

JOINT EDUCATION, YOUTH & CULTURE AND SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 17 th June 2021
Report Subject	Multisystemic Therapy
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

North Wales has secured Welsh Government funding for a regional Transformation Programme for Children's social care. Working on a regional footprint the programme is delivered on an Area basis. The East Area project is a partnership between Flintshire, BCU and Wrexham local authority. As part of the work programme we have established a North east Wales Multisystemic Therapy Team (NEW MST).

MST is an intensive family and community based intervention for children and young people aged 11-17, where young people are at risk of placement breakdown. It is a well-regarded, evidence based approach that achieves excellent long term results for young people and families

This report provides an overview of the MST project and the findings of two independent evaluations of the work achieved to date. The report also identifies the planned expansion of the service as part of the local authority's ambition to transform our support to children and young people by developing high quality in house residential care aligned with new models of support.

RECOMMENDATIONS

1	Committee endorse the work to safely reduce the numbers of children in need of care through the provision of intensive targeted MST support for families.
2	Committee support the establishment of a local authority Children's Residential Care as part of an approach to rebalance care provision for children, with a focus on ensuring an affordable and sufficient range of local high quality placements.

REPORT DETAILS

1.00	BACKGROUND
1.01	Flintshire County Council is committed to ensuring safe, high quality support for children on the edge of care and those we look after. We want our young people to develop the skills and resilience to lead fulfilled lives.
1.02	Our main aim is to support families to care for their own children, and to prevent them, if safe to do so, from becoming looked after. This is what the majority of families want and where most children will best achieve their potential.
1.03	MST - Intensive assessment and therapeutic support for families
1.04	We have established a health and social care Team to provide intensive assessment and therapeutic support for young people who don't meet the thresholds for CAMHS, but are displaying significant needs, often with high levels of dysregulated behaviour, and patterns of school exclusion/risk of exclusion. During the COVID lockdown we successfully appointed, and launched, a Team which comprises of a Team Manager, Psychologist, Family Therapist, 4 therapists and part time administrator. The Team have met the criteria to operate the MST model under strict licencing requirements including competency to practice through intensive training. MST a clinical model that works with all systems surrounding the child including education, community influences and any significant adults/others in the family. It builds resilience of the child and family as a collective, and offer supports that is accessible '24/7'. The Team provides direct support to build the resilience of families between 3 and 5 months. The focus is preventing family breakdown and reducing the need for children to unnecessarily entering the care system. As the Team will be working with some of the most complex cases they have capacity to support up to 6 families across the East Area at any one time.
1.05	As part of the regional Transformation Fund, Oxford Brookes University, Institute of Public Care (IPC) were commissioned to evaluate the MST project. A copy of their evaluation is attached as Appendix 1.
1.06	Evaluation of MST
1.07	<p>The key findings of IPC are that:</p> <p>The MST Team moved quickly to implement a new service and adapted ways of working to ensure that delivery would not be interrupted by the pandemic. It is the first time that an MST team has successfully completed the specialist training on-line.</p> <p>The 'right' families are accessing the service, by which we mean the target population of children and young people with complex Emotional and Behavioural Difficulties (EBD) linked to Adverse Childhood Experiences (ACEs), at risk of family breakdown for whom other services and interventions have not worked.</p>

	<p>Families have engaged really well with the service. Key aspects that have facilitated the high level of engagement by families are the rapid response following referral; highly skilled workers able to build trusting relationships; the 24/7 “whatever it takes” approach, working intensively with the whole family in their home; a model of care that combines crisis support with long term behaviour change using therapeutic interventions; and a focus on empowering parents, so that change is sustainable.</p> <p>A key focus of MST is to work with the “ecology around the young person”.</p> <p>The MST service has worked effectively alongside other agencies, including schools, social workers, youth offending team, and voluntary sector organisations by facilitating joint planning, review and exit strategy meetings, sharing insights they were gaining from working closely with the family, and helping to manage challenges that arose in different settings. Partner agency staff said they felt more confident and supported in their work with these children and families and able to manage risk effectively working alongside the new service. They also said they were beginning to feel more confident (still early days) about the overall arrangements locally for meeting the needs of children and young people with complex emotional and behavioural difficulties.</p> <p>Very good outcomes for children, young people and families have been achieved. In 7 out of the nine cases IPC looked at parenting has improved, which has empowered parents to feel more in control and able to manage their child/young person’s behaviour and meet their needs. Families have become more resilient with better relationships and stronger capacity to cope with difficulties. There have been improvements in the child/young person’s emotional wellbeing, fewer behavioural problems and better educational and employment outcomes. Statutory services are no longer involved with families and children/young people have remained in the family home. In the two cases where a placement was needed, it appears that this may have been because the intervention had come too late or parent(s) had severe and complex needs of their own that ‘got in the way’ and prevented them from engaging fully in the behaviour change work.</p> <p>A full copy of the IPC evaluation is included as Appendix 2.</p>
1.08	<p>The hard work and willingness of the North East Wales MST Team to go above and beyond was recognised through the MST “Whatever It Takes” program. This recognition is given to individuals within the MST community that have demonstrated outstanding and meritorious service.</p>
1.09	<p>Setting up a local Residential Children’s provision to rebalance the market and support children and young people locally</p>
1.10	<p>Like many authorities Flintshire is currently reliant on the independent sector for Children’s Residential Care provision. This provision is very expensive and often in placements that are out of area. There are opportunities to use this grant funding to facilitate a different approach to help reduce our reliance on Out of County placements.</p>

1.11	We are moving forward to establish a short term residential assessment and support provision to meet the needs of young people whilst seeking family reunification, or a longer term local fostering/residential placement. The support model at the provision will be the clinical MST FIT approach.
1.12	There can be occasions where a placement (with family or carer) can reach crisis point and breakdown. In these emergency situations the choices for placements can be limited and can result in long term high cost Out of County provision. We are seeking an alternative, where a local authority Residential Care provides short term intensive MST model. This would enable an in-depth assessment of the young person to fully understand their needs, whilst providing therapeutic work with them and their families. The intention would be to de-escalate the crisis, assess and understand the core issues/needs of the family, and work with them to develop their skills/relationships with a view to reunification so that young person can appropriately step down back to their family network. There would be a strong focus on supporting attendance within education during this time as well as developing a long term care and support plan if needed for the family. This approach would also help to minimise avoidable long term entry into the looked after care system.
1.13	Where a return home is assessed as not being in the child's best interest the assessment and support period will provide time to secure the best setting possible for that child to thrive and facilitate a planned and structured placement, avoiding a crisis placement based on availability on the day.

2.00	RESOURCE IMPLICATIONS
2.01	Safely and appropriately supporting young people through intensive assessment and support is the most cost effective way of delivering our services. For some children specialist residential placements will always be the best provision for them. This Strategy will help to ensure high quality local/regional residential placements that secure positive outcomes and placement stability.
2.02	Grant funding is in place for the capital development of the residential provision along with initial revenue costs. Revenue costs have then be identified through Flintshire's Medium Term Financial Strategy.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	The IPC evaluation carried included in-depth case file analysis of the first 9 cases to complete the programme, as well as interviews with four parents and a young person. Interviews with partner agency staff and managers and a focus group with the MST team as well as secondary analysis of management information provided other valuable perspectives.

4.00	RISK MANAGEMENT
4.01	Failure to implement alternative pathways is likely to result in a continued increase in the number of looked after children without the opportunity to fully explore and deploy intensive support which can, in some cases appropriately support family resilience and maintain family arrangements. There is also a risk of an over reliance on costly provision through independent fostering and residential providers, with a lack of appropriate placement choice within the local/regional area.

5.00	APPENDICES
5.01	Appendix 1 - MST Evaluation March 21.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Neil Ayling Telephone: 01352 702500 E-mail: Neil.J.Ayling@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	Looked After Child Looked after children are children and young people who are in public care and looked after by the state. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.