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Evaluation of the Enhanced Case Management approach

Annex 2 – Case Studies

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

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Annex 2: Case studies

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

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Introduction

- 1.1 These case studies have been provided as examples to add further insight into the profile and experiences of some of the young people involved in the Enhanced Case Management (ECM) trial. They are based on interviews with young people and with Youth Offending Team (YOT) workers, as well as analysis of case files. Details have been changed to protect identity. Please refer to the main report for information on the extent to which any changes can be attributed to the ECM approach.

Case study 1 – ‘Sam’

Profile

- 1.2 Sam is 16 years old. He and his family have been involved with child protection services on-and-off since he was young. His offending history included criminal damage, theft, causing nuisance, and violence against a person. During previous engagements with the YOT, Sam breached his Referral Order and conditions of bail.

Involvement in trial

- 1.3 Sam started the ECM trial when he was subject to a six month Referral Order. He was involved in the trial for over 15 months.

Case formulation

- 1.4 The case formulation meeting involved the YOT Case Manager, Family Support Worker, Youth Worker, Community Psychiatric Nurse, Clinical Psychologist from FACTS and the ECM trial Project Lead.
- 1.5 The case formulation report plotted Sam’s offending history over the course of his life, identifying ‘spikes’ in offending connected to family events and personal living arrangements. A key conclusion from the case formulation meeting was that there was a ‘disconnect’ between how Sam physically presented (looked older, more confident, seemed higher functioning) and his underlying needs and that this had, in the past, affected the nature and level of engagement from agencies. The case formulation meeting identified needs around cognitive functioning (operating at 11-12 years old), social functioning (relatively in-line with age but in need of support) and emotional development (operating at 5-6 years old). Other problems included regular and frequent cannabis use, mental health related problems, lack of school attendance, and threatening violent behaviour.

Practice under the ECM trial

- 1.6 The ECM approach helped to ensure that the support provided by the YOT aligned with Sam’s emotional developmental needs and work with him focused on establishing a stronger working relationship with his case manager. The YOT workers also increased the amount of

work that was undertaken with Sam outside of the family home and outside of the YOT. This mainly involved work in a more informal (community) setting.

- 1.7 Case formulation reviews used the TRM to explore Sam's ongoing needs and progress. They highlighted that a lot of Sam's life was still operating at TRM Level 1 (see Figure 3 in main report) and, as a result, the work was adapted to more closely reflect his underlying needs. This included an escalation of Sam's case with child protection services and further focus on Sam's mother's mental health, which was contributing to Sam's lack of safety. Ongoing reviews also uncovered further complexities in Sam's life including accusations of harmful sexual behaviour, and exposure to domestic violence.

Improvements experienced

- 1.8 During the trial, Sam's life continued to be difficult and highly volatile because of ongoing drug use, possible drug dealing, involvement with criminal networks, substance misuse, mental health concerns and threatening violent behaviour in the home. As a result, Sam was made subject to a child protection plan. Shortly afterwards, he was arrested and subsequently convicted for grievous bodily harm.
- 1.9 Despite this, Sam had some improvements during the trial. Firstly, his relationship with the YOT worker improved. This was highlighted by Sam as well as YOT staff. For instance, he stated that his YOT worker was "actually OK" and was somewhat surprised that the YOT worker had helped him to "open up" and talk about some of the issues that he faced: "I can't believe how much I'm talking". Sam noted that he didn't normally do this and tended to "keep things to myself". Some of the issues he highlighted included his feelings of how he was treated within his family.
- 1.10 Sam experienced a number of knock-on effects from this improvement in relationships and this 'opening up'. For instance, he actively requested and agreed to engage with an emotional and mental health assessment. Following this, he engaged with a specialist worker who could help address both his substance misuse and mental health concerns and he made further disclosures about his mental health and he accessed support to help him sleep. Improvements in working relationships with child protection social workers were also noted in the case file, including more discussions about his own life circumstances. Engagement with the YOT's reparation worker (i.e. person responsible for co-ordinating interventions and projects which help young people to repair the harm caused by their offending behaviour) also improved and a referral to family therapy was made. Finally, after a number of years of not accessing education, Sam started college and his attendance rates were good.

Case study 2 – ‘Jon’

Profile

- 1.11 Jon is 16 years old. During the trial, he was subject to a child protection plan because of neglect and emotional abuse. Jon was exposed to significant levels of domestic violence from a young age. Jon’s mother – who he lived with previously – suffered from depression and substance misuse. The child protection plan noted that this impacted on bonding and attachment. During the trial, Jon lived with his father who misused substances and was verbally abusive. Home conditions were described in the case file as ‘awful’. His offending history included handling stolen goods, stealing motor vehicles, possession of an air rifle, theft from a motor vehicle, possession of a knife, damage to property, and harassment. Previous disposals included a Youth Conditional Caution, Referral Orders, and Youth Rehabilitation Orders (YRO). His contact with the YOT started when he was aged 11.

Involvement in trial

- 1.12 Jon started the ECM trial when he was 14 and was subject to a six month Referral Order. His involvement continued until the end of a YRO and was extended voluntarily for a further four months.

Case formulation

- 1.13 The case formulation meeting involved the YOT Case Manager, Youth Justice Service Officer, YOT Operations Manager, Clinical Psychologist from FACTS and the ECM trial Project Lead.
- 1.14 The case formulation report presented a clear history of Jon’s life, including major life events and offending history. Links were made with the TRM and from the outset Jon was assessed as having needs mainly around TRM Level 1 (see Figure 3 in main report). In light of this, the initial plan sought to establish a better understanding of Jon’s needs especially in relation to potential learning disabilities/difficulties, previous trauma and attachment difficulties.

Practice under the ECM trial

- 1.15 A range of new/additional referrals were made as a result of the new information collected and conclusions drawn as part of the case formulation (e.g. concerns that Jon may have a learning difficulty and may need support on adaptive functioning¹). However, these referrals did not go ahead as the agencies that received the referral thought that Jon’s needs did not meet the eligibility criteria for assessment. Alternative ways of meeting these needs were not pursued. Ongoing engagement from Children’s Services and Education teams was not as strong as it could have been given Jon’s needs. Efforts were made by YOT team members to

¹ Adaptive functioning means how well a person handles common demands in life and how independent they are compared to others of a similar age and background.

encourage greater engagement but without success (e.g. seeking to escalate a child protection referral).

- 1.16 The YOT used a range of activities (e.g. cooking) to improve Jon's engagement and increase his trust. Jon agreed to attend counselling around attachments and relationships. This was described in the case file as high quality with good engagement. Jon's engagement with group work also improved during the trial.

Improvements experienced

- 1.17 The ECM approach was regarded by the case manager as being crucial in building a constructive relationship with the young person. This helped to increase the level of trust between Jon and his workers and, in turn, Jon became more willing to access to support/services offered by the YOT. Some of the progress achieved included:
- Improvement in Jon's self-esteem, resulting in constructive engagement with community activities (e.g. sport). In turn, this resulted in a lessening of concerns around what Jon was doing during unstructured time.
 - Jon started full-time at college.
 - Reduced use of cannabis.
 - Improved relationships with some other family members.
 - Better independent living skills that enabled him to distance himself from negative influences from family members and peers.
- 1.18 The YOT case manager highlighted how the ECM approach was helpful in re-focusing Jon on the future, rather than focussing on the past.
- 1.19 In Jon's view the most helpful thing that the ECM approach did for him was work with children's services who placed him in care temporarily, with ongoing support. This enabled him to create distance from negative family influences and get some 'headspace'. The sessions with YOT workers "allowed me to keep my head down and [sport] helped me stay away from negative friends".
- 1.20 During the trial Jon committed a further recorded offence, i.e. criminal damage. However, since then he has no further recorded reoffending.

Case study 3 – ‘Ashley’

Profile

- 1.21 Ashley is 18 years old. He had been in foster care since he was about 13 and had experienced multiple breakdowns in his placements. At the point of joining the trial, Ashley had harmful sexual behaviour, was not in education, employment or training, regularly used cannabis, and had previously been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). His offending history included multiple instances of common assault, criminal damage, harassment, theft, and burglary. Previous disposals included Youth Restorative Disposal, Final Warning, Referral Orders, YROs (with and without an Intensive Supervision and Surveillance (ISS) condition). There were two instances of breaching his conditions: a YRO with ISS conditions and a conditional discharge.

Involvement in trial

- 1.22 Ashley started the ECM trial when he was 17 under a YRO. During the trial he reoffended and so started a new YRO partway through the trial. His involvement lasted about 12 months.

Case formulation

- 1.23 The case formulation meeting involved the YOT Case Manager, two YOT workers, a Looked After Children’s Education Service worker, a Social Worker, a representative from the 16+ Service, a practitioner from the Supported Housing Service, the Clinical Psychologist from FACTS and the ECM trial Project Lead.
- 1.24 Before the meeting, members of the team were provided with a copy of Ashley’s genogram. At the meeting, links were made around the challenges faced by Ashley, in particular around the regulation of emotions.
- 1.25 The case formulation approach concluded that Ashley’s needs mainly rested at Level 2 of the TRM (see Figure 3 in the main report). Recommendations for action, therefore, focused on: maintaining a supportive structure and increasing one-to-one work with trusted adults (especially to increase Ashley’s sense of being supported and encouraging self-regulation).

Practice under the ECM trial

- 1.26 The case formulation meeting concluded that the YOT and other agencies should re-focus their support on key areas for Ashley, i.e. substance misuse, accommodation, education, employment and training, and budgeting. Reparation and restorative approaches were prioritised in terms of offence-focused work. The main differences in practice were (a) that all agencies working with Ashley had a common understanding of his needs and of a jointly agreed plan; and (b) delivery of support was focused on building effective working relationships and trust.

Improvements experienced

- 1.27 Ashley highlighted a number of improvements that he felt he had achieved under the ECM approach. This included: a more positive relationship with the YOT team, reductions in cannabis use, and meeting all the conditions of his court order. He felt that he was also in a position to start addressing his financial debts and was hopeful about changes in his living arrangements. Ashley reported “the team ‘pulled me out of it’ [the offending]...If it hadn’t been for the YOT I would be in prison”. He highlighted that the support was frequent and intense.
- 1.28 There was one instance of reoffending (at the early stages of involvement in the trial) with no further recorded offences since (either during the trial or after).

Case study 4 – ‘Dylan’

Profile

- 1.29 Dylan is 18 years old. In the past he had witnessed and been a victim of domestic violence within the family home and his mother had a history of self-harming. Dylan had been in contact with child protection teams since he was 5 years old due to concerns about neglect and sexual harm. At the point of the trial, Dylan was no longer subject to a child protection plan but due to disclosures during his involvement in the trial his living arrangements were of such concern that he was taken into care. His offending history started when he was 10 years old and included multiple instances of assault (common assault, actual bodily harm and grievous bodily harm), theft, handling stolen goods, criminal damage, robbery and public order offences.

Involvement in trial

- 1.30 Dylan started the ECM trial when he was on a 12 month YRO with an ISS condition. His involvement in the trial ended after 16 months, which included some voluntary engagement beyond the tenure of his order.

Case formulation

- 1.31 The case formulation meeting involved the YOT Case Manager, the YOT Operations Manager, a YOT Practitioner, a Family Support Worker, a Community Psychiatric Nurse, the Clinical Psychologist from FACTS and the ECM trial Project Lead.
- 1.32 The meeting established a clear timeline of key events in Dylan’s life. This reinforced concerns about his long history of being a victim of neglect, abuse and violence and his misuse of substances. The case formulation process also identified a number of instances of bereavement and how this connected to his mental wellbeing, relationships (personal and with services) and attachments. The case formulation approach concluded that further work needed to be undertaken at TRM Level 1 (see Figure 3 in the main report).

Practice under the ECM trial

- 1.33 As a result of the conclusions from the case formulation meeting, the plan prioritised the establishment of an effective working relationship with Dylan. This involved undertaking practical activities with Dylan (e.g. going for a walk, going out for a coffee, artwork) and adapting these depending on his interests.
- 1.34 An example of the difference in approach under ECM compared to previous practice is demonstrated in relation to efforts to address education, training and employment. Previously, about 6-8 different attempts had been made by the YOT and its partners to secure education, training or employment provision for Dylan and to encourage his attendance. Each time, the arrangements had fallen through and/or Dylan had not sustained his attendance. The case formulation process helped to demonstrate this would continue to

be the case as Dylan experienced severe psychological distress. The ECM approach helped to re-focus work on supporting Dylan to overcome this first; for instance, it gave high priority to establishing more secure and permanent living arrangements.

Improvements experienced

- 1.35 The investment in establishing and building a positive relationship with Dylan had a range of benefits including:
- Greater disclosure about his family life (past and present) and his feelings about this.
 - Greater engagement with Dylan about how to manage his emotions.
 - Positive engagement with the conditions of his court order, including reparation.
 - Seeing his GP and seeking further support around low mood and depression.
 - Establishing greater stability in his living arrangements.
- 1.36 There have been no instances of recorded reoffending since his involvement in the trial.