Challenging the Inverse Care Law: can parenting support be fair to everyone?

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A specified physical quantity or intensity is inversely proportional to the square of the distance from the source of that physical quantity.

(Johannes Keppler 1604)

The Inverse Care Law….

"The availability of good medical care tends to vary inversely with the need for it in the population served. This ... operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced." (Julian Tudor Hart, 1971)
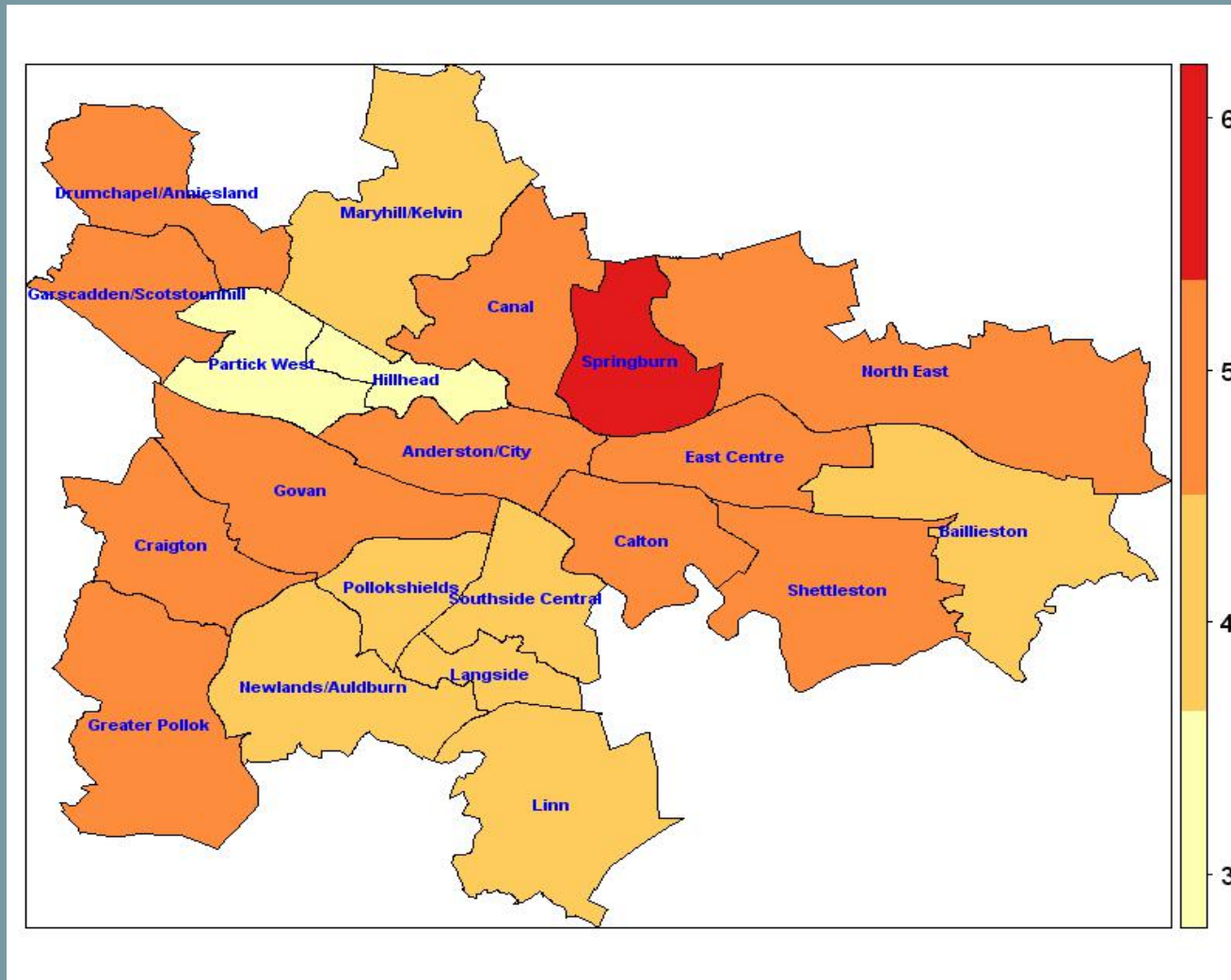
The Inverse Care Law in Action: examples

- Pre-2005 uptake of child health screening was around 80%: most of the remaining 20% were in the most deprived areas

- Growing up in Scotland: more affluent families are more likely to seek advice from health visitors and GPs about their children's health[†]

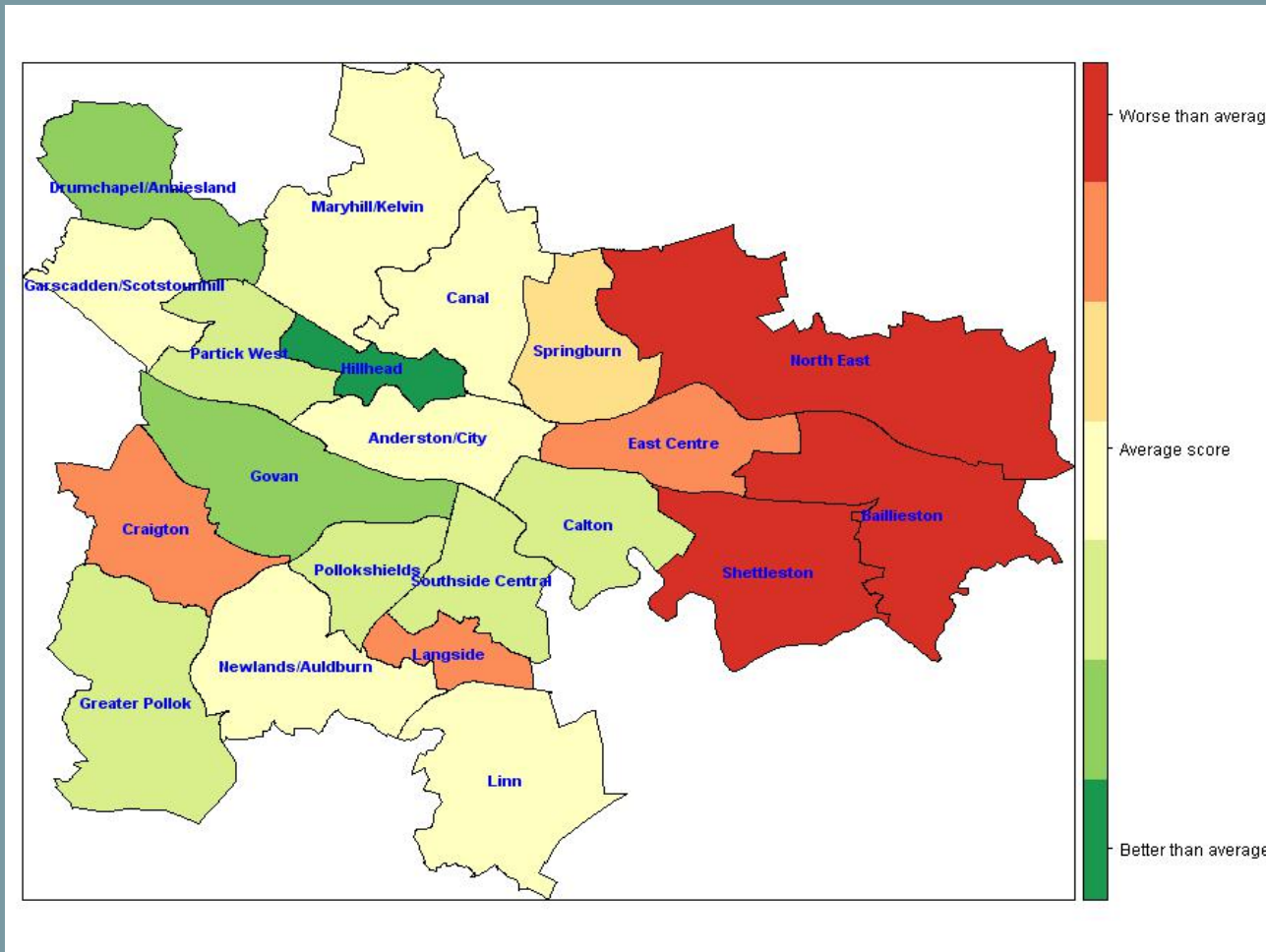- "Reactive attachment disorder in the general population: not rare but hard to find"[*]

[†]Wilson C et al Family Practice 2013;**30**(6):679-94
[*]Minnis H et al. Br J Psych, in press
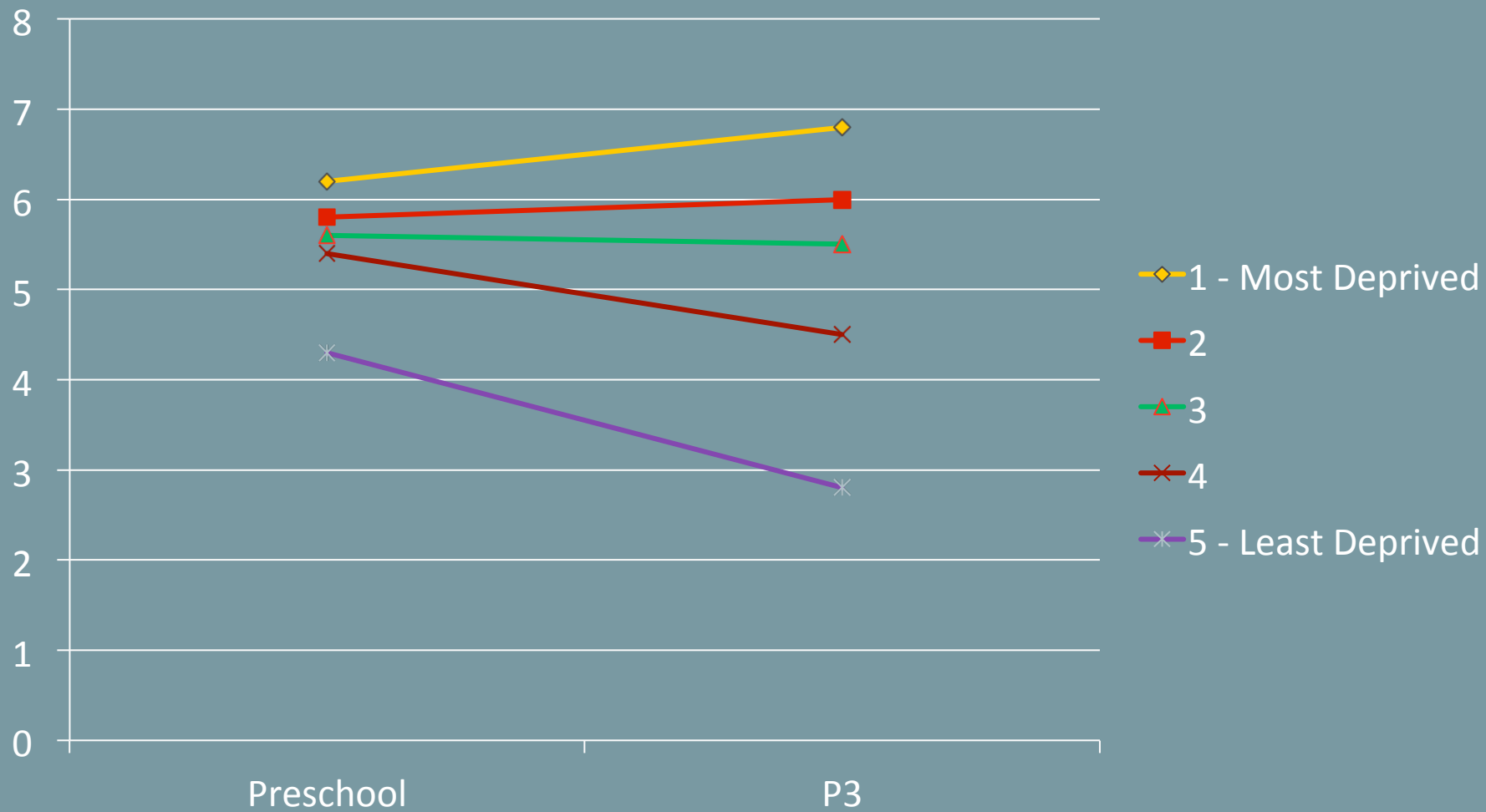
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Pre-school SDQ total difficulties results 2010-12 – median uncorrected scores

Barry et al, Child: Care, Health and Development, in press

MEAN Total Difficulties scores at Preschool and P3 by SIMD

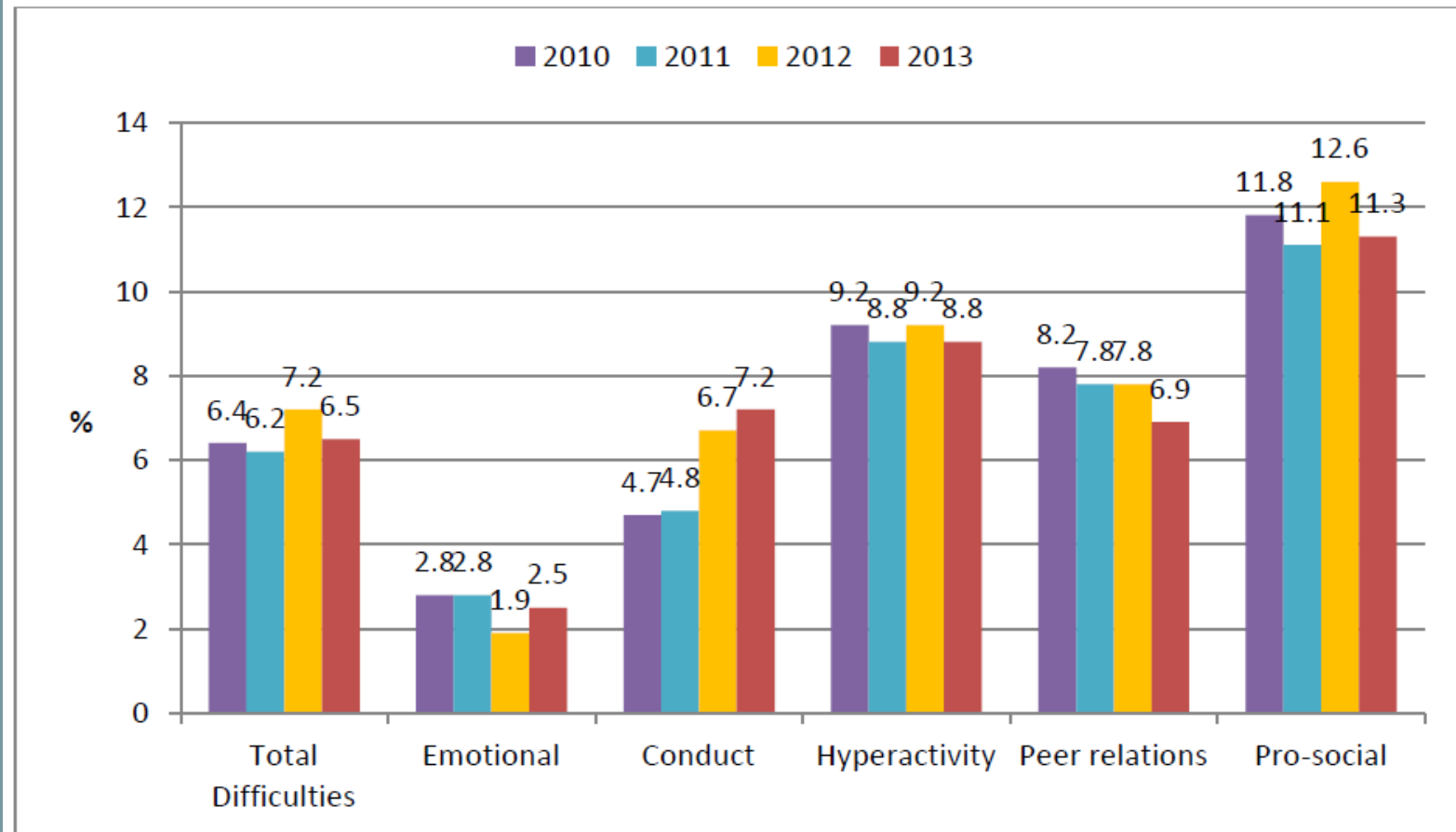# What sort of service?

- Universal?

or

- Targeted?

or

- A bit of both (proportionate universalism)?

Universal parenting programmes probably don't work (efficiently)

- Three good quality randomised trials reporting child outcomes:

  - Hiscock et al: Universal parenting programme to prevent early childhood behavioural problems: cluster randomised trial. *BMJ* 2008, 336: 318-321. No benefit

  - Prinz et al: Population-based prevention of child maltreatment: the U.S. Triple P system population trial. *Prevention Science* 2009, 10: 1-12. Unlikely to show benefit

  - Malti et al: The effectiveness of two universal preventive interventions in reducing children's externalizing behavior: A cluster randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology* 2011, 40: 677-692. No benefit

Universal Triple P didn't work in Glasgow either

Figure 9 Likely Difficulties on the SDQ at Preschool, by SDQ subscale and cohort year

Marryat et al. http://www.gla.ac.uk/media/media_374977_en.pdf

Targeted interventions work better

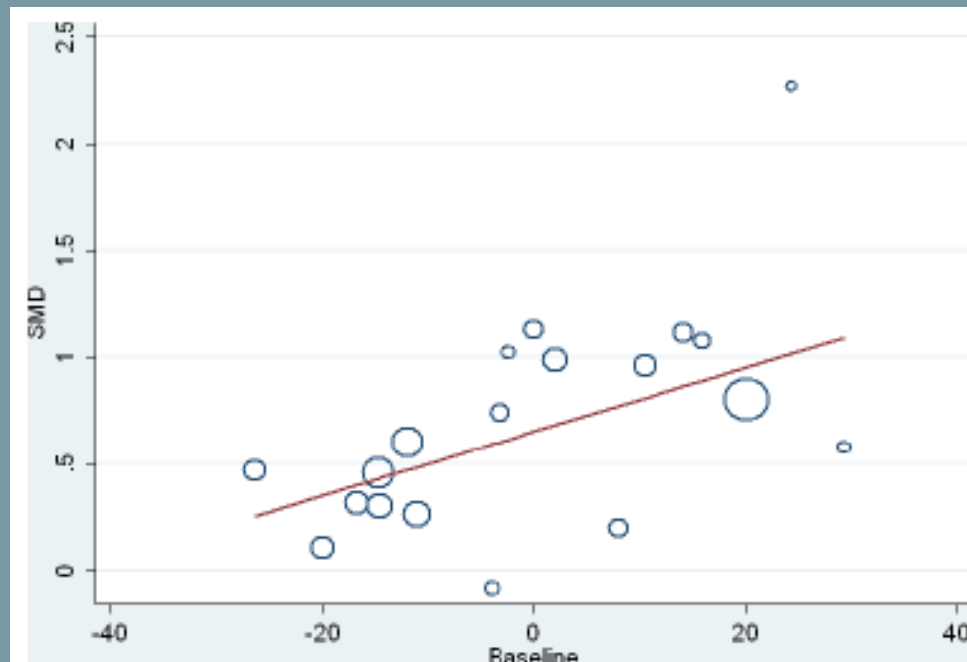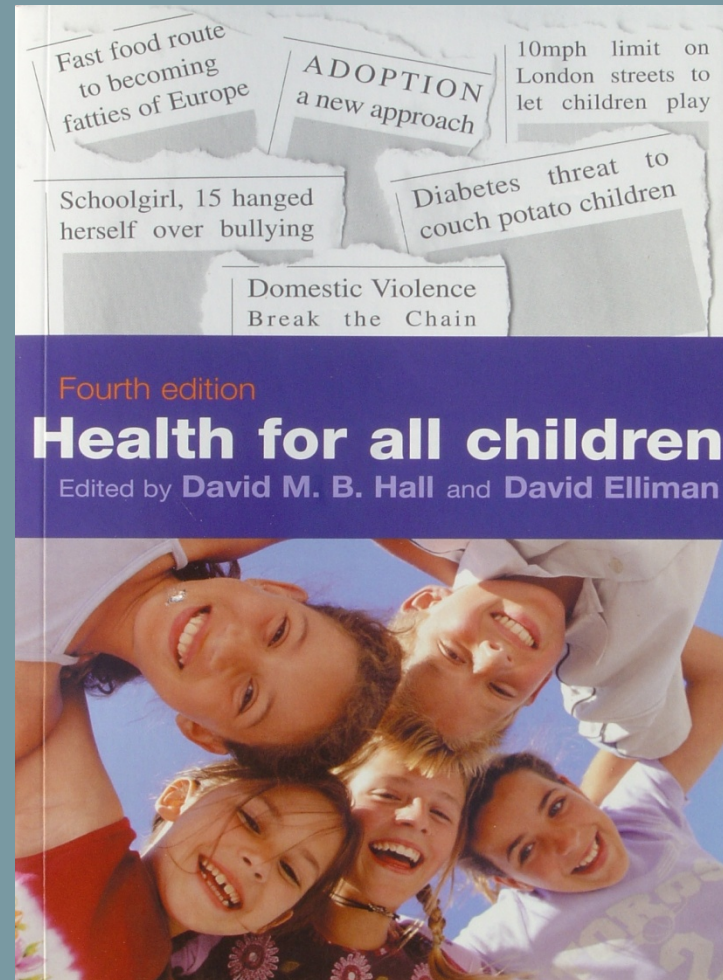**Figure 4 Bubble plot of standardized between-group mean difference (SMD - equivalent to effect size) against pre-intervention (baseline) pooled ECBI-I scores**. The baseline ECBI-I scores are centered on the mean value across all included studies. The size of the circle represents the study sample size. ECBI-I, Eyberg Child Behavior Inventory - Intensity scale.

Targeted interventions

- Targeted parenting support can be very effective. For example:

  - Family-Nurse Partnership

  - Incredible Years

- But is it getting to the people who would benefit most?

Scotland's brave approach to child public health…

Cover from **"Health for All Children"** (2003) . By permission of Oxford University Press".

Are we getting help to the right families?

- ## Hall 4 Implementation got it wrong:

  - Parents don't always know that they need help[†]

  - We can't predict who's going to need help very well[*]

- ## The "Sure Start Problem"

- ## The "FNP Problem"

- ## The "Triple P Problem"

[†]Thompson et al. J Nurs Ed Pract 2012;13(1):13-22
[*]Wilson et al, Scientific World Journal 2013 ID 947018, Wright et al, Arch Dis Child 2009;94(1):23-27

Conclusions

- There are big variations in need for parenting support

- Economic factors are part of the picture, but not the whole picture

- Providing good parenting programmes is not enough

- We need to find a way to identify needs and offer support proportionately

- Good health visiting can do this…

Structured assessments can help in targeting

A universal 13-month health surveillance contact **671**

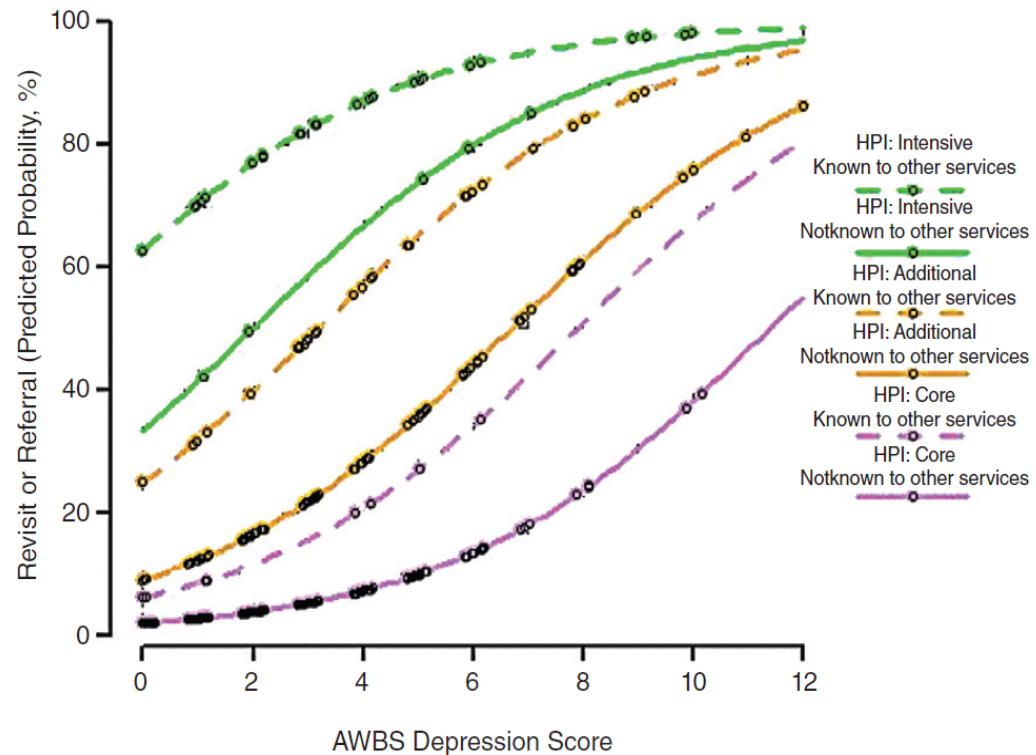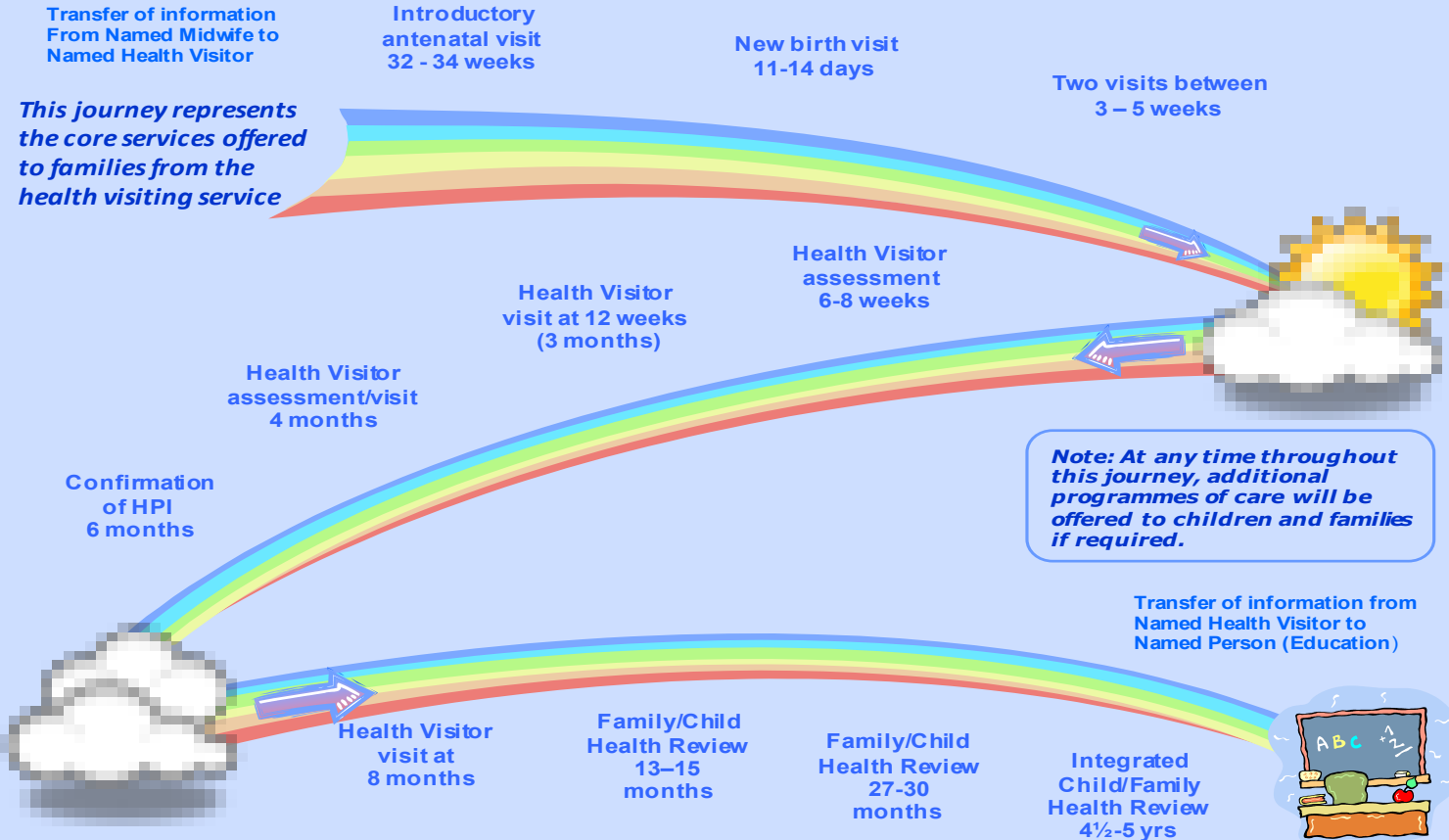**Figure 2.** Predicted probability of revisit or referral, based on a logistic regression model including Health Plan Indicator (HPI) status at the start of the visit, whether the family was known to other services, and Adult Wellbeing Scale (AWBS) depression score. Each point represents one family (AWBS depression scores have been 'jittered' to separate families with the same predictor variables).

New health visiting core programme

Universal Health Visiting CORE Programme

Transfer of information From Named Midwife to Named Health Visitor

This journey represents the core services offered to families from the health visiting service

Introductory antenatal visit 32 - 34 weeks

New birth visit 11-14 days

Two visits between 3 – 5 weeks

Health Visitor assessment 6-8 weeks

Health Visitor visit at 12 weeks (3 months)

Health Visitor assessment/visit 4 months

Confirmation of HPI 6 months

Note: At any time throughout this journey, additional programmes of care will be offered to children and families if required.

Transfer of information from Named Health Visitor to Named Person (Education)

Health Visitor visit at 8 months

Family/Child Health Review 13–15 months

Family/Child Health Review 27-30 months

Integrated Child/Family Health Review 4½-5 yrs

Thanks!
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