

Approaches to Co-production in Care Homes: A Scoping Review Protocol and Preliminary Findings

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Background



Falls are common among older adults in care homes ([Nurmie et al., 2002](#))



Proactive approach to falls prevention is recommended ([Logan et al., 2022](#); [NICE, 2013](#))



Delivering best practice in care homes can be challenging



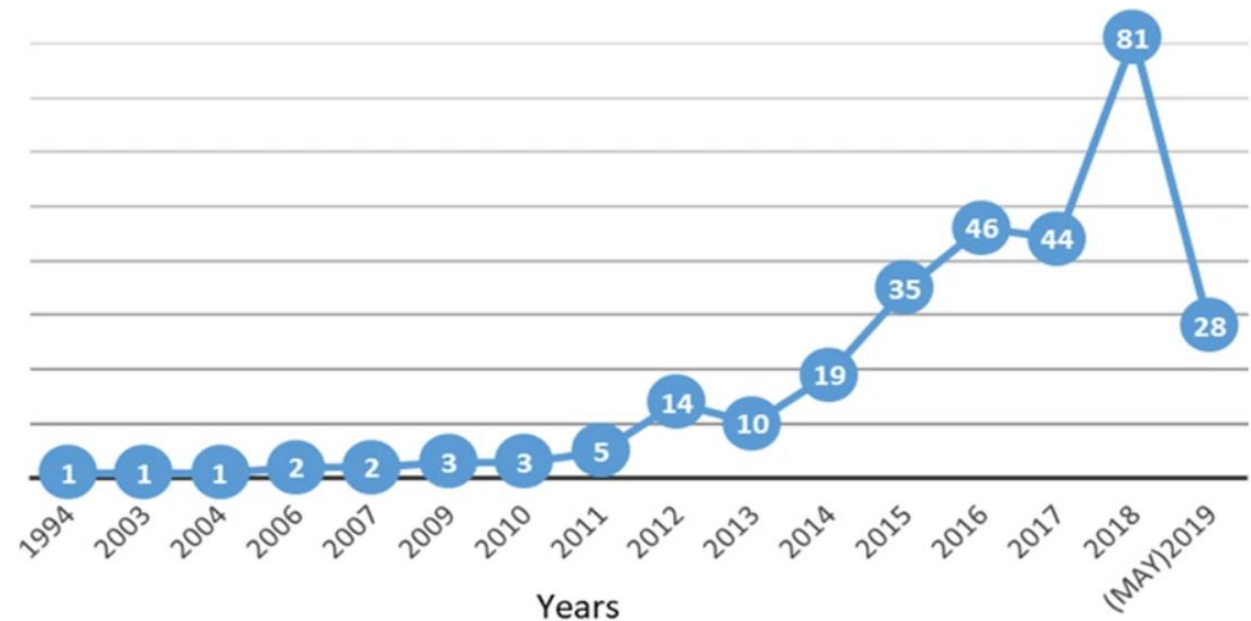
Collaborative approaches suggested for increasing participation in research and re-designing practice in care homes ([Allen et al., 2021](#); [Goodman et al., 2017](#))

Co-production

People working together in equal partnership and sharing responsibility for generating knowledge and solutions to problems ([NIHR, 2018](#); [SCIE, 2015](#))

From early stages of design to evaluation

[Fusco, Marsilio , & Guglielmetti \(2020\)](#)

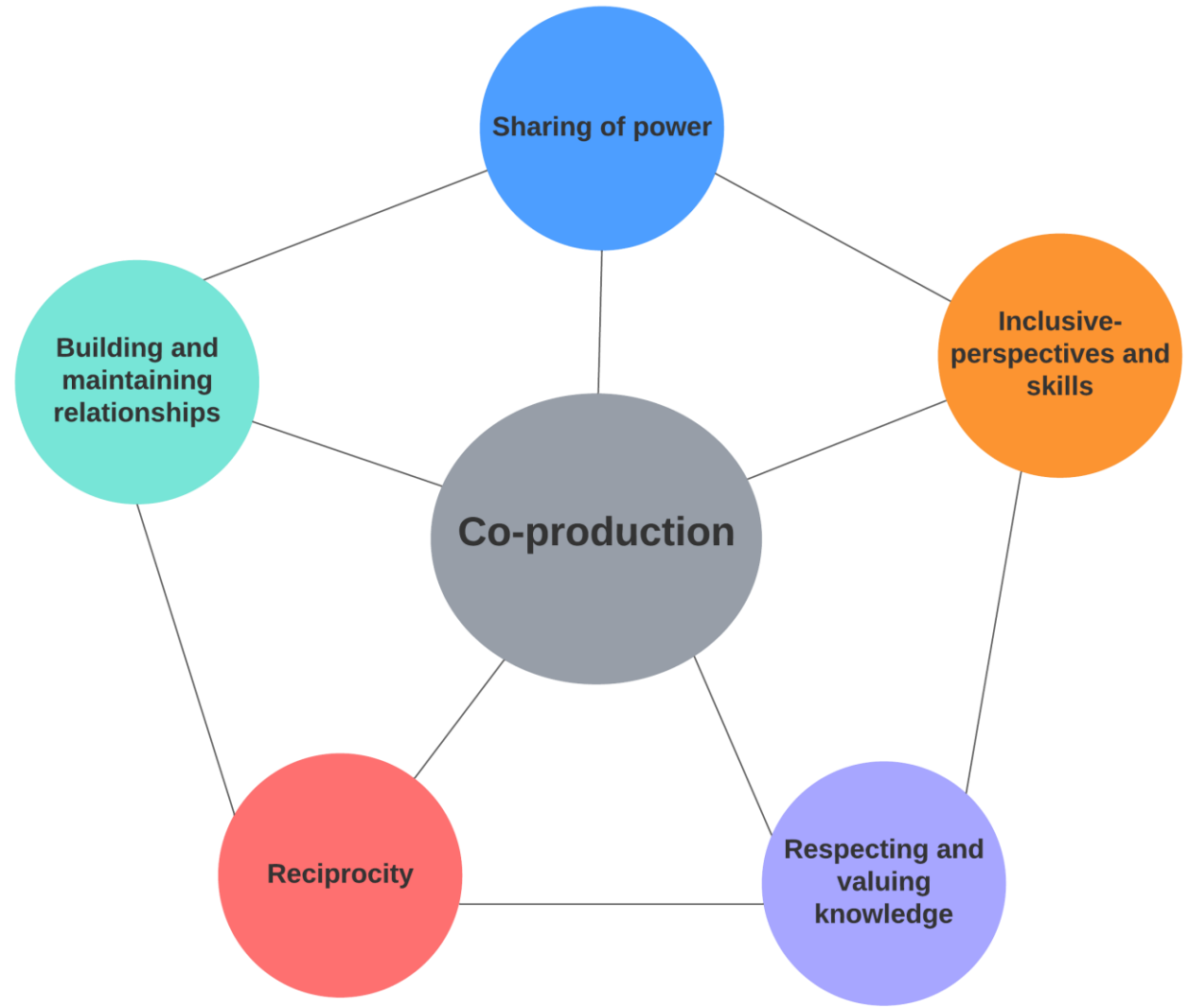


Co-production in care homes

How do we achieve co-production in care homes?

Lack of practical guidance
BUT...

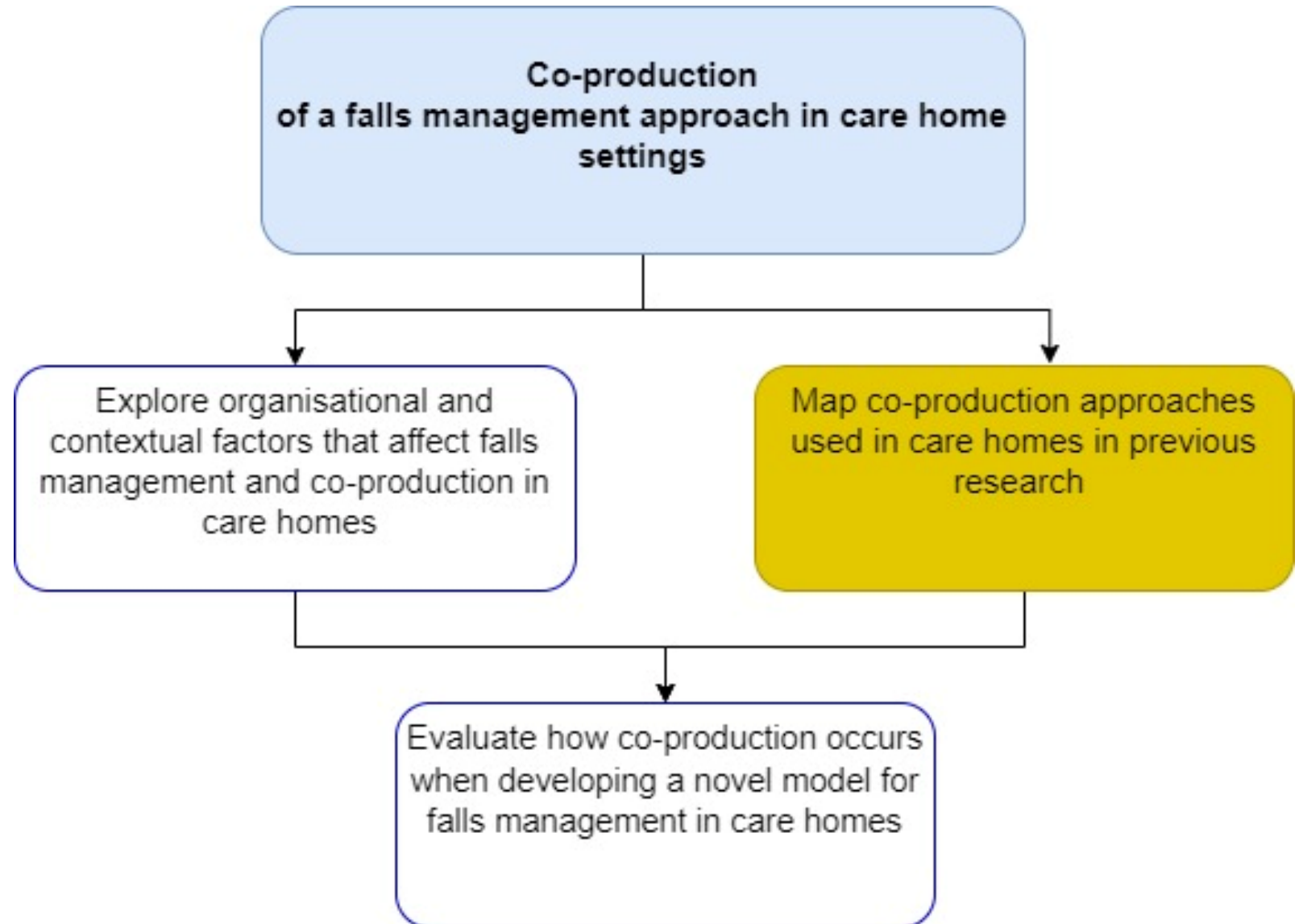
co-production approaches have been used in previous research



[NIHR INVOLVE Principles of Co-production \(2018\)](#)

PhD topic

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Scoping Review: Methods

Protocol
registered on OSF:
DOI

[10.17605/OSF.IO/
TFPHC](https://doi.org/10.17605/OSF.IO/TFPHC)



Mapping relevant studies



Search for and screen studies



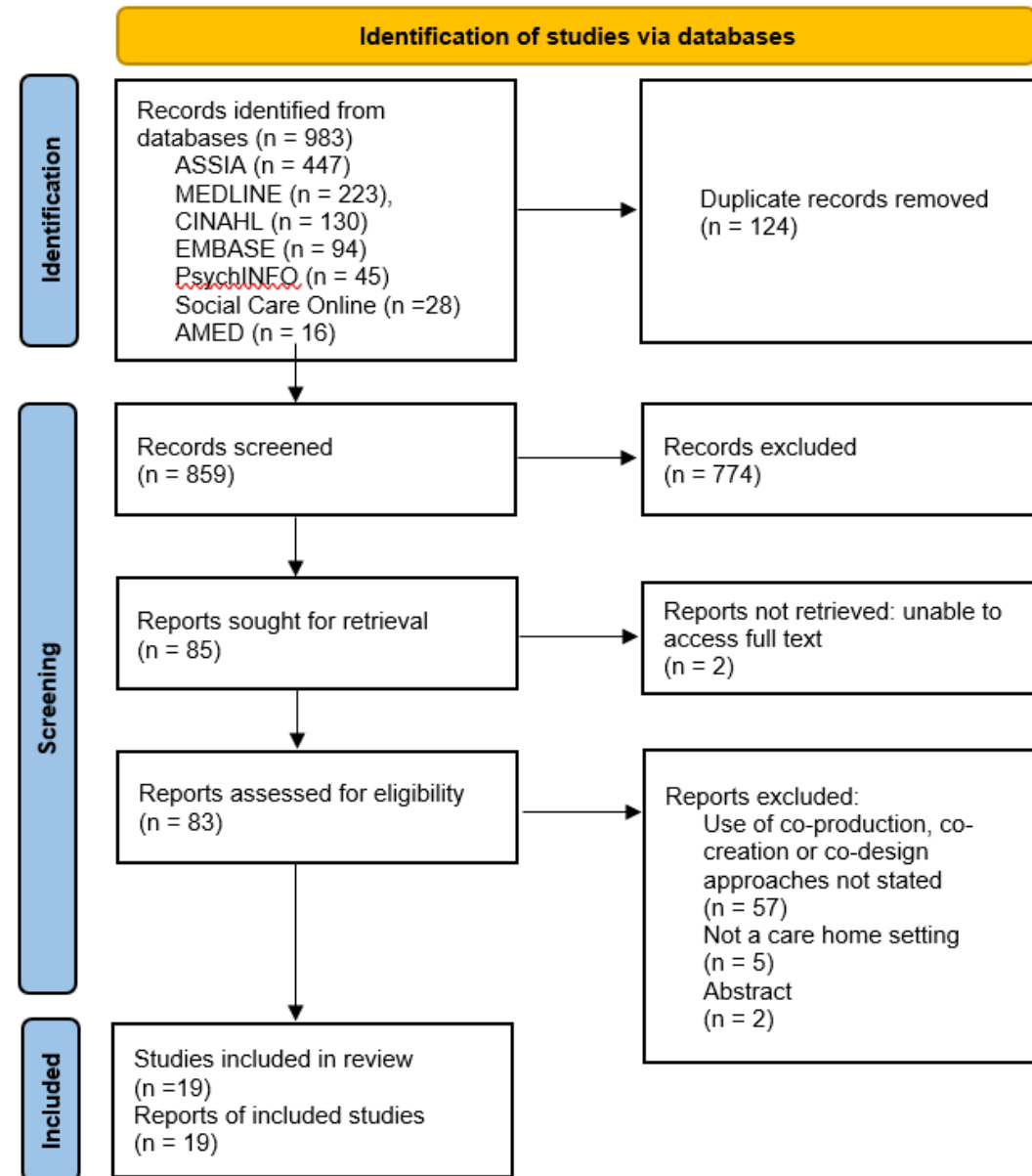
Data extraction and synthesis



Collaborator group

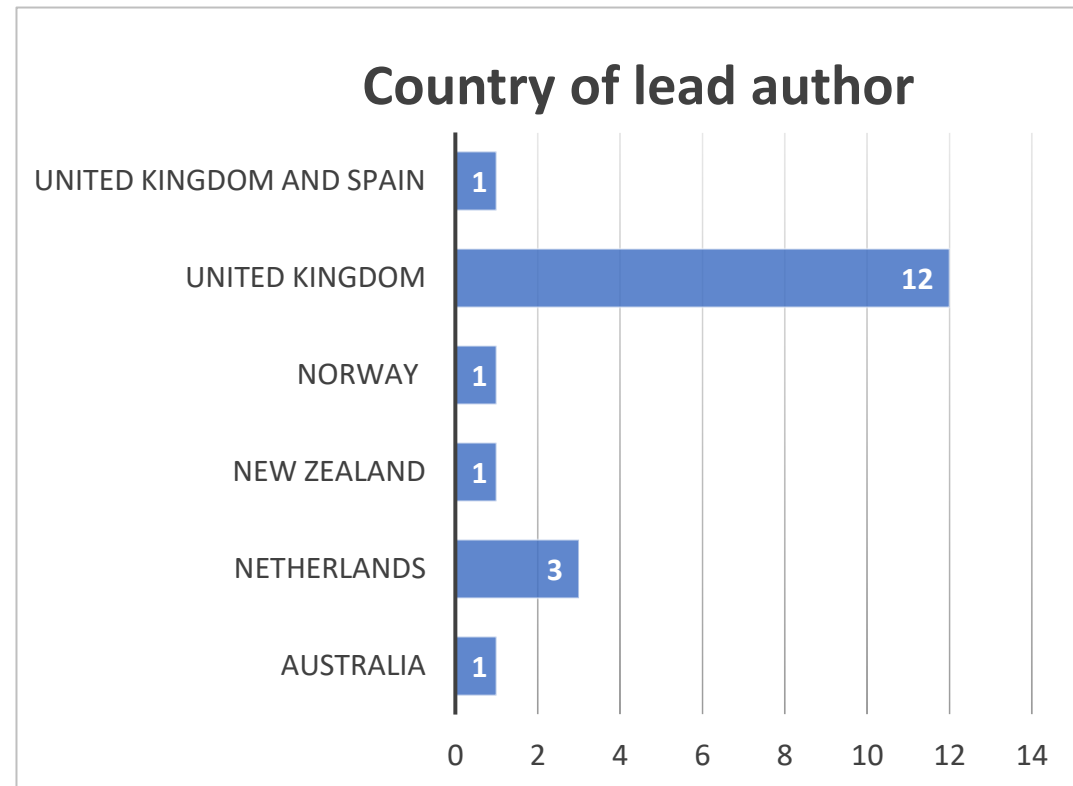
Preliminary findings: Identification of eligible studies

Please note findings shared in this presentation are from the early stages of the analysis process which is ongoing. The reporting of the finalised findings may differ.

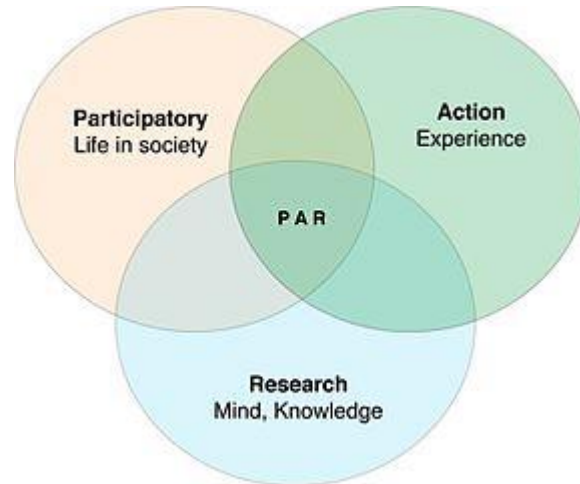
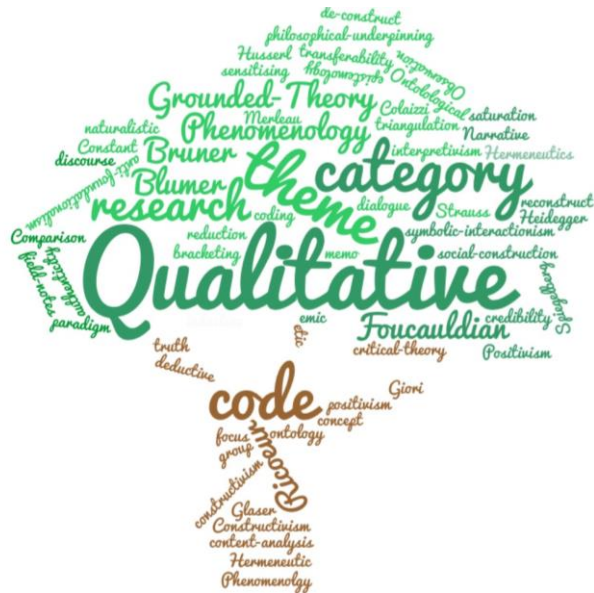


Study characteristics

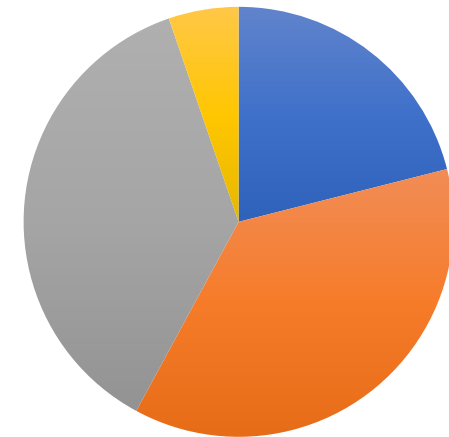
- Published between 2014-2021
- Mostly by researchers based in the UK



Approaches



Type of approach



- Co-production (n = 4)
- Co-design (n = 7)
- Co-creation (n = 7)
- Co-creation and co-design (n = 1)

Components of approaches

- Level of detail reported varies
- Principles for co-creation and reporting checklist used to support data extraction

Leask et al. *Research Involvement and Engagement*
<https://doi.org/10.1186/s40900-018-0136-9>

(2019) 5:2


Research Involvement
and Engagement

METHODOLOGY

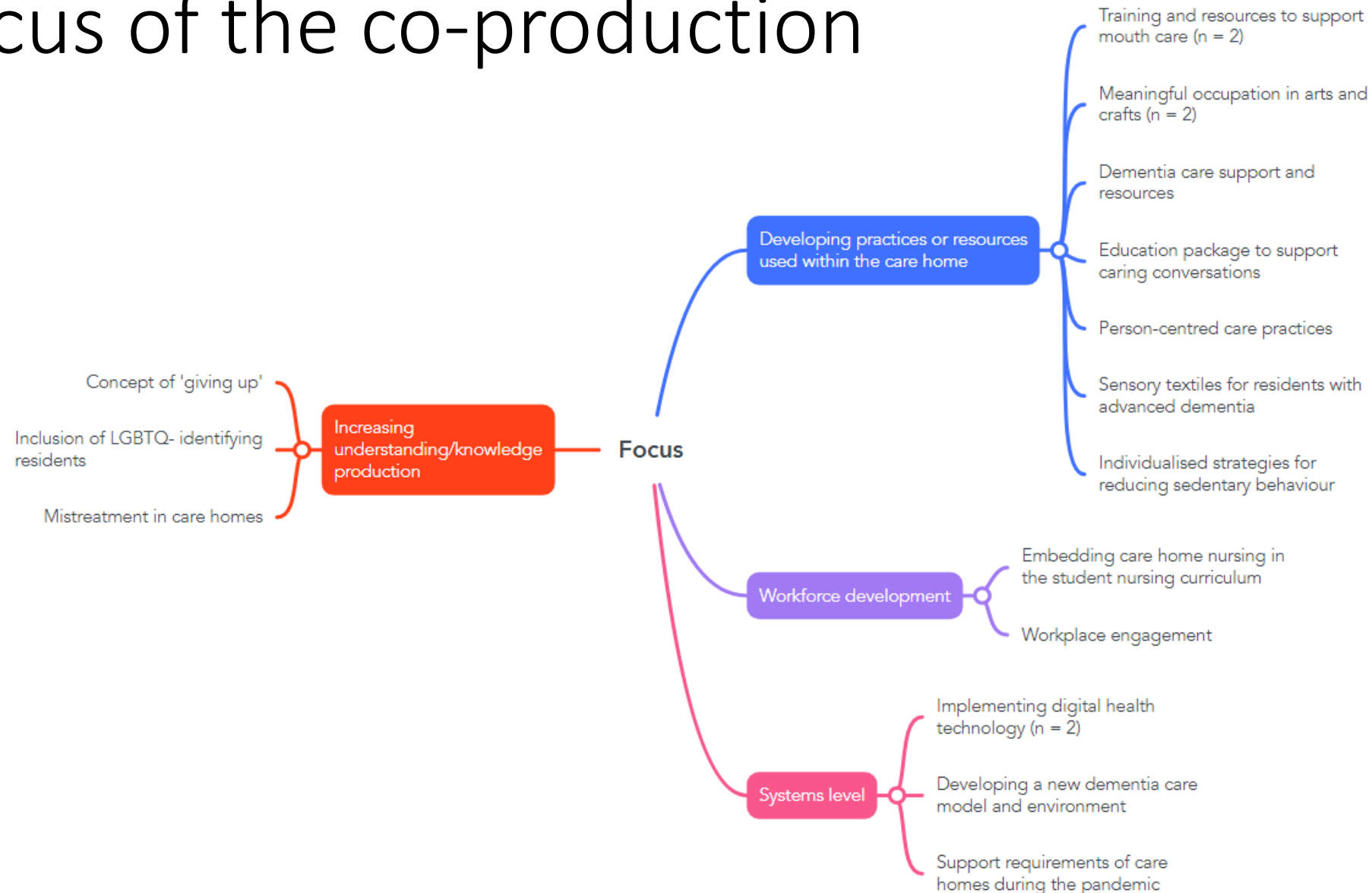
Open Access



Framework, principles and recommendations for utilising participatory methodologies in the co-creation and evaluation of public health interventions

Calum F. Leask^{1,2*} , Marlene Sandlund³, Dawn A. Skelton¹, Teatske M. Altenburg⁴, Greet Cardon⁵, Mai J. M. Chinapaw⁴, Ilse De Bourdeaudhuij⁵, Maite Verloigne⁵, Sebastien F. M. Chastin^{1,5} and on behalf of the GrandStand, Safe Step and Teenage Girls on the Move Research Groups

Focus of the co-production



Stakeholders involved



Levels of participation

Different levels of stakeholder participation within and between studies

Level of detail provided varied



Summary

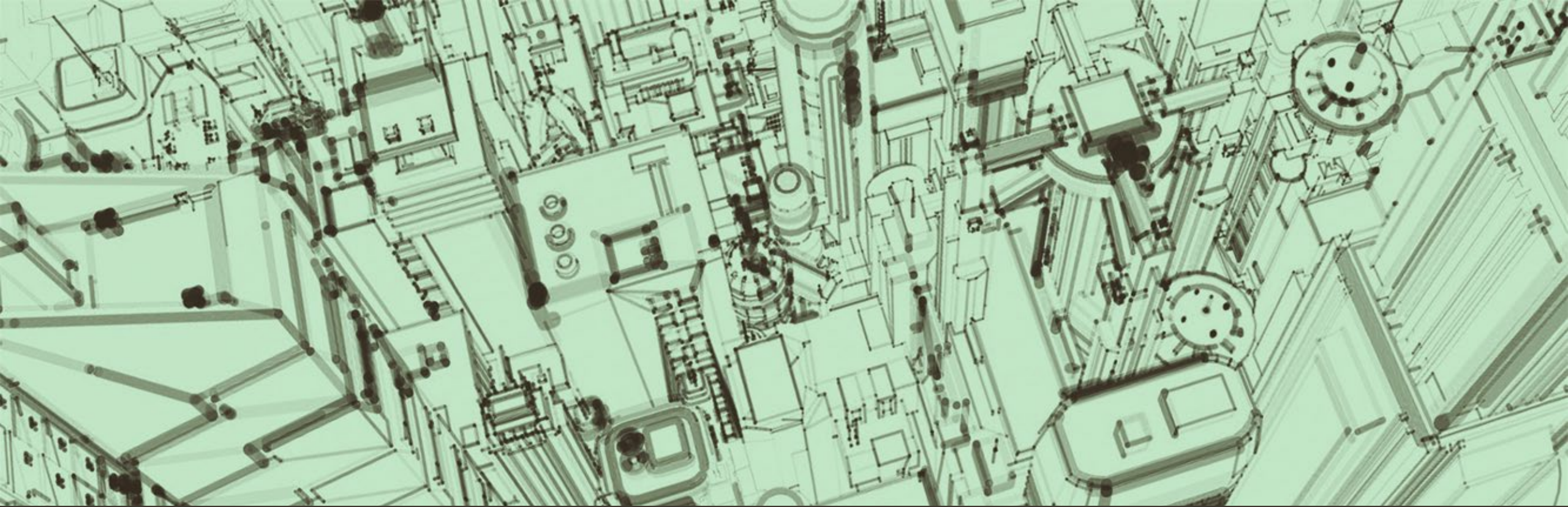
- Co-production may be useful for developing approaches to implement falls management in care homes
- Qualitative, participatory research studies identified which may help inform future co-production research
- Useful learning exercise

Next steps

- Complete data synthesis and write up scoping review
- Observations and interviews in care homes
- Develop protocol for co-production study and process evaluation

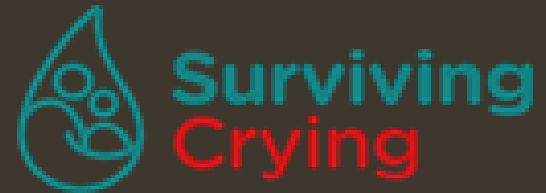
Thank you





The practicalities and complexities of setting up a National Cluster Randomised Control Trial (RCT): The Surviving Crying Study

Professor Jayne Brown

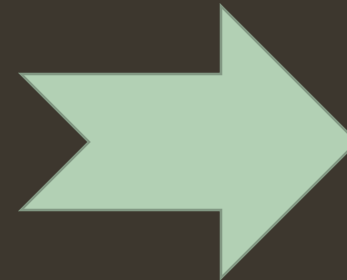


What's the problem?

- 20% of 1-4 month olds cry excessively
- Traditionally cause thought to be 'colic'
- Now only 5% thought to have organic disturbance
- 'Unsoothable' crying causes most parental distress
- The 'Unsoothable' bouts and crying peak usually cease without intervention by 5 months of age.

Why does it matter?

- Premature termination of breast feeding
- Assuming physical cause e.g. lactose intolerance
- Over feeding
- Parental distress, anxiety and depression
- Poor parent child bonding
- Problems with long term child development
- Infant abuse



Increased
use of NHS
services

The Surviving Crying Intervention

Services to support parents who are concerned about their baby's excessive crying.

- A Surviving Crying website, including evidence-based information & guidance, video stories from parents;
- A booklet based on the website;
- A set of Cognitive Behaviour Therapy (CBT)-based support sessions delivered to parents by a trained practitioner.

Research studies in this programme

NIHR
Feasibility
Study

Designing the
intervention / trying
it out using clinical
psychologist to
deliver the
intervention

Burdett Trust
for Nursing
Study

Can we train HVs
to deliver
intervention
successfully ?

NIHR Cluster
RCT

Is the use of the SC
package + standard care
is more clinically and cost
effective than standard
care alone in reducing
depression and anxiety

Training HVs in using CBT approaches

- Day one: theoretical content online lecturers and discussion
- Day two: Face to face – reiteration of CBT approach, role play
- Day three: More practice and discussion
- Supervision: 1 hour a week on line

Assessment:

- Audio recording of sessions with parents





Cluster Randomised Control Trial



Cluster Randomisation

- The unit of randomization is something other than the individual participant or patient.
- CRTs in common use in education and public health research;
- They are particularly well suited to testing differences in a method or approach to patient care (as opposed to evaluating the physiological effects of a specific intervention).



Level 2: Randomisation at the level of the Health Visitor Team i.e. Cluster

Intervention: Level 1 individual website, booklet, 1-1 sessions with specially trained Health Visitor

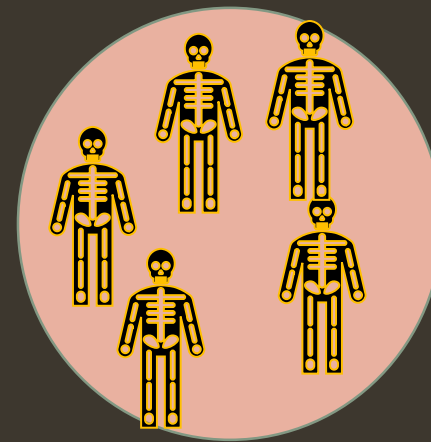
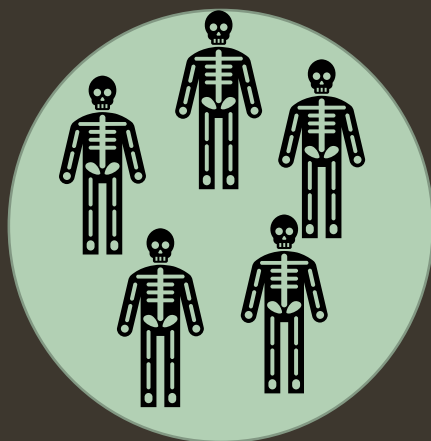
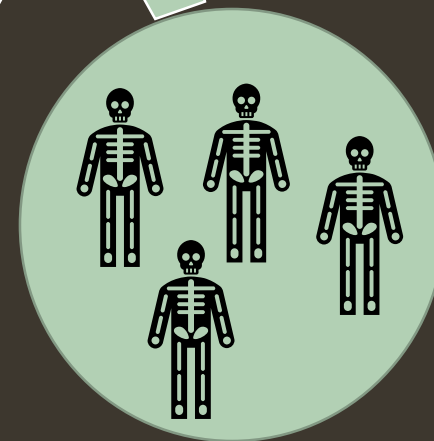
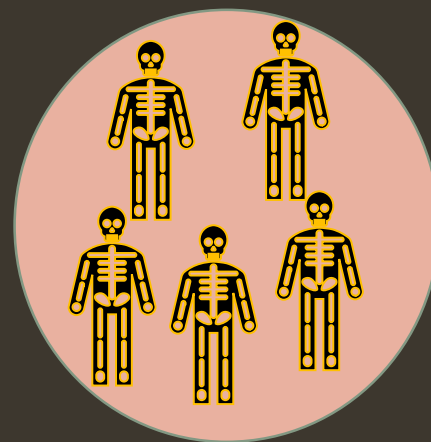
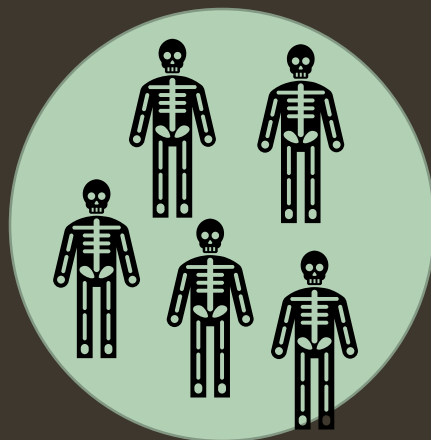
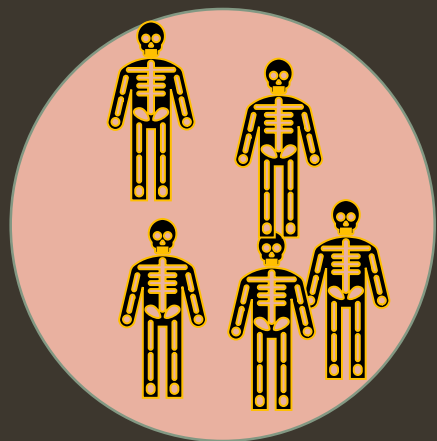
Other factors related to excessive crying

Surviving
Crying
trained
Health
visitors



Level 1: Primary outcome measure depression.
Individual level outcomes nested within Health Visitor team

Outcome Clustering



Individual
level outcomes
within the
same HV team
expected to
correlate (i.e.
cluster)

So how many do we need? – How long it s piece of string?

Internal Pilot Study: 9 months

- Training 10 Health visitors to support
- 56 participating parents
- From 20 clusters ($\frac{1}{2}$ intervention)
- In 2 – 4 sites

Main Study: further 18months

- Training 2+ Health visitors per site to support
- 366 participating parents
- From 66 clusters
- In 6-8 sites

Recruitment rate of 0.4 participating parent per cluster per month

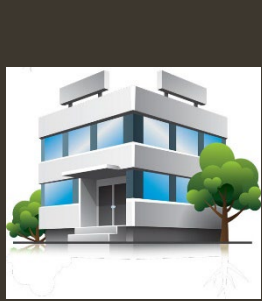


Level 3 Sites: Funded for 8

- HVs now commissioned by Councils
- Employment of HVs varies widely
- Geographical spread
- Rural /urban
- Research experience/ infrastructure



Number of births per year in sites varies widely from 2,000 to over 9,000



Level 2 Clusters: Number and size of Health Visitor teams varies widely



Level 1 parents: Sampling all parents BUT with a focus on hard to reach groups

Data collection

The Trial

- Done by blinded researcher
- On referral to the study
- At 8 weeks
- At 16 weeks

Embedded studies

- Evaluation of the lived experience of the Surviving Crying (parents, HVs, service managers, commissioners)
- Study to increase participation from under served groups



Not only but also.....

- Ethics
- DPIA
- Registration of the trial
- 3 committees to set up and run to monitor the study
- Research team making joint decisions at the Trial Management Group
- NIHR reporting progress, impact, PPI
- Contracting with partners
- Contracting with sites
- Redesign of the website – working with design ‘creatives’
- Promoting the study





How much pressure can a girl take!!!

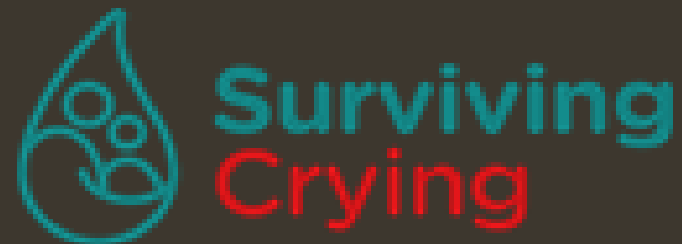
Stop go Criteria for the pilot

Pilot

- Training 10 Health visitors to support
- 56 participating parents
- From 20 clusters ($\frac{1}{2}$ intervention)
- In 2 – 4 sites
- In 9 months

Progression

- **GO:** 100% of target achieved
- **REVISE:** At least one target falls below 100% but achieves at least 80%
- **STOP:** At least one target falls below 80%
- NIHR looking to cull none achieving studies - everyone under scrutiny



Thank You

Professor Jayne Brown

survivingcrying@leicester.ac.uk

