



MST-FIT Evaluation Summary

Background

The evaluation addressed the feasibility of Multisystemic Therapy for Family Integrated Transitions (MST-FIT) in a UK context. In England MST-FIT is currently in the early stages of being adapted to help a population of young people (aged 11 to 17) return to the family home from residential care. The programme is comprised of two stages: first, the young person enters a 12-week therapeutic programme within a specialist MST-FIT residential home. In the second stage the young person returns to the family home, where the MST-FIT therapist continues to work with both the young person and the parent for a further 4 months.

Aims and objectives

The aims of the evaluation were to a) identify the systemic issues in implementing MST-FIT in England b) to determine whether MST-FIT is a feasible intervention for this population, and c) to determine to which other populations MST-FIT may be suitable.

Evaluation

Two MST-FIT sites were involved in the evaluation: Leeds and Northamptonshire. The evaluation consisted of 135 semi-structured “pre” and “post” qualitative interviews with the programme stakeholders, including 20 young people and 14 of their carers, 6 MST Therapists, 15 MST Supervisors and Residential Home Managers, 15 Residential Staff, 4 Social Workers, and 2 Commissioners. We also conducted interviews with a comparison group of Management as Usual 4 young people and 3 of their carers, as well as 13 professionals working in these residential homes. Objective data was collected on demographic information, social care history, and education and youth offending data.

Findings

The thematic analysis of the qualitative data yielded the following main themes across stakeholders:

- **Thoughts going into the programme.** Professionals were aware that they were in the process of adapting MST-FIT to an English context, and questions were raised about appropriate referrals and staff qualifications. In parents’ experience, most common problems were poor communication, poor emotional and behavioural regulation. Many children starting MST-FIT had had negative experiences with therapy or residential homes.
- **Positive aspects of MST-FIT.** Professionals felt positively about MST-FIT and its behavioural and skills emphasis, and that MST-FIT is filling a gap in services. The MST-FIT skills are “for life” and can be helpful to many young people, not just those returning home from care. Social workers were more apprehensive, and felt that young people’s problems are often too complex for MST-FIT and that returning home is not always the best course of action.
- **Negative aspects of MST-FIT.** Some families felt that MST-FIT was not able to help them due to the complex nature of their family’s problems, but still spoke positively about the programme. Residential staff initially felt anxious about delivering a programme which they felt was too clinical for their qualifications, but this improved markedly over the course of the evaluation.

- **Outcomes.** Eight parents were interviewed at “post” – in 4 of these cases the young person was still at home; in the other 4 cases, the placement had broken down and the young person returned to care. However, even in “unsuccessful” cases both professionals and families spoke about improvements to the parent-child communication, better emotional regulation for the young person, and better stress management for the parent.
- **Facilitators.** Between “pre” and “post” interviews professionals felt that the programme had become more structured (e.g., the first stage limited to 12 weeks), which helped the transition home. Managers and therapists spoke about reframing parents’ belief that their child was “the problem” to addressing broader family dynamics and their approaches to parenting.
- **Barriers.** The MST-FIT teams felt that they did not yet have an effective relationship with social services because social workers did not quite understand MST-FIT. Social workers suggested that they could benefit from practical workshops with input from the MST-FIT team.

Statistical analyses of objective data could not be carried out due to small sample size. However, young people generally did not have high levels of offending (less than 1 offense per person per year) and the majority were enrolled in either mainstream or alternative education (79%), with an increased number of young people attending school full time post-intervention (13, compared to 7). Findings from the Northamptonshire residential home suggest a 58% decrease in staff sickness and 90% decrease in number of assaults after MST-FIT was introduced. All three residential homes received “Good” or “Outstanding” ratings in their Ofsted inspections.

Cost benefits

- A pro forma cost analysis provided a framework for the identification of MST-FIT cost inputs and potential outcome indicators, but the current sample size is too small for a full cost effectiveness analysis at this stage.
- However, local authorities have promising cost findings, with MST-FIT operating costs per young person per year standing at 57.2% of mainstream residential home operation in Leeds, and 70.8% in Northamptonshire.

Recommendations

- Further define the population of young people for whom MST-FIT is appropriate. Individual assessments of the young person detailing the type and severity of their problems may be necessary.
- It is vital to engage social workers in meaningful discussion about the nature of MST-FIT, its rationale for trying to return young people home, and its strengths, limitations and strategies for addressing the complex needs of YP and their carers. Clearer referral guidelines including criteria and thresholds should continue to be developed.
- Specific referral pathways and protocols should be developed for addressing parents’ mental health problems and the collaboration between adult mental health services and MST-FIT.
- Several professionals believe that MST-FIT could be successfully adapted to a foster care setting, and several one-off foster care cases have gone through the programme in Leeds.
- Capacity for MST-FIT training and consultation should be increased within the UK to reduce programme costs

This evaluation study was carried out between September 2015 and November 2016 by Anna Freud Centre and University College London.

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