

Evidence for transforming community services

Services for children and families



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Transforming community services is a priority for local and national teams. Transformation involves building on what works, trying new approaches and sharing learning. There is potential for extensive innovation in services for children and families. We have compiled key messages about possible priorities from more than 5,000 studies focused on transforming services, staff and systems.

Information in this document is drawn from a rapid evidence review. We searched 10 reference databases for systematic reviews, randomised trials and observational studies available as of January 2009. Studies were screened for relevance and validity and key themes were identified. This document provides a summary of only those interventions which are not widespread in the NHS and which have the potential to transform community services. It is not an exhaustive overview of all literature identified.

Top transformations

Ten important issues identified by the research evidence that may improve services for children and families are:

- focusing on underlying issues, not just symptoms
- focusing on supporting caregivers as well as children
- using fun, flexible methods to support prevention
- setting up partnerships with other services
- providing integrated care across health services
- offering specialist services in community settings
- training staff in empathy, relationships and interpersonal skills
- training lay people and family members to help provide care
- providing supervised exercise and health programmes for children
- providing some care at home, school or in community venues

Focusing on these issues may transform community services, but many other initiatives may also be worthwhile.



Transforming services

Who: targeting services

Develop services based on root causes: aim to treat the underlying issue, not just the symptoms

There are hundreds of thousands of studies outlining different approaches to providing services for children and families in the community. These range from services for expecting families, to screening services for babies, follow up support for new parents, behaviour support services for children, healthy eating or exercise programmes, dental programmes in schools, adolescent drug, alcohol and sexual health programmes, and care to support children with long term conditions or nearing the end of life. The most successful of these programmes have in common a targeted population of interest, perhaps defined by age bands, ethnic groups, levels of disadvantage or geographic region.

The most successful also tend to be based on a sound understanding of the underlying causes of health problems and are focused on addressing these root causes, rather than broader symptoms.



For instance, a programme in Hawaii examined the root causes of substance misuse among adolescents and sought to translate treatment approaches in a culturally appropriate manner. The programme focused on low self esteem, lack of self identity and life plan, and limited communication and conflict resolution skills. Approaches to address these issues included cultural activities and group and individual counselling focused on attitude and behavioural change. An evaluation found that targeting the underlying causes with children and families worked well.¹

This has applicability to NHS community services which may often seek to treat symptoms rather than having the time or skill sets to consider root causes. Rather than merely setting up new initiatives, there may be a need to support managerial and clinician staff with training in root cause analysis and to seek out innovations which look deeper than surface level. Such transformations require a new way of thinking about how to support children and families, not merely new services.

Focus on supporting caregivers as well as children

Research suggests that in order to truly transform services for children and families, parents and carers must be fully considered. This begins with expectant parents. The NHS Community Midwifery Model aims to allow every woman in the UK to choose a midwife who will provide one to one midwifery care throughout pregnancy, birth and after the baby is born.² Some community midwives are now based within GP practices or in local Sure Start or other community venues.³ International studies suggest that community midwifery models are associated with improved quality of care, happier parents and reduced costs overall.⁴

Supporting parents in order to increase the wellbeing of children is important as children grow older too. A community intervention model in the US focused on homeless mothers with mental health or substance abuse issues. The transformation involved a two-level service focusing on both parents and children. It aimed to focus on the wider systems available to support families as well as targeting individual needs. Case management and improved coordination and collaboration of services were found to be essential.⁵



Parents and carers of children who are ill need information and support. All of the research evidence suggests that caring for children is about caring for families and wider networks too. In transforming community services, NHS teams may need to think about how they are supporting parents and whether peer support, online support or other community or voluntary sector resources are available. Supporting families rather than focusing merely on clinically treating a sick child has time and therefore funding implications for the NHS, but hundreds of studies suggest that this investment is repaid through increased self care and a corresponding reduction in expensive unplanned care.

What: service delivery

Use innovative delivery methods to promote good health and see the community as partners

'Traditional' community services involve providing care at a health clinic, but in order to transform community services a wider range of service delivery options could be considered. In Australia, media campaigns and community education have been used to raise awareness about mental health services for children and adolescents. Early detection and treatment of mental disorders in young people can lead to better health outcomes. Mental health literacy is a key to early recognition and help seeking. The 'Compass' campaign in Australia used multimedia, a website, and an information telephone service to raise awareness of mental health issues among young people. This community campaign approach helped to increase the prevalence of self reported issues and reduce perceived barriers in access to community services over a 14 month period.⁶ The NHS runs campaigns about access to specific services such as smoking cessation and nutrition. A similar focus on sharing information for children could be considered.



Merely providing information to children and families is not sufficient to improve wellbeing, however. A randomised trial in Australia examined the value of Live, Eat and Play (LEAP) programme which comprised screening and counselling overweight 5-9 year olds in primary care. The cost of offering the service was significant yet there were no noticeable differences in physical activity or body mass index. This study recommended against routine surveillance and counselling of overweight children in primary care.⁷ This is important as routine screening for overweight children has been considered a priority in some parts of the UK.

Example of transforming children's services

Children with complex needs such as learning difficulties or physical disabilities require special services but often receive fragmented care. Reductions in longer-term institutional care and a focus on providing more care in the community can create considerable difficulty for families attempting to care for their disabled children.

Tadworth Children's Trust developed an outreach service for children with complex needs. The model aimed to address the balance between the care needs of children and the training and support needs of staff. It provided proactive services in the community and was based on four principles: being focused, flexible, friendly, and forward thinking. The service needed to be focused in terms of specifying a target group and criteria for treatment. It needed to be flexible to account for the needs of parents and children themselves. It needed to be friendly, ensuring that staff underwent training in developing relationships and empathy rather than focusing only on clinical skills. Finally the service aimed to be forward thinking and innovative. It used quality improvement methods to consider new ways to offer care, had regular team review meetings and involved children and families in planning and evaluating services.⁸



Where: location of services

Try new preventive activities in the community

Transforming community services includes transforming where and how services are provided. There are many opportunities for development. For example, evidence suggests that setting up fun activities in the community can help increase exercise and encourage children to have fun while being active and healthy.

For example, one primary care clinic in the US set up a resistance training service. Adolescents were given fitness plans. Some did exercises in their own homes, others took part in group activities in community or primary care venues. Supervised programmes were more effective at improving physical activity and fitness and overall self concept.⁹ The implication for the NHS, supported by high quality systematic reviews, is that active and proactive services have the most impact.¹⁰

Offer 'hospital' services in community settings

Providing outpatient or routine specialist care in community venues can be more convenient and less 'scary' for children as well as reducing costs.

For example, a high proportion of children who need further investigations after an eye test can be effectively managed in a community clinic. UK studies found that optometrists working in a community setting can take referrals from GPs, health visitors and school nurses and prescribe treatment or glasses as needed. Only 14-16% of children are referred on to hospital eye services.¹¹

*"This model of care provides a 'one stop service' where a child identified as having a potential visual problem at primary screening can be assessed, refracted and provided with spectacles in a local setting without hospital referral. Referrals to the Hospital Eye Service are considerably reduced and a convenient service is provided for parents and children"*¹²

Consider the value of offering care at home

Offering care at home can be particularly valuable for children and families. Providing care in a familiar environment reduces anxiety, saves families time and helps juggle other childcare commitments.

For example, a randomised trial in the US found that providing asthma self-management support from community health workers added value compared to standard asthma education from GP clinic-based nurses. More than 300 3 to 13 year olds with asthma living in low-income households received asthma education provided by nurses and referrals to community resources. One group also received environmental assessments, asthma education, social support, and asthma-control resources provided at home by community health workers. Home-based care was associated with reduced symptoms, improved caregiver quality of life and reduced use of urgent health services.¹³

A systematic review also found that home visiting may reduce the risk of childhood injury and the risk of child abuse.¹⁴



There are conflicting findings about the cost effectiveness of home care. While most research suggests that home care is associated with greater satisfaction among children and families and improved quality of care, some studies suggest that home care can be less cost effective overall. Expected savings due to reduced emergency care do not always materialise. Home care also has certain staffing challenges.

Teams undertaking home visits must be prepared to support families with a wider range of issues, to be able to signpost to other services and to work in any environment that may be noisier and less 'well ordered' than clinic settings. One of the key issues that nurses working in the community mention, in comparison to working in hospital or clinics, is the stress of dealing with people's home environments, including a lack of equipment, dealing with animals, supporting other family members, travel and time management. While home-based services undoubtedly have many benefits, they also have considerable staffing and cost implications.

Transforming staff

Consider a named care co-ordinator for children and families needing extra support

Transforming staff is important for ensuring ongoing innovation and improvement in community services. A range of different methods have been trialled to increase skills, co-ordination and empathy.

Research suggests that families and children want consistency from teams. The most effective forms of care co-ordination involve having a named contact, supporting parental empowerment, ensuring the co-ordinator is responsible for a defined client population, using needs assessments to tailor services, inter-agency collaboration beyond existing team boundaries, and continuity of the named professional across service transitions.¹⁵



The services offered may be less important than the competencies and empathy of professionals

Having family-centred service at the heart of care can make a big difference to how parents and children perceive services and staff and how often they seek specialist care.

In depth studies examining the roles and competencies of nurses providing care for children in the community have found that empathy, supporting self management and building interpersonal relationships are key components, regardless of the specific services delivered.¹⁶

In Australia, 'family-centred care is seen as a best practice model and providers are taught to work with families using a collaborative approach. Surveys found that families of children with disabilities receiving care in the community wanted professionals who were respectful and supportive, not those who merely provided information.¹⁷ Providing training in interpersonal sensitivity was associated with increased satisfaction among parents and children and more positive healthcare outcomes.

Trained lay people may be a valuable resource when transforming community services

A number of innovative services have been set up incorporating trained lay people as workers rather than health or social care professionals. Systematic reviews have found mixed evidence of the benefits of this approach,¹⁸ but there are examples of success in children's services. For instance, in the US coordinated asthma home care was provided by a community-based lay worker collaborating with a paediatrician, pharmacist, and public health nurse. A small study of inner city children with mild to moderate asthma found lay person support was associated with reduced hospitalisations, emergency department visits, and unscheduled clinic visits.¹⁹ Many similar studies exist but the characteristics of lay people that lead to these successes remain uncertain.



Family group conferences have been used extensively in countries such as New Zealand to support people dealing with the justice system. In this approach, families and professionals come together to support the person going through the system, focus on potential solutions and test different approaches. The aim is not merely to provide families with information, but rather to see family members as an important part of the team. This model has also been adapted for use in healthcare.

For instance, in the UK family group conferences have been tested in community mental health. This model of care is unique in involving both professionals and family and other support networks help people manage their condition. The process is led by the client and family network, and promotes social inclusion of an often isolated group of people. It can be particularly valuable with young people and acknowledges that family members may be essential in support and recovery.²⁰

Transforming systems

Partnerships

Maximise partnerships with other services

Services for children and families span the bounds of many sectors, including education, healthcare, and housing. Research evidence suggests that in order to transform services there is a need to remove the 'silo' mentality and operate services more holistically; combining both different types of services as well as services for different family members.

For example, studies have investigated offering health services in schools and allocating school time to learning about health, taking part in healthy activities or receiving screening and care.



Research suggests that children's early experiences have a lasting influence on their development. Reviews have found the most effective mechanisms for improving children's wellbeing are:²¹

- expanding Sure Start-type initiatives with enhanced services
- targeting services to more vulnerable families
- promoting partnerships within and across jurisdictions
- draw on research evidence when planning new services

In New York, a range of schools have a linked health centre which provides medical, reproductive health, mental health, and health education services designed for young people. Each linked health centre has an administrator, a GP, a nurse, and an administrative assistant and serves students from more than one school. This community-based model of care is designed to provide affordable, age-appropriate, confidential care to young people, a population that traditionally has been hard to reach. There has been particular success with providing education on reproductive health, and associated decreases in rates of pregnancy and sexually transmitted diseases among adolescents.²² A systematic review found similar benefits from school programmes which focus on healthy eating and '5+ a day.'²³

Another example is a nurse-led service to address challenging behaviour in children and prevent their exclusion from schools. Here again, health practitioners worked in the community, and in partnership with the education sector and others to take a holistic approach to children's needs.²⁴

There is good evidence from Australia, New Zealand, Canada, the United States, South Africa, France, and Germany about the value of linkages between the education sector and healthcare.

Maximise partnerships across healthcare providers

As well as maximising partnerships between health and other sectors, there is evidence about the value of more co-ordination and integration within the health system itself.

An example is the increasing emphasis on improving care for children near the end of life and their families. Paediatric palliative care is often fragmented and may neglect the physical, psychosocial, and spiritual needs of the child and family. It has been suggested that to address this healthcare needs to be seen as an entire system, and that community services need to work closely with specialist colleagues. The US 'Footprints' model was developed to move beyond disease oriented, hospital-based models. Footprints is an innovative program of advanced care planning and care coordination. A 'continuity physician' directs the treatment plan regardless of where care is provided and there is follow up and communication among hospital and community-based providers. Spiritual support is provided to families and children and continues through bereavement. There is a strong focus on education for community and hospital professionals.²⁵

Many of the characteristics of this approach are captured in England's Gold Standards Framework for end of life care, which is now being implemented by the majority of practices in England. What is different about the Footprints model however, is an increased focus on collaboration between community and acute services, more emphasis on training professionals and a spotlight on transforming the entire system of care.

This example provides an important reminder that high quality care for children involves establishing appropriate services throughout a wide range of care areas. Children must be considered when tackling health inequalities. Some children have long term conditions. Some children require rehabilitation or acute services and sadly, some children need end of life care. "Children's services" is a catch all phrase and shouldn't disguise the fact that in order to truly transform community services for children and families, consideration of children's needs is important when redeveloping all other care pathways. Research suggests that it is also essential to ensure smooth transitions between services for children and adults.



Information

Good quality care relies on good quality information

Community services for children and families should be informed by the best available evidence. However, research continues to show that putting evidence into practice remains a significant challenge for frontline teams. One study found that health visitors working with children and families were able to greatly improve evidence-based practice using 'evidence nuggets.' These user-friendly research briefings for health and social care practitioners were developed by researchers as part of a project to reduce inequalities in child health. Research findings were presented in succinct and jargon-free briefings, supplemented with guidance on implementation, costs and audit. Practitioners said they felt empowered to use research in their day to day practice. This required a change to the way research was presented and greater collaboration between researchers and practitioners.²⁶ The implication is that to transform care, the NHS needs to consider new ways to get evidence such as that summarised herein into practice. Simple tips sheets and toolkits can make a real impact on care provision.

Summary: what works?

This overview has briefly outlined lessons from research into best practice in community services for children and families. More than 5,000 studies were screened so we have included just a few illustrative examples of key points. We focused not on examining individual services or models of care, but rather on potential high impact changes that cut across all pathways. The priorities for further consideration are outlined in the table overleaf.

Priorities for further consideration are based on an assessment of the amount of evidence available, the quality of evidence, the effect of interventions and the extent to which initiatives are already being implemented in the NHS or might be a significant change or transformation. It is important to emphasise that not all possible interventions are listed here. Also, in many cases there is not a strong evidence base. This does not mean that an intervention does not work well; only that it has not been well researched. For this reason, the Department of Health used the evidence as just one of the components considered when developing high impact changes. Expert opinion, consensus workshops and other methods were used to form a well rounded picture, underpinned by this rapid evidence review.



<i>Intervention</i>	<i>Evidence quality</i>	<i>Effect</i>	<i>Priority</i>
Support caregivers	High	Positive	H
Address root causes, especially in prevention	Medium	Positive	H
Focus on prevention as well as treating illness	High	Positive	H
Provide proactive support	High	Positive	H
Upskill teams in interpersonal skills	High	Positive	H
Provide integrated care across health services	High	Positive	H
Work across sectors	Medium	Positive	H
Offer specialist services in primary care	Medium	Positive	H
Supervised exercise and care programmes	Medium	Positive	M
Offer care at home	High	Mixed	M
Learn from good practice elsewhere	Medium	Positive	M
See family members as part of the team	Medium	Positive	M
Have lay people provide services	Medium	Mixed	M
Use campaigning approach	Medium	Mixed	M

<i>Intervention</i>	<i>Evidence quality</i>	<i>Effect</i>	<i>Priority</i>
Target services to particular subgroups	Low	Positive	M
Support children and caregivers at each stage of childhood	Low	Positive	M
Seek support from voluntary sector	Low	Mixed	M
Consider non traditional service delivery models	Low	Positive	M
Develop services for children across the lifecycle	Low	Positive	M
Provide care managers for children and families with advanced needs	Low	Positive	M
Provide evidence-based information for teams	Low	Positive	M
Focus mainly on providing information	High	Negative	L
Routine screening for obesity and ill health	Medium	Negative	L
Self guided exercise for children	Medium	Negative	L

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