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# Evaluation of the Enhanced Case Management approach

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## FINAL REPORT

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

# Evaluation of the Enhanced Case Management approach: final report

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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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## **Glossary**

CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
ECM	Enhanced Case Management
FACTS	All Wales Forensic Adolescent Consultation and Treatment Service
GP	General Practitioner
ISS	Intensive Supervision and Surveillance
PNC	Police National Computer
TRM	Trauma Recovery Model
YJB	Youth Justice Board
YOGRS	Youth Offender Group Reconviction Scale
YOT	Youth Offending Team
YRO	Youth Rehabilitation Order

## **Overview of disposals for young people who offend**

This report refers to disposals that can be given to young people (aged 10-17 years) who offend. Brief explanations are provided below for the ones that feature in this report and/or accompanying annexes.

Final Warning	A Final Warning was an out of court disposal that was replaced by Youth Cautions and Youth Conditional Cautions in 2013 (see below).
Intensive Supervision and Surveillance	Intensive Supervision and Surveillance (ISS) is a condition that can be attached to a Youth Rehabilitation Order. ISS can be imposed for up to 12 months and requires that, at the start of the order, the young person has 25 hours of contact a week with the YOT.
Referral Order	A Referral Order is a community sentence (of between three and 12 months) for young people who appear in court for the first time and who

have pleaded guilty. It can also be imposed in other circumstances. The young person attends a panel meeting with members of the community and the YOT. A contract, containing agreed commitments, is drawn up with the young person, which they will carry out during the order. The contract will always include rehabilitative and restorative elements.

Youth Caution	Youth Cautions are an out of court disposal available for young people who have committed first time or a low-level offence. The young person must admit guilt to receive a Youth Caution and may receive voluntary support from the YOT to help them to address any problems that have been identified.
Youth Conditional Caution	Youth Conditional Cautions are an out of court disposal available for young people who admit guilt for a first time or a low-level offence. The young person has to comply with the YOT regarding any conditions that are imposed.
Youth Rehabilitation Order	The Youth Rehabilitation Order is a community sentence that can run for a maximum of three years. One or more of 18 conditions can be attached to the order, including Intensive Supervision and Surveillance, a curfew, and unpaid work.
Youth Restorative Disposal	The Youth Restorative Disposal (also known as a community resolution) is an out of court disposal delivered by the police to a young person who has committed a minor offence, where there is an admission of guilt. This is rather than dealing with the incident through the criminal justice system. The disposal is intended to be restorative in nature and to make amends directly to the victim.

## **Thank you**

Cordis Bright would like to thank all those who participated in and/or supported this evaluation. This includes young people, parents/carers and staff from YOTs, FACTS, YJB Cymru and the Welsh Government.

# 1. Background

## Overview

- 1.1 The Youth Justice Board (YJB) Cymru and the Welsh Government worked with four (then reduced to three) Youth Offending Teams<sup>1</sup> (YOTs) and the All Wales Forensic Adolescent Consultation and Treatment Service (FACTS) to trial a new Enhanced Case Management (ECM) approach to working with young people who were in contact with the youth justice system. This approach was grounded in the Trauma Recovery Model (TRM) and was designed to:
- Provide YOT practitioners and managers with increased knowledge and understanding in relation to how early attachment, trauma and adverse life events can impact on a young person's ability to engage effectively in youth justice interventions.
  - Provide a psychology-led approach to multi-agency case formulation and intervention planning. This, in turn, would enable youth justice staff to tailor and sequence interventions more effectively according to the developmental and mental health needs of individual young people.
- 1.2 Cordis Bright was commissioned by the YJB Cymru and the Welsh Government to undertake an evaluation of the trial. The evaluation was commissioned in April 2015. The period for fieldwork was November 2015 to October 2016. This is the final report of the evaluation.

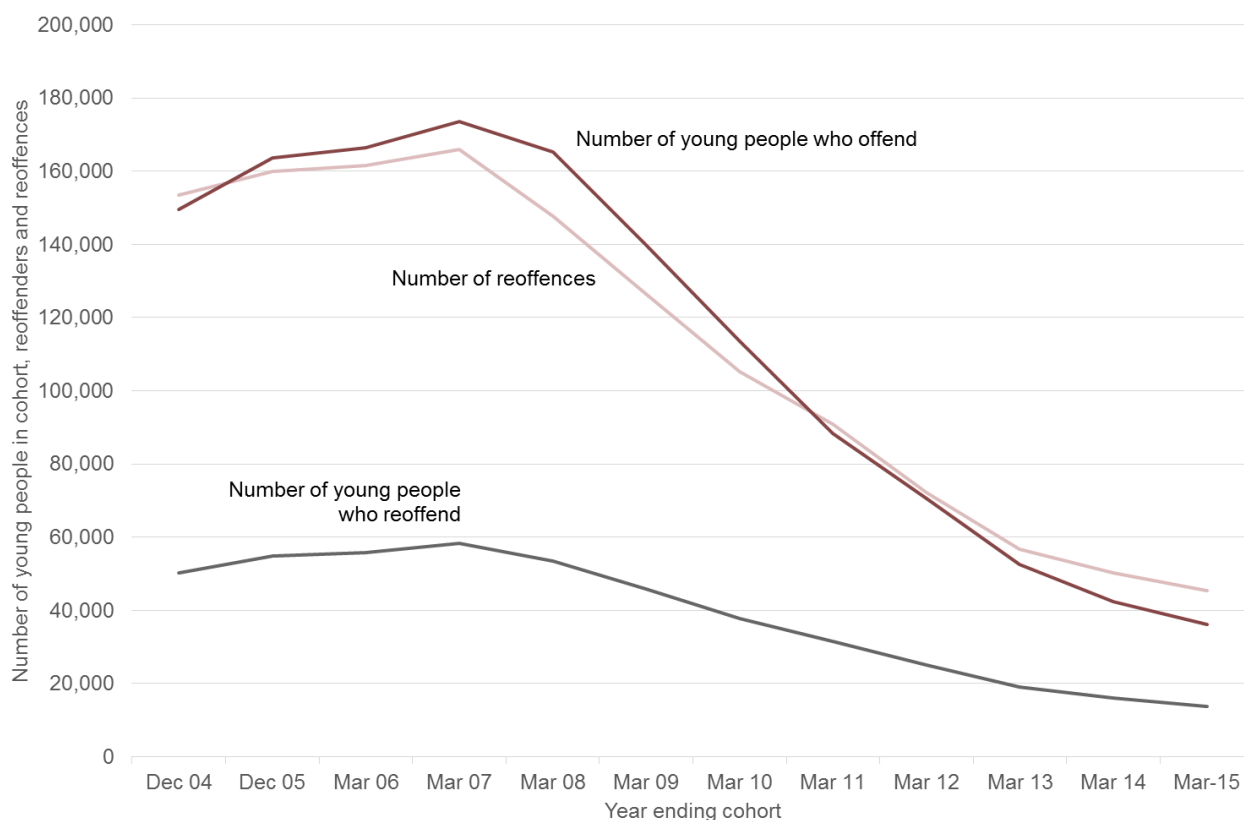
## Background and context

- 1.3 *Children and Young People First* (July 2014) provides the framework through which the prevention of offending and reoffending by children and young people is achieved across Wales. This joint youth justice strategy between the Welsh Government and YJB sets out five priorities to achieving a coherent end-to-end approach to youth justice, i.e. a well-designed partnership approach; early intervention, prevention and diversion; reducing reoffending; effective use of custody; and resettlement and reintegration at the end of a sentence. The ECM approach was tested as part of these priorities.
- 1.4 The joint youth justice strategy explains the rationale for developing the ECM approach. It highlights that there is a core of young people with high rates of reoffending and that these young people often have complex needs (e.g. previous or current contact with social services and/or mental health services; special educational need). It recommends that steps are taken to ensure that youth justice services are able to meet the needs of this group of young people.
- 1.5 The issues highlighted in the joint youth justice strategy are consistent with more recent statistics for 2015-16 collected by the YJB for England and Wales (Youth Justice Board/Ministry of Justice, 2017). This is summarised in Figure 1.

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<sup>1</sup> This term is used throughout in line with the Crime and Disorder Act 1998.

**Figure 1: Number of offenders, reoffenders and reoffences, years ending December 2004 to March 2015**



Source: Youth Justice Board/Ministry of Justice, 2017

- 1.6 Figure 1 shows that between December 2004 and March 2015, the number of young people in the offending cohort across England and Wales fell by 76 per cent to 36,300. At the same time, the number of young people in the cohort who were reoffenders decreased by 73 per cent to 13,700. As the size of the total offender cohort has fallen by a greater proportion than the number of reoffenders, the reoffending rate has increased over the period.
- 1.7 In relation to the profile of young people who reoffend, the joint youth justice strategy refers to a profiling exercise undertaken by YJB Cymru (YJB Cymru, 2012). This examined Police National Computer (PNC) data relating to all young people in the Welsh youth justice system between January to December 2009. The aim was to profile young people in the youth justice system with a history of being convicted of 25 offences or more. The study found that 303 young people had been convicted of 25 or more offences. A more detailed analysis was undertaken of 117 cases from 10 YOTs across 13 local authorities (selected to reflect differences across Wales, e.g. cohort size, location and diversity of caseload). This highlighted a range of characteristics of these young people. For instance:
- 48 per cent had witnessed family violence
  - 55 per cent had been abused or neglected
  - 62 per cent had difficulty coming to terms with trauma



- 79 per cent had social services involvement
- 81 per cent were without qualifications
- 95 per cent had substance misuse issues.

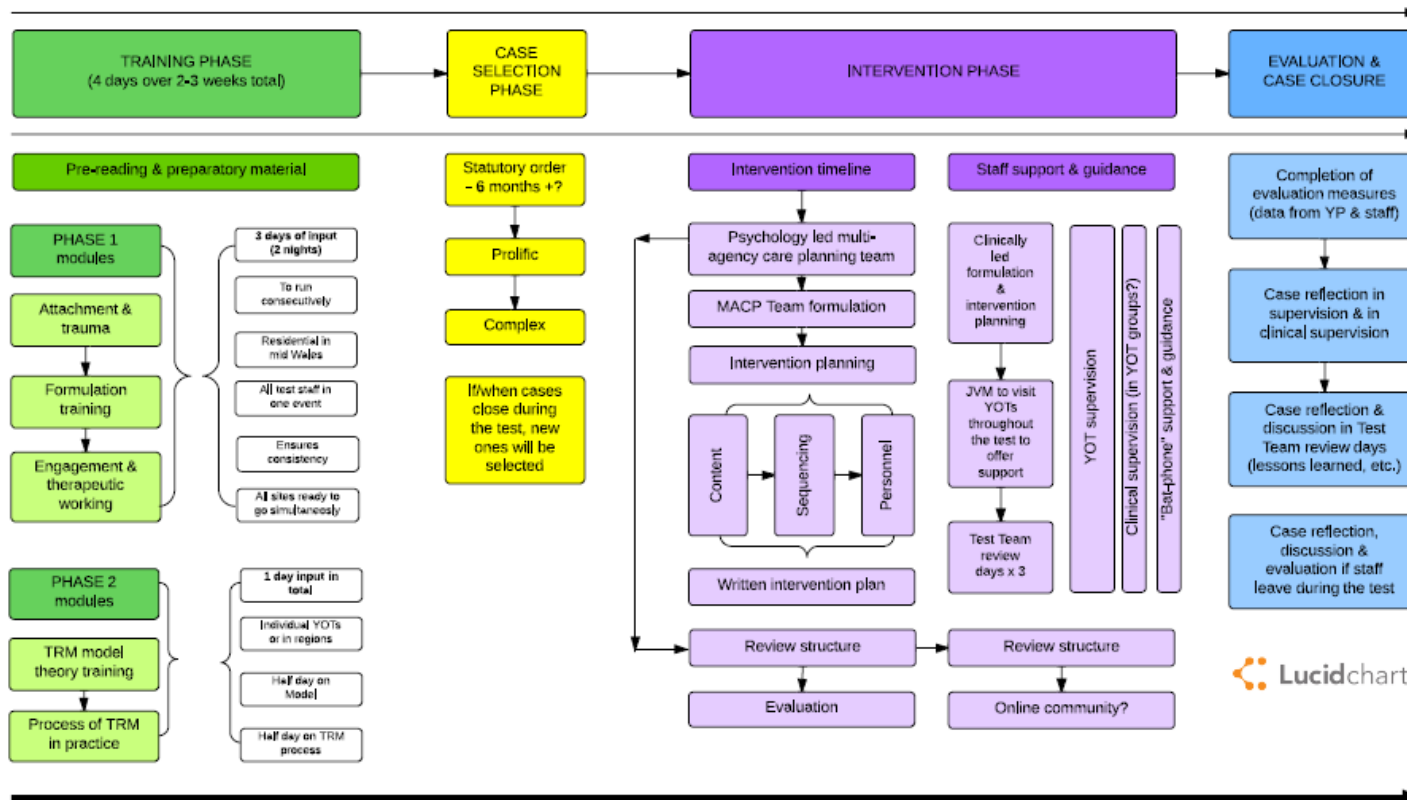
- 1.8 The specific needs of this cohort of young people are further supported by other statistics and research. For instance, an examination of mental health services in the youth justice system in England (Berlowitz, 2011) indicated that young people often have emotional and low-level mental health issues, which stem from early trauma and adversity. This adds to the complexity of their immediate needs. These issues fall outside the threshold for specialist Child and Adolescent Mental Health services (CAMHS), because these young people do not have a diagnosable disorder (Nacro Cymru, 2009). In consequence, both of these pieces of aforementioned research conclude that youth justice practitioners are faced with considerable challenges in responding to these individuals' developmental needs.
- 1.9 As a result of these findings, the joint strategy agreed to develop a new case management approach for YOTs. This resulted in the ECM approach. It sits alongside other initiatives designed to address reoffending, in particular: supporting the role of YOTs and improving sentence management; understanding reoffending and addressing complex needs; and improving the links with and transitions of young people to adult services (Welsh Government/YJB, 2014, p16-17).

#### **About the Enhanced Case Management approach**

- 1.10 In 2013, the Practice Development Panel (a collaboration between YJB Cymru, the Welsh Government, YOTs and the Welsh Centre for Crime and Social Justice) built on the recommendations of the joint youth justice strategy and endorsed a proposal that a new approach to case management should be developed, drawing on the TRM. This involved a three year project to work with YOTs to develop the approach, trial it and evaluate it. This has become known as the ECM approach.
- 1.11 The ECM approach consists of the following elements:
- the use of the TRM as the underpinning theory
  - dedicated roles to support development and roll-out
  - training for practitioners and managers
  - clear eligibility criteria
  - securing informed consent to participating in the approach from young people and, where appropriate, their parent(s)/carer(s)
  - a case formulation approach which, as part of this, draws on the skills of a clinical psychologist
  - aims to ensure that interventions and practice are better matched to young people's developmental need
  - provision of clinical supervision for YOT practitioners.
- 1.12 Each of these elements are summarised in Figure 2 and explained in more detail below.

Figure 2: ECM approach

## TRM Case Management - Test Process (V 0.5)

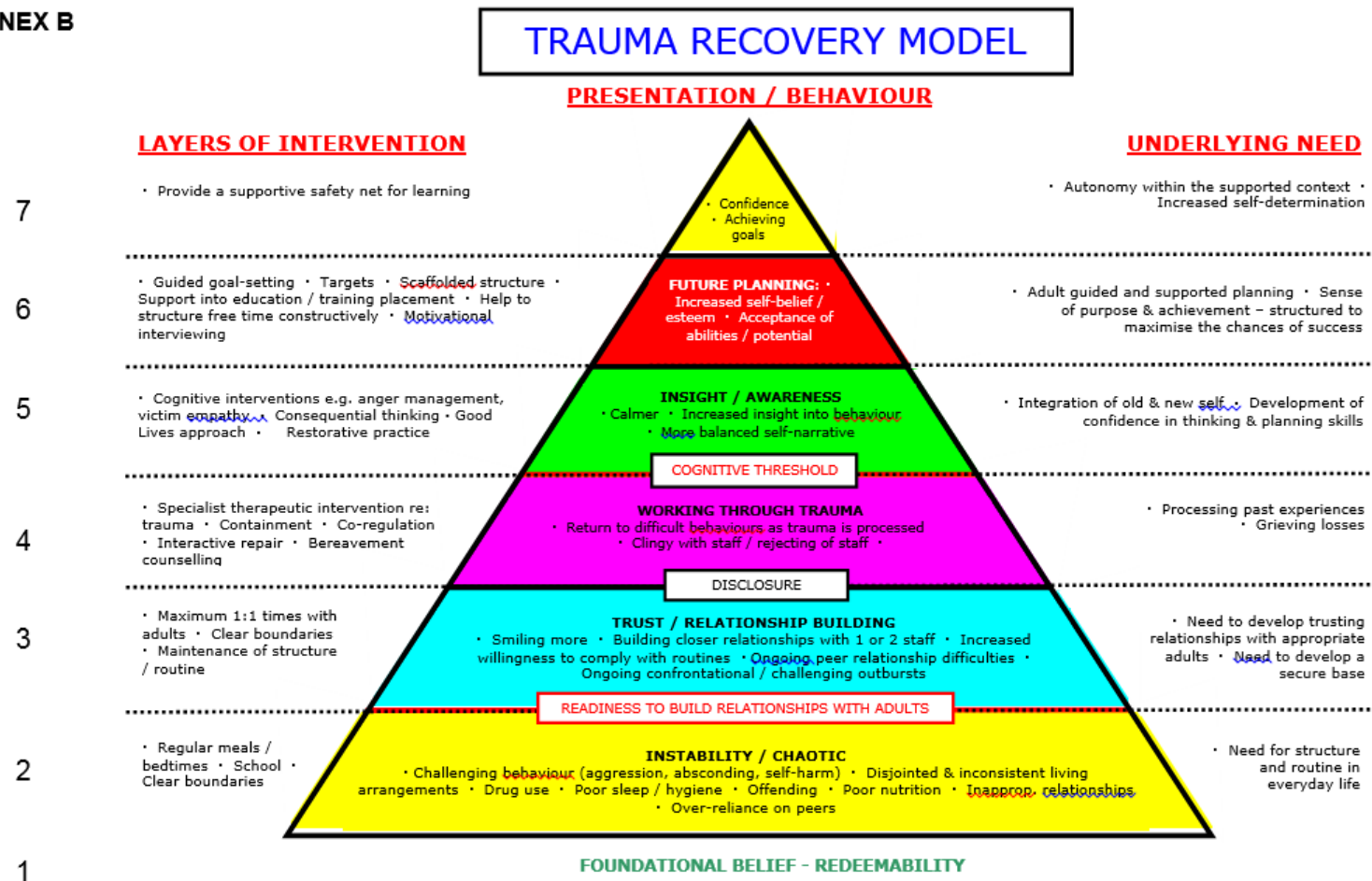


### *Trauma Recovery Model*

- 1.13 The TRM was developed by Dr Tricia Skuse and Jonny Matthew and built on their work with young people serving sentences at Hillside Secure Children's Home, or who were subject to secure accommodation orders. It draws on: theories about child development and attachment; neurological impairment and the impact of maltreatment and behavioural conditions; the mental health of young people in the youth justice system; and interventions, effective practice and treatment attrition (Skuse & Matthew, 2015).
- 1.14 The model highlights that trauma during early development and/or impairment in the attachment relationship between child and caregiver can lead to problems which can be focused inwardly (anxiety, depression, suicidal thoughts) or outwardly (offending, aggression, impulsivity) (Trauma Recovery Model.com, 2016). TRM suggests that young people who experience early childhood trauma are trapped at an early stage of emotional development, which has significant implications for how to work and intervene with young people (Welsh Government, 2015a). According to the model, young people experiencing this type of difficulty to a chronic level are unable to benefit from interventions such as Cognitive Behavioural Therapy (CBT) which requires the ability to think abstractly, and to appreciate other people's perspectives (empathise). The model draws on evidence that many young people do not reach the age of formal operational thought and the ability to think abstractly until as late as 20 years old (Skuse & Matthew, 2015).
- 1.15 The TRM involves taking young people through a series of developmental stages, over a period of time (see Figure 3) (Skuse & Matthew, 2015). Progression to the next level can only occur when needs in the preceding level have been met.

Figure 3: Stages in the TRM

ANNEX B



- 1.16 Figure 3 shows that the first (foundation) level is based on the idea of ‘redeemability’ i.e. young people can be supported to have better lives and better outcomes.
- 1.17 The second level of the model follows Maslow’s hierarchy of needs (Maslow, 1943) which posits that healthy psychological growth can only occur where basic physiological and safety needs have been met. As a result, the second level of the model is the need for support to focus on helping to establish structure and routine in everyday life, e.g. safe accommodation, regular meals, regular bedtimes, personal hygiene, educational routine, consistent boundaries and expectations of behaviour (Skuse & Matthew, 2015).
- 1.18 Once these basic needs are starting to be met, the TRM states that young people are more likely to be ready for, and open to, developing trusting relationships with appropriate adults. As a result, the third level of the TRM focuses on staff working with young people to build constructive relationships.
- 1.19 The fourth level of the TRM proposes that once strong working relationships are developed, young people are able to start to engage with and disclose current or historical trauma. Skuse and Matthew (2015) write:
- ‘Over time—sometimes a very protracted period—this yields opportunities to talk in more depth, to discuss pertinent issues that arise and to revisit difficult life experiences. It is not until young people have successfully negotiated the first two layers of the model [first three layers in Figure 3] that they feel safe enough, perhaps for the first time, to begin to think about and articulate what has happened to them in the past. The sorts of disclosures that typically emerge include complex bereavement, abuse, neglect, maltreatment, exploitation, incest and domestic violence.’ (p22)*
- 1.20 This enables staff to work sensitively and/or to refer to specialist therapeutic interventions where necessary to help the young person work through traumatic experiences and losses.
- 1.21 Skuse and Matthew (2015) argue that until young people have completed the first four stages of the TRM they are not able to fully understand their current situation, their behaviour or to address the impact or implications of their offences. As a result, it is only at stage 5 that staff can start working with young people on topics such as consequential thinking skills, empathy, and restorative approaches.
- 1.22 By the penultimate layer of the TRM young people have developed an *‘increased sense of self-belief and a greater acceptance of their abilities and potential’* (Skuse & Matthew, 2015, p23). Nevertheless, they argue that young people still *‘require a significant amount of support in the form of guided goal setting, support into education and a scaffolded approach to structuring free time and community living in order to maximise the chances of sustained success’* (p23).
- 1.23 The final phase of the TRM recognises that over time these young people can achieve self-determination, and live healthy, independent lives in the community with low or no levels of additional support.

- 1.24 Unpublished evidence from the YJB on the use of the TRM in secure children's home settings showed the following.
- Assessments were more likely to take a longer-term view of the child's needs and their likely 'journey' over time.
  - There was greater understanding across practitioners of how children's needs were connected to their level of development and a greater recognition of the need for greater use of proactive preventative action to address these needs (rather than reactive, crisis responses).
  - There was increased focus on the underlying needs of the child, and not just their presenting behaviour.
  - There was improved understanding of the importance of staff taking a consistent approach to meeting the child's needs.
  - It helped to provide a common framework which was used by a range of agencies and professionals working with a child.
  - It provided a framework against which progress or regression was gauged.
- 1.25 In light of this experience, Dr Tricia Skuse and Jonny Matthew proposed that the TRM could be applied within YOTs and was developed as the ECM approach. The ECM approach applied the TRM to assessment, interventions, staff support and review.

*Dedicated roles to support the development and roll-out of the ECM approach*

- 1.26 Two roles were established to support the development and roll-out of the ECM approach: a project lead (a consultant social worker) and a clinical psychologist.
- 1.27 The project lead and clinical psychologist translated the TRM for use in YOTs and were involved in the design of the ECM approach. They produced practice guidance and the training for YOT staff and facilitated the training, which focused on understanding of attachment, child development and trauma and how these could affect daily functioning.
- 1.28 In the early stages, the project lead worked closely with YOTs to encourage their involvement in the trial and support set-up. Once underway, the project lead provided guidance to YOTs on the appropriateness of potential referrals, vetted the cases proposed to ensure they met the criteria, liaised with YOTs on their convening of the case formulation meetings, chaired and participated in those meetings and produced genograms and case information summaries.
- 1.29 The project lead and clinical psychologist worked with the YOT case manager for the duration of time the young person was part of the ECM trial, offering on-going advice/support and participating in progress monitoring and case formulation reviews.

- 1.30 The clinical psychologist had clinical oversight for the trial. This included leading and reviewing the multi-agency case formulation process and providing clinical supervision for staff, which included clinical advice on case management.

#### *Training for practitioners and managers*

- 1.31 The ECM approach involved training practitioners and managers from YOTs and other agencies. The training was designed to ensure that staff had a good understanding of child development, parent-child attachment, how trauma experienced by a child can impact on a child's development, the TRM (theory, model and how it could be used by practitioners) and importance of clinical supervision (YJB Cymru, 2015).
- 1.32 Training was provided by the project lead and clinical psychologist and consisted of initial sessions to explain the TRM, the ECM approach and the principles that underpin it; refresher training at specific intervals to help to ensure programme integrity; and any further specialist inputs that emerged as the project progressed.
- 1.33 Training was complemented by practice guidance which provided step-by-step information on using the ECM approach within YOTs.

#### *Eligibility criteria*

- 1.34 The following eligibility criteria were originally established to determine participation in the ECM approach (YJB Cymru, 2015). They were amended during the trial.
- A prolific offending history in the previous 12 months, i.e. the young person must have had five or more offences in the 12 month period preceding their referral to the project.
  - 'Evident complexity'. This included: child protection registration and/or involvement of other social services, Looked After status, substance misuse, emotional and mental health issues, brain injury and/or other neurological disabilities, learning and/or educational difficulties, and/or speech, language and communication needs.
  - A current statutory order from the Youth or Crown Court, i.e. at the time of referral to the project, the relevant order must have had at least six months still to run.
- 1.35 YOTs were responsible for identifying and putting forward cases that might be eligible to participate in the ECM trial. Advice from the project lead was available as part of this process. A formal referral was then made to the project lead who would confirm (using information provided in assessment documents) whether the young person was eligible.

#### *Informed consent*

- 1.36 Young people and, where relevant, their parent(s)/carer(s) needed to give their informed consent to be involved in the ECM approach.

#### *Case formulation*

- 1.37 The purpose of case formulation was to analyse information held about the young person from birth to the current time, with the aim of identifying and understanding the underlying

attachment issues and/or unresolved trauma in line with the TRM. This then aimed to develop an effective plan that guided the work of the YOT with the young person throughout the period of their order.

- 1.38 Case formulation required the presence of all relevant professionals across all relevant agencies who knew the child or the tabling of written information where attendance was not possible. This process was facilitated by the project lead and the clinical psychologist (within the trial, this was a member of the FACTS team).
- 1.39 Guidance highlighted that the following steps would be involved (YJB Cymru & Welsh Government, undated).
- The YOT case manager would identify all relevant professionals who knew the child and invite them to attend the case formulation meeting.
  - In advance of the meeting, the project lead would use assessments produced by the YOT case manager to summarise all information known about the young person. This genogram (a pictorial display of a person's family relationships) would be circulated to the professionals attending the case formulation meeting.
  - At the case formulation meeting – facilitated by the clinical psychologist – the genogram would be discussed and amended with any additional information. A detailed timeline of the young person's life to date would also be constructed. This was designed to ensure that all practitioners would have a good understanding of the young person's difficulties and their personal development. Key events in the child's life would be included to help understand the key factors which contributed to the child's problems.
  - The clinical psychologist would then summarise the discussion into an initial case formulation, i.e. a 'story' of the young person's journey so far, why the problems existed and how these may link with the young person's developmental process and influence current behaviours.
  - This would then be applied to the TRM and a set of recommendations for intervention and support developed. These would be tailored to the developmental needs of the child and 'sequenced' (in line with the TRM) for the best engagement and greatest impact.
  - The psychologist would write-up the information and recommendations into a case formulation report which would act as the basis for the intervention plan.
- 1.40 The case formulation approach also involved an ongoing review process. This was designed to help ensure that the intervention plan (which detailed the work and support that would be undertaken with the young person) matched the case formulation conclusion and the TRM. It would also enable progress to be monitored and for the case formulation to be updated in the light of new information. The timings of the reviews would depend on the specific needs of the case. All cases were expected to receive a case review at the point of closure so that next steps and any transition arrangements could be agreed. Case formulation reviews would be facilitated by the clinical psychologist and/or the project lead.



### *Interventions and practice that are better matched to need*

- 1.41 As a result of the preceding steps, the ECM approach anticipated that interventions and practice (as detailed in intervention plans or support plans) would then be better matched to the needs of the young person and their current position along the TRM. Some of the actions that may arise from this would be: new interventions; additional or alternative support services; similar interventions but phased/sequenced in a different way; and closer focus on addressing underlying needs and building effective working relationships with the young person.

### *Ongoing case recording*

- 1.42 Case formulation and ongoing activities were recorded within YOT electronic case management systems. Over the period of the trial, YOTs started using a new YJB approved assessment tool called AssetPlus. This replaced its predecessor (Asset). The YJB National Standards required YOTs and their partners to use AssetPlus (YJB, 2014a). This was implemented across the three trial sites in November 2015, March 2016 and May 2016 (YJB, October 2016).

### *Clinical supervision*

- 1.43 Clinical supervision was offered to YOT staff who managed cases under the ECM approach. This was provided by the clinical psychologist once every two months (YJB Cymru & Welsh Government, undated) and was an opportunity for staff to: reflect on and review their ECM practice; discuss individual ECM cases in depth; discuss changing or modifying their ECM practice; explore and process any personal impact of working with this group of young people; and identify training or continuing professional development needs in relation to the ECM approach. It was intended to sit alongside management supervision which focused on: reviewing performance; setting priorities/objectives in line with the organisation's objectives and service needs; identifying training and continuing professional development needs (Care Quality Commission, 2013).
- 1.44 As the project and individual cases progressed, the clinical psychologist continued to offer clinical advice and support to YOT case managers and operational managers as necessary.

### **The trial**

- 1.45 Funding for the trial was provided by the Welsh Government via YJB Cymru. Governance of the trial was provided by a Complex Needs Programme Board which met quarterly. It included representatives from the participating YOTs, the Welsh Government, YJB Cymru, Assistant Directors of Social Services, the NHS and the secure estate.
- 1.46 The initial launch of the trial was delayed in order to comply with Cabinet Office rules for spend against project costs (YJB Casework Innovation Project: Highlight and Exception Report, January to April 2014). The revised trial date was agreed by the Complex Needs

Programme Board as 1 June 2014 to 31 May 2016. The trial anticipated a 12 month period where all young people who were eligible could be referred for support from the project.

- 1.47 The clinical psychologist input across the ECM approach and with individual YOTs participating in the trial was provided by FACTS. This was established via a competitive tender process.
- 1.48 YJB Cymru invited all YOTs in Wales to participate in the trial of the ECM approach. Four were originally selected by the Programme Board as trial sites, i.e. Blaenau Gwent and Caerphilly; Carmarthenshire; Flintshire; and Wrexham<sup>2</sup>. Sites were chosen using selection criteria designed by YJB Cymru to ensure that the YOTs: had a critical mass of young people with prolific offending; were relatively high performing so that there was a higher likelihood that good partnership working was already in place; had high commitment to being involved in the trial; and were equitably geographically distributed, with an appropriate rural/urban split across the selected sites.
- 1.49 The trial originally estimated that 36 young people would be involved across the four trial sites (Enhanced Case Management Project: Critical Review, May 2015). This sample was based on the resources that were available for the trial.
- 1.50 Table 1 shows the target numbers expressed as a percentage of Community Orders in 2012-13 (when the ECM trial was being designed). It shows that the proportion of ECM cases averaged 16 per cent, with a range of 13 per cent to 20 per cent.

**Table 1: Target number of young people expressed as a percentage of Community Orders**

YOT	Number of Community Orders (2012-13) <sup>3</sup>	Target number of young people	Target number of cases as a percentage of Community Orders
A	83	11	13%
B	54	11	20%
C	31	5	16%
D	57	9	16%
<b>Total</b>	<b>225</b>	<b>36</b>	<b>16%</b>

Source: <https://www.gov.uk/government/collections/youth-justice-statistics>

- 1.51 In relation to the profiling exercise undertaken by the YJB Cymru on young people in contact with the youth justice system who had 25 or more recorded offences (see paragraph 1.7),

<sup>2</sup> Throughout the rest of this report, YOTs are anonymised.

<sup>3</sup> The number of young people eligible to participate in the trial would be a sub-set of this figure and would include other young people not included in this figure. It is provided as an indicative figure only.

Table 2 shows the distribution of prolific offenders across the YOTs involved in the trial. It shows that, on average, prolific offenders made-up 4.6 per cent of the total caseload across the four YOTs that were originally part of the trial.

**Table 2: Number of young people with prolific offending histories**

<b>YOT</b>	<b>Young people with 25+ offences</b>	<b>Total caseload</b>	<b>Prolific offenders as a percentage of caseload</b>
<b>A</b>	23	675	3.4%
<b>B</b>	24	484	5.0%
<b>C</b>	11	356	3.1%
<b>D</b>	31	399	7.8%
<b>Total</b>	<b>89</b>	<b>1,914</b>	<b>4.6%</b>

#### **About the evaluation**

1.52 Cordis Bright was commissioned in April 2015 by the YJB Cymru and the Welsh Government to undertake an evaluation of the trial.

1.53 The evaluation had the following remit/purpose (Welsh Government, 2015b).

- To conduct a process evaluation of the implementation of the project with a view to assessing whether the ECM approach had been implemented effectively and with fidelity to the model.
- To determine those elements which led to young people taking part in the programme and staying engaged, as opposed to those elements which led to non-engagement or early withdrawal.
- To find out whether positive outcomes had been achieved for individual young people, including progression in the TRM stages and positive engagement with society.
- To provide recommendations with regard to: (1) whether there should be further implementation of the ECM; (2) how best to monitor and evaluate future implementations of the approach in terms of both processes and intermediate outcomes; and (3) any adjustments needed to the approach, to inform decisions in any future implementation of the project.

## **Structure of this report**

1.54 The report is structured as follows:

- Section 2 provides information on the methodology
- Section 3 details the findings
- Section 4 provides a discussion of the findings
- Section 5 presents the main conclusions.

1.55 Annexes are provided as separate documents to this main report. Annex 1 provides copies of research materials. Annex 2 provides case studies about young people involved in the trial.

## **2. Methodology**

### **Overview of methodological approach**

- 2.1 The overall methodological approach for this evaluation was informed by:
- the Logic Model for the ECM approach, which was developed by the Welsh Government and YJB Cymru (see Annex 1)
  - the original research specification drafted by YJB Cymru and the Welsh Government, as well as discussions with the evaluation steering group<sup>4</sup>
  - consultations with a range of different stakeholders who might be affected/impacted by the trial
  - the fact that a relatively small number of YOTs, practitioners and young people would be participating in the trial.
- 2.2 Table 3 provides an overview of the methodologies deployed in this evaluation and the number of responses received. The evaluation focused on the three YOTs that completed the trial in full (YOT D withdrew at the early stages of the trial). In addition, project monitoring data and documentation were provided to the evaluation team by YJB Cymru. Data and documentation were selected by YJB Cymru in light of the research questions detailed in the Logic Model and the specification. A data sharing protocol was in place with YJB Cymru to guide this process.

### **Timescales**

- 2.3 Fieldwork started in November 2015 and ended in November 2016. This was designed to reflect the timescales for a core part of the trial<sup>5</sup>.

### **Sampling**

- 2.4 The sample for fieldwork was agreed with the evaluation steering group. The criteria used are described below.
- YOT staff: involved in some way in the trial, ideally with direct experience of working with a young person using the ECM approach; nominated by the YOT manager; and willing to participate in an interview.
  - Project lead and FACTS clinical psychologist: involved in the trial; and willing to participate in an interview.
  - Young people: involved in the trial; willing to be included in the research (either all elements or some elements); completed/exited the trial during the window for

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<sup>4</sup> This consisted of representatives from YJB Cymru, the Welsh Government and the evaluator.

<sup>5</sup> In line with protocols, no fieldwork was undertaken during the election period (i.e. 6 April to 11 May 2017).

fieldwork; and their parents/carers (where appropriate) did not object to them being involved. Young people were included in order of application to the evaluation, up to a maximum of 10 young people. The exception to this was the questionnaire, where there was no upper limit.

- Families: parent/carer of a young person who had agreed to be involved in a case study; and willing to be included in the evaluation.

**Table 3: Methodology overview (methods deployed and responses received)**

Method	Description	Responses	
		November 2015 to January 2016	February 2016 to November 2016
<b>Interviews with YOT staff</b>	Semi-structured interviews were undertaken with YOT practitioners and managers involved in the trial. These were designed to explore experiences in relation to the implementation of the trial. The approach involved undertaking interviews at two points in time, i.e. midway through the trial and at the end of the trial. This enabled the evaluation to contain formative and summative elements. Further information about the participants who were involved in interviews is included in Annex 1. The majority of interviews were conducted face-to-face, with a small proportion conducted via telephone, depending on the availability of respondents during scheduled site visits.	18  YOT A: 9 YOT B: 4 YOT C: 5	17  YOT A: 8 YOT B: 4 YOT C: 5
<b>Interviews with project lead and FACTS clinical psychologist</b>	Semi-structured interviews were undertaken with members of the FACTS team who provided the clinical input to the YOTs participating in the trial and the project lead. These interviews followed the same format as those for YOTs, i.e. undertaken at two points in time, exploring implementation of the trial, and containing formative and summative elements.	3  FACTS: 1 YJB: 2	2  FACTS: 1 YJB: 1
<b>Interviews with young people</b>	These interviews explored the young person's experiences of the ECM approach and associated practice, how it was different from their previous engagement with the YOT, what change they achieved and how the ECM approach had (or had not) supported this. These were undertaken face-to-face, except for one young person who was interviewed via telephone whilst detained in the secure estate. Given the small sample size and to protect identities a profile of respondents has not been provided.	0	4  YOT A: 1 YOT B: 0 YOT C: 3

Method	Description	Responses	
		November 2015 to January 2016	February 2016 to November 2016
<b>Interviews with parents/carers</b>	These interviews were intended to explore parents'/carers' views of their child's involvement in the ECM approach and, in particular, what change they believed was achieved for their child. However, no parent/carer agreed to participate in the evaluation.	0	0
<b>Review of case formulation and case documentation</b>	Case formulation and review reports, plus wider case documentation were analysed in order to understand the extent to which: (a) fidelity of practice with the ECM approach had been maintained; (b) case management recording had improved; and (c) outcomes had improved for the young person. Where consent was given, case documentation was reviewed for those young people who participated in an interview. Reviews of additional case files were undertaken to increase the sample. Given the small sample size and to protect identities a profile of cases has not been provided.	0	8  YOT A: 3 YOT B: 2 YOT C: 3



Method	Description	Responses	
		November 2015 to January 2016	February 2016 to November 2016
<b>Questionnaire, based on Viewpoint, completed by young people</b>	Viewpoint is an online questionnaire used by a number of YOTs to help understand the experiences of young people in contact with the YOT and the extent of improvements achieved <sup>6</sup> . This is typically completed by a young person near the end of their involvement in the YOT. It is anonymous and completed online. For this evaluation a version of the Viewpoint questionnaire was developed which maintained fidelity with the original Viewpoint questionnaire but also contained questions that explored specific issues connected with the ECM approach. All young people involved in the trial were asked by YOTs to complete a questionnaire near the end of their involvement. Data were sent directly to the evaluation team. Given the small sample size and to protect identities a profile of respondents has not been provided.	2	4
		YOT A: 0	YOT A: 2
		YOT B: 2	YOT B: 1
		YOT C: 0	YOT C: 1
<b>Reoffending Toolkit data</b>	The Reoffending Toolkit was developed by the YJB to help YOTs to examine trends in re-offending over a 12 month period. An amended version of the Reoffending Toolkit was provided to YOTs participating in the trial. This version included information about whether the young person was involved in the trial and the extent of this involvement. The Toolkit was completed by YOTs and data were forwarded to the evaluation team at the end of the trial.	N/A	21  YOT A: 4 YOT B: 12 YOT C: 5

<sup>6</sup> See <http://www.vptorg.co.uk/> for further information.

## Research materials

- 2.5 Research materials were developed based on the Logic Model for the ECM approach (see Annex 1) and the research questions in the specification.
- 2.6 Where possible, pre-existing tools were used or adapted so that data collection burdens on YOTs were minimised. For instance, data about reoffending were collected via an adapted version of the Reoffending Toolkit (see Table 3); and the questionnaire completed by young people was based on the Viewpoint questionnaire but also included aspects of the Strengths and Difficulties Questionnaire (Youth in Mind, undated) in order to capture further information about the nature of changes in a young person's life. Copies of the research materials are provided in Annex 1.

## Analysis of data included in this report

- 2.7 Qualitative data were analysed using a matrix-based approach. This involved mapping responses from interviewees against the interview guide/Logic Model. Key themes, commonalities and similarities in responses were then identified, e.g. the extent to which respondents raised similar or different responses to each of the questions. The matrix also examined any differences in responses between roles (e.g. practitioners compared to managers) and between teams.
- 2.8 Quantitative data were provided in three main sources: Reoffending Toolkit data provided by each YOT; an ECM monitoring spreadsheet provided by YJB Cymru; and Viewpoint questionnaires completed by young people involved in the trial. Data provided were not validated by the evaluation team. Quantitative data were analysed using Excel.
- 2.9 To further demonstrate the experiences of young people involved in the trial, case studies have been included. These were based on evidence collected from interviews with young people, interviews with staff and analysis of case files (see Annex 2).

## Ethics

- 2.10 A range of ethical considerations informed the methodological approach as well as the content of research materials. This was particularly the case for the involvement of young people and their families. These are outlined below.
- **Informed consent of young people and parents/carers:** informed consent for participating in the trial itself was secured by YOT staff from young people and a parent/carer. Additional informed consent was secured to participate in the evaluation. Young people involved in the trial were asked to be involved in each aspect of the evaluation (i.e. interviews, questionnaire, case file review) and could opt out of some or all elements. Parents/carers were asked whether they consented to their child being involved in the evaluation. They were also asked to consent to being involved themselves in the evaluation. Parents/carers could opt out of some or all elements of the evaluation. Informed consent materials were administered by, and retained by, YOT staff. Copies of

informed consent materials, which were based on World Health Organisation guidance (World Health Organisation, 2016), are included in Annex 1.

- **Informed consent of other stakeholders:** YOT staff, FACTS team members and the YJB project lead were asked to participate in the evaluation and provided with information about the evaluation itself. These stakeholders could choose whether or not to participate in the evaluation. They could also choose which questions to be involved in and could withdraw their involvement at any time.
- **Confidentiality:** all participants involved in the evaluation were assured that their responses would be confidential (i.e. shared only within the evaluation team) and non-attributed. This helped to ensure that participants could speak openly and honestly about their experiences of the trial.
- **Disclosure:** given the nature of the evaluation there was a chance that participants may have disclosed information that their own or another person's safety was at risk. In light of this, informed consent materials made clear that the evaluation team would be obliged to disclose any such information to relevant authorities. For instance, this may have been to child protection teams if a young person was at risk, or to the police if there were concerns about possible imminent offending or risk to public safety.
- **Anonymity:** questionnaires were completed by young people anonymously and in private. This helped to ensure that young people could report their experiences within the YOT and the trial openly and honestly. This was also consistent with how the Viewpoint questionnaire was typically completed.

### Limitations to the evaluation

2.11 There are four main limitations to this evaluation which impact on the nature of the conclusions that can be drawn. These are detailed below.

- **Response bias.** The approach to sampling involved self-selection, i.e. young people, parents/carers and staff chose whether to be involved in the trial and, separately, in the evaluation. There was a risk, therefore, that the findings from the evaluation were affected by the fact that respondents may have had a particular motivation for participating in the trial and the evaluation (Crow & Semmens, 2006). The methodology seeks to address this by using a mixed methods approach. Nevertheless the risk remains, especially as the sample size was relatively small.
- **YOT sample.** The methodology included three YOTs, i.e. those which were engaged in the trial since November 2015. A fourth YOT withdrew from the trial early (see Findings section below). The evaluation did not include an exploration of this or whether there were aspects about the ECM approach that contributed to withdrawal. This could mean that the evaluation drew particularly positive conclusions about the viability of roll-out.
- **Definition of 'successful implementation'.** Part of the purpose of the trial (and, in turn, the evaluation) was to help understand what successful implementation of the ECM approach looked like and whether this was achieved. As a result, unlike some

evaluations, this research did not draw on a set of pre-agreed measurable targets against which progress could be measured, e.g. the expected improvements in levels of engagement in young people, the scale and nature of the improvements in outcomes for young people, and the expected reduction in reoffending. It was expected, therefore, that if the trial concluded that the ECM approach was likely to be viable then a more formal pilot with measurable targets would need to be undertaken.

- **Attribution.** The evaluation was not designed to assess whether any improvements in outcomes for young people involved in the trial were directly attributable to the ECM approach.

### 3. Findings

#### Introduction

3.1 This section is organised by the key themes detailed in the interview guide and Logic Model (see Annex 1), i.e.:

- purpose of ECM
- implementation
- young people's engagement
- changes in practice
- changes in management
- improvements achieved by young people
- views on future roll-out.

#### Purpose of ECM

*YOT staff who participated in the trial agreed that new approaches to working with the target group of young people were needed*

3.2 All YOT staff agreed that there was a need to trial new approaches to working with young people in contact with the criminal justice system who had complex needs. They reported that 'regular' practice was not creating the level of change required to improve outcomes for young people, reduce reoffending, or protect public safety. Some of the deficits of existing practice highlighted during interviews were that support was often too focused on process (e.g. complying with National Standards and implementing off-the-shelf interventions) and provided insufficient time to build relationships with young people and address the underlying issues they faced. The project lead and FACTS clinical psychologist described YOT practitioners as mainly receptive and open to the ECM approach.

*There was a high degree of shared understanding about the ECM approach*

3.3 There was a high degree of common understanding across YOT staff about the ECM approach.

- **Objectives of the ECM approach.** All YOT staff were able to clearly articulate the objectives of the ECM approach and the trial. For instance, YOT staff highlighted the aims of reducing reoffending amongst the target group; improving rates of compliance and reducing rates of breach; and having greater and more rapid positive impact on the lives of young people.
- **Overall theoretical underpinnings of the TRM and the ECM approach.** The majority of YOT staff reported that they had a good understanding of the theoretical underpinnings of the TRM. The 'triangle' which matches presentation/behaviour, with underlying need

and layers of intervention was consistently highlighted as a positive and useful aspect of the approach (see Figure 3).

- **Structure and content of the ECM approach.** The key aspects of the approach highlighted consistently by YOT staff included the role of case formulation; the importance of understanding previous or current trauma experienced by the young person; the need to develop and phase interventions to meet the specific needs of each young person (i.e. sequencing); the importance of multi-agency working and of building effective working relationships with the young people; the role of clinical supervision; and having access to external and independent clinical psychology expertise.
- **Eligibility criteria.** All YOT staff were aware of the eligibility criteria for young people to be involved in the trial, i.e. history of prolific offending; appropriate length of sentence/order; and experience of previous trauma and/or other complex needs.
- **Respective roles of different stakeholders.** The majority of YOT staff reported that they had a good understanding of their role, and how to contribute, within a case that was being managed under the ECM approach. Confidence in their understanding of their role was strongest for those who had attended the training.

- 3.4 The awareness of the distinctive features of the ECM approach varied among young people involved in the trial. During interviews, young people found it difficult to articulate the key features of the ECM approach or of the trial.

### **Implementation**

*There was mixed success at involving YOTs in the trial*

- 3.5 Interest from YOTs in participating in the trial was initially high, with 10 submitting an expression of interest (YJB Cymru, undated). The Complex Needs Programme Board agreed that four YOTs should be involved in the trial, i.e. Blaenau Gwent and Caerphilly, Carmarthenshire, Flintshire, and Wrexham. In 2015, one of these YOTs withdrew from the trial citing resource and capacity issues and a replacement was not sought (YJB Casework Innovation Project Highlight and Exception Report, June to September 2015).

*There was a number of extensions to the timescales for the trial*

- 3.6 The original launch of the trial was delayed to June 2014 in order to comply with Cabinet Office requirements. The end date was also revised to May 2016. The YJB Casework Innovation Project Highlight and Exception Report (February 2015) noted further delays to roll-out due to: a delay in one YOT participating in the trial; problems with supply of necessary equipment to the clinical psychologist; and challenges in the backfilling of the clinical psychologist post to allow for engagement with the trial.
- 3.7 The Highlight and Exception Report (June to September 2015) noted the ongoing impact of the above delays plus the impact of one YOT withdrawing, and a lower volume of referrals than expected to the trial. In light of this, the Complex Needs Programme Board agreed a

further extension to the referral period to October 2015 as well as changes to the eligibility criteria.

- 3.8 In light of these changes, the overall period for the trial was extended to November 2016. This enabled all young people to have a 12 month follow-up period following the extension to the referral period (Enhanced case management project extension, April 2016). Interviews with stakeholders highlighted support for the change in eligibility criteria and consequent extensions to the timescales for the trial.

*Changes to eligibility criteria were required to help reach the target numbers of young people to be involved in the trial*

- 3.9 As a result of the withdrawal of one YOT from the trial, the numbers of young people expected to be involved in the trial was reduced from 36 to 27.
- 3.10 In May 2015, the number of young people involved in the trial was eight, against an in-year target of 20 and an overall target for the trial of 27. A breakdown by YOT is provided in Table 4. This shows that each of the three YOTs were finding it hard to recruit the expected number of young people to the trial.

**Table 4: Numbers of young people recruited to the trial at May 2015**

YOT	Target to July 2015	Actual at May 2015	Target for trial overall
A	8	2	11
B	8	3	11
C	4	3	5
<b>Total</b>	<b>20</b>	<b>8</b>	<b>27</b>

Source: Enhanced Case Management Project: Critical Review (May 2015).  
Figures have been rounded.

- 3.11 The Complex Needs Programme Board in May 2015 noted that this shortfall was because there were fewer young people than originally anticipated who met the criteria in full, especially in relation to length of sentences. This was further endorsed during interviews, where respondents highlighted the impact of the Legal Aid, Sentencing and Punishment of Offenders Act 2012. The Act gives the court greater flexibility in the orders that can be imposed in any given circumstance, e.g. conditional discharge if a young person pleads guilty to a first offence; repeated use of a Referral Order; and greater flexibility in the length and content of Youth Rehabilitation Orders (Hart, 2012). This resulted in a smaller population of young people subject to court orders and, in turn, increased the period of time in which young people could develop offending histories.
- 3.12 In light of these experiences, the Complex Needs Programme Board in May 2015 amended the criteria for involvement of young people in the trial. This involved:

- the timescale for accruing five or more offences was extended from 12 to 24 months; and
- the length of sentence could be less than six months as long as young people and families agreed to a voluntary period of work to make up the time to a period of six months.

3.13 Table 5 shows the final levels of recruitment to the trial following the extension of timescales and the amendment to eligibility criteria. It shows that take-up met or exceeded the target in two out of three YOTs (i.e. YOT B and C). For YOT A recruitment remained below the original target, i.e. four young people compared to a target of 11. Overall, this meant that the total number of young people who participated in the trial was below the revised target, i.e. 21 compared to a target of 27.

**Table 5: Number of young people recruited to the trial by October 2016**

YOT	Target	Actual	Difference
A	11	4	-7
B	11	12	+1
C	5	5	0
<b>Total</b>	<b>27</b>	<b>21</b>	<b>-6</b>

Source: Quick reference case record, YJB Cymru

3.14 All staff had a good understanding of the eligibility criteria (both original and revised). This was reinforced by the project lead who highlighted that all referrals from YOTs were accepted. All YOT staff, the FACTS clinical psychologist and project lead agreed that the increase in recruitment to the trial was the result of the change in criteria.

*Training was valued and was seen as a good 'refresher'*

3.15 Most of the case managers interviewed had attended the training on the ECM approach. The majority reported that the training was relevant, of high quality, of the right duration and depth, and directly relevant to practice and to the implementation of the ECM approach. They described it as a useful 'refresher' of knowledge and skills that they already used on a regular basis as part of existing practice.

3.16 Those case managers involved in the trial who did not attend the training reported that this was for two main reasons: competing diary priorities and/or becoming involved in the trial at a later date. The majority of other staff working within the YOT in non-case management roles did not receive training. Both of these groups of respondents highlighted that their knowledge and understanding of the ECM approach was mainly on-the-job or cascaded informally by a case manager who had attended training. There was common agreement that their involvement in the ECM approach would have been enhanced if they had training.



In light of this, they recommended that training was run on a more regular basis for a larger group of staff. This was endorsed by operational managers.

*The case formulation approach achieved a number of benefits*

3.17 Performance monitoring data (Quick Reference Case Record, 2016) showed that:

- Case formulation meetings were held for all young people involved in the trial.
- The average length of time between referral and formulation meeting was 38 days. The average length of time between formulation meeting and production of the formulation report was 41 days.
- All cases involved in the ECM approach received at least one case formulation review meeting. The number of reviews undertaken per case averaged 5.8, with a range of 1 to 11.

3.18 YOT staff, the FACTS clinical psychologist and the project lead thought that the case formulation process worked well overall and was implemented in-line with the practice guidance and with expectations. They reported:

- Relatively good attendance from a range of agencies.
- Additional insight being generated by the approach.
- Higher focus on matching interventions to need and appropriate sequencing.
- Greater coordination of support between agencies.
- Monitoring progress, generating new information and maintaining momentum via the review process.
- Securing access to additional expertise via the involvement of a clinical psychologist.

*Participation by other agencies started strong but tailed-off over time*

3.19 Interviewees from YOTs, FACTS and the project lead reported that the involvement of other agencies in the ECM approach was, on the whole, good. Interest and engagement at the early stages were positive across all three YOTs, with statutory agencies and voluntary sector organisations being proactively interested in being involved. Interviewees highlighted the benefits of other agencies being involved in case formulation meetings: sharing information, uncovering new/different information, establishing a common understanding, analysing trends and patterns, and agreeing a joined-up approach to working with the young person. Wider benefits of other agencies being involved in the ECM approach were also identified. For instance, for individual young people it could help increase their access to other services, e.g. GPs or CAMHS. The ECM approach could also help to share responsibility for a young person, e.g. across agencies and between practitioners, helping to alleviate a sense from YOT workers that they occasionally felt singularly responsible for improving outcomes for a young person.

- 3.20 That said, each of the three YOTs experienced some difficulty at sustaining the involvement of other agencies over time. Attendance at and/or engagement with case formulation reviews were generally good but would tail-off subsequently, e.g. lower attendance and less engagement at review meetings. There was little consistency across YOTs concerning which agencies were more likely to disengage over time and this varied from case-to-case within YOTs.
- 3.21 These findings were reinforced in reviews of case files. In four cases, it was noted that there was good engagement at case formulation meetings from a wide range of relevant professionals, e.g. children's services, housing, police, and education. In each of two cases, it was noted that children's services, education and CAMHS representatives were missing and that, in some cases, this resulted in less detailed information about need being collected and/or the need for additional engagement outside of a case formulation meeting.
- 3.22 Case file reviews noted a range of benefits from having engagement from other agencies, e.g. access to additional assessments, improved access to support/services, and more joined-up responses to a young person's needs.
- 3.23 Two main reasons were put forward during interviews for when there was lack of engagement. The first related to the amount of time that was required from agencies in the ECM approach. YOT practitioners, for instance, highlighted that case formulation and review meetings could be lengthy which was off-putting to other staff. These stakeholders suggested that this could be tackled by more proactively managing expectations, e.g. being clear about time commitment required and the concomitant benefits of attending and contributing. The second aspect was connected to this and was about achieving a higher level of commitment from other agencies to the ECM approach. In light of this, interviewees suggested that practitioners from other agencies might benefit from training/induction in the ECM approach. Though the level of interest was described as high by interviewees, they argued that this could further help to boost buy-in and sustain participation. These interviewees also highlighted that multi-agency training could help to spread the benefits of the ECM approach to other practitioners working with young people with complex needs and could help ensure a common model of practice across agencies, a number of whom could be working with the same young people.

*Clinical supervision was viewed as a key component of the approach*

- 3.24 Most – though not all – practitioners managing a case under the ECM approach had received external clinical supervision from the FACTS clinical psychologist. The main reason for not accessing clinical supervision was choosing not to. A small number also highlighted some logistical challenges that affected take-up.
- 3.25 The majority who had received clinical supervision viewed it positively. They reported that it was distinct from supervision provided by YOT managers as it focused on the needs of the worker (professional and personal) as a result of working with complex cases often involving trauma of some kind. It was also a useful forum to monitor progress that had been achieved

on the case. Having access to an external expert was valued by those receiving clinical supervision.

- 3.26 A few respondents found clinical supervision unhelpful. This was due to the style and content of supervision not being compatible with the needs or preferences of the practitioner at that time. For instance, one respondent felt uncomfortable talking about their personal feelings and experiences within clinical supervision, another respondent felt that the tone of the session was too paternalistic. Despite these experiences, these respondents agreed that access to clinical supervision was an important aspect of the ECM approach.
- 3.27 A minority of case managers highlighted some logistical challenges with clinical supervision. This mainly involved:
- delays in clinical supervision taking place (especially at the early stages of the trial). This was reported as mainly due to difficulties in finding mutually convenient dates for supervision to take place; and/or
  - clinical supervision being deferred so that case formulation reviews could take place instead.
- 3.28 These issues were seen by respondents to arise mainly as a result of the challenges of having a small central team (i.e. FACTS) working across three YOTs and combining work on the trial with the other commitments within the FACTS team. This finding was reinforced by the Highlight and Exception Report (June to September 2015) which noted difficulties with recruiting an additional psychologist to FACTS, which affected the ability of the FACTS team to deliver all aspects of the contract.
- 3.29 Finally, respondents praised the accessibility and responsiveness of the FACTS clinical psychologist and project lead in responding to enquiries or questions as they arose.
- 3.30 Overall, YOT staff concluded that clinical supervision provided by an external clinical psychologist was an important and key component of the ECM approach. This was because it provided access to expertise that was not readily available within the YOT and it ensured that practice had a focus on outcomes and on following the requirements of the TRM.

*There were mixed views about whether implementation required additional resources*

- 3.31 There were mixed views between YOTs about whether additional resources were required to effectively implement the ECM approach – though views were not always consistent within each YOT on this topic. Broadly, stakeholders in one YOT felt that the ECM approach was about working with young people in a different way, rather than spending more time with them. As a result, this YOT incorporated the trial without reducing caseloads or increasing other resources. In contrast, stakeholders in the two other YOTs highlighted the need for managers to more actively support the implementation of the ECM approach to help ensure that it could be managed alongside other commitments. YOT managers suggested that this might be a result of how YOTs were funded and resourced at the point of introduction of the trial. There was general agreement that those YOTs which were

managing higher caseloads per worker might find it more difficult to implement the ECM approach without additional resources.

### **Young people's engagement under the ECM approach**

*Few difficulties were reported in securing the involvement of young people in the trial*

- 3.32 YOT interviewees reported few difficulties in securing the involvement of eligible young people in the trial. In the main, eligible young people were described as 'unfussed' or 'nonplussed' about involvement, rather than actively interested or proactively keen to be involved. On occasions, young people needed reassurance that they would not be required to do anything different or additional during the trial compared to their previous engagement with the YOT.
- 3.33 A small number of young people did not agree to participate. YOT staff reported that this was due to the behaviours and circumstances of the individual young person and, in particular, a reluctance to discuss very personal and sensitive information with their worker. There were no other common characteristics between non-participants.
- 3.34 Stakeholders did not identify any improvements that were needed to the ECM approach in order to further improve take-up of the ECM approach by eligible young people.

*The profile of young people involved in the trial was generally in-line with the revised eligibility criteria*

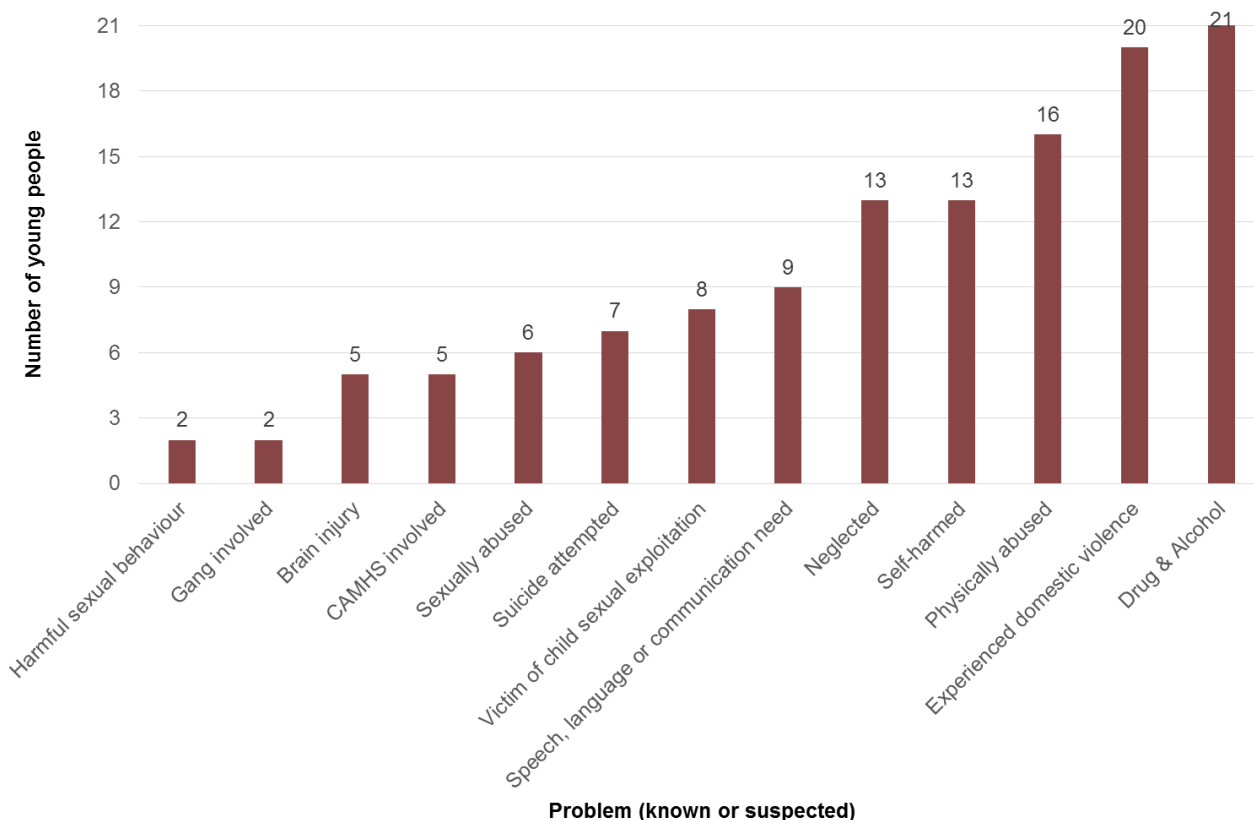
- 3.35 YOT staff, the FACTS clinical psychologist and project lead agreed that the young people involved in the trial met the revised eligibility criteria. This was backed-up by monitoring data and the Reoffending Toolkit. This is explored further below.
- 3.36 Four young people involved in the trial were aged 14 years or under, 12 young people were aged 15 or 16 years, and five were aged 17 years. 16 were male and five were female. All were White British. Five young people were either currently or previously looked after<sup>7</sup> (Source: Reoffending Toolkit).
- 3.37 Figure 4 shows that young people experienced a wide range of complex need in line with the eligibility criteria. The most prevalent problems (known or suspected) were drug and alcohol misuse, domestic violence, physical abuse and self-harm. Across the cohort the average number of problems (known and suspected) experienced by a young person was 6.0. For individual YOTs, averages were 5.1, 6.0 and 8.4.
- 3.38 In line with the eligibility criteria, all young people involved in the trial had committed at least five proven offences (source: Quick reference case record), with the maximum being eight. The average number of proven offences across the cohort was 6.1. Averages for each YOT were 5.8, 6.4 and 7.0.

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<sup>7</sup> Data were missing for five young people.

3.39 11 young people involved in the trial were completing a Referral Order and 10 were completing a Youth Rehabilitation Order. There were some differences between YOTs in the profile of orders, with all young people in YOT A completing a Youth Rehabilitation Order, over half of young people in YOT C completing a Youth Rehabilitation Order and a quarter of young people in YOT B completing a Youth Rehabilitation Order. Lengths of orders ranged from a six month Referral Order to an 18 month Youth Rehabilitation Order.

**Figure 4: Prevalence of problems (known or suspected) experienced by young people involved in the trial**



Source: Quick reference case record, n= 21  
More than one problem could be chosen.

3.40 At the start of their engagement with the ECM approach, young people's risk of reoffending was rated by the YOT on a three-point scale (i.e. 1 = low, 2 = medium, 3 = high). Under Asset Plus, this rating draws on the YOT worker's professional judgement and the Youth Offender Group Reconviction Scale (YOGRS) which combines a number of factors about the young person and their offending history to calculate a score which helps assess the likelihood of reoffending<sup>8</sup> (YJB, 2014b). The average risk of reoffending for young people in the trial was 2.3 ('medium'). In each YOT, the median rating was 'medium'. In only one case did a young person have a rating of 'low'.

<sup>8</sup> A YOGRS score of 0-43 per cent is classified as 'low', 44-76 per cent as 'medium' and 77-100 per cent as 'high'.

3.41 Table 6 shows average ratings for risk of serious harm and vulnerability at the start of involvement in the ECM approach. Ratings use a four-category scale using the YOT case manager's professional judgements about the young person<sup>9</sup> (YJB, 2014b): low = 1, medium = 2, high = 3 and very high = 4. Average ratings for risk of serious harm and for vulnerability for young people at the start of their engagement with the ECM approach was 1.9 (between 'low' and 'medium') and 2.3 (between 'medium' and 'high') respectively. In each category, young people in YOT C had the highest average rating for risk of serious harm and vulnerability (2.4 and 3.2 respectively compared to an overall average of 1.9 and 2.3).

**Table 6: Average ratings for risk of serious harm and vulnerability at the start of involvement in the ECM approach, by YOT and overall**

YOT	Risk of serious harm	Vulnerability
A	2.0	2.3
B	1.7	2.0
C	2.4	3.2
<b>Overall</b>	<b>1.9</b>	<b>2.3</b>

Source: Reoffending Toolkit, n = 19 for risk of serious harm, n = 21 for vulnerability

*Attrition rates from the trial were low*

3.42 Interviews with YOT staff, the FACTS clinical psychologist, project lead and young people suggested that there was no attrition from the trial due to young people no longer wishing to participate. The main reason given for this was the strength and constructiveness of relationships established between the YOT worker and young people.

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<sup>9</sup> For risk of serious harm the categories are defined as follows: 'low' (1): there is no evidence at present to indicate likelihood of serious harmful behaviour in future; 'medium' (2): some risk identified but the young person is unlikely to cause serious harm unless circumstances change. Relevant issues can be addressed as part of normal supervision process; 'high' (3): risk of serious harm identified. The potential event could happen at any time and the impact would be serious. Action should be taken in the near future and the case will need additional supervision and monitoring; 'very high' (4): imminent risk of serious harm identified. The young person will commit the behaviour in question as soon as the opportunity arises and the impact would be serious. Immediate multi-agency action is likely to be required. For vulnerability the categories are defined as follows: 'low' (1): no risks to the young person's safety and wellbeing have been identified or the risks identified are unlikely to occur and would not impact on the young person's immediate safety or wellbeing; 'medium' (2): some risks to the young person's safety and wellbeing have been identified and are likely to occur. The young person's immediate safety and wellbeing is unlikely to be compromised provided specific actions are taken; 'high' (3): clear risks to the young person's safety and wellbeing have been identified, are likely to occur and the impact could compromise the young person's safety and wellbeing. Actions are required in the near future and are likely to involve other agencies in addition to the YOT; 'very high' (4): clear risks to the young person's safety and wellbeing have been identified, are imminent and the young person is unsafe. Immediate actions are needed to protect the young person, which will include a referral to statutory child protection services.

- 3.43 A small number of young people became ineligible to continue to participate in the trial due to starting a custodial sentence (either due to being sentenced for an outstanding conviction whilst on the trial or due to committing a new offence). In these circumstances, YOT workers highlighted the potential benefit of the ECM approach being applied within the secure estate. This was seen to have two advantages, i.e. continuity in approach and the perceived benefits/impact of ECM.

*The level of young people's engagement with the YOT was perceived to have improved as a result of ECM*

- 3.44 The average length of involvement of young people in the ECM approach was 315 days. The averages in each YOT were 300 days, 304 days and 396 days (Quick Reference Case Record, 2016, n = 15).
- 3.45 The majority of interviewees agreed that young people's engagement with the YOT and with the requirements of their order improved during participation in the ECM approach and was often described as being better than expected or hoped based on previous experience of working with the young person and/or with someone with similar needs. A number of cases were highlighted where previous work with young people prior to the trial had been extremely difficult (e.g. high conflict, low engagement, low attention, low trust, low or no communication). Stakeholders described how the ECM approach had enabled a 'break-through' with these young people, e.g. improving communication and increasing engagement. Stakeholders highlighted two main reasons for this connected to the trial, i.e. greater focus on building relationships with the young person; and changes in YOT practice. Both of these are explored below.

### **Changes in practice**

*There was general agreement that YOT practice changed as a result of the ECM approach*

- 3.46 During interviews the majority of stakeholders (YOTs, clinical psychologist, project lead and young people) highlighted that the ECM approach changed YOT practice. The areas of change aligned closely with those detailed in the original Logic Model for the ECM approach (see Annex 1). Further information is provided in Table 7 below. Findings are reported against the areas of change expected in the Logic Model.

**Table 7: Findings in relation to changes in practice**

Changes in practice expected in the Logic Model	Findings
<b><i>‘Young people’s underlying needs are more effectively identified and addressed’ and ‘Improved effectiveness in the identification and assessment of developmental and mental health needs’</i></b>	<p>The case formulation process was seen as particularly influential in helping to identify underlying needs. The majority of YOT staff and the clinical psychologist and project lead highlighted that this process had uncovered new information or new patterns that were relevant to understanding a young person’s offending history and current/future risks, e.g. history of abuse or bereavement, pattern of offending behaviour over time. Other YOT staff reported that the content and structure of assessment documents were changing as a result of the ECM approach, with greater profile and weight given to developmental and mental health needs.</p> <p>This was further reinforced via the review of case formulation reports and assessments. All case formulations reviewed were: (a) of high quality; (b) informed by the TRM stages; (c) focused on identifying and addressing underlying needs; and (d) clearly sequenced.</p> <p>All but one young person<sup>10</sup> felt that their YOT worker had a good understanding of their needs and that the work undertaken with the YOT tackled the issues that were most important to them. In addition, all young people who completed a questionnaire ‘strongly agreed’ that:</p> <ul style="list-style-type: none"> <li>• their YOT worker had a good understanding of their needs</li> </ul>

<sup>10</sup> One young person did not feel able to comment.



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**Changes in practice  
expected in the Logic  
Model**

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**Findings**

- they received the right kind of support
- the first things that the worker helped them with were the things which they thought were most important to them
- they felt able to trust their YOT worker.

Interviewees highlighted that the improvements described above were achieved for four main reasons, i.e.:

- the case formulation meeting had a particular focus on underlying needs
- the assessment was guided by an overarching model, i.e. TRM
- the ECM approach helped to secure the involvement of a number of agencies for an appropriate length of time. This was because it was informed by an evidence-based model and had the involvement of a respected and senior clinical psychologist. (Though see paragraph 3.20 for information about how engagement tailed-off over time.)
- YOT practitioners had access to external expertise from FACTS and the project lead to facilitate meetings and provide additional insight/perspectives.

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***‘The workforce is better  
equipped to understand  
how early childhood  
attachment and trauma  
can impact on  
development and***

Most YOT stakeholders reported that their own understanding of these issues was already well-established before being involved in the ECM approach. Nevertheless, they agreed that the trial helped to validate the importance of this pre-existing knowledge and to ensure an appropriate priority was given to these aspects in practice.

YOT stakeholders highlighted how previous practice was often too focused on process and timescales and could

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Changes in practice expected in the Logic Model	Findings
<i><b>mental health’ and ‘Practitioners are more aware of how early childhood attachment and trauma impact on adolescence’</b></i>	result in ‘losing sight’ of the young person’s circumstances and needs. In this respect, YOT stakeholders identified the main area of change as organisational, rather than personal. That is, the ECM approach helped to ensure that teams and organisations as a whole gave sufficient priority to working directly with the young person. This was confirmed in interviews with the FACTS clinical psychologist and project lead who highlighted that the ECM approach helped to increase the confidence of practitioners in being responsive to the young person’s needs, rather than automatically addressing offending behaviour which was often a symptom of underlying needs.
<i><b>‘Intervention plans [see paragraph 1.41] are better tailored to individual child development and mental health needs.’</b></i>	<p>Half of YOT interviewees highlighted that the ECM approach resulted in changes to the content of young people’s intervention plans. This involved the inclusion of additional support to help address the wider problems and challenges faced by the young person. This was confirmed in reviews of case files, where all case formulation reports included actions to address individual’s development and mental health needs. This included, for instance:</p> <ul style="list-style-type: none"> <li>• requesting follow-up assessments to understand whether a child had learning difficulties</li> <li>• identifying cognitive functioning, social functioning and emotional development issues that would affect the way that practitioners worked with a young person</li> <li>• including psycho-education as part of the plan in order to help the young person understand their experiences and address grief</li> <li>• providing evidence of complexity, e.g. combined effects of emotional and mental difficulty, substance misuse, sexualised behaviour and special educational needs</li> <li>• allocating specific workers to support a young person to help address concerns/issues, e.g. pairing young person with a male worker to address developmental concerns around masculinity.</li> </ul>

Changes in practice expected in the Logic Model	Findings
	<p>The other half of YOT interviewees reported that the overall content of intervention planning remained relatively unchanged but that there were improvements to sequencing of interventions (see below).</p>
<p><b><i>‘Practitioners have increased confidence in sequencing interventions to address developmental and mental health needs’</i></b></p>	<p>The majority of YOT interviewees agreed that their own and/or their colleagues’ confidence in sequencing interventions improved as a result of involvement in the ECM approach. This was confirmed by the clinical psychologist and project lead. The ‘triangle’ that matches presentation/behaviour, with underlying need and layers of intervention (see Figure 3) was highlighted as a particularly positive and useful tool to support this aspect of the approach. Interviewees discussed specific cases where work with young people was prioritised to try and resolve immediate and pressing issues/problems faced by the young person that were acting as a barrier to engagement with other YOT interventions. Examples were provided of re-sequencing interventions in the light of changes in a young person’s life, e.g. re-focusing support at level 1 of the TRM in light of a suicide attempt.</p> <p>Young people involved in the trial confirmed that the ECM approach was resulting in better sequencing of support. For instance, all those who completed a questionnaire ‘strongly agreed’ that they ‘received the right kind of support at the right time’. This was further confirmed in interviews where, for instance, one young person agreed that their YOT worker tackled the issues that were most important to them first.</p> <p>A review of case files showed that sequencing was a core and explicit consideration in each case formulation. This included having a clear indication of the priorities for intervention; using the TRM to help agree next steps;</p>

Changes in practice expected in the Logic Model	Findings
	<p data-bbox="481 371 1989 451">focusing interventions on a particular level of the TRM; and establishing the importance of building relationships with a young person before undertaking more offence-focused work.</p> <p data-bbox="481 563 1989 962">Finally, stakeholders highlighted that the ECM approach provided practitioners with more autonomy: it gave them the flexibility to respond in the best way to the needs of the young person. Some of the key benefits of the ECM approach were identified as ‘giving permission’ to moving-away from following ‘one-size-fits-all processes’ and ‘off-the-shelf worksheets’ to bespoke interventions that were tailored to the specific needs of the young person. One example of this that was provided by the FACTS clinical psychologist was a young person under a 25 hour per week Intensive Supervision and Surveillance (ISS) condition as part of his YRO who was struggling to comply with the conditions due to the impact of earlier trauma. The YOT case manager used the ECM approach and TRM to secure agreement from the court to reduce the requirements of the order to enable the young person to work more directly on trauma.</p>
<b><i>‘Practitioners are better equipped to engage young people in their sentence and support’</i></b>	<p data-bbox="481 999 1989 1214">Responses varied in the extent to which YOT interviewees felt better equipped to engage young people in their sentence and support: about half of respondents agreed that they were better equipped. As part of this they cited new knowledge, skills or approaches as a result of working under the ECM approach. The other half of YOT respondents emphasised how the ECM approach reinforced and validated their existing skills and experience of working with vulnerable and complex young people.</p> <p data-bbox="481 1326 1989 1406">The FACTS clinical psychologist and project lead highlighted how the approach gave practitioners more ‘permission’ and confidence to work relationally with young people. This, in turn, enabled them to be better</p>

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**Changes in practice  
expected in the Logic  
Model**

**Findings**

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equipped to meet their needs and improve engagement with the young person's sentence and other support.

Those young people who completed a questionnaire 'strongly agreed' that the support they received meant that they were able to meet the conditions of their order.

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3.47 The majority of stakeholders reported that the ECM approach was helping to have a positive influence on the quality of relationships with young people. Examples highlighted during interviews included:

- the ECM approach placed a greater emphasis on building good working relationships with young people and that this was given higher priority than in previous ways of working
- the ECM approach 'gave permission' for YOT practitioners to vary their practice to focus on building relationships with young people. This included, for instance, meeting young people outside of the YOT in informal settings and investing more time in establishing a relationship, without an explicit, structured task or programme of work
- the focus on underlying needs resulted in workers having a better understanding of young people and this helped build a more meaningful relationship
- better working relationships with young people resulted in higher levels of trust and more disclosure of personal issues and concerns
- the phasing of interventions meant that stakeholders felt that young people saw the worker as being 'on their side' and able to help them tackle the challenges and problems in their life
- the ECM approach permitted an alternative approach to managing lack of compliance and/or breach. For instance, YOT practitioners reported that in a non-ECM case a lack of compliance or attendance at appointments would automatically result in enforcement action and likely breach. Under the ECM way of working, practitioners highlighted that there was a greater emphasis on understanding the possible reasons for lack of compliance or breach and that a different response could be implemented in the light of extenuating circumstances. This, in turn, helped to build a positive relationship with the young person.

3.48 This view about the effectiveness of the ECM approach in building relationships with young people was reinforced in questionnaire responses. Young people were very positive about the way workers talked to, listened to, and treated them; and the chances they were given to help plan their programme/work. They were also very positive about the places where they met their YOT worker.

3.49 In addition, in response to an open question in the survey about what was different about the ECM approach compared to their previous order/s at the YOT, one young person stated 'different way of working, talking to me and spending time with me', another wrote 'I got to try new things' and the third highlighted 'the way I was spoken to'. In response to a question about what they liked most about the ECM approach, one young person stated 'it was more helpful than last time'; another young person stated 'more time chatting instead of writing' and a third stated '[it helped me] finish my order'. None of the young people who completed a questionnaire highlighted anything they 'liked least' about the ECM approach.

3.50 In light of these findings on the quality of relationships, some interviews explored with stakeholders whether two potential risks were arising from the ECM approach: (1) problems with disengaging with young people at the end of their order; and (2) reduced emphasis on managing risk and public/victim safety.

- **Few problems with disengagement.** About half of stakeholders interviewed about this issue did not agree that the improvement in relationships affected the ability of the YOT to disengage with the young person (and vice versa) at the end of the order. These stakeholders reported strong transition arrangements in place, e.g. effective handover to probation services or to social services teams. The other half of stakeholders highlighted some challenges in ensuring effective disengagement, e.g. ongoing engagement with the young person outside of the immediate requirements of the order. All reported this as short-term and manageable.
- **No issues with managing risk and public/victim safety.** All stakeholders who were asked about this issue agreed that improvements in relationships with the young person were not to the detriment of a robust approach to managing risk or to ensuring public/victim safety. Interviewees reported improved empathy and understanding of young people's lives and the issues that they faced. They argued that this increased their ability to engage with young people about past and future offending in a more constructive and meaningful way. Interviewees agreed that lack of compliance – if it was not justified or if it was dangerous – would still result in clear enforcement action.

*A substantial degree of change in practice was felt to be organisational rather than individual*

3.51 For half of interviewees across YOTs, FACTS clinical psychologist and project lead, the change in practice achieved from the ECM approach was less about developing new knowledge or skills. For instance, a common message from fieldwork was 'this is what we already do' or 'this is what we entered the profession to do'. These stakeholders reported that the main strength of the ECM approach was that it was acting as a lever for, and providing an added incentive to, working in a way that practitioners and managers already knew and recognised as effective practice. These interviewees highlighted that day-to-day pressures, high workloads, a focus on process and case management rather than outcomes, and the YJB performance framework often resulted in effective approaches being de-prioritised. The ECM approach helped individuals and organisations re-focus on the importance of direct, meaningful engagement with the young person. This was, organisationally, seen as 'riskier' but the ECM approach helped to give reassurance (to practitioners, managers and organisations) that this was an appropriate and robust response.

*The ECM approach was generally compatible with existing case recording approaches*

3.52 Practitioners and managers in YOTs and the FACTS clinical psychologist and project lead agreed that the ECM approach was, on the whole, compatible with existing case recording approaches, e.g. recording assessments, plans, reviews and contacts/work with young

people. Where concerns about case recording were expressed this was mainly about how systems were fit-for-purpose at recording task- or action-orientated work but were less useful for recording work to build relationships with young people. They saw this latter aspect as a core component of the ECM approach which case recording might not adequately reflect. The source of this concern was principally focused on inspection and audit where there was worry that such use of time would not be seen as 'real' or beneficial work. We understand that the project lead has discussed the approach with the relevant inspectorate and that one of the trial sites received an inspection whilst the ECM approach was in operation and no concerns have been raised.

- 3.53 These observations were also noted in case file reviews: recording was often lengthy and appeared comprehensive but practitioners often found it difficult to record objectives, activities and actions with explicit reference to ECM principles and TRM levels. In addition, the purpose of and outcome from the engagement with the young person was sometimes unclear.
- 3.54 Finally, case file reviews highlighted one piece of missing information across most case files which related to the content of external clinical supervision. This was because this was recorded in separate systems by the relevant supervisor from the FACTS team.

### **Changes in management**

#### *YOT managers supported the ECM approach*

- 3.55 There was overall support expressed by YOT managers for the ECM approach. They recognised that young people with complex needs with prolific offending histories were a key group who would benefit from a renewed focus in order to improve outcomes. YOT managers were aligned with the overall view that the ECM approach was achieving improved relationships with young people, increasing engagement in orders, and that early signs suggested a positive impact on outcomes.
- 3.56 This was reinforced by other YOT interviewees who highlighted that they felt managers were on-board with the TRM and provided support on implementing the ECM approach. For instance, managers were described as influential in providing permission for practice to focus on the underlying needs of young people and on building effective working relationships with young people.

#### *A range of changes to management approaches was noted under the ECM approach*

- 3.57 Most interviewees reported that the approach of managers changed under the ECM approach. For instance:
- managers attended and contributed to case formulation and review meetings
  - practitioners were supported by managers to spend time building effective working relationships with young people



- managers contributed to ongoing discussions about the underlying needs of young people and how best to address these under the ECM approach
- managers were supportive of improving the phasing/sequencing of interventions even if this meant de-prioritising some aspects of YOT work (e.g. delaying 'off-the-shelf' offence-focused work in order to address specific issues/problems faced by a young person that was getting in the way of full, meaningful engagement with the YOT/order)
- managers endorsed a more flexible approach to non-compliance which took into account extenuating circumstances. For instance, practitioners reported that non-compliance might not automatically result in breach in ECM cases.

3.58 These findings were reinforced in reviews of case files. In four cases, notes of management oversight meetings between the manager and the case manager highlighted discussions about applying the TRM and the ECM approach to the young person's case. In the other four cases, there was little recorded evidence of how the case would operate under the ECM approach.

*Two specific lessons were learned during the trial about management under the ECM approach*

3.59 Stakeholders identified two main 'lessons learned' about management under the ECM approach. The first area of learning related to the relationship between internal management oversight/supervision and external clinical supervision. This highlighted that – in two YOTs – there was perceived to be a potential conflict between each of these structures and a risk of confused lines of accountability. For instance, how should a case proceed if a practitioner received different advice from internal management and external supervision? Interviewees highlighted that this was mainly a concern at the start of the trial as the approach started to roll-out and/or in relation to specific cases where decision making was complex and high risk. There was overall agreement that this was resolved quickly via a team day in April 2015 (Enhanced Case Management Project: Lessons from Practice, 2016). This concluded that overall responsibility for decision-making rested with the YOT. Clinical supervision was advisory, though any significant decisions about a case would ideally involve consultation with the FACTS clinical psychologist and project lead. There was agreement that this might need to be emphasised in any future pilot to pre-empt any concern in this regard and that practice guidance would need revising to reflect this protocol.

3.60 The second area of learning related to the support that was available to managers for the implementation of the trial. YOT interviewees, the clinical psychologist and project lead highlighted that not all managers were able to attend training on the ECM approach. This was principally because spaces were limited and YOTs had to prioritise attendance across the staff team. Some YOT practitioners reported that this affected the level of buy-in and the quality of discussions that took place with those managers who were not trained compared to those who were. Some YOT managers felt that not attending training reduced, to some extent, their ability to contribute to the implementation of the trial overall and the application of the ECM approach to specific young people. There was general agreement

across stakeholders that, should the ECM approach be trialled further, then access to training for managers was important. This would enable a focus on how management oversight might operate within ECM cases and examine how to incorporate the ECM approach, which emphasises underlying needs and relationships, whilst working within the framework of National Standards.

### **Improvements achieved by young people**

*Young people agreed that their life had improved during the ECM trial*

- 3.61 In questionnaire responses, young people reported that by the end of their involvement with the ECM approach they had made progress in the majority of areas of their life<sup>11</sup> which they thought were problematic at the start of their order. They also reported that their YOT had made a 'positive difference', and appeared more confident that they were less likely to offend in the future.
- 3.62 The questionnaire also asked whether other aspects of their life<sup>12</sup> had got 'a little better' or 'a lot better'. The majority of young people who completed a questionnaire reported improvements in relation to the following dimensions: 'I try to be nice to other people, I care about their feelings' and 'I am kind to younger children'. Four young people also reported improvements in relation to: 'I get very angry and often lose my temper', 'I usually do as I am told', 'I am helpful if someone is hurt, upset or feeling ill', 'I am often unhappy down-hearted or tearful', and 'other people my age generally like me'. In relation to these areas of change, all young people who answered this question stated that the YOT worker had made a 'positive contribution'.
- 3.63 This was further reinforced in interviews with young people who highlighted a range of improvements that they had achieved, e.g. reduction in substance misuse, efforts to reduce financial debt, improved anger management and conflict management skills, improved living arrangements, and no further involvement with the criminal justice system. All four young people highlighted a positive contribution in making these achievements from the YOT, with

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<sup>11</sup> Issues considered were: physical health; mental/emotional health; drug use; alcohol use; relationships with friends; relationships with family; education/training; job/career; home/accommodation; safety; attitudes; and offending.

<sup>12</sup> Areas considered were: I try to be nice to other people. I care about their feelings; I am kind to younger children; I get very angry and often lose my temper; I usually do as I am told; I am helpful if someone is hurt, upset or feeling ill; I am often unhappy, down-hearted or tearful; Other people my age generally like me

I am restless, I cannot stay still for long; I usually share with others (food, games, pens etc.); I have one good friend or more; I fight a lot. I can make other people do what I want; I am easily distracted, I find it difficult to concentrate; I often volunteer to help others (parents, teachers, children); I think before I do things

I get on better with adults than with people my own age; I am constantly fidgeting or squirming; I am nervous in new situations. I easily lose confidence; I finish the work I'm doing. My attention is good; I get a lot of headaches, stomach-aches or sickness; I am usually on my own. I generally play alone or keep to myself; I worry a lot; I am often accused of lying or cheating; Other children or young people pick on me or bully me; I take things that are not mine from home, school or elsewhere; I have many fears, I am easily scared.

one young person reporting that they would have been in prison without the support of their YOT worker.

*YOT staff highlighted improvements in young people's lives*

- 3.64 All YOT staff highlighted improvements in young people's lives, both during the period of immediate engagement with the ECM approach and subsequently. The nature and extent of improvements varied from young person to young person. For instance, this included:
- Improvements in their life circumstances. A wide range of improvements were highlighted including: improved resilience to chaotic family life, improved self-confidence, improved anger management, better or more stable accommodation, better independent living skills, improved emotional resilience, greater safety as a result of a care order and change in living arrangements, improved personal relationships, improved mental health.
  - No known breaches of order during their engagement with the YOT.
  - No known reoffending during their engagement with the YOT.
  - No known reoffending since engagement with the YOT.
- 3.65 In these examples, YOT stakeholders reported that young people continued to face ongoing difficulties and risks. They highlighted that the improvements in relationships with young people meant that they had greater confidence that young people would disclose concerns, set-backs or escalations which would enable services to respond earlier and appropriately.
- 3.66 YOT respondents also highlighted young people involved in the trial who had breached their order, continued to reoffend, increased the seriousness of their reoffending, and/or were in custody (either youth offending institution or the adult secure estate). In these scenarios, YOT workers emphasised that these young people typically faced profound, entrenched, complex and multiple problems and, as a result, it was difficult to help create and maintain improvements/change. Nevertheless, in most cases YOT workers were able to identify some improvements achieved by such young people. For instance:
- delaying the on-set of further poor outcomes (e.g. lengthening the window between offending behaviour)
  - keeping young people alive when they were at high risk from self-harm, suicide or death from (for instance) substance misuse
  - improvements in a young person's levels of engagement, e.g. quality of relationships with practitioners, openness to working with agencies, and willingness to discuss issues/concerns
  - temporary improvements in young person's life, e.g. better accommodation, improved personal and family relationships, and improved emotional maturity
  - escalating the involvement of children's services teams, e.g. initiating a Care Order application.

*The FACTS clinical psychologist and project lead also highlighted improvements in young people's lives*

- 3.67 In interviews, the FACTS clinical psychologist and project lead highlighted three main improvements to young people's lives under the ECM approach.
- Improvements in the strength, stability and constructiveness of relationships between young people and YOT workers.
  - Reduction in breach during the period of the order. This was felt to be due to the improvements in relationships and the changes to practice brought about by the ECM trial.
  - Reduction in, and ending of, reoffending. FACTS and YJB staff highlighted anecdotal evidence from the trial where young people had either stopped reoffending or where they felt the level of reoffending – in terms of frequency and/or seriousness – had reduced.
- 3.68 In addition, they agreed that the improvements achieved extended beyond the immediate involvement in the trial, i.e. young people were increasingly able to sustain improvements in their lives, without the need of ongoing support from the YOT. Also, where ongoing support was required, these young people were increasingly engaging voluntarily and constructively with this support. The case studies (see Annex 2) provide further examples of this.

*Case file reviews suggest improvements in offending and in other outcomes*

- 3.69 The review of case files highlighted a range of improvements achieved by young people. For instance, there were no instances of recorded reoffending in seven out of eight cases. That said, case file reviews noted one instance of reoffending and one of breach. Improved relationships with YOT workers were explicitly noted in six cases, although in two cases this was seen to tail-off prematurely near the end of the order. In seven cases improvements in other life circumstances were noted, including education attendance, self-esteem, substance use, relationships with family, engagement with other agencies, anxiety, ability to handle difficult situations, accommodation, and risk of being a victim of domestic violence. The period over which improvements could be achieved varied from case to case, with a range from December 2014 to September 2015.

*Reoffending Toolkit data offer a mixed picture on risk, vulnerability and reoffending*

- 3.70 Data provided by YOTs in the Reoffending Toolkit present a more mixed picture in relation to whether young people's risk of reoffending, risk of serious harm, vulnerability and recorded reoffending reduced during their involvement in the trial. 'Matched' data were available for 14 young people for risk of reoffending and vulnerability and for 10 young people for risk of serious harm. The data show that in each category the risk rating for most young people stayed the same. A small number reduced their risk (e.g. three reduced their risk of reoffending, two reduced their risk of serious harm and three reduced their vulnerability).

3.71 Of the 21 young people involved in the trial, nine did not have a record of having reoffended by the end of the trial whilst 12 had a record of reoffending. Of those who had reoffended, three committed a 'less serious' offence, four committed an offence of the 'same seriousness' as previous offences, and five committed a 'more serious' offence<sup>13</sup>. For those young people who did reoffend during the course of their involvement in the trial, the average length of time between entering the trial and reoffending was 4.7 months. The range was 0.6 months to 13.3 months (Reoffending Toolkit).

*Most stakeholders agreed that, to some extent, any improvements in young people's lives could be attributed to the ECM approach*

3.72 All interviewees were cautious about drawing overarching conclusions about the extent to which any improvements in young people's lives could be directly attributable to the ECM approach. Some of the concerns raised are detailed below.

- A relatively small number of young people had participated in the trial and, as a result, caution was needed in drawing conclusions from a small sample. This was particularly the case for YOT workers who had managed a small number of cases (e.g. one or two) under the ECM approach. Stakeholders supported a wider pilot to further increase the evidence-base.
- It was difficult for many stakeholders to identify the 'what if', i.e. what changes would have been achieved if the young person had not been involved in the ECM approach. As part of this, some YOT workers highlighted research evidence which shows a connection between a reduction in propensity to reoffend and age (see, for instance, Ministry of Justice and YJB, 2015). As a result, they argued that some of the effect could be the result of a young person maturing over time.
- A range of other initiatives were implemented within the YOT and partners alongside the ECM trial that could impact on changes. Examples highlighted included the introduction of AssetPlus, impact of the Legal Aid, Sentencing and Punishment of Offenders Act 2012, reductions in offending rates, and financial pressures faced by partners, especially local authority children's services teams. In light of this, a small number of stakeholders supported the idea of any future evaluations including a control or comparison group so that any changes could be more directly attributed.

3.73 That said, stakeholders were, in the main, optimistic about the potential for the ECM approach to contribute directly to positive outcomes for young people. They referred back to some of the positive changes that the trial had helped to bring about, e.g. improvements in relationships, changes in practice, greater focus on underlying needs. They proposed that, in their experience, they would expect such improvements to result in positive knock-on effects for the outcomes for young people and to help reduce reoffending rates.

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<sup>13</sup> In drawing these conclusions, YOT case managers would be guided by their professional judgement and the seriousness scores which use a scale of 1 to 8 to categorise the gravity of offences. Gravity is based on outcomes data for 10-17 year olds e.g. likelihood that the offence will result in fine, discharges, community supervision and custody.

## Views on future roll-out

*There was unanimous support for roll-out of the ECM approach*

- 3.74 All stakeholders supported roll-out of the ECM approach. They agreed that evidence from the trial was sufficiently positive to support further investment of time and resources to implement the approach in other areas. This was expressed as an agreement to wider immediate implementation rather than the need for further piloting or testing of the approach. For instance, a minority of stakeholders felt that the nature of the cohort (small, complex, highly differentiated need) was such that it would not be worthwhile to invest more time in understanding the extent to which any improvements could be attributed directly to the ECM approach (e.g. via a control group or randomised trial). Rather, they were confident that the ECM approach corresponded with their own understanding of 'right practice', and was having the kind of impact required to support immediate roll-out.
- 3.75 Some specific areas for further work were highlighted by interviewees should a decision be made to roll-out the ECM approach. These are detailed below.
- **Capacity of FACTS.** Stakeholders emphasised the benefits of having access to external and high quality expertise from the FACTS team. However, they also recognised that applying this model across Wales would have significant implications for the capacity of this team. Interviewees saw the input from FACTS as being an essential and key component of the ECM approach which should not be diluted or reconfigured as part of any roll-out.
  - **Training for managers.** Interviewees agreed that training for managers on the ECM approach should be incorporated as a key element of any roll-out.
  - **Buy-in from the inspectorates.** YOT and FACTS interviewees were keen to have reassurance that, if the ECM approach became part of mainstream YOT practice, this would be supported by the relevant inspectorates.
  - **Wider eligibility.** Interviewees – across YOTs, FACTS and the project lead – supported a further widening of the eligibility criteria in order to expand the cohort of young people who might be eligible for, and benefit from, the ECM approach. Stakeholders highlighted that a larger number of young people who had contact with the YOT experienced high complexity and trauma, but that did not yet have the extent of offending or required length of sentence. Stakeholders felt that this meant that these young people missed out on an approach that could make significant difference to their lives. These stakeholders highlighted that an added benefit to such an approach was that more young people and more YOT practitioners (and other agencies) would see the ECM approach as the 'typical' way of working with vulnerable young people who have offended.
  - **Applicability to other agencies.** The majority of interviewees proposed that for maximum effectiveness the ECM approach should be cascaded to practitioners in other

agencies working with vulnerable young people who have offended. This was seen to have two main benefits, i.e. that it could increase the level of buy-in from other agencies to the ECM approach (especially, for instance, attendance at case formulation meetings), and it could promote a consistency of approach to meeting young people's needs across agencies. In relation to the latter, a number of interviewees noted the relatively short period of time that the YOT worked with young people (i.e. the length of their order) and that often other agencies had a longer-term relationship with young people with complex needs, e.g. children's services.

- 3.76 Though support for the ECM approach was high and widespread, some YOT staff emphasised the importance of YOTs having access to a range of approaches to work with young people with complex needs. For these stakeholders, the ECM approach would form one of the possible tools that could be deployed with young people. Examples cited in these instances related to young people with externalising behaviour that affected public safety, e.g. harmful sexual behaviour and/or physical violence. In these instances, staff felt that they may require access to alternative holistic assessment, intervention and review frameworks, other than the ECM approach. That said, no specific alternative models were highlighted during interviews.

## 4. Discussion

### Implementation of the ECM approach

*There was a high level of fidelity with the ECM approach*

- 4.1 There was a high degree of consistency across the three YOTs in the implementation of the trial, the effectiveness of this implementation, and the fidelity with the original ECM approach. Few changes to the shape and format of the ECM approach were required when applied on-the-ground. All stakeholders agreed, and case file reviews undertaken by the evaluation team endorsed, that staff were implementing the ECM approach as envisaged and as described in literature and in training. Eligibility criteria were the only aspects that needed to vary substantially from the original ECM approach.
- 4.2 The evaluation highlighted three main aspects where there were noticeable differences in implementation between the YOTs: in take-up, in profile of need, and in the need for additional resources. These are explored further below.

*Differences in take-up*

- 4.3 The first aspect relates to the differences between YOTs in meeting the target number of young people to participate in the trial. Two YOTs met their quota, whilst the third YOT (YOT A) recruited four young people out of a target of 11.
- 4.4 There are a number of hypotheses that could explain this. For instance, the third YOT could have had lower numbers of eligible young people who agreed to participate in the trial; the YOT could have had a lower level of buy-in to the trial overall; there could have been a smaller number of eligible young people than expected within this area; and/or higher eligibility criteria could have been in place in this YOT. The evaluation provides little evidence in support of the first two hypotheses. There is some evidence to suggest that YOT A's number of eligible young people could have been affected by a larger fall over time in pre-court disposals than the other two YOTs thereby increasing the amount of time needed by young people to establish a prolific offending history. In relation to the fourth hypothesis, young people participating in the trial from YOT A had higher needs on two dimensions, i.e. a higher average number of prior offences and all were subject to Youth Rehabilitation Orders, rather than a combination of YROs and Referral Orders. Both of these factors could explain some of the variation in take-up. We conclude, though, that differential take-up within the trial does not indicate any concerns about the validity or relevance of the ECM approach.

*Differences in levels of need*

- 4.5 Data from the Reoffending Toolkit showed that there were differences between YOTs in the profile of young people who participated in the trial. For instance, the YOT C cohort had the highest average number of issues faced and riskiest profile in terms of reoffending, serious harm and vulnerability. In contrast, the YOT B cohort was lowest on each of these dimensions. There is no evidence to suggest that this is due to differences in the way that



YOTs have participated in the trial or due to any flaws in the ECM approach. Rather, it is more likely to be the result of different underlying need between the three YOTs in relation to the profile of young people with prolific offending histories and complex needs.

#### *Differences in need for additional resources*

- 4.6 There were some differences in the need for additional capacity in order to implement the trial. All YOTs highlighted that, overall, the ECM approach could be accommodated as part of existing resources/capacity. There were some differences in how YOTs needed to organise themselves internally in order to participate in the trial. For instance, YOTs B and C needed to be more proactive in the allocation of caseloads to case managers so that work with young people on the trial could be accommodated alongside other commitments. In contrast, the third YOT highlighted that the trial could be absorbed without additional management, with the emphasis being on undertaking different work rather than more work with young people<sup>14</sup>.
- 4.7 We conclude that there are certain aspects of the ECM approach that might create additional burden at certain points in time in the implementation of the approach and/or the management of the case, e.g. training for YOT staff, engagement in the case formulation meetings, and attendance at external clinical supervision. The view from stakeholders is that all of these are good and effective uses of time. The evidence suggests that improvements in relationships with young people can result in greater engagement with the YOT on the conditions of their order. This might require additional time from YOT workers but, in our view and the view of stakeholders, should be off-set by the time that is recovered from reduced no-shows, reduced re-scheduling and reduced administrative burden. Finally, the overall capacity of a YOT to integrate the ECM approach into existing practice may be affected by existing caseloads per worker, i.e. YOTs with higher rates may need more proactive management to implement the approach, as well as the time taken to engage in additional activities such as the case formulation meeting, subsequent reviews and clinical supervision.

#### **Elements of the ECM approach that made the most difference in securing participation by young people**

- 4.8 Levels of non-engagement and early withdrawal of young people in each YOT were low. YOT stakeholders reported that it was relatively easy to secure the involvement of young people and that attrition rates were low. Where young people stopped their involvement in the trial this was principally because they entered a custodial sentence.
- 4.9 As a result, it is difficult to identify any key features of the ECM approach which make the most relative difference to increasing engagement. Interviews with stakeholders stated that a focus on underlying need and on building relationships with young people were, for them,

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<sup>14</sup> Though the numbers of young people involved in the trial as a proportion of total caseloads were lower in this YOT.

key features of the ECM approach. This suggests that these features could be particularly influential in securing involvement of young people on an ongoing basis.

- 4.10 More widely, YOT staff who trialled the approach emphasised that all the key elements of the ECM approach were fundamental to its success and that ‘mixing-and-matching’ elements would impact on efficacy. This included an approach:
- informed by the Trauma Recovery Model and the need to address underlying needs
  - involving multi-agency case formulation
  - facilitated by an external senior clinical psychologist
  - with access to clinical supervision, provided by a clinical psychologist.
- 4.11 In our view, the high degree of consistency in implementation and the fidelity with the original ECM approach would support this conclusion.

### **Outcomes for young people**

- 4.12 The evidence suggests that young people who participated in the trial achieved a range of improvements across a number of dimensions, for instance in their quality of life; quality of relationships with agencies, and benefits for society, e.g. reductions in reoffending and reductions in severity of any reoffending. These improvements were noted by all stakeholders involved in the trial, i.e. YOT practitioners, YOT managers, FACTS clinical psychologist, project lead and young people.
- 4.13 As part of case file reviews, the evaluation team made judgements about how recorded practice under the ECM approach compared to anecdotal recorded practice in other YOTs that had been encountered as part of other assignments. These reviews lead us to agree that:
- There is evidence that the ECM approach was helping to establish improved relationships and trust with young people which was, in turn, helping to improve engagement and compliance with interventions.
  - There is evidence of more tailored and flexible approaches to working with young people that was aimed at addressing their problems/needs and less focus on undertaking ‘standard’ offence-focused work.
  - In a small number of cases, problems faced by young people were so entrenched that even small improvements in relationships between young people and the YOT worker represented, in our view, substantial achievements of the ECM approach.
- 4.14 As a result, we agree that the ECM approach is helping to create changes in practice and, in turn, improvements in young people’s lives.

## 5. Conclusions

### *Further implementation of the ECM approach*

5.1 We recommend ongoing implementation and trial of the ECM approach. The reasons for this are explored below.

- There was a high degree of support for the ECM approach – in theory and in practice – from all stakeholders involved in the trial.
- There was unanimous support for roll-out of the ECM approach from stakeholders. This suggests that the ECM approach works, is appropriate for young people with complex needs, and that there is likely to be a high level of buy-in from other YOTs across Wales.
- There was a high degree of fidelity with the ECM approach (taking into account the changes to the eligibility criteria) and this was consistent across the YOTs. This suggests that the TRM model and the ECM approach can be applied in a consistent way across YOTs with different local circumstances and profiles of need.
- Qualitative data from all stakeholders involved in the evaluation highlighted positive improvements in young people's lives. This was further supported by the evaluation team's own experience during case file reviews which showed that practice under the ECM approach was different from 'typical' YOT practice and was resulting in improvements in relationships, higher levels of engagement and enhanced outcomes for young people.

5.2 That said, the robustness of evidence available about the impact of the ECM approach on young people is still being developed and the value for money offered by the ECM approach has not been tested. We recommend that any ongoing implementation of the ECM approach is accompanied by further evaluation.

### *Lessons learnt about evaluation approach and methodology*

5.3 In conducting the evaluation, a number of lessons were learned in relation to methodology.

- **Informed consent.** The number of young people and their families who agreed to participate in the evaluation was lower than anticipated. Given the nature of the evaluation, we believe that the chosen approach to informed consent was correct, especially in relation to young people having to opt-in to participating. As a result we would not suggest any changes to this approach in order to boost response rates in any future evaluation. A possible amendment that we feel is worth exploring is to include the seeking of consent to participate in the evaluation into the process to secure consent to participate in the ECM approach overall. Given the high proportion of young people who agreed to participate in the trial, we feel that this could help to boost agreement to participate in the evaluation. That said, we suggest that: (1) response rates should be monitored on an ongoing basis to ensure that inclusion of informed consent to participate in the evaluation is not reducing young people's agreement to participate in the trial; and (2) agreement not to participate in the evaluation should not exclude them

from participating in the trial. This latter suggestion is in light of the fact that even if young people themselves do not wish to participate in the evaluation, a lot of useful evidence can be collected from other stakeholders who worked with that young person (e.g. YOT workers).

- **Targets against which progress can be measured.** Within the trial, only two main targets were set, i.e. number of young people involved; and eligibility criteria. We recommend that any future evaluation of the ECM approach is informed by a larger set of targets. This could include take-up rates, attrition rates, and improvements achieved, e.g. changes to reoffending rates. This would enable relative success of the ECM approach to be measured.
- **Establishing attribution.** This report highlights some qualitative evidence from interviews about the extent to which any improvements can be attributed to the ECM approach. It notes that there is a large number of other initiatives that are taking place within YOTs (and other agencies) that could be contributing to improvements thereby making it difficult to isolate the specific contribution of the ECM approach. We recommend that future evaluations seek to address this so that stakeholders can have greater confidence that investing in the ECM approach is worthwhile. The most robust way of achieving this would be through a longitudinal randomised control trial or quasi-experimental design where achievements are compared with a control group (e.g. within YOT, between YOT, contemporary or retrospective). To ensure robustness, this would need a large enough sample to enable statistical significance tests to be conducted. An estimation of the required sample size could be achieved via a power analysis which, in turn, would need a clear indication of the extent of change desired by the ECM approach.
- **Establishing value for money.** Value for money assessment was not part of the remit for this evaluation. However, we recommend that future decisions about roll-out are informed by financial analysis. This would provide reassurance that any additional spend (either in terms of funding or use of YOT time) was worthwhile. The inclusion of a control group (see above) would help to achieve this. The evaluation would also need to collect data on additional funding provided to FACTS for implementing the approach and any additional resources allocated to YOTs. In addition, we suggest that information is also collected on the amount of time that is required to work with young people under the ECM approach compared to existing practice.

#### *Adjustments needed*

- 5.4 There are four main adjustments to the ECM approach that we recommend are considered in the short to medium term. A fifth adjustment should be considered in the longer-term.
- 5.5 The first relates to training for managers. Not all YOT managers were able to attend training on the ECM approach and this affected the contribution that managers could make within the trial. We agree that managers have an important contribution to make within the ECM approach, e.g. quality assurance, management oversight, supervision, contributions to case

formulation meetings, providing guidance to practitioners. As a result, knowledge of, and buy-in to the approach by, managers is crucial to its success. We recommend exploring the development of training specifically for managers. This would enable a dedicated space to consider management and supervision issues within the ECM approach.

- 5.6 The second relates to the approach to case recording under the ECM approach. Some challenges were encountered in recording practice under the ECM approach using existing case recording systems. We recommend that practice guidance and training is amended to include information on how best to record practice, especially in relation to the purpose of each appointment/meeting with a young person and the outcomes achieved. In addition, we recommend that practice guidance is updated to ensure that some form of summary note is included on relevant cases about decisions made or outcomes from clinical supervision. This will ensure a full audit trail in relation to decision-making.
- 5.7 The third adjustment relates to the applicability of the ECM approach to other agencies beyond the YOTs. We agree that extending the ECM approach to other practitioners in other agencies could promote a more joined-up and holistic approach to working with young people, a number of whom have ongoing contact with agencies once the conditions of the court have been completed. In our view, there are also benefits to considering its applicability within the secure estate (both young people's and adult) as this would also promote continuity and consistency of support in cases where offending behaviour escalates.
- 5.8 The fourth consideration relates to the capacity of the provider of clinical psychology. Under the trial, this was provided by FACTS. Stakeholders were keen to ensure that, if wider roll-out is pursued, the provider has sufficient capacity to continue to deliver high quality support in a timely fashion. Given the importance of the psychological input in the ECM approach we agree that this input is protected and scaled-up appropriately to reflect any wider roll-out.
- 5.9 Finally, there is general support for a further widening of the eligibility criteria for participation in the ECM approach to young people in contact with the youth justice system with complex needs but without prolific offending histories. We recommend that this is considered. The strength of the ECM approach is in its ability to improve working relationships with young people and to focus on underlying needs (which, in turn, is likely to have a more sustained impact on offending and public safety). These characteristics would benefit a large proportion of young people in contact with the criminal justice system, not just those with prolific offending histories. That said, we suggest that this is a longer-term consideration rather than an immediate plan. This is because, in our view, further research is needed to understand the extent to which the ECM approach is supporting improved outcomes for young people within the existing target group and represents value for money. Once this has been established, there would be stronger evidence for wider roll-out.

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