

## Glasgow: Taking Evidence Based Programmes To Scale

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## Outline

- Who am I and why am I here?
- Glasgow in the 21C
- What we have done so far in Glasgow?
- The Glasgow FC and GC Needs Analysis to Guide Scaling Up
- Initial Results From Needs Analysis
- Translating Needs into Plans
- The Invest to Save programme
- Questions/Discussion

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## Glasgow and Firth of Clyde



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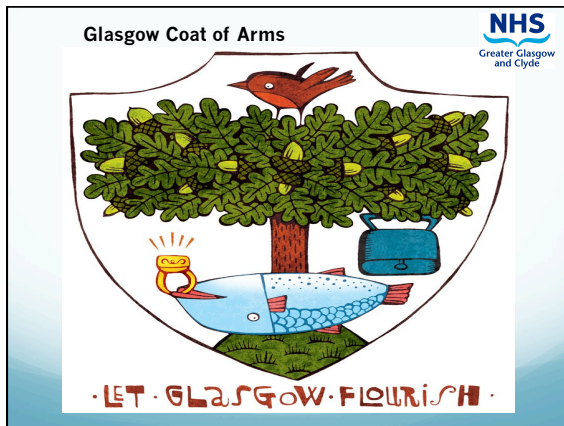
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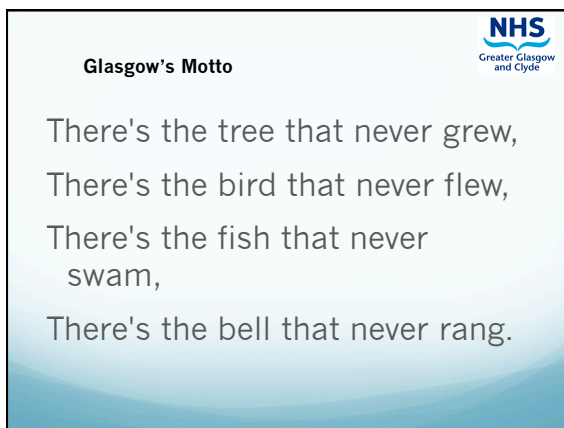
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Glasgow Broomielaw 19C



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Alexander Stephen's Shipyard 20C



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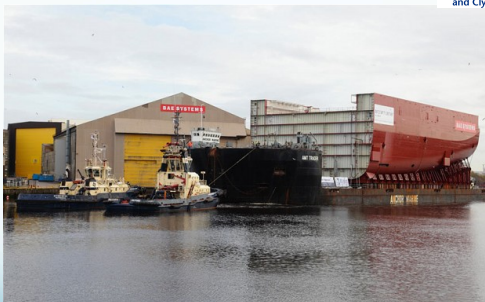
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BAE Systems – Govan Yard 21C



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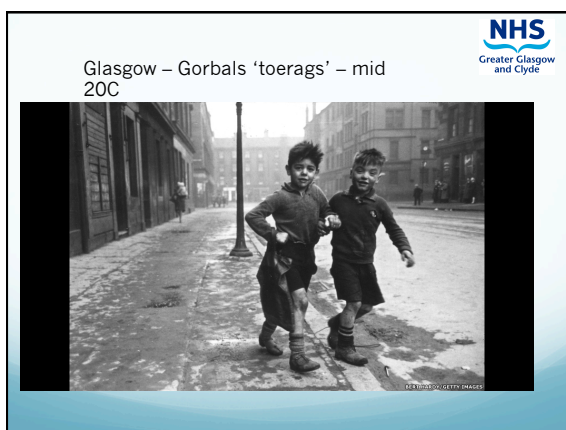
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Glasgow – Castlemilk Lads mid 20C



NHS  
Greater Glasgow  
and Clyde

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Glasgow – Castlemilk Boys early 21C

**Whatever happened to the Castlemilk Lads?**



NHS  
Greater Glasgow  
and Clyde

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Glasgow – Gorbals mid 20C



NHS  
Greater Glasgow  
and Clyde

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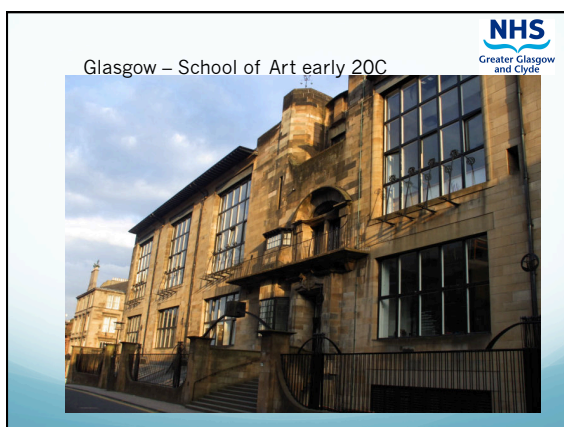
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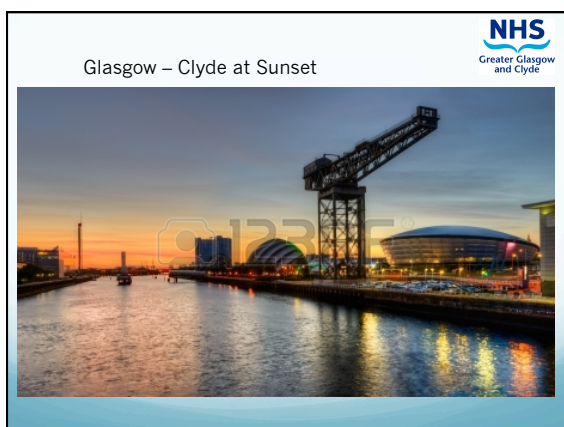
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People living in Glasgow have the worst life expectancy in the whole of Britain, new figures have shown.

As Glaswegians prepare to welcome some of the world's top athletes to their city, the state of Glasgow's health has been thrust into the spotlight.

A new report from the Office for National Statistics has shown that 25% of boys and 15% of girls will not reach their 65th birthday.

The average life expectancy of babies born in the city in 2010 to 2012 was 72.6 years for boys and 78.5 years for girls - eight to ten years behind the best performing areas in the UK.

Boys born in East Dorset can expect to live until they reach 83 and baby girls born in Purbeck can expect to reach 86.6 years.

ONS reported: "Glasgow City was consistently ranked as the area with the lowest male and female life expectancy between 2006-08 and 2010-12."

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## Work so far....

- Introduced a number evidence based interventions
- Successful 'proof of concept' though small scale initiatives
- Assessed scale of need in provided Foster and Group Care
- What does analysis tell us about response required?

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## Scale....

- Total population 700K
- 180K u 18s
- 10% 'known' to Social Work services
- 30% of children live in relative poverty
- 3500 'looked after' by the local authority
- Reasons for care: neglect, parental substance misuse, alcohol and domestic violence

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## EB Programmes in Place

- **Multi Dimensional Treatment Foster Care** for Boys and Girls 12 – 17 years
- **Functional Family Therapy** – For young people 12 to 17 years and their families
- **Multi-Systemic Therapy** – Young People aged 12 to 17 years involved in offending/anti social behaviour and their families
- **Stop Now and Plan (SNAP)** - 6 to 12 years, for boys and girls developing emotional and behavioural problems
- **Triple P System** – levels 1 to 5

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## Needs Analysis: Driving Evidence Based Service Development

Emotional, Behavioural, Mental Health, Trauma and Attachment needs...

- Needs of all children 1 to 17 years in provided foster care
- Needs of all children in residential care
- Needs of a sample of adolescent girls presenting with extreme vulnerability/complexity
- Presenting today extract of Foster Care Analysis

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## Measures

- **Child Behaviour Checklist** – foster carer assessment of wide range of emotional, behavioural and mental health problems
  - We can compare our vulnerable groups to the general population
- **Relationship Problems Questionnaire** – likely attachment problems
- **Assessment Checklist for Adolescents** – Trauma related problems
- CBCL research shows that regarding children at the high complexity end: their difficulties will not recede without systematic intervention. Longitudinal studies shows that they present with more serious problems years on from assessment

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## Areas covered by measures

Areas covered in CBCL Measure:	6-18 years old:
15-18 years old:	
Affective problems	Affective problems
Aggressive behaviour	Aggressive behaviour
Anxiety problems	Anxiety problems
Anxious/depressed	Anxious/depressed
Attention deficit/ hyperactivity problems	Attention deficit/ hyperactivity problems
Attention problems	Attention problems
Externalizing problems	Externalizing problems
Internalizing problems	Internalizing problems
Oppositional defiant problems	Oppositional defiant problems
Somatic complaints	Somatic complaints
Total problems	Total problems
Withdrawn	Withdrawn/ depressed
Emotionally Reactive	Activities
Pervasive developmental problems	Obsessive compulsive problems
Stress problems	Conduct problems
Sleep problems	Post- traumatic stress problems
Attachment problems	Rule breaking behaviour
Autistic Spectrum	School
	Strength cognitive tempo
	Social problems
	Social
	Thought problems
	Total competence

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## Initial Results

- 60% of the foster care sample have no difficulties and are thriving in foster care (393 children)
- 40% of the group have mild to severe emotional or behavioural problem (250 children)
  - Of this 106 children have probable attachment difficulties
  - About 20 children are likely to receive a diagnosis on Aspergers or ASD, nearly 4% of sample, that's 4 times the general population

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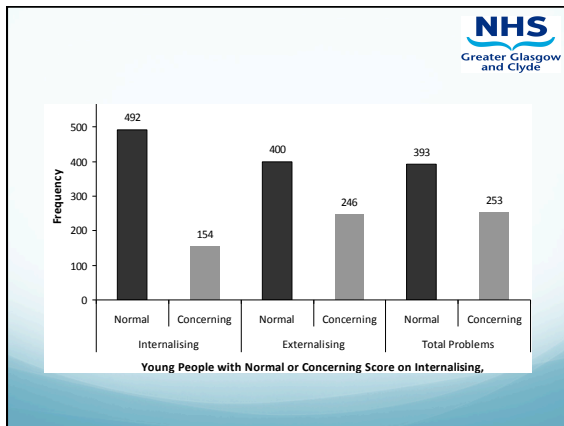
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NHS  
Greater Glasgow  
and Clyde

Looking at the concerning group in terms of severity....

	Total Problems		
	Mild (T Score of 60-74)	Moderate (T Score of 75-84)	Severe (T score of 85-100)
>3 years	11	2	1
3-6 years	40	13	2
7-11 years	77	14	0
12-17 years	88	5	0

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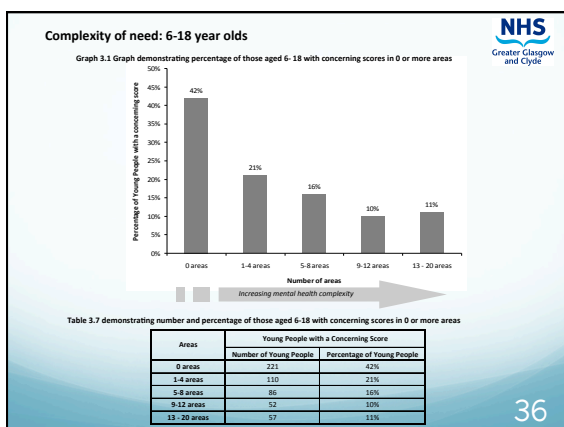
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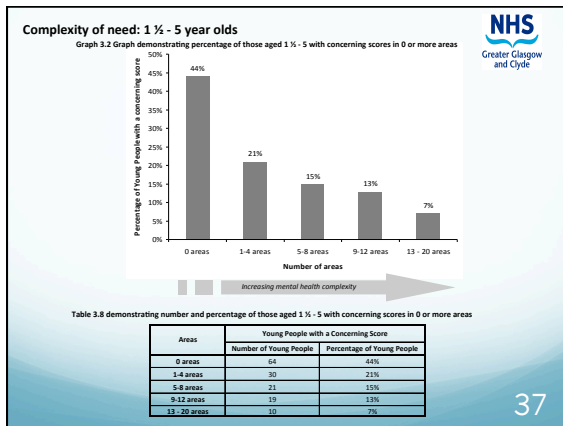
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**By Age Group:**

NHS Greater Glasgow and Clyde

	Internalising		Externalising		Total Problems	
	Normal	Concerning	Normal	Concerning	Normal	Concerning
>3 years	40	9	36	13	35	14
3-6 years	90	45	77	58	80	55
7-11 years	156	49	118	87	114	91
12-17 years	206	51	169	88	164	93

Internalising is anxiety, depression, withdrawn behaviour  
 Externalising is any disruptive behaviour problem  
 Total is both combined

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**Looking at concerning group in terms of complexity**

NHS Greater Glasgow and Clyde

	Complexity of Problems			
	Normal (0 areas)	Mild (1-8 areas)	Moderate (9-12 areas)	Severe (13-20 areas)
>3 years	26	18	4	1
3-6 years	50	50	21	14
7-11 years	85	68	25	27
12-17 years	106	107	20	24

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## Complexity in provided residential: numbers



Areas	Young People with a Concerning Score	
	Number of Young People	Percentage of Young People
Normal (0 areas)	8	10.7%
Mild (1-8 areas)	32	42.7%
Moderate (9-12 areas)	13	17.3%
Severe (13-20 areas)	22	29.3%

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## Invest to save programme



New Investment to respond to pressures:

Increase in QSWs

Capital Investment

Provided FC

Provided Residential

Funded by:

Reduction in Purchase Residential

Reduction in Purchased FC

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## Needs v Response and Outcomes



Increase in LAC:

90% · Lack of parental care

Addiction

CP concerns

Domestic Violence

Parental MH

Needs of Provided FC and Res Care:

Multiple problems, complexity, rarely risk in individual scores at clinical level

However, profile of need can be matched to EBPs with predictable outcomes.

Prevention of LAC AND improved outcomes of those already in care

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### Needs v Response and Outcomes

Prevention of family breakdown by intervening early in families where risks of substitute care are high -

Triple P, Nurture, FFT-CW  
SNAP, FFT, MST

Cost savings by prevention of substitute care

Programmes are <£ and earlier intervention indicated

FFT team costs equivalent of 2.5 purchase placements – for up to 100 children per annum

Costs v Benefits for civil society are strong

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### Modelling of needs V responses in provided FC and Residential Care

Multiple problem areas of medium and severe levels

Indicating risk of current placement breakdown

EBPs can prevent placement breakdown and offer permanency

e.g. MTFC P, C and A and KEEP

Cost savings of future placement disruption

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### Modelling of needs V responses in Purchased FC and Residential Care

No analysis of needs at present

Existing plans of reductions in Purchased Residential and Purchased Fostering

EBPs can reduce current placement unit costs *in addition to above.*

MTFC – A - £70k per annum

Residential School - £143k

Purchased Fostering - £52k

‘Other’ placements – £233k

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### Intervention Prevention Modeling



- Age 3- 6 years
- 24 children out of a sample of 144 of this age group moved placement 3 to 7 times. These 24 may be suitable for MTFC-P in order to leave care system or long term foster placement as outcomes

OR

- 29 children in this age group have problems in 9 to 20 different areas listed above ie moderate to severe complexity, these 29 may be suitable for MTFC-P.

There are 51 children with problems in 1 to 8 areas

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### Prevention modeling



Aged 6 to 12 years

There are 52 children currently with moderate to severe needs in terms of complexity who require MTFC-C programme. Some of these children would benefit from KEEP standard only. With more analysis we can be more precise about this group. Again their difficulties are likely to escalate toward adolescents. Many of this group may require future high cost or purchased placements.

There are 68 Children with mild complexity problems in this age group who would immediately benefit from KEEP Standard. Their difficulties are clinically significant.

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### Prevention modeling



Aged 12 to 17

There are 44 children with moderate to severe complexity in this sample. Some - MTFC-A programme.

Too complex for the MTFC-A programme? - individual comprehensive assessment and formulation to determine their needs and design a bespoke intervention with SW, CAHMS tier 3/4 pathways.

88 children with "mild" complexity problems - KEEP SAFE (Keep for Adolescents). Although 'mild' they are above the clinical cut off for problems with emotions and behaviours.

45 children in provided residential - ReSULT (mild and moderate complexity)

22 children in residential need specialist clinical

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### Spend to Save Needs Analysis?

Purchased residential sample – how many young people suitable for MTFC-A or C right now?

Purchased Foster Care – How many young people are suitable for KEEP and KEEP Safe in a provided foster placement?

With FFT-CW High Risk Omnibus model, how many young people could live at home and attend mainstream school from purchased sample?

Systematic needs analysis should be conducted for all young people purchased places to match profiles of need to evidence based provided alternatives.

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### Discussion...

We should link complexity of need to evidence based interventions and planning...

We know where care alone is making a difference and who requires additional interventions with evidence based models....

We can work out which evidence based interventions most fit need profiles and the scale required...

When taking need factors together i.e. complexity, functional impact is substantial...

A needs analysis on purchased sample would indicate 'spend to save' evidence based alternatives...

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### Discussion...

Are we on the right track?

Is there anything we have missed?

Have you experience of doing same/similar that could help us?

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