

# **The Costs and Benefits of Cambridgeshire Multi-Systemic Therapy Transition to Mutual Delivery Model**

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## **EXECUTIVE SUMMARY**

1. York Consulting was commissioned to conduct an economic evaluation of Multi-Systemic Therapy (MST) transition to a Mutual. This has involved establishing the costs and benefits of historical MST cases and exploring how these could be impacted through efficiencies brought about by transitioning to a Mutual delivery model.
2. Our method considered the total delivery costs required to support a young person/family to an agreed successful outcome.
3. Positive outcomes relating to support were identified via an independent review of MST documentation and case management information. Outcomes for each case were translated into financial benefits (in terms of adverse outcomes avoided) and can be grouped into three distinct categories:
  - Preventing children becoming looked after;
  - Reduced reliance on statutory services; and
  - Progress on the overarching goals of support.

Benefits were weighted to reflect the on-going support needs of young people following MST intervention.

4. In order to establish a costs and benefits baseline, we analysed data for all cases served in the 2014/15 financial year – 34 cases in total. The total delivery cost associated with these cases was £358,977 and the total benefits arising, as a result of support, were £1m. This represented a return on investment of 3.0 – for every £1 invested in MST staff resource there is a return on £3.
5. In order to understand the sustainability of outcomes, we undertook a 12-month follow-up on the 34 cases supported and adjusted the benefits to reflect additional support/regression on outcomes. We found that almost 90% of benefits were sustained over the longer-term. This should be considered a success of the service, given the typically high-needs of the young people they support.
6. We forecast the potential costs and benefits of moving to a mutual based on financial and caseload projections. If the Mutual were to consist of a single MST Standard team, there is likely to be only a limited impact on the delivery costs required. However, benefits could increase if, as projected, the team support a greater proportion of “edge of care” cases (these cases typically yield greater benefits). Based on this information, the estimated return on investment for the Mutual with one team is 3.6.
7. A higher return on investment could be realised by expanding the Mutual to consist of two MST Standard teams. The Mutual would be able to support 80 young people

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per annum as a result of reduced staff resource required, particularly, time spent travelling, per case. This compares to 35 young people the Mutual would be able to support with just one team. The return on investment for the Mutual with two teams is 4.1.

<b>Cost-benefit analysis overview</b>				
	<b>Baseline (34 cases)</b>	<b>One team Mutual (35 cases)</b>	<b>Two team Mutual (80 cases)</b>	<b>Change (baseline to two team Mutual)</b>
Total benefits	£1,080,192	£1,293,684	£2,956,992	+\$1,876,800
Total delivery cost (excludes overheads)	£358,977	£358,977	£717,994	+\$358,997
<b>Fiscal return on investment (benefits ÷ costs)</b>	<b>3.0</b>	<b>3.6</b>	<b>4.1</b>	<b>+1.1</b>

8. When total service costs (delivery costs and overheads) are considered, the Mutual with one team is cost-efficient relative to the 2014/15 baseline - with a return on investment of 3.0. With two teams there was an increase to 3.6. This can be attributed to a greater number of cases served and sharing of overheads.

## **1 INTRODUCTION**

- 1.1 This paper examines the costs and benefits of Multi-Systemic Therapy (MST) transition to a Mutual. We establish a cost and benefits baseline using data for all (34) cases served in the 2014/15 financial year and then model how this might be improved by transitioning to a larger and potentially more efficient operation – MST Mutual.
- 1.2 A cost-benefit analysis (CBA) involves estimating the costs of support provided to a young person and the application of financial proxies to outcomes achieved as a result of the support. The cost-benefit model calculates the return on investment of the support provided.
- 1.3 In order to understand the outcomes associated with the typical MST caseload and provide a benchmark from which we can measure the additionality of a transition to a Mutual we have analysed all cases served by MST in the 2014/15 financial year.
- 1.4 We focus on MST-standard only. This is due to, at this stage, only being able to construct a robust CBA baseline (consisting of substantial cases with long-term follow-ups) for MST-standard cases. Further research is required to establish the unique needs, support and outcomes associated with MST Problem Sexual Behaviour (PSB) cases, once a robust sample can be identified.

## 2 METHOD

### The Costs

- 2.1 The costs take account of the total delivery costs required to support a young person to an agreed successful outcome.
- 2.2 In establishing the baseline, time spent supporting young people was estimated using data collected from Cambridgeshire County Council (CCC) systems and consultation with MST Management around the intensity of support and additional elements associated with delivery. The average weekly input from MST staff to each of their allocated cases consists of:

- 10 hours from MST Practitioners; and
- 2.5 hours from MST Supervisor;

Additional cost elements identified, critical to the MST delivery model, include:

- Travel;
- MST annual licence;
- Consultant costs;
- Service user support grant;
- Drug testing kits & service user incentives;
- Recruitment and training; and
- Subscriptions.

Based on this information, the average weekly cost of an MST case was £462. In addition to delivery costs, there is a 20% overhead charge – this is the total cost of service. Although we focus more on the delivery costs, as this is where the transition to a Mutual can have the greatest effect, we provide analysis for both the total delivery costs and total service costs.

- 2.3 In order to further understand the level of need of cases and estimate the support costs to the local authority prior to MST, we recorded all involvements from social care and the Youth Offending Service (YOS) in the immediate lead up to referral to MST. We do not include these costs when assessing the cost-effectiveness of MST. The costs used for pre-MST involvements are set out in **Table 2.1**. Unless stated otherwise, these costs have been derived from national research:

**Table 2.1: Social Care and YOS Support Costs**

Level of support	Weekly cost	Annual cost
Child in Need	£60	£2,856
Child Protection Plan	£79	£3,792
Looked after child (kinship care setting) *	£13	£632
Looked after child (foster care setting) **	£1,133	£54,400
Looked after child (residential care setting)	£3,089	£148,272
Youth Offending Service	£75	£3,620

\* based on a one-hour care review meeting every six weeks

\*\* CCC average cost of foster care placement

- 2.4 Costs for interventions below Child in Need (CiN) level have not been included in the analysis. This was due to a combination of insufficient existing research at this level and the variability in the intensity and delivery of early help, which makes it difficult to estimate reliable cost averages. Furthermore, given the high-level of need of MST cases, any involvement below CiN (e.g. early help and children’s centre) should be viewed as a positive outcome.

### The Benefits: Removal of Adverse Outcomes

- 2.5 Benefits/cost avoidance are calculated for the 12 months immediately after the young person exits support. We first establish the outcomes achieved with each case supported and then translate these to financial benefits by applying proxy values that are associated with these outcomes.
- 2.6 We cannot accurately predict what will happen to these young people in the future – there are too many variables. Although we recognise the work of MST (and other support services) may benefit young people well in to their adult lives, to keep the model robust we only capture benefits that are immediate and can be tracked. As part of our analysis, we have conducted a 12-month follow-up on all cases to evidence the sustainability of outcomes and calculate a longer-term return on investment.
- 2.7 Using a combination of CCC Management Information and MST documentation for each case we have identified three categories of outcomes:
- **Preventing looked after status:** In regard to cases identified as edge of care<sup>1</sup>, we can attain whether the support provided by MST prevented the young person from entering the care of the Local Authority. In addition, we explored whether reunification had been successful for young people in care at the start of their MST intervention;

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<sup>1</sup> Cases were deemed edge of care if the social care manager had authorised a referral to MST as an alternative to taking the young person into care or the young person was in care at the time of referral.



- **Reducing reliance on statutory services:** This outcome relates to young people either being closed to support (e.g. Social Care) or stepped-down to less intensive support as a result of MST addressing the safeguarding concerns/underlying issues for the young person;
- **Progress on the “Overarching Goals”:** From the outset of an MST intervention, the team identify the overarching goals of support. These goals include areas such as attendance and behaviour at school, physical and verbal aggression and offending behaviour. Practitioners record progress against these goals throughout the intervention. Where there was evidence of substantial progress, we have included these as outcomes.

2.8 In relation to offending, we were also able to utilise actual data on offending rates. This led to the development of two distinct outcomes:

- addressing offending behaviour before it leads to a conviction/order; and
- for those young people already known to the criminal justice system, reductions in the rate of offending following MST intervention.

2.9 We are confident in the outcomes identified for each case due to the high level of detail and consistency in the MST documentation that we reviewed.

2.10 When monetising outcomes into benefits, we have used only robust financial proxies (see Annex A). We do not have proxy values for all the outcomes observed. However, many outcomes are linked and act as supporting evidence for other benefits.

### **Fiscal Return on Investment**

2.11 The fiscal return on investment (FROI) shows the benefits/cost ratio for each case supported. It reveals the cost avoidance generated for every £1 invested in support e.g. a ratio of 1.7 means that £1.70 is avoided for every £1 spent on support.

2.12 The return on investment ratio is calculated when the case closes to MST. We weight the benefits observed to reflect the following scenarios:

- **Successful closure:** the young person requires no further direct support from social care or YOS. This includes cases where kinship care was arranged, recognising that this, for some young people, is a successful outcome. We assume benefits are sustained for one year;
- **Referred/remained open to other agency:** the young person requires additional support (not from social care). To reflect ongoing support costs and the likelihood of outcomes being sustained over the longer-term, we reduce the financial benefits by 25%;
- **Remained open to social care:** The young person requires additional support from social care. To reflect more intensive ongoing support costs and an

increased likelihood of regression on outcomes recorded, we reduce the financial benefits by 50%;

- **Looked after:** the young person is in the care of the Local Authority. The cost of this outweighs any benefits of the support provided. Benefits are set to zero.

2.13 We repeat this process for our longer-term analysis – examining the support status of young people 12 months after MST support.

### Illustrative example

2.14 The young person was supported by social care under a CiN plan for six months prior to referral to MST. The Social Worker referred the family to MST due to a risk of breakdown and the young person being taken into care. MST supported the family to a successful outcome where the young person could stay at home. The case was subsequently closed to social care as there was no need for on-going support. The return on MST investment was 4.9 (Benefits (£54,400) / MST costs (£11,088)):

Costs	Benefits
Historical: six months at CiN = £1,440	Prevented LAC: £54,400
MST: 24 weeks = £11,088	

### 3 BASELINE COST-BENEFIT ANALYSIS

#### Overview

3.1 The total cost, in terms of practitioner resource input, for all cases served in the 2014/15 financial year, was £358,977. The total benefits, as a result of adverse outcomes avoided, was £1,080,184. The fiscal return on investment (benefits divided by costs) was 3.0 – for every £1 spent supporting young people with MST, there was a return of £3. Longer-term analysis suggests MST outcomes are sustainable – 12 months after support, the return on investment declines by only 0.3. Details of the costs and benefits of each case are provided in Annex B. The following sections discuss each step of the cost-benefit model.

#### Costs

- 3.2 The duration of MST support ranged from 20 to 27 weeks. The average delivery cost per case was £10,558. The total cost of supporting 34 cases was £358,977.
- 3.3 Prior to referral to MST, most cases (88%) had been open to social care on a CiN plan for an average of six months. The estimated cost to the Local Authority of this was £46,500. Adding the costs associated with Child Protection Plans and looked after children, the total pre-MST cost to the Local Authority was in the region of £163k – this is greater than the cost of MST support.

#### Outcomes

- 3.4 **Tables 3.1 to 3.3** detail the outcomes associated with MST support.
- 3.5 Of those cases identified as edge of care, 16 (90%) cases were either prevented from reaching LAC status or reunified with their families after a period in care.

**Table 3.1: Preventing LAC status outcomes**

Outcome	Count	% of cases
Prevented LAC	14	77.8%
Reunification	2	11.1%
<b>BASE</b>	<b>18</b>	<b>100.0%</b>

3.6 In regard to all cases, more than half were closed to social care/YOS when the MST intervention ended<sup>2</sup>.

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<sup>2</sup> We allowed a grace period for cases that remained open to support for monitoring purposes only following MST support.

**Table 3.2: Reduced reliance on services outcomes**

Outcome	Count	% of cases
Closed to SC	15	44.1%
Closed to SC & YOS	2	5.9%
Stepped down from CP to CiN	1	2.9%
Closed to YOS	1	2.9%
<b>BASE</b>	<b>34</b>	<b>100.0%</b>

- 3.7 The most frequently identified overarching goal and area where the greatest progress had been made was physical aggression. This was followed by outcomes relating to verbal aggression, school attendance and behaviour.

**Table 3.3: Progress against overarching goals**

Outcome	Count	% of cases
Physical aggression	29	85.3%
Verbal aggression	23	67.6%
Attendance at school	21	61.8%
Behaviour at school	11	32.4%
Substance misuse	8	23.5%
Family relationships	7	20.6%
Offending behaviour	6	17.6%
Reduced offending	6	17.6%
Curfew	5	14.7%
Family conflict	5	14.7%
Peers	4	11.8%
Risk taking behaviour	3	8.8%
Personal hygiene	2	5.9%
Anti-social behaviour	1	2.9%
Anxiety	1	2.9%
Boundaries	1	2.9%
Family communication	1	2.9%
Living arrangements	1	2.9%
Oppositional behaviour	1	2.9%
<b>BASE</b>	<b>34</b>	<b>100.0%</b>

### Monetisation of outcomes to benefits

- 3.8 **Tables 3.4 to 3.6** detail the benefits associated with MST support. Benefits have been weighted to reflect any ongoing support from Social Care or YOS. Details of the financial proxies applied can be found in Annex A.
- 3.9 There were significant savings made in relation to preventing young people from entering the looked after system – a total of £734,400 over 12 months.

**Table 3.4: Preventing LAC – financial benefits**

Outcome	Count	Benefit
Prevented LAC	14	£639,200
Reunification	2	£95,200
<b>Total</b>	<b>16</b>	<b>£734,400</b>

- 3.10 The annualised benefit of reducing young persons supported need for statutory support services was £57,738.

**Table 3.5: Reduced reliance on services – financial benefits**

Outcome	Count	Benefit
Closed to SC	15	£40,698
Closed to SC & YOS	2	£12,952
Stepped down from CP to CiN	1	£468
Closed to YOS	1	£3,620
<b>Total</b>	<b>19</b>	<b>£57,738</b>

- 3.11 Progress on overarching goals led to an estimated saving of £288,046. The greatest benefits were realised on cases where there had been improvements in behaviour at school and reductions in physical and verbal aggression.

**Table 3.6: Progress on overarching goals – financial benefits**

Outcome	Count	Benefit
Behaviour at school	11	£106,125
Physical and verbal aggression	29	£68,064
Reduced offending	6	£38,000
Attendance at school	21	£31,926
Substance misuse	8	£25,157
Offending behaviour (including theft)	6	£18,100
Anti-social behaviour	1	£673
<b>Total</b>	<b>82</b>	<b>£288,046</b>

- 3.12 The total financial benefit arising from MST support was £1,080,184. 68% of benefits were in relation to preventing looked after.

### **Fiscal Return on Investment**

- 3.13 The total cost, in terms of delivery, for all cases served in the 2014/15 financial year, was £358,997. The total benefits, as a result of adverse outcomes avoided, was £1,080,184. The fiscal return on investment (benefits divided by costs) was 3.0 – for every £1 spent supporting young people with MST, there was a return of £3.

### **Fiscal Return on Investment at the whole service level**

- 3.14 The total spend of MST in the 2014/15 financial year, including overheads as well as delivery costs, was £430,772. Overheads include management, buildings and utilities. The estimated benefit for the 34 cases served over this period was £1,080,184. We calculate the whole service FROI at 2.5.

### **12-month follow-up**

- 3.15 In order to understand the sustainability of the impact of MST support, we undertook a review of cases in our analysis to check their support status 12 months after intervention. We reweighted benefits, using the same methodology described in section 2, and found that 89% (£960,986) of benefits were maintained. The FROI fell slightly from 3.0 to 2.7 because of this.

## 4 MST MUTUAL COST-BENEFIT MODEL

### Economies of scale

- 4.1 In order to achieve economies of scale, the Mutual have the following variables which they can influence:
1. The number of young people they support;
  2. Staff time/costs (through improvements in productivity and staff retention);
  3. Overhead costs;
  4. Dropout rates (through better referrals);
  5. Proportion of cases defined edge of care;
  6. Successful case closures;
  7. Sustainability of outcomes.
- 4.2 The Mutual could consist of one or two teams. With one team there will likely be less scope to influence all these variables, particularly 1 – 3. However, with two teams, it is thought that the Mutual will accrue greater economies of scale by being able to change all variables. For example, with two teams, staff will spend less time travelling and therefore can deliver MST with greater efficiency (supporting an estimated 80 young people per year) and overheads will be split across a larger caseload.

### MST Mutual costs and benefits

- 4.3 With one team, total delivery costs are likely to be the same as our baseline costs. However, with two teams working across Cambridgeshire we can assume an increase in the number of cases served due to more efficient delivery (e.g. less time spent travelling). Dividing the total delivery costs of two teams (£358,977 × 2 = £717,994) by the anticipated 80 cases served per annum reveals an average delivery cost of £8,975.
- 4.4 In addition to greater efficiencies in delivery, it is anticipated that some overheads can be split over the two teams – reducing the overhead charge to 15%.
- 4.5 We can reasonably assume that outcomes/financial benefits associated with cases to be supported will be at least as good as those observed in the baseline model (with greater staff retention and tailoring of services, outcomes may improve over time). We can therefore apply the average benefit of these cases to those that will be supported by the Mutual.
- 4.6 It is necessary to calculate the average benefit for two distinct type of cases – those that are edge of care and those that are not. Based on the 2014/15 cases, the average benefits were:
- Edge of care: £52,032;

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- Not edge of care: £8,976.

- 4.7 18 (53%) of the 34 cases we analysed were deemed edge of care. As MST moves to the Mutual model, it is expected that the proportion of edge of care cases will increase. This is due to a combination of greater control over referrals and other local authorities, with higher proportions of edge of care cases (for example, 70% of cases in Essex are edge of care), spot purchasing MST interventions.
- 4.8 Assuming an increase to 65% of cases being edge of care, the total benefit for these cases will be in the region of £1.2m with one team, and £2.7m with two teams. The remaining non-edge of care cases will account for an additional £110k - £250k in benefits. The total estimated benefit of the Mutual over the course of 12 months with one team is £1.3m and £3m with two teams - with fiscal return on investments of 3.6 and 4.1, respectively.
- 4.9 **Table 4.1** provides a detailed comparison of MST in 2014/15 to the Mutual. Workings out (referenced by the leftmost column) are included in the relevant rows.

**Table 4.1: MST 2014/15 and MST Mutual Comparison**

		MST 2014/15	Mutual (1 team)	Mutual (2 teams)	Change (2014/15 to a 2 team Mutual)
A:	Number of teams	1	1	2	+1
B:	Annual caseload	34	35	80	+46
C:	Proportion edge of care	53%	65%	65%	+12%
D:	Delivery cost per case	£10,558	£10,256	£8,975	-£1,583
E:	Average benefit (edge of care cases)	£52,032	£52,032	£52,032	£0
F:	Average benefit (non-edge of care cases)	£8,976	£8,976	£8,976	£0
G:	Total benefits (edge of care) $B \times C \times E$	£936,576	£1,183,728	£2,705,664	+£1,769,088
H:	Total benefits (non-edge of care cases) $B \times (100\% - C) \times F$	£143,616	£109,956	£251,328	+£107,712
I:	Total benefits* (all cases) $G + H$	£1,080,192	£1,293,684	£2,956,992	+£1,876,800
J:	Total delivery cost $B \times D$	£358,977	£358,977	£717,994	+£358,997



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		MST 2014/15	Mutual (1 team)	Mutual (2 teams)	Change (2014/15 to a 2 team Mutual)
<i>K:</i>	<b>Fiscal return on investment</b> <i>I ÷ J</i>	<b>3.0</b>	<b>3.6</b>	<b>4.1</b>	<b>+1.1</b>
<i>L:</i>	Total service cost	£430,772	£430,772	£825,693	+£394,921
<i>M:</i>	<b>Whole service FROI</b> <i>I ÷ L</i>	<b>2.5</b>	<b>3.0</b>	<b>3.6</b>	<b>+1.1</b>

\*Figures differ slightly from section 3 due to rounding of average benefits.

## **5 CONCLUSIONS AND NEXT STEPS**

- 5.1 Based on the 34 cases supported in 2014/15, we have developed and applied a robust and tailored cost-benefit model that is underpinned by highly detailed and consisted data supplied by the MST team. The resulting cost-benefit model can be applied to historical cases and new cases as the service transitions to a Mutual.
- 5.2 The baseline model reveals that MST is an intensive support service with 83% (£358,977) of total service costs (£430,772) spent on support delivery. Around half of the young people supported were deemed edge of care and the remaining half exhibited multiple and complex needs, for some cases this included significant offending behaviour.
- 5.3 Outcomes recorded on exit from MST support were wide ranging and many carried substantial financial benefits, particularly avoiding the costs associated with taking a young person into care.
- 5.4 Our long-term analysis found that 90% of benefits were sustained 12 months after being supported by MST. This is encouraging when considering the starting point of the high-needs of service users.
- 5.5 At an economic level, MST represents value for money for local authorities. The baseline analysis revealed a return on investment of 3.0. Assuming projections regarding the costs and annual caseloads for the Mutual with one and two teams hold true, there is potential for further savings (in terms of adverse outcomes avoided) for local authorities. The estimated return on investment for the Mutual with one team was 3.6 and for two teams 4.1 – for every £1 spent directly supporting young people there could be a return on £4.10.
- 5.6 The Mutual would be most efficient with two Standard teams at full capacity - supporting 80 young people per annum. This would reduce practitioner time spent travelling and, in relation to overheads, the per case costs.
- 5.7 Moving forward, it will be important for the Mutual to continually demonstrate value for money. In terms of MST Standard, as we have demonstrated, the data being collected is sufficient to conduct a robust economic evaluation. However, as the number of cases and range of services increase it will be paramount to ensure data collection is all encompassing and pre-formatted for analysis. It is our understanding that the MST team are developing a case database that will include cost and benefit measures.

## ANNEX A – FINANCIAL PROXIES

Outcome	Adverse outcome avoided (proxy)	Benefit
Improved attendance at school	Persistent truancy - total fiscal cost of persistent truancy (missing at least five weeks of school per year), per individual per effective year	£1,878
Improved behaviour at school	Permanent exclusion from school - fiscal cost of permanent exclusion from school, per individual per effective year	£11,473
Reduced substance misuse	Drugs misuse - average annual savings resulting from reductions in drug-related offending and health and social care costs as a result of delivery of a structured, effective treatment programme	£3,727
Prevented offending behaviour	Youth offender - average cost of a first time entrant (under 18) to the Criminal Justice System in the first year following the offence	£3,620
Reduced anti-social behaviour	Anti-social behaviour further action necessary (cost of dealing with incident)	£673
Reduced physical/verbal aggression	Domestic violence - average cost per incident	£2,836
Reduced offending	Average cost of proven offending to the criminal justice system, including the costs of police, courts, offender management teams, and custody.	£8,000
Closed to social care	Average cost of supporting a young person on a CiN Plan (annual)	£2,856
Closed to YOS	Youth offender, average cost of a first time entrant (under 18) to the Criminal Justice System in the first year following the offence	£3,620
Stepped down from CP to CiN	Difference in average costs of supporting a young person on a CiN plan and CP plan	£936

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<b>Outcome</b>	<b>Adverse outcome avoided (proxy)</b>	<b>Benefit</b>
Prevented LAC	Average cost to the Local Authority of a foster care placement in Cambridgeshire (annual)	£54,400
Reunification	Average cost to the Local Authority of a foster care placement in Cambridgeshire (annual)	£54,400

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**ANNEX B – MST 2014/15 COSTS AND BENEFITS (INDIVIDUAL CASES)**

Case	Edge of Care	Duration of MST support	MST costs	On exit from MST			12 months after MST		
				Support status	Total benefits	FROI	Support status	Total benefits	FROI
1	NO	23	£10,626	closed	£19,297	1.8	LAC	£0	0
2	YES	22	£10,164	YOS	£53,146	5.2	YOS	£53,146	5.2
3	YES	22	£10,164	CiN	£34,025	3.3	Closed	£68,050	6.7
4	YES	22	£10,164	Closed	£77,063	7.6	YOS	£57,797	5.7
5	No	22	£10,164	CiN & YOS	£8,220	0.8	LAC	£0	0
6	YES	22	£10,164	Closed	£73,443	7.2	Closed	£73,443	7.2
7	YES	22	£10,164	Closed	£82,532	8.1	Closed	£82,532	8.1
8	NO	22	£10,164	Closed	£17,165	1.7	CiN	£8,582	0.8
9	YES	22	£10,164	CiN	£31,420	3.1	CiN	£31,420	3.1
10	NO	24	£11,088	CiN	£6,676	0.6	LAC	£0	0
11	YES	22	£10,164	CiN	£29,557	2.9	CiN	£29,557	2.9
12	NO	24	£11,088	Closed	£7,570	0.7	Closed	£7,570	0.7
13	YES	26	£12,012	LAC	£0	0	LAC	£0	0
14	YES	20	£9,240	Closed	£67,439	7.3	Closed	£67,439	7.3
15	YES	23	£10,626	Closed	£61,970	5.8	CiN	£30,985	2.9
16	NO	21	£9,702	CiN	£1,418	0.1	Closed	£2,836	0.3
17	YES	22	£10,164	CiN & YOS	£31,367	3.1	YOS	£47,050	4.6
18	YES	24	£11,088	LAC	£0	0	LAC	£0	0
19	NO	22	£10,164	Closed	£19,043	1.9	CiN	£9,522	0.9
20	NO	24	£11,088	YOS	£4,269	0.4	YOS	£4,269	0.4
21	NO	22	£10,164	Closed	£11,190	1.1	Closed	£11,190	1.1
22	YES	21	£9,702	Closed	£60,092	6.2	LAC	£0	0

Cambridgeshire County Council  
The Costs and Benefits of Cambridgeshire Multi-Systemic Therapy Transition to Mutual Delivery Model

Case	Edge of Care	Duration of MST support	MST costs	On exit from MST			12 months after MST		
				Support status	Total benefits	FROI	Support status	Total benefits	FROI
23	YES	22	£10,164	YOS	£51,532	5.1	YOS	£51,532	5.1
24	NO	27	£12,474	CiN	£8,964	0.7	Closed	£17,929	1.4
25	NO	22	£10,164	YOS	£5,678	0.6	YOS	£5,678	0.6
26	YES	27	£12,474	Closed	£77,170	6.2	Closed	£77,170	6.2
27	NO	21	£9,702	CiN	£8,094	0.8	CiN	£8,094	0.8
28	NO	24	£11,088	Closed	£5,692	0.5	Closed	£5,692	0.5
29	NO	26	£12,012	Closed	£1,878	0.2	CiN & YOS	£939	0.1
30	YES	22	£10,164	Closed	£85,736	8.4	Closed	£85,736	8.4
31	YES	20	£9,240	Closed	£57,236	6.2	Closed	£57,236	6.2
32	NO	22	£10,164	YOS	£2,127	0.2	YOS	£2,127	0.2
33	YES	26	£12,012	Closed	£62,841	5.2	YOS	£47,131	3.9
34	NO	24	£11,088	Closed	£16,334	1.5	Closed	£16,334	1.5
<b>Total</b>			<b>£358,974</b>		<b>£1,080,184</b>	<b>3.0</b>		<b>£960,986</b>	<b>2.7</b>