Holistic and collaborative approach

Aims to give parents a voice

Intervention aimed at the family (parents and children)

\* Intervention co-produced with parents

\* Relationship based intervention. Looks

 to build trust.

\* Poverty and neurodiversity aware

 approach.

\* Trauma aware

\* Intervention focussed on avoiding

 judgment and stigmatising of people.

\* Leverages and includes "experts by

 experience" to help avoid stigma.

**IPS**

Extra costs and lost efficiency associated with service duplication/services being fragmented.

Unmet need for work with families. More work needed to define what needs to be done, and who needs to do it.

\* Focuses mostly on children

\* Limited interventions aimed at parents. Lack of interaction with the families due to poor information available.

\* Services fragmented/in silos. Information captured is also fragmented.

\* Gaps in understanding emotional needs of children/families

\* Lack of wider support (i.e. housing, financial, etc)

\* People in need of support fear stigma and judgment. Less likely to share vital information.

\* Under-resourced, under-staffed services

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| **Long Term Outcomes** |
| Child | Decreased mental illness/Improved mental health (Depression, anxiety, PTSD, panic, eating disorders) (Conti, 2021; Norman, 2012)Reduced suicidal behaviour (Norman, 2012) Decreased substance abuse levels (Norman, 2012) Decreased risk of STIs and risky sexual behaviour (Norman, 2012)Decreased teenage pregnancy (Buckingham, 2013)Decreased disability from physical injury (Prosser, 2007; Fang 2012)Improved cognitive, social & emotional competencies (Norman, 2012; WHO 2006)Improved long term health outcomes: cardiovascular disease,hypertension, diabetes, obesity (Corso, 2008) Improved quality of life (Prosser, 2007)Decreased criminality (Fang, 2012)Decreased levels of economic inactivity/unproductivity (Currie, 2010) Increased levels of occupational status (Buckingham, 2013)Decrease in the receipt of benefits (i.e. disability) (Conti, 2021)Increased lifetime earnings (Fang, 2012)Increased educational achievements (Buckingham, 2013)Avoided absenteeism due to improved mental health (Conti, 2021)Increased life expectancy/Decreased premature mortality (Conti, 2021)Improved parenting behaviours (WHO, 2006) |

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| Sectorial Outcomes |
| Services | Development and strengthening of multi-agency partnerships (CAPS Protocol)Improved access and quality of services available to families (CAPS protocol)Reduction in long-term service burden (Boyd, 2015) |
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| Education | Reduced special education needs (WHO, 2006; Fang 2012)Reduced missed school days (Working with troubled families)Improved attendance levels (Working with troubled families) |
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| Society | Reduced costs of health & social care (WHO, 2006)Reduced crime rates (Boyd, 2015) |
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| Law & Justice s | Reduced criminality (Fang, 2012)Reduced delinquency (Fang, 2012)Reduced number of arrests (Fang, 2012)Reduced justice costs (reduced court petitions) |
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| 3rd Sector | Increased referrals to what services??How will this impact with decreased donations in coming years? |

Rada was included as an outcome measure, however, as study moved forward it was decided it would not be appropriate for the population.

Key factors affecting interventions

INTERVENTION

**SAU**

POPULATION

Families with children aged 0-5 years who have a social worker

PARENTS - GHW, EQ-5D, ICECAP, PRO, PRE on respect/stigma

CHILD\* SDQ, PIR-GAS, PEDS QL

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| **Poverty Aware Approach** |
| Poverty awarenessAvoid shameReduce stigmaReduce structural inequalities |

IMPROVED CHILD

MENTAL HEALTH

PARENT

CHILD

IMPROVED RELATIONSHIPS

OUTCOMES

MEASURES

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| **Short Term Outcomes** |
| Child | Avoid going into careDecreased hospitalizations/Emergency visits (Wojciak, 2021)Avoided injuries (cutaneous, orthopaedic, oronasal, eye) (Newton 2008; Buckingham 2013)Avoided cases of intracranial bleeding/Traumatic brain injuries (Buckingham 2013; Wojciak 2021)Shaken baby syndrome cases avoided (Prosser, 2007)Avoided children deaths (Norman, 2012)Reduction in stress induced/behavioural and conduct disorders in children (Hyperkinetic, conduct and emotional) (Conti, 2021; Norman 2012)Improved child's mental health (Boyd, 2015)Improved thriving, cognitive and developmental abilities (Boyd, 2015; Smyke 2007)Gross and Fine motor delays avoided (Prosser, 2007)Speech and language delays avoided (Prosser, 2007)Learning disabilities avoided (Prosser, 2007)Feeding issues/malnutrition avoided (Prosser, 2007)Immunization delay avoided (Prosser, 2007)Lack of well child care (Prosser, 2007) Dental caries avoided (Prosser, 2007)Childhood onset mental health disorders avoided (Buckingham 2013) |
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| Parents | Increased parental sensitivity (CAPS protocol)Improved mental health (CAPS protocol)Reduced substance abuse (CAPS protocol)Reduced stress (CAPS Protocol)Improved housing issues (CAPS protocol)Reduced unemploymentImproved incomeStopping intergenerational transmission of adversecircumstances (CAPS protocol) |
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| Families | Improved safety for subsequent children (CAPS protocol)Improved family wellbeing (CAPS protocol)Improved resilience (CAPS protocol)Reduced stress (CAPS protocol)Reduced housing issues (CAPS protocol)Improved material circumstances (CAPS Protocol) |