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Citation: Lhussier, Monique, Forster, Natalie and Carr, Susan (2016) Creating, disseminating and mobilising evidence on outreach services for marginalised groups – development of a decision making tool. In: Knowledge Exchange in Public Health Fuse Conference, 27th - 28th April 2016, Gateshead.

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Creating, disseminating and mobilising evidence on outreach services for marginalised groups – development of a decision making tool.

Lhussier M, Forster N, Carr SM.*

Introduction

Outreach is commonly utilised for engaging marginalised groups. However, little guidance exists for those designing and commissioning outreach programmes on how to maximise effectiveness potential. This work builds on a realist evidence synthesis, funded by the National Institute for Public Health Research and associated with Fuse, that examined how and in what circumstances outreach interventions are successful in engaging and improving the health of one socially excluded group, Traveller Communities. Subsequent work was undertaken to disseminate these findings and explore their potential impact for practice among key stakeholders. This led to partner organisations expressing an interest in the development of a decision aid to facilitate the commissioning and design of outreach programmes most likely to be effective.

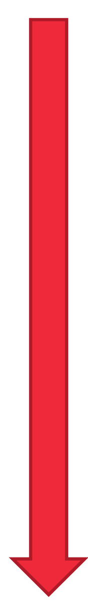
Results

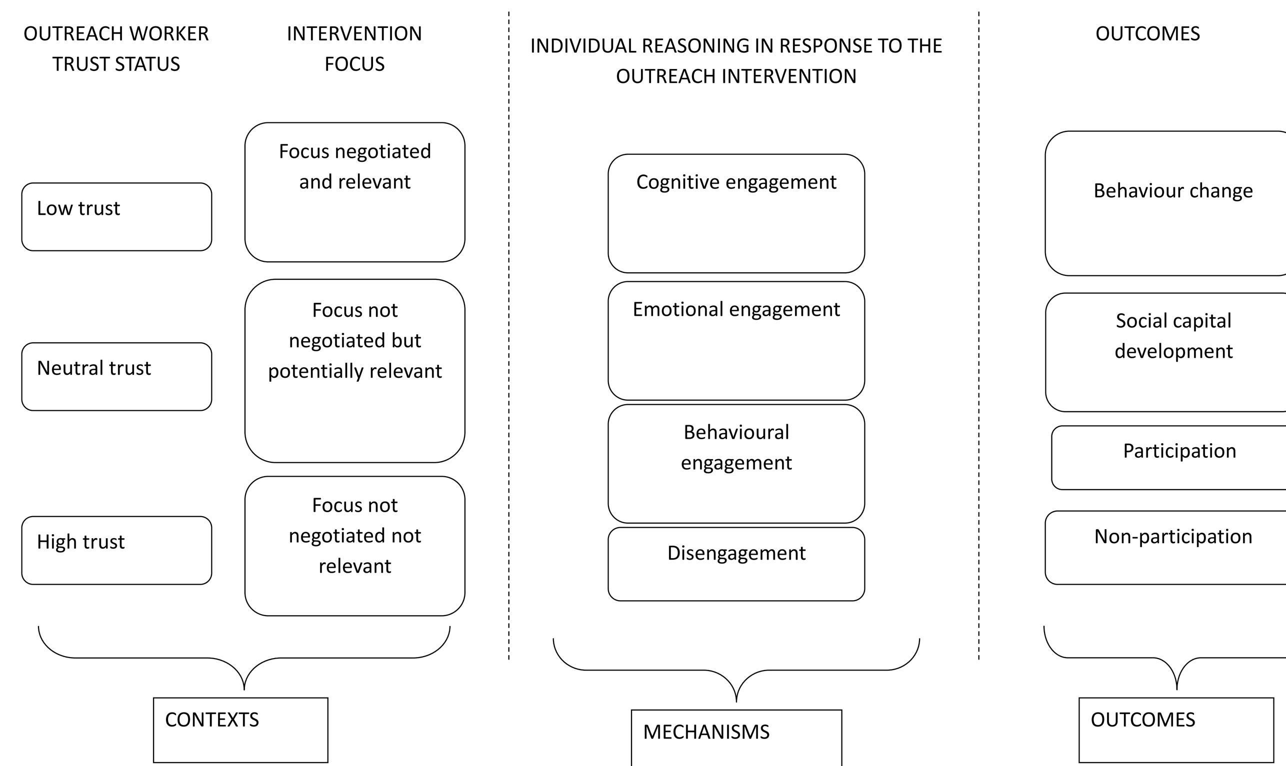
The evidence points to trust as the single most important factor explaining the success of outreach. This can sometimes be offset if the worker has flexibility to help with things outside of their limited scope, such as completing paperwork or solving an accommodation issue, or if they are helping with something of value to the community. The outcomes of outreach can be short (e.g. improved access to statutory services or attendance at one-off events) or longer term (e.g. behaviour change and longer term engagement); but different kinds of outreach workers will achieve different kinds of outcomes.

In translating these findings, we have shifted the emphasis from underlying mechanisms explaining a variety of engagement outcomes (e.g. cognitive or behavioural engagement), to the role and remit of the outreach worker and what outcomes can be expected from a variety of role / remit combinations.

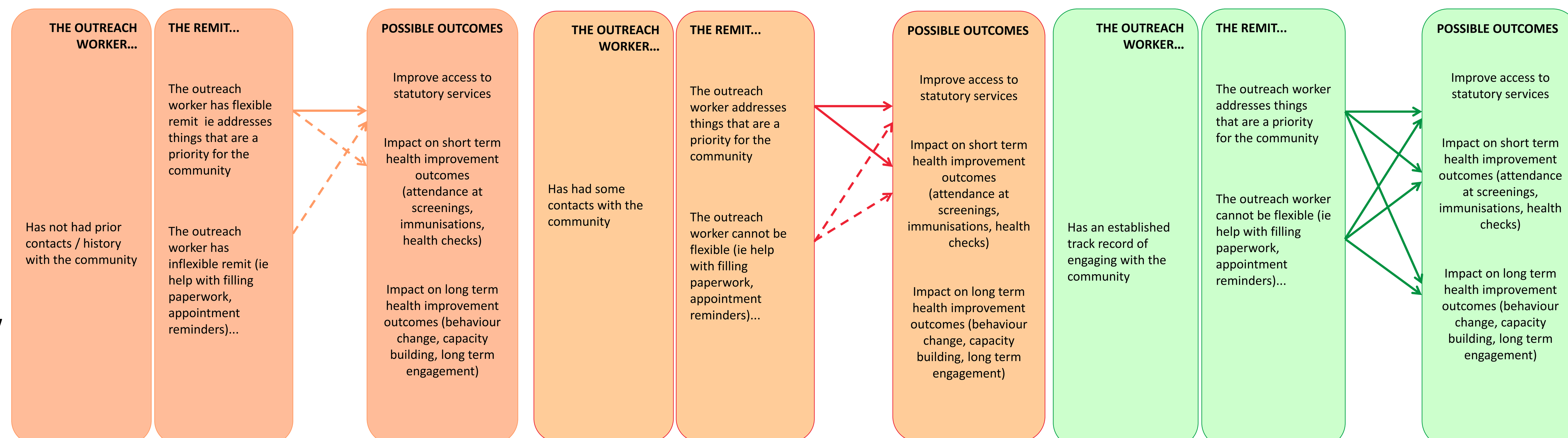
Evidence mobilisation

The overall *explanatory framework* of how, when and in what circumstances outreach is most likely to work with Traveller communities:





The *decision tool* signposting decision makers through key intervention components: [a] the outreach worker and how known and trusted they are by the target community (from red – no prior contact, to green – established relationships); [b] the outreach workers' remit (whether this is something prioritised by the community) and how flexible they are to help with 'side' issues ; and [c] the outcome from the intervention. The arrows between the remit and outcomes boxes represent the strength of causality between intervention and outcomes – a full arrow indicates outcomes likely to happen; a dotted arrow indicates outcomes that are possible but far from certain; no arrow indicates an unlikely outcome.



Conclusion

Practitioners and commissioners need to consider carefully the entry points in a community, and the potential and realistic impacts of an intervention. Whilst an outreach worker with no prior contacts with the community may be successful in improving access to services, only workers with well established relationships are likely to have longer term engagement outcomes. Capitalising on the relationships already existing between community specific organisations and the communities is most likely to lead to a range of successful, short and long term outcomes. This tool kit has been presented to a number of practitioners and commissioners audiences, and is being used to inform implementation and commissioning decisions regarding outreach with a broad range of disadvantaged groups.

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Fuse, The Centre for Translational Research in Public Health, is a UKCRC Public Health Research Centre of Excellence. Fuse is funded by the British Heart Foundation, Cancer Research UK, Economic & Social Research Council, Medical Research Council and the National Institute of Health Research, under the auspices of the UK Clinical Research Collaboration. Views expressed do not necessarily represent those of the funders.

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The National Institute for Health Research's School for Public Health Research (NIHR SPHR) is a partnership between the Universities of Sheffield, Bristol, Cambridge, UCL; The London School for Hygiene and Tropical Medicine; The Peninsula College of Medicine and Dentistry; the LiLaC collaboration between the Universities of Liverpool and Lancaster and Fuse; This is an outline of independent research funded by the NIHR SPHR. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

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