

WIRRAL COUNCIL

CABINET - 15<sup>th</sup> JANUARY 2009

REPORT OF DIRECTOR OF CHILDREN'S SERVICES

## **MULTI-SYSTEMIC THERAPY PROGRAMME DEVELOPMENT**

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### **EXECUTIVE SUMMARY**

This report is further to a report submitted to Cabinet on the 4<sup>th</sup> October 2007. At that time approval was granted for an application to the Department of Health for grant funding to set up a pilot project, hopefully as one of the 6 pilot sites the Department of Health was looking to support. That application was unsuccessful. Locally professionals across agencies have remained interested in the potential of Multi-Systemic Therapy as a successful intervention with adolescents who present with conduct and anti-social difficulties. Wirral Children & Young People's Department(CYPD), Youth Offending Service(YOS), Primary Care Trust(PCT) and the Cheshire & Wirral Foundation (NHS) Trust believe this evidenced based method of intervening with young people (age 11-17yrs) who are at risk of care or custody would make a positive contribution to improving the lives of individual children and their families, reduce anti-social behaviour and make a contribution in reducing high cost placements outside of Wirral. Using funding from the PCT, YOS and CYPD a project plan has been developed that would enable an MST programme to be delivered on Wirral. This report seeks Cabinet approval for the development of a Multi-Systemic Therapy programme on Wirral.

#### 1. Background

1.1 In response to the findings and recommendations of a recent Serious Case Review the Department has identified the need to enhance provision for a specific cohort of young people. These young people are typically:

- Aged between 10-17yrs
- Male
- Living with parent(s) or a family member.
- Presenting behavioural difficulties at school, home and in the community. These behavioural difficulties being longstanding and have proved resistant to interventions.
- Rejecting of parental boundaries/adult controls
- Committing, or suspected of committing, criminal offences.
- Involved with, or suspected involvement with, alcohol and/or substance misuse.
- Their behaviour is supported by their peer group
- Parental monitoring of the young person is poor and/or inconsistent.

Having met with partner agencies and reviewed current research about what works for this group of young people there is agreement that Multi-Systemic Therapy (MST) is likely to be the most effective intervention. In preparation for the bid to the Department of Health in 2007 an audit was undertaken across agencies and this identified a group of 90 young people who would or could have benefited from this type of intervention in that year.

- 1.2 The Department of Health has been interested in finding effective and evidenced based methods of intervening with young people who present with what appear to be fairly intractable behaviour/conduct difficulties, emerging personality disorders, and for whom current support and diversionary methods are not successful in stopping their offending or challenging behaviours. These young people often end up in residential care or custody which is both high cost due to the extent of their behavioural challenges and often fails to produce any long term change in the young person's behaviours as when they return to live with their families, back in their community with their peer group the change in their behaviours is often not sustained.
  
- 1.3 The Department of Health(DH) issued Circular 8376 on the 7<sup>th</sup> June 2007 informing Local Authorities and PCT's of the potential to apply for funding for Multi-systemic Therapy (MST) Pilots if they could demonstrate the capacity to deliver such a programme. The Department of Health and the Department for Children, Schools and Families(DCSF) are both committed to the development of evidence methods of assisting children, young people and their families, and from their review of methods of intervention with young people presenting high levels of anti-social behaviour they found MST had the strongest evidence base for delivering successful outcomes in the short and longer term (Utting,D; Monteiro,H; Ghate,D; 2007). Wirral was one of a number of Local Authorities that submitted an application for grant funding. Wirral was not successful in receiving grant funding as a Pilot site but feedback we received was that our application was strong. A National Pilot MST programme has been established with leadership and support from the DH and DCSF for those Local Authorities that were successful in obtaining grant funding. Senior Managers from partner agencies on Wirral have met with the National MST leads from the DH to discuss the viability of Wirral developing an MST programme alongside the National Pilot Programme. The Department of Health saw this as a positive development and felt Wirral had the capacity to deliver a programme. They were not able to include Wirral within the Pilot Programme as research and evaluation contracts for the national programme had already been agreed based on a specified number of sites. They were, however, happy to offer help, advice and support were they could.

- 1.4 Multi-systemic Therapy (MST) is a specific treatment model which has been developed and refined in the USA since the late 1970's. The specific methodology of MST is regulated through the Medical University of South Carolina, MST Services. It was developed in response to research which highlighted the limitations in relation to the effectiveness of existing methods of intervening with young people and their families, where young people were presenting with severe behavioural problems. Research indicated that a number of individual, family and group therapies offered to young people and their families were not effective, other than in the short term. Alternatives to using these interventions with young people and their families, at home, was generally to place young people away from their families in residential or custodial settings, also indicated limited effectiveness and that changes were not maintained in their behaviour when they left those settings. These methods were also seen as having a high cost and minimal accountability. MST is a methodology developed using the research into the causality of behavioural problems in young people and is established to address the complex interaction of factors that cause some young people to develop severe anti-social behaviours and make them resistant to change.
- 1.5 Multi-systemic Therapy (MST) developed as a pragmatic and targeted approach to tackle anti social behaviour with the individual young person, their family, peer group, school and in their community. MST is based on research evidence that the young person's behaviours are developed in, and maintained by, the combined influences of all these areas of their life. MST offers an intensive approach to tackling the young person's behaviours across all the areas of their life - the parenting style of the family, the young person's behaviour and beliefs, the peer group they mix with, their school performance, and their access to structured and positive community activities. MST works to develop a more effective, supportive and positive system around the young person using a range of behavioural and evidence based interventions to achieve clear and defined outcomes - improved monitoring and control by parent(s), improved school attendance, involvement in an organised community activity, no drug use, no criminal behaviour. MST has developed techniques for engaging and working with hard to reach young people and their families and the evidence of effectiveness, in random control trials in the USA, compared to more traditional methods of intervening have proved positive in terms of decreased criminal activity, decreased rates of out of home placement and improved family functioning.
- 1.6 The development of Multi-systemic Therapy fits with both Central Governments and Local key objectives. As part of the Government's commitment to tackling social exclusion, set out in *Reaching Out: An Action Plan on Social Exclusion* (September 2006) the Government made a

number of recommendations to promote more effective, earlier interventions for people experiencing social exclusion. Action 20 of the plan is concerned with early intervention in personality disorder and states *“the Government will launch pilots to test different interventions for tackling mental health problems in childhood, such as ‘Multi-systemic therapy’.... to prevent the onset of problems later in life”*. In addition *“Care Matters: Transforming the Lives of Children and Young People in Care”* (2006) refers to the need to evaluate the effectiveness of evidenced based interventions, which work with adults and children with a complex range of problems to reduce the number of children entering care. Providing effective support to enable young people to remain safely within their family and community and prevent young people becoming “Looked After”, are also key local priorities. Local priorities relate to safely reducing the number of young people needing to be Looked After, the need to reduce the number of young people in high cost placements and outside Wirral boundaries. Locally, the nature and type of interventions applied with adolescents with challenging behaviours has been an issue raised within a recent Serious Case Review and the need to address this is part of the Action Plan.

- 1.7 Currently Wirral provides a number of services to address and respond to the needs of young people with high levels of challenging behaviour both through the Children & Young People’s Department, the Youth Offending Service, and Health services. The intention in developing an MST Programme is to test whether MST offers a more effective way of intervening with this group of young people and provides better value for money.
- 1.8 The development and delivery of an MST programme requires local stakeholder commitment to the development and use of the approach and an agreement from MST Services that Wirral is ready to implement the approach. Local stakeholders are in agreement with the proposed development. Discussions have taken place with MST Services about developing a programme and they have indicated that they would see Wirral as being in a position to move forward with developing an MST programme with a population that could benefit from this approach. To progress further they require the signing and purchase of a licence agreement about the use of MST Services materials and the working arrangements with them for training, support and supervision of the programme to ensure the model is applied correctly to the right group of young people.
- 1.9 The delivery of the programme will require the appointment of the following posts: 1 Clinical Supervisor, a Clinical Psychologist, who would be appointed by the Cheshire & Wirral Foundation (NHS) Trust; 3 MST Therapists, with relevant professional training and experience and 1

administrative support post appointed by the Children & Young People's Department. The Programme will be based with the Youth Offending Service and the Deputy YOS Manager will have operational responsibility for the Programme. A Multi-agency Management Group will be set up to oversee the development, problem solve any difficulties and monitor its effectiveness and outcomes. It is expected that the programme offering an intensive, focussed time limited intervention (MST would expect to work with young people for approximately 6 months) would offer a service to 24 to 35 young people and their families in a 12 month period.

## 2. Financial implications

- 2.1 The estimated cost of setting und running the Programme is £272,250 in the 1<sup>st</sup> year, due to set up costs, and £262,250 in subsequent years.

<b>PROGRAMME COSTS</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>ONGOING</b>
MST CLINICAL SUPERVISOR	£80,000	£80,000	£80,000
3 MST THERAPISTS	£123,000	£123,000	£123,000
1 ADMIN SUPPORT	£20,250	£20,250	£20,250
LICENCE/TRAINING MST SERVICES	£39,000	£39,000	£39,000
SET-UP	£10,000		
<b>TOTAL EXPENDITURE</b>	<b>£272,250</b>	<b>£262,250</b>	<b>£262,250</b>
<b>PROGRAMME FUNDING</b>			
YOUTH OFFENDING SERVICE	£96,000	£48,000	£48,000
PCT	£130,000	£175,000	£175,000
<b>TOTAL FUNDING</b>	<b>£226,000</b>	<b>£223,000</b>	<b>£223,000</b>
<b>FUNDING SHORTFALL</b>	<b>£46,250</b>	<b>£39,250</b>	<b>£39,250</b>

- 2.2 It is proposed that a bid be made to the Councils Efficiency Investment Fund to fund the balance of costs, in order to pilot the initiative and help deliver current and future cost reductions.
- 2.3 The target group for this programme are the young people with challenging behaviour who are risk of custody or care. It would be expected that this programme would contribute to future cost reductions by maintaining young people with their families and in their communities. The service would provide an intensive, structured programme to approximately 24 – 35 young people per annum to reduce the need for care or custody through tackling their anti-social behaviour. Exact savings are hard to predict but Members will be aware that Residential Care and Secure Remands are high cost to the Local Authority at anything between £1,800 - £4000 per person per week or £93,600 - £208,000 per annum per young person.

### **3. Staffing implications**

- 3.1 There will be 5 posts in the MST programme. The Cheshire & Wirral Partnership (NHS) Foundation Trust will appoint the Clinical Supervisor as this post is required to be a qualified and experienced Clinical Psychologist. 4 posts will need to be created across the Children and Young People's Department & the Youth Offending Service, 3 at SW Grade SCP 26-36, and 1 Administrative Support post. The evaluation of the success of the programme will be undertaken over a 5 year period and posts will need to be available to cover this period.

### **4. Equal opportunities implications**

- 4.1 There are none arising directly from this report

### **5. Community safety implications**

- 5.1 The aim of the MST Pilot is to reduce anti-social behaviour.

### **6. Local Agenda 21 implications**

- 6.1 There are none arising directly from this report

### **7. Planning implications**

- 7.1 There are none arising directly from this report

### **8. Anti-poverty implications**

- 8.1 The Programme is being established to address the impact of social exclusion on young people and their families and provide opportunities to young people that will hopefully enable them to be economically self sufficient in the future.

### **9. Social inclusion implications**

- 9.1 The aims of the Programme are to engage and include young people in pro-social activities and be accepted and included in their community

### **10. Local Member Support implications**

- 10.1 Young People may be referred to the MST Programme from all Wards

## **11. Background papers**

- 11.1 Reaching Out: An Action Plan On Social Exclusion, Action 20: Early Intervention In Personality Disorder. Grant For The Development Of Multi-Systemic Therapy Pilots. Dept Of Health Circular Ref 8378, Issued: 2.6.07
- 11.2 Interventions for Children at Risk of Developing Antisocial Personality Disorder, Report to the Dept of Health & Prime Minister's Strategy Unit, Utting,D; Monteiro,H; Ghate,D Policy Research Bureau, 2007
- 11.3 Care Matters: Time For Change. Dfes June 2007
- 11.4 Wirral Local Safeguarding Children's Board: Executive Summary, Serious Case Review In Respect Of JLS Nov 2008

## **12.0 RECOMMENDATIONS**

That

- (1) the setting up of an MST Programme be formally approved;
- (2) the report be referred to Employment & Appointments Committee; and
- (3) the bid for funding to the Council's Efficiency Investment fund be approved.

**Howard Cooper**  
**Director of Children's Services**

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