



KING'S College LONDON
University of London

Demonstrating outcomes: the evidence

Sarah Cowley

19-10-11

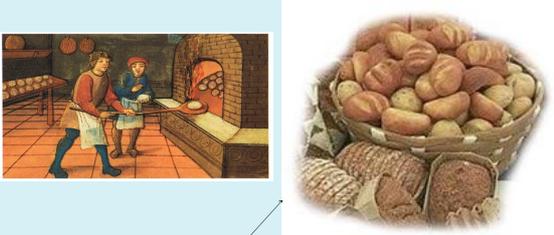
www.kcl.ac.uk

KING'S College LONDON
University of London

Whither Health Visiting

Shirley Goodwin, HVA Conference 1988

The baker's role? **Or the baker's rolls?**



Outcomes

KING'S College LONDON
University of London

Managing expectations

Sarah Cowley Positive Outcomes HVA Conference 1995



Outcome (noun): "A particular type of disappointment"
The Devil's Dictionary

KING'S College LONDON
University of London

Progress

- Outcomes that are (relatively) easy to conceptualise, describe and research
- Outcomes that are far more difficult to conceptualise or describe, so research is on-going and there is less direct evidence
- The importance of process in preventive services

NB: Practice is complex across all three

KING'S College LONDON
University of London

Targeted activities: outcomes can be identified relatively easily

Indicated prevention targets...

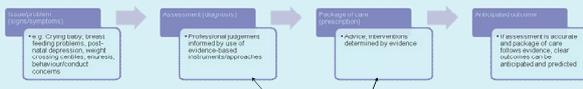
- 'high-risk people who are identified as having minimal but detectable signs or symptoms indicating predisposition for disorder, but who do not meet diagnostic criteria for disorder at that time.'
- Family offer - Universal plus: 'some people - some of the time'
- Packages of care/care pathways

Selective prevention targets...



KING'S College LONDON
University of London

Linear process: indicated prevention/packages of care



```

graph LR
    A[Current/obvious/early symptoms  
• e.g. Crying baby, breast feeding problems, post-natal depression, weight fluctuation, irritability, behavioural/conduct concerns] --> B[Assessment (diagnosis)  
• Professional judgement informed by use of evidence-based instruments/approaches]
    B --> C[Package of care (intervention)  
• Advice, interventions determined by evidence]
    C --> D[Achieved outcome  
• If assessment is accurate and package of care follows evidence, clear outcomes will be anticipated and predicted]
  
```

Sources of evidence: NICE, CHIMAT, NOO etc

Targeted activities: outcomes can be identified relatively easily

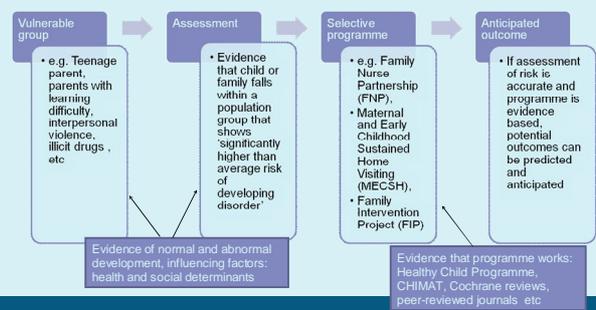
Indicated prevention targets. . . .

- 'high-risk people who are identified as having minimal but detectable signs or symptoms indicating predisposition for disorder, but who do not meet diagnostic criteria for disorder at that time.'
- Family offer - Universal plus: 'some people - some of the time'
- Packages of care/care pathways

Selective prevention targets. . . .

- 'individuals or subgroups of the population whose risk of developing a disorder is significantly higher than average, as evidenced by biological, psychological or social risk factors.'
- Family offer - Universal partnership plus: 'some people all of the time,' and 'a few - intensive/multi-agency packages'
- Programmes of care

Linear process: selective programmes to target/reduce risk



Universal prevention: conceptually more difficult to identify outcomes

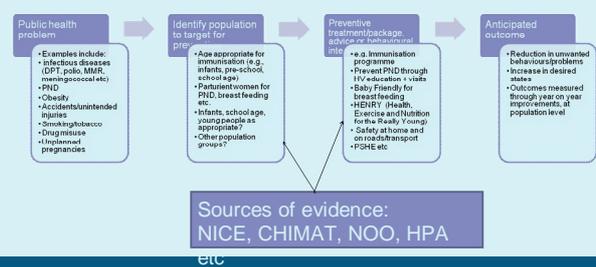
- Universal prevention is defined as those interventions that are targeted at the general public or to a whole population group that has not been identified on the basis of increased risk.
- Universal elements of Healthy Child Programme, 'family offer' to all
- Community and public health focus

Two approaches:

1. Focus on topic or problem: prevention of named disorders or difficulties
2. Focus on situation or context: prevents problems by building resilience or increasing health assets/ resources for health



Linear process: universal prevention of specific public health problems



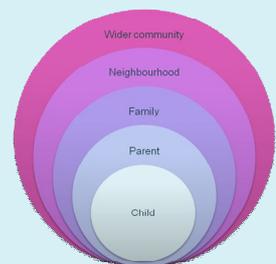
Situation in which families and children live

- Community and public health focus: homes, schools, communities, culture



Non-linear process: universal prevention through strengthening resilience – building assets, capacity, resources for health

Ecological system, from Bronfenbrenner's (1986) concept of 'nested systems'



Non-linear process: universal prevention through strengthening resilience – building assets, capacity, resources for health

Foundations of health¹

- Policies affecting health: work, housing, income, security etc
- Social capital, capacity, education, community development
- Stable, responsive relationships¹
- Safe, supportive environments¹
- Appropriate nutrition¹

www.developingchild.harvard.edu

Health and development across the lifespan

- Policy and Program Levers for Innovation
- Caregiver and Community Capacities
- Foundations of Health
- Biology of Health

www.developingchild.harvard.edu

Emerging understandings:

- what is *necessary* (required) for child development
- what is *foundational*: ie, other elements will not work without it
- how to *measure* foundations and requirements (assets/capacity)
- which *outcomes* are appropriate and helpful to measure
- connections* that exist between problem-based (prevention) and capacity-building (promotion) approaches
- how to delineate *attribution*

The importance of process

Indicators derived from normal developmental process

- Individual level examples:
 - Child development
 - Parenting practice
 - Timeliness of identified problems/referrals, e.g. for SALT, autism, SEN
- Population level examples:
 - Ready for school (EYFS)
 - Ready for work/adult life (NEET)
- Comparative information can help assess progress on reducing inequalities.

Organisational/quality indicators that show good management practice

The importance of process

Indicators derived from normal developmental process

- Individual level examples:
 - Child development
 - Parenting practice
 - Timeliness of identified problems/referrals, e.g. for SALT, autism, SEN
- Population level examples:
 - Ready for school (EYFS)
 - Ready for work/adult life (NEET)
- Comparative information can help assess progress on reducing inequalities.

Organisational/quality indicators that show good management practice

- Availability to staff of time, skills and tools to do the job
- Hanafin's 3-5-7 model of quality in a preventive service: links context, process and consequences
- Measures of health visitor-client relationship – research in progress shows important part played by organisation
- Presence of support/clinical supervision and CPD

Conclusions

- Good evidence exists for outcomes associated with indicated and selective prevention, targeted packages and programmes of care
- There is increasing research in the more complex areas of universal prevention and wider public health areas that affect health inequalities: outcomes that are far more difficult to conceptualise or describe
- A focus on process can yield proxy measures/indicators in the meantime

References

Bronfenbrenner U. Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology* 1986. 22: 6, 723-742.

Brugha TS, Morrell CJ, Slade P & Walters SJ(2011). Universal prevention of depression in women postnatally: cluster randomized trial evidence in primary care. *Psychological Medicine*, 41: 739-748

Christie J, Bunting B (2011) The effect of health visitors' postpartum home visit frequency on first-time mothers: Cluster randomised trial. *International Journal of Nursing Studies* 48: 689-702

Cowley S (1996) Achieving positive outcomes: principles and process. *Health Visitor*. 69 1 17-19

Cowley S and Billings J. Resources revisited: salutogenesis from a lay perspective. *Journal of Advanced Nursing* 1999. 29: 4 994-1005.

Goodwin S. (1988) Whither Health Visiting? *Health Visitor* 61(12):379-83.

Hanafin S & Cowley S (2006) Quality in preventive Services: Constructing an understanding through process. *Journal of Nursing Management*. 14, 472-482

Kemp L, Harris E, McMahon C et al. (2011) Child and family outcomes of a long term nurse home visitation program: a randomised controlled trial. *Archives of Disease in Childhood, Online First*: 23 March 2011 doi:10.1136/adc.2010.196279 (MECSH)

Morell CJ, Warner R, Slade P, Dixon S, Walters S, Paley G, Brugha T (2009). Psychological interventions for postnatal depression : cluster randomised trial and economic evaluation. *The PONDER trial*. *Health Technology Assessment* 13, 1-176.

Wiggins M, Oakley A, Roberts I, Turner H, Rajan L, Austerberry H, Mujica R, Mugford M, Barker M (2005) Postnatal support for mothers living in disadvantaged inner city areas: a randomised controlled trial. *Journal of Epidemiology and Community Health*. 59: 288-295

www.developingchild.harvard.edu (Foundations of lifelong health and other papers)

<http://www.nso.org.uk> (National Obesity Observatory)

<http://www.chmat.org.uk> (Child and Maternal Health Observatory)

<http://www.nice.org.uk> (National Institute for Health and Clinical Excellence)

<http://www.hpa.org.uk> (Health Protection Agency)