

Enhanced Case Management

Developing our approach to complex cases in youth offending teams



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Why do we need a new approach?

The way we work in youth justice services no longer matches 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's 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 2007 there has been a 68% reduction in the number of young people entering the youth justice system in Wales

Between December 2008 and 2013 the number of Welsh young people in custody fell from 146 to 48

The youth justice system in Wales is a success.

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

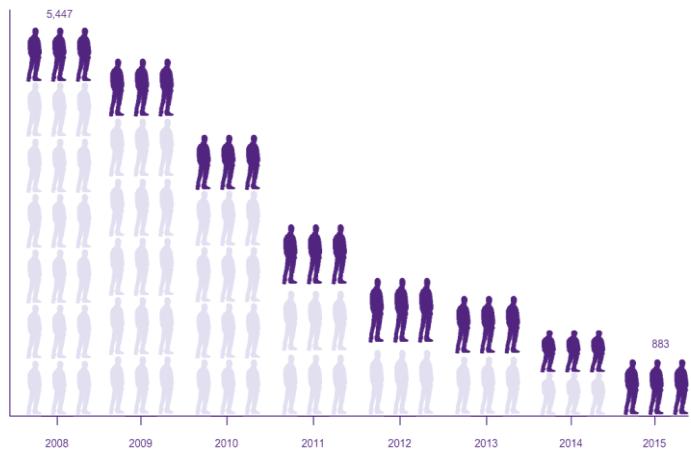
Then joint work developed between YOTs and Police in parts of South Wales. When young people get arrested, restorative justice is used; instead of formal criminal proceedings for lower level crimes – and the reduction accelerated.

When other areas saw how well this worked, they did the same.

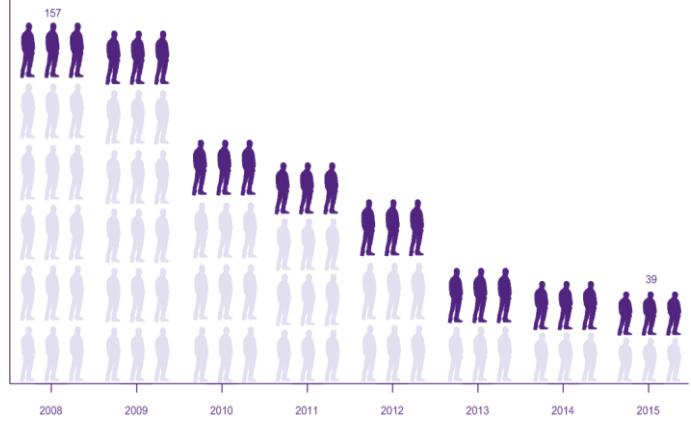
Now, nearly every region of Wales uses restorative alternatives to charging.

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

First Time Entrants to the Youth Justice System in Wales: March 2008 – March 2015

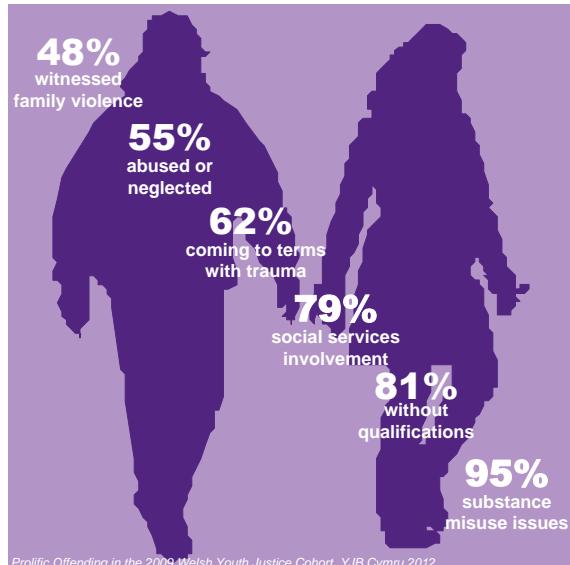


Welsh Young People in Custody: July 2008 – July 2015



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.



There are now challenges because of our success.

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

Some people call it 'the thicker soup'.

It was no wonder the rate of re-offending was gradually rising.

In 2012 we set out to look at this.

33%
Welsh re-offending rate - 2007

37.5%
re-offending rate - 2013

We found strong evidence that higher re-offending is linked to lower numbers.

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

*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*

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

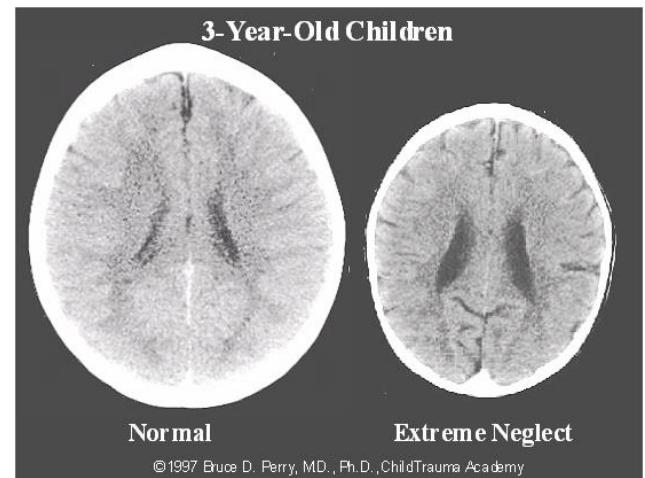
Researchers use the latest scanning technology to explain how an individual's brain development influences the way they act. And, just as important, how the world they live in influences that development.

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. This has obvious implications for offending.



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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 the 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.

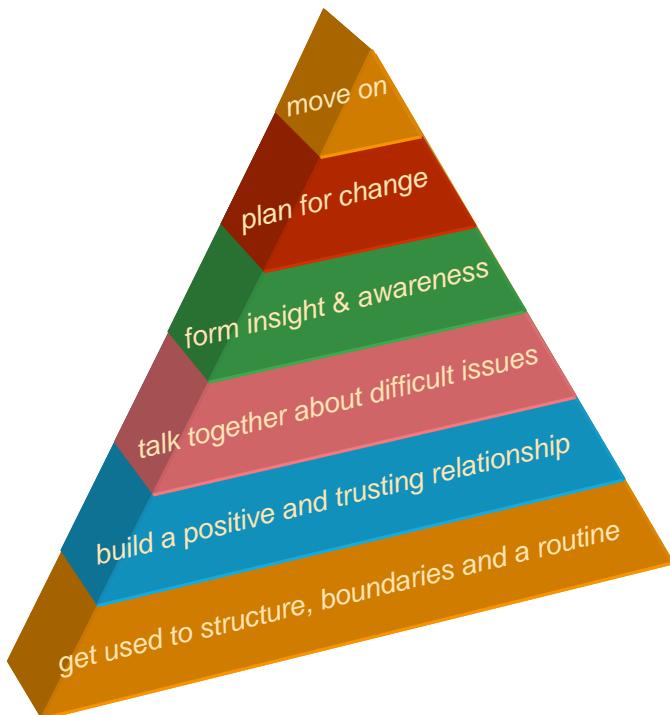
Crucially, they also need to know when it's the right time to try different things.

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're adapting 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're testing how a similar approach works in four Welsh youth offending teams.

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 the here-and-now issues like living conditions, parenting style, educational provision, 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.

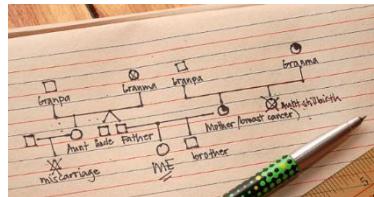
Young people referred to the ECM Project have complex histories and the formulation model explains how chronic, underlying and unresolved trauma can impact on behaviour during childhood and adolescence.

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

Formulation; the practical steps

1

All information on the young person is summarised in the form of a genogram (family tree) which includes a range of bullet-pointed information. 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 where they are from - focus more on the child's needs and less on those of their origins.

Will this new approach work in YOTs?

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 next two years - thanks to Welsh Government funding - we'll be testing this approach with three youth offending teams in Wales.



Three youth offending teams are part of the test team for the new approach:

- Flintshire
- Carmarthenshire
- Blaenau Gwent & Caerphilly

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



Next, 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 takes account of their offending histories, level of need and duration of sentence.

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



The intervention phase is where the real work is done.

A multi-agency care planning team is formed around the cases. The team is guided through case formulation by clinical psychologists who've been commissioned to work with our test sites.

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



Throughout the life of the project we're providing support and assessing the impact the approach is having.

An independent evaluation will tell us whether it's worthwhile encouraging more areas to adopt the approach in future.

Making a 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 has been commissioned to evaluate of the project. This is looking at how participating YOTs implement the new approach, what difference it makes to practice and to the lives of young people.

We will use this to decide whether to carry on to a full pilot on a larger scale.

The evaluation is running in parallel with project delivery and involves the following components.

Stakeholder engagement – to understand if the approach has been implemented successfully, local stakeholders will be asked about their views through interviews and questionnaires.

Young person involvement – this is critical so that we can understand their experiences of the approach. Meaningfully including young people's opinions can be difficult, so the evaluation will use innovative ways that are appropriate rather than relying on traditional methods.

Measuring change in outcomes for young people – it's important to find out if the new approach really helps young people. Information will be collected on young people at key points of the project to assess distance travelled.

Monitoring and sharing practice

Throughout the project the we're providing intensive support to participating YOTs. Combined with monitoring and training, regular practice fora 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.