

At a glance

Family and child-focused interventions for child maltreatment and domestic violence: Core Outcome Set Development – work in progress

Key messages

- Evaluations of family and child focused interventions for domestic violence and child maltreatment are difficult to compare due to heterogeneous outcome measurement.
- Families’ priorities are not well reflected in outcome choice, which has implications for engagement and funding.
- This project is developing a Core Outcome Set (COS) that will include outcome indicators that are important to those who use, deliver and commission services.
- The COS will be a minimum standard in all research and evaluations of family and child focused interventions for child maltreatment or domestic violence and abuse.
- The aim is to develop a more coherent and useful evidence base that can better guide decisions about which interventions to commission and which to stop funding (because they are not beneficial in ways that matter to families or they are harmful).

Context

The effectiveness of interventions for children experiencing maltreatment or domestic violence is hard to ascertain and to compare across studies^{1 2}. **Two key problems are: 1) intervention studies measure different outcomes in different ways; 2) outcomes measured tend to reflect researcher priorities, rather than those of the families who receive these interventions³.**

The aim of this project is to harmonise outcome measurement by working with families, researchers, practitioners, commissioners and policymakers to reach agreement about a minimum set of outcomes (core outcome set) that should be measured in all psychosocial intervention studies. Core outcome

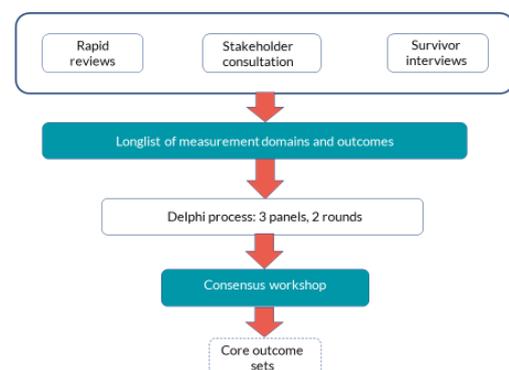
sets are developed through a standardised approach⁴ that involves service users throughout the process⁵. Whilst initially developed in relation to clinical trials, **core outcome sets can also be used for other types of research, audit and evaluation; this is an opportunity to bring together research and practice evaluations, and to ensure that survivors perspectives are central to guiding outcome measurement.**

Methods

This is a two-stage, multi-method process. We have consulted survivor groups at each stage.

Stage 1: development of a longlist of outcomes through stakeholder workshops, rapid literature reviews and qualitative interviews.

Stage 2: online two-part Delphi survey. Four panels (survivors, practitioners, researchers, commissioners and policymakers) will rate the importance of outcomes. The final collection of high scoring outcomes will be discussed in a stakeholder consensus workshop to agree the core outcome set.



Flow diagram of process

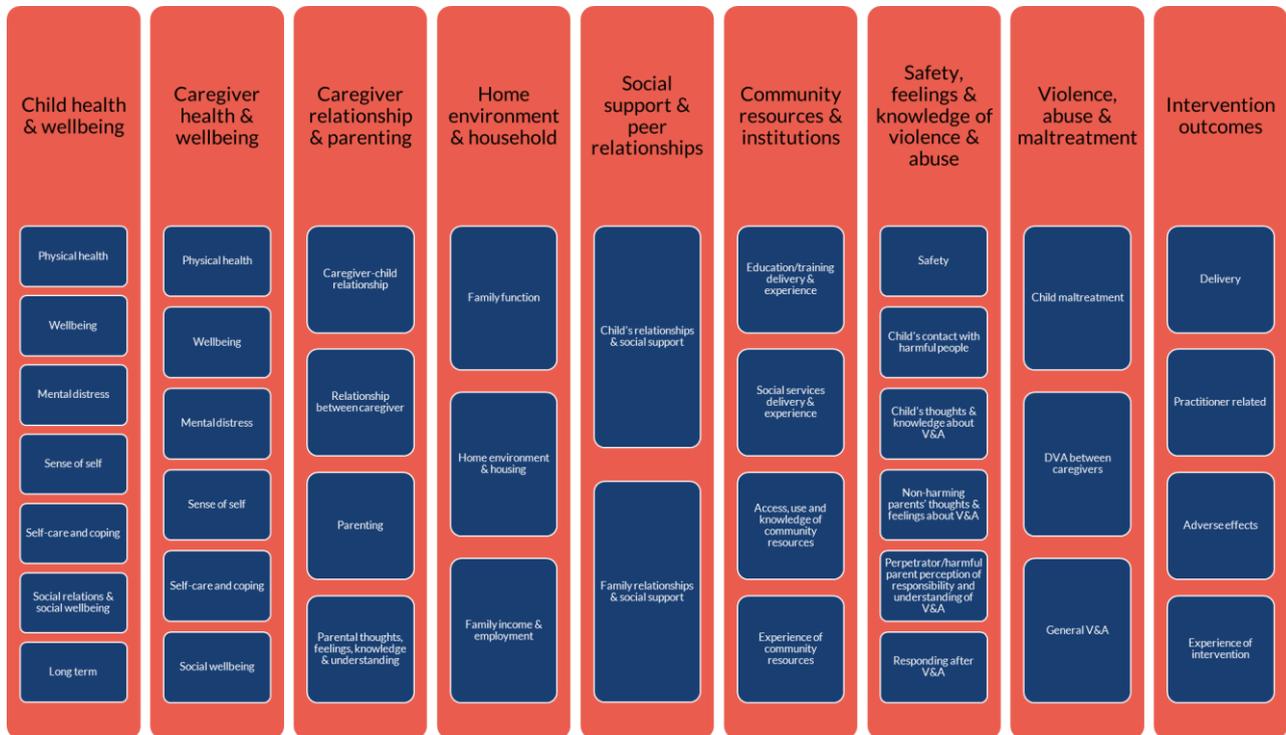
November 2021

ucl.ac.uk/children-policy-research
ich.cpru@ucl.ac.uk

This study/project is funded by the National Institute for Health Research (NIHR) Policy Research Programme. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Work in progress

We have developed an outcomes taxonomy to categorise the outcomes into nine broad areas and 39 domains.



Most domains have indicators extracted from intervention studies, the grey and qualitative literature; however, outcomes from the grey and qualitative studies tend to be more nuanced and complex.

Most domains have indicators from both domestic violence and child maltreatment literature indicating there is overlap in what is measured, or people want to see measured across both fields.

We are currently working to: 1) compare the outcomes measured or emphasised throughout different evidence sources; 2) explore similarities and differences in outcomes across the DVA and CM literatures.

Next steps

July 2021: Second round of Delphi survey;
September 2021: Final COS agreed and disseminated.

November 2021

ucl.ac.uk/children-policy-research
ich.cpru@ucl.ac.uk

Project team

Professor Ruth Gilbert (UCL), Professor Gene Feder (Bristol), Dr Emma Howarth (UCL), Dr Claire Powell (UCL)

Sources

- Howarth, E., Moore, T., Welton, N., Lewis, N., Stanley, N., MacMillan, H., Shaw, A., Hester, M., Bryden, P. & Feder, G. (2016). IMPROving Outcomes for children exposed to domestic Violence (IMPROVE): an evidence synthesis. *Public Health Research*, 4(10)
- Macdonald, G., Livingston, N., Hanratty, J., McCartan, C., Cotmore, R., Cary, M., Glaser, D., Byford, S., Welton, N.J., Bosqui, T., Bowes, L., Audrey, S., Mezey, G., Fisher, H.L., Riches, W. & Churchill, R. (2016). The effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents: an evidence synthesis. *Health Technology Assessment*, 20(69).
- Howarth, E., Moore, T., Shaw, A., Welton, N., Feder, G., Hester, M., Macmillan, H. & Stanley, N. (2015). The Effectiveness of Targeted Interventions for Children Exposed to Domestic Violence: Measuring Success in Ways that Matter to Children, Parents and Professionals. *Child Abuse Review*, 24(4):297-310.
- Williamson, P.R., Altman, D.G., Bagley, H. et al. The COMET Handbook: version 1.0. *Trials* 18, 280 (2017).
- Kirkham, J.J., Davis, K., Altman, D.G., Blazeby, J.M., Clarke, M., Tunis, S. and Williamson, P.R., 2017. Core outcome Set-STAndards for development: the COS-STAD recommendations. *PLoS medicine*, 14(11), p.e1002447.

This study/project is funded by the National Institute for Health Research (NIHR) Policy Research Programme. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.