Clinical Leadership Arrangements: Leicester Multisystemic Therapy (MST) and Children's Social Care

Multisystemic Therapy (MST) and MST for Child Abuse and Neglect (MST CAN) are delivered in the City of Leicester to families where there is a child aged between 6 and 17and there is a risk of the child being placed into care. The programmes target those at risk of care either through physical abuse and/or neglect or through the child's anti-social behaviours with a combination of evidence-based therapies dependent on what 'drives' the issues presenting.

Functional family therapy for Child Welfare (FFT-CW) is a licensed family intervention developed in America used to prevent children from going into care. FFT-CW uses a highly qualified and experienced team of therapists working with the whole family in the community, over four stages of treatment, involving around 14-28 family therapy sessions in the home or clinical settings over around a 6-month period.

MST, MST CAN and FFT as the lead delivery for intervention, should have clinical leadership. This leadership role is not intended to replace or remove the responsibilities of statutory social work. It does however provide the framework for the inclusion of therapists in all relevant decision making that could have impact on the long-term client outcomes. It means ensuring that the various stakeholders involved with any given open family are coordinating care, as needed. Harper (1995) defined a Clinical Leader as '...one who possesses clinical expertise in a specialty practice area and who uses interpersonal skills to … deliver quality patient care.'

Referrals

Teams will take referrals that meet the eligibility criteria (Appendix A).

MST CAN and FFT-CW - Referrals will be considered where there is a child or children from pre-birth -17 and the case has been agreed as meeting the threshold for court via Legal Planning Processes or with Head of Service approval.

MST Standard – Referrals are accepted where there is an agreed risk of care. Referrals can be made via the allocated Social Worker, through the front door, the Legal Planning Meetings or Edge of Care Panels. Referrals can also be made via Children and Young People's Justice Services (CYPJS) and the Multi Agency Support Panel (MASP).

If the referral is not accepted the referrer is informed within 48 hours of alternative, suitable provision. The Team Manager will record the acceptance or decline of a referral on Liquid Logic and, in the case of decline will record the reasons for this decision.

The Team Manager or a Therapist will initiate contact with the family and record this on Liquid Logic when a case is taken.

Initial contact

When an initial visits results in consent to treatment being obtained by the parent/caregiver, the Team Manager will record this on Liquid Logic with the name and contact details of the allocated Therapist. The Therapists Involvement will be added to Liquid Logic by the Business Support officer within 48 hours.

Prior to the first visit, the Therapist will liaise with the allocated Social Worker to obtain the most immediate safety concerns and relevant safety plans. During this first visit the therapist will check that the current safety plans in place are working and amend them. In the event that a safety plan is not in existence but required, an initial safety plan will be completed during this visit.

Safety management

The teams will review and update safety plans throughout the duration of treatment utilising pre-existing social care safety plans. This will ensure that the family have one clear safety plan. Where concerns arise over the adequacy of the safety planning this be discussed using a signs of safety approach and will be escalated following the local escalations policy as necessary.

Treatment

At referral or legal planning stage, meetings as follows will be agreed:

Within 7 days:

- A signs of safety mapping meeting will take place which will include the Therapist, Social Worker, Social Work Team Manager and in MST cases, the MST Manager. This meeting will agree what is working well for the family, worries and reasons for referral, a danger statement, scaling, the social worker's (or referrer's) next steps towards an agreed vision of 'good enough'. There will also be an agreed set of safety steps and agreed mechanisms for communicating any updates to safety plans. This ensures that families have a clear set of goals and crucially only one safety plan.

Within 42 days and every 4-6 weeks thereafter:

A meeting, with the family member(s), Therapist and the allocated Social Worker as a minimum where:

- What is working well?
- What we are worried about?
- Update and amend Danger statement (as required)
- Scaling?
- What needs to happen?

Next steps will be agreed and the vision of 'good enough' will be reviewed to ensure the family and professionals remain in agreement over a shared set of goals and steps towards these. This should ideally be linked to core groups or other professional meetings.

At exit:

Exit plans will be shared across the family and professional network where and this will ensure all families and any involved professionals are clear on:

- What is working well?
- What we are worried about?
- Update and amend Danger statement (as required)
- Scaling?

- What needs to happen?
- Contingency plans and as relevant any agencies for follow up support.

Review

Reviews are conducted on a weekly basis through group supervision where checks of quality and care planning receive a two-tier approach to oversight. All cases are given full clinical scrutiny on a minimum monthly basis. Any changes to the overall treatment plan will be shared within 24 hours by the Therapist to the Social Worker and recorded onto Liquid Logic.

It is expected that Therapists attend all Child in Need meetings, Core Groups, Case Conferences and LAC reviews. Where there is a Case Conference, Child in Need Meeting or Looked After Child review the Therapist will submit an overview report of work completed and work planned. The report will be submitted by the Therapist to the meeting chair 72 hours in advance of the meeting.

Where there is a lack of agreement on the direction of treatment there will be an escalation to the relevant Service Managers who will work to agree a way forward. Both parties will record this conversation on to Liquid Logic. The Local Children's Safeguarding Board (LSCB) escalation policy will be followed in the case of any disagreement, to ensure that the child is kept safe as a priority.

Case Recording

To be read in conjunction with the Family Therapies case recording policy.

It is the responsibility of Social Workers and Social Work Service Managers to record key decisions onto Liquid Logic due to the link to statutory working. The Therapist will record on Liquid Logic a weekly update of treatment and plans. The Team Manager will record a management oversight entry on Liquid Logic following each supervision.

The Therapist will immediately notify the Social Worker and Team Manager of any new safeguarding risks or concerns and record the concern and actions onto Liquid Logic within the same working day.

Case Closure

Social Workers will be advised of planned closure dates at the start of treatment. This will be regularly reviewed and professionals updated regularly. In all closures, the Manager will discuss and agree an exit plan with the Social Work Manager to provide a minimum of four weeks' notice in respect of planned closures.

Discharge may occur when few of the goals have been met, but despite consistent and repeated efforts by the Team to overcome barriers to further success, treatment has reached a point of diminishing returns. Where diminished returns are becoming of concern, the Team Manager will discuss and agree an exit plan with the Social Work Manager.

Sustainability

Evidence suggests that with clear commitment to the exit plan by professionals, families will generalise successfully and continue to improve on progress. Evidence shows that typically there will be short term deterioration in progress within the first 6 months after MST closure, but with strong

commitment to continuing 'what works', that tend to improve at a faster and greater pace in the 6-18 months post treatment period.

At the end of treatment an exit plan will be produced for the family, and a copy will be provided to the Social Worker. This plan is saved on the Liquid Logic system within 7 days of closure. In addition, a professionals report will be written by the Therapist and a copy will be provided to the Social Worker where one remains involved. This plan is saved on the Liquid Logic system within 7 days of closure. This report is intended to provide a more detailed overview of that work which has been tried successfully and tried unsuccessfully. This will provide other professionals with a clear idea of how to sustain and plan any future work. Where areas have seen improvement, Social Workers are expected to follow the exit plan to generalise and sustain the outcomes.

A family should never be kept in or referred to other services on the basis of "things might go wrong".

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References
Bronfenbrenner, U., 1977. Toward an experimental ecology of human development. American psychologist, 32(7), p.513.
Harper J (1995) Clinical leadership – bridging theory and practice. Nurse Educ 20 (3): 11–12

Appendix A

	MST (Standard)	MST CAN	FFT-CW
Eligibility criteria	Young person aged 11-17; at home or planning to go home within 28 days Behavioural issues such as: • Missing /CSE • Criminal exploitation/ gang involvement • NEET / Poor attender • Violence / aggression in or out of home • Poor behaviour at school / Risk of or been excluded • Verbal abuse • Substance misuse • Offending	Child aged 6-17; at home or planning to go home within 28 days. There has been an incident of physical abuse or neglect within the past 180 days	Child aged 0-17 with a child protection concern.
Notes	Exclusions: • Children with no care giver identified • No ASB's in the child • Child learning disability at a level impacting consent and ability to engage in treatment • Children where psychiatric problems were the primary reason leading to referral	Exclusions: • Active sexual abuse • Moderate or severe parental learning disability across ALL caregivers (e.g. no caregiver with an IQ above 50) • Domestic Abuse in the absence of other forms of abuse / neglect • Family members who are assessed as suicidal or psychotic at the point of referral	Exclusions: • Active sexual abuse with caregiver in the home • Moderate or severe parental learning disability across ALL caregivers (e.g. no caregiver with an IQ above 50) • Family members who are assessed as suicidal or psychotic at the point of referral