

EXECUTIVE SUMMARY

Background

Above all, the highlighted problems of Estonian children and their families are: school problems (truancy, poorer grades), parenthood (single parents, problematic parents) and family relationship problems (conflicts in the family), poverty, alcohol abuse and deviant behavior among friends. To alleviate these problems, the implementation of an evidence-based intervention program is planned. This study carried out a comparative analysis of various evidence-based intervention programs.

Objective

The purpose of this study was to identify which of the available evidence-based intervention programs (MST, FFT, MDFT, COAIM)¹, implemented outside of the closed institutions, fulfills best the needs of children and their families in Estonia. The study shall identify which of the available evidence-based programs in the world is suitable for the support of the children and their families to hedge the most severe behavioral problems and (repeated) offenses.

Key questions to which the answers were found are:

- What evidence-based programs (taking into account the international assessment and criteria) are used in the world to hedge the serious behavioral problems of children and youth? Among other things, comparison of the content of programs, criteria, durability, target groups, costs, analysis done and the quality of the analysis as well as the expected and actual impact of the program is done.
- To prevent children from getting into the closed institutions, which of the evidence-based programs is most suitable for Estonian children and their families with serious behavioral problems, taking into account the needs of children and families, the Estonian administrative and financial capabilities?

Methodology

The program theory describes the relationship between the intervention and the desired or an observed outcome². One way to describe these connections is through logical models, which state how the intervention is understood and how it is designed to deliver concrete results. E.g., W.K. Kellogg Foundation created a model, which consists of five components: input, activities, output, outcome and impact. Different programs in this study are described and compared on the basis of this logical model.

To choose a suitable program for Estonia a comparative analysis was carried out. Analysis consisted of two parts. In first part compared programs conformity with the initial task and research questions set by the customer and was analyzed based on W.K.Kellogs Foundation Logic Model Developmnet Guide and Blueprint principles. The list of indicators based on logical model was compiled and the programs were assessed by these. In the second part of the analysis the programs that best met these criterias were analyzed by their content and Estonian context and identified overlaps, benefits and risks were pointed out.

¹ Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multi-Dimensional Family Therapy (MDFT) and Change Outcome and Indicator Mapping (COAIM)

² Funnell, S. and Rogers, P. (2011), Purposeful Programme Theory, New York: Wiley; ref Delaney 2011

Results

As a result of the analysis, on the basis of the key criteria that are based on the research questions and the Blueprint standards, it is shown that there is no single perfect intervention program to suit the circumstances and needs of Estonia. All of the analyzed programs have their advantages and shortcomings. In addition, it is important to take into account the associated potential problems (especially those arising from local circumstances) in compliance to meet local needs. The report provides an overview of the possible selection criteria, and the potential consequences, which must be taken into account when making the choice and implementing the program:

- Who can carry out the program?
- What qualifications are needed for the program?
- From who and in what language is the training provided, who is trained?
- What is the duration and content of the training?
- What are the available supporting and study materials for training?
- To what extent is the program independent after the training and implementation period?
- To whom is the program designed for?
- What are the components of the program?
- Which problems are the program aimed at?
- Where is the program implemented?
- How long is the duration of the program and what is the intensity of the intervention?
- How big are the teams and how many cases do they have?
- How long has the program existed?
- What are the short-term results of application of the program?
- What are the long-term results of application of the program?
- In which studies are these results presented?
- How is the program assessed?
- What problems have been reported?

As one of the criteria of evidence-based programs is the availability of information about the program, the absence of information about COAIM excludes it from further analysis. Also, since the phase 1 training of FFT lasts from 12 to 18 months, and the initial training takes place only towards the end of this phase, the whole process can be carried out only after the end of the implementation period (30. 04. 2016). Thus, it becomes an exclusion criterion for the FFT program.

Intervention program could be applied using an implementing entity under the Social Insurance Office (*Sotsiaalkindlustusamet*) created in the near future (thus administered by the Ministry of Social Affairs). In this case, the competence and capability to provide support for local governments child protection workers and other parties of the system concentrates into a single body, which at the same time co-ordinates the work of the service providers network. Concentration of specialists provides probably some financial savings. In addition to justifying such a proposal, close cooperation between the different stakeholders is expected. As a result, children suitable for the program are found sufficiently early (before the minor has come to commit serious misdemeanors or crimes). The programs coordinators have stressed that it should be clear where the information is obtained about the target audience of the program – it is estimated that the local social workers have the best overview of the at-risk minors, also the courts and the prosecutor's offices have similar information. The threat of implementing the program under the Social Insurance Office, however, is the novelty of the system at the time the analysis was conducted (it was not yet clear if and how the system

would actually operate). Alternative options for the institution to implement the program are the Prison Service (prisons' probation departments; under the Ministry of Justice); Police and Border Guard operational units (Ministry of Internal Affairs); courts implementing units; working groups in an university; creating a separate foundation; the service is provided by (one or many) nonprofit organizations.

To ensure the comparability of cost analysis, the creation of four teams is assumed and one team has the size of one supervisor and two therapist (for both the MDFT and MST programs). The implementation and operation costs are analysed. The main costs are the initial training (certification) and labor. The total cost of the program in the seven-year run (actually the program does not start at the beginning of 2014, therefore the costs are somewhat postponed to the next years) for MDFT is 2.2 to 2.7 million and for MST 2.4 to 3.3 million euros. However, it is worth underlining that this estimate does not take into account the need for additional training of therapists in case they are replaced.

Conclusions

In summary, we can say that both remaining programs in the final selection (MDFT and MST) generally correspond to the Estonian children and their families' needs. However, based on the suitability to the needs and circumstances of Estonia the most suitable program is Multidimensional Family Therapy (MDFT). MDFTs advantages compared to MST are greater compliance with Estonian children and their families' needs, particularly school and family problems. In addition, it is more flexible about the target group, as well as the training and later work of the implementers. It is also estimated that the implementation of MDFT is more economical.