26 Theory of change as a tool for tracking Intensive Family Programme developments in Whitetown

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Introduction

The involvement of children under the age of 18[1] in serious crime, often facilitated by their relationships with adult crime networks, is a significant problem in Ireland. Up to one thousand children are estimated to be embedded, or at risk of involvement, in criminal networks at any one time (Naughton & Redmond, 2020). These children comprise a tiny fraction of those who come into contact with the youth justice system, but they account for a substantial percentage of youth crime. Developing effective interventions to enable such children to desist from crime and other antisocial behaviour is a significant challenge for policy-makers and practitioners.

This essay focuses on the theory of change for the Intensive Family Programme pillar in Whitetown, a real, but anonymised urban community in Ireland. This pilot programme consists of an intervention for children involved in adult crime networks in Ireland, initially funded from 2020 to 2023.

In our essay, we discuss the co-design of the theory of change with staff of the service provider and the need to adapt key aspects of the programme for the local context. We commence by introducing the Whitetown programme and describe stages in the design approach, the sequences involved in developing the theory of change, and the initial testing; this demonstrates the value of the theory of change for charting programmatic changes of tack necessitated by on-the-ground testing. Our account of this process provides an insight into the potential challenges involved in the implementation of dynamic interventions in the context of partial evidence with reference to theoretical and empirical research.

1 For the purposes of this essay, an individual under the age of 18 is a 'child', as per section 3 of the *Children Act, 2001*.

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Background to the Whitetown programme

Recent Irish research undertaken by the Research Evidence into Policy Programmes and Practice (REPPP)[2] at the University of Limerick investigated child involvement in adult crime networks in a real, but anonymised town referred to as Greentown (Redmond, 2020). Greentown, and two subsequent replication case studies—Redtown (Naughton et al., 2020) and Bluetown (O'Meara Daly et al., 2020)—demonstrated the criminogenic impact of adult criminal networks on children. These networks promote serious criminal activity among children and threaten children's safety, exposing them to exploitation, coercive control, and violent victimisation by network-involved adults.

Designing a solution

A deliberative design process (Rittel & Webber, 1973; Sparrow, 2008) was employed to develop a novel, context-specific intervention involving international academics researching illicit networks, policymakers, state agencies, and community-based organisations.[3] The intervention is based on four complementary but distinct programme pillars: (1) network disruption, (2) pro-social opportunities, (3) community efficacy, and (4) an intensive family support programme (Figure 26.1). The first pillar seeks to reduce the influence of criminal networks on children, the second offers participants opportunities for pro-social activity, and the third seeks to support and build community efficacy. The fourth pillar aims to improve family functioning for the children most embedded or at risk of involvement in serious network-related crime, utilising functional family therapy (FFT), an established, evidence-based, 'clinically creative' programme (Sexton, 2016), described as a 'best practice' treatment of choice for working with adolescents and families of externalising disordered adolescents (Sexton & Alexander, 2004, p. 27).

These 'mutually supporting pillars' (REPPP, 2017, p. 5) were identified as most likely to meaningfully respond to the problems presented by criminal networks in Ireland.[4] The pillars and underlying assumptions were scrutinised by simulation of real-life implementation scenarios.

The design process included rigorous stress testing by police, probation, and child protection social workers. On-the-ground innovation was anticipated at the design stage. The overarching programme is intentionally *part-developed*

2 See https://ulsites.ul.ie/law/node/106891 for REPPP publications and media coverage.

3 Almost 90 experts were involved in the consultative process, contributing approximately 590 hours of input.

4 This pillar was originally called Child Agency. It was renamed to reflect the fact that family dynamics have an impact on child self-determination, as well as their well-being, functioning, relationality, offending behaviour, and vulnerability to network involvement.

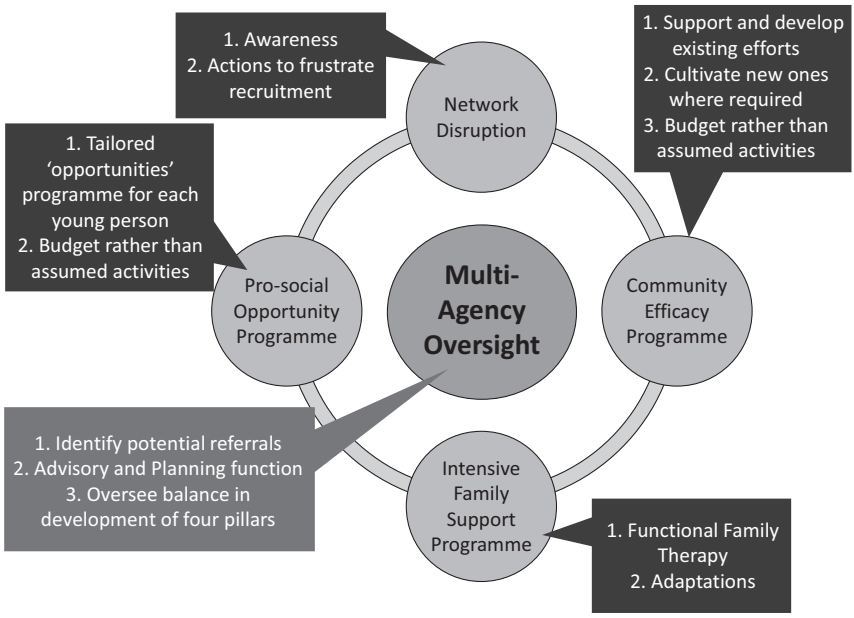


Figure 26.1 Whitetown programme pillars as finalised at procurement stage

to allow for adaptation during implementation to fit the local context. The part-developed approach seeks to retain the core integrity of the programme while enabling service providers, local residents, and community workers in the pilot sites to actively participate in the iterative design process.

Consultees noted the limitations of evidence-based programmes that have been subject to rigorous evaluation methods, such as randomised control trials, particularly for dealing with complex problems in complex settings. While programmes such as FFT[5] are important for idea generation, experts cautioned against taking an 'off the shelf' programme and dropping it into unique community contexts (REPPP, 2017). Adaptations and evidence-informed local crafting would be necessary.

Phase 1 of establishing the overarching model for the intervention involved the development of the four interdependent pillars. The programme aims to: (1) frustrate the recruitment of children into criminal activity by network-based adults and reduce the effects of those networks on their involvement in crime,

5 See www.fftllc.com/about-fft-training/clinical-model.html

and (2) provide meaningful and practical routes out of crime for children already embedded in a criminal network.

Co-designing the Intensive Family Programme theory of change

A theory of change approach was adopted to aid our understanding of the Greentown programme's *contribution* in several complex systems (Mayne, 2008), helping to generate ideas as a group (Zhou et al., 2019) and surface the underlying rationale(s) to support programme 'planning, implementation, and assessment' (Reinholz & Andrews, 2020, p. 1). We envisaged that our two programme aims would be achieved 'through a logical sequence of intermediate outcomes' (Maini et al., 2018). While experimental design is useful for determining whether a programme has impact by strengthening causal inferences, theory-based evaluations that test a robust theory of change may be more effective at unpacking with greater precision how, why, with whom, and in what circumstances a programme works. A theory of change describes the 'causal assumptions behind the links in the pathway—what has to happen for the causal linkages to be realised' (Mayne, 2019, p. 172).

The theory of change for the Intensive Family Programme was co-designed using the online platform *Microsoft Teams* during the COVID-19 pandemic. Participants at the theory of change development sessions included three members of the research team and three practitioners from the Intensive Family Programme provider. A total of four virtual sessions between February and April 2021 resulted in the co-design of an initial draft theory of change using Miro.[6] A review was held in November 2021 to track the implementation of the theory of change on the ground and determine whether tweaks were required to reflect the need to pivot in the light of context-specific realities for children and families involved in the programme.

The first signs of discrepancy between FFT aims and Whitetown programme aims arose at the initial theory of change session. A request that therapists attempt to identify provisional, proximal outcomes led to service-provider apprehension on the basis that focusing attention on variables being measured might distract the therapists and thereby reduce fidelity to FFT. Researchers explained that efforts applied to collecting such data could assist with timely identification of crucial soft outcomes not captured in routine monitoring by the evidence-based programme. These include executive function (Cheng et al., 2019) and agency (Maruna, 2001), upon which hard criminal justice outcomes rest (Andrews & Bonta, 1998).

At subsequent sessions, Intensive Family Programme staff observed that positive behavioural change and openness to pro-social opportunities would depend

6 See www.miro.com.

firstly on engagement, followed by a sense of safety and trust in the presence of the FFT therapist, who is deemed to be 'the expert on the change process' (Sexton & Alexander, 2004, p. 47), and better relational dynamics between the caregiver and the young person and improved emotional self-regulation. They also identified examples of skills that adolescents and families were likely to obtain from programme participation, such as negotiation skills, improved interactions with authority figures around negotiating boundaries, anger management, risk acknowledgment, and increasing risk aversion.

The research team presented the draft theory of change to the multiagency Whitetown Local Advisory Committee (which provides a governance function for the project) for feedback, explaining the various stages, iterations, additions, and sequencing changes. The committee observed that engagement would be a necessary prerequisite. It was also agreed that the theory of change would need to be kept under review, informed iteratively by practice on the ground with live cases.

The theory of change development highlighted programme discrepancy, prompted changes of tack, and redeployment of human resources

Since the theory of change was developed, the Whitetown Intensive Family Programme manager has facilitated six separate case reviews with therapists who provide a progress update on the adolescents and families with whom they are working. The transcribed recordings are in the process of being analysed for consistency with the draft theory of change. The next step will be to refine and operationalise the theory of change to determine appropriate measures for evaluation.

In reviews, therapists repeatedly noted that the safety of child participants and their family members is a precondition for positive behavioural change. While FFT was designed to work with 'treatment-resistant' individuals, the model says little about how a lack of safety might impede engagement and motivation to engage with therapy (Sexton & Alexander, 2004, p. 3). Initial surface analysis of the case reviews suggests that a lack of a 'felt sense' (Levine, 1997, p. 69) of safety (Porges, 2009) may pose a barrier to therapy readiness.

Much of the therapists' time has been devoted in the first few months to practical case management—that is, trying to meet the basic physiological and safety needs of participants, whether this means concrete assistance to find new school placements, providing small amounts of money to buy food for dinner, helping with housing problems (for example, a missing front door in one case), or other survival needs. In a small number of cases, family stress is further compounded by external threats due to the young person accruing a drug debt.

The theory of change development provided a safe space to test assumptions and re-engineer the programme in real time, particularly around the engagement

process. Attempted therapeutic or behavioural change with children and caregivers seems to be especially challenging when trauma and danger within the home is ongoing (for example, due to domestic violence). This learning may mean that an additional pre-FFT phase is required in the Whitetown context; some trauma therapists refer to this as *safety and stabilisation* (Fisher, 1999; Lohrasbe & Ogden, 2017).

Theory of change discussions disclosed a need that may not be fully served by orthodox FFT regarding so-called 'hard to reach' children (Department of Justice and Equality, 2021, p. 12). Participants deliberated whether an outreach component might be necessary to connect with this cohort (Mulcahy, 2021). Families with children who are embedded in networks might be unwilling to avail of the offer of therapy or a mentor, perhaps due to drug-related intimidation (DRIVE, 2021) or direct family involvement in network activity (Redmond, 2020). This real-life demand articulated through the theory of change process presented potential conflicts with the fidelity requirements of FFT, which envisages a short engagement and motivation phase, usually between three and six sessions (Sexton & Alexander, 2004, p. 102), and a therapeutic focus on family relating patterns and competency development rather than fostering dependency (Sexton, 2016; Sexton & Alexander, 2004).

The likely necessity for on-the-ground innovation was anticipated at the deliberative design stage. The four-pillar programme was part-boiled to allow for adaptation during implementation. Moreover, evidence-informed changes of tack were enabled by the theory of change development that rendered programme assumptions explicit and exposed the need to pivot in light of the complex presentations of teenagers and families who voluntarily opted into the programme.

While the voices of former network-involved individuals were missing from the expert-led deliberative design process, REPPP has begun the process of harnessing perspectives of 'lived experience professionals' (Brierley, 2021, p. 109) that may, in due course, lead to programme modifications, where necessary and appropriate. We have convened an expert advisory workshop with a diverse membership to discuss real-world problems experienced by the Whitetown pilot project. There are several people in this group with histories of adverse childhood experiences (Felitti et al., 1998), adverse community environments (Ellis & Dietz, 2017), addiction, offending behaviour, and imprisonment who have successfully seized 'hooks for change' (Giordano et al., 2002) and desisted from crime (Maruna, 2001). These individuals are likely to have pertinent insights about barriers to engagement and therapy readiness, which may lead to revisions of the theory of change.

Conclusion

This essay has described the Whitetown programme, the expert-led design process, and learnings from the Intensive Family Programme theory of change

development. We gave an account of how the process of co-designing a theory of change provided early indications of discrepancy between Greentown needs and FFT fidelity requirements, and the potentially limited capacity of FFT to cater for an enhanced engagement phase for unsafe young people who are slow to trust.

We explained that the Greentown programme designs were *emerging* as the process developed beyond the point of commissioning the service in Whitetown. Indeed, work on the ground by therapists endeavouring to apply FFT with fidelity quickly revealed the need to prolong the engagement stage to undertake more intensive therapeutic case management. This adjustment was necessary due to observed trauma-related safety issues that appeared to hamper responsiveness to therapy in line with FFT's projected timeline.

To date, the therapists have primarily worked with children on the periphery of the network. Further adaptations to the Intensive Family Programme pillar are likely as therapists work progressively with children who are more deeply embedded in the network, since they might feel greater loyalty to network associates than to their own families or could be more at risk of external safety threats that may hinder engagement with the programme. The development of the theory of change provided transparency by documenting assumptions and proposed processes. Cognisant that our body of evidence is partial and incomplete, subsequent versions of the theory of change informed by the realities of service delivery in Whitetown's complex environment and relevant lived experience insights from expert workshops will be captured and carefully documented for evaluation purposes.

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