

department for  
**children, schools and families**

Dear Colleague

**GRANT FOR THE DEVELOPMENT OF MULTISYSTEMIC THERAPY (MST)  
PILOTS**

**1. Summary**

This letter informs Local Authorities and PCTs of arrangements, operated via a bidding process, for the allocation of up to £7 million to support the development of up to six Multisystemic Therapy (MST) pilots.

**2. Action**

Following the information seminar on MST held on 29<sup>th</sup> June 2007, Local authorities and PCTs who are satisfied that they meet the criteria enabling them to bid for funding for MST pilots and who wish to do so are invited to:

- Identify local capacity for developing and implementing an MST pilot. You should include, as appropriate, local health care providers (including Child and Adolescent Mental Health Services), children's services including education and social care, Youth Offending Services and voluntary sector providers who might form part of a potential partnership.
- Submit a written bid in both electronic and hard copy specifying how they are able to meet the criteria. This must be signed off by relevant senior officers from the PCT, Local authority Children's Services and the local Youth Offending Service and demonstrate how partners will support the pilot programmes if the bid is successful.
- Joint bids between neighbouring local authorities/PCTs are welcomed, especially from smaller authorities.
- All bids must be received by **Friday 14<sup>th</sup> September** .Once bids have been received, a short list will be drawn up and the short listed areas will be asked to present their bids to a panel in October before the sites are selected.

- Bids should be submitted to:  
[Cathy.james@dh.gsi.gov.uk](mailto:Cathy.james@dh.gsi.gov.uk)

Postal address:  
Cathy James  
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### 3. Background

#### **REACHING OUT: AN ACTION PLAN ON SOCIAL EXCLUSION – ACTION 20: EARLY INTERVENTION IN PERSONALITY DISORDER**

The government's commitment to tackling social exclusion was outlined in *Reaching Out: An Action Plan on Social Exclusion* (September 2006). The action plan contains a number of specific recommendations to promote more effective, earlier interventions for people experiencing social exclusion. A number of key programmes are focused on young people, including the Early Intervention in Personality Disorder Programme, which was established in order to deliver Action 20 in the plan:

*'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.'*

#### **CARE MATTERS: TIME FOR CHANGE (2007)**

The Care Matters White paper identified that funding would be made available for the development of Multi-systemic Therapy (MST) as an effective specialist intervention for older children and young people on the edge of care.

Following a review of the existing evidence base (Utting D. et al 2007), Department of Health, Department for Children, Schools and Families and the Youth Justice Board have agreed to work together to establish up to six pilots of Multisystemic Therapy (MST). The pilots will be part of a centrally funded research programme to evaluate the effectiveness of MST within the English context in maintaining young people at risk of out of home placement, in the community. The MST pilot programmes would build on both the international evidence and developing evidence from existing English MST sites. This evidence suggests that MST can be successful in engaging young people with anti-social behaviour and their families and in improving outcomes for these young people, in terms of decreasing offending behaviour and reducing family conflict and out of home placement.

Multisystemic Therapy is a licensed, manualised programme developed and run by MST Services based in South Carolina USA. It is a family and community-based treatment for youth with complex clinical, social, and educational problems (e.g., violence, drug abuse, school expulsion). Over a period of three to six months, MST

is delivered in homes, neighbourhoods, schools and communities by professionals with low caseloads. A crucial aspect of MST is its emphasis on promoting behaviour change in the youth's natural environment. Initial family sessions identify the strength and weaknesses of the adolescent, the family, and their transactions with extra familial systems (e.g., peers, friends, school, parental workplace). Identified problems throughout the family are explicitly targeted for change, and the strengths of each system are used to facilitate such change. Although specific strengths and weaknesses can vary widely from family to family, several problem areas are typically identified for serious juvenile offenders and their families.

Additional information about MST is available via the Internet at [www.mstservices.com](http://www.mstservices.com) and in the article attached to this pack.

#### **4. Criteria for Selection of pilot sites**

Local authorities and PCTs should only submit a bid if they can show **evidence of** the following:

##### **Partnerships**

- Existing, effective joint planning arrangements and programmes across social care, health, education and youth offending services, including evidence of sustained joint investment;
- Clear support for the bid within Children's Services, The Primary Care Trust, Youth Offending Service and Child & Adolescent Mental Health Services (CAMHS);
- Identification of and interest from agencies involved in implementing the model and from those who will be affected by the implementation of the programme e.g. schools, youth offending teams, children's social work teams and links with adult services (e.g. mental health, substance misuse), voluntary organisations and housing and leisure services;
- A commitment at senior level, across agencies to running a pilot MST programme as part of a national research project. The requirements of the national research programme may impact on the criteria for young people admitted to each local MST programme and may include an element of randomization;
- A consideration of plans for sustaining the programme should it prove to have successful outcomes at a local level.

##### **Children, Young people and Families**

An analysis of the numbers and needs of young people aged 11-17 years who may benefit from the programme, including young people with serious behavioural difficulties and who are;

- at risk of entering care due to serious behavior difficulties,
- at risk of being placed out of home due to offending;
- at risk of being placed away from home in an educational placement;

and where there are complex difficulties in the young person and family which cannot easily be dealt with by existing services. This would include young people and families who are not easily engaged by other services and who require interventions that are intensive, including outreach work. Also where

parents or carers have significant difficulties which affect their parenting, for example substance misuse or mental health problems.

### **The MST model**

- an understanding of and commitment to setting up an MST team, adhering to the model and experience of implementing evidence based programmes;
- a commitment to being part of a national research programme and to the collection of audit data by the providers of the programme;
- a clear commitment to and enthusiasm for working closely with MST services in developing and implementing the programme according to the requirements of the model and to allocating team members time and resources for attending initial and follow –on training and receiving weekly supervision from MST services (annex A for further details)

### **5. Expectations of and support to pilot sites**

- Sites will be expected to recruit a MST supervisor and three to four MST therapists with relevant experience and qualifications within a timescale to fit with national plans for training;
- Sites will be expected to establish a dedicated MST team to work on an outreach basis and offer 24 hour cover to support young people and families they are working with;
- Sites will be expected to provide comprehensive MST treatment to each family that is individualized and family-centered. The treatment process shall begin with goal setting that addresses the changes that the family would like to see over the treatment period (typically, approximately four months). This process shall focus on specific areas of action to be addressed on a daily or weekly basis. Any barriers to treatment success shall be addressed as soon as they are identified.

Support, training and supervision will be provided as follows:

- Once sites have been selected they will have on-going contact with the Department of Health team and from MST services who will allocate a consultant for each site;
- Joint site visits by MST services and the DH will be made at an early stage to discuss organizational issues and the process of staff recruitment and training;
- All sites will be supported to develop appropriate training, referral criteria and organizational processes to become MST licensed sites (see annex A for details of training and supervision to be provided by MST services);

- All sites will be supported to participate in data collection for audit purposes and as part of the national research programme;
- Sites will be offered the opportunity to meet together and with existing English MST sites for support, training and professional development.

## **6. Funding**

This researched pilot programme is for a full 4 years. It is estimated that the revenue for each pilot will be in the region of £350k pa. It will be funded on the basis of a tapering formula beginning with 100% in Year 1 and will require a 20% local funding contribution in year 2. Funding beyond year 2 will be subject to a review of performance and adherence to the MST model. There is likely to be increased tapering in any subsequent years. Funding has been secured for later years of the programme.

In addition to this investment, costs for the national research programme will be centrally funded.

## **7. Enquiries**

All inquiries about this letter should be addressed to [cathy.james@dh.gsi.gov.uk](mailto:cathy.james@dh.gsi.gov.uk)



Mark Davies  
Director or Partnership, Experience and Involvement

## **Annex A**

### **MST Staff training and education requirements**

The MST programme staff shall be trained by MST Services of Charleston, South Carolina. The cost of this training is being covered by nationally and is not to be included in the bid. This training will include both pre-service and ongoing in-service training and consultation. Training and consultation for clinical staff shall be provided in three ways.

First, five days of intensive training shall be provided for all staff who will engage in treatment and/or clinical supervision of MST cases. Second, one and one-half day booster sessions shall occur on a quarterly basis. Third, treatment teams and their supervisors shall receive weekly telephone consultation from trained MST staff.

The objectives of the initial five-day training program shall be:

- to familiarize participants with the scope, correlates, and causes of the serious behavior problems addressed with MST family preservation;
- to describe the theoretical and empirical underpinnings of MST using family preservation;
- to describe the family, peer, school, and individual intervention strategies used in MST;
- to train participants to conceptualize cases and interventions in terms of the principles of MST; and
- to provide participants with practice in delivering multisystemic interventions.

The multi-media approach to training includes didactic and experiential components. The participants are required to practice the MST approach through critical analysis, problem solving exercises and roleplays. It is expected that participants will have read pre-assigned sections of the MST treatment manual prior to the initial training.

Quarterly booster sessions are designed to provide training in special topics related to the target populations/problems being treated by the MST therapists, and to address issues that may arise for individuals and agencies using the approach (e.g., ensuring treatment integrity, individual and agency accountability for outcome, inter-agency collaboration, etc.). The booster sessions are also designed to allow for discussion of particularly difficult cases.

Weekly telephone consultation is provided via one-hour conference calls in which the treatment team and supervisor consult with the MST Services staff member regarding case conceptualization, goals, intervention strategies, and progress. The weekly consultation is designed to assist the team and supervisor in clearly articulating treatment priorities, identifying obstacles to success, and developing strategies aimed at successfully navigating those obstacles. In addition to this weekly consultation, it is expected that the agency will provide onsite supervision by staff who have obtained an advanced degree in a clinical discipline (i.e., psychology, counseling, social work, psychiatry) and have had additional clinical experience with family-based services prior to receiving MST training.

**All MST therapists and MST supervisors shall attend this training.**