

## Project Status Update

**Reporting cycle:** 1 October 2016 – 30 June 2017 (year 1)

**Date:** 11 July 2017

**Designated charity:** Butterfly Foundation for Eating Disorders

**Funded initiative:** The Outpatient Program for Young People (Youth Program)

### Snapshot overview:

The project has had a busy year enrolling young people within its existing Intensive Outpatient Program (IOP) whilst concurrently designing and developing its Outpatient Program for Young People (Youth Program).

The IOP is a community-based treatment program aimed at people over the age of 16 years who are experiencing an eating disorder and would benefit from intensive meal and group therapy to assist recovery. The Youth Program is an early intervention for young people aged 14-24 years designed for those who have the early signs and symptoms of an eating disorder and/or disordered eating. Both programs are run from Butterfly House in Crows Nest, Sydney and have been developed to meet a service gap in the community regarding appropriate and effective outpatient eating disorder treatment.

Of the people engaged in the IOP, 6 were young people aged between 16-24 years. They have attended the IOP whilst the model of care and design of the Youth Program has been developed.

There have been several factors that have influenced the delivery of the Youth Program to date as described below. Butterfly has partnered successfully with headspace (Chatswood and Brookvale) and headspace has sought to identify and refer potential clients and provide subsequent financial support. This partnership has challenged the anticipated timeline for the roll out of the Youth Program but more importantly has enabled the project to enroll suitable and appropriate clients in the program. In July, the Youth Program will roll out its first 10 week program for 2017.

### Key achievements:

The Butterfly Foundation has focused on the establishment and implementation of evidence-based programs, the Intensive Outpatient Program (IOP) and the Outpatient Program for Young People (Youth Program), centred on effective, early intervention for young people aged 14-24 years with disordered eating and eating disorders. These programs occur concurrently and aim to provide effective, community-based intervention for young people and to integrate this method of treatment into our system of care. Key achievements are as follows:

- Six young people aged between 14 – 24 years attended the IOP,
- Establishment of the Youth Program; the early intervention stream of the Butterfly programs at Butterfly House, Crows Nest,
- Establishment of an evaluation framework, to demonstrate effectiveness and scope opportunities for further development,
- Continued development of referral pathways from health professionals in the Sydney and greater Sydney region,
- Strong community partnership through referrals and financial support, with several headspace centres in the Northern Sydney region
- Development of a sustainable fee for service structure.

Achievements connected to change levers are as follows:

Building the **evidence** base:

- Butterfly has developed a robust evaluation framework that will provide program quality improvement and will contribute to the evidence base for effective early intervention treatment approach for eating disorders in the community based context in Australia.

**Building sector capability:**

- Through delivery of the IOP in Crows Nest, Butterfly has increased access to outpatient eating disorder services for those living in Sydney.
- Butterfly clinicians have worked closely alongside external treatment providers, in many instances upskilling the existing and potential eating disorders workforce.
- Butterfly senior leadership has worked closely with headspace, the Sydney North Primary Health Network (SNPHN), and the Northern Sydney Local Health District to increase collaboration between our organisations and to develop cross referral pathways.
- IOP therapists and Operations Manager have developed collaborative therapeutic relationships with local private eating disorder specialists, general practitioners, public hospital clinicians.
- IOP Operations Manager continue to develop referral pathways between public and private health services and the Butterfly Foundation.

**Increasing individual agency:**

- Baseline assessment of IOP clients indicates a decrease in distress and eating disorder symptomatic behaviour, increase in motivation to change.
- There has been high client engagement in the IOP as evidenced by high attendance rates
- Therapists worked with clients to develop their self-management skills and the clients have qualitatively reported improvement in skills.
- All six clients were assisted in their connections to community-based therapy post discharge from the program or on graduation from the IOP.

**Improving access to support:**

- Subject to commencement of Youth Program - details pending

**Strengthening early intervention**

- Subject to commencement of the Youth Program – not relevant for the IOP

**Fostering socio-economic participation:**

- The six clients enrolled in the IOP remained engaged in school, work and/or tertiary education – measures will be applied with the roll out of the Youth Program.

**No. people supported:**

People supported through the project: <sup>1</sup>	Support provided to date:		
	Directly Supported	Indirectly Supported	Total
	No.	+ Estimated	= Total
Children & young people	6	12	18
Those who are close to & care for them	12	20	24
Professional service providers	6	29	35

Butterfly IOP has enrolled 6 young people with eating disorders, aged between 14-24 years, whilst indirectly supporting an estimated 12 siblings and 12 parents and approximately 20 grandparents and other close family members.

We directly supported 6 health professionals as the primary treatment provider and indirectly supported 29 professional service providers through client case management and information sharing. This is a little lower than anticipated target at the end of year 1 due to delayed commencement of the Youth Program.

<sup>1</sup> Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

## Key observations & learnings to date:

**Innovation:** The Youth Program is designed to meet a service need that is currently not available in outpatient eating disorder treatment in Sydney. The approach of CBT-e, in conjunction with a therapeutic approach based on the work of Carolyn Costin in the US, provides clients with an environment and program structure which is safe, accessible and evidence-based to support someone experiencing disordered eating and eating disorders.

**Sector development:** The development of the Youth Program meets a service gap in early intervention care as well as developing workforce capacity providing eating disorder treatment in an outpatient group setting. The team is comprised of psychologists, nurse and a dietitian who develop therapeutic skills in group therapy, individual therapy and the newer therapeutic area of meal therapy.

**Quality service delivery:** The IOP and Youth Program aim to deliver a quality service which is appropriate, evidence based and effective in supporting someone with an eating disorder or disordered eating.

Quality improvement measures as well as a robust evaluation framework are embedded in the design of the programs and guide program development and improvements. This has been of benefit in our development of the Youth Program as we have used the lessons from the IOP to design a youth clinical model most appropriate for the target population.

**Consumer/community engagement:** The IOP and Youth Program formally engage with the clients' family and loved ones. There are identified therapy sessions within the program that have been developed to educate and provide a supportive environment for families, carers and loved ones. Throughout the course of the year we have revised these sessions so they are facilitated by a different therapist to the IOP therapists as this was stated to be a safer, more open space for families.

## Benefits derived from FGG funding:

Butterfly has been able to source additional funds from headspace, the National Youth Mental Health Foundation, to enable headspace clients to attend the Youth Program at a subsidised cost. We have also secured funding from the Sydney North Primary Health Network (SNPHN) to provide substantial financial support for young people in the IOP.

## Next steps:

Over the next 12 months, the project will focus on:

- Support the roll-out of three Youth Programs concurrently with the IOP. Two of these programs will be run from Butterfly House, Crows Nest and an additional stream will be developed in the greater Sydney region. The programs will directly support approximately 20 young people currently at risk, along with their families.
- Registering therapists and dietitians for Medicare rebates to ensure integration and sustainability of the program alongside mainstream health services.
- Continue to develop referral pathways with private and public health services and individual health professionals to build the reach of the program and to recruit appropriate clients to the program.

**Project Outcomes Framework:** [take framework from Project Overview, report on delivery against Year 1 Targets and specify Year 2 Targets]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1	Target – Year 2
Evidence	<ul style="list-style-type: none"> <li>Develop a robust evaluation framework and conduct a formative evaluation of the program</li> <li>Generate an evidence base for effective early intervention treatment approach for eating disorders in the community-based context in Australia</li> </ul>	<ul style="list-style-type: none"> <li># (%) of clients quantitative data collected and analysed</li> <li># (%) of clients who participated in qualitative measures (semi-structured interviews)</li> <li># of reports and presentations on evaluation findings at national and international conferences</li> <li>Recommendations from the evaluation used to inform treatment options for young people with eating disorders in Australia</li> </ul>	<ul style="list-style-type: none"> <li>80% of clients quantitative data collected and analysed</li> <li>80% of clients participate in qualitative measures (semi-structured interviews)</li> <li>4 reports and presentations on evaluation findings at national and international conferences</li> <li>Recommendations from the evaluation used to inform treatment options for young people with eating disorders in Australia</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation framework developed</li> <li>Data measures and methods determined (quantitative and qualitative)</li> <li>80% of clients quantitative data collected</li> <li>80% of clients who participated in qualitative measures (semi-structured interviews)</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation framework developed</li> <li>Data measures and methods determined (quantitative and qualitative)</li> <li>100% of clients quantitative data collected</li> <li>100% of clients qualitative measures obtained</li> </ul>	<ul style="list-style-type: none"> <li>Internal evaluation conducted on the program model.</li> <li>80% of quantitative data collected and analysed</li> <li>80% of clients participate in qualitative interviews (semi structured interviews)</li> </ul>
Capability	<ul style="list-style-type: none"> <li>Increase access to early intervention services</li> <li>Increase collaboration and connection between services</li> <li>Establish referral pathways between private and public health systems</li> <li>Improve service delivery capacity of the Butterfly Foundation</li> </ul>	<ul style="list-style-type: none"> <li># of clients enrolled in the Youth IOP</li> <li># (%) of clients being referred to the Youth IOP from the primary care sector (GP, headspace, community mental health service, private practice)</li> <li># (%) of clients being referred to the Youth IOP from the tertiary care setting (private and public inpatient hospital setting)</li> </ul>	<ul style="list-style-type: none"> <li>100 enrolled in the Youth IOP over the life of the project</li> <li>Develop collaborative relationships with primary and tertiary stakeholders in areas where the Youth IOP is operating.</li> <li>60% of clients being referred to the Youth IOP from GPs, headspace, community mental health service, private practice and schools)</li> </ul>	<ul style="list-style-type: none"> <li>8 clients enrolled in the Youth IOP</li> <li>Develop collaborative relationships with primary and tertiary stakeholders providing eating disorder treatment services in Sydney</li> <li>60% of clients referred to the Youth IOP from GPs, headspace, community mental health service, private practice and schools)</li> </ul>	<ul style="list-style-type: none"> <li>6 clients enrolled in the IOP</li> <li>Collaborative working relationships established with primary and tertiary stakeholders providing ED treatment services in Sydney</li> <li>3/6 (50%) of clients referred from GPs, headspace, community mental health service,</li> </ul>	<ul style="list-style-type: none"> <li>18 clients enrolled in the Youth Program</li> <li>Collaborative working relationships maintained with primary and tertiary stakeholders</li> <li>60% of clients referred to the Youth Program from GPs, headspace and schools</li> </ul>
Agency	<ul style="list-style-type: none"> <li>Decrease clients' distress and eating disorder symptomatic behaviour</li> <li>Improve quality of life</li> <li>Increase self-awareness and resilience</li> </ul>	<ul style="list-style-type: none"> <li>Measurement of functioning using standardised instrument (e.g. EDQLS)</li> <li>Self-report through questionnaire and semi-structured interview</li> </ul>	<ul style="list-style-type: none"> <li>70% clients report decrease in distress and eating disorder symptomatic behaviour</li> <li>70% clients report improved quality of life,</li> <li>80% clients connect to</li> </ul>	<ul style="list-style-type: none"> <li>Conduct baseline assessment of client status</li> </ul>	<ul style="list-style-type: none"> <li>Conducted baseline assessment – analysis pending.</li> </ul>	<ul style="list-style-type: none"> <li>70% of enrolled clients report decrease in distress and eating disorder symptomatic behaviour</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1	Target – Year 2
	<ul style="list-style-type: none"> <li>Develop self-management skills</li> <li>Increase motivation and willingness to engage with (further) necessary treatment</li> </ul>	<ul style="list-style-type: none"> <li># of clients connected to community-based therapy post-program for pre-determined length of time.</li> </ul>	<ul style="list-style-type: none"> <li>community-based therapy post-program</li> </ul>			<ul style="list-style-type: none"> <li>70% clients report improved quality of life,</li> <li>80% clients connect to community-based therapy post-program</li> </ul>
Access	<ul style="list-style-type: none"> <li>Increased tendency for at risk young people to seek help/access services</li> </ul>	<ul style="list-style-type: none"> <li>#clients graduating from the Butterfly Youth IOP</li> </ul>	<ul style="list-style-type: none"> <li>80 clients graduated from the Youth IOP across sites in Australia</li> </ul>	<ul style="list-style-type: none"> <li>Pending</li> </ul>	<ul style="list-style-type: none"> <li>Pending – Youth Program commenced on 17 July 2017.</li> </ul>	<ul style="list-style-type: none"> <li>15 clients graduated from the Youth Program</li> </ul>
Early Intervention	<ul style="list-style-type: none"> <li>Develop and implement an evidence-based early intervention program to young people at risk or experiencing early stages of an eating disorder</li> </ul>	<ul style="list-style-type: none"> <li># of clients enrolled in the Youth Program</li> <li>Measurement of symptoms and behaviours using standardised instruments</li> <li># of clients connected to community-based therapy post-program for pre-determined length of time.</li> </ul>	<ul style="list-style-type: none"> <li>100 clients enrolled in the Youth Program over the life of the project</li> <li>70% clients report decrease in distress and eating disorder symptomatic behaviour</li> <li>80% clients connect to community-based therapy post-program</li> </ul>	<ul style="list-style-type: none"> <li>8 clients enrolled in Youth IOP</li> <li>Conduct baseline assessment of client’s status</li> </ul>	<ul style="list-style-type: none"> <li>6 clients enrolled in the IOP</li> </ul>	<ul style="list-style-type: none"> <li>18 clients enrolled in the Youth Program</li> <li>70% of enrolled clients report decrease in distress and eating disorder symptomatic behaviour</li> <li>80% clients connect to community-based therapy post-program</li> </ul>
Participation	<ul style="list-style-type: none"> <li>Increased participation in education or work</li> <li>Increased social connectedness</li> </ul>	<ul style="list-style-type: none"> <li># (%) of clients maintaining engagement / re-engaging with education and / or employment</li> <li># (%) of clients identifying improved social participation / connectedness</li> </ul>	<ul style="list-style-type: none"> <li>60% of clients maintaining engagement / re-engaging with education and / or employment</li> <li>60% of clients identifying improved social participation / connectedness</li> </ul>	<ul style="list-style-type: none"> <li>60% of clients maintaining engagement / re-engaging with education and / or employment</li> <li>60% of clients identifying improved social participation / connectedness</li> </ul>	<ul style="list-style-type: none"> <li>Pending – not collected within IOP</li> </ul>	<ul style="list-style-type: none"> <li>60% of clients maintaining engagement / re-engaging with education and / or employment</li> <li>60% of clients identifying improved social participation / connectedness</li> </ul>

**Overall Performance assessment:**

Change Lever	Assessment	Comments
Evidence	Below   At   <b>Exceeding target</b>	• Evaluation framework developed and quantitative and qualitative data is being collected
Capability	Below   <b>At</b>   Exceeding target	• Strong collaboration with headspace and the SNPHN. Continued effort in development of referral pathways in the private/public sector
Agency	Below   <b>At</b>   Exceeding target	• Outcome measure assessment collected, high engagement in IOP as evidenced by high attendance rates
Access	Below   <b>At</b>   Exceeding target	• Six client enrolled in the IOP – about to commence the Youth Program
Early Intervention	Below   At   Exceeding target	• Six client enrolled in the IOP – about to commence the Youth Program
Participation	Below   <b>At</b>   Exceeding target	• IOP clients have remained in school, university and/or work.

Status against plan for implementation:

**On track** | At risk | Off track

Status against targeted project outcomes:

Below | **At** | Exceeding target