Manchester City Council
Report for Resolution

Report to: Children and Young People Scrutiny Committee – 5 December 2017

Subject: Multi-systemic Therapy (MST)

Report of: Deputy Director of Children's Services

Summary

This paper updates members on the progress of the evidence based intervention of Multi-systemic Therapy (MST) in Manchester.

The papers provide information on research longitudinal studies outcomes and case studies of MST delivery in Manchester and highlights the service and impact including school attendance.

Recommendations

Members are asked to note the information provided and invited to request clarification and ask supplementary questions.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

MST analysis July 2017
MST case studies

1.0 Introduction

This report is an update to previous reports to the Children and Young People Scrutiny Committee, most recently 21 June 2016. The Council's approach to working with families and young people is to provide social workers with the appropriate support and evidence based interventions which complements social work practice and assists them in supporting struggling families based on their specific needs.

Multi-systemic Therapy (MST) is an intensive evidence based intervention for children and young people aged 11-17, targeted at high risk families where a young person's behaviour is causing significant concern and aims to support parents to develop new strategies to keep their young person safe. An objective of the approach is to ensure the system around the child, school community and family works to its optimum to maximise protective factors for the young person creating opportunities for change.

2.0 International and National Context

2.1 MST is an intervention programme which originated from America in 1996. It is modelled on the principles of cognitive and behavioural therapy, motivational interviewing, and mindfulness.

2.2 The MSTI data report assesses the performance of MST standard programmes worldwide. The 2016 MSTI data report analysed a total of 12,915 cases of which 34.3% (4,426) were served by international teams and 65.7% (8,489) received MST within the U.S. The analysis found that 90.5% of young people remained at home, 85.6% were in school or working and 86.4% had no arrests following MST intervention.

2.3 A longitudinal study in America found up to 54% fewer re-arrests, 57% fewer days of incarceration and 64% fewer drug related arrests in a 14 year follow up of MST intervention. In addition, the Washington State Institute for Public Policy evaluated the cost effectiveness of MST in 2001 and found that taxpayers gain approximately $31,918 in criminal justice cost savings for each program participant, including the benefits that accrue to crime victims and is equivalent to a benefit-to cost ratio of $28.33 for every dollar spent.

2.4 There are 20 MST Teams (including Manchester) across the United Kingdom which deliver the MST Standard Programme.

2.5 The most recent data from the UK teams reported that 95% of young people remain at home, 85.6% are in school or working and 86.4% have no new criminal charge after receiving MST support. It has been suggested that the data for young people remaining at home is higher than the international average owing to the difference in the social care provision/support available in the UK compared to other countries.

2.6 In 2013, the Brandon Centre Trial in the UK published their cost offset evaluation which compared MST against the core Youth Service provision. Service costs were compared in terms of rates of criminal re-offending and the research found a higher reduction in re-offending in the MST group. In the 18 month follow up the group cost less in terms of criminal activity, with a net benefit estimated at £1,222 per young person.

2.7 The Department of Health, in conjunction with the Department for Education has funded a pragmatic multi-centre randomised controlled trial (START trial) to evaluate the effectiveness and cost-effectiveness of MST in a UK context. The trial involved nine pilot sites and 684 participants. The research has been concluded and the results are expected to be published soon.

3.0 MST Delivery

3.1 Multi Systemic Therapy has been implemented in Manchester since 2014, under a contractual arrangement that made provision for four years of delivery. Action for Children deliver the MST-Standards Programme made up of a team of four therapists and a supervisor. The average case duration is between 5 to 7 months and a therapist can work with 12-18 families intensively in a year.

3.2 A total of 133 families have received MST intervention since 2014, resulting in an overall success rate of 95% of families completing the full intervention. In 2016/17, 45 families were supported with MST and achieved a 100% completion rate. The table below provides a breakdown of annual case history.

	MST Cases 2013-14	MST Cases 2014-15	MST Cases 2015-16	MST Cases 2016-17	Total
Total cases with opportunity for full course treatment	6	36	39	45	126
Total cases discharged	7	36	45	45	133

MST has helped to bring clarity to the types of challenges that children, young people and families face; guiding social workers and other professionals to be more specific about the type of interventions required for each individual case. MST is firmly embedded within the “Edge of Care” process with referrals screened and approved at a weekly panel.

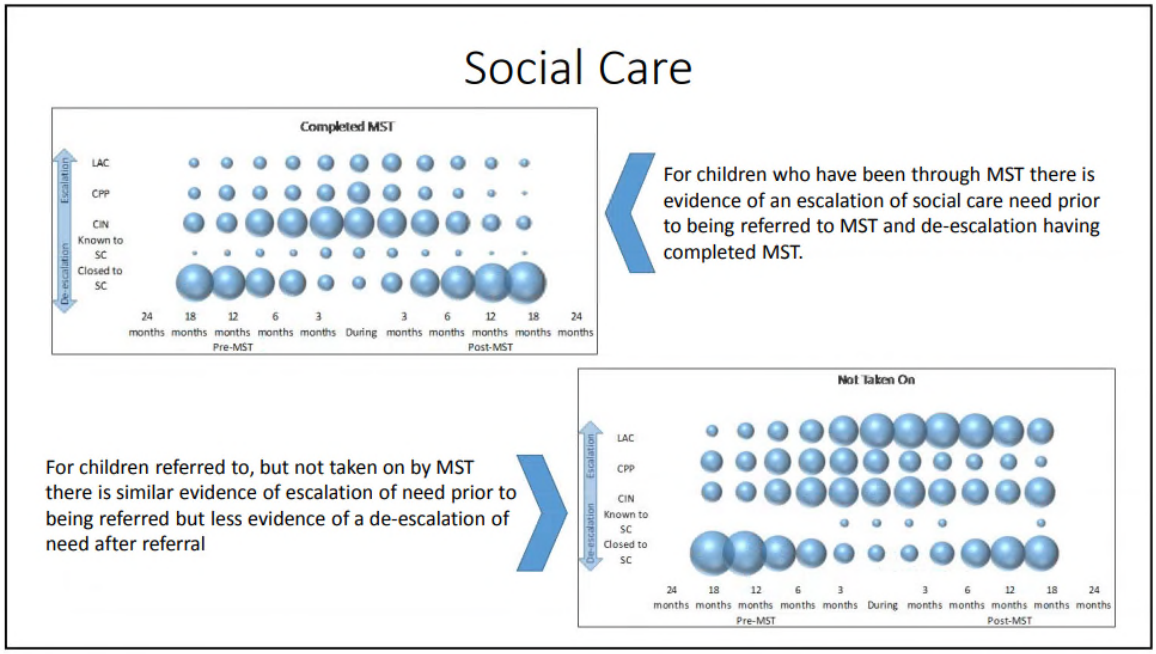
MST supports Manchester’s Single Service Plan key outcome that all children and young people live in stable, safe and loving families by ensuring that the correct intervention is targeted at those children and young people who are most likely to enter the looked after system. Social Workers see it as a valuable contribution to achieving the outcomes of the child/young person’s care plan. MST provides additional value to the suite of interventions available to young people within the Edge of Care cohort and complements other interventions such as Families First and Alonzi House.

4.0 MST Interim Analysis

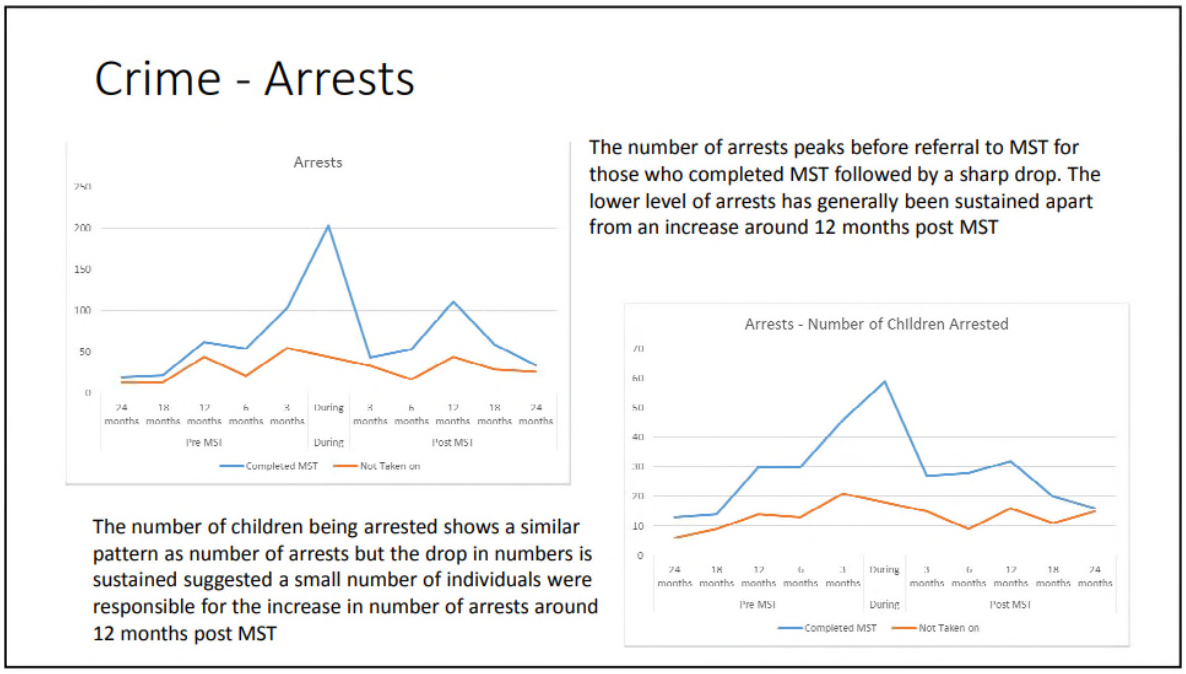
4.1 An interim analysis updated in July 2017 reviewed a cohort of individuals between April 2015 and March 2016. The evaluation was designed to provide some initial insights into how clients’ outcomes changed over the two-year period. The analysis included a group which received MST intervention, and a separate group which was

referred for MST but did not receive the intervention. The analysis followed these individuals over a three year period to identify the impact and outcomes in relation to pre and post-delivery.

4.2 The analysis found a clear trend in the reduction of the number of children who were CPP and CIN, and a sharp increase in the number of children whose case had been de escalated with 22 cases being closed to social care. The number of days spent in residential care placements reduced by 276 days in the first 3 months post MST intervention, along with an increase in home placements being sustained post MST. The analysis also found an increase in the number of children who were discharged from being Looked after.



Missing from Home incidents reduced by a total of 38 episodes. Pre MST there were 48 incidents and this figure decreased to only 10 incidents post 18 month MST intervention. The individuals not taken on for MST only reduced episodes by 20 in the same period. Similarly, the number of arrests reduced from 200 to 40 post 24 months intervention.



4.3 Reduction in offending and missing from home incidents were evident for both cohorts, however the MST cohort sustained these reduction post 6 months MST intervention. Improvements in absences and exclusions were found in individuals who received MST intervention despite absence rates for these children being higher than the average for all children.

4.4 An in depth analysis of MST delivery over the past four years is being produced. The analysis will include a wider cohort and focus on a range of outcomes, outputs and qualitative information to help understand the cost effectiveness of the intervention along with the long term impact on the individual and their families. The output of this study will assist in understanding of how the MST offer may be utilised going forward.

5.0 MST School outcomes

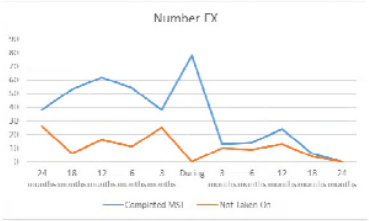
5.1 Individuals referred for MST have a higher than average rate of school absences. The analysis shows a reduction in school absences from 45% to 35% at 12 months post MST intervention. During the same period, the cohort which was not taken on for MST had an absence rate of 40%, but this increased to 45% after a 12 month period. At 18 months post intervention, the absence rates amongst both cohorts were more closely aligned, however the MST cohort figures continued to remain lower.

5.2 The number of fixed term exclusions peaked at 70 prior to MST delivery. These reduced to 11 after 3 months of MST intervention. In the same period, the number of children this represented reduced from 25 to 6 individuals. The second cohort which did not receive MST intervention increased their exclusion rate by 10 and the number of individuals by 7.

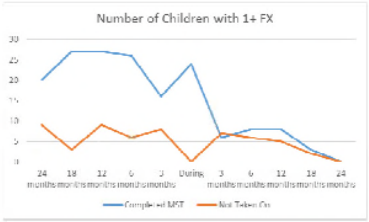
5.3 In May 2017, the MST data for the number of individuals in schools was recorded at 74%, which is below the set target of 85%. Schools have since become a feature of

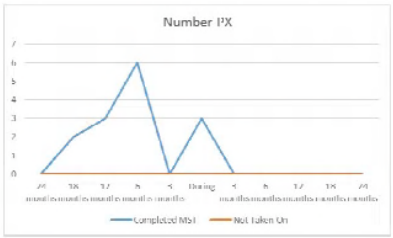
the programme implementation report and in November 2017 the school's outcome is reported to be on track at 85%. It is worth noting that engagement from independent schools and academies can be varied and the programme lead has been working with them to develop and sustain relationships at the earliest opportunity. Work has also taken place with mainstream schools to help improve the behaviour of children and reduce internal and external truancy. There are robust processes in place to ensure targeted intervention is provided and appropriate plans are in place to support both the school and parents along with the individual. Case studies to highlight the impact of MST intervention are attached for reference.

School Exclusions

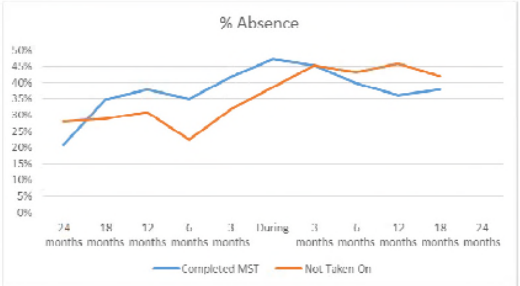


The number of fixed term exclusions drops markedly for the cohort of children who have been through MST after the intervention. The drop is sustained post MST. The pattern is the same for fixed term and permanent exclusion.





School Absence



Absence from school is high for pupils who have been through MST although the graph shows absence peaks before referral and declines afterwards. This is in contrast to pupils not taken on by MST, whose absence peaks around 12 months after having been referred to MST and shows little evidence of any sustained improvement.

6.0 Conclusion

6.1 It is evident that MST in Manchester has made a valuable contribution to a number of young people and their families, the work highlighted at 4.4 will assist in determining future use of the provision. In addition the service will also consider further opportunities in working alongside GMCA for the suitability of MST adaptations.

Case Studies

Case Study 1 - P (14) CP referral April 2014

	Three years ago	Today
Referral behaviours	MFH – High risk CSE. Verbal and Physical abuse at home, Drugs and alcohol, theft, non-school attendance	No referral behaviours. P is completing a hairdressing course, is attending school part time and has lived at home throughout
Services involved prior to MST	Protect, CAMHS, Barnardo's, 42nd Street, Eclypse, Social care	None. P was de-escalated from CP to CIN then de-registered
What parent's said	"We tried to put him into social care. We were adamant we didn't want him here. We wanted rid of him" – mum. "it was like a battleground, you dreaded coming through the front door, it was constant, getting the police and him running away all the time" – Mum	"Now, he's more like a typical 16-year old, what you'd expect"

Case Study 2- J (15) CP rehab home from the Met

SW request to panel was for an outside therapeutic placement in Shropshire. MST was recommended instead

	1 year and 9 months ago	Today
Referral behaviours	MFH (High risk CSE), Verbal and Physical abuse at home, alcohol all daily occurrences. ASB in school and attending a PRU	No referral behaviours reported. J has returned to mainstream education. J has joined the air cadets.
Services involves prior to MST	Protect, FIP, children's society, Social care, Safe in the city and Eclypse	De-escalated to CIN then de-registered
What parent's said	"..in trouble at school, coming home late, then she got put in the PRU for having Stanley blades. Then it went from bad to worse". "she'd been missing for four days, I'd not been able to sleep…"	"we're a lot closer now". "it's an easier life if I know where she is, who's she's with, got phone numbers and have spoke to the parent's".

MST and School's

Mainstream case study – K

We work with mainstream schools to help improve the behaviour of children and reduce internal and external truancy. K had numerous temporary exclusions and the school were on the verge of permanent exclusion. Currently has had more than 4 weeks of full attendance, no behaviour reports and no disruption or aggression. Plans include: increased daily communication, behaviour plans identified by staff to target specific behaviours, plans tied to homeschool plans, work to manage difficult parents.

PRU case Study – M

M refusing to attend school, concerning behaviours when in school (e.g. threatening with Knives). We contact PRU's to update on all new MST families and they send all education reports to the therapist. We work with the provision as above, we work with the parents to support them getting their child to school and home plans to keep them in school.

Specialist schools case study – NS

NS out for school for two years. Has autistic spectrum disorder causing anxiety and aggressive behaviour. Gradual plan to re-introduce to the school setting, including a twelve step plan which accounts for, morning routine, rewards, journey, reception (including familiar staff, pre-pictures of rooms, detailed explanation of events, staff trained in managing anxiety using Buran's anxiety curve) reinforcement from parents, clear messages, reduction in negotiation, parent scripts to avoid aggression and increase compliance. – see attached

Appendix 1 - Cost Benefit Analysis

Cost Benefit Analysis

- Benefits to Police (reduced crime and Missing from Home Incidents), Schools (reduced Absence and Exclusions) and Social Care (Reduced CIN, CPP and LAC)
- CBA Analysis shows for every £1 spent there are £1.66 savings in these areas.
- The savings are based on activity from these 3 organisations for this cohort in the 12 months before and 12 months after MST involvement
- This assumes that:
  - 50% of savings can be attributed to MST and
  - benefits will recur over a 5 year period (supported by analysis that changes are being sustained)