FINAL REPORT

Delivery

Demographics

This should be presented in table format, according to the categories as set out in Schedule 3.

Outline of the demographics of the children and young people receiving the intervention, including but not limited to: age, gender identity and ethnicity.
If any of these categories do not fit your project, please inform your Grant Manager to discuss options for modifying the data you provide.

Characteristic	Category	Number of unique beneficiaries
Age	Under 11	236
	11-14	163
	15-17	66
	18-25	14
	26+	19
Gender	Male	235
	Female	269
	Trans	
	Non-binary	3
	Other	
	Prefer not to say	
Ethnicity	White	396
	Mixed/multiple ethnic groups	13
	Asian/Asian British	4
	Black/African/Caribbean/Black British	5
	Other Ethnic Group	
	Prefer not to say	89

Monitoring and Evaluation (*no more than 750 words)*

A summary of the monitoring and evaluations carried out for each intervention including:

- measures of impact or effectiveness and an ongoing assessment of which interventions proved to be most and least effective;
- If recorded as standard, any analysis of the risk profile or vulnerabilities of the beneficiaries.

Total individuals referred = 507 (all ages), 92% under 18, 48% of under 18 referrals aged 10-15 years.

- 507 individuals across 324 families (average beneficiary number per family = 2)
- 99.6% of referrals were approved for the programme at clinical triage
- 50% were open to social care at point of referral. 79% of these families saw no change in social care status for programme duration, with 12% having de-escalated. 9% of these families saw escalation in social care status, which in these cases must be viewed as a positive due to disclosures made to practitioners as part of this programme which triggered escalation for child protection, which may otherwise have remained hidden.

Vulnerability profile of referrals:

- 41% of children were SEND or had EHCP
- Where data exists (for 111 children), 53% of children had less than 90% school attendance
- 80% of referrals disclosed a history of trauma
- 24% of referrals disclosed alcohol or drug misuse
- 60% of referrals disclosed experiences of domestic abuse
- Data maps for home post-code of referral shows direct correlation with assault injury surveillance data (TIIG) as well as most deprived LSOAs by deprivation quantile in 2019 Indices of Multiple Deprivation. Demonstrating the programme has reached individuals with high community risk.

Measurement against outcome criteria:

Alongside the clinical triage team and the family wellbeing support coach, beneficiaries were asked to score themselves against the outcomes criteria on exit from the programme. The average score was 7 out of 10, representing significant improvements. The below table represents the percentage of beneficiaries referred based on the 6 intended outcomes, alongside the percentage of beneficiaries self-assessing as seeing significant or outstanding improvement upon exiting the programme.

Outcome Criteria	Percentage at Point of Referral	Percentage assessed with significant or outstanding improvement*	Significant improvement	Outstanding improvement
1. Improve behaviour management and emotional control for child/ren, young person	87%	93%	54%	39%
2. Improve social, emotional, and educational wellbeing	95%	94%	55%	39%

3. Reduce opportunities for victimisation of bullying, criminal or antisocial behaviour	54%	90%	52%	38%
4. Identify opportunities to improve school or employment attendance/performance for any family members including the target child/ren or young persons in the home	67%	90%	55%	35%
5. Reduce acts of violence/ aggression through retaliation and/or aggressive behaviour	64%	93%	52%	41%
6. 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	86%	95%	36%	60%

*Scores of 5-7 out of 10 represent significant improvement, whereas scores of 8 or higher represent outstanding improvement.

Additional Outcomes Scores:

As assessed by clinical triage at point of referral and point of exit from the programme, 4 additional assessments were used, the overall outcomes of which are detailed here:

- **Chrysali6** - 5 questions asked within each of the 6 project outcome criteria: **98%** beneficiaries assessed as having improved
- **Generalised Anxiety Disorder Assessment** (GAD – 7) – seven-item measure to assess the severity of generalised anxiety disorder. Individual rates the severity of their symptoms over the past two weeks: **94%** beneficiaries assessed as having improved
- **Patient Health Questionnaire** (PHQ) – 5 scales covering depression, anxiety, somatoform, alcohol and eating: **96%** beneficiaries assessed as having improved

- **Children's Global Assessment Scale** (CGAS) – the child (aged 6-17 years) is given a single score between 1-100 based on clinicians' assessment of a range of aspects related to psychological and social functioning: **88%** beneficiaries assessed as having improved

The aspect of the programme which delivery providers, Wirral LA and MVRP feel has been most beneficial is the whole family approach to enable simultaneous access to therapy which is tailored to the needs of the individuals within each family. Most importantly, although the focus of the therapeutic offer has been CBT in its purest form, there have been instances where individuals were triaged into CBT-informed therapy (e.g. parent-led CBT). In a universal service like this which offers early intervention and prevention mental health and wellbeing support, the ability to offer bespoke therapy based on need within the whole family approach is what has made this service unique and is key to its sustainability. The Home Office funding has enabled a blueprint and the development of a logic model, which will enable the programme to meet the criteria for more process-driven, academic evaluation, testing the hypothesis that offering therapeutic support to all family members simultaneously, but based on their needs as individuals, will achieve more sustainable outcomes to reduce risk factors associated with serious youth violence (and a number of other public health issues known to be related to childhood adversity).

Narrative Progress Report (*no more than 750 words)*

Provide a narrative summary of progress in delivering each of the activity rows set out in the Delivery Proposal including the mobilisation proposals. This should include:

- an update on each of the interventions funded and activities covered for the grant period, how they have met any of the key deliverables as defined in Schedule 1; and
- any outputs/outcomes achieved as set out in Annex E (Key Performance Indicators).

September 2021-March 2022, the average number of interventions each family received was 3.

23% of families engaged in lower intensity therapeutic interventions and 12% in extended relationships interventions as their primary intervention. Of the total referred, high intensity therapies were accessed by 65% of families within the 7 months of delivery. This could indicate that within this time frame, 35% were not yet ready to engage in a course of high intensity therapy and needed lower-intensity support to begin their journey. However, we must also be cognisant to the over-achievement of the target numbers for high intensity therapy, with 234 unique children receiving either clinical or mentor-led CBT as their primary intervention, when we had forecast a stretch target of just 180. The programme also allowed for flexibility of high intensity therapy based on individuals' clinical need, with some accessing more than 10 weeks of clinical therapy.

<u>High Intensity Clinical Therapy</u>

- Delivered to 157 unique children
- Delivered to 39 unique adults (over 18 so includes some young people)
- Parent-led CBT was deemed appropriate for 7 families
- A further 12 individuals were triaged to the senior clinical psychologist (BlueSphere) for further support before also accessing Heswall Hills high intensity therapy
- **Estimated total number of of clinical sessions is 2030**

High Intensity Mentor-led CBT

- Delivered to 77 unique children
- Leaf programme for over 18s delivered to further 14 adults
- **Estimated total number of mentor-led CBT sessions delivered is 970**

Total unique children receiving high intensity therapeutic intervention over 7 months = 234

Lower-Intensity Therapeutic Interventions

In the order of the most accessed programmes (including those who accessed them as secondary interventions to the higher-intensity therapy), below are details:

- **10-week ACEs programme**, accessed by **107** parents/carers, with approx. **1070 sessions** delivered
- **Strengthening Families programme**, accessed by **79** parents/carers, with approx. **1027 sessions** delivered
- **Meerkat and me programme**, accessed by **78** families, with approx. **234 sessions** were delivered
- **Mind over Natter**, accessed by **67** parents/carers, with approx. **670 sessions** delivered
- **Youth Connect 5**, accessed by **50** families, with approx. **250 sessions** delivered
- **DV Recovering,** accessed by **22** parents/carers, with approx. **264 sessions** delivered
- **Better in Schools**, accessed by **22** families, with approx. **220 sessions** delivered
- **ACEs awareness**, accessed by **18** parents/carers, with approx. **18 sessions** (half a day) delivered
- **Chance for Change**, accessed by **14** young people, with approx. **84 sessions** delivered

In addition to the above programmes, the below psycho-social programmes were accessed, but less often, with some of them representing sign-up to sustained engagement with the community organisation:

- **Crea8ting Careers**, accessed by 26 families
- **Family Coaching**, accessed by 19 families
- **Life Story**, accessed by 12 families
- **Wellbeing and resilience**, accessed by 6 families
- **Sensory Shack, Sea Change, Managing Stress**, each accessed by 2 families

Extended Relationships:

These offers were initially designed into the programme to better support engagement, with a view to offering positive, cost-free activities for families to enjoy and build attachment.

- Journey Men (offers Dads and Lads activities), accessed by 21 families
- Glo (portrait photography), accessed by 54 families
- Pilgrim Street (creative and performing arts activities for children and young people), accessed by 39 new CYP

- Shaftesbury Youth Club (open access youth club – new members), accessed by 57 new CYP
- Primary school trauma-focussed school integration programme, accessed by 4 families
  This latter project was an agreed addition to the programme with the Home Office from September 2021. It proved more than an extended relationships offer, with additional peer-review and support for the SENCO and class teacher to sustainably adapt their approach with children who dysregulate, in tandem with play therapies to improve the child's resilience and work with the parents/carers to extend the safe environment beyond the school gate. It ultimately aims to reduce the risk of school exclusion and educational trauma. This approach is being evaluated by Chester University and we hope to see it expand as a separate programme over the coming years.

Value for money (*no more than 500 words)*

Please describe how you have ensured 'value for money' has been achieved in your delivery. You may wish to refer to procurement and implementation arrangements (earlier in the project) and ongoing project activities, design and quality, or any alterations made to delivery.

The overall programme was designed based on the strengths of services, both statutory and community. Having the Community Partnerships Manager from the local authority managing the programme at minimal financial contribution, enabled the embedding of the programme as a pathway for children's social care teams to access via their everyday systems. Having these systems embedded in the lead community provider is innovative and has enabled the provision for longitudinal outcomes studies should there be appetite in the future and for evidence-based service reviews. It has also ensured that there were no advertising costs for referrals as 50% of referrals were from child social care and a further 50% came from the community delivery providers for the programme.

Since application for funding and grant award, we had one organisation pull out as a delivery provider due to them securing alternative funding and not having the stretch capacity to delivery both programmes. Any underspend created by this was quickly identified as valuable to the primary school inclusion project, which also ensured it could remain within the extended relationships budget lines. These alterations incurred no costs and expanded the provision of trauma-skilled staff across more primary schools, adding to the sustainable legacy of the programme.

Using existing procurement arrangements and building this programme as an extension to these arrangements between Wirral LA and the community ensured delivery within timescales, but also minimised procurement costs. There were also minimal recruitment costs for implementation for both statutory and community providers, as we worked with community providers who operate flexible business models which can expand and shrink with short notice without disrupting their core service delivery.

The overachievement of the initial stretch target to provide high intensity therapy to 180 children and young people. The programme ended up reaching 234 children and young people (30% increase on target) plus their wider family members, ensures that the investment of £852,666 has impacted more people, offering greater value for money than initially anticipated. Based on the 234 children and young people alone, the crude cost per child has been reduced to £3,645, whereas we initially predicted this would be £4,737 – a saving of £1,091 per child. However, this does not account for the wider beneficiaries in the family, which is where the true value of this programme can be seen. Therefore, based on the 324 unique families, the cost has been approx. £2,630.

In 2019/20, violence is estimated to have cost Merseyside healthcare systems, police and criminal justice system and the economy (in lost productivity) £185.4 million (LJMU, 2021). This programme costs 0.0046 of the estimated total cost of violence in Merseyside.

Lessons Learned (*no more than 500 words)*

A summary of lessons learned from this grant period including:

- what has worked well or gone better than expected;
- what you would have done differently and any unexpected challenges.

- Longer lead-in time for project implementation would be beneficial: The project funding was awarded late and affected the ability to promote the project across all social work teams. More time to engage and education professionals to understand the aims and objectives of the programme, what and how they should explain it to parents and young people would be beneficial in future.
- Synergy with the Supporting Families Framework and opportunities for payment by results –set-up speed resulted in lost opportunity to consider how this programme's outcomes relate to existing supporting families' framework. As the programme was managed using Children's Services systems, we can now include all families in the Supporting Families attachments, enabling potential payment by results to be claimed for future families supported by the programme, generating a small invest to save income for the local authority children's services.
- Primary school trauma-focussed school integration programme - Where a school used the programme as exit strategy for the child to move to a special school, rather than a support strategy to remain in mainstream school, the impact for the child and their family was lessened.
- To provide greater sustainability for the programme fidelity beyond Home Office initial funding, we needed to:
    - Involve strategic leads and commissioners earlier on in the programme.
    - Establish commitment to longer-term funding from the start to enable full evaluation and addition of an independent evaluation partner.
- For the programme to extend beyond the initial Home Office funded delivery period, it needs to be adaptive and flexible. There is no single agency that can fund the whole programme to continue. The programme will be adapted to better meet the criteria of multiple funding bodies.
- Some families were court-mandated to engage with the programme – this was not the intention of the programme and the support on offer was not always the most appropriate for these families.
- Focus on empowering families to engage via community referral pathway rather than having them being told to engage by statutory services. There is a big difference in how they then interact with the programme.
- Need to work with referring professionals to establish realistic trauma-informed expectations being put on families. Where a family had a social work plan, sometimes it proved unrealistic to expect the family to complete it in the given timeframe, nor would it have been effective or faithful to the model.

- ✓ Engagement in programme as a result of family wellbeing support coaches trauma-informed approach – families felt listened to and were more engaged as a result.
- ✓ For families with complex needs who are currently open to a key worker, where their key workers worked proactively and engaged well, collaborating with the family wellbeing coach and the school, the results were incredible.
- ✓ For some highly complex cases, with inter-familial/inter-generational trauma and breakdown, the programme worked well for them, surpassing professionals' expectations.

Case Study (*no more than 500 words)*
Provide a case study which demonstrates how the intervention has affected a particular individual, or how the project has impacted on the VRUs wider strategic objectives (e.g. relationships with key stakeholders), including how barriers have been overcome and how the change was a result of the intervention. Please ensure that the case study is anonymised and any personal or identifying information is removed and confirm whether you wish for this to be for internal use only.
Please see two video case studies here: 1. https://youtu.be/1w4qoKh5WRU - Headteacher and Deputy Headteacher, local primary school, speaking about an anonymous family and demonstrating the relationship with key stakeholders. Summary: A significant barrier for this parent was the amount of support being offered to him and his children from different support agencies. For him, the programme enabled him to better understand the support on offer and he was provided the guidance (family wellbeing support coach and clinical triage team) around what is likely to be most suited to his and his individual children's needs. He was empowered to make the decision of what is best for his family, rather than feeling overwhelmed by the support and not able to engage meaningfully in anything. 2. https://youtu.be/G-Mhzn4wgTM - Parent and now volunteer at the lead community delivery provider. Summary: Parent with self-disclosed mental health concerns who was struggling to deal with the severe behavioural and emotional dysregulation of her 12-year-old child. Parent was provided with the therapeutic support they needed, with practical barriers removed by the family wellbeing coach, and the child was given access to appropriate therapeutic support for their needs. The concurrent support for both parent and child is not explicitly referenced, but the outcomes are clear in that the parent and child are now engaged with their community and their relationship has improved. The long-term results of these improvements are inferred by the research into personal, relational and community risk and protective factors related to serious youth violence. Although these case studies are public on the MVRP YouTube, we would ask that they only be for internal use unless you have a specific request to share. If so, please contact lynne.howe@crea8ingcareers.com who will ensure that consent for a different use is gathered.

Financial

Financial Activity
Please provide an outline of the following financial activity covered for the grant period. Please adapt the spending lines to match your Proposal.

Reporting Period: / **Spending Line** ***(amend as needed)***	**Q1 & Q2 (Apr-Sep)** Actual Spending		**Q3 (Oct-Dec)** Actual Spending		**Q4 (Jan-Mar)** Actual Spending	
	Capital	**Resource**	**Capital**	**Resource**	**Capital**	**Resource**
High Intensity Therapeutic Intervention	0	71,299	0	201,738	0	339,977

Lower Intensity Therapeutic Services	0	13,221	0	61,009	0	76,332
Indirect Costs	0	14,6668	0	22,002	0	22,420
Outcome Measurement/Evaluation	0	10,000	0	10,000	0	10,000
Totals	0	109,188	0	294,749	0	448,729