

Enhanced Case Management

Our approach to complex cases in youth offending teams



Why did we need a new approach?

The way we worked in youth justice services no longer matched the kind of complex young people left in the system

In reality, we've never really been able to make a big impact on the offending behaviour of the most troubled young people.

Why not? Maybe because:

- With so many young people to deal with, there just wasn't enough time
- We didn't know what would really make a difference
- Some of us thought they were too old or too damaged to help

The youth justice system has matured. Youth offending teams have established excellent ways of using multi-agency work to make a real difference.

Numbers in the system are at an all time low.

Knowledge moves on. Research suggests early neglect and trauma forms young people who act out aggressively and reject our help.

But the same research shows it's never too late for change and development.

It was time to find a new and enhanced way to work with the most complex and troubled young people in the youth justice system.



A shrinking cohort

Since 2008/09 there has been an 84% reduction in the number of young people entering the youth justice system in Wales

Between December 2008 and 2016 the number of Welsh young people in custody fell from 146 to 37

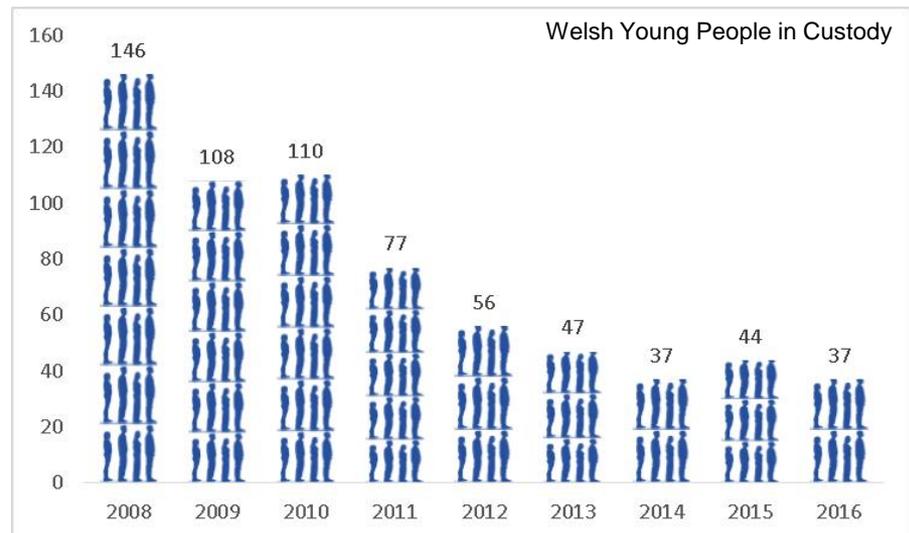
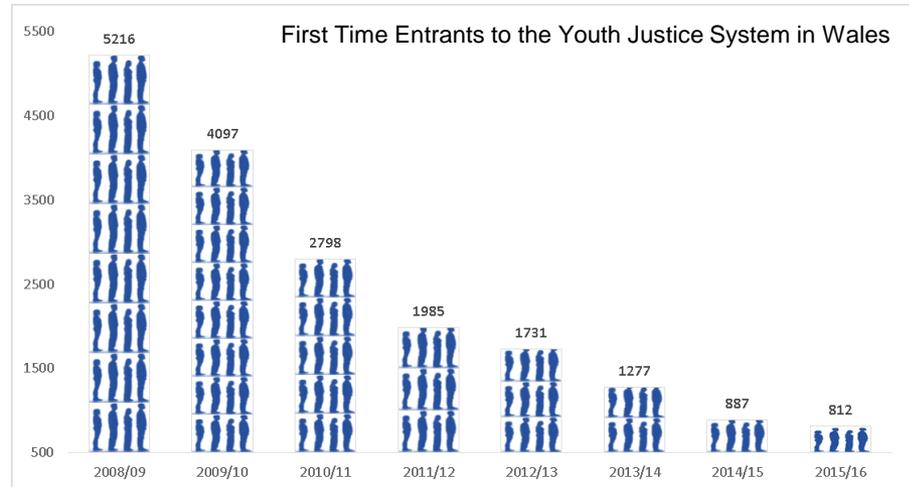
The youth justice system in Wales is a success.

From 2006 youth offending teams set up targeted prevention programs across Wales. The number entering the youth justice system for the first time began to fall.

Joint work then developed between YOTs and Police in parts of South Wales. When young people are arrested, restorative justice is used instead of formal criminal proceedings for lower level crimes. When other areas saw the acceleration in reductions, they followed.

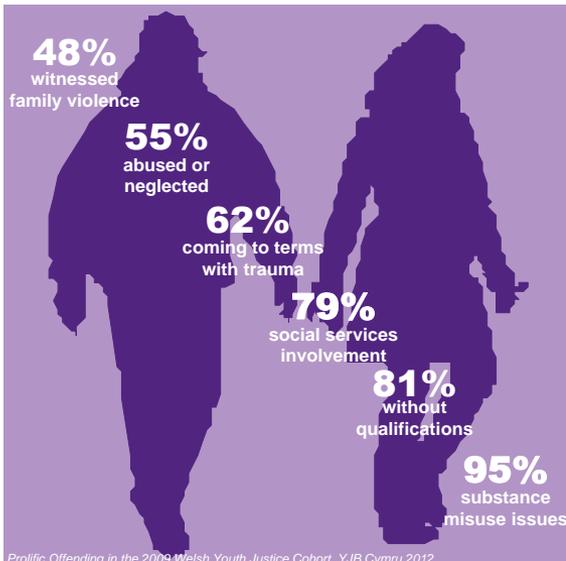
Now, every region of Wales uses restorative alternatives to charging...

...and when you have fewer young people entering the system, there are fewer in court and hardly any in custody.



Complex cases; multiple offences

While there are now fewer young people in the youth justice system, those left are the most vulnerable with the most complex needs.



33%

Welsh re-offending rate 2008/09

42%

Welsh re-offending rate 2014/15

There are now challenges because of our success.

Increasingly, youth offending teams told us that as the numbers in the system reduced, those remaining had the most serious problems and most prolific offending.

“It was no wonder the rate of re-offending was gradually rising - the most troubled children were the ones most resistant to our help.”

In 2012 we set out to look at this. We found strong evidence that higher re-offending is linked to low numbers of young people.

We examined case files in Wales from the 2009 cohort's most prolific offending young people. This painted a picture of a very troubled and troublesome group; vulnerable with a high degree of complexity.

It's clear that without addressing the deep rooted issues that these children carry, we won't make much impact on their offending behaviour.

Mapping the brain; explaining our behaviour

We are learning more and more about the relationship between our brains and our behaviour.

Researchers use the latest scanning technology to explain how an individual's brain development influences the way they act. And, just as important, how the world they live in influences that development.

This supports the common sense intuition that experiences in our early years are pivotal in forming who we are.

The picture below shows the stark difference between the size and configuration of two 3 year old brains.

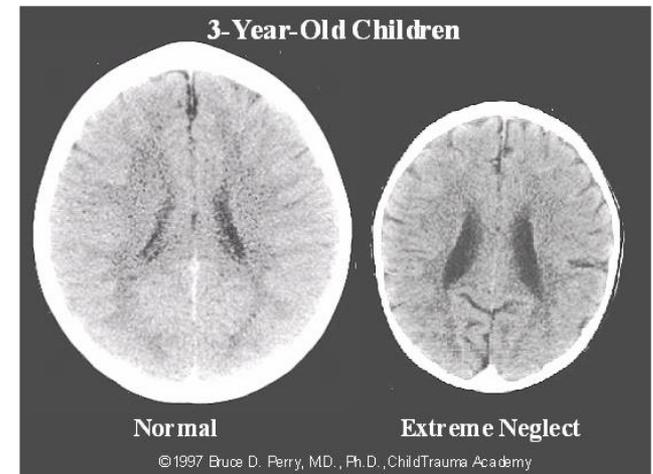
The scan on the left comes from a child that has grown up in a normal, loving environment. The small scan on the right - with dark patches in important areas - is of a child who has been the victim of prolonged trauma and neglect.

This severely limits how the second child is able to function. In particular, it affects social relationships and the child's ability to regulate their own behaviour and emotions. This has obvious implications for offending.

Early neglect and trauma leave a lasting impression on the brain

How we are treated changes our brains

The development of our brains sets up how we behave



It ain't what you do, it's the way that you do it (and when)

Children whose development has been damaged need time to recover lost ground

Children need the consistency of a safe and trusted adult in order to develop properly

Developmental problems do not respond well to "talking therapies."



When children are delayed or damaged in their early years, they don't learn to trust. Until they get a sense of security and begin to deal with their abusive past, they will not be ready to address their behaviour - especially if they are involved in crime.

They need a reliable adult to help regain some of the lost ground. Once trust and safety are established relationships can be built with others as they learn to regulate their own behaviour. In turn, they gain insights into how their behaviour affects others.

We know YOT practitioners are good at engaging and forming trusting relationships with young people.

But a trusted adult alone is not enough.

Practitioners have to know how to capitalise on good engagement. They need to know which interventions are needed by each individual.

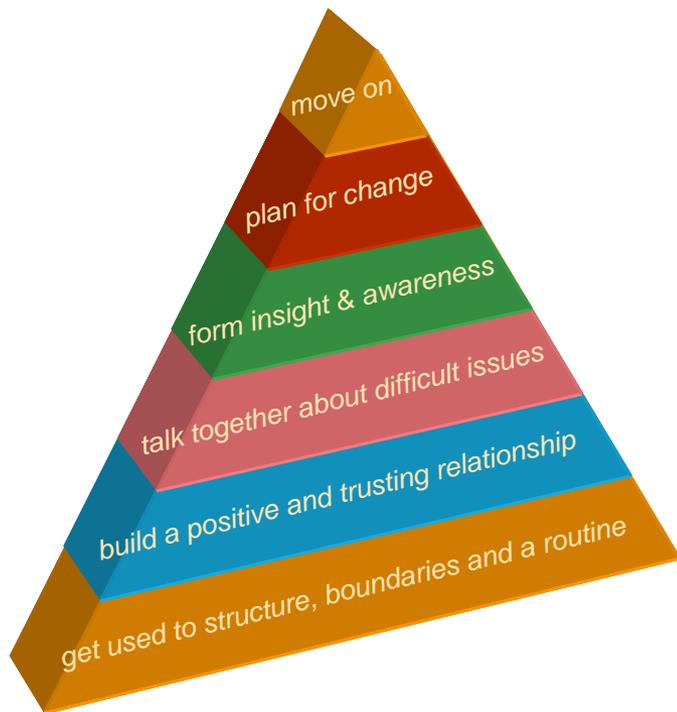
Crucially, they also need to know when it's the right time to try different things.

For example, addressing offending behaviour with 'talking therapies' like cognitive behaviour therapy and anger management is powerful. However if used before children are able to understand them, they can negatively impact on young people's feelings of self worth.

So, how can YOT practitioners know what to do and when to do it?



Introducing the Trauma Recovery Model



We have adapted a psychology-led way of working with complex young people in youth offending teams.

The Trauma Recovery Model (TRM) was developed in a secure children's home in Wales; we have tested how a similar approach works in three Welsh youth offending teams. We are now moving towards a national approach.

TRM is a framework for practitioners to guide young people through change. It was developed by clinical psychologist Dr Tricia Skuse and Jonny Matthew.

The theory is that young people must move through a number of stages before they're ready for interventions that challenge offending behaviour.

The first step is to introduce the kind of structure and routine often lacking at home. Next, a trusting relationship needs to be built with workers. This is based on practitioner reliability and an ability to maintain trust while still dealing with anger and rejection from the young person.

It's not until a safe and trusting relationship is built and tested out that young people feel they can talk about the problems that underlie their behaviour. At this point, therapeutic input from practitioners and other specialists can be introduced. This leads to the young person reaching self-awareness and realising the harm they've done to others.

Self awareness is the platform for young people to plan change in their own behaviour and, eventually, to move on from offending.

What is Case Formulation?

Work with young people in any setting begins with **assessment**. This generally focuses on here-and-now issues like living conditions, parenting style, educational, physical and mental health problems. This kind of approach helps us to get a snapshot of the current problems facing the child or family.



The Enhanced Case Management (ECM) approach builds on this kind of assessment. It goes further and looks in detail at historical information too.

So, the essential **difference** between normal assessments and ECM case formulation is the focus on the developmental causes which have given rise to the current problems.

Case formulation is a complex clinical process that requires qualified psychological leadership to ensure safety and rigour throughout.

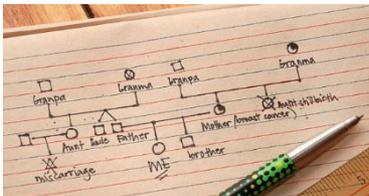
Young people referred to the ECM approach have complex histories and the formulation model explains how chronic, underlying and unresolved trauma can impact on behaviour during childhood and adolescence.

Interventions based on case formulation address the causes that have led to current behaviours and difficulties and move forward developmentally from there. This approach, by not just focussing on the presenting problems, is extremely effective in helping children recover lost ground through dealing with the real issues that lie underneath.

Formulation; the practical steps

1

Family information on the young person is summarised in the form of a genogram (family tree) which also includes a range of bullet-pointed information about the young person's life. This acts as the starting point for the next stage of the process.



2

A member of the ECM project staff chairs a team formulation. This involves a **clinical psychologist** leading a group of professionals to construct a detailed timeline of the young person's life to date. The idea is to develop a **shared understanding** of an individual's difficulties.

Key events in the child's life are added to the timeline during the meeting to produce a map of key factors which have contributed to the child's current problems.

3

The psychologist presents an initial case formulation, using the information to develop a clear "story" of why the current problems exist and where things have gone wrong in the developmental process.

This is applied to the **Trauma Recovery Model** and a set of recommendations for intervention are derived. These are tailored to the developmental needs of the child and **sequenced** for the best engagement and greatest impact.

4

The psychologist writes up the information and recommendations into a case formulation report which acts as the basis for the future work.

It also forms the basis of subsequent **reviews**.

The formulation is a living document which is amended and reviewed as needs be, if and when new information comes to light or other events occur.

"Practitioners like the team formulation. It makes everyone - no matter which agency they're from - focus more on the child's needs and less on offending."

How did this new approach work?

Giving structure and routine sounds simple – but we know it's not! Can a method developed in the confines of a Secure Children's Home work in the community? Over the past two years - thanks to Welsh Government funding – we tested this approach with three youth offending teams in Wales.



Three youth offending teams (YOT) were part of the test of this new approach.

- Flintshire
- Carmarthenshire
- Blaenau Gwent & Caerphilly

We started with 3 days' intensive residential training; followed by another day's top up training.

In each area, we've worked with YOTs to set up the right structures and processes to select and consider young people for inclusion.

This took account of their offending histories, level of need and duration of sentence.

This included consent from young people taking part, and their parents/carers.

The intervention phase is where the real work was done.

A multi-agency care planning meeting was convened for each case. The team was guided through case formulation by a clinical psychologist who was commissioned to work with our test sites.

Interventions were then delivered and reviewed by the team and the clinical lead working together.

Throughout the life of the project we have provided support and assessed the effectiveness the approach was having.

Making the difference

Other professionals are positive about formulation and now use it to inform their own work and engagement with young people.

Clinical supervision provides support to enable learning through guided reflection, making space to reflect on the personal impact of working with young people.

Positive attitude and behaviour changes have been observed in the young people involved.

Formal evaluation

Cordis Bright were commissioned to evaluate the project. This looked at how participating YOTs implemented the new approach, what difference it made to practice and to the lives of young people.

The evaluation ran in parallel with project delivery and involved the following components.

- Stakeholder engagement
- Young person involvement
- Measuring change in outcomes for young people

Monitoring and sharing practice

Throughout the test project we provided intensive support to participating YOTs combined with monitoring and training and regular practice fora to embed knowledge and skills to help YOTs apply the approach in practice.

Through this, the project has been able to gather rich information on the experience of practitioners and managers and case studies on young people taking part.

Formulation focuses on relational working. Practitioners have increased confidence in building trust as a catalyst for change.

Greater understanding of how experiences in early childhood impact later in life means interventions are tailored to developmental needs.

The approach has increased trust between young people and workers; young people are more engaged in the work of the YOT.

"Having previously got frustrated by him the ECM has allowed us to feel less frustrated, to understand his past and previous trauma."

"What helped John was him knowing we were really there for him. He had a felt experience of this through the relationship."

"The ECM work allowed the evidencing of his needs and the acknowledgement that there wasn't a service available to meet his educational needs, rather than putting him in an unsuitable educational placement and allowing him to fail."

What we found

The evaluation told us there was a positive change in YOT practice with improvements in relationships and engagement by young people being of particular benefit.

It also showed that it is possible to take a model designed in a secure setting and apply it in the community with fidelity.

There was widespread support for rolling this approach out to other areas. Here is the link to the [evaluation](#)

Where next?



A partnership between the YJB, Welsh Government, South Wales Police and Crime Commissioner, the All Wales Forensic Adolescent Consultation and Treatment Service, Public Health Wales and South Wales YOTs.

Compared with people with no ACEs, those with 4+ ACEs are:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime

How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT



Verbal abuse
23%



Physical abuse
17%



Sexual abuse
10%

CHILDHOOD HOUSEHOLD INCLUDED



Parental separation
20%



Domestic violence
16%



Mental illness
14%



Alcohol abuse
14%



Drug use
5%



Incarceration
5%

Adverse Childhood Experiences and Enhanced Case Management

The research undertaken on ACEs quantifies the risk of future health harming behaviours and victimization as a result of adverse childhood experiences (ACEs).

The research confirms what is widely known about young people in contact with the youth justice system and has shown how these experiences can seriously damage a young person's future.

Through understanding the impact of ACEs we know there is increased

likelihood of becoming a victim, becoming violent, becoming involved with hard drugs and excess alcohol and ending up in prison.

Over the next two years we are working in partnership to trial and evaluate the ECM in response to repeat offending which stems from ACEs, poor attachment and developmental trauma.

The new trial will include all seven South Wales local authorities. Alongside the three original test sites, this means ECM will be available to two thirds of the country's YOTs.

Early intervention to prevent ACEs happening in the first place will offer the best chance of success.

However, advances in neuro-developmental research show there are opportunities right across the lifespan to break the cycle.