# Prospectus: Delivering intensive interventions for looked after children and those on the edge of care or custody and their families

Department for Education

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Department for Education

# Delivering intensive interventions for looked after children and those on the edge of care or custody and their families

## 1. Introduction

The Government is committed to supporting local partnerships to sustain and develop evidence based interventions that are cost effective in tackling the needs of looked after children and children on the edge of care or custody and their families. This prospectus explains the package of financial and other support that will be made available to support the sector to take forward these interventions at the local level.

Over the past five years the Department, in partnership with the Department of Health and the Youth Justice Board has supported a range of pilots of intensive interventions for looked after children and children on the edge of care or custody. These children typically have a range of complex and challenging behaviours which can result in out of home placements or placement breakdown. The interventions are: Multi Systemic Therapy (MST), for children on the edge of care or custody, Multi-dimensional Treatment Foster Care (MTFC) and KEEP (parenting skills for foster carers) and Functional Family Therapy (FFT). They have been successful in helping some very vulnerable children and families to start to recover and to turn their lives around.

These are treatment and/or parenting interventions which require model fidelity, clinical supervision and consultation as well as an investment of finance and other resources. There is increasing evidence that if delivered with fidelity to the appropriate population, they can reduce the need for a child to enter care or custody, or to move into more intensive or costly placements. For some children they can reduce the length of time children are placed away from home. The implementation of any evidence based model, however, requires careful design, and strong project management and support, especially in the early stages. Effective stakeholder engagement, both operationally and strategically, is a key to success.

The intention is to continue to develop these interventions over the next spending review period (April 2011 to March 2015). The programme will draw on the expertise which has been developed within local authorities and their sector partners as well as a national team/Network Partnership which provides clinical support and supervision or other centrally provided support.

Several of these programmes, such as MST and MTFC for adolescents, are also suitable for young people in youth justice services and further expansion of these programmes will support the Government's agenda to devolve more responsibility for these services to the local authority level.

The expansion of these intensive and specialist interventions fits within a number of related initiatives seeking to improve the effectiveness of services for children, young people and their families. These include:

- Families with Multiple Problems - in December 2010, the Prime Minister announced his ambition to turn around the lives of all families with multiple

problems by the end of this Parliament. Community Budgets will underpin this work and will be operational in 16 'first phase' areas on 1 April. Building on the evidence of effective practice established by family intervention projects, Community Budget areas will develop innovative new approaches to help families with multiple problems. The aim is that all areas will have access to them by the end of this Parliament.

- Graham Allen Review – In January, the review produced its first report on those evidence-based models of interventions that are effective for working with vulnerable children and families to reduce risky behaviours and improve resilience. This included MST, FFT and MTFC. A second report in the summer will address innovative funding mechanisms to improve long term investment in these types of programmes.

## 2. The Evidence

The results of this work to date are promising, though further work is required to ensure that they are targeting the right children and families and link appropriately with other services both at higher and lower levels of need. Evidence of improved outcomes is also emerging from UK-based research trials, and more evidence will become available over the next few years.

Based on the experience of some local authorities and health providers, there is a strong case for developing and testing out adapted interventions for other identified groups of vulnerable children and young people, such as children placed for adoption and adopted children at risk of placement breakdown and their families. We will be working with the original programme developers to take forward these adaptations in the first year, after which we will aim to work with a small number of local consortia to test these out.

Local partnerships have also identified a number of factors which have the potential to compromise success and which as a consequence, it will be important for local partnerships to address in the future. These issues include:

- understanding the level of organisational change - this stems from the new ways of working which the interventions require, such as a very close team around the child and carer; the carer - whether parent or foster carer - being seen as the key agent of change, a 24/7 on-call service; and clarity about the respective roles and responsibilities of team members and others involved in the child's life;
- understanding the demographic profile of the looked after population and those on the edge of care or custody, related needs profile, and future trends. This is essential to ensure a sufficient flow of appropriate referrals necessary to sustain a programme, and in thinking about who should receive the programmes and why;
- understanding the link between the local pilot programme and other related services in terms of referral pathways and mutual learning;
- understanding the importance and relevance of model fidelity for achieving the outcomes;

- developing new ways of working in relation to staff recruitment and the expectations of staff in relation to flexible working and on-call;
- understanding the cost implications, not only in total but also in terms of 'cash flow'; and
- supporting cultural change among staff to understand and embrace evidence based interventions.

## 3. Next Phase.

This prospectus aims to support local authorities and partner agencies in moving towards full local ownership of the commissioning and delivery of specialist evidence-based interventions. Partnership working and improvement activity will be vital to sustain and embed the work within local strategies for supporting looked after children and children on the edge of care as a group.

This opportunity is directed at local authorities and partner agencies already jointly delivering or who are looking to provide intensive services to children who are looked after or on the edge of care or custody. These children and their families may occur in relatively small numbers in any locality but they have high levels of need which may be costly in the short and long term and generally lead to poor outcomes. Whilst led by DfE, the programme continues to be supported by DH and YJB.

It is intended that funding will go to local or sub regional partnerships. These may be between a number of different statutory agencies in one large urban area, for example local authority social care, youth offending, CAMHS and substance misuse services or between two or more smaller local authorities and their partners. A range of service providers should also be considered and where possible these providers should form part of the partnership bid. Providers may be from the statutory sector, either local authority or health but are also welcomed from the voluntary or private sectors.

Partnerships may also be between areas who are already providing evidence based programmes and their neighbouring local authorities and consideration should also be given to new types of partnership and providers, for example social enterprise or social work practice arrangements.

Evidence of previous success in a partnership will strengthen bids but newer partnerships will also be considered, where there is robust evidence of the commitment of all partners. The case studies set out in **Annex E** provide some examples of currently successful partnerships in this area of work.

## Bids are therefore invited from:

**New Partnerships:**
Local authorities and partners who have not previously developed MTFC, MST, KEEP or FFT interventions which are set out in Annex D, but would commit to developing one of more of these intensive evidence based programmes, after carrying out initial population needs and financial modelling work and service redesign work, so as to integrate these as a core part of mainstream services for this population;

**Existing Partnerships:**
Existing partnerships who wish to extend partnerships to deliver these interventions across a number of local authority areas; test out new and innovative ways of delivery models or test out the applicability of the programmes to wider groups of children and young people.

Voluntary and community sector providers are encouraged to explore with relevant local authorities the potential for collaborating as a contracted party and perhaps for taking the lead in developing the bid on behalf of the local authority and its partners.

The case studies at **Annex E** provide some examples of currently successful partnerships working in this area.

**Seminars:**
We will be holding **two seminars in April** for those local authorities and their partners interested in gaining further information about these programmes. These will take place on **12 April in London** and on **15 April in Leeds**. Please go to the form in Annex G to apply for a place at these events. We anticipate a maximum of 2 people per partnership attending these events.

**The timetable for submission of expressions of interest is set out in section 13.**

## 4. Funding for new partnerships.

The Department is aiming to make funding in the **range of £50k to £200k a year available** for a four year period for at least 20 local authorities, working either individually or with a small group of neighbouring authorities, to work in partnership with health, youth justice, voluntary sector and independent sector partners to:

- carry out core financial modelling work in respect of the costs and effectiveness of their current services for looked after children and children on the edge of care or custody and undertake a strategic assessment of the current and likely future needs of that population for intensive specialist services. This will provide a coherent assessment of the flows into and out of specialist services, and the costs and outcomes of this;

- undertake an analysis of the organisation's capacity to deliver the interventions and manage any required cultural, policy or procedural changes;

- test out new approaches to the delivery of these intensive evidence based interventions, which could include new partnership models, the development of payment by results and the testing of social impact bonds etc;

- develop new commissioning models for delivering interventions which will promote the market in these areas, and commission new and emerging partners to deliver the interventions;

- participate in any research and evaluation in relation specific interventions and also to the process of implementation of the programme as a whole;

and

- review how learning from the partnerships can influence wider training, development and workforce issues across the delivery of their intensive services.

## 5. Funding for existing partnerships

The Department is also aiming to make funding available in the range of **£50 - £200k a year to a number of existing partnerships to:**

- develop and test new partnership approaches to the delivery of intensive evidence based interventions, across a number of neighbouring localities, and new delivery approaches which could include payments by results, the testing of social impact bonds etc;
- ensure that new financial and delivery models will promote sustainability and develop the market;
- support the development of delivery models which will enable programmes to be mainstreamed, including through the use of voluntary and community sector providers and the selling of services across localities;
- develop new commissioning models for these intensive interventions which will actively develop the market in these areas, commissioning new and emerging partners to deliver programmes;
- pilot programme adaptations focused on a wider group of looked after children and formerly looked after children and those on the edge of care; and
- participate in research and evaluation in relation to outcomes of these interventions and also the implementation process.

We are interested in funding existing partnerships for a four year period to test out new approaches to delivering specialist evidence based programmes, but would also consider funding partnerships for shorter periods of 2-3 years. For those partnerships who are interested in applying for funding but not in the first year, we would expect to hold further funding rounds in years 2 and 3, when we will also want to pilot model adaptations.

**Funding for Sector Advisers**

We also have a small amount of funding available (up to £25k per adviser per year) to enable key individuals within areas that have developed these interventions for looked after children or children on the edge of care or custody, and who are applying for additional funding to test out new approaches to delivery, to become sector advisers for the programme. The aims of this role are to provide additional peer support for other authorities and partnerships as they grapple with some of the challenging issues involved in developing new delivery models for these interventions. We will aim to appoint sufficient sector advisers that each region has access to their expertise and support.

The role of the advisers will be to:

- provide intensive support for individual partnerships where required (helping them to problem solve and find solutions to any emerging delivery issues). This work will, where relevant, be in partnership with the MTFC and MST national teams, and could include:
    - delivering expert support and challenge for local partnerships around financial modelling, service redesign work and working in collaboration with others;
    - new delivery models for effective interventions, within and across partnerships and which test out new funding arrangements;
    - support for developing the market for new providers of these interventions;
- with the National Teams, facilitate peer to peer learning and dissemination of emerging practice across sites within the region but also where relevant nationally;
- work in conjunction with the National MTFC and MST teams, and with the independent Board overseeing the programme, to share emerging issues and trends and ensure appropriate responses are developed where possible to address these; and
- work in partnership with the Board, national teams and Government officials to develop the role of the sector advisers, particularly as the programme becomes increasingly sector led.

We would expect sector advisers to commit to between 4-8 days a month to carry out this role. We have set out below some core criteria for those interested in becoming sector advisers. These include:

- experience of the strategic management and oversight of the development and delivery of one of more of the intensive evidence based interventions included within this prospectus;
- experience of providing advice and mentoring support for those managing and delivering projects.

We would not expect sector advisers to be involved in the operational delivery of interventions nor be part of the clinical teams.

We would aim for those interested in applying to become a sector adviser to indicate their interest in this role, how they fulfil the criteria set out above and what they would be able to offer the role within their areas Initial Expression of Interest, to be submitted by 20 April. We will be aiming to hold an initial meeting of sector advisers in early June 2011, to review with those involved how this role may work in practice.

## 6. The interventions which are eligible for funding

The box below sets out the interventions which are eligible for funding under this national programme. These are therapeutic programmes which have a recognised evidence base and which require fidelity to the model in question. They have demonstrated their effectiveness, for looked after children and children on the edge of care or custody, by significantly:

- improving school success and pro-social skills;
- improving parenting skills and reducing stress levels in parents, carers and foster carers reducing behaviour problems including diagnosable conduct disorders;
- reducing antisocial behaviour, substance misuse and association with antisocial peers; and
- reducing re-offending and re-conviction rates for young offenders and reducing time spent in custody.

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Our programmes are:

1. Multi-dimensional Treatment Foster Care (MTFC) across three age ranges.
2. Keeping Foster and Kinship Carers Safe and Supported (KEEP)
3. Multisystemic Therapy Standard (MST) programme for new sites and MST adaptation programmes for existing MST sites
4. Functional Family Therapy – (FFT)

These interventions have been chosen because there is a strong evidence base that they are effective for the target high needs population. There are many other evidence-based parenting programmes, such as Webster Stratton's The Incredible Years and Family Nurse Partnerships (FNP), targeted either within universal services or at families with lower levels of difficulty. These are interventions which many local authorities and partners are likely to utilise as early intervention services and will complement the interventions funded within this programme. The hope would be that, taken together, the various interventions and programmes would lead to local continuums of evidence–based interventions across the age and needs spectrum.

Further details about the interventions to be supported through this national programme are set out in **Annex D.** It describes each intervention, the target population, evaluated outcomes and associated costs and cost prevention/cost-effectiveness. It also includes relevant website addresses where further information and resources can be found.

## 7. Which authorities/local partnerships should be involved in the pilot?

A number of existing local partnerships are already engaged in developing and delivering MST, FFT, MTFC and KEEP interventions for children and young people on the cusp of care or offending and their families and key groups of looked after children. Many of these local partnerships are already developing new ways of delivering these interventions across a number of local authority areas, or through new commissioning arrangements with private and voluntary sector providers.

We want to build on this work to enable these existing partnerships to either develop new partnership approaches with neighbouring authorities and their partners, and/or to test out new ways of delivering interventions and further modifications of existing interventions for a wider group of children and young people. As noted, we are particularly interested in testing out how MTFC can be implemented for children and young people who are adopted or have been placed for adoption, and their families, where there is risk of placement breakdown.

As discussed below, we also want to support new local partnerships which have not yet had the opportunity to develop intensive evidence based programmes for this group of children, young people and their families, but who can demonstrate real commitment to work in this area, a commitment to carrying out core financial modelling and service redesign work for looked after children and children and young people on the edge of care or custody and a commitment to partnership working between the local authority, youth justice, health, private and voluntary sector partners.

At **Annex E** are case studies of partnerships that are currently successful, together with their contact details.

## 8. The transition to the mainstream

The goal is that, by the end of the spending review period, the commissioning of these intensive evidence based programmes for groups of high cost low volume children will be 'business as usual' and will be delivered through a range of partnership models and by new providers. However it is clear from the experience of piloting these programmes in England that moving them to the mainstream requires careful planning.

Successful delivery and mainstreaming requires local authorities and partners to have much better epidemiological evidence about the numbers and needs profiles of these children and families so that a flow of appropriate referrals into programmes delivered through the right partnerships can be assured from the outset. Such evidence will also enable local partners to identify which services to decommission in order to focus resource through proven interventions at an early enough stage and to the right children and families. It is important for local authorities to see evidence based practice as replacing some existing services which are not evidence based.

For this reason, in year one, for those local consortia embarking on the development of these interventions for the first time, funding will be available to enable local partnerships to undertake work to understand their local and/or sub-regional needs

profile and the necessary financial modelling work and systems redesign work required to locate these programmes as a core part of mainstream services for looked after children and children on the edge of care and custody. The expectation will be that the emerging learning and the developing financial models are shared with neighbouring partnerships who may be considering implementing similar intensive evidence-based approaches within their areas.

Over the last SR period, a national team has been created within the UK, which is licensed as a Network partnership to deliver consultation, training and programme support to the current MTFC programmes. Similar support has been provided for the MST programmes from the United States. We will continue to provide interim support for the national MTFC team and will develop an additional Network Partnership within the UK for MST programmes. These teams will also work with local sector advisers on a programme of learning and peer support for participating local partnerships to enable key learning from the programme to be disseminated.

By the end of the SR period, it is expected that this work will become located as part of wider arrangements for sector led challenge and improvement

## 9. Benefits of participation in the programme

Taking part in this programme will enable local services to:

- Improve outcomes for a very vulnerable group of children and families with particular difficulties;
- Be in a good position to evidence demonstrable outcomes, particularly in the context of payment by results and recommendations likely from the Allen review;
- Support the transparency agenda of being able to show what is being achieved locally to local people;
- Through service redesign, provide more cost effective services than some current provision; and
- Avoid unnecessary duplication of services to children and families, as successful delivery requires a systems approach and therefore provides a vehicle for improving local partnership working on the ground.

## 10. Expected outcomes and governance

By 2015 it is the expectation that these programmes will have become a core part of mainstream local or sub-regional services delivering improved outcomes for the target children and families. Local partnerships should therefore position their work as part of their wider modelling and cost efficiencies activity for services for looked after children and families with children on the edge of care or custody and as a core part of work to develop innovative approaches to addressing the needs of families with complex problems.

In order to achieve this, local programmes will develop a set out expected outcomes for their interventions, along with key milestones and targets to be achieved. Each area will be expected to regularly review these using the tools and methods appropriate to the interventions they are delivering. Where local programmes are experiencing challenges, local areas will be expected to work closely with programme consultants to address this and to comply with what is required to maintain the licence or accreditation for the intervention in question. Local programmes will also be able to draw on the shared expertise of other areas, and in particular on the 'sector advisers', to help them review barriers to progress and to find solutions.

Accountability for partnerships will be through local cross sector steering groups and progress will be monitored by the independently chaired national programme board. Partnerships will work with relevant evaluators and research teams as well as providing audit data for monitoring purposes. Six monthly progress reports will be required.

## 11. Testing out model variants

Some of the current partnerships using these interventions have also supported the piloting of adaptations of both MST and MTFC. In some cases partnerships themselves have, with the agreement and support of the programme developer, extended the programme for wider groups of children to permit organic development of these models in an English context. In other cases, the programme developer has made the adaptation.

MST already has a number of programme variants which build on the standard MST model and are available to sites/partnerships which already have experience of using the standard programme. These models include:

- MST for child abuse and neglect (MST-CAN) for families with a child aged 6-17 who is the subject of a child protection plan;
- MST for problem sexual behaviour (MST-PSB) where there is a conviction or acknowledgement that such behaviour has occurred;
- MST contingency management (MST-CM) where the young person is involved in serious substance misuse.

Other MST adaptations are also under development and may become available for implementation in England during the next four years.

The MTFC-P programme for very young looked after children has been used in a very few cases successfully to support adoption placements at risk of breakdown. An adoption adaptation is being developed specifically for England in partnership with the programme developers.

We are interested in existing partnerships testing out these and other programme adaptations such as

- KEEP for adopters;
- KEEP for children aged 3-6; and

- KEEP-Safe for adolescents.

## 12. How to apply for funding.

This section explains the expectations for those authorities and their partners who are interested in applying for funding, alongside an indicative timetable. All those areas who are interested in applying for funding are asked to submit an initial expression of interest for the programme by **20 April 2011.** This will not be a binding commitment but will give DfE an indication of the level of interest in the supported programme.

Local and sub-regional consortia are invited to submit expressions of interest if they believe that in making a full bid they will be able to demonstrate evidence of the following:

- an understanding of and commitment to setting up intensive evidence based models of intervention as set out in **Annex D**, and in particular the challenges of setting up, operating and sustaining these evidence-based programmes;

- existing, effective joint planning arrangements and programmes across social care, health, education and youth offending services;

- a willingness and ability to carry out detailed analysis of the numbers and needs of those looked after population and children and young people at risk of care or of being placed out of home due to offending within your area, where the child and young person demonstrates complex and challenging behaviours;

- clear support for the bid within Children's Services, Health Services, Youth Offending Service and Child & Adolescent Mental Health Services (CAMHS);

- a commitment to work closely with the National Teams and sector experts to develop and implement the programmes according to the requirements of the model and to take part in necessary training and supervision;

- a commitment to taking part in a national research programme.

We have set out the core criteria for full proposals at **Annex B and C**.

## 13. Timetable.

We will be holding a seminar for those local and sub-regional partnerships who are interested in attending on **12 April 2011** in **London** and **15 April** in **Leeds**. These are to enable partnerships to gain further information about the programme and its constituent parts, to provide an opportunity to meet with current and other potential partnerships and the national teams, and to discuss the detailed requirements for submitting a full proposal to take part in the programme.

Interest in a place on these seminars must be expressed by sending in the form at **Annex G** by noon on Monday **4 April**

The Initial Expression of Interest form must be submitted by **20 April 2011.**

For those local and sub-regional partnerships who are applying for funding to develop a new partnership approach, the closing date for full applications is **Friday 10 June 2011**.

For those existing partnerships who are applying to develop their existing delivery models or further test out modified programmes, the closing date for their full proposal is the **Monday 30 May 2011**.

**In summary:**

**Tuesday 12 April 2011**: Seminar for those interested areas who has submitted expressions of interest (London Event)

**Friday 15 April 2011**: Seminar for those interested areas who has submitted expressions of interest (Northern Event)

**Wednesday 20 April 2011**: Deadline for Initial Expressions of Interest and seminar place booking

**Thursday 28 April 2011**: Authorities informed whether EOI successful

**Monday 30 May 2011**: Deadline for Proposals from Existing Partnerships, applying for funding to develop their existing models

**Friday 10 June 2011**: Existing Partnerships informed of outcome of proposal

**Friday 10 June 2011**: Deadline for Proposals from New Partnerships

**Friday 15 July 2011**: New Partnerships informed of outcome of proposal.

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For those partnerships who are successful, funding will be made available via a grant from the Department for Education. We expect to be able to make a

provisional 4 year grant available to successful authorities, the funding of which after year one will be dependent on authorities fulfilling the grant funding criteria that will be set out in the grant funding agreement. Our intention is that this process will not be overly burdensome. But components are likely to include:

- new partnerships to submit detailed plan for taking programme forward, which is signed off by the Programme Board – March 2012;
- bi-annual reporting on progress, in relation to core targets, milestones etc;
- commitment to programme fidelity in relation to chosen programmes and full completion of relevant quality assurance measures relating to this;
- partnerships taking part in the programme of learning and development;
- partnerships take part in any research of an individual intervention or the overarching programme;
- annual financial reporting.

If you require further information regarding this prospectus or have any queries please email CareInterventions.MAILBOX@education.gsi.gov.uk

## Annex A.

## Initial Expression of Interest.

All local and sub-regional partnerships will be expected to submit an Initial Expression of Interest to take part in the programme. Those interested in submitting an application are asked to address the following criteria in their EOI.

- Your overall vision for what it is that you are aiming to achieve over the course of the SR period, the problems that you are aiming to address and goals that you are aiming to meet;
- Which populations you aim to target and which interventions, whether you are new to these interventions, or building on existing work?
- What you want your services for this population to achieve, and how this programme might help you achieve these aims?
- Your capacity for and experience of effective local partnerships and an understanding of the commissioning and delivery of services for the target population;
- Your ability to undertake relevant needs assessments to understand who might benefit from the proposed intensive evidence based services;
- Your understanding of and commitment to fidelity to established evidence-based programmes and understanding of the requirements and challenges of setting up, operating and sustaining evidence-based programmes and the particular requirements of programmes you have expressed an interest in delivering;
- Your capacity to deliver new and innovative approaches to commissioning and delivering intensive evidence based programmes, involving a partnership approach to delivery.

## Annex B

## Criteria for new local partnerships submitting a full proposal for funding to develop programmes of intensive evidence based programmes for LAC and children on the edge of care or custody.

For those local and sub-regional partnerships who are invited to submit a full proposal, we have set out the criteria for you to respond to below.

- How will you undertake work to map the needs profile of looked after children and those on the edge of care or custody and their families?

- How will you take forward work to understand the costs of current services for these children, young people and their families; which groups of looked after children are in receipt of current services, why and the flows across services in relation to this;

- How will you aim gain a clear understanding as to which groups of children and young people and their families may be best supported by evidence based programmes, why and what the cost avoidance and redeployment of costs may be over time, and how provision can be set alongside and complement other services;

- How will you estimate the numbers of children who could benefit from these interventions and ensure a consistent flow of referrals to the programme(s) ;

- The range of services you will be examining as part of this exercise;

- Who within the partnership will carry out this work, the proposed processes that you will undertake to achieve this and why?

- The programme management arrangements that you will use to manage this process effectively which we will expect to address core issues and risk, alongside possible contingencies to addressing these;

- When you will expect to compete their analysis and write up of the above, in order to inform your choice of programmes and delivery planning in relation to these. It is our expectation that local partnerships are able to deliver a report outlining the above, and your proposals for going forward from this by March 2012. It will be helpful for Authorities/Local Partnership to set out your timescales for delivering this first phase of the programme, and where this differs from the March 2012 date, to set out the reasons for this;

- Who will the local partners be that will be involved in developing this overall plan for March 2012, and why?

- How you envisage this work being taken forward – who you are proposing to involve and why? How you will ensure the involvement and engagement with looked after children, children on the edge of care and custody and their families in this process?

- Your current understanding and commitment to delivering evidence based programmes and working with external programme consultants and any experience of this work;
- Expected outcomes that the programme will achieve, and how local partnerships will monitor your achievements against these over the programme, including their commitment to being involved in audit and research;
- And for local partnerships to set out an outline plan which will include:
    - Key issues to be addressed;
    - Core deliverables;
    - Milestones to achieve these;
    - Project management arrangements, and
    - A project plan setting out clear milestones and activity, including a financial profile for the period for which funding is required, which will demonstrate how any proposed programmes will become mainstreamed.

## Annex C

## Criteria for existing partnerships applying for funding to take part in the programme.

For those partnerships who are asked to submit a full proposal, we have set out the criteria to be addressed in a full funding bid below.

- Your overall vision for what it is that you are aiming to achieve over the course of the SR period, the problems that you are aiming to address and goals that you are aiming to achieve. What do you want your services for this population to achieve, and how might this project help you address and improve this?

- What are the evidence based interventions that you are currently involved in delivering in your area for looked after children and children on the edge of care and custody? How do you want to use any additional funding to further build on and develop this work over this SR period?

- Data indicating your level of current programme fidelity and outcomes and commitment to mainstreaming a licensed programme;

- Which programmes are you interested in developing/further modifying, for which groups of children, young people and their families and why?

- What are the new approaches to delivering intensive support programmes that your local partnership is proposing to develop and why? What are some of the challenges and issues in relation to this, and what are your plans for addressing these?

- Who and what are the range of partners that you expect to work with and why, what commitment do you have from these partners? What are your plans for developing the market in this area and why?

- What are your plans for disseminating key learning from your programme to neighbouring authorities and for supporting neighbouring Authorities to develop evidence based programmes for key groups of looked after children, children on the edge of care, custody in your areas?

- Expected outcomes that the programme will achieve, and how will you monitor your achievements against these over the programme.

- In relation to the above, we are interested in partnerships setting out a detailed plan which includes:

    a. Key issues to be addressed;

    b. Core deliverables;

    c. Milestones to achieve these;

d. Project management arrangements, and

e. A financial profile for the period for which funding is required, which will demonstrate how any proposed programmes will become mainstreamed.

## Annex D – Programme Details

### MTFC – Multi-Dimensional Treatment Foster Care

MTFC works with children already looked after in 3 age groups (young children, primary school aged children and adolescents) with a range of complex problem behaviours, including conduct problems and offending behaviours.

MTFC is based on social learning theory, delivering intensive support to the child, foster carers and birth / adoptive family. Foster carers are recruited, trained and receive professional support in providing single family placements for children and young people with severe behavioural problems. Carers are in contact on a daily basis with different specific members of the expert team and provided with a clear treatment programme and 24-hour support, and children and young people are provided with skills coaching to improve life and relationship skills and problem solving abilities, and help with education to overcome specific behaviour problems

There have been 8 RCTs in the USA and one in Sweden, demonstrating positive outcomes, including reductions in conduct difficulties and increases in attachment behaviours. Audit data for the MTFC adolescent programme in England has shown improvement in a range of behaviours. Violent behaviour towards others has been shown to decrease by 34pp to 43% post-MTFC, with self harming behaviour decreasing by 28pp to 5%. Sexual behaviour risk decreases by 24% to 26%, with placement in schools increasing by 12% to 84%. Also dramatic improvements in placement stability and related wellbeing measures are noted for children across all age groups with high numbers of younger aged children returning to birth or extended family or moving to adoption.

Placement costs for adolescents in MTFC are comparable to agency foster care (approx. £70k per annum) for a child with complex needs, considerably less than a children's home (£120k-165k) where many would otherwise be placed. MTFC placements are typically 6 to 18 months compared to several years for some teenagers who cannot be placed back home or in regular foster care. Modelling by DfE estimated savings of £125m to Children's services budgets over seven years if 40 adolescent units were set up over next five years. US evidence includes cost-savings of crime reduction, with a net gain of $80k (£50k) per intervention.

MTFC programmes are running in Barking & Dagenham, Blackburn with Darwen, Dudley, Kent, Manchester, North Yorkshire, Oxfordshire, Reading, Salford, Trafford, and West Sussex.

Feedback from both carers and senior managers at MTFC sites in the UK has given a strong indication that not only is MTFC delivering improved outcomes for carers and children, but also a long term cost saving, even if the child stays with the MTFC carers as the need for intensive services is reduced. Carers have appreciated having the support of the clinical team being around all the time, and the positive label frame that the programme offers. However, although most MTFC carers are foster carers especially recruited to the high-intensity MTFC placement, there is risk that some MTFC carers do opt to return to mainstream after an MTFC placement is complete. There is also the risk that some children stay in the programme longer than planned due to lack of suitable follow on placements. Some senior managers have said that a culture change has been needed in their organisation, as model

fidelity to MTFC requires social workers and clinicians taking a stringent approach to the programme. Cost savings are not typically made with fewer than 6 children in the programme .

**Multisystemic Therapy (MST) : www.mstservices.com**

MST is a preventive programme aimed at 11-17 year olds with severe behavioural problems, who are at risk of being placed out of home in care or custody and their families. The MST programme works intensively with families in the community for 3-5 months. It takes an ecological, multi-dimensional approach that addresses strengths and difficulties in all areas of the child and family functioning. It aims to improve discipline and supervision practices among parents and carers, reducing the young person's involvement with delinquent peers, improve school performance and reduce anti-social behaviour and substance misuse. The programme uses evidence based interventions, including behavioural, cognitive and family therapy and the programme provides a high level of training and supervision.

There have been 16 RCTs internationally, including one which at 14 year follow up found young people had 59% fewer criminal arrests and 68% fewer days in out of home placement than the control grouping. A randomised controlled trial (RCT) of MST at the Brandon Centre is due to be published later this year and the data indicates that MST leads to a significant reduction in offending in comparison with usual services and also to significant cost savings. US evidence includes cost-savings of crime reduction to give a net gain of $13k to $28k dollars per $1 invested in MST. An RCT is now underway across nine other MST sites and will be reporting on outcomes for young people and their families in relation to reductions in out of home placement, offending and increased school engagement.

Initial audit data indicates improved outcomes across all teams at the end of treatment and 95% of families having completed the treatment. To date positive outcomes have been reported across all teams at the end of treatment and data at 6 and 12 month follow up is now being analysed but early indications suggest that for most young people the positive changes are sustained.

- 95% children still living at home (range 88% - 100%);
- 84% in school/ training (range 56% - 94%);
- 79% no new charges (range 56% - 93%).

MST costs £7-9k per average intervention. An MST team consists of a supervisor and three or four therapists. The operational cost of running an MST team is approximately £350k per annum. The average per unit intervention cost is significantly lower than the average per unit yearly cost for mainstream foster care (£35k) or residential care (£120-£165,000).

MST standard programmes currently run in the London boroughs of Merton & Royal Borough of Kingston, LB of Greenwich, LB of Hackney, the Brandon Centre, Cambridgeshire, Leeds, Reading, Barnsley, Peterborough, Sheffield, Trafford and Wirral. In addition to the above services, two sites are testing out MST adaptations. Cambridgeshire have a service for MST Child Abuse and Neglect and the Brandon Centre are running an MST for Problem Sexual Behaviour service with five London boroughs.

## KEEP - Keeping Foster and Kinship Parents Trained and Supported

This 16-week training programme, based on MTFC and delivered in 90min sessions, works as a prevention programme to increase the parenting skills of foster and kinship carers and thereby to decrease the number of placement disruptions, improve child outcomes, and increase the number of positive placement changes (e.g. reunification, adoption). The programme is designed for carers looking after children aged between 5 and 12 years.

Evidence from an RCT of 700 foster and kinship carers in US demonstrated post group outcomes of fewer child behaviour problems and increased rates of positive parenting methods by carers. Reunification rates were also higher and disruption rates lower compared to the control group.

Audit data from mixed groups of foster and kinship carers taking part in KEEP in England shows significant improvement in behavioural problems, emotional wellbeing, and carer stress combined with significant improvements in positive parenting discipline style. Both kinship and mainstream foster carers report high levels of satisfaction and positive benefits for themselves and their children.

The KEEP curriculum addresses the revised National Minimum Standards for fostering services (particularly standard 3; promoting positive behaviour and relationships, standard 2; support for promoting children's' social and emotional development, and 8; promoting learning and supporting education) and constitutes a core component for carer's training portfolios (standard 20). It also addresses the statutory guidance for family and friends' guidance requirement for appropriate training and support and the requirement for access to training available to other foster carers in Standard 30 of the national minimum Standards for Fostering Services.

The KEEP programme can support the Local Authority's requirement to make arrangements for the provision of Special Guardianship support services by providing training to support the relationship between the child and his Special Guardian. KEEP promotes the ethos that support for Special Guardians should not be seen in isolation from mainstream services and that by accessing them, informal information and support systems are developed.

KEEP costs approx. £13k to set up per site, which includes initial training, equipment and staff costs. In year one, running costs are between £2.5k - £3k per foster or kinship carer, on a four month course plus follow up support groups for 8 months. Once the site is certified, costs reduce to £1.8k - £2k per carer.

The most likely cost benefit is to placement stability. Estimates put the cost of moving a child to a new foster care placement at around £844, rising to £1.7k if the child is particularly hard to place, excluding the actual placement costs. Cost savings are considerably higher if kinship placements are maintained, and higher again if the child is kept out of residential care.

## FFT - Functional Family Therapy

FFT targets at-risk youth aged 10 to 18 whose problems range from acting out to conduct disorders to alcohol and/or substance abuse. Often these families tend to have limited resources, histories of failure, and a range of diagnoses. FFT aims to reduce defensive communication patterns, increase supportive interactions and promote supervision and effective discipline.

The intervention involves 8-12 one hour sessions (26-30 for more serious cases), over a 3-4 month period, which take part in either clinic or home settings. FFT is an intervention which builds on families' strengths.

Outcomes have included significant and long-term reductions in youth re-offending and violent behaviour, significant effectiveness in reducing sibling entry into high-risk behaviours, low drop-out and high completion rates, and positive impacts on family conflict, family communication, parenting, and youth problem behaviour.

The costs per case are £2,239 in a working team of 3-8 therapists. Each therapist will work with between 30-50 cases per year

A pilot of FFT is currently underway in Brighton and Hove and a research trial is underway looking at outcomes of FFT at that site.

# Annex E

## Exemplars of effective partnership working

### 1. Barking and Dagenham MTFC-C

Barking and Dagenham began their MTFC-C programme in 2008, in response to a growing number of children in care and changing demographics within the authority, moving from a largely white British population to include a substantial ethnic minority population. There were increased patterns of foster care placement breakdown, with a significant number of children moving from family placement to placement before entering high cost residential care. Many of those leaving care in their mid to late teens had a low skills set and fell in with a negative peer group, drastically reducing positive outcomes. To respond to this, a decision was made to focus on early intervention, so as to improve outcomes at an early stage and save long term costs from agency foster care and residential care.

MTFC-C was chosen to tackle the problem, intervening with high risk 7 – 11 year olds in foster care to keep the care placement secure or return the child home in due course.

Barking and Dagenham took a preventive approach to embedding MTFC, aimed at savings from high cost residential care. They have recently undertaken a financial analysis of six graduates from MTFC in the borough, indicating a long term cost saving of £2.2m over 8-10 years for the six cases. The average cost of an intervention was £74k per unit per annum, with outcomes after MTFC having a lower cost than 'treatment as usual' pathways. Managers have commented that financial sustainability modelling at the earliest stages of embedding was not of sufficient detail, and that the needs analysis wasn't wide enough to fully identify children who would meet the programme criteria and the costs needed per child. Although the programme has made significant efficiencies, they have suggested that new partnerships should undertake thorough financial modelling to maximise efficiency and strategically embed intervention in core services.

The borough have highlighted that a multi-agency approach is essential to starting and embedding a service, requiring senior managers and political figures to commit to the programme. The buy-in from CAMHS services and schools helped to raise the profile of the service and establish it as an option for complex cases, helping the borough build alliances throughout its services and co-operate to achieve positive outcomes and cost savings. The borough has found that MTFC can lead to a reduction in costs not only in social care, but also to other agencies such as CAMHS and Educational Psychology. The multidisciplinary nature of the MTFC support team can render the involvement of some agencies redundant. The intervention may also mean that the young person progresses to a point where they no longer require these additional services.

The borough was fortunate to have a former senior teacher working with the MTFC team, who had well established links with all the local schools. This level of engagement by educational professionals helped communicate the programme to teachers, helping to manage children's complex needs in a classroom setting.
**Contact**: Solly Solamito - Solly.Solamito@lbbd.gov.uk

## 2. Leeds MST

With high numbers of children in care, including in the adolescent age range, Leeds saw the need to establish new ways of reducing the number of looked after children and making cost savings whilst still improving outcomes for those on the edge of care. MST is one of a number of initiatives in Leeds aiming to reduce these numbers.

The approach in Leeds was to establish MST as a partnership service, being driven by Social Care with the support of CAMHS, the PCT and Youth Offending Services. With a high number of children in care in and custody, MST offered the right fit to reduce out of home placement. The establishment of a multi-agency steering group gave senior leadership to the MST project. The development of multi-agency panels, through which all complex cases of concern for children, young people and families are managed, became the referral pathway. Panel members match the needs of the family and the young person to the appropriate service. This has meant less duplication of services and a clear, co-ordinated response to the presenting needs in each family. MST is one of a number of possible services that could be provided via the panel. Managers have stated that the opportunity for open, multi-agency discussion on complex cases often means the right service is found for each family.

Leeds is involved in the National RCT to measure the effectiveness of MST in England. Early indications show reduced entry to care, improved school attendance and reduced offending for the MST group when compared to the control group. In some cases it is clear that MST has prevented children from entering the care system, providing substantial long-term cost savings compared to treatment as usual pathways.

Leeds has found that strong strategic and organisational support is needed to embed MST. Support and advocacy from senior managers coupled with giving appropriate authority to the MST manager has been important. The team has been established in line with the MST model, which is central to achieving model adherence. There are well-defined roles and responsibilities in the management structure and the clinical team, with MST 'champions' in key agencies advocating for MST when necessary. 'Follow the model' is seen as a non-negotiable in the programme, and the key element to successful implementation.

In a large authority introducing a relatively small programme like MST will have some challenges, but with excellent community and stakeholder collaboration these have largely been overcome. Establishing MST has emphasised the need to communicate the long term benefits effectively as well as explaining how MST and other EBIs can work alongside traditional pathways. Leeds found that examples of MST cases were a powerful tool in establishing the human, as well as the financial, benefits of the programme and achieving buy in from social workers and other services.

Leeds are 'moving toward what works', believing that a strong UK evidence base will help to mainstream evidence based programmes, resulting in significant cost savings to local partnerships and improve outcomes for children with the most complex behavioural and social needs.

Ofsted noted that MST "provides excellent support to a small number of families and young people on the edge of care...with early positive outcomes, with the majority of the young people remaining safely at home after intervention."

MST Services recently acknowledged the Leeds programme, noting, an excellent track record at collaborating with other systems in the UK, working with schools, the local Police authorities, and the Youth Offending Services. The program is a role-model to other authorities as to how we want to implement MST in local communities

**Contact**: Tom Bowerman tom.bowerman@leeds.gov.uk

### 3. Merton and Kingston MST

In 2007, the London Boroughs of Merton and Royal Borough of Kingston came to a mutual conclusion: both had identified specific groups of young people with complex needs who were of concern, and traditional approaches to this group were not working. Both authorities had experienced a jump in entry into care rates for the 12-17 age range, and saw that young people were at risk of re-offending upon exiting the existing system and re-entering the system after another breakdown at home. The small size of these neighbouring authorities and the similar problems they faced compelled them to look at a shared, preventive approach for young people with the most complex needs, in an effort to improve outcomes in a long term, cost effective manner. MST was chosen as the programme that had the potential to realise these objectives for both areas.

Teams in both authorities found that a belief in their shared aim was the driving force behind a successful partnership, with management teams gelling very quickly. Engaging key services in the area, including the PCT, CAMHS and Education, they developed a multi-agency board that oversaw service development. Locating the service within the South West London and St George's Mental Health Trust, but with the local authorities having key oversight , allowed MST to be seen as a core part of services rather than an 'add on'.. This eased the referrals process, with all agency leads working closely together to establish clear lines of responsibility and develop an understanding of what cases met the criteria for referral. Every referral received final sign off from the MST board, allowing collective responsibility for each case.

Financially, results were positive for the partnership even in year one, with preventive savings evident compared to treatment as usual trajectory for MST graduates. A four year strategy was developed, with service managers identifying appropriate populations that could be targeted with MST and where potential cost savings could be made.

Managers in the partnership were very keen to have an open door policy. When referrers first consider a young person for referral, they were able to approach managers for an informal conversation first prior to referring. Over time, this allowed social workers and other referrers to streamline their referrals, and gain a solid grasp on who is suitable for MST. As results rapidly became apparent, referrers began to view MST as a core service option, allowing the service to embed and establishing evidence based culture.

Merton and Kingston highlighted that they are a partnership, regardless of the numbers of children from each authority referred to the service. Numbers vary over time, but both agree that the shared service effectively saves money in the longer term for each, and addresses the need for positive outcomes for the identified groups.

**Contact**: Tim Wells (Tel: 020 8545 4658) Tim.Wells@merton.gov.uk

**4. Staffordshire Intensive Fostering:**

Staffordshire Intensive Fostering are funded by the Youth Justice Board to provide 6 places for children 10 -17 sentenced by the court to Intensive Fostering a Multi-dimensional treatment foster care "A" programme. Staffordshire Intensive Fostering had difficulty in filling these places from the children referred by Staffordshire Youth Offending Team. In discussion with the YJB it was decided that they would expand the geographical area that they covered to include Stoke on Trent YOT and Derby City. This expansion required negotiation with Local Authorities, YOTs, and children's services to put in place Service Level Agreements.

Staffordshire Intensive Fostering now accept referrals from all three authorities, conduct the assessments and decide on who should be the priority for placements. This has been a very successful arrangement and an example of how local authorities can work together.

**Contact**: Scot Crawford (Tel: 01785 358403) scott.crawford@staffordshire.gov.uk

**5. Brandon Centre: www.brandon-centre.org.uk**

The Brandon Centre is a voluntary sector organisation in North London, which provides a range of accessible health and advice services for young people aged 12-25 years.

They have been running a Multisystemic Therapy (MST) Service since 2003, initially as part of a research trial with funding from charitable trusts and central government and receiving referrals from the Youth Offending Teams in Camden and Haringey. The MST standard service has now moved to being locally commissioned by two neighbouring boroughs, Camden and Enfield.

Commissioning from Camden is jointly from CAMHS, SEN, Safeguarding, the YOT and the Substance misuse service. Ten standard cases per year are commissioned plus three substance misuse cases. All referrals to the Brandon Centre are accepted via Camden Tier 4 monitoring group, which also monitors the progress of MST cases and tier 4 hospital referrals.

Enfield PCT and local authority jointly commission 10 MST Standard cases and have renewed the service for 2011/12. All referrals are processed by the Joint Commissioning group.

Commissioning from both boroughs is on a block basis and this provides some stability and means that the Brandon Centre is able to maintain a stable team of well-

trained and experienced staff. Since January 2010 the Brandon Centre has also established a team delivering MST for Problem Sexual Behaviour, which is working with five different London boroughs.

As a voluntary sector organisation, the Brandon Centre is able to work with a number of different commissioners and respond flexibly to changing demand.

**Contact**: Geoffrey Baruch (Tel: 020 7267 4792) gfbaruch@btconnect.com

### 6. KEEP

Eight KEEP groups comprising of 59 carers (51 mainstream foster carers and 8 kinship carers) have begun since September 2009. Four groups comprised of foster carers only and four groups were a mix of foster carers and kinship carers. Forty-one carers have completed the programme and a further 16 were due to complete the programme by the end of July 2010. Only two carers dropped out during the programme, one because her foster child returned home and the second due to other commitments.

Prior to attending the group, most of the carers reported that their primary concerns were concerning externalising behaviour difficulties, including non-compliance, aggression and bullying. Other concerns related to emotional issues, problems with attention and concentration and concerns about possible autistic spectrum difficulties. Some of the children had received specific diagnoses of ADHD and Autistic Spectrum Disorder and one child has been diagnosed with Turner's syndrome.

Anonymised data for monitoring fidelity and outcomes is collected for the programme developers on foster carer attendance and engagement, carers rating of the group, and after the group is completed; foster carer feedback and ratings. The Parent Daily Report (PDR) developed for the MTFC programme was also used as a weekly carer report on child behaviours and stress before, during and after the group ended. The KEEP groups have been enormously popular with both kinship and foster carers and the audit results also demonstrate clear overall improvements in scores on the Parenting Scale, SDQ, and PDR measures with corresponding reported improvements in child behaviour difficulties, and carer stress.

"We first heard about training for mainstream carers some years ago and were very excited when we could do KEEP in Dudley.

It's helped mainstream carers to think, in a positive, rewarding way. Even those who have been fostering for many years have been surprised at the difference it made.

In Dudley KEEP is seen as a creative way of dealing in the here and now with problems and resolving them. We have a long waiting list and our carers ask to do the programme. It's making a real difference to placement stability."

**Contact**: Maureen Moss, Dudley - Maureen.Moss@dudley.gov.uk

**Annex F**

**EXPRESSION OF INTEREST FOR DFE GRANT FUNDING FOR DELIVERING EVIDENCE - BASED SPECIALIST SERVICES FOR LOOKED AFTER CHILDREN AND THOSE ON THE EDGE OF CARE OR CUSTODY AND THEIR FAMILIES**

| | |
|---|---|
| **Organisation Name** | |
| **Registered Address** | |
| **Contact Name & Position** | |
| **Email** | |
| **Phone** | |
| **Organisation** | |
| **Please indicate whether you are bidding for:**<br><br>**New Partnerships**<br><br>**Existing Partnerships**<br><br>**Voluntary and community sector providers bidding on behalf of a local authority** | ☐<br><br>☐<br><br>☐ |
| **Consortium or partnership details (if** | |

| | |
|---|---|
| **applicable)** | |
| **Lead organisation for consortium/partnership if applicable** | |
| **Please give a summary of the goals you are trying to achieve and the problems you are trying to address (500 words max)** | |
| **Please show:** | |
| **1. Your overall vision for what it is that you are aiming to achieve over the course of the SR period, the problems that you are aiming to address and goals that you are aiming to meet (300 words max)** | |
| **2. Which populations you aim to target and which interventions, whether you are new to these interventions, or building on existing work**<br><br>**(200 words max)** | |
| **3. What you want your services for this population to achieve and how this programme might help you achieve these aims?**<br><br>**(300 words max)** | |

| | |
|---|---|
| **4. Your capacity for and experience of effective local partnerships and an understanding of the commissioning and delivery of services for the target population.**<br><br>**(200 words max)** | |
| **5. Your ability to undertake relevant needs assessments to understand who might benefit from the proposed intensive evidence based services**<br><br>**(300 words max)** | |
| **6. Your understanding of and commitment to fidelity to established evidence-based programmes and understanding of the requirements and challenges of setting up, operating and sustaining evidence-based programmes and the particular requirements of programmes you have expressed an interest in delivering ( 300 words max)** | |
| **7. Your capacity to deliver new and innovative approaches to commissioning and delivering intensive** | |

| | |
|---|---|
| **evidence based programmes, involving a partnership approach to delivery**<br>**(200 words max)** | |

**DECLARATION**

**Note: Please ensure that a person who is appropriately authorised to act on behalf of your organisation(s) completes the following declaration and submits the Expression of Interest by e-mail, as described in the bidding guide.**

| | |
|---|---|
| **I confirm that the information given in this application is true and complete and that, if successful, the organisation will administer any grant in accordance with the Terms and Conditions applied by the Department for Education. I understand that the information will be used in the evaluation process to assess my organisation's suitability to be invited to submit a full bid for the Department's requirement.** | |
| **FORM COMPLETED BY** | |
| **Name:** | |
| **Position (Job Title):** | |
| **Date:** | |
| **Telephone number:** | |

**Please submit this form to DfE by noon on Wednesday 20th April 2011 by email to:**
**CareInterventions.MAILBOX@education.gsi.gov.uk**

**ANNEX G**

**Seminar Attendance**

**Please submit this form to DfE by noon on Monday 4 April 2011 by email to: CareInterventions.MAILBOX@education.gsi.gov.uk**

| | |
|---|---|
| **Please specify whether you will be attending a seminar, numbers of places required and location** | **London** ☐<br><br>**Leeds** ☐<br><br>**No of places required** ☐<br>**(2 places maximum)** |
| **Please specify names and contact details of attendees** | **Attendee 1:**<br><br>**Attendee 2:** |