

Executive Summary

Process Evaluation of Whole Family High Intensity Therapeutic Programme, Wirral, September 2021-March 2022

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Abstract

This evaluation illustrates how the Whole Family High Intensity Therapeutic Programme implemented in Wirral, funded by the Home Office via Merseyside Violence Reduction Partnership between September 2021 and March 2022, has had a significant impact for all individuals closed thus far (224/507). Quantitative data demonstrates significant improvement in needs, behaviours, wellbeing and mental health for children, young people, and adults, supporting positive changes in reduced risk and improved protective factors. Qualitative data collected with participants and from observations/interactions of stakeholders with families following their access to the programme is presented.

Conclusions: Further case closure data should be collected, and commitment made by multi-agency partners to review data again over time (e.g. 12 months, 18 months, 2 years, 3 years) to see whether the positive effects achieved in the short term are maintained long-term. Further investment and upscaling of this programme is likely to reduce strain on crisis intervention services in both the short and long-term, whilst improving access and reducing stigma of accessing more timely, early therapeutic support for families.

Recommendations: This should be considered as a joint commissioning opportunity by Supporting Families teams, Child Mental Health Commissioners, Adult Mental Health Commissioners, Children's Social Services and Early Help, Public Health and Merseyside Violence Reduction Partnership. It should also be strategically connected to the new Integrated Care Partnerships and hospital trust NHS Prevention Pledge.¹ It is clear from this evaluation that implementation of a community-based whole family therapeutic programme requires system commitment.

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Key Findings – Importance

Public Health data for Wirral shows that it performs worse than the national average on aspects like alcohol specific hospital admissions for under 18s, rates of parents in treatment for drug misuse problems, number of looked after children and self-harm hospital admissions for 10–24-year-olds. To combat the growing systemic issues associated with violence and experiences of children and young people, underpinned by factors including alcohol, substance misuse, mental health and domestic abuse on the Wirral, the Home Office funded a project working with the local authority Early Help service to provide community-based support for families. This responded to Wirral families' feedback provided about Early Help services. The focus was on preventative, therapeutic support to help early signs of adversity and struggle. It intended to have positive impacts on violence reduction, improvements in

¹ <https://www.champspublichealth.com/subregions-hospitals-commit-to-preventing-ill-health-by-adopting-nhs-prevention-pledge/>

mental health, wellbeing, and resilience, with research suggesting more comprehensive impact on co-morbid health outcomes associated with trauma and adversity for today's and subsequent generations living in Wirral.

Key findings- Relevance/Design

Throughout the duration of the programme (September 2021-March 2022), 324 families were supported. 50% of these families were open to children's social care and 50% were referred by community partners. Stakeholder and staff surveys reviewing the Whole Family High Intensity Therapeutic Programme showed a clear need for a service which provides easy referral pathways to a community-based clinical triage process, which identifies the most suitable trauma-focused therapeutic support, free of waitlists, within a wraparound service for whole families. Starting with the referral coming in from social workers or from community partners, the psychological triage team gathered information and provided access to appropriate interventions in collaboration with the family. A tiered system for the interventions was used: tier 1 was a minimum of 10 weeks of high intensity therapy; tier 2 was access to psychosocial activities and psychoeducation; tier 3 was extended social activities for adults and children to strengthen their relationships. Each family was assigned a Family Wellbeing Engagement Worker (FWEW) as part of the wraparound service to support the family and encourage engagement. Six key outcome measures were agreed with the Home Office with significant and outstanding improvements evidenced across all:

1. Reduce vulnerabilities by increasing or developing protective factors, for example trusted relationships with adults (family members of safe community members/volunteers) and/or develop positive peer networks
2. Improve social, emotional, and educational wellbeing (most referrals were made based on this criteria)
3. Improve behaviour management and emotional control for child/ren, young person
4. Reduce acts of violence/ aggression through retaliation and/or aggressive behaviour
5. Identify opportunities to improve school or employment attendance/performance for any family members including the target child/ren or young persons in the home
6. Reduce opportunities for victimisation of bullying, criminal or antisocial behaviour

Additional psychometric outcome measurement tools were used prior to and after interventions were assessed by the triage team. Generalised Anxiety Disorder (GAD7) and Patient Health Questionnaire (PHQ9) decreased on average, while Children's Global Assessment Scale (CGAS) and Chrysalis6 (designed for use in the project) increased, all of which demonstrate significant or outstanding impact for families.²

Key findings- Feasibility

The data quality is integral to this process of understanding feasibility. Social Services Liquid Logic system was embedded within the lead community delivery provider to manage referrals. Data was extracted regularly throughout the programme from Liquid Logic through PowerBI, which indicated that each family was offered on average three interventions. Most reporting challenges were highlighted as relating to speed of project set-up to meet the funders' timeframe. Liquid Logic streamlined the processes in line with social care and Home Office directives and offers opportunity for longitudinal outcomes studies. However, integration with health data systems would improve ability to measure impact on wider demand on services as well as the impact on families. The risks and mitigations were considered throughout the process to ensure the best interventions were offered throughout and families were fully supported with the intensity they required. Cost-effectiveness is demonstrated using

² See section 4.1 of full evaluation for outcome data.

economies of scale with evidence of initial higher expected cost per family than was delivered in practice.

This evaluation supports the case that using a public health approach to address behavioural indicators early as an invest-to-save model would likely have a significant impact on wider health and social outcomes for the Wirral population. The current data indicates that the project has significantly improved psychological wellbeing and decreased antisocial behaviours, including violence and aggression. Stakeholder, staff, and participant feedback demonstrated an unmitigated need for this intervention, with most stating this is a gap in service and not offered elsewhere. The current data has been supported and substantiated through previous studies, reiterating that this style of intervention as an early help model and wraparound therapeutic intervention, can be effective.³ Some case closures are ongoing for this programme at time of evaluation, but short-term outcomes for families are already statistically significant. Overall, there is a need to track whether changes are sustained long-term, which is possible to undertake using the current data collection and reporting mechanisms, along with ongoing partnership relationships between Wirral Early Help teams and the main community delivery provider, where the triage team are based.

Key findings- Scalability

The Wirral Whole Family High Intensity Therapeutic Programme is unique in its design and processes, combining clinical and community approaches for a fully collaborative wraparound intervention for individuals and families to reduce violence and mental health problems. Outcomes are not limited to a likely reduction in violence, but as this is a programme which supports recovery from trauma and adversity and builds resilience, research suggests that by providing a therapeutic buffer, this approach is likely to also have long-term effects on a reduction in co-morbid diseases and wider health inequalities. The evaluation recognises the importance of a central, trauma-skilled community delivery provider with a sustainable business model, to enable the continuation of relationships and support for families beyond their direct involvement in programme interventions. Accessibility and location of services is crucial to the impact this approach can have, alongside the key roles outlined in the design and implementation section of this evaluation. With the right guidance, delivery providers, longer-term commitment from the right strategic leads and appropriate resources, this programme has the potential to make significant impact and consideration should be made as to how it can be rolled-out across the region to further evaluate the potential impact.

³ See section 5.4 of full evaluation, in particular references: Carr, (2009); Fish, (2003); Mottaghypour and Bickerton (2005); Olson et al., (2021); Solantaus, Toikka, Alasuutari, Beardslee and Paavonen, (2012); Suter and Bruns, (2009); Vedel, Larsen & Aamand, 2020

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