

Why Enhanced Case Management is ‘Child First’

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Introduction

In September 2018, Youth Justice Board (YJB) Cymru, the YJB's division in Wales, convened a seminar with colleagues from academia, forensic mental health and youth justice practice to discuss the Enhanced Case Management approach (ECM). The purpose of the seminar was to demonstrate the ECM process and subject it to academic scrutiny from a 'child first' perspective.

This paper looks at the issues raised by academic colleagues in the seminar and seeks to answer them while considering what might be learned to assist in how ECM is presented and explained.

What is Enhanced Case Management?

In response to evidence of increasing complexity in youth offending team (YOT) caseloadsⁱ and the links between such cases and repeated offending, YJB Cymru and the Welsh Government embarked on a three-year process to identify and test a new approach to working with these children.

ECM is an approach to trauma informed practice which utilises psychology to help youth justice workers to understand and explain a child's behaviour. ECM incorporates the Trauma Recovery Model (TRM)ⁱⁱ into intervention planning. This is a framework against which presenting behaviour and development needs are correlated to inform how youth justice interventions are sequenced and delivered to meet those needs.

For example, if the child is leading a chaotic lifestyle characterised by instability, an initial trauma-informed response would be to help them to develop a settled routine and to feel more secure. In terms of youth justice practice this is likely to mean regular appointments with their worker (same time and same place) to help to build a routine and rapport, from which it will then be possible to start to address the problems they are experiencing.

ECM has distinct characteristics:

- It is supported by clinical psychologyⁱⁱⁱ.
- It is underpinned by the Trauma Recovery Model
- The process starts with a multi-agency case formulation which involves all agencies that have been involved with the child and their family sharing their knowledge about the child (and family's) background and history on a timeline.
- At the meeting, the psychologist highlights patterns of behaviour and indicates the child's level of functioning at a physical, cognitive, social and emotional level.
- With the guidance of the psychologist, a set of recommendations are agreed about the most appropriate interventions and how they will be sequenced and delivered during YOT supervision.
- The psychologist produces a report after the multi-agency meeting detailing the findings of the formulation and agreed actions.

- The psychologist does not work directly with any children, but supports YOT practitioners to develop trauma-informed responses arising from recommendations made in the multi-agency meeting and at further reviews of progress.
- Following formulation, cases are regularly reviewed and the psychologist remains involved until it is agreed that their input is no longer required.
- Clinical supervision is offered to YOT practitioners to support them to manage cases and to provide the opportunity for reflection and discussion.
- Senior YOT practitioners (trauma-champions) play a lead role in convening the formulation meetings, liaising with the clinical psychologist and providing advice and support to YOT practitioners who have referred cases to support the delivery of trauma-informed practice.

Between 2013 and 2017 the YJB developed a test project to establish ECM as a method of delivering trauma-informed practice. This was in partnership with the all Wales Forensic Adolescent Consultation and Treatment Service (FACTS) and Welsh YOTs. ECM was targeted at children who had:

- A history of repeatedly offending
- High levels of background adversity, with indications of problems relating to attachment and trauma
- Six months duration of contact with the YOT either through statutory supervision, voluntary contact or a combination of both.

Over the test period 21 children were worked with through the ECM process. An external evaluation^{iv} found merit in the approach and recommended a further roll-out to increase the number of cases and better test its validity and effectiveness.

A subsequent trial began in South Wales in March 2017 with additional partners Public Health Wales and the South Wales Police and Crime Commissioner. The trial combined the learning gained from the initial ECM trial with the growing body of evidence and interest in adverse childhood experiences (ACEs). A further 44 children were worked with. The trial concludes in 2020 with the publication of a second evaluation.

Child First

The YJB has adopted a ‘child first, offender second’ approach to youth justice^v. ‘Child first’ prioritises children’s best interests, encourages their potential and capabilities, and seeks to minimise the damage from involvement in the criminal justice system. With its origins in Wales over twenty years ago^{vi}, ‘children first, offender second’ has been discussed in a variety of contexts^{vii}, with various interpretations of what it means from an academic, policy and practice perspective. In Wales, there has been a long-standing commitment to children’s rights, arising from the Welsh Government’s commitment to underpin children’s policy with the United Nations Convention on the Rights of the Child (UNCRC)^{viii} and the subsequent introduction of the Rights of Children and Young Persons (Wales) Measure 2011^{ix}.

This commitment to rights was embodied in the joint Welsh Government and YJB strategy, the *All Wales Youth Offending Strategy* in 2004^x and further reinforced in 2014 with a second joint strategy *Children and Young People First*^{xi}. This strategy makes clear the intention to ensure better support for those children who offend due to their vulnerabilities and victimisation experiences.

The position has been further strengthened by the Welsh Government and Ministry of Justice Youth Justice Blueprint for Wales, published in May 2019^{xii}. A 'child first' approach is one of its five guiding principles and the intention is to develop a trauma-informed focus at all stages of the youth justice system.

Charlie Taylor's review of youth justice in 2016^{xiii} advocated for a new system in which children in the youth justice system are treated as 'children first and offenders second'. The YJB is working towards realising this ambition, providing a definition in its strategic plan for 2019 - 2020^{xiv} of what 'child first, offender second' means. See Appendix One.

While ECM has its roots within the Welsh policy landscape, there is growing interest in trauma-informed practice and how it fits within a broader understanding of how to lessen the likelihood of re-offending and enable children to live lives free from crime. Acknowledging that children who offend often do so as a direct result of complex problems, which require the support of a range of individuals and agencies, meeting these needs and promoting strengths, developing resilience and protective factors are at the heart of efforts to reduce re-offending – this is the child first approach.

Enhanced Case Management is a 'Child First' Approach

Development affects offending

Children who experience abuse, neglect and other traumas can often be so overwhelmed by these experiences that their emotional, social and cognitive development is compromised, delayed or impaired^{xv}. When they reach late childhood and adolescence, these unmet needs can give rise to behaviours which sometimes result in their involvement with the criminal justice system.

To date, interventions have focused primarily on the child's offending behaviour. For example, they are required to attend sessions which engage and inform them about knife crime, violence or the impact of their offences on victims.

While these efforts seek to change behaviour through positive engagement, the focus on offending has taken priority over children's developmental needs. Not enough systematic consideration has been given to matching the type of intervention and method of delivery with the developmental level of the individual child or their cognitive functioning and ability to engage in the interventions on offer.

Despite successes in diverting children away from the criminal justice system and the significant reductions in first time entrants into youth justice, the frequency rate of re-offending^{xvi} remains higher than ten years ago^{xvii}. This suggests that while early intervention, prevention and diversion strategies have been effective, traditional approaches to intervention for those children who (re)offend are falling short and a new approach is needed.

Punishment as counter-productive

Children who suffer childhood loss, trauma and abuse may be said to have been 'punished already.' That their behaviour now attracts further sanction, particularly for those in custody, may be regarded as a double punishment.¹⁴ Behavioural approaches of this kind are premised on the idea that children are *choosing* to misbehave and, therefore, have the option to choose otherwise and avoid punishment. However, children with histories of poor attachment and trauma problems, often do not possess the emotional regulation and impulse control necessary to behave in a more considered way.

If a child's 'offending' is conceived as something requiring help, rather than punishment, then they can begin the journey out of and on from adversity. For as long as punishment or even punitive rehabilitation is the emphasis, children remain labelled and stigmatised by this, and arguably more likely to fulfil these expectations.

ECM seeks to relocate the child's current functioning as rooted in the turbulence of developmental adversity – as something requiring assistance, patience and empathy. Professionals are guided to see the presenting issues as the consequence of what went before, and as something that can be changed over time through sensitive, developmentally focused, relational working and sequenced interventions tailored to meet the needs of the child.³ In such an approach, the child is no longer a criminal to be punished, but a child in need of help whose effective rehabilitation will both improve their own life chances and lessen the risk to others. Children are still held accountable for their wrongdoing, but this is not the focus of the intervention, as in a trauma-informed approach the emphasis is on the child's needs, rather than the symptoms of their offending.

Developing trauma-informed practice

One reason for the failure of 'traditional' approaches may lie in the characteristics of the population of children who reoffend. An examination by the YJB into the backgrounds of children with prolific offending histories in Wales in 2012 demonstrated there was significant evidence of complex need and adverse background factors^{xviii}.

Poor attachment and childhood trauma can give rise to a range of problems that may constitute, or lead to, offending behaviour. Aggression and violence,^{xix} substance misuse, anti-social behaviour and sexual behaviour can also be mechanisms for managing difficult emotions, negative self-concept and problems in relationships arising from traumatic experiences^{xx}.

A child focused approach means assisting children to achieve positive outcomes, develop their potential and a pro-social identity, which in turn lessens the likelihood of offending. One of the ways in which this is achieved is through the development of trauma-informed practice. This starts from a position of '*what has happened to you*' as opposed to '*what have you done*'?

ECM acknowledges and responds to the impact of childhood trauma by focusing on the underlying emotional and developmental needs that may be maintaining the offending behaviour. It seeks to deliver practice based on principles which place a significant emphasis on relational working and of sequencing interventions to be compatible with developmental need. A core

principle of trauma-informed practice is that agencies and individuals working with those who have experienced trauma are sensitive to it and work in a way which promotes, safety, trustworthiness, choice, participation and empowerment^{xxi}:

ECM is not an approach that is aimed at all children who offend, it is for those with multiple needs which have commonly brought them to the attention of multiple agencies (social services, education, youth justice). As a result, multi-agency case formulation is the starting point in developing the ECM response.

Multi-agency working

The multi-agency formulation helps the agencies working with children to make sense of the child's history and the impact that complex trauma during childhood has had on them. This information is then used to identify how best to assist and empower the child to develop resilience and coping mechanisms which will support positive changes in lifestyle.

Children who offend are over represented in the looked after children's system^{xxii} and consequently are often involved with multiple agencies: social services, housing, specialist education provision, residential care, support organisations and substance misuse services. These children can be subject to the interventions of numerous workers and agencies, as well as the confusion, conflicting agenda and changes of staffing that often come with this. For interventions to work well there needs to be co-ordinated multi-agency working, a common understanding of the child's needs and how to address them and a consistent approach to the child from all those working with them.

ECM provides a mechanism through which those agencies and individuals who have been involved with the child and their family collectively share their knowledge of the child's background and history. One of the unique features of ECM is that this is undertaken with the input of a psychologist. The child's background, circumstances and any significant life events are presented on a timeline, with each agency contributing what they know from birth (and sometimes pre-natal history). The aim is to develop a common understanding of the child's life to date, to be able to make sense of how contextual factors such as parenting, life experiences, losses, trauma, social circumstances and opportunities have impacted on their developmental and emotional needs and may be holding the child back from fulfilling their potential.

Using the case formulation process and the knowledge and expertise of the psychologist to interpret behaviour, to explain why the child is behaving in the way they are, helps others to understand how they need to react to be supportive to the child. The case formulation estimates the child's social, emotional and cognitive age and how that relates to their chronological age, as this may also have a bearing on how practice should be adapted to best suit each individual.

Whilst the broad focus of intervention delivery is informed by the child's developmental progress to date, the specifics are derived from their strengths and abilities, or those of their family and/or existing support network. Positive and protective factors are recognised as are individual strengths, interests and preferences with a view to identifying how to build on this. This part of the process can be used to help children to develop the often-unrecognised positives in their lives, families and social contexts, as it will firstly highlight any

periods where the child has experienced stability and the opportunity to build good attachments and secondly, where there were periods of desistance.

The information obtained in the formulation is used to plan a positive way forward, how best to support children to overcome their difficulties and fulfil their potential. In youth justice terms this means sequencing interventions in a developmentally sensitive way. The Trauma Recovery Model provides a framework through which this can be understood and applied. The model follows Maslow's hierarchy of needs^{xxiii} which suggests that healthy psychological growth can only occur where basic physiological and safety needs have been met. The Trauma Recovery Model is used within ECM to determine at which stage of the Model the child is developmentally located.

The stages are:

Stage one (foundational belief): Children can be supported to have better lives and better outcomes

Stage two: In need of structure and routine and a sense of security

Stage three: Ready to develop trust and constructive relationships

Stage four: Starts to engage and disclose current or historical trauma

Stage five: Understanding of current situation and able to work on topics such as consequential thinking skills, empathy, and restorative approaches

Stage six: Increased sense of self belief and awareness of abilities and potentials

Stage seven: Self-determination and living healthy independent lives

Promoting strengths, resilience and desistance using a trauma-informed lens

ECM places significant emphasis on relationship as the vehicle for building trust and helping children to effect change. This ability to trust and have positive relationships with other human beings is fundamental to healthy functioning within society. Having the opportunity to relate to a trustworthy adult is a central plank of any plan to build a child's resilience for the future. Children in crisis often experience setbacks and need the support of someone they have confidence in and can rely on.

Relationships with trusted adults are also the vehicle via which children learn about emotions and how to regulate them. The professional relationship between worker and child therefore provides the means for helping those children who have not yet acquired these skills to develop them. It also seeks to build on existing relationships, whether in the family or more broadly, which helps to develop the child's strengths and aids towards sustaining meaningful change in the longer term, once professionals withdraw or become less involved. The development of this relationship may be the initial intervention and the platform from which other work can be undertaken as the child starts to develop a sense of safety and to experience the YOT as a secure base. This can be achieved by workers being consistent, reliable, and predictable in their interactions. As children are still developing physically, cognitively, socially and emotionally, standardised models of intervention do not always fit well, because their development is not yet complete. Similarly, while restorative approaches

have real merit, these should only be used when children have the maturity and cognitive capacities to engage in them.

The psychologist guides practitioners to apply the principles of trauma-informed practice to ensure that their interactions are positive, child-focused and bespoke to that individual. Within ECM this is reinforced by the role of 'senior practitioners' or trauma-champions who have become expert in the delivery of trauma-informed practice and are able to interpret how trauma-informed principles are applied within the youth justice setting, to ensure:

1. **Safety:** children involved with services feel physically and emotionally safe, in the community and in custody, and that they remain safe.
2. **Trustworthiness:** children know that practitioners will ensure that expectations are made clear and are consistently practiced.
3. **Choice:** the preferences of children using services in routine practices and crisis situations will be prioritised wherever possible.
4. **Participation:** input from children will be incorporated in practice and in decision-making so that a collaborative relationship is encouraged between children and professionals
5. **Empowerment:** services maximise children's empowerment, recognising strengths and protective factors, and building skills that will assist them in the future.

The features of trauma-informed practice are compatible with what is known about the factors which promote primary and secondary desistance from offending^{xxiv}, notably building positive relations, recognising and rewarding progress, dealing sensitively with lapses, engaging with children in a positive way which does not label or stigmatise, but creates positive opportunities for change^{xxv}. However, challenges remain within practice as there is potential conflict between a 'standard' YOT approach, where practitioners are required to put a plan in place to address the risks highlighted in the assessment. The ECM approach puts the onus on the practitioner to manage the risk via the approach and to enable the child to choose goals/targets which are important to them.

Enhanced Case Management is not a deficit model

One criticism of ECM has been that it locates the problem (offending) within the child - i.e. children offend because of something that's 'wrong' with them, hence the need to focus so fully on their development. The narrative difference between identification and blaming is paramount to a correct understanding of the ECM approach. ECM takes full account of the effects of poverty, social deprivation, poor housing, or other contextual influences on offending. These factors are fundamental to the long-term improvement in children's lives, and the responsibility for the improvement of social circumstances lies with councils, welfare agencies and government. However, front line practitioners are responsible for getting children to a position where they are more able to take advantage of the positive opportunities that are available. The coordinated and sustained multi-agency working that drives ECM helps to facilitate this.

The principal concentration of ECM is to identify the *reasons* why a child's life has resulted in offending. In seeking out these reasons through a clearer understanding of their lived experience to date, ECM moves away from focuses on repairing what is wrong with the child to approaches that understand and address what has happened to them. It helps professionals to identify where a child's development has been shaped by adversity and to respond in a compassionate and empathic way.

To explore a child's post-traumatic behavioural and emotional challenges, and the influences that led to them, is not to blame the child. On the contrary, it is to place proper focus on those forces which have deflected them from the sensitive and responsive care they needed to develop 'normally.' It focuses on those issues that are implicitly outside of the child's control.

Most people do not suffer the horrors of abuse and neglect when they are very young. Most do not experience sexual contact with adults until they are adults themselves. Most children do not live in the unpredictable and damaging context of recurrent violence. Acknowledging that some children do, is not to make them culpable. Rather, it is to properly acknowledge the impact of *external* causal factors on the child's *internal* growth and development, and the subsequent impact on their ability to interact with the world in a pro-social way.

By thoroughly assessing the context and experiential features of a child's history, we gain insight into where things may have gone wrong and establish where we might best target any intervention designed to help them recover.

Many of the children who come into the ECM process have had a narrative around them that *they* are the problem for many years. After all *they* have been excluded from school, *they* have moved from placement to placement, *they* get arrested, sent to court and convicted, *they* get the criminal record. The deficit narrative around children involved in the youth justice system is extensive. By seeing difficult behaviour as a symptom rather than something that defines the child, the ECM moves away from this narrative.

Moreover, the prevalent 'risk paradigm' of recent years – in which children are assessed in respect of the degree of risk they present to themselves and to others – is brought into a more balanced perspective in ECM. ECM highlights the impact of trauma on neuro-development and seeks to promote understanding that the child's behaviour may be stress-related rather than by deliberate choice and they can change with the right developmentally-focused support. Thus, risk is managed by the approach rather than interventions which re-enforce the child as the problem. Additionally, the top layers of the Trauma Recovery Model guide practitioners to assist children to make realistic goals and to be future-focused.

The child in the process

The notion of participation is central to the idea of child-centred practice. Without the involvement of children and their families, no assessment or intervention can be said to be truly child-centred. The timelining aspect of ECM involves a detailed multi-agency discussion of the information held by all agencies who are, or have been, working with the child and/or their family. To expose a child to this open information-sharing approach would be to flood them with all their difficult and traumatic life experiences. They would also hear, perhaps for the first time, things

about parents, siblings and other relatives. Other risks of including the child in the ECM case formulation process include:

- Children being given incomplete or unexplained information which, in turn, would raise additional questions.
- Leaving parents/carers with a child who, rather than being aided and supported by the process, is now in a distressed state.
- Violating confidences and/or confidentiality by passing parental, sibling or another relatives' information to a child.

Having a child sit through this experience would, effectively, re-traumatise them. To expose them to such a synopsis of events would inevitably trigger memories, emotions and psychological distress in a setting unequipped to support them. Any benefits afforded to the child by being present, would be undone by the residual negative impacts. This would directly contravene the ethical maxim, '*primum non nocere*' (first do no harm).

The child protection system in England and Wales operates a similar approach in that children are not routinely included in case conferences, which meet to consider all relevant information and make decisions about placing the child's name on the child protection register. The guidance is clear that if children are likely to be harmed by attending, they should not do so^{xxvi}. This principle has been adopted within ECM. Current practice when YOTs are reviewing the degree of risk posed to or by a child, typically do not have the child present. This is the case also for child protection core groups, MAPPA and other meetings of this kind.

The ECM process includes several ways in which children and families are included and involved in the decisions about their care and supervision.

- They are given information about what the process entails and asked to give their informed consent.
- Formulation discussions include advice and guidance to YOT case managers about how to involve the child and family.
- Formulation discussions are informed by professionals who know the children and families well and have often spent considerable time getting to know and working with them and are aware of the problems and challenges faced. In this way, they can bring the voice of the child and their family to the fore, albeit indirectly.
- The outcomes of case formulation are written into YOT intervention plans, which case managers are encouraged to discuss with the child. Planning is focused on helping the child to choose their own goals and objectives, and to be future-focused rather than concentrating on the child as the problem.
- Parents/carers/children are involved in discussing the intentions and outcomes of the ECM process, and their views are fed back into future case planning and review forums – some of which they attend.

Helping children to grasp the links between history and behaviour is part of the way professionals apply the knowledge gained. This allows for a controlled and

careful information-sharing process with the child, the pace of which can be determined by them. Striking the balance between allowing children the maximum possible involvement and protecting them from needless exposure to distressing processes, is central to the ethical and practical approach of ECM.

Lessons learned from the Enhanced Case Management seminar

An important lesson from the seminar was the need for a clearer articulation of what the underlying principles of ECM are, its aims, purpose, the practicalities and how a psychology-led approach can support YOT practitioners to contextualise and understand children's needs to support and encourage them to lead crime free lives.

Terms such as 'case formulation' and 'clinical supervision' are not typical in social care generally or in youth justice and criminology more specifically. As such, they are easily misunderstood as medicalising the child. Whilst the contrary is the case, there is perhaps a need to present a clear narrative of ECM and its constituent parts that does proper justice to it, which this paper has sought to address.

There is growing interest in trauma-informed practice as a response to children who come into contact with the youth justice system. The HMIP inspection of YOT public protection work in 2017^{xxvii} recommended that 'all YOTs should be able to identify and respond effectively to emotional trauma and other adverse events in young people's lives, and apply the strategies available for tailoring services to take account of trauma'. NHS England Clinical Commissioning Crime and Health teams in England have supported several YOTs and local authorities with funding to develop and deliver trauma informed training and practice. The Welsh Government has been instrumental to developments in Wales which has culminated in the Youth Justice Blueprint and an aspiration to develop a 'child first' and trauma-informed youth justice system in Wales.

The YJB is continuing to support ECM and to assess and evaluate its impact as an approach to trauma-informed practice, to ensure that it aligns to child focused related policy and practice and that where independent evaluation recommends practice improvements that these are thoroughly explored and implemented

Appendix One

YJB Principle	How trauma-informed practice achieves this
<p>Prioritise the best interests of children, recognising their particular needs, capacities, rights and potential. All work is child-focused and developmentally informed.</p>	<ul style="list-style-type: none"> • Children are not defined by their behaviour and have the capacity to thrive with the right help and support. • The reasons for offending are explored by understanding what a child has experienced, that their functioning may be rooted in the adversities they have experienced and they require assistance, patience and empathy to overcome the difficulties they are experiencing. • Presenting issues can be changed over time through sensitive, developmentally focused and sequenced interventions, which consider each child's physical, cognitive, emotional and social ability,
<p>Promote children's individual strengths and capacities as a means of developing their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society.</p>	<ul style="list-style-type: none"> • Practice focuses on developing a sense of safety and security, is collaborative, participatory, empowering and helps children to make good choices and develop their own goals. • Relational working and the development of a trusting relationship is a key intervention. As children recover from trauma, there is a shift to targeting support in assisting them to focus on future goals. • Children are empowered to feel they can succeed and are supported to build resilience and recognise their strengths. • Children are helped to feel safe, as it is recognised that those who have experienced trauma often feel unsafe and insecure and are likely to have experienced abuse of power in significant relationships. • A greater sense of safety coupled with enhanced resilience and awareness of personal strengths and abilities enables children to develop pro-social identities and to view the future with hope and optimism.
<p>Encourage children's active participation, engagement and wider social inclusion. All work promotes desistance through co-creation with children.</p>	<ul style="list-style-type: none"> • Children are helped to learn about themselves, rather than simply focusing on what they have done • Children are helped to make informed choices about what they can do and how they can achieve their goals. • Opportunities are provided to engage with activities, to build positive networks of support and to exercise choice and control.
<p>Promote a childhood removed from the justice system, using pre-emptive prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system.</p>	<ul style="list-style-type: none"> • The right intervention is delivered at the right time at the right level of developmental need, with emphasis on minimising contact with the criminal justice system or further involvement in it. The approach removes the focus from the symptoms of offending, to what happened to them, reducing the need for offence specific interventions. • Recognising and addressing past trauma enables children to feel heard and valued, offers them the coping skills to move forward positively in their lives, to reduce the likelihood of contact with the youth justice system and to lessen the likelihood of offending. • Being trauma-informed enables practitioners to explain and contextualise children's needs and behaviours in settings where adverse decisions could be made about them e.g. in sentencing or in relation to breach. • Trauma-informed practice is non-stigmatising and seeks to understand and not to judge, blame or shame.

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^{xx} <https://www.therapistaid.com/worksheets/trauma-reactions.pdf>

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^{xxiii} Maslow’s hierarchy of needs explained <https://www.simplypsychology.org/maslow.html>

^{xxiv} Primary desistance is an offence free period and secondary desistance is a change in how the individual sees themselves, with a shift from a criminal to conventional lifestyle.

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