Derby City Council

Children and Young People Board
13 November 2013

ITEM 9

Report of the Strategic Director of Children & Young People

Report of the delivery of Multi Systemic Therapy (MST) from February 2013

SUMMARY

1.1 MST is an intensive family- and community-based intervention which targets the multiple causes of serious anti-social behaviour in young people. MST intervenes with the individual, family and all the systems involved in young people's lives such as peers, school, community, and other agencies. MST therapists are available to families 24 hours a day, seven days a week, over the period of the intervention which usually lasts 5 months. Sessions 3-5 per week and other support as required out of hours, focus on providing the family with the skills necessary to decrease young people's behavioural problems and to prevent out of home placements through care and / or custody. MST has a strong international evidence base which delivers improved outcomes in relation to reducing care and custody, improved educational outcomes and improved antisocial behaviour. The delivery of outcomes relates to model fidelity which is measured along with other outcome data through the MST website.

1.2 The implementation of a standard MST team in Derby was the result of a second round of evidence based programmes by the government. This was funded through the Department for Education (DFE) with support from Department of Health (DOH) now NHS England. Derby was successful with a bid in 2011. This provided £250,000 of funding towards the service over 4 years to 2015/16. In addition 2011/12 50,000 was also provided to support the needs assessment work which was a requirement of the contribution to service funding and support from the national team. There are now more than 25 MST teams in the UK with some areas having several teams. The first MST team in the Midlands was established in Birmingham followed by Leicester, Coventry, Derby, and Derbyshire. Nottingham will start a team in November 2013

1.3 Needs assessment completed in 2011/12, evidenced sufficient need to warrant a full MST team. Informed by updated needs assessment for entry to care 11 years and above, 13/14 figures are forecast to rise slightly (by 5), 12/13 saw a significant fall in the number entering care compared to the previous year (down by 17). Up to the end of September 2013, 26 children entered care. This compares to 21 for the same period 2012. July 2013 was an unusual month with 3 more than average entering care (two from the same family for absent parenting reasons). There has been a proportional increase this year of the numbers entering care for 'Absent Parenting' and 'Socially Unacceptable Behaviour'

1.4 The service was tendered and the contract for delivery awarded to Action for Children (AFC). AFC also run 2 teams in Essex through a social finance model as well as a Multi Dimensional Treatment Foster Care (MDTFC) scheme in Manchester. The cost of the service is £330,000 per year which is standard across the country for a team of this size. The team consists of a Supervisor (normally with a Clinical Psychology qualification) and 4 therapists. The therapists originate from a range of backgrounds but also need to have an understanding of behavioural and family/ marital therapy techniques. The whole team is trained in the MST model with clinical validation through a UK based MST Consultant, training in the model plus booster raining and weekly clinical supervision. There are also monthly Therapist Adherence Measures (TAM) completed as telephone interviews with parents to assess impact and model adherence.

1.5 MST is an evidenced-based programme where quality improvement and assurance is fundamental in assuring model fidelity. Data on the ultimate and instrumental outcomes of the MST intervention is recorded at discharge. In addition, Derby requested the collection of follow-up data at 6, 12 and 18 months after the end of the MST intervention. The follow up data consists of gathering information on the three ultimate outcomes and assesses family functioning through a questionnaire that was also filled out by the family at the beginning and at the end of treatment. A client satisfaction questionnaire is also gathered from the parent at the end of treatment.

1.6 During year 1 the team is expected to work with 30 families, this will to increase to 40 – 50 in year 2. This relates to building up the flow of referrals, developing the skills of the team and partner understanding of the model and referrals which are appropriate. To assist the referral process Children and Young Peoples Department (CYPD) have piloted a multi agency panel to consider referrals for MST and other young people and their families at the edge of care and custody. Following a review process this panel and the placement panel are to broaden into a panel supporting all children and their families to avoid care or support discharge home. This should be in place by January 2014.

1.7 The team has had 34 referrals since February, 24 suitable. Referrals have been made from a range of agencies including Youth Offending Service (YOS), Education, Social Care, and Child and Adolescent Mental Health Services (CAMHS). By September 2013, 9 cases had been discharged and the team is working with 11 cases. To date the overall MST adherence score for the team (this evidences adherence to model fidelity and a strong indicator of longer term outcomes) is 0.68 which is above the target of 0.61 for the age of the team and compares with a national average of 0.70.

1.8 MST is one example of an evidence based programme which will divert children and young people form care and or custody if it works with referrals appropriate to the model. The fuller report by AFC provides more detailed case examples. Comments from a parent and young person include –

Parent

'My problems had been going on for some years before MST became involved. They were my lifesaver! Had an excellent, understanding therapist. I was no longer alone dealing with all the problems my son and I were having. Thank you to MST and my therapist for helping me to cope and to learn new strategies to deal with wider problems.'

Young Person

'I am so glad that we had (therapist's name) to help us! My mum and I

don't fight anymore.'

A couple of case examples are summarised below where MST has been effective in delivering outcomes in the first group of closed cases -

- C 14 yrs and female living with single mother, previous CAMHS involvement and in a Pupil Referral Unit (PRU). C presenting with physical and verbal aggression towards mother, school refusal and non compliance. Through behaviour management techniques boundaries were established and de escalation of conflict with agreement on behaviour towards Mum. A system of clear rules with rewards and consequences was established which resulted in attending school, stopping aggressive behaviour with more opportunities for parental warmth and positive time together. C moved out of Derby with her mother but all goals had been achieved by the end of the intervention.

- J age 16 and male living with his sister and her baby. He had previously been in custody and at the time was on a Youth Rehabilitation Order (YRO) with Intensive Support and Surveillance (ISS) as a result of offences including burglary. Presenting problems included verbal aggression at home substance misuse problems and not attending education. Strategies were put in place for de escalation of behaviour, increased communication between home and school and reviewing the timetable. Drivers to substance misuse behaviour included association with negative peers, and low monitoring. A curfew was put in place and college placement initiated which altered friendship groups and a family meeting resulted in a move to live with older sister to be closer to college and away from negative peers. The sustainability plan was then managed through the YOS worker on a weekly basis

1.9 The cost effectiveness of MST relates to the team being used to maximum capacity with a steady flow of referrals as cases close. The national team feel the flow of referrals into the service is the biggest priority at this stage. The multi agency panel has supported this, but further work is required with Social Care to ensure referrals on the edge of care are identified, professionals understand MST will assume the clinical lead for the period of the intervention, as well as being clear on pathways when safeguarding issues are highlighted. The MST Steering group champions the service with key partners and further stakeholder events are being planned before the end of the year, to share the learning so far and look at referral criteria.

Education is one of the key MST outcomes. It is acknowledged the national target for this is difficult to attain, given young people may be excluded at the point of referral or on a limited timetable through the Pupil Referral Unit. For this reason it is important to baseline education measures both pre and post MST to evidence what impact the service has made. Long term sustainability is linked to avoiding costs of care and custody. Over the next 3 months further work, informed by cost avoidance development work in Derbyshire is needed to evidence savings on services. This needs to align with similar work through Priority Families.

RECOMMENDATION

2.1 To note the progress with MST and agree the areas for further development under 1.8

2.2 To support the development of a multi agency panel across the age range to avoid care and custody and support rehabilitation where assessed appropriate

2.3 To support feasibility development for Social Finance in the area of other evidence based approaches to build on MST, manage demand and avoid high cost placements through care and / or custody. This is part of the next phase of reducing entry to care and custody.

REASONS FOR RECOMMENDATION

3.1 MST is one example of an evidenced based programme. Derby needs to build a menu of evidence based provision to support parents and children and avoid out of home placement and spend on high cost resource.

3.2 A multi agency panel provides a mechanism for ensuring the right resource at the right time to meet need. Widening the scope of the panel provides a route into the Access to Resources Team (ART) in Commissioning, which will support access to additional services through the Dynamic Purchasing System (DPS) linked to Priority Families as well as harnessing the support of partner agencies where high need is identified. This has worked well for the MST age range and the outcome of review suggested this should support children who are on the 'edge of care 'across the age range. The revised panel should be in place from January 2014.

SUPPORTING INFORMATION

4.1 The Ultimate Outcomes see Appendix 1 **Multisystemic Therapy Derby Monitoring Report February to September 2013** report on the results of MST treatment at the point of discharge. According to the data, approximately 82% (N=9) of the young people treated were still at home at the end of treatment, whilst 18% were placed out of home (N=2, one young person was placed in care and another one in custody). It is the goal of the team to increase the rate of young people living at home to match the targets set by MST Institute and, therefore, decreasing the number of children placed out of home. An analysis of one of the cases will be provided later on this report, from which conclusions can be drawn for future cases and to improve the team's scores.

4.2 Regarding the data on school attendance/occupation at the end of treatment, the team recorded a rate of approximately 55%, indicating that, at the end of treatment, 6 young people were attending 21 hours or more of education. Of the 11 young people, 4 were attending Kingsmead education and 1 was not attending any school provision. The remaining young people were attending mainstream education (e.g., Derby College, Derby Moor School; Heanor Gate School; Lees Brook; and Murray Park School). Data on school attendance has been a challenge experienced by other MST teams across the UK (71% young people in school versus >85% target set by MST Institute) as well. These values might represent, amongst various factors, differences in the school systems of the US and UK, with the latter having school provision offering less than 21 hours of education a week. Nonetheless, the MST Derby team aims at increasing the school outcome data for young people served by MST.

4.3 Finally, during the MST intervention, approximately 73% of the young people were not arrested (and charged) for new offences. Although a really positive score, which falls within the national rate, the target set by MST Institute is that > 85% of the young people are not rearrested and charged during the MST intervention. It is also important to add that in two cases, the offences occurred during the first weeks of MST intervention when assessment was still being undertaken

4.4 The data on case closure demonstrate that the time of discharge of cases is of 133 days showing that the team has closed the cases in average at 4.5 months, as expected. The rate of young people completing the MST treatment was approximately 73% as 18% were placed out of home and 9% (N=1) were discharged because the parent did not got fully involved with the MST treatment, despite persistent attempts from the therapist. The rate of young people completing treatment is expected to increase as the team develops more experience with the model, as the buy-in from other agencies increases and the more the referrals are suitable, amongst other factors.

OTHER OPTIONS CONSIDERED

5.1 None.

This report has been approved by the following officers:

Legal officer	N/A
Financial officer	N/A
Human Resources officer	N/A
Estates/Property officer	N/A
Service Director(s)	Frank McGhee - Director of Commissioning
Other(s)	N/A

For more information contact:	Jackie Colley Tel 01332 642643 e-mail jackie.colley@derby.gov.uk
Background papers:	Multisystemic Therapy Derby Monitoring Report February to September 2013
List of appendices:	Appendix 1 – Implications Appendix 2 – Multisystemic Therapy (MST) Derby

Appendix 1

IMPLICATIONS

Financial and Value for Money

1.1 The service is being assessed for quality and value for money through quarterly contract monitoring and MST steering group with key partners.

Legal

2.1 None

Personnel

3.1 None

Equalities Impact

4.1 The service specification is intended to meet the needs of vulnerable groups and equality measures are built into the performance report

Health and Safety

5.1 None

Environmental Sustainability

6.1 None

Property and Asset Management

7.1 None

Risk Management

8.1 Risk is managed against individual referrals

Corporate objectives and priorities for change

9.1 The service fits with the key priorities within the Derby Plan and Children and Young People's Plan