HOME BASED THERAPEUTIC SERVICES

An Evaluation Of Practice

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Acknowledgments

I would like to express my deepest gratitude to the service users of HBTS, who opened up their hearts and their homes to us at times of distress. You trusted us by sharing your lives, your stories, your secrets and your hardships with us, in the hope that we might be able to help. For this, we thank you. We hope we were of help. Be sure that we have tried. This evaluation is for you.

I would also like to thank all HBTS staff for their commitment and dedication to the service and to our service users. It has been a steep learning curve for all of us. I trust that, like me, you will rest proud and satisfied in the outcome of this evaluation.

We have made a difference and we have something to show for it. I would like to thank the FSWS Chief Executive Officer, Mr Alfred Grixti, the Chairperson, Mr Joe Gerada, along with the Board of Directors for their continued support throughout the setting up and implementation of this service.

I would also like to thank the Director of Service Audits, Quality Assurance and Research at FSWS and her team for their invaluable feedback on an earlier draft of this report.

Finally, I thank Dr Gordon Sammut for feedback on an earlier draft.

Claire Sammut
Director of HBTS

Hon. Dr Michael Falzon

MINISTER FOR THE FAMILY, CHILDREN'S RIGHTS AND SOCIAL SOLIDARITY

Message:

Dr Michael Falzon
MINISTER

Since its inception in 2015, the Home Based Therapeutic Services (HBTS), within FSWS, is consistently proving to serve as a positive outreach towards families who may have encountered numerous difficulties. It has been an effective service, ensuring that multi-stressed families are supported within their communities, while assertively encouraging users to healthy family practices and routines.

We have also seen families reconcile and reunite again. This is very satisfying especially when children are involved. One must also keep in mind, that sometimes, our professionals deal with the most vulnerable families, many of whom have significant mental health problems, and thus need access to therapy which is offered at home, or in another venue, deemed to be accessible by the family.

The success rate of this service, can also be witnessed in the decrease of Care Orders, that were issued during the past years. Through intense therapeutic interventions, along with the constant backing and supporting of parents, children have also managed to engage much positively in daily tasks.

Primarily, this service is managing to reach vulnerable families who otherwise would not have sought help. Families themselves, expressed their gratitude that finally someone is giving them a voice and that the system is actually listening to their stories.
Research and experience have further shown that it is only when professionals are genuinely interested in them, that they become open to consider change.

Thus as a Government, we will continue to strengthen our human resources, whilst improving our research in the field, to continue ensuring that children are provided with every opportunity to grow up in caring and nurturing homes.

This apart, we will continue with our commitment to give families and children, the right to speak their voices loud, whilst ensuring that minors are free from any abuse or harm.

Mr Joe Gerada
CHAIRPERSON, FSWS

Message:

The Home Based Therapeutic Service is a dream come true for many social workers especially those working in the community. Social workers assist persons and families in distress in many ways including access to resources, empowerment to make good choices, challenging dysfunctional behaviours and offering support to mitigate often chaotic situations. However social workers are aware that many times the clients' distress comes from lack of ability to see situations clearly, to draw the right conclusions, to evaluate options well and understand implications of certain behaviours while needing to take the right decisions.

Such deep understanding of the reality surrounding a person in distress and the skills required by the individual to adopt a new and healthier behaviour, calls for counselling and therapy by specialists. Often, social workers are either not trained in this field or if they are, have no time to do it. The introduction of HBTS is the resource that provides the clients with the time and expertise required. It complements and dovetails well with mainstream social work interventions. In addition, social workers can now put in more social work time, knowing that their HBTS colleagues are ably handling the therapeutic element of the social work needed by the distressed family.

Therefore FSWS is putting more social work in the community and this is a welcomed development.

However the additional social work time is not an end in itself but focused on improving the situation of the family in distress. It is not process led but outcome led, that is, interventions follow a systemic approach that can be measured and routinely evaluated. This is very important as we do not only put resources in services but we have an obligation to ensure that the investment leads to results and improvement in the quality of life of the family that sought help in the first place.

This report takes the research and evaluation function of FSWS one stephigher. This is a report that is being made public not only for the sake of accountability but also to contribute for the bank of knowledge about the social work and therapy practice in Malta.

"Seamlessness is challenging... but not impossible"

The systemic approach adopted by HBTS also follows fundamental social work values, such as the preservation of the family unit, direct service user involvement in therapy, practicing equality by delivering the service on the clients' turf as opposed to an office environment and adopting a multi-disciplinary approach where professionals intervene in parallel and not in series. This is quality social work and we are very proud of it.

Nevertheless, this places more responsibility on professionals as they are now called to veer away from rigid boundaries and adopt a flexible approach in their interventions. They are comfortable with a degree of overlap in their professional interventions. Professionals are no longer satisfied that they do things right but that they do the right things. They are more focused on outcomes. This means that as an organisation we need to challenge the way that we worked so far, the type of training the professionals and their associates receive, as well as, how to make more services accessible to the wider community. FSWS needs to capture this moment in time and create the momentum for change in this regard.

Finally I have to make a point that I believe is indispensable for sustained success. HBTS is part of a bigger collage of interventions. The effectiveness of community based services including HBTS depend on good organisation and relationship with other operators within FSWS and beyond. Therefore the investment in time and relationships with others is the lubricant for strong networks and effective services. I look forward for a seamless community based service where all professionals are driven by one common objective - the improved quality of life of the client.

Therefore I cannot but endorse the statement in the introduction of this report that "services continue to exist as long as the aims and objectives of their operations continue to meet the needs of service users.
I wish the director and the whole HBTS team the very best for their future work and for the wellbeing of the clients they serve.

Mr Joe Gerada
CHAIRPERSON, FSWS

Mr Alfred Grixti
CHIEF EXECUTIVE OFFICER, FSWS

Message:

“The Home Based Therapeutic Services, or HBTS as we refer to it in short and affectionately now, has truly proved itself to be a game-changer...

I must state, however, that I was at first rather sceptical when way back in mid-2014 our Chair, Joe Gerada, suggested that we ran a pilot project using the systemic multi-disciplinary approach to work with a number of cases which were heading for a care order with all the related issues, challenges and problems that such situations bring with them. At the time, as I was still settling in to my new role as CEO, I had been inundated by numerous well-wishing persons who thought they had a blueprint and magic wand for how to re-structure our services and solve all our island’s social problems. Nonetheless, Joe persuaded me to give it a try. Now, four long years later, HBTS not only proved itself but, I daresay, it has also exceeded all our expectations.

In this scenario, one has to ask why did HBTS succeed in such a manner. I believe that this success is down to three things. The quality of its leadership, the emphasis on evaluation and evidenced-based practice from the word go and the mantra that services have to be re-designed around people’s needs and as close to the people we seek to serve as possible. Let me say something about each of these three determining factors.

The quality of leadership

Claire Sammut, the Director of HBTS, approached us with the idea after returning back to Malta following seven years of social work in the London Borough of Lewisham. There Claire had worked with multi-stressed families using the multi-disciplinary systemic approach. In simple language she knew her stuff and what she was proposing was tried and tested. Apart from this she also brought a new social work ethic which was a very welcome breath of fresh air for our organisation. At the same time Claire was also down to earth and has remained, to her very huge credit, with her feet very firmly planted on the ground.

Evaluation and evidence-based practice

From the word go Claire was making herself accountable by stating when we would be evaluating the pilot project and what we would be looking for in these evaluations. Her team gave us monthly reports on all their cases and we had an interim report after three months of the pilot project and final report at the end. As a result, data collection, evaluation and basing the HBT Service on evidence

"... a game changer."

has become the ethos of HBTS.

Addressing people's needs at source
The other strength of HBTS is that it is purposely designed to be as close to our service users as possible. This is not only a question of our team members seeing their clients in their homes rather than at the office but also of not having the HBTS teams all in one place. They literally are in the community. Thus, we decided to make the new offices we are opening as welcoming and as warm as possible. Our Fgura base from where HBTS South operates is situated in the state of the art Fgura Local Council Building. We are now working in earnest to complete our Msida base within the Msida Local Council Offices for HBTS Central to the same high standard. And because we also believe that Gozo should not be left way behind Malta we also have an HBTS Gozo service operating out of the FSWS Gozo Branch Operations Offices in Xewkija.

The future
HBTS is set to grow. We have invested in it a great deal as the team has grown to 30 strong. We plan to continue to invest in more high quality human resources to strengthen HBTS and extend its reach at community level. HBTS will also be the gel that seals our community development services together as we merge Appoġġ Community Services and LEAP within the Foundation's Community Development Services.
Finally, a few words of thanks. First and foremost to our distinguished foreign guests who have accepted our invitation to be with us as we launch this evaluation of HBTS. Thank you Dr Moira DOOLAN, Michelle McCARGO, Karen NOWLAND and Dr Paul DAANEN. Similarly, I extend my thanks to Dr Clarissa Sammut Scerri, Head of Department of Family Studies, and Dr Natalie Kenely, Head of Department of Social Policy and Social Work for joining our panel today along with Joseph ANTONCICH, Steve LIBRERI and Charles SCERRI from our service spectrum. Last but not least, special thanks go to Claire and her wonderful team for their commitment and dedication to HBTS and their service users above all. They have made HBTS what it is and what it will become. I am sure that this publication of this Evaluation of Practice will ensure that HBTS will continue to flourish. Long may it do so. Thank you all.

Mr Alfred Grixti
CEO, FSWS

Foreword

Social care services for children and families are by definition seeking to help some of the most vulnerable children in society and their multi-stressed parents. In many cases, there are frequently levels of high risk of child abuse and neglect, or parents themselves, most frequently women, are at risk of intimate partner violence. Increasingly, parents or older children are misusing substances and both parents and children suffer high levels of mental health problems. Family relationships, including parental and couple relationships, are frequently poor and not uncommonly, intergenerational. These families often experience economic hardship and poor housing and live in communities where there are high levels of poverty and violence. Such complex difficulties invite a complex response by social care services. Some examples are considered here.

In England, Munro (2011) drew attention to the challenges of organization faced by social care services and raised concerns that in an attempt to reduce risk, services had become overly prescriptive. The unintended consequence had been to reduce the time social workers spent with families, and to reduce their ability to utilize professional judgement. She recommended a range of reforms at multiple levels and across systems. At the social care level, she suggested that one model, the "Reclaiming Social Work" Model, showed promise.

The Reclaiming Social Work Model (RSW) was developed in Hackney, London, by Steve Goodman and Isabelle Trowler (2012). In Hackney a major restructuring of services occurred, with a focus on developing a Unit model, team approach, using a Systemic practice model, which included multidisciplinary expertise. An important goal was to keep children safely with their families and the number of children who were looked-after dropped from 470 to 250 at the point when it was implemented. *http://morninglane.org/social-work-practice*

The RSW model has been evaluated and has shown good results across a range of different authorities (Forrester et al., 2013 & Bostock et al., 2017). Key findings are that the RSW model is associated with high quality social work practice and that goals to keep children at home safely were exceeded (Goal: 50%, actual: 79%). However, the

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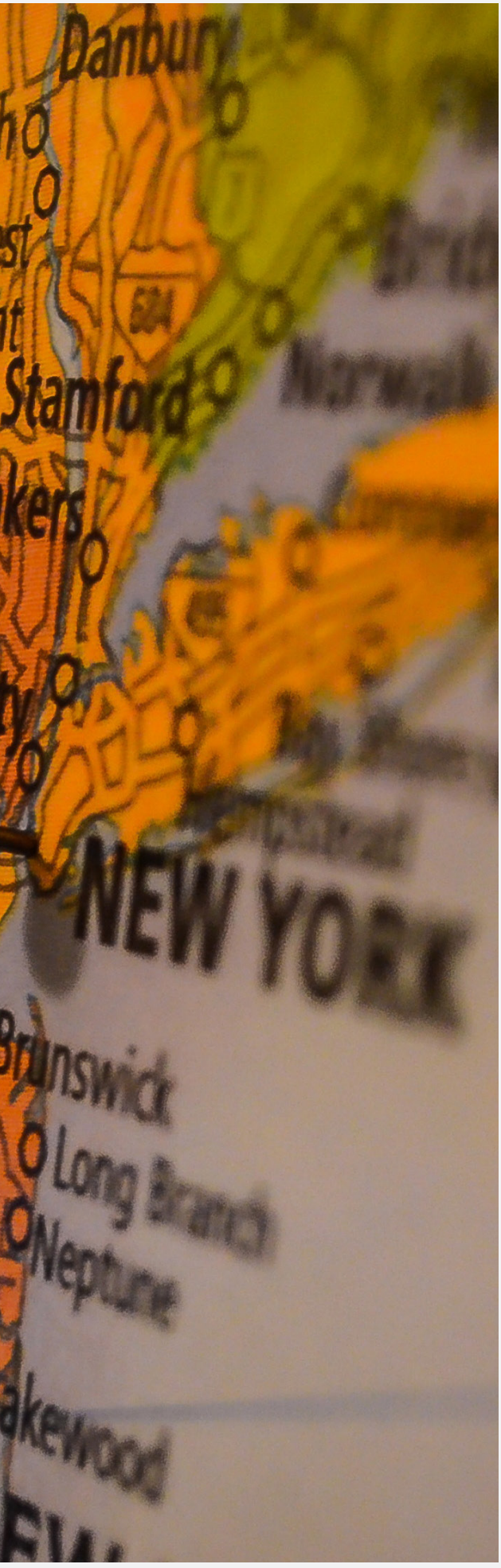
report also found that there were major challenges in achieving whole system restructuring.

The positive effects achieved by the services implementing the RSW model invite recognition that radical change in how services are structured may be required, alongside training of social workers in effective intervention approaches. In addition, there is an expectation that services will evaluate outcomes for children and families and relate these to evaluation of the quality of social work practice.

Another intervention of interest is the large-scale development in England called Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) *(https://cypiapt.files.wordpress.com/2015/06/for-commissioners-v-1-3.pdf).* This is a national development programme involving a range of services for children which aims for service change at all levels, (England, n.d.). In addition to training practitioners in evidence-based psychological therapies, there is a strong emphasis on strengthening service user voices in relation to service delivery. Using routine outcome monitoring is key to this approach, with the view that used well, routine measures bring the service users' voice directly into the process of the therapy, as well as giving services more independent measures of effectiveness (Fleming, Jones, Bradley & Wolpert, 2016).

Several well evidenced therapeutic models have been tested for or have made specific adaptations to meet the needs of children who are looked after or on the edge-of-care. One of these is the large-scale implementation of Functional Family Therapy, Child Welfare in New York (Turner, Robbins, Rowlands & Weaver, 2017). Functional Family Therapy is a systemic and cognitive-behavioral family practice model originally developed to reduce adolescent conduct problems and offending (Alexander, Waldron, Robbins & Neeb, 2013), but which is now being applied to children and families who are on the edge-of-care. In this approach, practitioners, who are most commonly at Masters level, are trained in a very specific, well-developed and formally evaluated manner.

Using an adjusted model for child welfare, (FFT-CW) the



New York study found that in comparison to usual practice, families who received the FFT-CW intervention were less likely to have children placed in foster care or other out of home placements. In addition, families were less likely to be re-referred because of concerns about abuse or neglect and were less likely to need additional services (Turner et al., 2017). Importantly, this study found that older children, as well as younger children, could be kept at home with their families, following an intervention which sought to address parenting and specific family relationship issues as well as other challenges such as parental substance misuse (Turner et al., 2017).

Multisystemic Therapy (MST) (Henggeler, Schoenwald, Borduin, Rowland & Cunningham, 2009), another evidence-based programme originally developed for young people who were offending and their families, has also developed an adapted model (MST-Child Abuse and Neglect) for families where problems of abuse and neglect have been identified. This is an intensive family programme and initial results show reduced out of home placements, improved parenting and reductions in abusive parenting, and improvements in parental and young people's mental health problems (Swenson & Chaffin, 2006).

Another evidence-based programme which has been effective in reducing risk for children on the edge of care is Parent Child Interaction Therapy (PCIT) (McNeil & Hembree-Kigin, 2011). This is a parent training programme, based on social learning theory, which uses live coaching and rehearsal to help parents attend more sensitively and contingently to their children and to set effective limits. This programme has been found to be effective in reducing re-referral for parental neglect and abuse (Chaffin et al., 2004). A further study found that combining PCIT with a Motivational Interviewing approach extended effectiveness (Chaffin et al., 2009). This study points to the importance of supporting and motivating parents to effectively utilize new skills they have learned in the home (not only in clinical sessions.) The study also indicated the importance of providing practical help (such as transport) to access effective interventions (Chaffin et al., 2009).

The Incredible Years (IY) programmes, which have out-

"..the approach being taken in Malta within... the FSWS shows great strength and promise."

standing international evidence for reducing child behaviour and attention problems, as well as improving parenting (Menting, Orobio de Castro & Matthys, 2013), are also being used effectively for families on the edge of care (Letarte, Normandeau & Allard, 2010). As with PCIT, the combination of reducing child externalising problems and improving parenting for families on the edge-of-care is important because child behavioural problems are the most common concern for parents and a common cause of stress. Webster-Stratton (2010) gives a clear rationale for using IY parent and child programmes to help maltreating families and foster carers look after children who have been abused and neglected.

Specialist programmes for foster carers of maltreated children have also been developed and have showed positive outcomes. These include the Multidimensional Treatment Foster Care for Preschoolers (MTFC-P). As well as improving placement stability, children show reduced behavioural problems, altered HPA axis function and are more likely to be securely attached to their caregivers (Fisher, Gunnar, Dozier, Bruce & Pears, 2006).

Set against this context of international development in relation to children who are on the edge-of-care or looked after, the approach being taken in Malta within the Foundation for Social Welfare Services (FSWS) shows great strength and promise. The Home Based Therapeutic Services (HBTS) established in 2015, within FSWS, shares key elements of best practice with the programmes outlined above.

A key feature of best practice is that it is evidence based, in other words systematic assessment information is collected to assess effectiveness. The recognized gold standard is a randomized control trial but this is not possible, or even appropriate in every situation.

Gathering of routine outcome measures is recognized as a vital and valuable assessment of outcome in standard practice, but establishing this can be challenging because it is a change to previous approaches (Boswell, Kraus, Miller & Lambert, 2015).

In Malta, HBTS have been successful in establishing collection of routine measures and has used them as an important tool in evaluating the effectiveness of the new service. In addition, HBTS are using measures to support service users to give their view and make them active participants in thinking about their progress and the value of the service. This approach is very much in line with best practice as outline by Law and Wolpert (2014).

It appears that HBTS was established as a result of careful consideration of the needs of families and children using FSWS and is effectively a reorganization of that service to provide therapy for children and families that is integrated into standard practice.

Although the Malta model differs from the RSW model in its organization, it appears to share the view that the most vulnerable families, many of whom have significant mental health problems, need access to therapy which is offered at home or in another venue deemed by the family to be accessible. This approach of offering therapeutic help at home, and also of assertive engagement and outreach, is shared with the most effective evidence-based programmes for children and families including FFT-CWS and MST.

It is also of interest that the HBTS service has a systemic approach, in keeping with RSW, FFT and MST. In addition to a range of multidisciplinary therapeutic interventions, the service is seeking to establish Incredible Years Programmes as part of the therapeutic offer, thus providing direct help for parents with parenting skills and supporting them to strengthen the relationship with their child. A great deal has been established in a short time and HBTS, and the larger FSWS service in which they are embedded, are to be commended for the service they are offering and continuing to develop for the children and families who need their help.

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Introduction

Home Based Therapeutic Services (HBTS) is an outreach service offering therapeutic support and parenting to multi-stressed families within their communities. The service adopts a 'family preservation model', whereby therapeutic work targeting 'at risk' families aims to restore healthy functioning and mitigate risks to children.

HBTS caters for families who experience a multitude of problems and who struggle with concerns related to family violence, poverty, substance abuse, physical and mental illness, and others (Boyd-Franklin & Bry, 2000; McCurdy, Gannon & Doro, 2003). HBTS also addresses concerns related to child abuse and/or neglect. As a service, it aims to preserve families in order to prevent out-of-home placements (Stinchfield, 2004).

HBTS strives to reach vulnerable families who would not otherwise engage with office-based services. The service also caters for vulnerable families who are not deemed eligible for therapeutic intervention by traditional psychological services due to their chaotic lifestyle. This service falls in line with a holistic and internationally recognized psychosocial method for working with multi-stressed families

HBTS adopts a 'reaching out' model that allows professionals to observe and intervene directly on the multisystem factors that have an impact on the families' day to day living. In fact, a unique characteristic of HBTS is that it offers the possibility to integrate the individual, family, larger systems and the community in the treatment system (Boyd-Franklin, 2003; Linbald-Goldberg et al, 1998). Research highlights that adopting a multisystemic perspective is much more effective when working with vulnerable families: the combination of "child- and caregiver-focused interventions that are targeted, intensive, long-term and comprehensive can increase protective factors and improve positive outcomes for children" (Slechta, 2000, p. 193).

This report presents an evaluation of Home Based Therapeutic Services (HBTS) in Malta for the year 2017. The present evaluation exercise is an initiative undertaken by the service's Director pursuing a practitioner-scholar

model to appraise the effectiveness of HBTS' operational activities. The model aims to infuse professional practice with scholarly principles. These serve mainly efforts at understanding the myriad effects of professional practice, with the overarching aspiration to ameliorate practice by consolidating strengths and addressing shortcomings. Consequently, the entire purpose of the present evaluation is to identify ways for how the service can better serve the best interests of its clients. To this end, a holistic evaluation exercise was undertaken by the Director that included feedback from clients, referring services, other stakeholders, along with outcome measures to gauge improvements in family functioning over time.

All interviews and meetings were facilitated by the Director, whilst the SCORE-15 index was used to assess family functioning. The mixed methods approach adopted in this evaluation is intended to provide converging evidence for any findings reported, given the limitations of individual methods. In particular, biases marking qualitative research (e.g. social desirability) are addressed through quantitative instruments, whilst the lack of depth of the latter is overcome by 360° interviews with stakeholders.

It is also worth noting that outcome measures used for the purposes of this evaluation have been adopted by the service as an operational instrument for professionals to assess their individual practice, as well as to enhance accountability and transparency within HBTS. The present evaluation provides evidence that HBTS operations with multi-stressed families have proven effective.

The present report starts by providing an overview of the service, followed by a review of the referrals received during the year. A brief description of the methods adopted along with a presentation of the ensuing results follow. The report concludes with a discussion on the outcome of the evaluation, together with recommendations on how the service's operations might be further strengthened in years to come.

Operational Overview

Home Based Therapeutic Services (HBTS) was introduced in the Northern region of Malta in 2015 as a pilot project. Following an evaluation exercise that provided evidence of positive results, the service was expanded across the nation in October 2016. HBTS falls within the remit of the Foundation for Social Welfare Services.

The service initially started operating with seven professionals. By the end of 2017, thirteen other professionals were employed within HBTS. At the time of writing, the service is manned by a total of twenty-one professionals composed of Family Therapists, Psychotherapists, Senior Social Workers, Counsellors and a Psychologist. Presently, HBTS operates from offices in three different locations. Five professionals are based in Qawra, six are based in Għargħur, two in Gozo, whilst eight professionals are based in Vittoriosa.

The staff who are presently working in Vittoriosa are due to move to new premises in Fgura. Present plans are in place for the service to also start operations from Msida in the near future.

“... the service is manned by a total of twenty-one professionals composed of Family Therapists, Psychotherapists, Senior Social Workers, Counsellors and a Psychologist."

HBTS is not directly open to the general public. At present, the service caters to referrals made by FSWS' services. The main criteria for families to be referred to HBTS are as follows:

1) Multi-stressed families who are presently being investigated by Child Protection Services and are 'at risk' of having their children removed from their care unless their family situation improves. The role of HBTS in these situations is to support the family to minimize risks for children presently living in the household.

2) Families whose children have already been removed from their parents' care, but LAC Social Workers feel that there is a potential for reintegration if parents address identified concerns. In these situations, HBTS caters to the parents, children placed in care, siblings, as well as foster carers.

3) Foster families or adoptive families when there is a risk of placement breakdown, either due to relationship difficulties within the families and/or challenging behavior exhibited by the children or adolescents.

4) Families who are followed by Community Teams and IFSS and are identified as being at high risk of referral to Child Protection Services.

HBTS adopts a systemically-oriented multidisciplinary approach to support families with complex needs. Interventions offered by HBTS vary depending on the families' needs. Some of these interventions include individual, child and adult therapy, and family therapy. There has been a general move towards multidisciplinarity when working with such families.

Moss (1994) claims that one of the advantages of adopting a multidisciplinary approach is that it offers an organized method for supporting families. This was also highlighted by Ovretview (1993), who emphasized the importance of a multidisciplinary approach when dealing with increasingly complex family needs.

A multidisciplinary approach helps professionals adopt

an integrative stance in their work. Professionals learn to move away from rigid boundaries which are created by specializations, to learning from other disciplines and be flexible in their interventions.

This approach also helps address a diversity of challenges contemporarily, as diverse specialist interventions may be provided in parallel rather than in series, as per traditional specialist service provision. The end result of this approach is effective care plans for families that cater to multifaceted challenges and needs, over a specialist and singular focus that deals with complex cases one issue at a time. Junor, Hole & Gillis (1994) conclude that multidisciplinarity helps improve and maximize clinical effectiveness.

Given the intensity of families' situations, all families within HBTS are discussed on a regular basis during internal multidisciplinary case reviews, held on a fortnightly basis. This ensures that professionals from different backgrounds offer their input to support families' care plans. During 2017, a number of internal training sessions were organized to better equip staff with knowledge, skills and techniques to cope with the demands of multidisciplinarity.

This approach ensures that staff have a larger repertoire of knowledge and skills at their disposition to help identify problems from the onset. To ensure effective collaboration with referrers and other professionals involved with the families, ongoing therapeutic reviews are also held on a regular basis. Such reviews help ensure that all professionals involved with the family are working together towards achieving common goals.

Procedure

Once a referral is received, two HBTS professionals undertake an initial assessment with the family. Typically, two professionals with different backgrounds undertake this assessment to provide a holistic appraisal. They are allocated depending on the needs identified in the referral. Sessions are held within family homes unless there are specific risk concerns. This increases the likelihood that vulnerable families engage with the service. It further ensures that interventions cater for the families own ecological demands.

Once the assessment is undertaken, a 'Service Agreement' is formulated together with the family. The agreement, which is reviewed periodically, establishes how the therapists are going to support the family. Intensive work is undertaken with the families, which varies from fortnightly interventions to four hours' weekly interventions, depending on families' requirements.

The number of staff working with the families depends on the specific needs of the particular families and their degree of complexity. In certain cases, up to four professionals from the team work with different subsystems in the same family unit. At the time of writing this report, in one particular case, four professionals are working with a family. One such example, for illustrative purposes, involves a child presently living in a Residential Home.

The main therapeutic goal is to enhance the relationship between the child and the maternal grandparents. Sessions are offered by two professionals with the maternal grandparents alone and sometimes together with the child. Another two professionals work with the paternal grandparents, as there is an acrimonious relationship between the paternal family and the maternal family. Work may also be undertaken with the father in future. The aim of the latter interventions is to de-escalate the tension which exists between the different family subsystems, to avoid the child from being caught in between.

Besides offering various therapeutic interventions, HBTS supports multi-stressed families through the 'Incredible Years Parenting Programme', which is an evidence-based programme used to support vulnerable families with

young children (www.incredibleyears.com). This programme is also offered by HBTS to young parents who are expecting children and are classified as 'at risk families' by Child Protection Services.

This intervention is aimed to help young parents develop a healthy attachment with the baby from the moment the baby is born, given the need for developing a strong attachment with caregivers and achieving developmental milestones from an early age (Winston & Chicot, 2016). Most of these programmes are offered on a one-to-one basis, given the struggles which vulnerable families face in their daily lives that commonly prove to be an impediment to attending office-based group parenting classes.

HBTS has enlisted as a member of the European Incredible Years Network. Members of staff attend network meetings twice a year to discuss the implementation and running of Incredible Years programmes in different European Countries.

HBTS strives for excellence in serving the best interest of service users. To this end, it adopts outcome measures as an operational tool to assess professional practice. The aggregated measures are used in the present evaluation to assess the service's effectiveness in ameliorating family functioning through therapeutic support.

The adoption of these measures also promotes a culture of transparency and accountability with the families we serve. Services continue to exist as long as the aims and objectives of their operations continue to meet the needs of service users. In developed countries, outcome measures are routinely used to ensure that services actually deliver help to families and not merely ride on a 'feel-good factor' that therapeutic work may precipitate in service users. Flatt and Curtis (2017), amongst others, emphasize the importance for service providers to use outcome measures when assessing the effectiveness of services. They state that

"[as] providers of a service whose aim is to improve the lives of its 'users', regardless of how they are referred to us and who is paying for their therapy, we have a moral and ethical obligation to provide a means of assessing

the value of this service. We simply cannot do this through stories alone, and we need to stop seeing statistics and quantitative data as 'the enemy' […] it is crucial that we obtain demonstrably meaningful and rigorous statistical measures of the impact of our service" (p.24).

HBTS endorses this view. HBTS professionals working with families undertake the SCORE-15 questionnaire, which is an index of family functioning and change, published by the Association for Family Therapy and Systemic Practice (http://www.aft.org.uk/view/score.html?tzcheck=1).

The SCORE-15 index is suited to family members over the age of 11. A child friendly version of the index is available for children under the age of 11 and over the age of 8.

As part of HBTS service delivery, the SCORE-15 questionnaire is administered to clients at the initial stages of therapy. The questionnaire is administered anew after approximately twenty sessions and so on thereafter, or if the goals of therapy change due to fluctuating family circumstances.

In this way, the SCORE-15 provides HBTS professionals with an instrument to gauge the effects of their interventions over time. It is worth noting that in certain circumstances, such as when families have developed an aversion to professionals, resistance needs to be overcome that may result in a later administration.

This is understandable given the fact that most service users, having been referred by Child Protection Services, are often reluctant to put anything down in writing in relation to their families for fear of prejudice. This, in itself, is addressed during HBTS operations.

Finally, in light of the fact that HBTS also caters to individual service users, a new outcome measure was introduced for use with individual clients. The Wellbeing Index (Berry, 2017) was adopted for purpose in HBTS in November 2017 as a measure of psychological and social wellbeing.

Referrals

During HBTS's first year of operations, referrals were received from the following services and in the following order:

- Child Protection Investigation Services (CPIS) and Specialized Child Monitoring Services (SCMS), to work with 'at risk' families' to minimize the possibility for children to be removed from their homes. An internal exercise within these services was carried out by Social Workers at the end of 2016, to select 'at risk' families who could benefit and were willing to accept therapy if offered to them in their homes.

- Looked After Children's Service (LAC), to work with families whose children have already been removed from their parents' care, mostly through a Care Order, and where there is a possibility for reintegration. There are also instances where families are referred to HBTS with children under the protection of a Care Order but where these children have returned home due to placement breakdowns. Referrals were also received in relation to foster families with children placed on a long-term basis, but where a risk of placement breakdown has been identified, mostly relating to challenging behavior.

The Looked After Team eventually undertook the same exercise as CPS above, whereby families were split into different categories depending on the likelihood of children returning to their parents' care and whether children under a Care Order were already living with their parents.

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eventually undertook the same exercise as CPS above, whereby families were split into different categories depending on the likelihood of children returning to their parents' care and whether children under a Care Order were already living with their parents.

In 2017, HBTS received referrals from the above services, as detailed. It also offered consultations to Social Workers stationed in these services who may have felt stuck when working with certain families. Besides ongoing consultations, regular meetings were also held with Team Leaders from the above services to identify ways for better inter-service collaboration.

A total of eighty-one family cases were referred in 2017 which consisted of two hundred thirty-seven individuals. In 2017, HBTS worked with a total of one hundred and eleven family cases, consisting of three hundred and twenty-one individuals.

Seventeen families who were referred to the service were not interested in therapeutic or parenting interventions. Nineteen other families were still at the initial referral stage at the end of 2017, and are therefore excluded from this evaluation.

Figure 1 hereunder details the status of referrals received in 2017 at the time of evaluation. Figure 2 details the source of referrals, whilst Figure 3 details the geographical region of the referrals received (for a list of the various regions see Appendix A).

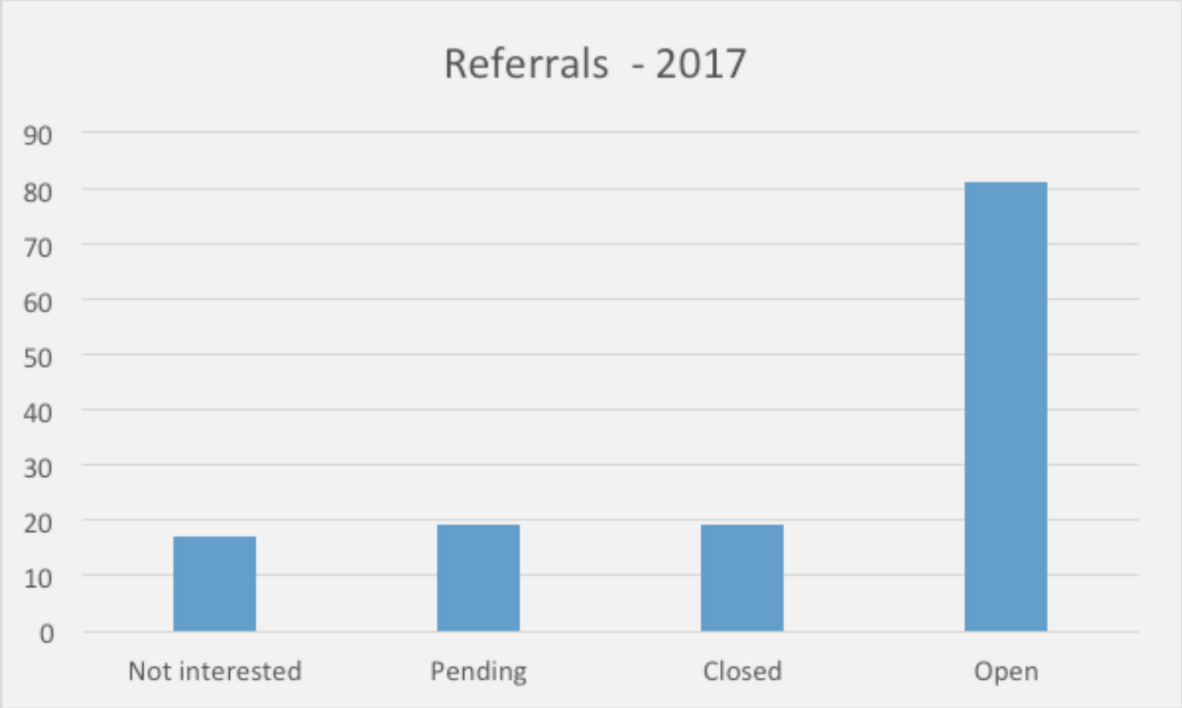


Figure 1: Status of Referrals received in 2017

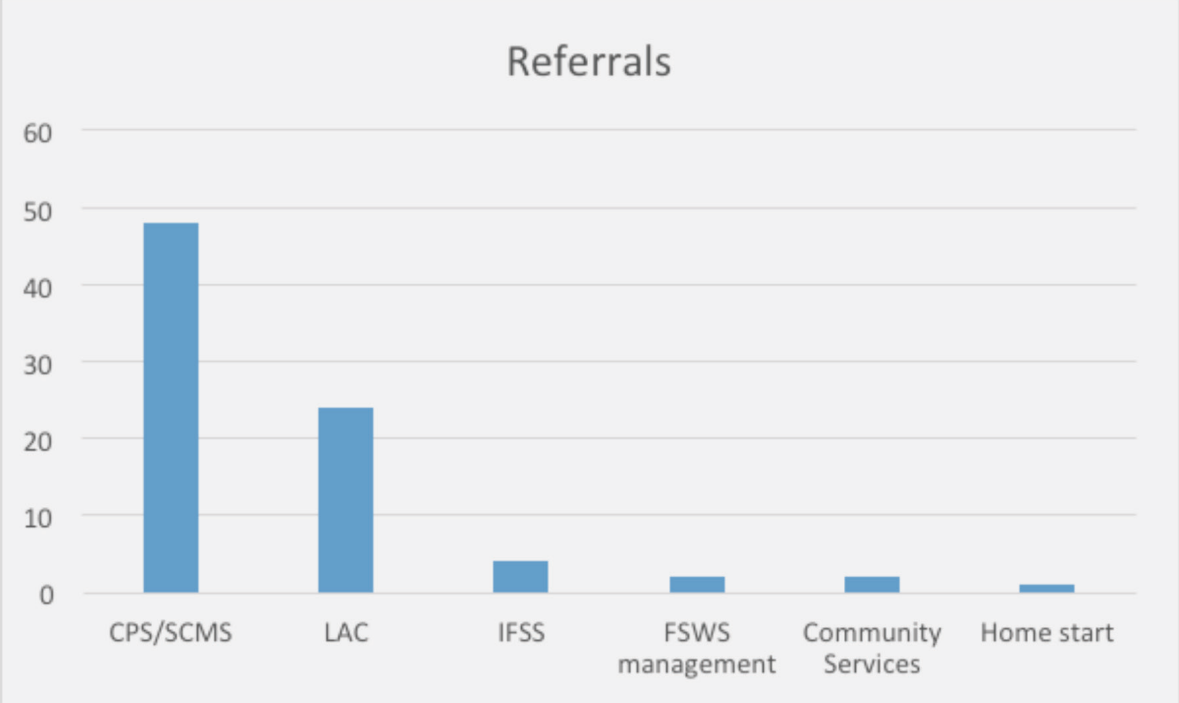


Figure 2: Referrals' originating source

Referrals

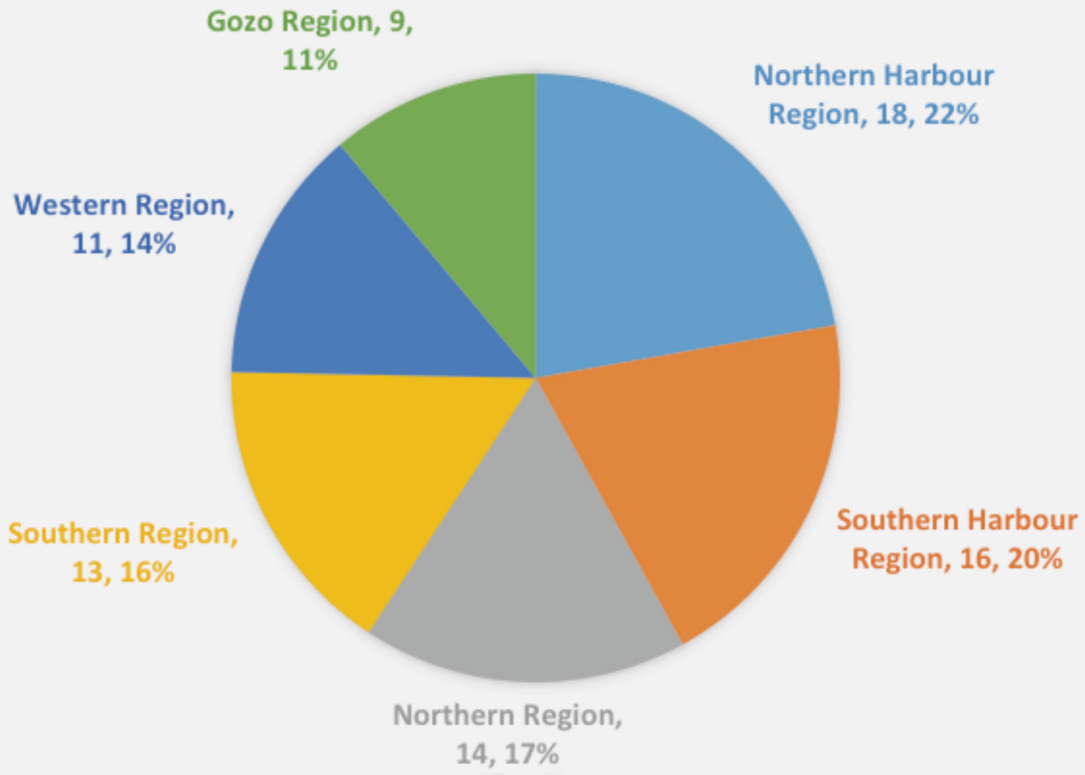


Figure 3: Referrals by Region

Closed Cases

Fourteen families, comprised of nineteen individuals who received therapeutic or parenting interventions were closed in 2017. Six of these families, who were referred from Child Protection Services, were eventually closed from the referring service. Another family stated that their situation had improved and that they did not need further therapy. Four of these families felt that they had too many commitments and receiving therapy was not a priority for them. Three other families had a lot of social unmet needs, including safety concerns, and even in these instances they deemed that therapy was not a priority. The following diagram details the geographical region of closed cases.

Total Closed Cases 14

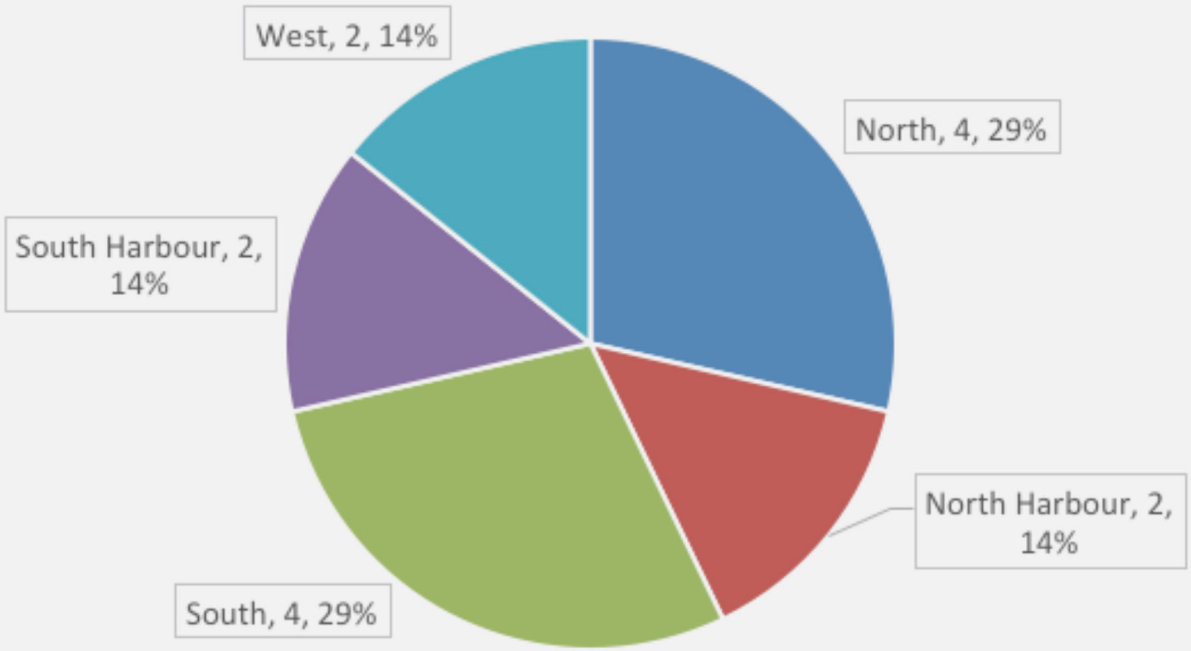


Figure 4: Closed Cases

Methods

HBTS has adopted methodological instruments for the purpose of assessing and evaluating its operations. HBTS practitioners routinely administer outcome measures to assess the effects of their practice alongside the soliciting of feedback from stakeholders. The present methodological enterprise has been devised to provide a 360˚ evaluation of HBTS practice using mixed methods. This procedure helps overcome specific methodological shortcomings associated with single methods and helps provide converging evidence from multiple sources that overcomes overreliance on a single source or a single method.

In the present evaluation, the Score-15 Index of Family Functioning and Change was adopted to measure changes in family functioning over time. A Wellbeing Index was introduced later in the year to cater for individual clients (as opposed to family units). It is hoped that data concerning this latter index will be available in future evaluations.

The present evaluation is thus limited to changes observed in the administration of the Score-15 index due to the fact that this measure was in place at the outset, enabling a comparison of scores between T1, that is, the time of administration at the start of therapy, and T2, a subsequent measure at a later point in time. The Score-15 Index of Family Functioning and Change provides a measure of relational processes within families that serve in understanding therapeutic outcomes and the quality of change.

The instrument provides an overarching score for the challenges experienced by the family and their ability to cope with these challenges in terms of three dimensions. Firstly, it provides a measure of the families' Strengths and Adaptability (Dimension 1). Secondly, it provides a measure of the extent to which the family is Overwhelmed by Difficulties (Dimension 2). Thirdly, it provides a measure of the extent to which the family experiences Disrupted Communication (Dimension 3). In addition, the instrument also provides direct measures for the Severity of problems, the difficulties in Managing problems and the extent to which Therapy services provided have helped.

The total number of clients who provided data for both T1 and T2 stood at fifty-one individuals. The proportion

of clients completing outcome measures out of the total number of service users catered for by HBTS is comparable to levels reported in the literature (Robinson, 2017; Hampson, 2017). The data gathered on all dimensions and measures of the Score-15 index was compared between T1 and T2 using a paired samples t-test at the 0.05 level of probability. This tests the null hypothesis that the differences observed between T1 and T2 are due to chance. A probability value of 0.05 or less is requisite for rejecting the null hypothesis and concluding that differences observed are not due to chance but due to the treatment condition.

Aside from the quantitative procedure, monitoring forms were also administered and collected for the purposes of the evaluation. These monitoring forms are useful in understanding the deeper implications of therapeutic change. They also serve in corroborating the evidence gathered from the quantitative exercise. As a routine procedure, HBTS administers monitoring forms to both clients and referring Social Workers at the time of termination. Families are asked to give feedback about the service offered by HBTS and indicate what they would have liked to be done differently by the professionals.

This helps HBTS understand how it can cater better to service users' needs and realities. Additionally, referring Social Workers are also provided with the opportunity to give feedback about how they worked with HBTS, the progress registered by the family and whether the goals identified at the start of therapy were met.

This broad consultation exercise concerning the outcomes of HBTS services helps in achieving a broader vision of the real implications of the service by not relying on a single source. More importantly, it considers the service users' own perspectives and suggestions over relying on professionals' impressions of them as a proxy.

Five families were purposively interviewed in this feedback exercise. Two of these families reported positive changes in the outcome measures, whilst two other families and one teenager did not register positive changes. The aim of the interviews was to delve further into the clients' ex-

periences with HBTS and enquire further regarding (a) what has worked successfully and (b) what impediments might have stunted progress.

Aside from service user interviews, four separate meetings were held with Managers and Service Area Leaders of Child Protection Services (CPIS and SCMS), Looked After Children Services (LAC), Community Teams and IFSS. The aim of these meetings was to discuss the respective services' views on the service delivery of HBTS. The feedback reported included the case Social Workers' views on HBTS.

The aim of these meetings was to explore possible ways for improving collaborative work across services. Finally, feedback was also gathered from HBTS professionals themselves as part of the evaluation. Discussions were held amongst HBTS team members about their views and experiences of working in HBTS and the challenges they encountered during the first year of operations.

Results

Score - 15 Index

The following section outlines the results obtained from the administration of the SCORE-15 index. The results are broken down in terms of (i) an overall Score-15 value as well the three sub-dimensions making up the overarching score, that is, (ii) the families 'Strengths & Adaptability', (iii) the extent to which the family is 'Overwhelmed by Difficulties', and (iv) the extent to which the family experiences 'Disrupted Communication'.

The index provides further measures for rating (v) the 'Severity of the problems', (vi) the difficulties in 'Managing problems', and (vii) the extent to which 'Therapy services' have helped.

The following table presents means and standard deviations of these measures taken with the same individuals at Time 1 (T1), that is, at the start of therapy. Time 2 (T2) is a second reading at a later point in time, following the delivery of a number of sessions (Mean=16 sessions; Std Dev=9), to determine whether values shifted and whether the services provided precipitated therapeutic change.

On all measures provided by the Score-15 instrument, due to reverse coding of data, higher values indicate higher challenges or higher severity of problems. On all measures, decreases in values over time indicate positive change.

On all measures of the Score-15 instrument, negative trends were observed between T1 and T2, demonstrating a decline in the severity of problems on all measures. These differences were further analyzed using a paired samples t-Test, at the 0.05 level of probability, to determine whether observed differences were statistically significant and to rule out the hypothesis that the positive changes observed were merely due to chance and not to the effectiveness of therapy. The Paired samples t-Test results revealed positive results.

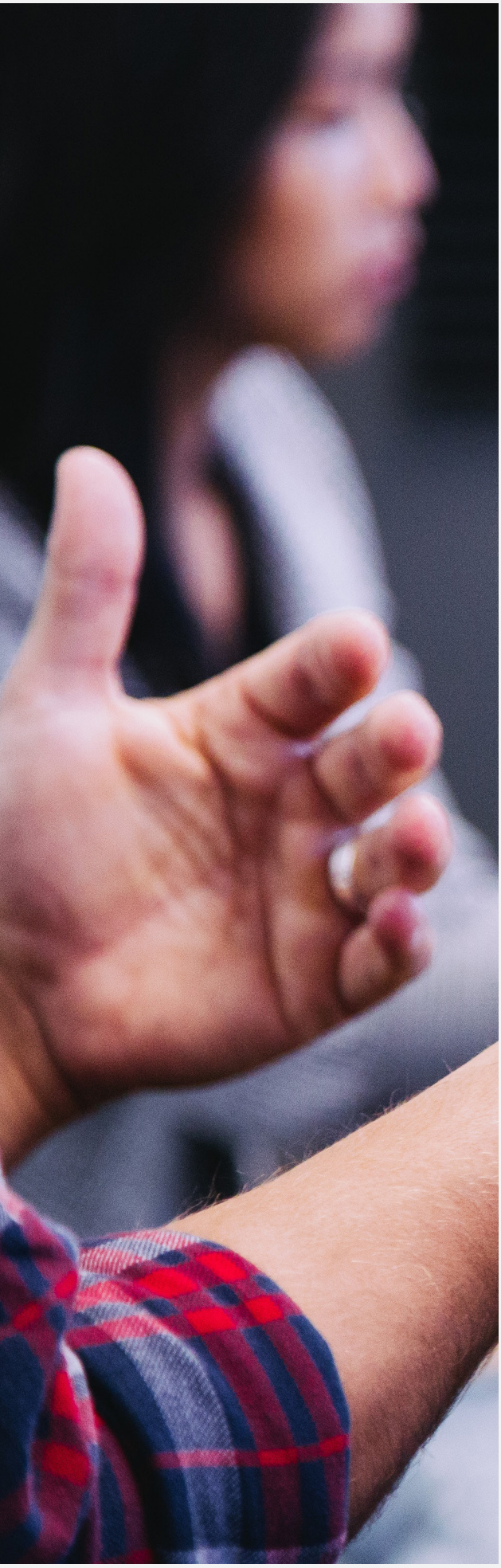
The therapeutic services provided resulted in statistically significant decreases in the extent to which clients were Overwhelmed by Difficulties and in the extent to which they experienced Disrupted Communication.

Measure	T1 Mean	T1 St. Dev.	T2 Mean	T2 St. Dev.
Score-15	36.73	11.06	33.78	11.56
Strengths & Adaptability	2.02	0.91	1.98	0.90
Overwhelmed by Difficulties	2.69	0.90	2.44	0.96
Disrupted Communication	2.62	0.93	2.33	0.80
Severity	7.46	2.59	6.28	3.15
Managing	5.14	2.97	3.45	2.34
Therapy	2.50	2.09	0.97	1.17

Table 1: Descriptive Statistics

	Measure T1 – T2	Mean Difference	Std. Deviation	Std. Error	t-value	df	Sig.
Pair 1	Score-15	32.95	8.75	1.25	2.36	48	0.02*
Pair 2	Strengths & Adaptability	0.04	0.53	0.08	0.55	48	0.58
Pair 3	Overwhelmed by Difficulties	0.25	0.87	0.12	2.05	48	0.04*
Pair 4	Disrupted Communica-tion	0.29	1.06	0.15	1.96	48	0.05*
Pair 5	Severity	1.18	3.25	0.48	2.43	44	0.02*
Pair 6	Managing	1.69	2.93	0.46	3.64	39	0.01**
Pair 7	Therapy	1.53	1.97	0.32	4.78	37	0.01**

Table 2: Paired Samples t-Test results **p<0.01 *p<0.05



Feedback

Moreover, the services provided resulted in statistically significant decreases in the Severity of problems experienced by the client group and increases in their ability to Manage as well as the helpfulness of Therapy. Overall, the challenges experienced by the families, represented in the overarching Score-15 measure, saw a statistically significant decrease.

On the other hand, the underlying dimension of Strengths & Adaptability saw a change in the desired direction that, however, was not statistically significant. Considering that the overarching Score-15 computed using the three dimensions saw a similar positive trend that was indeed statistically significant, a bigger sample size is recommended in future evaluations as failure to reach significance may be due to the low sample size of the present analysis.

However, it could also be the case that whilst clients have reported amelioration in their family condition overall, clients themselves might be attributing this positive trend to the specialist interventions they received rather than to their own increased capacity to cope.

Overall the results have shown that over the time of therapeutic services provided by HBTS, positive and statistically significant differences were registered in the service users' levels of family functioning.

360° Feedback

The following section presents the results of the feedback exercise undertaken with service users, referring services, Social Workers and HBTS professionals concerning the operations of HBTS.

Service Users - Interviews

The five families who were selected to participate in the interviews are still receiving therapeutic and/or parenting support from HBTS. They were selected on the basis of how they rated the SCORE-15, as detailed above. The following are the three main themes which were addressed during the interviews:

What is Helping

All families reported that they are finding the service very helpful. They all stated clearly that they would like to continue receiving support from HBTS:

"Jiena bħala servizz kuntent ħafna ħafna bih…. ngħidlek irnexxa żġur, servizz għadu ġdid u għandu potenzjal tajjeb…" (Family 1)

[I am very very happy with the service […] it's been successful, a new service with a lot of potential].

.....

"Bħala servizz huwa tajjeb ħafna….dħulin, jifhmuk, ħafna, 'nice' ħafna…. 'Alright' ħafna, m'hemmx xi ħaġa li tista' tgħid dik ma taqbilx…anke jekk ma tkunx tista' pereżempju jibdlu l-ġurnata, dejjem ikkoperajna ma' xulxin…veru sibnihom ta' għajnuna tajba…." (Family 3)

[The service is very good […] the staff is warm, they understand your position [...] they are very nice […] there isn't anything which I don't agree with […] if you can't make an appointment for example, they reschedule, we always co-operated together […] they support us and help us a lot].

.....

The interviews highlighted the fact that effective communication between therapists and the families was crucial. They argued that the fact that families were given a voice within the system was a clear strength of the service and led to them feeling supported when expressing themselves and their own positions:

"tgħini ħafna hux […] għax bħalma ngħidilha jiena, t-tieni spalla tiegħi […] għax ifhem hi tgħini ħafna[…] għax jiena nħoss li l-kelma tiegħi […] għalxejn" (Family 4).

[helps me a lot […] I always tell her that she is my shoulder to rest on [...] She helps me a lot […] I feel that my views are not believed].

The families reported that HBTS professionals were always available and willing to discuss issues which they wanted to discuss:

"kienet miegħi l-ħin kollu kull tip ta' sitwazzjoni li kelli […] ġieli anke s-Sibt ċemplitli […] Meta dħalt il-ħabs l-ewwel ma ġiet hi […] Li ma ġietx hi ma kontx inkun naf xejn x'kien qed jiġri speċjalment barra […] Il-kommunikazzjoni kienet b'saħħitha […] nitkellmu fuq kollox fuq kull tip, qatt ma nitkellmu fuq suġġett wieħed" (Family 1).

[She was always by my side whatever my situation was […] sometimes she also phoned me on Saturdays […] when I was in prison she was the first one who came to visit […] Had she not come to visit me I would not have known what was happening with my children […] communication was very strong […] We discuss everything and discuss various subjects].

A particular family who is presently receiving both therapy services as well as the IY parenting programme commented that they found the service helpful in as much as both family dynamics and the child's behavior improved. This, they argued, brought the entire family together in sharing a common purpose and towing a single family line:

> ***ħafna rranġa t-tifel […] dejjem tit-għallem […] jekk inti ħa ddaħħal bħala familja, il-familja hija kollha…. kulħadd jiġbed ħabel wieħed"***
> ***(Family 2).***

[our grandson's behavior has improved […] You always learn […] if you work as a family unit, everyone needs to work together].

A young person who is presently receiving therapy described the home atmosphere as being calmer with the help of her therapist:

"l-atmosfera d-dar iktar kalma", (Family 5).

[the atmosphere at home is much calmer].

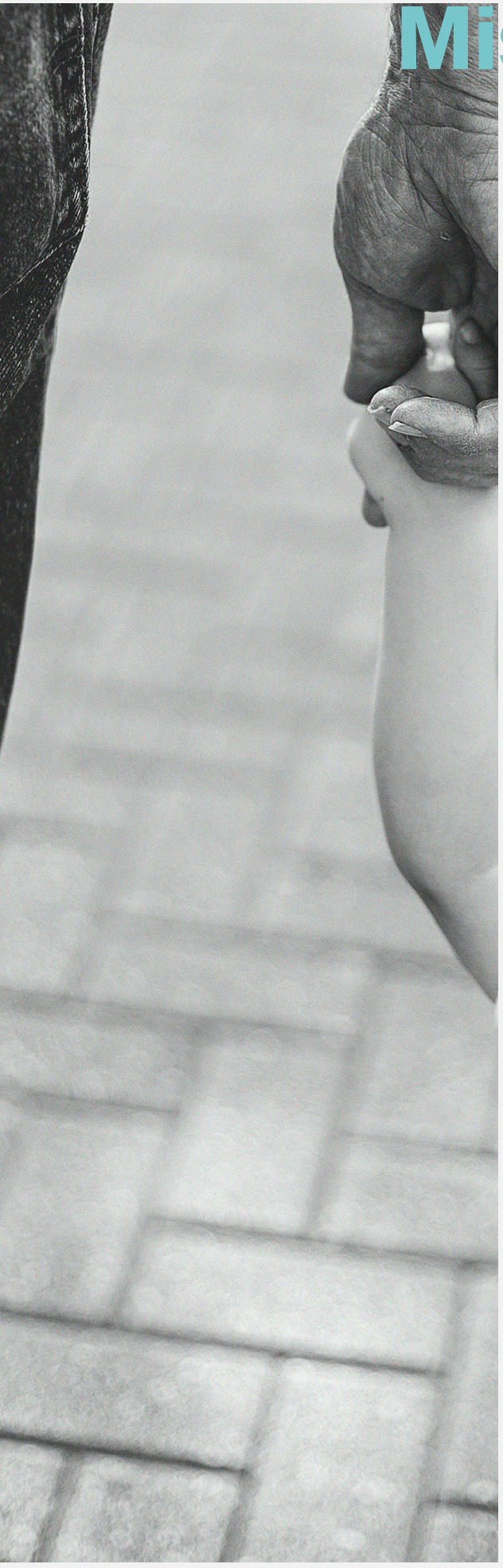
.....

Families further reported that they were very happy that this service is offered to them in their homes because it allows them to engage with therapy in ways that fit their own lifestyles and situations. A young person reported that although she could be easily distracted in her room due to her pets, she still prefers for therapy to take place at her home. The reasons she cites in the following quote are self-explanatory:

"li tiġi hawn naqset dik l-anzjetà u l-biża' li inti ħa tmur tard […] inkun fil-kamra tiegħi u l-ispazju tiegħi wkoll […] Tajba għax il-karattru tiegħi joħroġ hemm ġew […] il-ħin kollu nara x'se nwaħħal mal-ħajt u proġetti u affarijiet hekk. (Family 5).

[the fact that she comes to my house has helped to reduce my anxiety and fears that I am going to be late […] I would be in my own room, in my own space […] it's good because I can be myself […] I am constantly looking for what to hang on the wall and what projects to do […]

.....



Mission Statement

The families were asked to describe the service using three different adjectives that they thought would best describe the work of HBTS and that can be used to develop the service's mission statement. Participants highlighted the fact that HBTS professionals provided support by being flexible and catering to the service users' idiosyncratic needs and requirements. They further highlighted the fact that HBTS workers helped clients navigate the social services system and that this provided them with peace of mind. They reported that HBTS workers were able to work with the family towards addressing their challenges. The following three quotes highlight respondents' experiences in their own words:

"Li għandek il-flessibilità tal-ħinijiet hija mportanti ħafna, ħafna. Li l-bniedem tibqgħu miegħu il-ħin kollu kwazi kull ħin ħassejt lil xi ħadd, għax anke' meta ma stjatx naqbad lil […] ċempilt hemm […] hekk ikkuntatjajtu lil […] u ċemplet, dika għenet ħafna […] għax ikun hemm problema tittekiljaha dak il-ħin u ma tħallihiex tikber […] Fuqi jekk ikolli problema u nħalliha tikber moħħi itektikli fuq ix-xorb u tikbirli ħafna li tiggrava mmens, jiġifieri dik tiswa ħafna li ssib l-appoġġ […] Hekk f'kollox jiena sibt tajjeb hawnhekk għax dik il-ħaġa li taf li għandek lil xi ħadd […] ssib lil xi ħadd li ħa jisimgħak u ħa jgħinek fiha […] dik ħafna tajba" (Family 1).

[The fact that there is time flexibility is very important […] that you constantly remain with the person and are always there to support him. Even when I left a message for the therapist to call me back, she returned my call. That helps a lot since when you are constantly ruminating about a problem it's important not to let it grow […] When I have a problem and I let it take over, I start thinking about having a drink and the situation gets worst. It is very important to have someone supporting you […] I found the service very helpful, since knowing that someone is always there to support you […] to listen to you and to help you is very good].

"huwa appoġġ, direzzjoni u tagħlim. Appoġġ: qed ntik appoġġ, qed ngħinek tqum jew inkella qed ngħinek biex timxi […] Inti ma tkunx taf kollox u allura jridu jmexxuk, imbagħad għandek il-parti l-oħra fejn titgħallem kif għandek taġixxi mat-tifel, kif għandek tagħti kasu, kif għandna nitkellmu bħala familja […] Issa erħilha li konna nitkellmu bħala familja, imma imbagħad iktar titgħallem kif għandek titkellem, kif għandek tagħmel iktar kuntatt, li hemm ħafna affarijiet li huma nteressanti […] anke kien hemm affarijiet li kienu juruna bil-kompjuter […] Ħafna nteressanti, dak li tgħallimna fuq it-tifel (bil-videos), kif għandek taġixxi miegħu, kif għandek tilgħab miegħu, meta qed jurik li ma jridx ikompli, ma tkompliex tisfurzah, titilqu imbagħad ħalli jgħidlek huwa stess ħalli mmorru għalih s-suggett […] dawk kollha tajbin" (Familja 2).

[The service is supportive, provides direction and is educational […] supportive because it is supporting you to stand up on your feet or to help you move forward […] No one knows everything, so the service is guiding you and then teaching you how to relate with the child, how to give him attention and how to improve communication within the family […] even though we used to communicate between us, we learnt strategies about how to communicate and relate with each other […] there were also other things which we learnt when they showed us clips on the computer […] we learnt a lot about parenting, how to relate with the child, how to play with the child even when the child gives you hints that they don't want to play anymore. You don't force him to play, rather you need to be guided by him […] all of these tips are good].

> ***Li għandek il-flessibilità tal-ħinijiet hija mportanti ħafna, ħafna.*** *- (Family 1).*

"ġieli ġġib xi karti magħha […] ta' mportanza ħafna għax mhux għidtilek u forsi nsejtha […] qeda miktuba […] ghandha tattika illi togħġobni ħafna […] hi tinduna […] qisha taqralek moħħok […] ejja nidħlu fiż-żarbun ta' […] imbagħad taf kif iġġibek, MINN ŻIEMEL SFRATTAT IĠĠIBEK DEBBA! Mat-tifla taqa' għal livell tagħha […] Ta' għajnuna ħafna […] Ara ma tgħidilniex li mintix [the therapist] ġejja iżjed […] għax drajnihom…" (Familja 3).

[sometimes she brings papers with her […] They are important because she makes sure that she remembers […] it's written down […] She has a way how to relate with us […] she knows us […] like she reads our mind […] tells us to put ourselves in our grandchild's shoes […] she helps us change our position towards her […] from being an angry horse to a calm one […] (other therapist) with our grandchild she knows how to relate with her […] the service is really helping us […] Don't tell us that they are not coming anymore […] we got used to them].

> ***L-atmosfera d-dar iktar kalma.*** *- (Family 5).*

What they would like to be done differently

Families generally reported that they are happy with the service and that they were not looking to make any changes. One of the families suggested that, aside from the therapeutic work undertaken by HBTS professionals, it would be further helpful to also receive practical support. They suggested that the system might be hard to navigate and that without help, they do not succeed to access specialist support. They suggested that in the same way that HBTS provides therapeutic support, the provision of practical support could follow the same method:

"ma nafx […]. Inħoss jiena stess għandi bżonn bħal housing […] Aħna nsibu ħafna bibien magħluqa […] pereżempju jiena ma nafx nikteb biex tapplika għal housing […] Applikazzjoni x'se nagħmel biha […] meta tkun imkisser fuq oġġett it-terapija ma tantx tkun qed taħdem […] trid u ma tridx ħa tiffoka fuq il-problema li għandek li qed tieklok minn ġewwa […] (Familja 1).

[I don't know…I need someone to help me out with housing…we find a lot of closed doors…for example I don't know how to fill in a housing application since I don't know how to write…What am I going to do with a housing application?... When you are very worried about such things, therapy cannot really help since you will be focused mainly on the practical problem…. It will be killing you from the inside.]

Service Users - Monitoring Forms

Thirteen out of the nineteen individuals whose cases were closed by HBTS filled in an evaluation form at the time of termination. Clients reported that they were satisfied with the service and would be happy to use it again if the need arises. Respondents highlighted that they appreciate the fact that they were supported according to their specific needs and that consequently, they found HBTS services to provide genuine help. The following two quotes detail the utility of the service in relationship matters and in dealing with trauma:

"Kieku ma ħadtx dan is-servizz naħseb li kont nispiċċa nissepara daqs kemm kont stressjata fil-ħajja […] li tiġu d-dar kienet ta' għajnuna kbira!" Wife (Case closed from CPS)

[Had we not received help from this service, I believe I would have separated from my husband since I was so stressed out […] the fact that you came to do the sessions at home was of a great help!]

.....

"Persuna waħda […] komda ħafna u għamlitli l-ġid… qabel kont naħrab id-diskors issa nista' nitkellem fuq it-trawma"- Mother (Case closed from CPS)

[Just one therapist […] I was very comfortable and it was very helpful […] before I used to avoid talking on important matters, but now I am okay talking about my traumas.]

.....

Managers & Service Area Leaders

As part of this evaluation, meetings were held with Managers and Service Area Leaders of referring services, namely CPS, SCMS, LAC, Community Teams and IFSS, to discuss their views on whether HBTS was helpful towards supporting referred families.

A detailed account of the content of these discussions, which has been circulated with the respective Managers and Service Area Leaders, can be found in Appendix B. All services reported that HBTS is an asset for FSWS in assisting vulnerable and multi-stressed families. The following reasons were highlighted during the discussions:

- **Helps develop more holistic care plans**
- **Easily available for consultation and to discuss potential referrals**
- **Very flexible in their approach**
- **Therapy is offered in people's homes**
- **Therapists give it their utmost to engage with families even though families sometimes are resistant to therapy**
- **Cases are allocated immediately**
- **Ongoing discussions are held between services**

All services agreed that although it is important for HBTS to intervene with families when they are in crisis, HBTS services should also be offered to families 'In Need' as a preventive measure. This could help ease the burden of specialised services if difficulties are prevented from escalating to the point where they require specialist interventions.

A recurring theme during these discussions was the importance for social work to be carried out with families when they have unmet social needs and who are receiving therapeutic support from HBTS. Unfortunately, this is not always possible for various reasons.

For example, in the case of LAC, the Social Worker usually works with the child and therefore not much social work intervention is provided to biological parents/carers.

With regards to CPS, there are instances where CPS do not feel the need to intervene with the families, but cannot refer these families to IFSS because IFSS have a waiting list. A further issue concerns the fact that at present, HBTS requires that cases remain open in the referring service until an initial assessment is undertaken by HBTS.

This procedure was adopted following the closure of a number of cases immediately upon referral to HBTS but who required further social work interventions due to the families' unmet social needs, which services are not presently catered for by HBTS.

Referrers - Monitoring Forms

Social Workers who refer families to HBTS are asked to fill in monitoring forms once HBTS terminates work with the families. Although all Social Workers were asked to fill in the monitoring form, only 6 were returned to HBTS. All 6 Social Workers described the input of HBTS as very helpful. One Social Worker described HBTS as a service which "offers specialised and in-depth work with families within households. Had this service not been offered within the household, no other service would have been as successful/could have been offered given the needs of the family" (Social Worker 2). The following table outlines Social Workers' ratings with regards to the overall service delivery and outcomes.

	Certainly True	Partly True	Not True	Don't Know
Ongoing communication between Therapist/ Counsellor and Social Worker	5	1	0	0
How comfortable were you with the service provision	6	0	0	0
Whether initial goals have been met	1	5	0	0
HBTS helped towards working on the identified outcomes	5	1	0	0
Would continue to refer families to HBTS	6	0	0	0

Table 3: Feedback provided by Social Workers

Social Workers reported that HBTS helped to complement the work they were undertaking with families:

"Knowing that the family was receiving support was helpful. Work done by HBTS targeted grandparents and children both separately and as a family unit. The fact that HBTS kept contact and supported the family was very helpful" (Social Worker 6).

Social Workers further reported that they would have liked for the families to continue to receive therapeutic support on a long term basis, rather than terminating once the situation had improved. In fact, five Social Workers whose cases were eventually closed from CPS or SCMS reported that although the situation had improved, they would have liked the families to either continue to work on other issues or consolidate the change which had happened:

"Yes the physical abuse has been minimized due to the help and tips that the parents received. In addition, violence behavior from the father is no longer present at the moment as he has learnt to leave the situation when he feels angry. Moreover, the family feels that they have solved the money budgeting issue – in fact the father has accepted to give all of his money to the wife without getting angry or aggressive if she does not give him back the amount which he asks – this is a very positive outcome. However, I have noticed that communication issues between them is still present because the husband does not face the argument with his wife when he calms down and ends up ignoring her instead" (Social Worker 4).

HBTS Professionals

HBTS staff spoke positively about how the service is offering therapeutic and parenting interventions to vulnerable families, who would not otherwise receive such interventions if HBTS did not actually reach out to them.

Workers argued that the service is supporting families to have a voice in the existing system. The fact that the service has the flexibility of working with the different subsystems helps to draw up better care plans and to use families' support systems to help bring about the necessary changes.

The staff at HBTS described the team as having a strong sense of identity, which is enhanced by the richness of multidisciplinarity. Although multidisciplinary practice presents its own challenges in having to manage professional boundaries and in being open to work with other sources of expertise, professionals agreed that this approach also enriches professional identity.

They reported further challenges in their work. Firstly, they found that establishing boundaries when conducting therapeutic home visits was at times challenging. This was due to the fact that home visits are prone to distractions in a way that controlled settings, such as office visits, are not.

This challenge, however, has emerged as a key strength of the service, as per feedback reported above. The use of outcome measures was another noted challenge, due to the fact that such monitoring of professional service delivery Malta is rather uncommon.

Discussion

The present evaluation exercise was undertaken following a similar evaluation that assessed the feasibility of introducing HBTS services in Malta and that provided positive results for the pilot phase of this project.

Once the service was expanded nationwide, a new evaluation was planned to ascertain that the positive results recorded during the piloting phase recurred and that these were attributable to the service as set up rather than to particular features of the pilot project.

The results of the present evaluation provide evidence that the service is fulfilling its declared aims and resulting in positive changes in family functioning as a result of treatment provided by the HBTS model. The success of HBTS in the local context is attributable to various features.

Firstly, adopting a family preservation model helps children to remain living with their respective families when they are referred to specialist services due to challenging situations they experience. To the extent that this strategy is successful, it minimizes the trauma of children being removed from their homes. Everything else being equal, therefore, family preservation is preferable if services aim to serve the best interests of children.

Providing timely and intensive interventions to multi-stressed families helps towards increasing positive outcomes. Therapeutic support helps parents acquire better coping strategies in facing day-to-day challenges, it helps ameliorate the family environment and it helps parents provide an adequate level and form of care.

Conversely, it also helps reduce the risks which children might be exposed to in multi-stressed households. As a service, HBTS fulfils the overarching aspiration to give such children every opportunity to grow in nurturing households with their own families, before resorting to other drastic measures that may compound trauma in themselves.

Secondly, multidisciplinarity has herein been demonstrated to cater well to the needs of multi-stressed families. The clear advantage of multidisciplinary services is that all

professionals working with the family tow the same line and are subject to the same priorities. The alternative to multidisciplinarity, that is, confining similar professionals to specialized services and recruiting them on a case-by-case basis, also means that professionals working with families and children often respond in different ways to the families' own needs, depending on the specific contingencies of the service in which professionals are housed.

These may include diverse priorities, waiting lists, referral procedures that help offload cases, and follow-up priorities that may be impeded due to critical issues that afflict one service but not another. In this reality, professional services often end up being delivered in series rather than in parallel. Multidisciplinary service provision maximizes operational outcomes as the positive effects achieved by one professional rub off on other dimensions targeted by other professionals. Serial service provision is not well placed to capitalize on achievements.

Rather, client engagement is often hampered by the fact that one professional's services may require groundwork by other professionals responding to their own service's demands. Parallel service provision in multidisciplinary settings ensures that stumbling blocks are addressed expediently to avoid therapy breakdown. This also minimizes inter-agency or inter-service misunderstandings, which many times are further exacerbated when liaising with professionals working in private practice.

Case conferences may often be overwhelming for service users and a plethora of professionals who all pitch in with their own perspective about what ought to be done to help. The present evaluation suggests that it might be worth expanding the use of multidisciplinary teams in social care provision. It is worth noting that this practice skill is largely absent from local professional training programmes.

It would be worth ensuring that professional training programmes equip professionals such as Social Workers, Psychologists, Counsellors and Psychotherapists, with multidisciplinary skills that can help them utilize other professionals' expertise. Professionals need to be well versed

in each other's specializations to be able to collaborate in tangible terms in practice, and to understand more clearly than is presently the case the boundaries of their own specialist professional knowledge.

Thirdly, HBTS is the first service of its kind to adopt outcome measures in practice. The present evaluation has demonstrated their utility both as a practice and as an evaluation instrument. It is recommended that such practice is also expanded in the provision of social care services. Using outcome measures helps professionals understand which areas they are dealing with effectively, and which less so.

Although expertise gained through studying and working in the field should not be undervalued, outcome measures help professionals calibrate their practice using scientific instruments, over mere gut feelings or instincts that are prone to socio-cognitive biases or bad habits acquired through experience. When outcome measures are used for evaluation purposes, as in the present exercise, they serve to address the burden of proof that professionals have in demonstrating that their interventions work and that they do not just provide a cathartic avenue.

In this way, services demonstrably cater to the best interests of clients, by identifying what works well and what might not. This knowledge allows professionals to address their shortcomings, which is the only way they can ameliorate over time, whilst ensuring that families' needs are actually being met and that newly emerging needs are also catered for.

A point worth considering in some more depth is the necessity of establishing a local evidence-base for social service provision. It is important that treatment practices are evaluated locally rather than imported from overseas on the basis that they worked demonstrably well in some other cultural setting.

For this reason, it is recommended that the Incredible Years Parenting Programme employed by HBTS, pursues a local validation exercise, and that the same evidence requirement is extended and introduced across the plethora of social services presently on offer.

The present evaluation, as demonstrated in the results obtained through the administration of the Score-15 index, has shown that HBTS helps improve family functioning overall. Essentially, this provides evidence that HBTS is effective in meeting its stated aims and objectives. The positive outcomes achieved are broad ranging. Results have shown that clients are less overwhelmed with difficulties.

For a service that targets multi-stressed families, this may very well be the break service users require. From the service's perspective, this positive outcome alone would have been worth the effort. The results also demonstrate that HBTS provides enough support for service users not to be overwhelmed by their difficulties. In this way they are better able to cope, enough for their situation to not escalate and require crises intervention (which might often mean 'helping' a multi-stressed family by taking away their children). HBTS has demonstrably succeeded in providing families with sufficient support to cope. This strengthens families over breaking them.

The results show that this was achieved through better communication strategies. HBTS helped 'warring' families talk to each other and this seems to be the de-escalation strategy that lessened crises. This obviously cannot be achieved if needs are left unfulfilled until a critical breaking point is reached.

The families' ability to cope resulted in their perceiving the severity of their problems as being lessened as a result of intervention. Service users demonstrably reported that they were better able to manage their situations as a result of service provision and that they found that therapy works. The ability to deliver services in the confidence that, as well as 'feeling good', service users also demonstrably achieve therapeutic objectives is a standard any professional owes their clients. Service users deserve to have this confidence in professional services that require their trust.

On the other hand, it is also worth noting that the changes reported for the Score-15 dimension Strengths & Adaptability did not reach statistical significance. This is worth further attention. It may well be that understanding that

one has acquired the ability to meet challenges comes at a later stage for clients than meeting the challenges themselves.

Perhaps they initially attribute the success experienced to the therapists' interventions rather than their own abilities. And perhaps this may initially be so. It would be worth understanding whether in future this trend will also become significant with more therapy sessions, such as at time T3. But it could also be an area for professionals to address more explicitly. Professionals cannot rest comfortable knowing they helped, without also instilling the ability to build resilience if possible. This point therefore requires further consideration and study.

Another point to note is that HBTS interventions also aim at preventive work. A number of difficulties encountered during the service's first year of operations are associated with the lack of practical support available to multi-stressed families, as highlighted in the qualitative feedback exercise. It might be worth considering the introduction of a 'Home Based Support Services [HBSS]' to complement the present setup.

Trained but not warranted support workers could very well complement the professional services offered by HBTS, to help enhance the ability of the service to nip psychosocial problems in their bud before they escalate to require therapeutic or crises intervention. There will always be a requirement for specialist services, but this can be lessened and should be if we are genuine about meeting the best interests of the families we work with.

> ***...HBTS provides enough support for service users not to be overwhelmed by their difficulties.***

Finally, the qualitative feedback corroborates the results of the analysis on the outcome measures and suggests that the positive results achieved are due to a feeling of working with clients and being on their side. This strategy seems to overcome resistance, as HBTS service users are mostly clients who would have not responded to office-based interventions.

This shows that results can be achieved when professionals work with families and treat them depending on their needs and realities, over merely keeping an eye on them and intervening when the family fails badly enough, particularly when they fail to attend office-based appointments suited to professionals' and services' own requirements over those of service users.

Professionals owe it to the children in these families to err on their side and to try to help them in every way to sort out their family's problems. HBTS is in a position to be open and upfront with future children who will grow up in care, that they can rest assured that the service tried its best to help sort out their problems before resorting to drastic measures.

HBTS represents what trying our best for children is all about. HBTS professionals are there for them, however and whichever way they need us, rather than how we need them to be. This may be a different philosophy than traditional specialist service provision but one that, in the present context, is demonstrably and evidently effective.

Conclusion

Specialist services, whilst essential, cater mostly to critical needs. Conversely, HBTS caters to multi-stressed families' needs in their multi-systemic complexity. Whilst every professional service has a responsibility to meet its own burden of proof, the present report provides evidence that addressing clients' situations in their ecological contexts in a multidisciplinary way provides positive results and helps overcome challenges that are much costlier when left unaddressed over the longer term until they become critical, due to an office-based treatment requirement.

HBTS has committed itself to be evidence-based in the Maltese context. This ensures that service delivery genuinely addresses families' needs and that therapeutic goals are met. Although overall, the evaluation has yielded positive results, it does not establish which forms of therapeutic support work best with which category of clients. Establishing this additional feature requires nuanced empirical inquiry that may be beyond the scope of service provision and more of an academic concern.

However, the confidence of knowing that our solutions to the appeals for help that we receive are actually effective is not a luxury we boast, but a commitment we demonstrably owe our service users.

This was highlighted by a number of CPS and LAC families who commented on various occasions that HBTS is giving them a voice and that the system is actually listening to their stories. It is only when families feel that professionals are genuinely interested in them, that they become open to change.

HBTS commits itself to continue working intensively with multi-stressed families and to explore ways for how to best support this client group. This will help ensure that children are provided with every opportunity to grow up in caring and nurturing homes, whilst ensuring that they are free from any abuse or harm.

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Appendix A

Regions

NORTHERN REGION	NORTHERN HARBOUR REGION	WEST REGION
- Mellieħa - St Paul's Bay - Mġarr - Mosta - Naxxar - Għargħur	- Valletta - Floriana - Ħamrun - Santa Venera - Pietà - Msida - San Ġwann - Birkirkara / Swatar - Ta' Xbiex - Gżira - Sliema - St Julians - Pembroke - Swieqi	- Attard - Balzan - Dingli - Iklin - Lija - Mdina - Mtarfa - Rabat - Siġġiewi - Żebbug - Qormi
SOUTH HARBOUR REGION	**SOUTHERN REGION**	**GOZO REGION**
- Cospicua - Vittoriosa - Senglea - Kalkara - Żabbar - Xghajra - Fgura - Tarxien - Paola - Santa Lucija	- Luqa - Mqabba - Qrendi - Żurrieq - Safi - Kirkop - Għaxaq - Gudja - Birżebbuġa - Marsaskala - Marsaxlokk - Zejtun	

Appendix B

Feedback from Child Protection Investigation Services (CPIS) and Specialized Child Monitoring Services (SCMS) Both leaders of CPS and SCMS described HBTS as an important and effective service in supporting 'at risk' families. Some of the reasons are the following:

- Easily available for consultation and to discuss potential referrals
- The fact that therapy is offered in families' homes
- Cases are allocated immediately
- Very flexible in their approach
- Ongoing discussions are held between CPS and HBTS.

A discussion was held with CPS about the difficulties which will arise once the Child Protection Act will be implemented. At that point the Investigation Team will not be able to keep cases on hold or dormant. This discussion was held in light of the fact that HBTS requires a Social Worker to remain involved with the family until HBTS undertakes its own initial therapeutic assessment.

Unfortunately, there have been instances where some of these cases were closed from CPS but still needed social work intervention. In these instances, the therapist ended up doing social work instead of therapy, which defeated the whole scope of HBTS involvement.

Although communication between the services has improved a lot, it was agreed that sometimes this also depends on the individual workers. Both CPS and HBTS highlighted instances where communication could have been better.

All those present agreed that if HBTS were to intervene more at community level, it would help reduce the chances that they are subsequently referred to CPS. This might potentially help address the waiting list of Child Protection Services. Following the evaluation, a meeting will be held between HBTS and SCMS to examine whether there are other families which are presently being followed by SCMS that could benefit from a referral to HBTS.

A discussion was held about the usefulness of social contracts and how HBTS can support CPS in this regard. The

following points were highlighted in relation to reports and minutes:

- A copy of the social contract is to be sent to HBTS
- Reports written by HBTS should highlight positive changes and as well as challenges which the families are still facing
- HBTS requests final copies of minutes and care plans whenever they attend case conferences or case reviews

Feedback from Looked After Children's Services (LAC)

Both the Manager and Service Area Leader believed that the introduction of HBTS has been very helpful towards developing more holistic care plans for families whose children are presently followed by LAC. Going to families' homes meant that more vulnerable families could actually receive therapeutic support. HBTS also helps towards increasing chances for reintegration.

The manager believed that ideally HBTS intervenes at an earlier stage with 'at risk' families. This should help further minimize the possibility for the families' situation to escalate to a point where a Care Order needs to be issued. It is very difficult to change family situations when these are too critical and when the children have been in care for a very long time. Ideally, intensive therapeutic intervention is offered to families at a preventive level within communities.

HBTS is presently supporting parents whose children are either already living with them under a care order or where a plan for re-integration has been drawn up. Unfortunately, a present shortcoming is that there is very little social work support provided to these families. LAC Social Workers seemingly do not have sufficient resources to support families, particularly when children are in care.

The fact that LAC Social Workers seem to be overloaded with cases makes it more difficult for them to also cater to biological families. Ideally, parents have their own Social Workers in the community to support them.

Throughout the year, both HBTS and LAC held ongoing meetings to discuss challenges which arose, both in relation to difficult cases and in relation to how the services worked together. Whenever difficulties arose, these meetings provided an opportunity to discuss a way forward for staff to work together more effectively. Both services noted progress in inter-service communication, but both also find scope for further improvement.

In order to improve communication and accountability in both services, the following has been agreed:

- Whenever case reviews are called by LAC, the LAC social worker is to send a copy of the report to the professionals involved.

- HBTS is to send a copy of their report to LAC social worker so that the report will be included in the final report which is eventually submitted to the Advisory Board.
- Care plan meetings which are usually held between case reviews are to discuss the family's care plan. This care plan is to include:
    - Name of child and Date of birth
    - Date of Review
    - Professionals and parents who attended the meeting
    - Tasks to be undertaken by professionals. Timeframes are to be included that high light how often professionals plan to under take home visits, office visits and school vis its
    - Date of next case review

- The service which calls the meeting is to circulate this care plan via an email to all professionals involved with the family within two weeks. Professionals will have a maximum of one week to forward their additions or amendments to the care plan. If any changes are proposed to the care plan, the final version is to be circulated with all professionals involved

- The care plan is to be reviewed at the subsequent case review. It is deemed to be the chairperson's responsibil-

ity to review the care plan and to ensure its execution. If impediments are experienced in implementing some aspects of the care plan, the chairperson is to ensure that adequate justification has been provided and that necessary modifications to the care plan are agreed upon to mitigate the consequences.

Feedback from Community Services and IFSS

All members of staff present during the meeting agreed that HBTS is an important service which supports multi-stressed families in the communities. Ideally, this service is not offered only to families when they are in crises. HBTS should also offer its services at a more preventive level. This could potentially help address the waiting list of Child Protection Services.

The following are some of the reasons which Community Teams and IFSS highlighted about the usefulness of HBTS:

- Flexibility of the service
- Offered in people's homes
- Therapists give it their utmost to engage with families even though families are at times resistant to therapy

Although communication between the services has improved, it was agreed that sometimes this also depends on the individual workers. Both Communities Teams and HBTS highlighted instances where communication could have been better.

It was agreed that discussions should be held between Social Workers and therapists on a case by case basis about how they are going to update one other.
A discussion was held about the requirement of having a Social Worker allocated with a family until HBTS undertakes the initial therapeutic assessment. Unfortunately, since IFSS also have a waiting list, the service is not in a position to allocate families immediately when these are referred from CPS.

It was agreed that in cases where Social Workers have established a good relationship with clients and the clients are not happy to be visited by another professional, a dis-

cussion should be held with HBTS to explore whether the therapist can support the Social Worker through consultations instead of via a direct referral to HBTS for direct therapeutic intervention.

Since community teams have only recently started referring cases to HBTS, it was agreed that a meeting should be held between Community Teams, IFSS and HBTS to better understand how HBTS works therapeutically with families.

List of Abbreviations

In Alphabetical Order

CPIS:	Child Protection Investigation Services
CPS:	Child Protection Services
CW:	Child Welfare
FFT:	Functional Family Therapy
FSWS:	Foundation for Social Welfare Services
HBSS:	Home Based Support Services
HBTS:	Home Based Therapeutic Services
IFSS:	Intake and Family Support Services
IY:	The Incredible Years Parenting Programme
LAC:	Looked After Children
MTFC-P:	Multidimensional Treatment Foster Care for Preschoolers
MST:	Multisystemic Therapy
PCIT:	Parent Child Interaction Therapy
RSW:	Reclaiming Social Work
SCMS:	Specialized Child Monitoring Services
UK:	United Kingdom

HOME BASED THERAPEUTIC SERVICES

An Evaluation Of Practice

OCTOBER 2018

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