



MST-PSB Evaluation Summary

Background

Multisystemic Therapy for Problem Sexual Behaviour (MST-PSB) is an intensive clinical treatment programme aimed at adolescents who have engaged in problematic sexual behaviours. The programme is delivered within the family home and aims to involve all environmental factors which impact juvenile offending, including family, school, and the community.

Aims and objectives

The primary outcome of the evaluation was determining whether MST-PSB reduces the incidence of out-of-home placement compared to management as usual (MAU). A range of secondary outcomes included sexual and non-sexual offending rates and antisocial behaviours, participant well-being, family functioning and total service and criminal justice sector costs. Eighteen qualitative interviews were conducted with the families in order to evaluate young people's and carers' subjective experience of MST-PSB. Semi-structured interviews were also conducted with the clinical and management teams to address the feasibility of implementing MST-PSB for this population.

Evaluation

In total, 40 young people and 40 carers were recruited from six London boroughs, with 21 families in the MST-PSB group, and 19 in the MAU group. Data was collected at baseline (beginning of treatment), and at 8, 14, and 20 month follow-up points. Participants completed a packet of questionnaires, assessing problematic sexual behaviour, associated mental health problems and disorders, emotional and behavioural functioning, as well as domains central to the mechanisms by which MST-PSB is supposed to work: quality of parent-adolescent relationship, parenting skills and parental mental health. The young people recruited into the study were aged 10-18 (mean 13.4); 36 (90%) of the participants were male.

Findings

- The primary outcome of out of home placement was seen in only 4 cases, with 2 in each group, so it was not possible to make any statistical comparisons between the groups.
- The final sample fell short of recruitment targets. There were several reasons for this, including poor and unintegrated systems for identifying and helping young people showing PSBs, court delays and ongoing police involvement that complicated and prohibited involvement, and the stigma and shame associated with disclosure by young people and their carers. As a result, the statistical analyses conducted on the secondary outcomes should be interpreted with caution.
- Descriptively, cautions and convictions for sexual offences in the sample decreased from a total of 10 prior to baseline to 0 post-treatment in the MST-PSB group, and from 18 to 1 in the MAU group.
- Analyses of the questionnaire results suggest that there have been positive improvements between baseline and post-treatment in parental involvement and family cohesion in the MST-PSB group, compared to MAU.

- Qualitative interviews with the young people and carers revealed that young people had strong feelings of embarrassment, shame, and fear of stigma with regards to the behaviour which led to their involvement in MST-PSB.
- The families felt they had a positive relationship with the MST-PSB therapist, who has helped young people understand their behaviour and gave them techniques to manage the behaviour in the future. Parents thought that a positive relationship with the therapist helped them understand their child's behaviour better, and repair their relationship.
- After finishing MST-PSB, parents felt that the programme has benefitted them, but had mixed feelings about going forward, including residual feelings of guilt and dealing with ongoing problems.
- Semi-structured staff interviews indicated that professionals generally felt positively about MST-PSB and the commitment and collaborative effort of the staff involved, but were realistic about its shortcomings. For example, professionals were concerned whether the model was applicable to all young people referred for PSB and whether some cases were too complex to benefit fully from the intervention.

Cost benefits

Although there was an initial intention to conduct an analysis to compare the economic costs of MST-PSB and MAU, it was not feasible to carry this out at this early stage in the intervention. With very limited data, consultation with our health economic team suggests that variation is likely to be high in the service-use and offending data and influenced by a few high-cost individuals. We do know that the average cost of an MST-PSB case is approximately £10,000-£12,000.

Recommendations

- Greater consideration should be given to building better systems for identifying young people displaying PSB and greater inter-agency co-operation within Local Authorities in doing so.
- Some adjustments to MST-PSB treatment practices would help to better accommodate the heterogeneity seen with this population, e.g., to provide additional support to young people showing trauma as a result of prior sexual abuse.
- It may be useful for MST-PSB teams to consider the routine use of standardised measures to complement the current data which is systematically being collected (antisocial behaviour, education, and the extent to which the family's goals have been met).

This evaluation study was carried out between April 2012 and November 2016 by Anna Freud Centre and University College London.

The DFE's Children's Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford (www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at www.gov.uk/government/publications