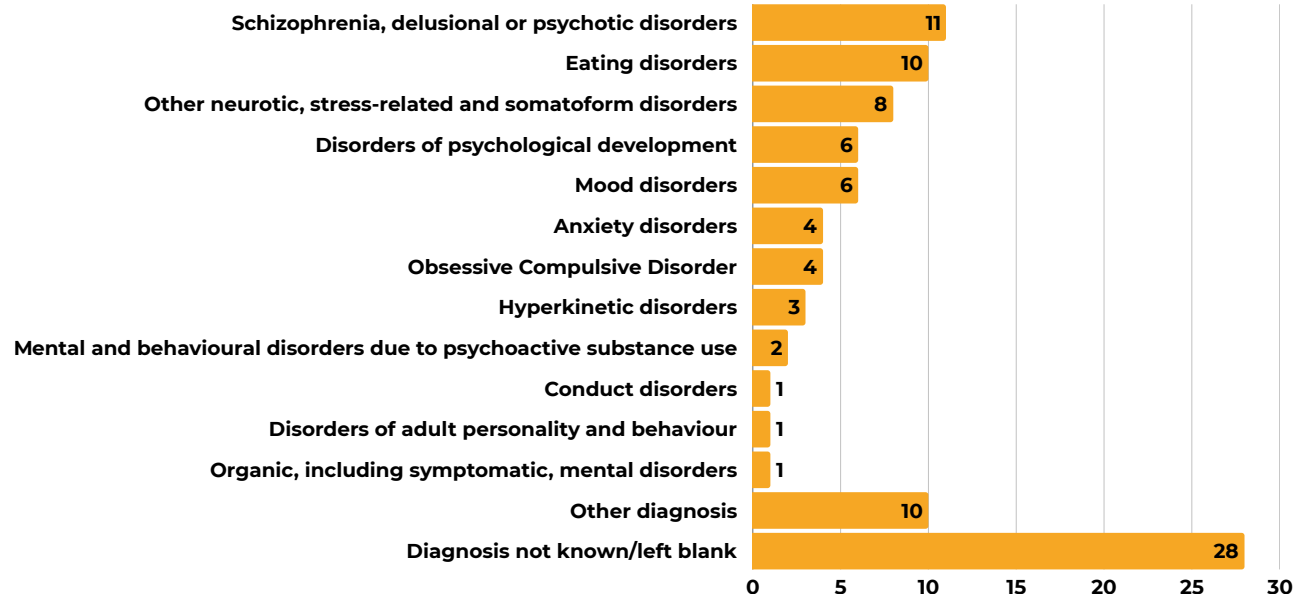
## Length of stay



Based on data from 49 young people who have been discharged from inpatient care.

Further information around length of stay in inpatient CAMHS settings can be found in the QNIC Annual Report.

## Diagnosis\*



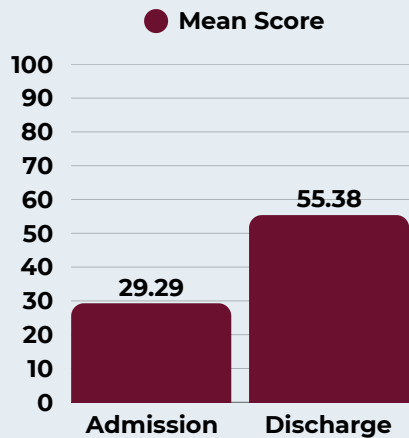
\*= based on data from 85 young people

\*\*= based on data from 84 young people

# 4. Results

## 4.1 CGAS

### Admission vs. Discharge



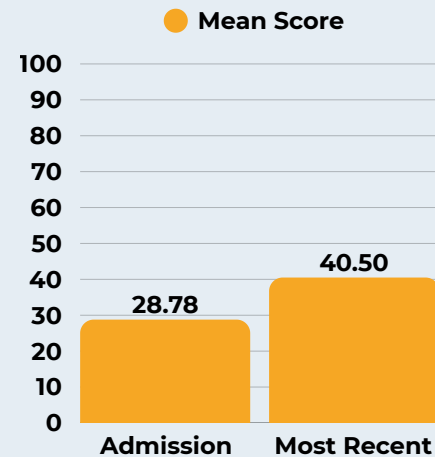
**49**  
Young people included in this analysis

Mean score at admission was 29.29 (SD=15.17).

Mean score at discharge was 55.38 (SD=22.04)

Mean score at discharge was significantly higher than at admission ( $t(48)=-7.31, p<0.0005$ )

### Admission vs. Most Recent



**28**  
Young people included in this analysis

Mean score at admission was 28.78 (SD=17.19).

Mean score at the most recent point of outcome collection was 40.50 (SD=18.70)

Mean score at the most recent point of outcome collection was significantly higher than at admission ( $t(27)=-3.40, p= 0.0008$ )

### Score values on the CGAS range from:

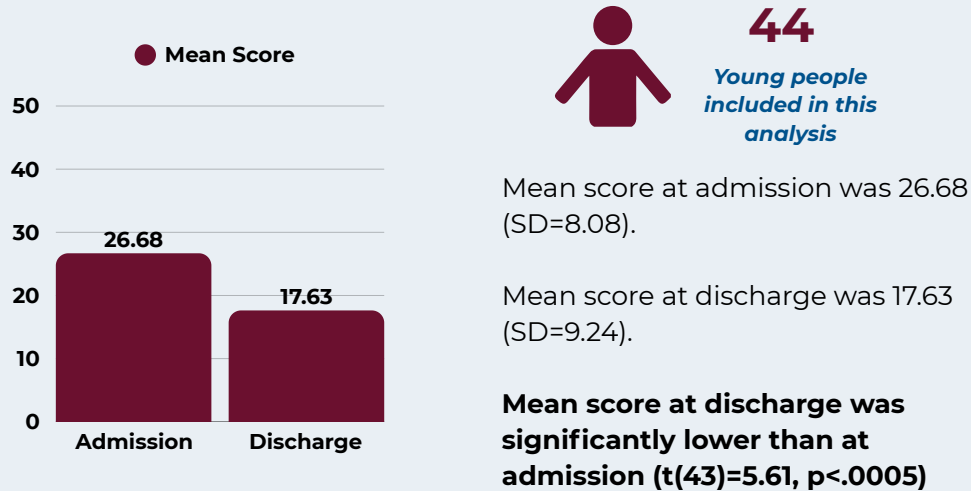
- 100-91 Doing Very Well
- 90-81-Doing Well
- 80-71 Doing All Right
- 70-61 Some Problems
- 60-51 Some Noticeable Problems
- 50-41 Obvious Problems
- 40-31 Serious Problems
- 30-21 Severe Problems
- 20-11 Very Severely Impaired
- 10-1 Extremely Impaired

**A higher CGAS score indicates a higher level of functioning**

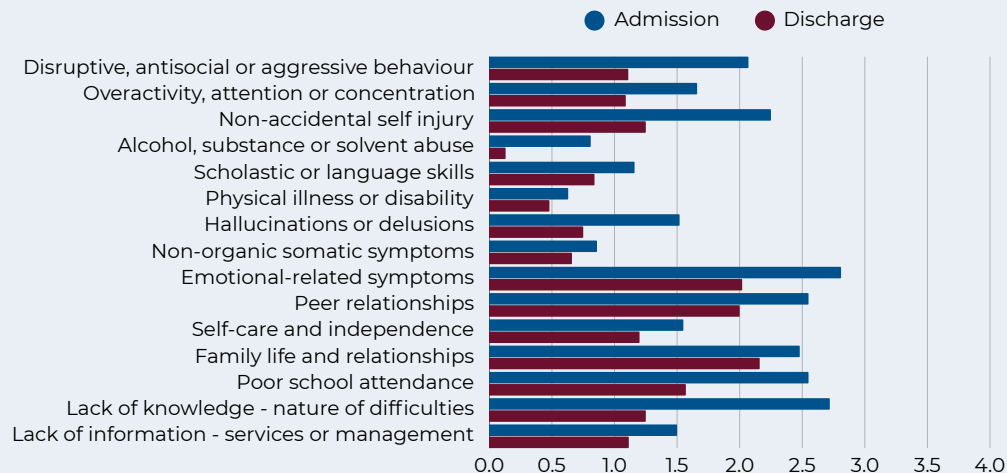
## 4.2 HoNOSCA (Clinician)

Analyses on this page use total scores from Section A (Items 1-13) and Section B (Items 14-15)

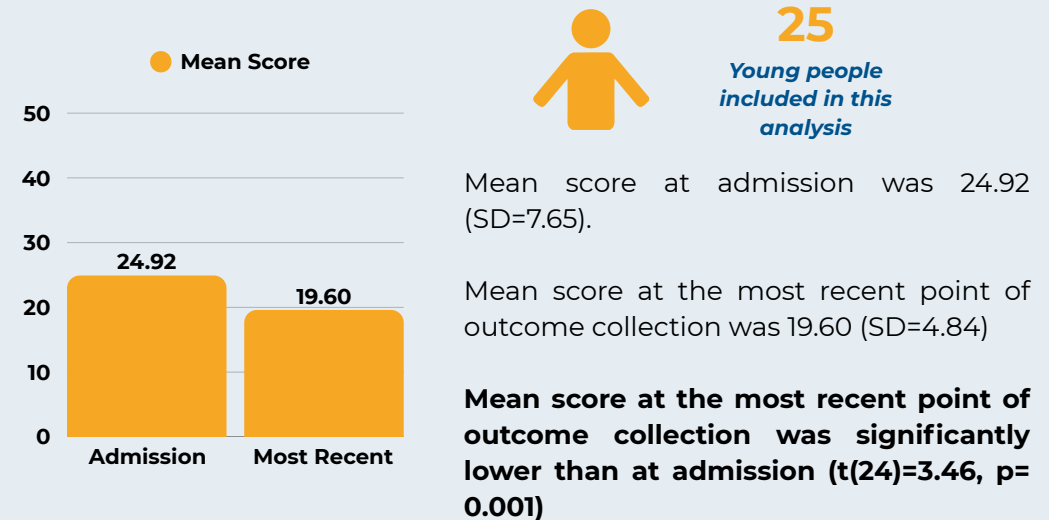
### Admission vs. Discharge



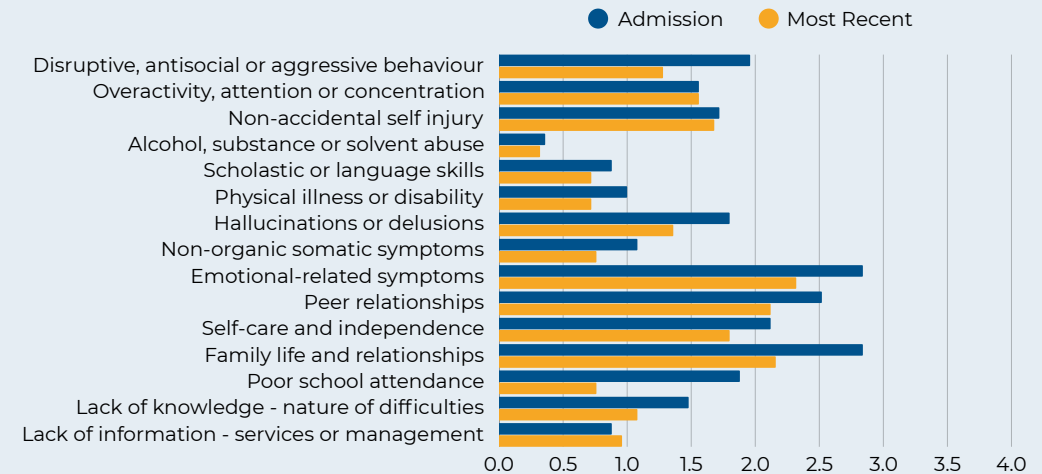
### Comparison of mean scores by item



### Admission vs. Most Recent



### Comparison of mean scores by item



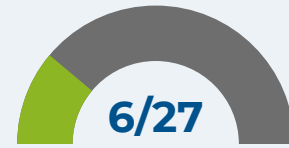
A lower HoNOSCA score indicates less severe difficulties.

## 4.3 ESQ (Young Person)



**27**  
Responses

**21.48**  
Mean ESQ score  
**7-27**  
Range



**6/27**  
6 out of 27 young people (22.2%)  
gave the maximum possible score  
(27/27)

### What did you like about your care?

Key themes identified by young people included:

- Supportive, friendly staff
- Feeling listened to
- Good food
- Having a range of activities on offer

*“The staff were very kind and helped me”*

*“I get listened to”*

### Was there anything about your care that could be improved?

Key themes identified by young people included:

- Not feeling listened to
- Gaps in communication and having to wait for answers to questions relating to the young person’s care
- Lack of activities and feeling the environment is not therapeutic
- Better mental health training for staff (e.g., eating disorders, autism, ADHD)

*“Listening to patients and understanding patient weakness.”*

*“There was not much to do to keep entertained.”*

A breakdown of responses to each scored item of the ESQ can be found in the **Appendix**.

## 4.4 ESQ (Parent/Carer)



20

Responses

26.25

Mean ESQ score

17-27

Range



15 out of 20 parent/carers (75%) gave the maximum possible score (27/27)

### What did you like about your care?

Key themes identified by parent/carers included:

- Consistent communication and updates from staff to parent/carers
- Friendly, compassionate staff
- Staff providing support and advice to parent/carers
- Feeling listened to

*“All the staff are really caring and look after myself and my child.”*

*“Communication was excellent.”*

### Was there anything about your care that could be improved?

Key themes identified by parent/carers included:

- Poor communication and not being kept informed
- Gaps in understanding and support for neurodiverse young people
- Parent/carers being more involved in decision making for their child's care
- Lack of activities for their child

*“Communication needs to improve, sometimes people forget to update us.”*

*“There was more to learn about my child's autism.”*

A breakdown of responses to each scored item of the ESQ can be found in the **Appendix**.

## 5. References

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38, 581-586. DOI: [10.1111/j.1469-7610.1997.tb01545.x](https://doi.org/10.1111/j.1469-7610.1997.tb01545.x)

Gowers, S.G., Harrington, R.C., Whitton, A., Lelliott, P., Wing, J., Beevor, A. and Jezzard, R. (1999). A Brief Scale for measuring the outcomes of emotional and behavioural disorders in children: HoNOSCA. *British Journal of Psychiatry*, 174, 413-416. DOI: [10.1192/bjp.174.5.413](https://doi.org/10.1192/bjp.174.5.413)

Shaffer, D., Gould, M. S., Brasic, J., Ambrosini, P., Fisher, P., Bird, H., & Aluwahlia, S. (1983). A Children's Global Assessment Scale (CGAS). *Archives of General Psychiatry*, 40(11), 1228-1231. DOI: <https://doi.org/10.1001/archpsyc.1983.01790100074010>

[QNIC ANNUAL REPORT CITATION](#)

## 6. Appendices

### **Appendix A: Participating Units**

Data included in this report were submitted from the following units:

- Adriatic Ward
- Ardenleigh Forensic CAMHS
- Collingham Child & Family Centre
- Dragonfly Unit
- Emerald Lodge, The Becton Centre
- Galaxy House
- Gardener Unit, Prestwich Hospital
- Griffin Ward, Cygnet Hospital Sheffield
- Jade Ward, Brooklands Hospital
- Junction 17, Prestwich Hospital
- North Wales Adolescent Service
- Pegasus Ward, Cygnet Hospital Sheffield
- Plym Bridge House
- Sapphire Lodge, The Becton Centre
- Sunflower House, Alder Hey Children's Hospital
- The Burrows
- Unicorn Ward, Cygnet Hospital Sheffield

Other units who contributed data to QNIC-ROSE that did not feature in this report due to exclusion criteria include:

- Austen House
- Bluebird House
- Chalkhill
- Marlborough House
- Riverdale Grange
- Ruby Lodge, The Becton Centre

## **Appendix B: HoNOSCA Items**

1. Problems with disruptive, antisocial or aggressive behaviour
2. Problems with overactivity, attention or concentration
3. Non-accidental self-injury
4. Problems with alcohol, substance/solvent misuse
5. Problems with scholastic or language skills
6. Physical illness or disability problems
7. Problems associated with hallucinations, delusions or abnormal perceptions
8. Problems with non-organic somatic symptoms
9. Problems with emotional and related symptoms
10. Problems with peer relationships
11. Problems with self care and independence
12. Problems with family life and relationships
13. Poor school attendance
14. Problems with knowledge or understanding about the nature of the child's/adolescent's difficulties (in the previous two weeks)
15. Problems with lack of information about services or management of the child's/adolescents difficulties

**Items 14 and 15 are not included in quantitative analysis.**

## **Appendix C: Young Person Rated ESQ Questions**

- Q1. I feel that the people who saw me listened to me
- Q2. It was easy to talk to the people who saw me
- Q3. I was treated well by the people who saw me
- Q4. My views and worries were taken seriously
- Q5. I feel the people here know how to help me
- Q6. I have been given enough explanation about the help available here
- Q7. I feel that the people who have seen me are working together to help me
- Q11. If a friend needed this sort of help, I would suggest to them to come here
- Q12. Overall, the help I have received here is good

**Questions 8,9, and 10 have been removed as they relate to community/outpatient settings.**

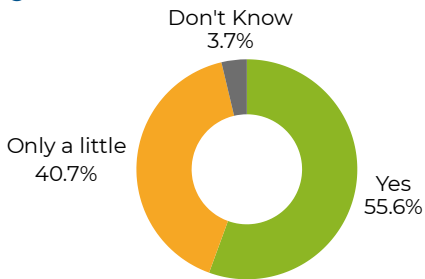
## **Appendix D: Parent/Carer Rated ESQ Questions**

- Q1. I feel that the people who have seen my child listened to me
- Q2. It was easy to talk to the people who have seen my child
- Q3. I was treated well by the people who have seen my child
- Q4. My views and worries were taken seriously
- Q5. I feel the people here know how to help with the problem I came for
- Q6. I have been given enough explanation about the help available here
- Q7. I feel that the people who have seen my child are working together to help with the problem(s)
- Q11. If a friend needed similar help, I would recommend that he or she come here
- Q12. Overall, the help I have received here is good

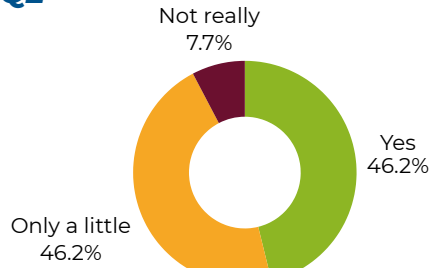
**Questions 8,9, and 10 have been removed as they relate to community/outpatient settings.**

## Appendix E: Young Person Rated ESQ Responses by item

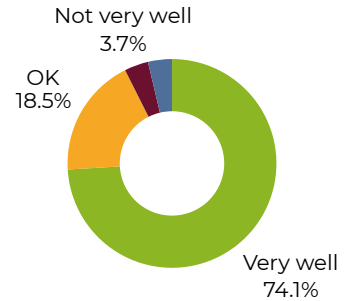
Q1



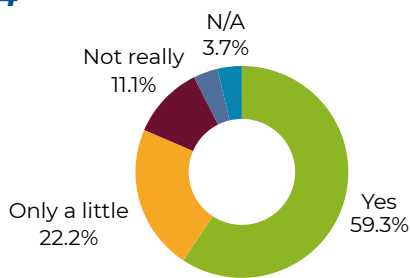
Q2



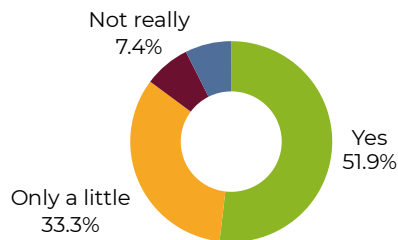
Q3



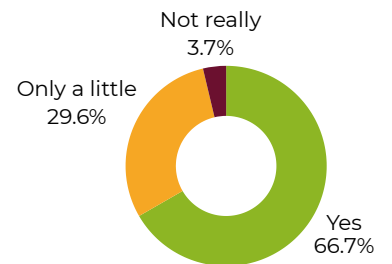
Q4



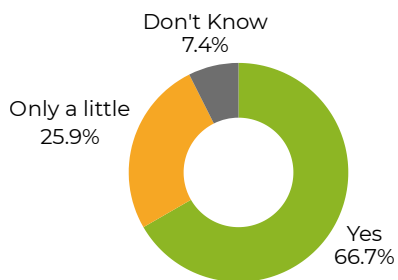
Q5



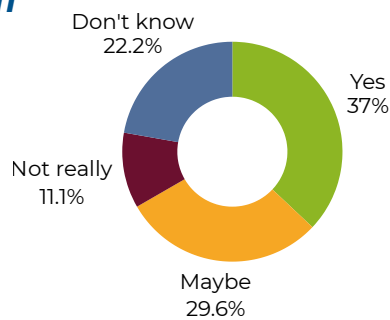
Q6



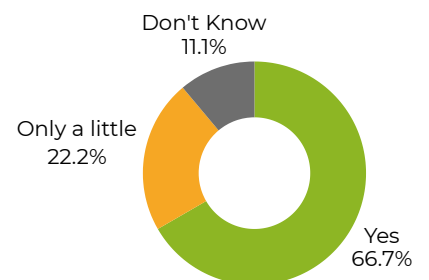
Q7



Q11



Q12

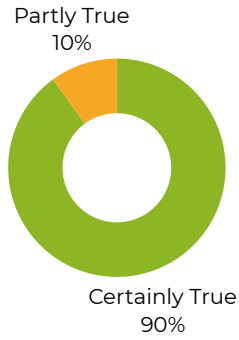


### Key

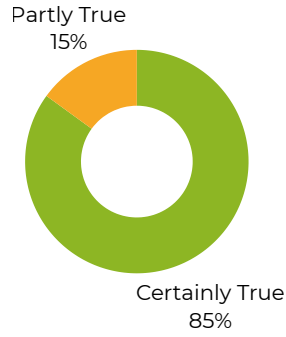
- Yes/Very Well (3pts)
- Only a little/Maybe (2pts)
- Not really/not very well (1pt)
- Don't know
- N/A

## Appendix F: Parent/Carer Rated ESQ Responses by item

Q1



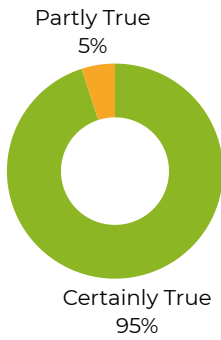
Q2



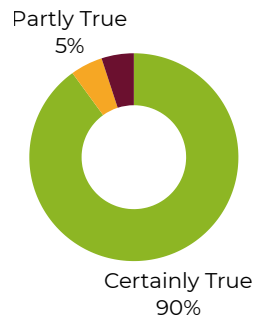
Q3



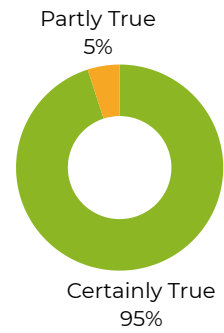
Q4



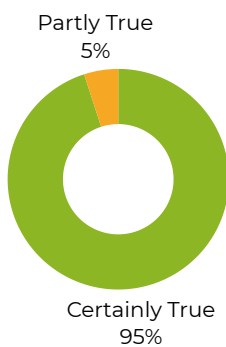
Q5



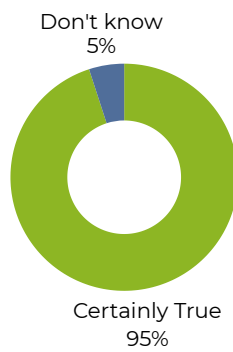
Q6



Q7



Q11



Q12



### Key

- Certainly True (3pts)
- Partly True (2pts)
- Not True (1pt)
- Don't know
- N/A



## QNIC-ROSE

The Royal College of Psychiatrists  
21 Prescot Street  
London  
E1 8BB



[QNICROSE@rcpsych.ac.uk](mailto:QNICROSE@rcpsych.ac.uk)