Enhanced Case Management (ECM) Evaluation

Phase One Report

Opinion Research Services

March 2023

Opinion Research Services

The Strand Swansea SA1 1AF
01792 535300 | www.ors.org.uk | info@ors.org.uk

This study was conducted in accordance with ISO 20252:2019 and ISO 9001:2019.

Contents

1. Executive summary 7
Enhanced Case Management (ECM) 7
Methodology and aims 7
Implementation and delivery 7
Impact on children's outcomes 8
Impact on YJS practice 9
Implications for the YJB 9
2. Introduction 10
Background 10
Enhanced Case Management (ECM) 11
The Trauma Recovery Model (TRM) 11
Approach 14
Pilot sites overview 15
Training 16
Methodology 16
3. Main findings 20
What impact has ECM had on children's criminal justice outcomes? 20
What impact has ECM had on children's non-justice psychosocial outcomes? 21
What impact has ECM had on YJS practitioners' and managers' knowledge and understanding of how attachment, trauma, and ACEs can impact on children's engagement with youth justice interventions? 32
What impact has ECM had on YJS practitioner attitudes towards and confidence in delivering trauma-informed practice? 33
What impact has ECM had on children's engagement with ECM, YJSs, and the strength of their relationships with YJS practitioners? 35
Are there any harms or unintended negative consequences of ECM? 35
Is ECM, and its constituent elements, being implemented as intended and in accordance with ECM practice guidance? 36
What is the relative contribution of different ECM elements to outcomes? 58
To what extent does the implementation of ECM, its constituent elements, and the activities that underlie this, represent a change from current practice? 60
What are the barriers and facilitators of ECM delivery and effectiveness? 62
Looking to the future 67
Comparisons with previous ECM evaluations 69

4. Conclusions 70
5. Recommendations 71
Overall 71
Integration 71
Accountability 71
Implementation 71
Eligibility 72
Staffing 72
Engagement 72
Training, development, and supervision 73
Further monitoring, evaluation, and review 73
List of figures and tables 83

The ORS Project Team

Project design, management and reporting

Liz Puntan

Dale Hall

Interviewing

Liz Puntan

Angharad Davies

Consultancy support

Dr Anthony Charles, Associate Professor in Criminology in the Department of Criminology, Sociology, and Social Policy, at Swansea University

Analysis and reporting

Liz Puntan

Dale Hall

Angharad Davies

Glossary

ACE	Adverse Childhood Experience
CPR	Consistency, Predictability, and Reliability
CSCS	Construction Skills Certification Scheme
DTO	Detention and Training Order
ETE	Education, Training, and Employment
ECM	Enhanced Case Management
FCAMHS	Forensic Child and Adult Mental Health Services
FTE	First Time Entrant
MoJ	Ministry of Justice
PACE	Playfulness, Acceptance, Curiosity, and Empathy
PNC	Police National Computer
TRM	Trauma Recovery Model
YCC	Youth Conditional Caution
YJB	Youth Justice Board
YOS	Youth Offending Service[1]
YOT	Youth Offending Team
YJS	Youth Justice Service
YRO	Youth Referral Order

[1] The Youth Justice Board has only recently updated its preferred terminology from "Youth Offending Service" / "YOS" or "Youth Offending Team" / "YOT", to "Youth Justice Service" / "YJS". Interview participants therefore used the terms Youth Offending Service / YOS or Youth Offending Team / YOT rather than Youth Justice Service / YJS, which is reflected in the direct quotations used throughout this report.

Acknowledgements

ORS thanks the Youth Justice Board (YJB) for commissioning and funding this evaluation. When reading this report, please bear in mind that it was produced by the independent research team at Opinion Research Services (ORS), so may not reflect the views of the YJB.

We hope the findings will prove useful in understanding the implementation and impact of the Enhanced Case Management (ECM) approach. We are particularly grateful to Dr Sue Thomas, Kate Langley, and Rhian Manley at the YJB for their assistance with developing and managing the project.

We would also like to thank the ECM senior practitioners Claire James and Caroline Mellon, and staff at Bath and North East Somerset, Bristol, North Somerset, and South Gloucestershire Youth Justice Services (YJSs) for all of their help and support throughout the evaluation, and for sharing their experiences with us so openly. Finally, we would like to thank all the children who participated in the evaluation.

Executive summary

Enhanced Case Management (ECM)

The Enhanced Case Management (ECM) approach is a trauma-informed, psychology-led approach to working with children in YJSs. It is based on the Trauma Recovery Model (TRM), which is used to tailor interventions in line with children's developmental needs. ECM has the following components:

- An ECM Senior Practitioner and psychologist
- Psychology-led, multi-agency case formulation and review meetings and reports
- Initial and ongoing training for YJS staff and partner agencies
- Clinical supervision for YJS case managers
- Guidance for YJS managers
- Specific eligibility criteria.

Methodology and aims

ORS was commissioned by the YJB to conduct a two-phase evaluation of the ECM approach. The evaluation aims to establish the impact of ECM on children's offending, needs, and wellbeing. It also explores whether ECM was being implemented as planned and in line with YJB guidance; how far ECM represented a change from YJS's current practice; and the barriers and facilitators to ECM's delivery and effectiveness.

This report is based on the first phase of the evaluation, which ran between September 2019 and March 2022 in four YJSs in South West England. It combined interviews with YJS staff and with children who were being supported by ECM with a review of YJS-held data and some case formulation and review meeting observations.

The report of the second phase of the evaluation will be published in the 2023/2024 financial year. It will compare re-offending data from the children who were supported by ECM in South West England with some similar children from the national youth offending cohort who were not supported by ECM.

Findings: Implementation and delivery

Broadly, ECM was being implemented consistently, and in line with YJB guidance[2]. Case formulation and review meetings generally took place as planned, although case formulations were paused when no ECM psychologist was in post. Case formulations were generally better attended than reviews. YJS staff valued formulations, especially the timelining activity, psychology input, and information sharing. YJSs used the TRM to plan and sequence

[2] The YJB's guidance for implementing ECM is available here: Formal document (yjresourcehub.uk)

interventions in line with children's needs. For example, they shared important information with children in ways they can easily understand; used games to discuss feelings; were ready to alter interventions on the day if children struggled to engage; and facilitated difficult discussions using informal situations.

ECM's flexible psychology input was central to its success. The formulation report facilitated consistency and understanding in delivering trauma-informed interventions. The clinical supervision was greatly beneficial to YJS staff. However, the inconsistencies and gaps in psychology provision affected the project's implementation and impact.

The ECM senior practitioners also contributed to ECM's effectiveness, especially their practical advice on children's interventions and support; training and informal supervision; and guidance on producing trauma-informed notes, plans, and reports. All YJS staff who were involved with delivering ECM received initial and ongoing ECM training. Most found this beneficial in providing trauma-informed tools, skills, and knowledge, although identified some gaps. These included providing more ongoing, refresher, follow-on, and "trauma toolkit" training.

ECM was facilitated by senior-level buy-in and support from YJSs and other agencies; YJS's commitment and enthusiasm; and ECM's focus on relationship building. ECM's implementation faced numerous practical and cultural challenges, in addition to those presented by COVID-19. Practical challenges were the perception that ECM caused too many meetings; children supported by ECM being placed out of area; and the perceived need for a formal accountability framework for ECM. Cultural challenges were some partner agencies' apparent belief in punishing rather than trying to help children who were involved with the youth justice system; and in viewing ECM as a "cure-all" approach which YJSs are solely responsible for.

Findings: Perceived impact on children's outcomes

ECM was perceived to have contributed to improvements in a range of psychosocial outcomes. For example, ECM partner agencies placed some children in more appropriate accommodation. The support provided by YJS case managers was perceived to have enabled children to live independently and to have helped rebuild family relationships. This was perceived to have been facilitated through foster carers or placement staff attending ECM meetings.

ECM was reported to have helped to improve some children's mental health. This was linked to improvements in accommodation, and to family or carer relationships, which were brought about by the support provided through ECM and professional's greater understanding of children's needs. Finding employment or engaging in education or training was also a notable improvement which was reported to have been achieved by some children since starting ECM.

Some children supported by ECM were reported to have demonstrated positive gains in emotional well-being and development. For example, some were said to have showed improved coping skills and were better able to understand the impact of their behaviour. Improvements in children's behaviour, skills, aspirations, and goals were also reported.

ECM was perceived to have fostered some children's engagement with the YJS and other agencies. This was attributed to the strong relationships between children and YJS case managers, which were central to the ECM approach.

Although ECM was not perceived to have any negative impacts for children, it reportedly placed an increased sense of responsibility onto case managers. Support from the ECM psychologist was perceived to mitigate against this.

Findings: Impact on YJS practice

Trauma-informed practice has largely become embedded throughout the YJSs and is starting to become embedded within partner agencies. Case managers were using ECM tools and techniques with their wider caseload, which reflects wider embedding of the approach.

ECM has enhanced case managers' knowledge and understanding of working with children who have experienced trauma. Many were already working in a trauma-informed, relationship-focused way before ECM was implemented, although ECM "gave them permission" to do so.

Case managers displayed positive attitudes towards trauma-informed practice. Their increased confidence in delivering trauma-informed practice had enhanced their work with all children. This confidence had started to transfer into the wider professional network.

ECM had also supported case managers to flexibly adapt aspects of their practice which were not working; to have strengthened their advocacy skills through collaborating with partner agencies; and to have enhanced their playfulness, through their increased understanding of how best to engage children with youth justice interventions.

The child-focused, individually tailored nature of ECM was reported to have strengthened case manager's relationships with children. This bond had formed a prototype for children's future relationships. However, the need for case managers to avoid falling into a "mentoring" role was also highlighted.

Implications for the future of ECM

Interviewees strongly supported continuing ECM and rolling it out further in future due to its perceived impact on improving children's outcomes and opportunities. To achieve this, consistent psychologist input and permanent contracts for the psychologist and senior practitioners were said to be essential, together with dedicated sustainable funding to guarantee staff training, administrative support, and the monitoring and evaluation of ECM.

ECM could be more effective in future by integrating the case formulation and review meetings into YJS's existing practice fully, interviewees felt, rather than running parallel to it. They felt that consideration should also be given to how ECM can support transitions in and out of custody, and to how children and families can feed into ECM. Consistent senior level buy-in and support is also perceived to be needed to roll out ECM in future. A full suite of conclusions and recommendations are located at the end of this report.

1. Introduction

Background

Over the last decade, practice and policy has shifted towards greater use of practitioner autonomy, a focus on highlighting and harnessing children's strengths, and greater use of diversionary measures (Glendinning, Rodriguez, Newbury, and Wilmot, 2021). In tandem with this is the growing recognition that understanding children's life experiences is central to understanding their presenting behaviour and informing the support they are offered. It is against this backdrop that the Enhanced Case Management (ECM) approach was developed.

Between 2013 and 2016, the YJB worked with YJSs in Wales to develop and test ECM. It is a YJS-delivered, psychology-led, trauma-informed approach to supporting children with complex needs and known or suspected experience of trauma. The Trauma Recovery Model (TRM) (Skuse and Matthews, 2015), which was developed through working with children in a secure children's home in South Wales, underpins ECM. ECM views offending as a response to previous trauma. It seeks to work with children sensitively, empathetically, and non-punitively, in accordance with their individual needs.

ECM aims to ensure that YJS practice and interventions are aligned with children's developmental needs. In line with the TRM, it posits that strong, trusting relationships between children and their YJS case managers and other professionals are central to enabling them to engage with needs-led support packages and pro-social opportunities. This, in turn, will lead them to reduce re-offending, and to achieve improvements in a range of psychosocial and other life outcomes.

Previous evaluations of ECM

Two previous ECM evaluations have been conducted. Both explored the implementation and impact of ECM in a several YJSs in Wales (Cordis Bright, 2017; Glendinning et al., 2021). Cordis Bright (2017) recommended that the ECM approach should be implemented and trialled further. This was due to strong stakeholder support for the approach and its wider roll-out; high fidelity with the original ECM model across all YJSs; and qualitative and quantitative evidence of improvements in engagement and in various outcomes for participating children.

Glendinning et al. (2021) also found that ECM had benefitted children in several ways. These included improved relationships with practitioners from YJSs and other agencies; greater confidence to approach services for support; improved emotional regulation, sense of self-worth, and positivity about the future. The current evaluation sought to take account of these previous findings and continue to build and expand the evidence base, to support improvement of the ECM approach, and identify lessons which can be learned in developing trauma-informed practice in youth justice settings.

This report

Between 30th September 2019 and 31st March 2022, ECM was implemented in four YJSs in the South-West of England: Bristol, North Somerset, Bath and North-East Somerset (BANES), and South Gloucestershire, with North Somerset YJS acting as the lead. The overall objective of this evaluation is to assess the impact of ECM on children's desistance, needs, and wellbeing in the four participating YJSs.

This report will be followed in the 2023/2024 financial year which will be based on the comparative analysis of Police National Computer (PNC) re-offending data from children supported by ECM and a matched sample of children who have not participated in ECM from the national youth justice cohort, during ECM, and for a 12-month period after the end of the pilot.

Enhanced Case Management (ECM)

The Trauma Recovery Model (TRM)

ECM is underpinned by the TRM, a seven-stage model that matches intervention/support to presenting behaviours and to underlying needs. The TRM[3] advocates sequencing YJS interventions in line with developmental and mental health needs. It is based on Maslow's Hierarchy of Needs, which proposes that people's basic physiological and safety needs must be met before they can achieve healthy psychological growth. The TRM proposes that practitioner's initial work with children must instil consistency and focus on building a strong, trusting relationship between them. This takes as long as necessary.

This relationship then forms a platform for the child to process the trauma they have experienced. Once this is well underway, the child may then be cognitively able to do offence-focused work, for which they must be capable of consequential thinking, showing empathy, and reflecting on their behaviour and life choices. However, children will not be able to fully understand their behaviour, circumstances, or offending, until they have progressed through the first four stages of the TRM. This is not always a linear journey.

Progressing through the TRM's layers requires the trusting relationship, support, and guidance from practitioners to continue. Once children have reached the final layer of the TRM, they should be able to live independently, healthily, and positively in their communities, with little or no additional support.

Characteristics

Broadly, ECM has the following components:

1. Initial training for all YJS staff on the TRM and the theory underpinning it, developed, and delivered by the creators of the model (Tricia Skuse and Jonny Matthew, via the TRM Academy). Ongoing / refresher training and guidance in developing and delivering

[3] The TRM is included in the Appendix.

ECM and trauma-informed practice, in line with staff's needs, developed and delivered by the ECM senior practitioners (trauma champions), with input from the ECM psychologist, as necessary.

2. An initial psychology-led case formulation meeting, attended by professionals from all the agencies which support the child. During the formulation meeting, information from the agencies, parents/carers/guardians, and from the child, is shared and collated into a developmental timeline of significant events in the child's life (called a genogram), which is used to plan interventions. ECM senior practitioners chair and coordinate the formulation (and review) meetings.
3. A case formulation report, written by the overseeing psychologist. The report uses the information shared at the meeting to plot the child's level of physical, emotional, cognitive, and social development against which level of the TRM they are assessed to be at. Based on this, it also sets out recommendations for the content and sequencing of the most appropriate interventions for the child.
4. Regular subsequent multi-agency review meetings, where those present share updated information about the child and discuss their progress. Led by the ECM psychologist, those present collaboratively review the child's TRM position (whether it has changed or not) and the content and sequencing of their interventions. Review meetings continue until the ECM team determine that they are no longer needed, or until the child transitions to adult services.
5. The ECM psychologist provides ongoing confidential clinical supervision for YJS case managers to assist them in managing cases, to develop their practice, and to reduce the impact of secondary trauma. The clinical supervision is provided in addition to regular management supervision.
6. Guidance for strategic and operational YJS managers to support them to develop and embed trauma-informed practice throughout their service.
7. Children and their families do not attend the formulation or review meetings. This is because information is shared about family history and circumstances which could be distressing for them hear, and because it enables practitioners to speak freely without fear of causing upset.

These elements are summarised in a Theory of Change, which ORS developed as part of this evaluation. The Theory of Change built on a logic model which was produced as part of a previous evaluation of ECM in Wales (Cordis Bright, 2017). The Theory of Change is presented in Appendix 1. It was used to shape the evaluation's methodology and research instruments. It was revisited at key points throughout the evaluation in light of stakeholders' feedback, but no changes were seen to be needed.

Specialist support

As noted, psychology input is central to implementing ECM. The YJB recommends that a clinical psychologist supports ECM because they are trained in formulation; can accurately assess the risk that children present to themselves and to others; and can pinpoint the cause(s) of their underlying issues. However, the YJB also notes that psychologists from other disciplines could be considered, provided they have the right knowledge, skills, and experience. The ECM

psychologist must have knowledge of child development (especially attachment and trauma); experience of working with children in a youth justice and/or forensic mental health setting; and experience of multi-agency working (Youth Justice Board, 2020).

The YJS senior practitioner role is also central to ECM. Senior practitioners are trauma champions who support the psychologist and YJSs to deliver ECM by:

- Advising YJS case managers on the suitability of referrals onto ECM, helping to prioritise children according to need and ensuring they meet the criteria for referral.
- Supporting YJS case managers to maintain trauma-informed case records on children; and advising them on case management and intervention delivery.
- Arranging, chairing, and minuting case formulation and review meetings, helping to produce the genogram alongside the psychologist.
- Building relationships with representatives of other agencies which contribute to ECM, such as the police, social workers, education professionals, residential staff or foster carers, and others.
- Promoting the ECM approach by sharing information with and delivering training to wider agencies which have an interest in ECM, such as members of the judiciary, and YJS partnership boards.
- Producing detailed monitoring information about ECM cases.

Eligibility

In partnership with the psychologist and senior practitioner, YJS case managers use the following eligibility criteria to determine which children participate in the ECM approach:

1. Children who have previously offended.
2. Evidence of complex needs. These include child protection registration and/or social services involvement; being looked after by the local authority; substance misuse; brain injury and/or other neurological disabilities; mental and /or emotional health problems; learning difficulties or disabilities; speech, language, and communication issues; involvement in child sexual and/or criminal exploitation; and involvement in serious youth violence.
3. Evidence of Adverse Childhood Experiences (ACEs). These include emotional, verbal, physical, sexual abuse, or neglect; parental separation; witnessing domestic abuse; living with someone who has a mental illness, abuses alcohol and/or drugs, or has been incarcerated; and experience of significant bereavement.
4. Those in receipt of statutory court orders in the community should be prioritised. In exceptional cases, those who have received an out of court disposal, and/or other diversionary programmes, can also be considered.
5. Minimum of six months left on statutory order (or voluntary if agreed with the child).

Children who are in custodial settings are not eligible for ECM, although ECM review meetings can continue when children who were already on ECM are remanded in custody.

Approach

Objectives

The overall objective of this evaluation is to assess the impact of ECM on children's desistance, needs, and wellbeing in the four participating YJSs. It also has the following primary and secondary objectives, which relate to its impact and process strands, respectively.

1. Impact Evaluation (Primary objective)
a. What impact has ECM had in terms of:

i. Children's criminal justice outcomes, such as breaches and re-offending (frequency, and severity) during ECM and over a 12-month period following ECM, in comparison to children not going through ECM. Proxy measures (or interim measures) for desistance should also be considered[4].
ii. Children's non-justice psychosocial outcomes, which should include as a minimum: child health and wellbeing, development, needs, identity shift and agency and relationships.
iii. YJS practitioners and managers' knowledge and understanding in relation to how early attachment, trauma and adverse life events can impact on a child's ability to engage effectively in youth justice interventions. In addition, YJS practitioner attitudes towards and confidence in delivering trauma informed practice. This could be measured through the ARTIC assessment[5] but is not limited to this.
iv. Child engagement with ECM and with YJSs and strength of relationships with YJS practitioners.
v. Harms or unintended negative consequences of ECM.

1b. What is the relative contribution of different ECM elements to outcomes?

2. Process Evaluation (Secondary objective)
a. Is ECM, and its constituent elements, being implemented as intended and in accordance with ECM practice guidance? Summarised below are the key elements of ECM:

b. To what extent does the implementation of ECM, its constituent elements and the activities that underlie this, represent a change from current practice?

c. What are the barriers and facilitators (e.g., logistical, practical, cultural, and legal) of ECM delivery and effectiveness?

3. Overall assessment of ECM
Combine the findings from 1 and 2 to make conclusions as to the confidence the YJB can have in ECM as an approach to trauma-informed service delivery. In addition, recommendations and adaptations needed to support implementation, effectiveness and sustainability of the approach should be provided.

[4] Phase Two of the evaluation is measuring objective 1a (i). The Phase Two report will be published in the 2023/2024 financial year. The remaining objectives are measured in Phase One of the evaluation, which this report is based on.
[5] The ARTIC assessment is a questionnaire which was co-developed by Dr Courtney Baker of the Traumatic Stress Institute which measures practitioners' attitudes towards trauma-informed practice.

Evaluation sites

Between 30th September 2019 and 31st March 2022, ECM was implemented in four YJSs in the South-West of England: Bristol, North Somerset, Bath and North-East Somerset (BANES), and South Gloucestershire, with North Somerset YJS acting as the lead.

Resourcing and implementation

The ECM pilot was taken forward by a partnership consisting of the four YJSs and:

- The YJB, who was the principal funder, and provided oversight of the pilot.
- Psychology provision:
  - This was delivered by a part-time counselling psychologist between September 2019 and mid-September 2020.
  - There was no ECM psychology provision between late-September 2020 and the end of February 2021, due to this psychologists' resignation and a replacement being recruited. During this period, no children were referred to ECM, and no case formulation meetings took place, but the two senior practitioners continued to discuss referrals with case managers, held case review meetings, and kept a "waiting list" of children who they felt should be prioritised for ECM, who were referred once psychology provision resumed in March 2021. The TRM Academy[6] also provided supervisory support to the senior practitioners when there was no ECM psychologist in place.
  - Two part-time (equivalent to one full-time employee) Youth Custody Service (YCS)-employed forensic psychologists also supported ECM. One was in post between March and September 2021, and the other was in post between April and December 2021.
  - A part-time educational psychologist who was employed by the YCS supported ECM between September 2021 and March 2022.
- NHS England (NHSE) South West Health and Justice team, which part funded the pilot.

As well as the psychology input (the equivalent of one full time post), the pilot included two part-time senior practitioners (which made up a full-time post). The senior practitioners are trauma champions, who work with two YJSs each, to support YJS case managers in the delivery of ECM and trauma-informed practice. The pilot was supported by operational and steering groups which met every six weeks and on a quarterly basis, respectively.

Capacity

Originally, the pilot aimed to deliver ECM with 25 children per year (so around 50 in total), distributed amongst the participating YJSs. This number was set before the start of the pilot and was based on the assessed capacity of a full-time psychologist. However, the overall number of children who participated in the pilot was 37 in total. This was lower than originally anticipated for several reasons.

[6] The TRM Academy was established by the founders of the TRM. It provides training, resources, and support for organisations with implementing the TRM. Further information can be found here: TRM Academy - Trauma Informed Practice

Firstly, the gap in psychology provision between September 2020 and February 2021 prevented referrals onto ECM from being made. Secondly, staff shortages and redeployment during the COVID-19 pandemic among many of the ECM partner agencies delayed offences being processed and reaching court. As children could not be referred onto ECM without a statutory court order (or out of court disposal / participation in diversionary programmes, in some circumstances), these delays also prevented them from being referred onto ECM.

Training

To prepare for delivery of ECM, the TRM Academy delivered full ECM training on attachment, the impact of childhood trauma and the TRM to YJS managers and practitioners in 2016, December 2018, and in January 2019. The TRM Academy has since delivered full ECM training on an ad-hoc basis throughout the four YJSs. In addition, various elements of refresher training, and training based on specific aspects of trauma-informed practice, has been delivered by the senior practitioners and the ECM psychologist, throughout the pilot. These elements are discussed as relevant in the report.

Methodology

ORS adopted a mixed method approach to achieve the project's aims and objectives. Our approach was determined by:

- The YJB's specification for the research.
- The existing logic model (produced by the YJB) and the Theory of Change (produced by ORS early in the project and revisited throughout).
- A series of ongoing discussions with the YJB, the senior practitioners, the ECM Operational and Steering Groups, and the ECM psychologist.
- The relatively small scale of the pilot and small numbers of participating children.

The evaluation began in January 2020 and will run until November 2023. It is being completed in two phases. Phase One ran from January 2020 until March 2022. Phase Two started in March 2022 and will run until the end of the evaluation.

Data

Phase One of the evaluation incorporated the following data.

- Two rounds of interviews with staff. One-to-one interviews were held with YJS operational managers (four at round one, and five at round two); ECM senior practitioners (two at round one and round two); and ECM psychologists (one at round one and one at round two). Group interviews were held with YJS case managers (five at round one, and six at round two), with an additional two individual interviews taking place at round two.
- One-off individual interviews with eight children who were currently being or had recently been supported by ECM.
- ECM referral forms, monitoring data, case formulation and review reports and meeting notes, observations of case formulation and review meetings; and YJS-held AssetPlus records for 20 ECM participants.

- ARTIC assessments completed by 16 ECM case managers. The ARTIC measured the extent to which case managers held favourable or unfavourable attitudes towards trauma-informed practice[7]. Existing research has supported the assessment's suitability for this purpose (Baker et al., 2016). It was also used in one of the previous evaluations of ECM in Wales (Glendinning et al., 2021). The ARTIC comprises 45 questions based on the following seven dimensions of trauma-informed practice which case managers answered using a seven-point Likert scale.
    1. Underlying causes of problem behaviour and symptoms**.** Stresses that behaviour and symptoms are non-intentional and able to change, rather than intentional and rigid.
    2. Responses to problem behaviour and symptoms. Outlines that positive change arises from relationships, flexibility, kindness, and safety, rather than rules, consequences, and accountability.
    3. On-the-job behaviour. Advocates empathy-focused staff behaviour as opposed to control-focused staff behaviour.
    4. Self-efficacy at work. Endorses staff feeling able to meet the demands of working with survivors of trauma as opposed to them feeling unable to do so.
    5. Reactions to the work. Supports staff accessing support to acknowledge the effects of secondary trauma and coping, rather than minimising them through ignoring or concealing their impact.
    6. Personal support of trauma-informed care. Advocates supporting and being confident about implementing trauma-informed practice, rather than having concerns about doing so.
    7. System-wide support for trauma-informed care. Advocates staff feeling supported by colleagues to implement trauma-informed practice, as opposed to not feeling supported to do so.
- Data from the online surveys completed by ECM case managers, on 13 children who are supported by ECM, within one week of children finishing ECM.

A summary of the evaluation's methodological approach and timetable against its objectives, including the types and numbers of participants involved, responses received, and the types and amounts of data analysed, is included in the appendix to this report.

Ethics

ORS obtained internal ethical approval from the YJB before commencing the evaluation. National Research Committee (NRC) approval was required to approach the three psychologists employed by the YCS for an interview as part of the evaluation. They supported ECM from April 2021 to March 2022. The following ethical issues were considered when planning and delivering the evaluation.

Informed consent

ORS drafted permission forms and information sheets for children (and their parents / carers / guardians, for children aged under 16), and for staff who participated in the evaluation. The

[7] The ARTIC refers to "trauma-informed care", whereas the more widely used term in the UK is "trauma-informed practice", as is used in this report.

permission forms outlined what taking part in the evaluation would involve; how participants' data would be collected, used, and stored; how confidentiality would be assured; that participation was optional; that participants did not have to answer any questions they did not want to; and that they were free to withdraw from the evaluation at any time. ORS liaised with senior practitioners and case managers to distribute the information sheets and permission forms, oversee the forms' completion, and return to ORS. 20 out of the 37 children who were supported by ECM gave their permission to participate in the evaluation.

Confidentiality and anonymity

Case managers completed the ARTIC assessments and the online surveys anonymously. ORS reassured all interviewees that they would not be identified in any way in the evaluation reports, and that only the internal project team at ORS would hear the recordings and see the notes from the interviews. However, ORS was also clear to participants that if they disclosed any information which suggested that they or anyone else was at immediate risk of harm, that they would be obliged to share this information with the relevant authorities.

ORS lent tablet computers to each YJS to enable the interviews with children who were supported by ECM to be conducted remotely, during appointments at YJS premises or home visits. Originally, ORS had planned to conduct the interviews with children to take place in-person during YJS appointments, but this was not possible due to COVID-19 restrictions on face-to-face working. ORS provided written guidance to case managers ahead of the interviews which asked them to set up the tablet for the child in a private room, then to wait outside the room while the interview took place, to enable the child to speak freely and in confidence with the ORS researcher.

Incentives

Each child who took part in an interview was offered a £20 shopping voucher from the YJS and a certificate of participation from ORS to thank them for their time and effort.

Limitations

The evaluation has the following methodological limitations.

- 20 out of the 37 children who participated in ECM (54%) chose to take part in the evaluation. Of the 20, 13 agreed to their data use and an interview, and seven agreed to their data use but declined an interview. In addition, not all ECM case managers completed an online survey, or an ARTIC assessment (although nearly all took part in an interview). This means that the evaluation is only a partial view of the implementation and impact of ECM in the four participating YJSs.
- The online survey was completed at a single time point only, which was within one week of children finishing on ECM. No baseline survey was conducted, which means that case manager's views on children's psychosocial outcomes before and after they were supported by ECM cannot be compared.
- Children chose to take part in the evaluation. These children may therefore have been more motivated to engage with ECM and the evaluation, than those who did not.

- ECM case managers only completed the ARTIC assessment at one time point only, towards the end of the pilot. Consequently, it is not possible to ascertain any changes in case managers' attitudes towards delivering trauma-informed practice over time.
- Due to the resources available for the evaluation, it was only possible to interview the YJS staff who were involved with ECM, and not those from the wider professional network. Including these additional views would allow a broader range of perspectives to be considered.

2. Main findings

What impact has ECM had on children's criminal justice outcomes?

The findings outlined in this report are based on qualitative insights from interviews and on the analysis of case-level data from children who are being supported by ECM, with no comparison group. These findings therefore cannot draw any firm conclusions about impact. As noted, the ongoing re-offending data analysis which will be reported on separately in the 2023/2024 financial year will allow quantitative insight into the frequency and severity of re-offending among the children who participated in the pilot, alongside a comparison group. Once the second phase of the evaluation is complete, more definitive conclusions about impact can be drawn.

Analysis of AssetPlus records, case formulation and review reports and notes, and observations of these meetings suggests that children who were supported by ECM are fairly equally split with regards to those who desisted from and those who continued offending. A number of those involved were, at their last review meeting, remanded in custody. However, a few had not reoffended at all.

Although it did not specifically ask about children's re-offending, compliance with court orders, and breaches, some case managers took the opportunity to reflect on these elements in the online survey. Regarding breaches, some case managers highlighted that children who had breached court orders repeatedly in the past had stopped doing so since starting ECM.

> "The young person used to run away from all professionals who tried to engage with or support him and breached his court orders on three occasions as a result of this. He has now successfully completed a court order, which is something I think he is very proud of and something which will give him a sense of achievement and self-belief"

Several case managers reflected that children's offending had decreased in severity and frequency during ECM. In one case, it had ceased altogether. In another, re-offending had stopped during statutory contact with the YJS but had continued once this ended, despite the child continuing to engage with the YJS voluntarily.

Case managers reflected that re-offending had continued in a few other cases, although where this occurred, children were mostly said to be able to better reflect on their behaviour and circumstances.

> "There is some understanding of what has shaped his identity and reflection on his circumstances and past behaviour, but he has not been in a place to change this behaviour as yet and he has now returned to custody"

Most of the children who took part in interviews also reflected that they got into trouble less since they had started working with the YJS. They variously attributed this to having stable accommodation, a different peer group, not drinking or using drugs as much or at all, being better

able to cope with stress, and not having the time or the inclination to offend, all of which the YJS had helped them with.

> "I have changed my ways. I don't smoke [cannabis] any more. I don't hang around with them [pro-offending peers] any more. I have changed my life"

What impact has ECM had on children's non-justice psychosocial outcomes?

Insight into children's non-justice psychosocial outcomes is primarily provided by the online survey which case managers completed within one week of children finishing ECM. The analysis of the case-level data on children supported by ECM, and by observations, notes, and reports from the case formulation and review meetings, also contributes to understanding of psychosocial outcome changes.

Living arrangements

The online survey asked case managers to rate the extent of any improvements they have seen in children's living arrangements since starting ECM.

Most of the case managers who completed the survey felt that children's living arrangements had improved at least to some extent since starting ECM, with around a quarter stating that there had been no change.

The online survey also invited case managers to comment further on how, if at all, ECM had helped improve children's living arrangements. Several of those who chose to do so reflected that the ECM partner agencies had directly placed children in more appropriate accommodation or into a care placement, where they were now thriving. Others noted that the needs-led support provided by YJS case managers through ECM had prepared children to settle into living independently for the first time.

> "I believe the consistent, predictable, and reliable support offered from professionals as advocated by the ECM has enabled [the child] to develop certain skills which make him…feel able to make changes within his life. This has also enabled him to develop skills (such as conflict management) which have helped him improve relationships with his family. Had professionals tried to teach him these skills too soon, without sequencing, or using traditional offence-focused interventions then I don't think this would have been effective"

Another key theme from the survey's open responses on living arrangements was that moving to more appropriate accommodation combined with support from case managers through ECM had helped to improve or rebuild children's relationships with their carers, parents, or guardians.

> "With support from me, the young person was able to share with parents how he was feeling.... I developed a supportive relationship with his mum [who] would share her own experiences of addiction and mental health problems which helped me better

> understand the trauma [the child] had experienced and support him in talking with me about how he felt"

This was further facilitated through foster carers or placement staff attending ECM meetings, where they gained deeper insight into children's backgrounds, circumstances, and needs.

Analysis of case-level data from children supported by ECM shows that their living situations are often disjointed, which has had a considerable bearing on how far their other needs have been met. Several children had stopped offending whilst they had stable living arrangements, which ended as soon as these were disrupted.

Several of the children who were interviewed noted that their living arrangements were more stable and appropriate since starting ECM. They said that this had impacted positively on their mental and physical health, desistance, and engagement with the YJS.

> "Before I [left previous home], I wasn't eating…and my mental health wasn't the best. But now, because I have moved [to new home], I have been eating a lot of food, gaining a bit more weight. That has helped me with my mental health a lot. I have been attending all of my meetings now"

Relationships with family members or carers

The online survey asked case managers to rate the extent of any changes they had seen in the relationships between children supported by ECM and their family members or carers they are living with since starting ECM.

Most of the case managers who completed the survey noted that, since starting ECM, there had been at least some improvement in the relationships between children supported by ECM and the family members or carers they are living with. This echoes some of the positive comments made in relation to the changes case managers had observed in children's living arrangements. Conversely, fewer felt that there had been no improvement in this, and a small minority said that it had considerably worsened.

The analysis of case-level data from children supported by ECM showed that many had difficult family relationships. Sometimes one or more family member or carer was supportive and engaged with support services, but they often had their own issues, which ECM also tried to address, with varying degrees of success.

Some of the children supported by ECM who took part in interviews reflected that their relationships with family members or carers had improved since starting ECM, as a result of the support put in place through the approach, although others stated that there had been no difference in this outcome.

> "[I get on with the people I live with] a lot better… [the case manager's support is] a bit like a personal trainer, but for the mind"

> "[Family member] and I can bond again more than what we were when I was living [in former home]. Then, I was getting into trouble, which was making [family member] stressed. Now… [family member] knows I am not going to be how I used to be, getting into trouble, drinking and smoking"

Mental health

On the survey, case managers were asked to rate how, if at all, the mental health of children supported by ECM had changed since starting ECM.

Most case managers who completed the online survey stated that children had achieved improvements in their mental health since starting ECM. The remainder reflected that children's mental health had not changed over this period.

Case managers were also asked to comment on any changes in children's mental health since starting ECM. As reflected in their feedback on other open response questions, several linked improvements in children's mental health to their move to more appropriate accommodation, and to improvements in their relationships with family members or carers. They often attributed these gains to the consistent, intensive support provided through ECM, and professional's increased understanding of and response to children's needs.

> "The young person's mental health significantly improved since being on the ECM largely because of [their] move into supported living… this was helped by the ECM process as it enabled the professional network…to reflect on [their] progress and give consistent messages, encouragement, and support to the young person, as well as increased empathy for [their] challenges and how this presented through [their] behaviour"

Some case managers noted that children's substance misuse had decreased since starting ECM, which had impacted positively on their mental health. A few said that children continued to experience mental health problems, or that they resisted partner agency support for their mental health. However, others said that children had become more open to acknowledging, discussing, and accepting support for their mental health since starting ECM.

> "The child's mental health continued to fluctuate depending on his circumstances. However, he was able to talk to professionals about these changes"

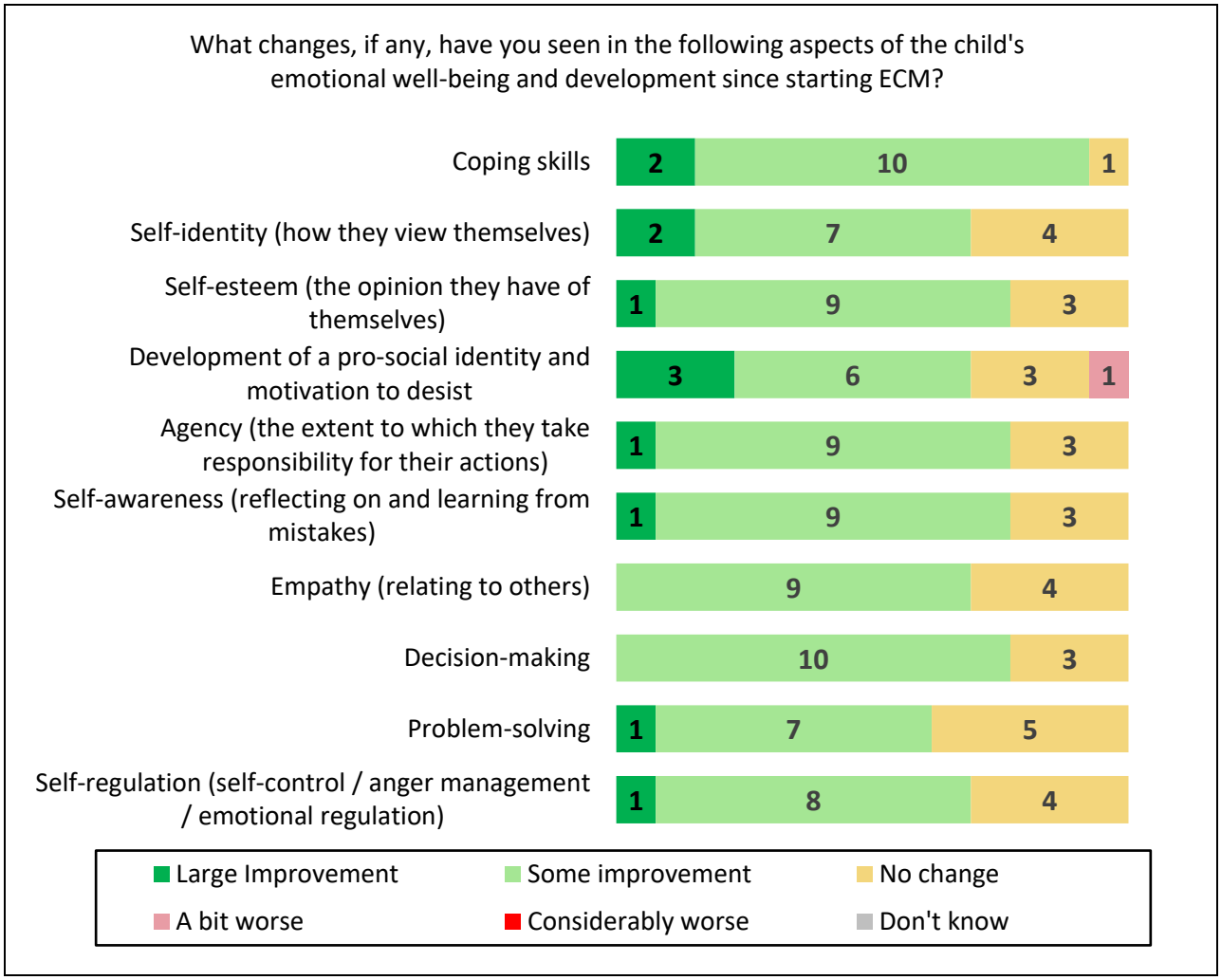
The analysis of children's case-level data showed that most children had less severe or less frequent episodes of poor mental health since starting ECM. This seemed to be linked to case managers and the team around the child being more aware of their triggers and adapting their ways of working around them. This was not always the case, however, and often depended on the child's level of engagement and the nature of the relationships with their professional network.

Some children noted in interviews that their mental health had improved since starting ECM. They reported feeling "happier" now, with one stating that the main difference their case manager had made was "mostly [to] my mental health and how I have been feeling".

Emotional well-being and development

Case managers were asked their views on how far various aspects of children's emotional well-being and development had improved since starting ECM.

Figure 1: Case manager's survey responses on changes in children's emotional well-being and development since starting ECM



Base: All Respondents – 13

As figure 1 indicates, overall, case managers expressed that children had achieved positive gains in all of the areas of emotional well-being and development that the survey asked them about. Out of all the elements that the survey asked about, children's coping skills were rated most frequently as having improved during ECM.

Case managers were invited to expand on their views via an open question in the survey. Some noted that children had become more able to understand the impact of their behaviour on victims and on family members since starting ECM. Others said that children had become better able to grasp how their early experiences and trauma had shaped their current behaviour. This had provided a platform for children to explore their feelings, address negative behaviours, and learn more adaptive coping strategies.

> "Was able to help the young person to see how his experiences as a child and exposure to multiple trauma had influenced and impacted on his own behaviour, response to others, and that it wasn't his fault and didn't make him a bad person. Was able to increase his self-esteem and sense of self-worth through exploring with him the impact that the trauma experiences may have had on him"

Case managers also noted that gains in children's emotional well-being and development were evidenced through their (re)engagement in education, training, and employment. This had helped to improve children's social skills and self-esteem.

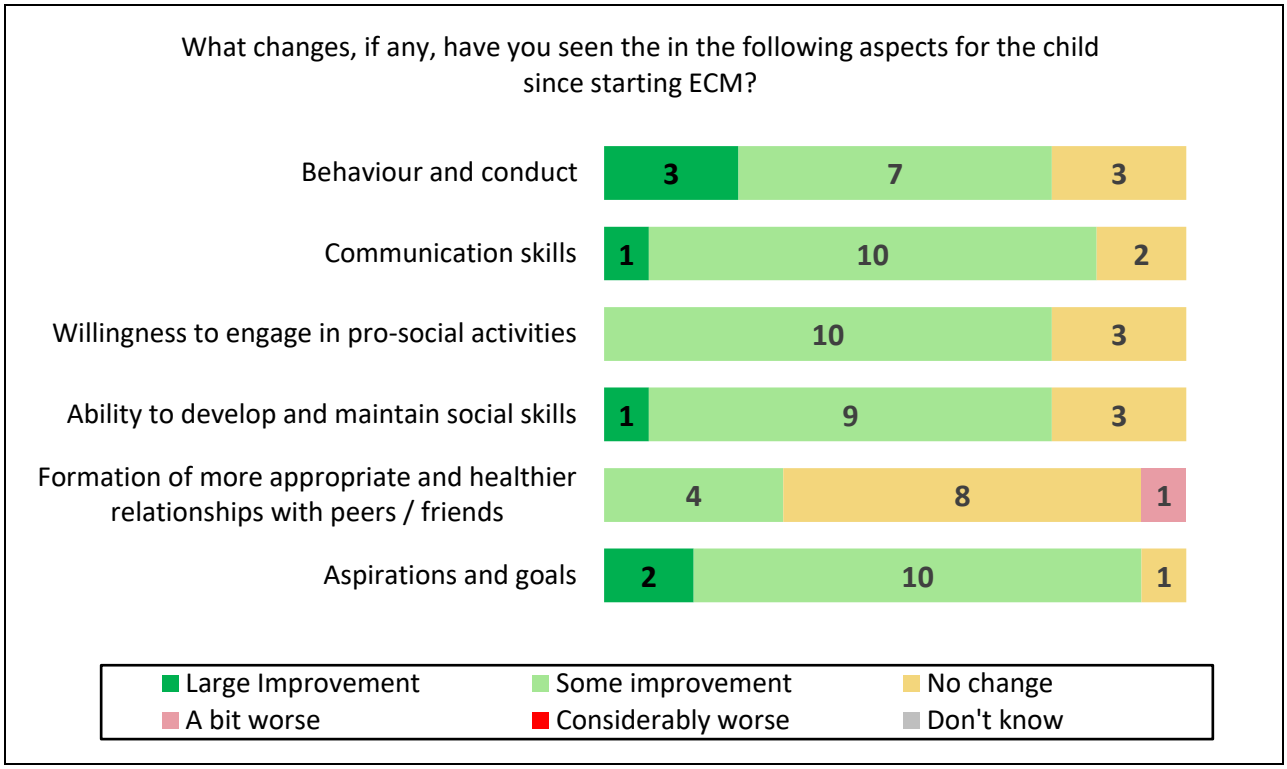
There was some feeling among the children interviewed during the evaluation that they were better able to cope with stress since starting ECM. They reported being able to "walk away" or simply to "smoke a fag" now, rather than getting angry or "breaking stuff". One noted that, "When I get angry, [case manager] speaks to me and that. That helps me to feel better". Another said that their case manager had helped them to, "Think of strategies and make myself feel more positive". Some children also reported feeling better able to reflect on their own behaviour and its potential repercussions because of their case manager's support.

> **"**Since I have been in YOT, they have helped me understand that I shouldn't have been doing what I was doing. I shouldn't be smoking weed and drinking alcohol at the same time. They have helped me to realise that when I do that, that's when I kick off. They have made me realise that I don't need to smoke every day"

Analysis of case-level data reflects these findings. Most children seemed more able to identify how their actions might cause others harm, although this was certainly not always the case.

Behaviour, skills, aspirations, and goals

Figure 2: Case manager's survey responses on changes in children's behaviour, skills, aspirations, and goals since starting ECM



Base: All Respondents – 13

As with most of the other areas explored in the online survey, case managers largely reflected positively on changes in children's behaviour, skills, aspirations, and goals since starting ECM.

Case managers had the opportunity to comment freely on these elements on the survey. As noted in response to some of the other open survey questions, most case managers felt that finding employment or engaging in education or training had helped children to secure improvements across these areas since starting ECM.

Several case managers noted that children's ability and inclination to communicate with professionals who supported them had improved notably since starting ECM.

> "The young person has developed his emotional literacy skills and is now more able to identify and communicate these to those around him. The young person has also developed his social skills in that he is now able to engage calmly, politely, and effectively with a range of professionals, which is something that previously made him feel very anxious. He is able to tolerate sitting through long…and to contact professionals independently, both of which he would have avoided before"

All the children who were interviewed said that the YJS had facilitated their involvement with pro-social activities. These included going to the gym; boxing; rugby; cycling; playing pool; and going to youth clubs. Nearly all reported having positive aspirations for the future. These included going to college; getting apprenticeships; getting a job in a sector they were interested in; or starting their own business.

Formation of more appropriate and healthier relationships with peers or friends was the only area where a relatively greater proportion of case managers reported that there had been no change and in one instance a deterioration for children since starting ECM. Some children were said to continue to engage with pro-criminal peers, despite showing some improvements in behaviour, aspirations, and social skills. With continued effort, though, there was some feeling that they could achieve lasting positive change.

> "The young person started engaging in education and has some good aspirations. In my opinion there is still a lot of work required but he is making great choices. Some concerns that he is choosing negative peer influences, but if he continues to engage with services and make those connections then I can see this improving"

Several children reflected that they no longer associated with peers with whom they got into trouble in the past, which had a positive impact on their behaviour. One child associated this with the guidance of their case manager.

> "I got rid of the bad people who made me do bad things. I have changed the circle of people that I used to chill with… [Case manager] reminded me that if I carry on hanging around with them, I would get into trouble. It wouldn't look good if I kept going to court"

Engagement with and access to services, and relationships with professionals

Case managers mainly reported positive changes in children's engagement with and responsiveness to the support provided by the YJS; access to other services and support; relationships with professionals; and engagement with their order since starting ECM, although smaller proportions reported no changes in these areas.

In response to the open question on these aspects, some case managers said that children had engaged very well with the YJS since starting ECM. Notably, several said that children who had previously refused all support from other services had started to engage with them since starting ECM. Most attributed this to the strong relationship between the child and the case manager which had developed through ECM. Some added that the Consistency, Predictability, and Reliability (CPR) principles which underpin ECM and trauma-informed approaches such as Playfulness, Acceptance, Curiosity, and Empathy (PACE)[8] had contributed to these positive changes.

> "[The child's] relationship with YOT improved over this time as for a while [they] avoided meetings but then started engaging well and using the space to talk about…relationship [issues]. This was helped by a long-term relationship with YOT and also by the CPR model from ECM. I was encouraged through the process to be consistent and have the same appointments every week with the young person and this made a big difference"

Others noted that children's communication with case managers and other professionals had also improved, which in turn had fostered their engagement with the available support from the YJS and from other agencies.

> "The child found contact with other professions very difficult and intrusive - I have been able to act as a 'bridge' in this respect and he has formed useful working relationships in social care and education... This is a change from his initial patterns of behaviour. The child has to some extent increased the degree of openness in communication with me about issues that concerned him"

One case manager commented that ECM had positively influenced the views of the team around the child, which had resulted in improved engagement and relationships with professionals.

> "It's not really the young person who has changed - it's the ethos of the professional network. More understanding is shown by everyone and a focus on building a positive relationship with him which is benefitting him"

Most children who were interviewed felt that they engaged well (or better than they had in the past) with the YJS and with their orders. One reflected on the importance of engaging with the YJS and in stopping offending.

[8] The PACE approach was developed by Dr Daniel Hughes (Hughes, 2021). It is used by some professionals to help build a sense of trust and safety among children who have experienced trauma and/or attachment issues in early life.

> "I think it's a good opportunity to give that young person a chance to turn it around a bit more…If you get into trouble when you're an adult, it's a bit more of a problem than when you're a youth"

Another child attributed their improved engagement with the YJS to the relationship they had built with their case manager, reflecting the importance of this element within ECM.

> "At the beginning of the order because I don't really like meeting new people straight away, I wasn't attending the meetings. Then [case manager] rang me, and we were like, 'We'll start going to Costa', and we started going to Costa a few times just to start to build that bond. That was probably the best bit about the order because I had bad anxiety"

Another child discussed having been involved with recruiting YJS staff, which they valued.

> "We also go to interviews for new YOT workers. They show you the type of people who they think might be good. We just ask a couple of questions…it's good: it's good to help people know what us teenagers think"

The analysis of case-level data also suggests that children's engagement with the YJS and with other support services, and their relationships with those who support them improved throughout ECM. Most became more willing to trust and confide in case managers over time, and more open to accepting support from partner agencies. As noted elsewhere, most children's engagement with their orders showed some improvement.

Education, training, and employment

In most instances, case managers reported that children's engagement in learning, education, training, or employment had improved since starting ECM, although for others it had remained unchanged. Case manager's responses to open questions reflect that most children supported by ECM are now engaging with education, training, or employment, with several having struggled to do so in the past.

> "The young person gained the confidence and sense of 'can do' and completed a training course which he would never have done before. Gained full employment with regular attendance - again a first"

The strength and consistency of children's engagement was said to vary somewhat, however.

> "The young person remains NEET [Not in Education, Employment, or Training]. However, he has fluctuating motivation to find employment and has completed some informal paid work"

Children's case-level data suggests that the extent of their engagement with learning, education, training, or employment varied, often depending upon stability in their living situation and social relationships. These appeared to support children to engage with learning, education, training, or employment in a routine and sustainable way.

The case-level data also suggests that the COVID-19 pandemic and the national lockdown had a detrimental effect on the engagement of children supported by ECM with learning, education, training, or employment. For example, several children struggled to engage with remote learning, which was exacerbated by a reduction in other services and support; availability of pro-social activities or the means to "play"; and often furlough or redundancy from mainly manual and physical jobs. Most children regressed during these periods of uncertainty in terms of their offending and engagement with services.

Those interviewed tended to be engaged in learning, education, training, or employment, which most said the YJS had supported them with. They mentioned that case managers had helped them to develop CVs; develop applications for college and for jobs; and obtain Construction Skills Certification Scheme (CSCS[9]) cards.

> "I work in [place of employment] …It's good. The YOT helped me with that. They helped build my CV. I built my CV, and then they helped me build it better to look more inviting to people giving jobs out"

Case managers had also supported children to re-engage with school, college, and work, which had led some to gain qualifications. In one instance, lifts to and from college were used as ECM sessions. Learning skills such as cooking and gardening also formed part of some interventions with children, which they found useful.

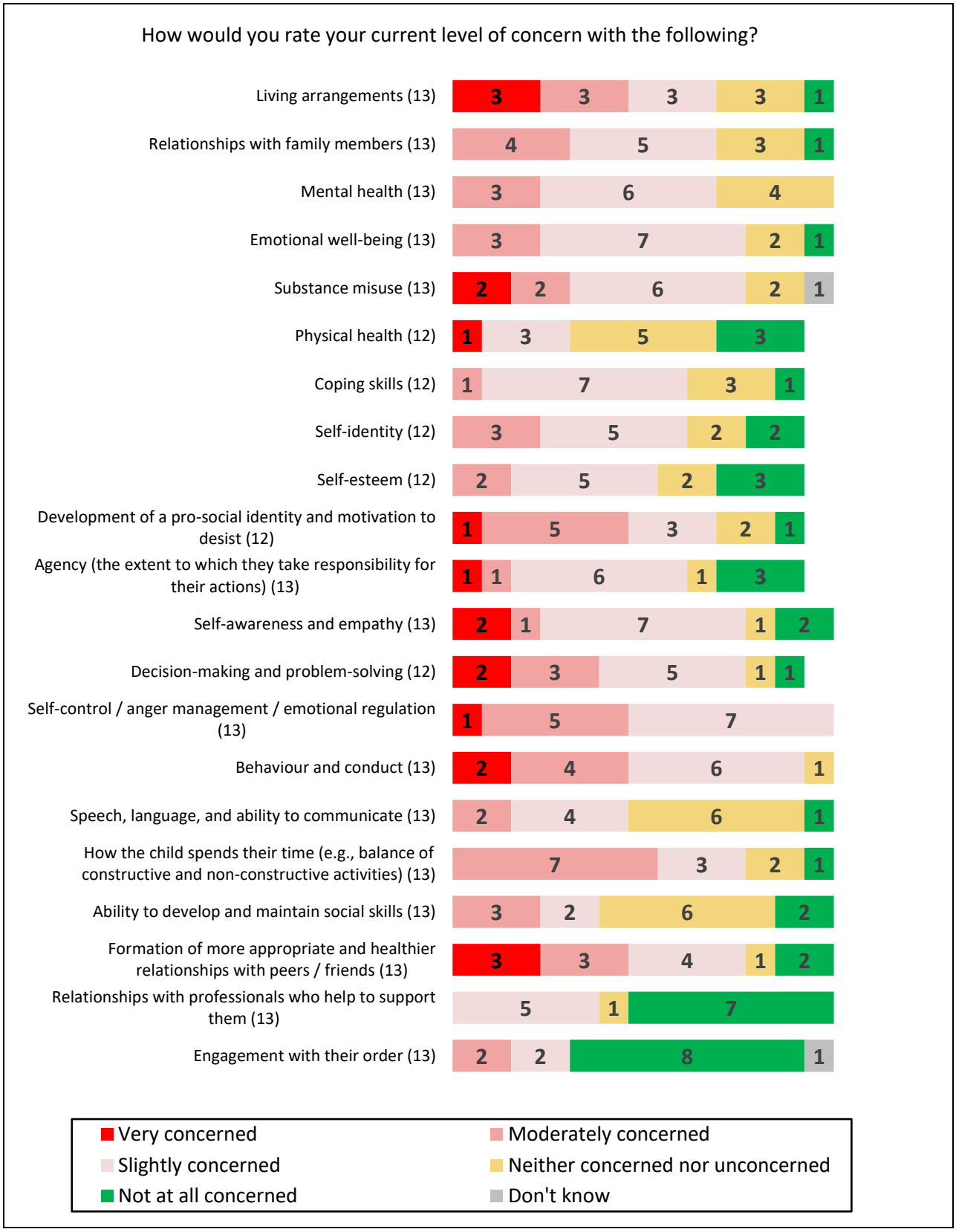
> "I got a few GCSEs and qualifications... The YOT did that with me…The education side was good, and they taught me how to cook, as well"

Current levels of concern with psychosocial outcomes

Case managers were asked to rate their current level of concern with all the psychosocial outcomes explored through the survey, bearing in mind that they were completing the survey within one week of children finishing ECM.

[9] Construction Skills Certification Scheme (CSCS) cards show that those working on construction sites have the necessary training and qualifications for the jobs they do on site.

Figure 3: Case manager's current level of concern with children's psychosocial outcomes



Base: All Respondents (number of respondents shown in brackets)

As figure 3 shows, case managers still express at least some concern about all the above psychosocial outcomes for children supported by ECM. They expressed the strongest levels of

concern over children's self-control, anger management, and emotional regulation, and behaviour and conduct. The outcomes which case managers expressed least concern about were children's relationships with professionals who supported them, and engagement with their order.

What impact has ECM had on YJS practitioners' and managers' knowledge and understanding of how attachment, trauma, and ACEs can impact on children's engagement with youth justice interventions?

Interviews with YJS staff explored the perceived impact of ECM on practitioners' and managers' understanding of how attachment, trauma, and ACEs can impact on children's engagement with youth justice interventions.

Most interviewees noted that case managers already had a good understanding of the impact of attachment, trauma, and ACEs on engagement, and well-developed skills in working with children who had experience of trauma, before ECM began. In tandem with this, they highlighted that ECM had deepened this knowledge and skills, enabling them to relate children's past experiences and psychological development to their current behaviour.

> "We wouldn't have written in our reports about early childhood experiences because we didn't think the people in the court would need to know that…ECM maybe does focus a little bit on the impact of those early experiences on the young person we've got now. We always knew that, but maybe because we didn't have that framework"

Key aspects of ECM which were said to have enhanced practitioners' and managers' understanding were as follows.

- More frequent, intense, and consistent engagement with children, taking time to build strong relationships with them, and talk in depth about their experiences and behaviour.
- The case formulation meetings and reports were said to be invaluable in increasing the understanding of staff from YJSs and partner agencies in these areas, and in turn, improving their practice with children.
- Initial and ongoing ECM training was said to provide the foundations of knowledge on the impact of attachment, trauma, and ACEs on engagement, and the practical delivery of ECM was said to consolidate it.
- The framework and language provided by ECM was said to have given a clear structure to and rationale for case manager's work with children: a "language code for the team"
- Delivering interventions in line with children's cognitive ability instead of seeking to deliver offence-focused interventions which require consequential thinking that many children supported by ECM are not yet capable of.

> "It just brings you back down to what their needs are, and really focusses your attention on that rather than trying to do all this other stuff which isn't even necessary. They can't even put their mind to it at that point"

Interviewees also felt that ECM had enhanced case managers' skills in communicating effectively with children. Case managers learned to "roll with resistance" through delivering ECM, flexibly adapting elements of their practice if they are not successfully engaging children.

> "I had an incident with a young person where I'd brought their social worker to a meeting and it kind of blew up a little bit… because we had a relationship, it wasn't too bad. But it was that whole rolling with resistance and being able to adapt quite quickly if something's not working. I think I used to be a bit like 'I need to get this session done…or 'I need to talk to them about risk'. But if it's not working and they're resisting, I can go, 'You know what? Forget it: we'll look at that another time'"

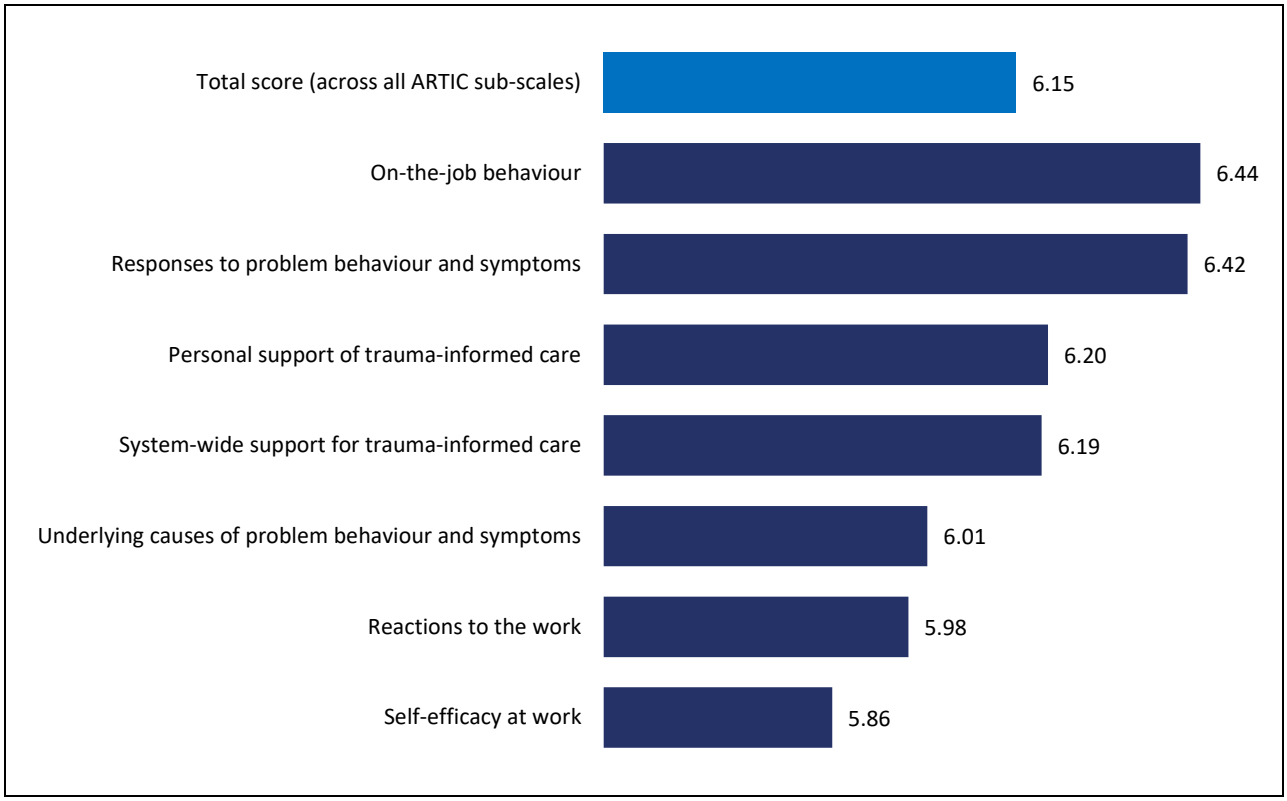
Case managers had strengthened their advocacy skills through collaborating with partner agencies to broker services and support for children. Playfulness was another beneficial element of case managers' approaches which they were said to have enhanced through their involvement in ECM. This relates to their increased understanding of how best to engage children with youth justice interventions. For example, case managers had a culture of using games to engage children (where appropriate), but ECM gave them the freedom to devise more playful and creative approaches.

What impact has ECM had on YJS practitioner attitudes towards and confidence in delivering trauma-informed practice?

The paper-and-pencil version of the ARTIC-45 assessment was administered to all 23 ECM case managers by the YJB in January-February 2022 at a single time point, towards the end of the ECM pilot. Anonymous completed assessments were provided to ORS for analysis.

16 complete or near-complete ARTICs were received. As figure 4 shows, on average, case managers in the participating YJSs scored at least five out of a maximum of seven on all dimensions of the ARTIC, and scored 6.15 on average across all ARTIC dimensions.

Figure 4: Average scores across the ARTIC-45 subscales



Base: All Respondents – 16

In addition, it is notable that case managers in the participating YJSs scored higher overall across all of the ARTIC dimensions than those who completed the ARTIC before and after receiving ECM training during the previous ECM evaluation (Glendinning et al., 2021). This suggests that trauma-informed practice may have been more embedded, or that case managers were starting with a higher knowledge base, than in the YJSs in Wales which were involved in Glendinning et al's research. Taken together, this shows that case managers in the South West ECM pilot express very positive attitudes towards trauma-informed practice, with only small variations across the different sub-scales of the ARTIC-45 assessment.

The interviews with case managers and other YJS staff also explored the impact of ECM on YJS practitioner attitudes towards and confidence in delivering trauma-informed practice. Interviewees emphasised that ECM had given case managers more confidence, autonomy, and resilience to work with children in a relationship-focused way.

> "I've been on a bit of a journey throughout the year. It started out really quite tricky initially, sort of took a lot out of me but I think now, I sort of feel more confident and more resilient"

Several interviewees noted that case managers were already working in this way prior to ECM, but that ECM "liberated" them to do so. This made them feel more able to trust their own instincts in identifying the right approach to supporting each individual child and to advocate on their behalf, rather than yield to pressure to deliver traditional offence-focused work.

> "I feel more resilient in terms of…resisting pressure from other agencies and being able to defend my decisions"

Interviewees also noted that case managers' increased confidence in delivering trauma-informed practice enhanced their work with all children, and not just those on ECM. This confidence had started to transfer to the wider professional network through sharing information and collaborating with them through ECM.

> "…If you're part of the ECM process…the skills and knowledge that you learn from that will be evident in the other cases that you've got and will be seen in the work that we've already been doing"

Some interviewees linked improvements in case manager's confidence and positive attitudes towards delivering trauma-informed practice to the ECM training and to the ECM psychologist's clinical supervision. The need for case managers to receive refresher training to maintain these benefits was highlighted by some of those who took part in the first round of interviews.

What impact has ECM had on children's engagement with ECM, YJSs, and the strength of their relationships with YJS practitioners?

Overall, as noted elsewhere, several children had started to engage better with their orders and had developed strong relationships with their case managers. The child-focused, individually tailored nature of ECM was at the heart of this.

> "Because you've done an in-depth assessment of that child and that child's needs throughout their life, it just means better relationships to be built…Everything's individual: there's nothing formulaic about the work with the young person… [Case managers] feel like they have the tools and structure to get to the heart of things and made a difference"

Case managers' positive relationships with children formed a prototype for future relationships. However, the need to avoid falling into a general "mentoring role" through ECM (as opposed to a more in-depth and specific YJS case manager role) and to maintain some focus on offending behaviour was also highlighted.

Are there any harms or unintended negative consequences of ECM?

The case manager survey and YJS staff interviews explored participants' views on whether ECM had any harms or unintended negative consequences.

All bar one case manager confirmed via the survey that, in their view, children had not experienced any harm or unintended negative consequences through participating in ECM. One case manager was unsure about this. The review of case level data on children supported by ECM did not suggest that children had experienced any ill effects through participating in ECM.

Nearly all of those who took part in the second round of interviews agreed that ECM had not had any negative consequences for children. However, one interviewee noted that it could be difficult to frame their initial conversations with children about ECM without making them feel ashamed.

> "It's that initial conversation about referring them in and trying to make sure that's framed in a positive way and not in a way that's going to make them feel othered, or singled out, or ashamed: 'You have experienced trauma, therefore we want to work with a psychologist'…Just knowing how to be transparent about what ECM is…That's the only thing I think has to be managed quite carefully"

Others noted several ways in which ECM could affect case managers, and the wider professional network. Some felt that ECM had placed an increased sense of responsibility or pressure on case managers due to the intensity of their engagement with children. Clinical supervision from the ECM psychologist and general supervision from the senior practitioners mitigated against this, however.

Some felt that ECM took up more of case manager's time than YJS's standard approaches to supporting children with complex needs. This may impact on how much time case managers had left to spend with children who were not supported by ECM, but this was seen to be offset against ECM's tendency to enhance case manager's practice with all children.

Risks around sharing sensitive data with ECM partner agencies were also cited by some of those who took part in the second round of interviews as potential harms or negative consequences of ECM. Some were concerned that confidential information could get back to children who were supported by ECM or their families but noted that stringent data protection and security processes were in place to prevent this from happening. These included asking all members of the professional network to sign confidentiality statements, and only sharing information on a need-to-know basis.

Is ECM, and its constituent elements, being implemented as intended and in accordance with ECM practice guidance?

Overall, the case formulation and review meeting notes, reports, and observations; and analysis of interview and ECM data show that ECM and its constituent elements are being implemented as planned and in line with ECM practice guidance (Youth Justice Board, 2020).

Embedding the key principles of trauma-informed approaches in practice

Interviewees were asked how far they felt that trauma-informed practice was embedded into practice, both within YJSs, and within the wider professional network.

Trauma-informed practice was said to have become well-embedded in all the participating YJSs to a considerable extent by the time the second round of interviews took place. As noted elsewhere, it informed case manager's approaches to supporting all children, not only those participating in ECM. Several interviewees stated that trauma-informed practice had become second nature and was just "what they did" now.

Trauma-informed practice was said to be relatively more embedded in YJSs:

- Where case managers had more ECM cases, relative to YJSs where case managers had less opportunity to support children through ECM. This was linked to YJS team's infrastructures and the volume of referrals at each YJS.
- Within local authorities which had a broader official focus on ACEs and trauma.
- Where YJS management boards were supportive of ECM and trauma-informed practice.

There was some feeling that YJSs used a trauma-informed approach consistently to inform case formulations and reviews, and other meetings with partner agencies, and to inform intervention planning. However, embedding of trauma-informed practice within some partner agencies was said to be patchy by some interviewees. In general, schools and colleges, the judiciary / courts, the police, probation, and social care were said to be less trauma-informed in their approaches. Some representatives from these agencies reportedly had long-standing capacity and workload issues which limited their engagement with ECM and ability to adopt trauma-informed practice.

Interviewees conveyed that the following was needed to further embed trauma-informed practice, both within YJSs and partner agencies.

- Further initial and ongoing training. Earlier in the evaluation, interviewees said that plans to widen training had been affected by COVID-19 restrictions. By the time the second round of interviews took place, the senior practitioners had delivered ECM / trauma-informed practice training to partner agencies, but additional training was said to be needed, especially for representatives from schools and accommodation providers.

  > "A lot of young people…will be living at home, or in supported accommodation. A lot of the time, those staff will see more than we do, and they don't have this level of training. I think there's a real opportunity to develop the project"

- Senior leaders championing ECM and trauma-informed practice in YJSs and partner agencies**.** The extent to which this was happening reportedly varied between YJSs and partner agencies.

  > "You have to have people at the top convinced and believing in it and pushing for it, definitely…unless there's a management guidance, then we can't fight that"

- More resourcing in YJSs and partner agencies.
- Better recording and evidencing of trauma-informed practice in case manager's notes.
- Longer-term continuation of ECM, and the opportunity for all case managers to have an ECM case, which most case managers were said to have done when the second round of interviews was conducted.

Tailoring and sequencing interventions more effectively according to children's developmental and mental health needs

Interviewees were asked to what extent ECM led to more effective tailoring and sequencing of interventions in line with children's developmental and mental health needs. Reports, notes, and observations from case formulation and review meetings were also reviewed to explore this.

It is evident from case formulation and review meetings that YJS staff are working closely with partner agencies to tailor and sequence interventions in this way. At the meetings, in-depth

discussion takes place between case managers, senior practitioners, the ECM psychologist, and the wider professional network about:

- Children's developmental readiness for specific interventions, and
- The success of Interventions or otherwise and amending their components to ensure that they are consistently tailored to and sequenced in line with children's developmental and mental health needs.

  Interviewees gave some examples which reflected how interventions were being tailored in line with children's developmental and mental health needs. In general, these involved focusing sessions on shared activities, incorporating fun, praise, and positive feedback, rather than having conversations and content which were exclusively based on children's offending. These techniques reflect key components of ECM and of trauma-informed practice more broadly, such as intersubjectivity, relationship-building, and playfulness (YJB, 2020).

- Sharing important information with children in ways they can easily understand, for example, letting them know that they are to be re-housed 15 minutes away rather than 20 miles away.
- Using games to discuss feelings rather than trying to include activities which require consequential thinking that children are not developmentally ready for.

  > "Games with the feelings cards, talking about feelings and emotions to try and develop his emotional literacy skills before moving on to the next stage, which was then thinking about consequences, again using a lot of visual cues which I haven't necessarily done before in my work"

- Using motivational interviewing techniques to encourage progress.

  > "[Motivational interviewing] was something that was said by the psychologist. Certain styles of questioning. Valuing the relationship building, using physical stuff like going for walks, taking a dog for a walk, having joint experiences as a key in itself rather than 'what did I do?' kind of thing"

- Being ready to alter interventions on the day if children were unable or unwilling to engage. For example, watching a film with a child who was initially unwilling to talk had enabled a case manager to start a conversation about the film, which encouraged the child to open up about other topics.
- Taking children out for a drive, going for a meal, playing pool, or doing washing up with them where they are physically near case managers in an informal situation had helped facilitate challenging discussions.
- Encouraging the child to "teach" the case manager to play cards had helped to create a positive bond and boost the child's self-esteem.

Use of the trauma recovery model as a framework for decision making and intervention planning

At every case formulation and review meeting observed, the TRM was used to frame children's progress, and to plan appropriate interventions for them. This was also evident in the meeting notes and reports, and the ECM monitoring data, which were analysed for the evaluation.

Led by the ECM psychologist and the senior practitioner, attendees at case formulation and review meetings were consistently invited to discuss and plot the physical, cognitive, social, and

emotional "age" of children supported by ECM, and to identify where they were located on the TRM. The ECM monitoring data recorded the positions of children supported by ECM on the TRM at case formulation and at each subsequent review.

Analysis of ECM case-level and monitoring data showed that most of the children moved up the TRM while they were engaged with the approach. It was not a linear progression for all children as some fluctuated between their review meetings, sometimes dropping back down after a period of relative improvement. This almost always coincided with periods of instability and uncertainty in their lives.

As noted elsewhere, interviewees largely felt that the TRM was a clear, useful framework to guide intervention tailoring and sequencing in line with children's needs, focusing on relationship-building, before progressing on to offence-specific work. The TRM was also said to help make intervention plans achievable, and for improvements in outcomes to be more visible as a result.

> "They might be quite small changes at times, but you see the changes. Even if the young person smiles at you after three months, that can be such a significant thing sometimes. I think what TRM has done is given that framework to emphasise the evidence of where you're at, and what need the plan is meeting at what level"

However, they also noted the following limitations to using the model.

- COVID-19 restrictions limited the kinds of interventions that were possible, especially when face-to-face contact was restricted to children who were seen to be at a higher risk of harm to themselves or others.
- The environment that the child is living in has an impact on their progression on the TRM. For example, children were said to progress up the TRM when living in secure settings, but to move back down after moving back into community settings, in some cases.
- There is still some pressure on case managers from the wider professional network (e.g., the police, social care) to use traditional offence-specific interventions alongside ECM.
- Using the TRM can be difficult when children are in in trauma or have chaotic lifestyles. Under these circumstances, case managers were said to spend much of their time reacting to current circumstances, becoming task-centred in terms of supporting them.

  > "If a young person is immersed in trauma, it's very hard to place them on the model. If they're not in chaos, at level one, and they've only connected with [their] case manager, there's no way of working through trauma when you're really immersed in it"

- Some case managers and members of the wider professional network were said to feel disheartened when children did not progress up the TRM. There was therefore some feeling that the TRM was less effective as a way of illustrating improvements in children's outcomes, even though it was made clear to case managers that the TRM was not a tool for measuring children's outcomes.

  > "The myth is we've got to get them to the top of the triangle. Actually, we don't want [YJS staff] to feel [that children are] only at level two after a year, actually level two after a year is blinking brilliant. You can see [YJS staff] feel a bit deflated if we're stuck at the same level, review after review, but actually that's okay"

Use of the multi-agency case formulation meetings to share knowledge and understanding of the child's background and history

Case formulation meetings

Implementation

Our review of the case formulation meeting notes and reports, and our observation of some of the meetings, showed that all took place as planned throughout the periods when there was an ECM psychologist in post, with a few rescheduled due to staff illness or absence.

As noted, case formulation meetings were paused between mid-September 2020 and the end of February 2021, in the absence of an ECM psychologist. They resumed in March 2021 when the new psychologist started in post and continued up until the end of the ECM pilot in March 2022.

Case formulation meetings took place at YJS premises between September 2019 and late February 2020, when staff were advised to work remotely due to the COVID-19 pandemic. From this point onwards, case formulation meetings took place online, via Zoom or Microsoft Teams.

Initially, the timelining exercise was completed during the case formulation meetings. When the meetings moved online, a special camera was purchased which filmed the senior practitioners and ECM psychologist undertaking the timelining and shared the footage in real-time. However, use of the camera was discontinued, as it was not seen to be adding value to the proceedings.

Attendance and engagement

A review of attendance lists from the case formulation meetings showed that they were generally well-attended by representatives from the relevant agencies, although some interviewees reflected that children's social care attended case formulation meetings less frequently than was ideal due to workload issues and resource constraints.

Attendance from the police was said to have been mixed, especially by those who took part in the second round of interviews. They related this to the need for police to prioritise other work, and to the fact that some police representatives may not fully buy in to trauma-informed practice.

Education providers' attendance at case formulation meetings was said to be less consistent due to workload and having their own policies and procedures which were not necessarily aligned with ECM.

There was also some feeling that partner agencies' engagement may be negatively affected by the repeated attempt of the YJSs, case managers, and the ECM psychologists to encourage them to engage with the ECM process. To increase engagement with case formulation (and review) meetings, they had been linked up, when possible, with existing meetings between key members of the professional network.

What worked well?

The more effective elements of the case formulation meetings were as follows, according to interviewees.

- The timelining activity was seen to be particularly powerful in achieving a shared understanding of children supported by ECM among those in the professional network by placing their behaviour in the context of their trauma experience. The timelining was said to be more impactful face-to-face, although completing it remotely was not seen to reduce its value significantly. Indeed, there was some feeling that holding case formulation meetings remotely had improved attendance and the ease with which meetings could be rescheduled if needed without compromising attendance.

  > "When we've done time-linings face-to-face, that's been hugely impactful…watching a head teacher cry for the loss of that child's childhood, watching a police officer go, 'Oh my God: this has changed how I speak to him on the street now'. That's huge"

- The psychologists' report and recommendations were seen to be extremely valuable in guiding professionals' work with children.
- Multi-agency information-sharing was seen to be particularly useful. It helped all involved to gain a detailed understanding of children's needs, behaviour, and interventions.
- Holding agencies to account for their contribution to supporting children was another effective component of the case formulation meetings.

  > "Social care were held to account a lot more…it helped actually get him allocated to a social worker in the end …so it just helped enforce a lot of stuff"

Aspects for improvement

Conversely, the elements of the case formulation meetings which were cited by interviewees as being difficult to implement, or needing further improvement or consideration were:

- Managing tensions between agencies could be difficult because they tended to "want something done" about the offending and/or behaviour of children supported by ECM. At times, evidencing the effectiveness of spending time building relationships with children rather than delivering offence-focused work was challenging when children's behaviour was a persistent cause of concern for partner agencies.

  > "These kids often provoke quite strong feelings…They are hugely problematic to services and are quite risky…That can induce anxiety in someone as they 'want something done'. That brings a lot of heightened emotions, and managing that can be tricky"

- Gaps in information about children's history or current behaviour could make intervention planning more difficult, especially when representatives from key partner agencies such as children's social care did not attend or provide information.
- Frequent changes in partner agency staff could make engagement with case formulation (and review) meetings more difficult.

Case review meetings

Implementation

Our review of the documentation, and our observation of some of the meetings, showed that most case review meetings took place as planned throughout ECM. Unlike the case formulation meetings, the review meetings continued in the absence of an ECM psychologist. Case review meetings took place at YJS premises between September 2019 and late February 2020, and remotely after this point.

Some interviewees stated that some case review meetings were delayed due to delays in receiving the psychologists' report, but this was only said to be the case by those who took part in the first round of interviews.

The structure of the case review meetings (and reports) was said to have been altered when the YCS-employed psychologists started working on ECM. These psychologists were said to have introduced a more focused structure, which was welcomed.

Attendance and engagement

Attendance at case review meetings from other agencies was poorer than at formulation meetings. It was patchy at times, especially from children's social care, and diminished over time in general. This is corroborated by a review of case review meeting attendance lists. As was noted in relation to case formulation meetings, patchy attendance affected intervention planning and service delivery, because important information and updates about the child's progress and circumstances were missing.

What worked well?

The more effective elements of the case review meetings were as follows, according to interviewees.

- As with the case formulation meetings, the psychologists' input was said to be a crucial part of the case review meetings. This is discussed in the following sub-section.
- Combining case reviews with other meetings, such as risk reviews, with a trauma lens. This had been done in some instances where meetings involved the same professionals and discussed the same children. This was seen by interviewees as more cost-effective, making best use of professional's time, and increasing their engagement with ECM.

Aspects for improvement

Interviewees highlighted the following aspects for improvement in relation to the review meetings.

- The review meetings' structure was seen as being too "loose" by some, who noted that the meetings sometimes felt like a "catch-up" without enough clear actions for attendees to implement, or enough reflection on the psychologists' hypotheses and recommendations from the formulation meeting and report. It was therefore suggested that the review meetings should be more structured.

> "[Review meetings] are very good at capturing what has happened and what people have tried to implement on the recommendations of the formulation report, but there is not enough emphasis on that, and that needs to change"

- The number of meetings that professionals were required to attend was seen to be excessive by some of the staff interviewed, who felt that they should be combined to a greater extent. On occasion, there was said to be some incongruence between the proceedings of these different meetings, which had caused confusion. As already noted, some meetings had been combined, but there was some feeling that this needed to be done more consistently.
- Holding attendees to account for delivering the actions allocated to them at the formulation meetings. Currently, it was noted that case review meetings did not have an accountability structure in place, which meant that actions were sometimes not delivered. This, in turn, prevented consistent, evidence-based outcome assessment, and may have meant that some children were not receiving the services they needed.
- Administration of the case review (and to some extent, formulation) meetings was said to need improvement at times. On occasion, meeting arrangements were made altered with little notice, or did not involve all the right people. This, in turn, impacted on meeting attendance and engagement.
- Delays in receiving the psychologists' reports were cited as an issue during the first round of interviews, where it took up to three months to receive the report. but not so much at the second. These perceptions are corroborated by the ECM monitoring data. As noted, this was said to have delayed the review meetings.
- Holding review meetings remotely was seen to be slightly less impactful and engaging than holding them face-to-face. Similar comments were made about the case formulation meetings, as already noted.
- Gaps in psychology input at review meetings were said to have left some professionals feeling "vulnerable" through the absence of the psychologists' advice and support.

Influence of psychologist's assessments and recommendations in guiding practice during case formulation and subsequent reviews

Overview of psychology input

As noted, the ECM pilot was supported by an independently employed counselling psychologist between September 2019 and September 2020, who was supported initially through their own supervisory arrangements and then by the Forensic Adolescent Consultation Treatment Service in Wales (who provided the clinical psychology input to ECM in Wales). There was then a gap in psychology provision between late September 2020 and the end of February 2021. Psychology provision resumed between March 2021 and March 2022, where it was provided by YCS-employed educational and forensic psychologists.

Just before the pilot ended, a two-year agreement had been put in place with a local forensic psychology team from Forensic Child and Adult Mental Health Services (FCAMHS). It was anticipated that there may be a small gap in psychology provision after the last ECM psychologist left in March 2022 and before the new provider started.

During the pilot, the ECM psychologists co-led the formulation and review meetings; advised case managers on developing and implementing appropriate interventions; conducted clinical

supervision; and contributed to training. Interviewees said that the ECM psychologists had also advised on non-ECM cases including on children who had received out-of-court disposals.

Psychologist background and training

The YJB guidance on ECM recommended that a clinical psychologist should support ECM, although it states that those from other disciplines may be suitable, provided they have appropriate training and experience in child development and trauma.

Those who took part in the second round of interviews were asked for their views on whether any particular type of psychologist was best placed to support ECM. Some felt that all the ECM psychologists added considerable value to the pilot, regardless of their disciplines, and emphasised that the psychologists' experience and training was more important when determining their suitability to support ECM.

> "All four psychologists have been great, and they've been fully capable of doing the job. They've got the necessary knowledge, what they haven't got, they've been able to assimilate really quickly… they've just had slightly different focuses, which has been quite useful in some ways and has helped the project develop"

However, a minority felt that forensic psychologists would be more suitable for ECM because of their experience of working in custodial settings. A few also felt that the model's implementation had been affected by the different perspectives of the various psychologists in post. For example, the educational psychologists' recommendations were said to be heavily education-focused, whereas engagement in education, training, and employment was only one psychosocial outcome that ECM sought to improve.

> "Currently, we've got very education focused interventions and that's not what everybody's looking for…Clinical makes obvious sense given the focus on development and attachment, it's a match made in heaven with the model [but]… forensic combines the elements of clinical psychology that the model needed"

What worked well?

Nearly all interviewees conveyed that the psychologist's input was crucial to the success of ECM. Several noted that it was the model's best feature. The most impactful features of the psychology provision were said to be as follows.

- Contextualising children's behaviour, and structuring and validating practice and interventions.
  > "There are no processes in that child's life where you get access to that thinking. That is the crucial bit in that. It helps professionals to stop and think, 'what is going on?'"
- Adding weight to and enhancing the professional credibility of YJS's work. The wider professional network and representatives from other agencies such as the judiciary were said to be inclined to take guidance from a psychologist more seriously because of their qualifications and training.
- The formulation report was seen as very valuable by those interviewed in facilitating consistency and understanding. Those who took part in the second round of interviews noted that the reports completed by the YCS psychologists tended to be shorter, more accessible, and

to have fewer and more implementable recommendations, which they welcomed (although a few disagreed – see discussion below).

- Its flexibility, providing "three levels of support" for full ECM cases (full formulation and report); out-of-court cases (which are only considered eligible for ECM in exceptional circumstances) (consultation and a short report); or a "mini-formulation" (exploring and providing guidance on issues that children who were not supported by ECM are experiencing). The psychologists were also said to have offered support to children's housing providers in some cases, which they found helpful.

> "I like that adaptation of how we can get the best from psychology, without a full formulation…We've also done a mini formulation called the 5 Ps to look at particular issues that a young person's facing or a particular behaviour. Again, that extracting or diluting of the model, even within the framework of ECM still, has been valuable…. They've been willing to be flexible"

Aspects for improvement

Interviewees highlighted the following issues and aspects for improvement in relation to the ECM psychologists' input.

- Consistency of psychology provision. Several interviewees reflected that the gaps and inconsistencies in psychology provision had disrupted the pilot and was at odds to the importance that the ECM approach assigned to consistency in practice. It had reduced the numbers of referrals; disrupted case managers' supervision; and had interfered with the "flow" of ECM.
- Consistency of implementing recommendations varied among partner agencies. Most YJS staff were said to have implemented the psychologists' recommendations and advice consistently, but the extent to which partner agencies did so was said to vary, as noted. The suggestion made earlier about formalising the accountability structures for case formulation and review meetings was again made in relation to the psychologists' input. Several interviewees suggested that there should be a formal strategic agreement regarding expectations on staff and timescales for actions, to ensure that all staff involved did what was expected of them on ECM. Others suggested that wider cultural change was needed within partner organisations to enable them to implement their recommendations fully, because some staff were said to be constrained by their own systems.

> "[ECM] is a very holistic perspective…agencies have got to ideally be very coordinated…but every single agency has its own policy and standards and ways of working…to shift that…requires flexibility and cultural change"

- Recommendations could be too numerous and too academic: Despite the noted improvements in the reports produced by the YCS psychologists, there was still some feeling among interviewees that the number of recommendations made by the ECM psychologist could be reduced in order to make them implementable. A few interviewees also commented on the "academic" nature of the psychologists' recommendations, which could also make them challenging to implement.
- Clearer demarcation between the respective roles of the psychologist and case managers. For example, when determining the best approach to handling a child's problematic behaviour.

> "Part of me thinks if we are not guided by the psychologist about what to do, then what is the point of all of this. On the other hand, feeling like do our hands feel a bit tied? It's

> not a weakness of the project, for me, a bit of a query at times about the extent of the case management decision making- supervision side of things running along the psychology advice"

- Meeting children who were supported by ECM could enhance the psychologists' understanding of their needs, some interviewees suggested.
- Observing intervention sessions with case managers could also be introduced so that psychologists could advise them on best practice in a more targeted way.
- More involvement with workforce development and training was suggested by one interviewee as a potential improvement to the psychologist's role. This would help to ensure consistent, psychologically informed practice, and address training needs as they arose.

Training and clinical supervision of YJS practitioners

Training

YJS staff had been offered a range of initial and ongoing professional training during the pilot. Their views on it are summarised in this sub-section.

Initial training

Nearly all of those who took part in both rounds of interviews emphasised that the official, three-day ECM training delivered by the TRM Academy was thought to be very useful and inspiring, and to have provided a sound grounding in the theory behind ECM.

> "It has been a real turning point to understand the psychological theory and then work out what our role is in relation to trauma recovery interventions"

Most of those interviewed the first time around said that case managers tended to have received this training several years ago, and most newer case managers had not received it at all. However, this situation was said to have been rectified by the time the second round of interviews took place, as nearly all case managers had received the initial training.

Ongoing training and support

Interviewees reported that senior practitioners had delivered a wide range of ECM and trauma-related training to case managers, and to wider members of the professional network. This was seen to be very useful, as was the informal, ongoing support and advice they provided.

The senior practitioners also convened a monthly meeting with ECM case managers at each YJS. This was used to discuss progress of ECM cases, and to share relevant background reading about trauma-informed practice and hints and tips for effective practice in case management. Case managers said that they found this helped to develop their practice and was pitched at the right level.

In addition to this, the senior practitioners provided ad-hoc training sessions on specific aspects of trauma-informed practice, such as on helping children to overcome feelings of shame. These were seen to be both comprehensive and accessible.

What worked well?

Interviewees praised the following aspects of the initial and ongoing training.

- Providing tools and skills to evidence practice**.** Case managers reflected that the initial and ongoing training had upskilled them to document their work with children in a trauma-informed way, reflecting their practice.

> "We were already doing some of those things anyway, like building relationships, and it's given me a way to frame it in my reports and in my case notes. Before, I would just write, 'went for a hot drink somewhere', but now I can explain why that's important… [that is] really helpful when speaking to other agencies and professionals"

Aspects for improvement

Aspects for improvement in relation to training and development, and outstanding training needs identified by interviewees, were as follows.

- Further training, ideally from the creators of ECM, would be welcomed by some interviewees. "Train the trainer"- type training, and ongoing refresher training, would be particularly welcomed by interviewees.
- Follow-on training was said to be needed for case managers which equips them for practice after the initial stages of relationship-building are complete.

> "I always feel like we need to then have an end goal…we can't just build this relationship with these young people. I know the pyramid aims to help them learn…. But I felt that training was quite heavily focussed on those. I came away thinking 'what do I do once I've built that relationship?'"

- As with other aspects of ECM, interviewees perceived that training was more impactful when delivered face-to-face than remotely.
- "Trauma toolkit" training[10] would be useful, according to some interviewees. This would provide practical guidance on and examples of the components of trauma-informed interventions.

> "It would be really great if there was a structured programme for the ECM approach that would deliver some kind of trauma-informed toolkit. So, we have the understanding of trauma, we have the trauma-informed model, we know that we should be sequencing our interventions, but actually what would really helpful would be training about what those packages would be like"

Clinical supervision

When the first ECM psychologist was in post, supervision of case managers and senior practitioners was said to take place monthly. Supervision was said to have become less regular following the departure of the first ECM psychologist in September 2020. Broadly, case manager supervision involved:

- An update on each ECM case's intervention

[10] Some YJS staff made this point during the first round of interviews. Since then, corresponding resources have been made available on the YJB Resource Hub.

- Review progress against the formulation report's recommendations
- Discussion of issues or barriers, and ways to overcome them
- Offering support with building relationships and fostering engagement.

At the start of the pilot up until COVID-10 restrictions recommended home working in March 2020, the psychologist was based at YJS premises, along with the senior practitioners. After this point, all psychology input was remote.

Initially, it was intended that the psychologist provided all case manager supervision. However, limitations on her capacity meant that the senior practitioners stepped in to provide "informal" supervision to case managers in the form of advice and guidance on ECM and non-ECM cases throughout the pilot.

What worked well?

Overall, interviewees felt that the supervision provided by the ECM psychologists was highly beneficial. They tended to see it as an essential component of the approach. Clinical supervision was said to be key to building case managers' confidence; deepening their understanding of children's behaviour; and to ensuring that practice is clinically informed.

Interviewees stated that these elements of the supervision they received were especially effective.

- The psychologists' knowledge of childhood development and trauma was said to have enhanced interviewees' understanding of these issues and to apply them to their practice.
- Providing a sound evidence and theory base for how to handle complex cases. Supervision with the psychologist were said to provide case managers with a *"sounding board"* for intervention planning and delivery.
- Face-to-face supervision was seen as particularly effective, especially when combined with "informal" supervision from the senior practitioners
- Case managers said that they appreciated the "informal" supervision from the senior practitioners, especially in the absence of an ECM psychologist.

> "When… there wasn't a psychologist in post, [supervision] was missing a bit. But [one of the senior practitioners] tried to offer what she could in terms of filling that gap and continued to offer that support and will always be available for calls if we need to debrief"

Aspects for improvement

Interviewees cited the following points as aspects for improvement in relation to the supervision they received.

- Consistent clinical and management supervision should be provided to all case managers and senior practitioners. There was some feeling that this was patchy, especially during the gap in psychology provision, and when the new psychologists were settling in.

> "In that space [when the new ECM psychologist was being appointed], we haven't had clinical supervision, and I think we should've had clinical supervision generally for the work we do... It always feels like that's on the knife's edge to move, because we've

moved through quite a few different psychologists and there's always the threat of funding being pulled"

- Supportive rather than critical supervision was said to be essential to ensure that it was as helpful as possible.

Eligibility criteria: Who is receiving ECM and is this being managed appropriately?

Upfront in this sub-section is a series of charts based on ECM monitoring data which present some of the characteristics of children in the ECM cohort, as they relate to the ECM eligibility criteria. The charts are followed by discussions of case referral, transition, and closure, based on interviews with YJS staff.

Profile of ECM participants

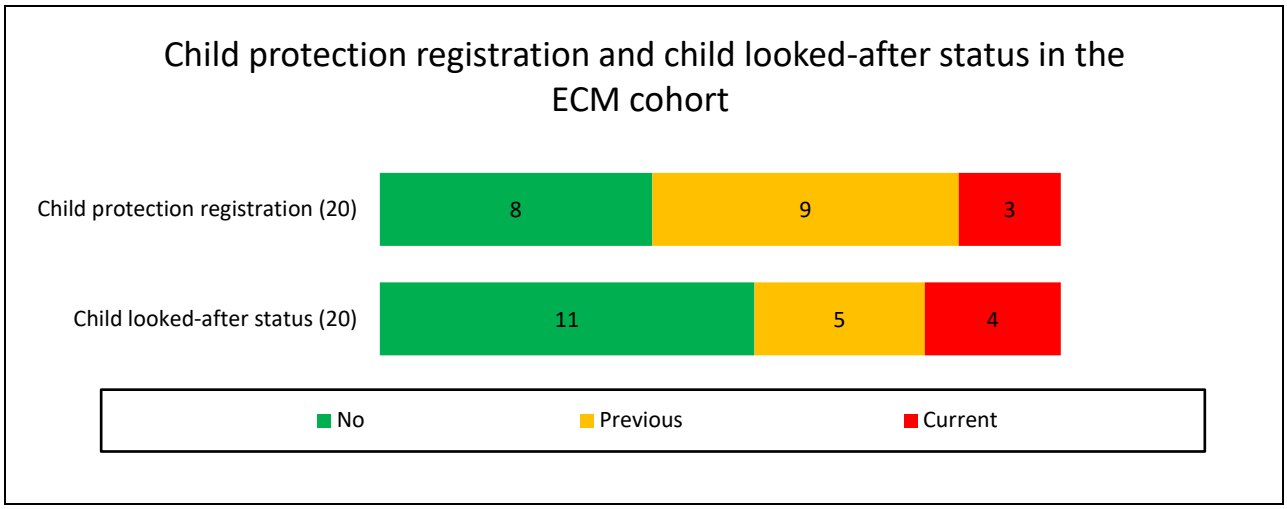
To recap, the YJB's guidance on ECM states that children can be considered for referral provided they have:

1. Previously offended.
2. Evidence of complex needs.
3. Evidence of ACEs.
4. Received a statutory court order in the community, or in exceptional cases, an out of court disposal, and/or other diversionary programmes.
5. A minimum of six months left on a statutory order (or are engaging voluntarily, if agreed with the child).

Due to the small numbers of children participating in the ECM pilot, providing a breakdown of the numbers of offences per child is not appropriate because it could indirectly identify them. It is possible to provide some overall figures, though. The average number of offences committed per child is 13, although the overall number of offences varied considerably throughout the cohort, ranging from two to 51.

Figure 5 shows the proportions of children supported by ECM who are or have been on the child protection register and who are or have been children looked-after, for whom we have permission to use data. All of the data in figures 5 to 8 was recorded by YJSs on the ECM referral form upon each child's referral onto ECM. The data was then entered into the ECM monitoring database, and was updated as appropriate whilst they were being supported by ECM.

Figure 5: Child protection registration and child looked-after status among the ECM cohort

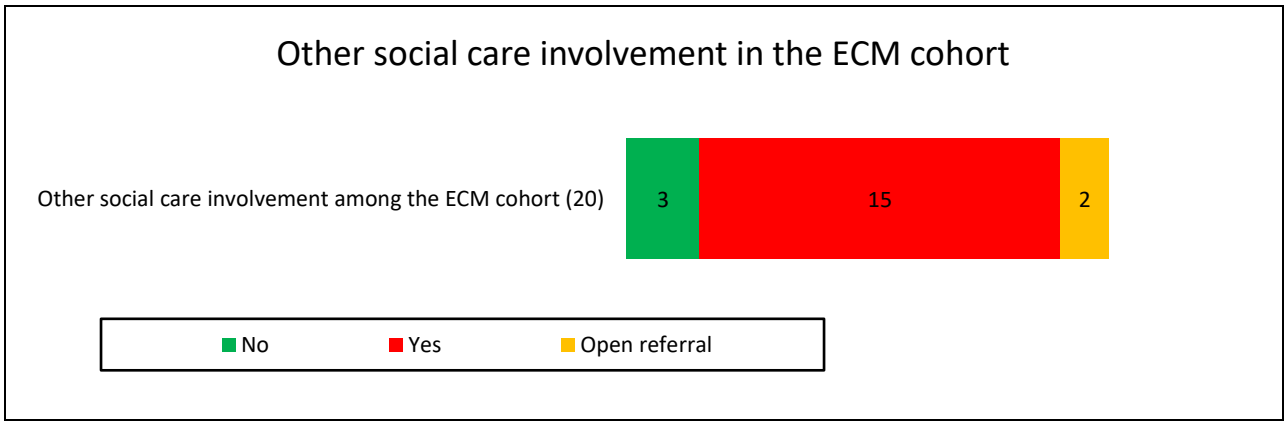


Base: All Respondents – 20

Figure 5 illustrates that most of these children are currently or have previously been on the child protection register. Just under half of the cohort are currently or have previously been children looked-after.

Figure 6 shows other social care involvement among the ECM cohort.

Figure 6: Other social care involvement among the ECM cohort

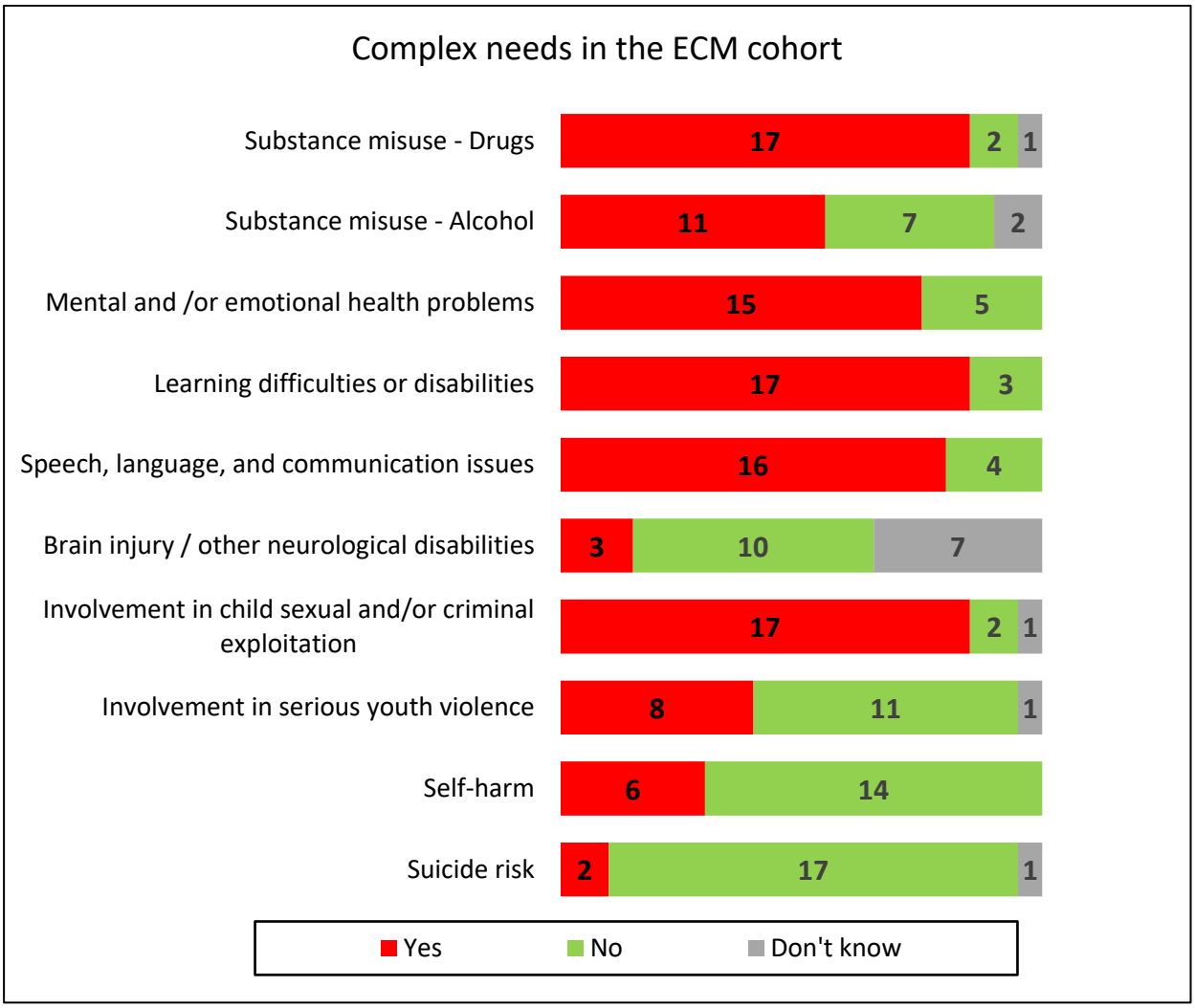


Base: All Respondents – 20

Figure 6 conveys that nearly all the children in the ECM cohort have had some social care involvement. Two children are on an open referral to social care, meaning that an assessment is currently taking place to determine what social care support (if any) is needed.

Figure 7 shows the presence of complex needs among children in the ECM cohort.

Figure 7: Presence of complex needs among the ECM cohort

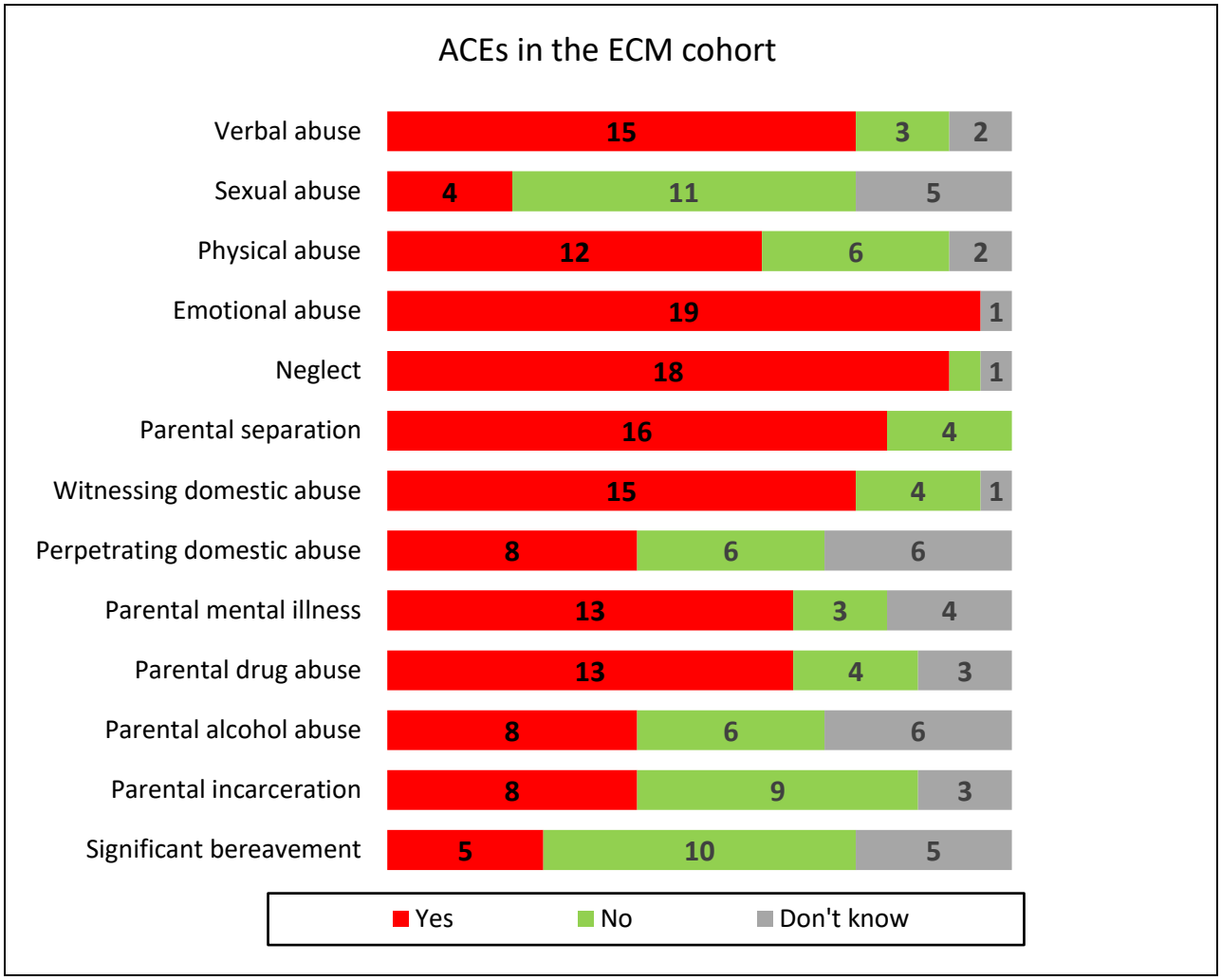


Base: All Respondents – 20

Figure 7 highlights that there are very high levels of substance abuse; mental and / or emotional health problems; learning difficulties or disabilities; speech, language, and communication issues; and involvement in child sexual and/or criminal exploitation among the ECM cohort. Although relatively fewer children are reported to have brain injury or other neurological disabilities, there is a higher proportion of missing data in relation to this need, possibly suggesting a lack of formal identification. Involvement in serious youth violence, self-harm, and risk of suicide, are proportionally lower, although it remains that these serious needs are still present to some degree within the ECM cohort.

Figure 8 shows the presence of ACEs among children in the ECM cohort.

Figure 8: Presence of ACEs among the ECM cohort



Base: All Respondents – 20

Figure 8 shows that ACEs are generally present in high proportions among the ECM cohort. This categorisation of ACEs is taken directly from the ECM monitoring data, which is based on the YJS's records This is especially the case for emotional abuse; neglect; parental separation; verbal abuse; and witnessing domestic abuse, which have been experienced by at least three-quarters of the ECM cohort. There is a relatively higher proportion of missing data in relation to sexual abuse; perpetrating domestic abuse; parental alcohol abuse; and significant bereavement.

Nine out of the 20 children supported by ECM who were included in the evaluation received a Referral Order, with the most common duration being 12 months. A further nine received a Youth Rehabilitation Order[11]. One of the remaining two children received a Detention and Training

[11] A Youth Rehabilitation Order is a community sentence used for young people who have previously offended or who have not pleaded guilty to the offence.

Order (DTO[12]), and the other received a Youth Conditional Caution (YCC[13]). Taken together, the data presented in this sub-section illustrates that, broadly, ECM participants fulfilled all the referral criteria.

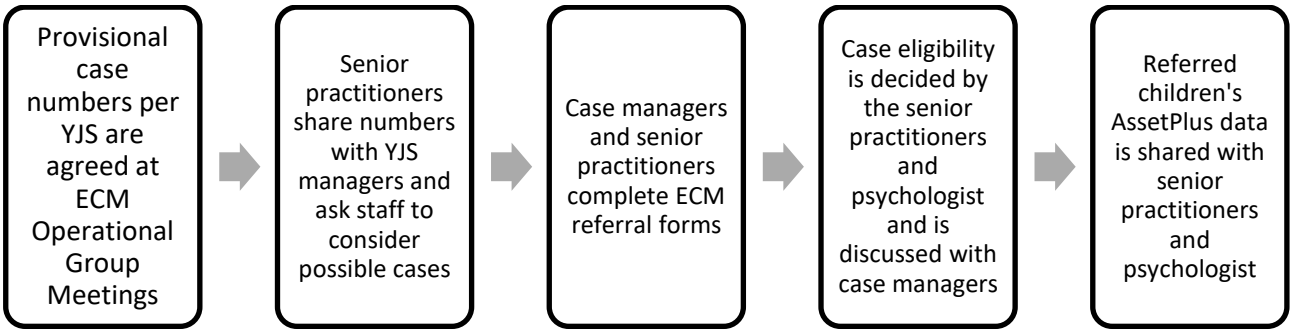
Case referral

As noted, 37 children were referred onto ECM during the pilot. This is fewer than the 50 which were originally anticipated but is explained by the gap in psychology provision and the backlog in offences being processed and reaching court, as explained elsewhere.

Interviewees were asked for their views on the ECM referral criteria and processes. Their feedback is summarised in the following sub-sections.

Referral criteria and processes

Interviewees explained the referral process as follows:



Those who took part in the second round of interviews stated that the referral process had not changed during the pilot. As noted elsewhere, during the gap in psychology provision, the senior practitioners kept a "waiting list" of potential ECM cases, which they discussed with case managers. Referrals re-started once the psychologist was in post.

When asked whether there were any ECM cases that they would like to have referred but could not or did not, interviewees gave the following examples.

- Where children had less than six months left on a statutory order.
- Where children had not agreed to engage with the YJS for at least six months on a voluntary basis.

[12] A Detention and Training Order (DTO) can be issued to 15–17-year-olds convicted of an offence for which an adult would be sent to prison, and to 12-14-year-olds who the court believes is a persistent offender (Youth Justice Board, 2020).

[13] A Youth Conditional Caution (YCC) is a type of out of court disposal which can be given to 10-17 year olds. It allows authorised individuals (usually a police officer) or a prosecutor to apply a caution with conditions attached. When a YCC is given, criminal proceedings are halted while the child is given the opportunity to comply with the conditions. When the conditions are complied with, prosecution does not usually go ahead. When the conditions are not complied with, criminal proceedings are usually commenced, and the YCC will no longer have any effect (Youth Justice Board and Ministry of Justice, 2018)

- A child had subsequently moved to an area which was outside of the participating YJS's catchment area.
- A child was found to already have considerable support in place from multiple agencies.

What worked well?

Overall, most of those who took part in both rounds of interviews felt that the referral process worked well.

- Referrals were largely appropriate. YJS managers and case managers had promptly and accurately identified children they felt would be eligible for and benefit from ECM.
- Psychologists advising case managers on children given out-of-court disposals[14] as well as those given court disposals was seen to be advantageous because these children often had complex needs which required support from multiple services.
- Completing a developmental mapping exercise for a child who could not be referred onto ECM because his offence had not yet been processed by police (so it was unclear whether he met the criteria for ECM) was said to have helped a case manager to contextualise their behaviour and plan appropriate interventions.

Aspects for improvement

Interviewees cited the following ways in which the ECM referral criteria and process could be improved.

- The referral criteria were too rigid, according to some interviewees, who felt that ECM should be available to children with significant trauma experience but did not meet the other referral criteria.
- Revise the referral process to make it more equitable and less dependent on individual case managers. For example, it was suggested that a "threshold" could be introduced which enabled the children most in need of ECM to be identified.
- Including children given out-of-court disposals was cited by some interviewees as an area for improvement as well as a strength. One interviewee noted that some issues had arisen with managing children on out-of-court disposals which were linked to the nature of this disposal. Another felt that the criteria needed clarifying regarding out-of-court disposal cases; the YJB guidance simply states that these children can be referred onto ECM only in "exceptional circumstances", yet it was said to be unclear what these circumstances should be

  > "Out of court referrals [were] always a bit of a grey area… It's not clear to me why we're accepting [some cases and rejecting others] when they're very similar profiles in terms of the young people. It's just that the justice system hasn't caught up with their offending. It's actually nothing to do with the level of their offending"

- There was some feeling that, to maximise its reach and effectiveness, ECM should be started earlier for children who had experienced trauma, at the point when they first enter the youth

[14] Out-of-court disposals include community resolution; Youth Cautions; and Youth Conditional Cautions (YCCs-as outlined above). Community resolution involves resolving a minor offence through an informal agreement between the parties involved. The Youth Caution may be given for any offence where there is reasonable evidence to prosecute, but that doing so is not in the public interest (Youth Justice Board and Ministry of Justice, 2013). YJB guidance states that children on out of court disposals could only be referred onto ECM in exceptional circumstances.

justice system, rather than after they had progressed further into it, and the need to have a sufficient period of time to work with the child through ECM, reflecting the ECM eligibility criteria. However, the resource implications of starting ECM earlier were also acknowledged.

- Although not an aspect for improvement as such, it was highlighted that the complexity of the children which presented at the four participating YJSs varied considerably. For example, one of the YJSs had been noted in a recent inspection as having some of the most complex cases in the country, whereas another of the YJSs did not have cases which were as complex. This reflects that children should be referred to ECM in accordance with their needs, rather than the wider eligibility criteria.

Case transition

Table 1 shows the numbers of children supported by ECM who transitioned to other services during or immediately after their time on ECM. Some children transitioned to multiple adult services. For example, some children were referred for housing and social care support; and others transferred to prison and probation services.

Table 1: Numbers of children supported by ECM who transferred to adult services

Service	Numbers of children transferred
Adult social care / mental health / other support services	9
Prison	2
Probation	7
Other services: housing	4

Transition processes

To support the transition of children supported by ECM to adult services, interviewees explained how case managers, senior practitioners, and psychologists worked together to plan transitions well in advance of the transition taking place. This usually involved:

- Case managers meeting jointly with the child and a key member of staff who would be supporting them following the transition to help build positive relationships.
- Case managers sharing relevant information with the key staff member, including sections of the case formulation report.
- Key members of staff from the adult service being invited to case review meetings.

What worked well?

Those interviewed earlier on in the pilot noted that few ECM cases had transitioned to adult services, including probation or prison services. Feedback shared at the second round of interviews permitted greater insight into case transition. Interviewees felt that the following elements worked well in terms of transition processes.

- The psychologist's input via the case formulation report was said to have been very helpful in planning strong transitions to adult services. Sharing parts of the report with adult services was also seen to be very helpful in facilitating a positive transition.

> "It's been very useful, and it's very credible information that's given over as well. So, it's taken as fact that this is how you work with this person, which is really beneficial, rather

than me saying, 'Well, I did this with them and it worked really well'. Having something from a psychologist has a bit more gravity behind it I think"

- Keeping ECM cases open when children were in custody was seen to benefit transition planning. Case review meetings continued when children were in custody and helped to ensure that the detailed understanding of children's needs and desirable outcomes was maintained during this period, in preparation for their release.
- Slower but sustained transitions[15] were said to work better, as they allowed YJSs and adult services time to collaborate and plan effectively in advance of the transition.
- Consideration of the relationship between the child and case manager. For example, when a child was transferring to another YJS, the current and new case managers worked closely together to share information about the child, their needs, and preferences in advance of the transition, and to prepare the child for the change.
- Overall, adult services were welcoming of the information provided to them by case managers to assist with transitioning children to adult services.

Aspects for improvement

Interviewees cited the following ways in which transitions from ECM to adult services could be improved.

- There was some concern that the detailed understanding of children's needs and circumstances facilitated through ECM would be lost as they transitioned to adult services, if adult service staff did not use the information provided to them by the YJSs or did not adopt a trauma-informed approach to supporting the child.
- Leaving ECM could create a support vacuum, some interviewees feared, if the right level of support were not in place for children once they moved to adult services.

"I worry about the vacuum that creates…these professionals meeting together around this young person; that's been quite constructive, led to some significant changes, but then for him and his family, now you raising the question makes me think, what next?"

Case closure

When the first round of interviews took place, just three ECM cases had been closed. At the end of the pilot in March 2022, 17 cases had been closed, and 20 were still open. Most of the feedback pertaining to case closure therefore comes from the second round of interviews.

Closure processes

Case closure processes were said to vary depending on children's needs and circumstances. In some cases, ECM was closed due to children turning 18 or entering custody, when they would usually transition to adult services. In these instances, key professionals would usually be invited to the final case review meetings, and parts of the case formulation report would be shared with them to foster their understanding of the child's needs and circumstances. In other cases, ECM was closing due to the child's court order, and therefore their statutory involvement with the

[15] Starting transition planning at least six months prior to release; and sharing information between child and adult services (subject to information-sharing protocols) is recommended in the Joint National Protocol for Transitions in England (HM Prison and Probation Service, National Probation Service, and the Youth Justice Board, 2021)

YJS, coming to an end. In these cases, children were invited to engage voluntarily with the YJSs after their statutory contact ended. The extent to which children chose to engage voluntarily varied on a case-by-case basis but was generally low.

What worked well?

Interviewees conveyed that the following features of case closure worked well.

- As with transition processes, the psychologists were seen to play an integral role in case closure through helping case managers to plan how they would conclude cases in a positive way. This helped prepare case managers and children for the end of their relationship, which could be a difficult experience for both parties.
- Again, as with transition, inviting key professionals to the final case review meetings, and sharing information with them in advance of case closure helped to prepare case managers and children for case closure.

> "We were able to transition to other workers by inviting them to ECM meetings. So, then they had access to the history… and they could come in and get advice. We talked about the transition in the final ECM meeting, and how those new workers could work best with [the child]. So, I think having them on board pre closure to transition is a good idea"

Aspects for improvement

Interviewees highlighted the following aspects for improvement in relation to case closure.

- Closure needs more planning and discussion. Some interviewees conveyed that case closure processes needed more consideration. This could begin to be achieved by discussing regularly whether ECM is still adding value for each child. Case review meetings could also be used as a vehicle for this, it was suggested.

> "It would be great just to keep ECM open for all of our kids and I know we kind of have done that wherever possible… [but] occasionally you might start to notice that the ECM meetings are becoming more just like update meetings or child in need meetings. I think when that happens, you need to…think, 'Is there still value in ECM or has this become more of a professionals meeting?'…if the answer is, 'No, there's definitely still value in it being an ECM meeting and talking about the trauma, approach and perspective', then yes, keep it open. But if it's like actually that work's not needed anymore and it's more just about getting the professionals together, then maybe you could perhaps look at closing"

- Case managers were said to need more training and guidance and sharing of effective practice on case closure. Interviewees highlighted the need to close cases sensitively, in light of the in-depth relationship developed between case managers and children.

> "You do spend so much time trying to build a relationship with them and get them to trust you and share things. I think [case closure has] got to be done very sensitively…Maybe this isn't professional, but sometimes when you have worked so closely with them, you've got quote a strong relationship, it's quite difficult as a worker ending as well. Maybe it's harder for the worker than the young person, I don't know"

What is the relative contribution of different ECM elements to outcomes?

Some interviewees reflected that different elements of ECM would be more or less influential in improving outcomes for different children, in line with their needs. Others noted that all aspects of ECM worked well and made an equally important contribution to achieving outcomes.

> "Trauma recovery…is multi-faceted…so, you have to be multi-faceted and holistic in your approach…You can't just do one little bit over there and not be working with other bits"

Interviewees discussed the following elements' contributions to improving children's outcomes. Most of the points made in response to this question reflect those made elsewhere.

Psychologist input

As already noted, the input of the ECM psychologist was considered to be extremely important by nearly all of those who were interviewed as part of the evaluation. Interviewees' views on the more general elements of the psychologists' role which worked well and less well are outlined below. Those that relate specifically to case formulation and reviews, and training and supervision, are outlined in the relevant sub-sections of this report.

What worked well?

Aspects of the psychologists' input which interviewees considered to be particularly valuable included:

- The psychologists' perceived authority was said to add weight to ECM, and to command respect from the wider professional network.

  > "I suppose that's the thing with the whole professional biases and professional hierarchy that if the psychologist is saying it, then the head teacher listens. If it's the YOT worker saying it, head teachers don't listen so much"

- The initial ECM psychologist was said to have been integral to setting up the pilot and helping it to run smoothly, as noted by some of those interviewed earlier on in the evaluation.
- The psychologists' supervision, advice, and guidance were said to be invaluable in supporting YJS staff to deliver ECM, informed by their extensive knowledge of child development and trauma. This was said to complement the case management supervision and reflective supervision provided by the senior practitioners.

Aspects for improvement

The following aspects for improvement in relation to the ECM psychologists' role were reported by interviewees.

- The gap in psychology provision, and turnover in psychologists, disrupted the smooth running of the pilot. Interviewees also noted that they missed the psychologists' supervision and support.
- Clearer communication around respective roles, responsibilities, and expectations between the ECM psychologists and others involved with ECM was required at times. Some interviewees felt

that at times, it was unclear where the psychologists' input started and ended, and where case managers should make their own decisions.

- There was some feeling that having knowledge of local services' infrastructure and availability was advantageous for the psychologist. This would help to ensure that their recommendations which involved partner agencies were appropriate and could be consistently actioned.

> "There's more of a barrier there because they're not in my local authority…Their experiences, especially if they're working in London, it's probably a lot different to our experience in our local authority because it's a lot more rural and not by the city. I felt like sometimes it's not always as easy to relate to some of the things I was talking about"

Case formulation

Case formulation meetings (especially the mapping exercise) were cited by most interviewees as making a significant contribution to improving outcomes for children. The meetings were said to increase appreciation and empathy for children's experiences, and to hold agencies to account.

As noted elsewhere, the case formulation reports were seen as important in sharing valuable information that all of the relevant agencies may not have been party to; guiding and strengthening YJS's practice; and in encouraging a trauma-informed approach among all partner agencies.

The senior practitioner role

The senior practitioner role was seen by nearly all of those interviewed to be a beneficial component of ECM.

What worked well?

- The senior practitioners helped to hold professionals to account, challenging them when needed to ensure that they adhered to a trauma-informed approach. However, there was some feeling that wider accountability structures around ECM needed to be formalised to ensure that all involved fully understood and completed their expected roles and responsibilities.
- Senior practitioners' practical advice and guidance on supporting children who were participating in ECM (and some children who were ineligible for ECM but who would benefit from the approach) was found extremely valuable by case managers.
- The informal supervision senior practitioners provided in the absence of an ECM psychologist was welcomed by several of the case managers.

> "…this group of young people can be really difficult to engage…So, to have, someone separate who is able to give perspective as to why this young person might be behaving in that particular way is really helpful"

- The senior practitioners' organisation skills were seen to be central to the smooth running of ECM. However, some administrative issues with arranging meetings were reported by a minority of interviewees, which were said to have affected attendance.
- In addition, regular delivery of training and workshops for case managers provided by the senior practitioners, based on various elements of trauma-informed practice were said to be useful in updating their knowledge.

- Some interviewees also noted that senior practitioners supported case managers to produce case notes, pre-sentence reports, and intervention plans using a trauma-informed tone and vocabulary, which case managers appreciated.
- The senior practitioners' willingness to help and support case managers, and their enthusiasm for and belief in ECM and trauma-informed practice, were also seen as an advantage of the senior practitioner role.

> "The psychologists and senior practitioners are experts. They are so knowledgeable. You can tell they genuinely also believe in the approach and how beneficial it can be for young people. That enthusiasm has then rubbed off onto us as a team and as a service"

The TRM

The TRM was largely seen by interviewees to provide a sound theoretical basis for the ECM approach as it was rooted in child development. This guided practitioners when planning and delivering interventions.

> "The TRM validates and justifies the values of forming purposeful relationships. Because the danger is that it's one of those things that is really hard to measure. I think setting objectives and targets which are just about the quality of relationships is a very valid thing to do and a valid thing to measure, which we don't often do"

However, there was some feeling that the theoretical basis and underpinning principles of ECM could be complex and required significant time and effort from case managers to learn and retain at times.

Intervention tailoring and sequencing

Developmental needs-led intervention tailoring and sequencing was seen to be key to improving outcomes for children. Interviewees noted that children engaged better with activities delivered through ECM because they enjoyed and had helped to choose them, relative to activities such as worksheets that would have been done as part of YJS's traditional offending behaviour-focused work. As noted elsewhere, ECM was seen to give case managers "permission" to spend time on building relationships and trust with children before progressing on to more focused interventions. This was said to underpin its perceived success.

> "It's around just doing the basics and when you look back and reflect, you notice the progress. We're not setting them up to fail, we're not trying to hit any targets that are unachievable, it's just about improving slowly. That's the thing I've felt, I don't feel pressured or time-bound with ECM"

To what extent does the implementation of ECM, its constituent elements, and the activities that underlie this, represent a change from current practice?

Overall, ECM was seen as broadly similar to YJS's current approach to supporting children with complex needs. Some acknowledged that ECM was a welcome move away from the more risk-

based, reactive, offending-focused approaches which had previously dominated YJS practice and interventions. As mentioned earlier, trauma-informed, child-focused practice was said to be already quite well embedded in the participating YJSs. Interviewees felt that this was facilitated by:

- Broader awareness of the ACE agenda.
- Improved multi-agency partnership working.
- ECM providing the framework and theory to support trauma-informed practice, strengthened by some new elements and processes like the case formulations and reviews, and the psychology input.

Interviewees reflected on how far ECM departed from the following elements of YJS's usual practice.

Communication and engagement

There was some feeling that the intensity of case managers' engagement with children was slower through ECM relative to their former ways of working, which helped to underpin its effectiveness. Case managers discussed the need to drip-feed messages at children's own pace rather than feeling pressured into delivering a set number of sessions on certain topics.

In addition, case managers' communication with partner agencies was said to have improved. This was linked to case manager's greater role in holding agencies to account for delivering the actions allocated to them at case formulation and review meetings.

Intervention types: length, sequencing, and targets

Interviewees noted that ECM allowed interventions to be structured in line with children's developmental age and associated capabilities rather than their chronological age, which ensured their greater effectiveness and suitability. Some also cautioned that ECM should not lose sight of appropriate risk-based practice, however.

How YJS staff spend their time

As noted, the key difference in ECM relative to YJS's former approach to supporting children with complex needs was spending more time on relationship building. Some interviewees noted that they had always worked in this way because they recognised its importance and value but had often felt slightly guilty about doing so. ECM gave them the justification and reassurance they felt was needed for it.

Case managers also noted that they spent more time reflecting on their practice, identifying what was effective with children, and what needed adjusting. In tandem with this, ECM was said to place more emphasis on encouraging children to self-reflect on their behaviour and reach their own conclusions about it.

> "[ECM has] brought round the need to be more inquisitive…dig a little bit deeper…and see if that can help them make any links for themselves"

Multi-agency involvement

One interviewee said that ECM had initially been seen as *"pink and fluffy"* by some agencies, but that having the TRM and the psychologists' input into the approach helped to add weight to it and was helping to change perspectives about it.

Again, whilst acknowledging that trauma-informed practice was not new, and that local authorities had been moving towards it for some time, it was noted that ECM had helped partner agencies to focus more sharply on trauma.

> "What this does differently [is] it doesn't just bring multi-agencies together: it gives them a focus around trauma…more formally developing a shared understanding about the young person and their history…not just a purpose of planning, but a purpose of understanding"

ECM (especially the case formulation and review meetings) was also seen to have improved multi-agency working, particularly in terms of holding others to account and improving communication between all the partners involved, as noted elsewhere. In addition, ECM was seen as an important way of brokering and bridging support from other agencies and helping children to build their trust and confidence in professionals more generally.

Value for money

Interviewees were asked to reflect on ECM's value for money in relation to YJS's business-as-usual approaches to supporting children with complex needs. There was some recognition that ECM was more costly per case, largely due to the psychologist's input. However, there was strong feeling that ECM provided good value-for-money. This was linked to:

- ECM's perceived greater impact on improving criminal justice and psychosocial outcomes for children. However, interviewees also recognised that cost savings were likely to be achieved beyond the lifetime of ECM, when children became adults, and required less input from statutory services.

  > "We know even children who have experience trauma, will still mature and get to a certain age. Some will still carry on down the path of chaotic lifestyles and others won't. That is where the impact will be, as they reach their 20s, especially the young women that we work with"

- ECM's greater success at encouraging partner agencies to engage better with children with complex needs. There was recognition that professionals from partner agencies were more inclined to attend ECM meetings than other meetings which concerned children with complex needs such as those related to risk, safety, and wellbeing.
- Children's better engagement with ECM relative to traditional approaches to supporting them.

What are the barriers and facilitators of ECM delivery and effectiveness?

Interviewees were asked to reflect on what had helped ECM to work well, and what the main barriers and challenges they had encountered had been.

Barriers and challenges

The main barriers and challenges noted by interviewees were as follows. Most of these have already been discussed elsewhere.

Cultural challenges

- Some partner agencies' apparent belief in punishing children who commit offences rather than trying to understand and help them, which is at odds to the principles of ECM. Some agency staff were said to be resistant to change and to display little understanding of trauma, even after receiving training on ECM, which could be a source of tension. However, some significant steps were said to have been made by some members of the professional network, which was evident in their approach.

  > "I've had to say over and over to one social worker, and she's getting it now. Now she's saying, 'it's like he's 7, it's like he's 7', and talking to him differently. Another one I think again, it was about a lot of blame placed on him and a lot of responsibility placed on him. They're just wrapping their head around it now, but I think they just needed that prior training maybe to really get it"

- There was concern that some professionals from partner agencies view ECM as a "cure-all" approach, which YJSs were solely responsible for. This could be exacerbated by some children's preference to work with YJS case managers rather than those from other agencies, due to the trusting relationships which had developed between them. Some interviewees therefore reflected that some management of expectations was needed in these cases, and a clear steer that buy-in and contribution from partner agencies was also required to deliver ECM effectively.

  > "I'd say a negative of it, again timescales in a different way, in that some agencies see this as a bullet, and this will be done in a couple of weeks and it'll be sorted and the behaviour will be changed and things like that. It's a long process and it's a way of working with someone, but it still takes a long time rather than 2 weeks under ECM and they're sorted, ready to go"

Practical challenges

- Causing too many meetings, as already noted, which proved difficult for some agencies to accommodate and affected engagement. However, ECM was said to provide a structure for other agencies which did not necessarily have one in place.
- Children supported by ECM being placed out of area. Where this occurred, case managers highlighted that it restricted the amount of contact they had with children, and that other YJSs which were caretaking may not take a consistently trauma-informed approach to supporting them.
- As noted elsewhere, a minority of interviewees felt that ECM needed a more formal accountability structure to help to ensure its smooth and effective running and to hold everyone involved in delivering ECM to account.

Resource challenges

- The gap in psychology provision, and the uncertainty (at the time of writing) regarding psychology provision going forward for ECM. Psychology is an integral part of ECM, if it is to be delivered as intended[16].
- Some interviewees felt that case managers needed more time with children to help them to achieve the greatest possible improvements in outcomes. When the first round of interviews took place, referrals had stopped due to the psychologists' departure. Then, there was some feeling that more case managers would be needed to take on new cases when referrals started again. Some of those who took part in the second round of interviews felt that they needed more than six months of engagement with children to ensure that they had enough time for ECM to make an impact as it should.

  > "I think we need that amount of time…The whole team understand the trauma and recovery model, so we have the support for that anyway. But I do think we need longer than six months for that kind of work to have that kind of impact"

- Workload issues in other agencies, such as social care, affected the ability of some professionals to engage with ECM.
- Uncertainty about funding had also caused concern among some interviewees.

Other challenges

- A few of those interviewed felt that ECM added to case managers' emotional burden, due to the intense engagement it required and the exposure to often distressing information about their early lives that they may not otherwise have been party to. The clinical supervision provided by the ECM psychologist was intended to support practitioners in this respect
- Balancing risk against sequencing concerned a minority of interviewees, who noted that ECM should maintain a focus on the risk children posed to themselves and to others.

  > "I'm not saying for one second that we're not addressing the risk of harm, [but] sometimes that protection of the public can get, not overlooked, but not given the priority that it sometimes requires"

- ECM concepts can be complicated, which in turn can make delivery more challenging.
- Some processes and systems around ECM were incompatible with what the youth justice system currently requires. For example, a few interviewees found that AssetPlus did not support trauma-informed assessments.
- The need for ECM principles to be replicated in the child's home, so that they have maximum impact for children. There was a recognition among some interviewees that case managers could only do so much with the time they had with children. Reinforcement needed to come from home, but often did not because parents / carers / guardians were not able to offer that.

  > "We can do our bit in having the same appointments, the same time every week and all of those things…But actually, when they're living at home the majority of the time, that needs to be done by parents. Obviously, we can give them that advice, but for my young person, that's not being implemented at home, no matter how much we advise them that he needs a curfew, he needs a safety plan, he needs a routine"

[16] When this report was being finalised, funding was secured for Forensic Child and Adolescent Mental Health Services (FCAMHS) to provide ECM psychology provision for a further two years after the end of March 2022.

- ECM does not inform longer-term plans for trauma recovery. There was some feeling that this was missing from the approach, and that case managers could add value to it if they were able to help children plan their trauma recovery over the longer term, beyond their time with the YJS.

COVID-19

The ECM pilot took place during the COVID-19 pandemic, which presented the following challenges for those implementing it. Some of these have been discussed already, but are summarised here, for ease of reference.

- Limiting the kinds of approaches and activities which case managers could do with children. Although ECM delivery continued throughout the pandemic, for several weeks, case managers only saw those children face-to-face who were in greatest need of support. They stayed in contact with all other children via telephone and video calls during this time. This may have impacted on the way in which case managers could work with children in a trauma-informed way, because some of the approaches and activities could not be delivered or had to be adapted. However, several interviewees stressed that case managers had taken creative approaches to delivering interventions to mitigate this, and that support from the psychologists and senior practitioners had also limited disruption to ECM's practical delivery.
- Limiting accommodation and education, training, or employment options for children who needed them. Without suitable accommodation, it was noted that ECM is less effective because children are not in a place of stability. Some of those who took part in the first round of interviews noted that COVID-19 restrictions prevented children from participating fully in education, training, or employment, which had impeded their progression.

  > "I do think that COVID has been a real big factor in the young person I'm working with…he hasn't gone back to school, so that routine is still lacking, and then it means that he hasn't had access to other agencies… they won't work with him until he's in a stable place…so sort of a domino effect"

- Impeded face-to-face supervision, training, contact with senior practitioners, and case formulation and review meetings. All of these aspects were considered to be more impactful when delivered face-to-face. The co-location of the senior practitioners within the YJS premises was perceived to be especially valuable. When the second round of interviews took place, plans were in place for this to be resumed. Online meetings were said to be easier for professionals to attend, boosting attendance, although there was also some feeling that their impact was slightly diminished when they were held online. A hybrid working model is now in place, whereby some face-to-face meetings have resumed, and senior practitioners support case managers through a mix of in-person and remote contact.
- Indirectly, limiting referrals onto ECM due to courts' backlog. However, a few interviewees felt that having fewer cases due to the backlog had been beneficial.

  > "I think it has helped that because of COVID we have had fewer cases because the courts weren't sitting and the police weren't arresting people, so that has given people a bit more time to focus on their ECM work"

Facilitators

Interviewees made the following points in relation to what had helped ECM to work well.

- Senior-level buy-in and support from YJSs and other agencies had been central to ECM's perceived effectiveness. For example, YJS managers were said to have been amenable to allowing case managers to spend time building relationships with children, and to paying for them to engage in activities which children had chosen.

  "I think something that's helped me is the fact that the managers on the team are completely on board and really invested in it and really believe in the approach. I think it would be very difficult to justify what we're doing if our manager didn't agree, because then [they] would be putting the pressure on for us to do the more formal interventions. But [they are] also very very invested in it so if I say to [them], 'I'm not doing this because of this', and I can back it up with ECM recommendations or theory or whatever, he's really on brand with that"

- YJS's enthusiasm for, belief in, and commitment to the ECM approach.

  "The fact the whole agency genuinely believes in the approach, ultimately makes it successful. I think if people were still doing if half-heartedly or doing it without understanding why they were doing it, that wouldn't have the same effect for the young people"

- As noted above, having more time to spend on ECM was seen to be a key facilitator (although time limitations were also cited as a challenge).
- Also, as alluded to elsewhere, the case formulation meetings (especially the developmental mapping exercise) and reports were cited as facilitators to ECM.
- ECM's focus on relationship building as opposed to focusing mainly on offending behaviour.
- Encouraging partner agencies to understand why children offend in the context of their background and circumstances.
- Holding the steering and operational group meetings helped to foster commitment and communication between the participating YJSs at different levels, and to resolve issues before they escalate.
- Senior practitioners' input, enthusiasm, and willingness. Interviewees welcomed their availability to answer questions, provide support, and to advise on certain situations. The two senior practitioners were said to complement each other, as one had more strategic experience, and the other had more of an operational background.
- The psychologists' input has enhanced understanding of behaviour.
- Holding partner agencies to account for supporting children with complex needs and challenging decisions which might be detrimental to the child.

  "There's also power within ECM. So, young people with education and healthcare plans holding education providers to account by saying, 'hang on a minute, before you take them off roll, this should be happening'. So, I think it's really good for accountability"

- Including ECM in pre-sentence reports encouraged members of the judiciary to view community orders as a viable alternative to custody to a greater extent. This was linked to the input of the ECM psychologist.

  "…a young person was probably at risk of custody…being able to say to the court that we were referring him to the ECM project and there will be a child psychologist involved in providing support to workers. That definitely gave another community sentence more credibility"

- Encouraging the professional network to adopt a consistent, child-focused approach.

Looking to the future

Those interviewed were asked to discuss whether they felt ECM should be continued in the future, and if so, what should be in place to support its wider roll-out. There was very strong support for ECM's future continuation and further roll-out due to its perceived impact on improving children's outcomes and opportunities. In addition, several interviewees noted that even if ECM were discontinued, YJSs would find a way to deliver a similar approach in future, even without psychologist support.

> "If [ECM] wasn't extended, we would just have to find ways to carry on working in that way…We would have to find ways to carry on having formulation meetings, even if it wasn't supported by psychologists. We would end up delivering as close to the ECM model as we could with the resources we had…We're never going to go back to a pre-ECM way of working with young people"

What needs to be in place to support ECM?

Regarding what needs to be in place to support ECM in future, interviewees noted:

- Consistent psychology input, as highlighted previously.
- The need for dedicated funding to support ECM beyond the pilot. As noted elsewhere, at the time of writing (July 2022), funding had been identified to extend ECM beyond the end of the pilot, but beyond that, there was a need to find sustainable funding to prevent ECM being scaled back or lost.
- Permanent staff contracts for ECM psychologists and senior practitioners would help minimise disruption to delivery.
- More face-to-face meetings, training, support, and supervision sessions. This had started to resume, as noted. There was also a need for ongoing training and new and existing staff to ensure consistent awareness and implementation of trauma-informed practice.
- Ongoing monitoring and evaluation of ECM to ensure widespread understanding of effective practice. There was some feeling that having the evaluation running alongside the pilot had encouraged YJS staff to "stop and think" about what is working well and less well, and to adapt practice accordingly. It was therefore suggested that ongoing monitoring and evaluation was important going forward.
- Dedicated administrative support, which would free up senior practitioners to deliver the trauma champion role that they were initially intended to do.

What would make ECM more effective?

Interviewees made the following suggestions regarding what would make ECM more effective in future.

- Integrating the case formulation and review meetings into YJS's existing practice. There was some feeling that ECM was running parallel to or outside of YJS's business. Integrating the meetings would ensure consistent practice between YJSs and partner agencies, would reduce duplication of resources, and would help provide better value for public money.

> "ECM…very much ran alongside all the other existing practices that happened at the YOT…My recommendation would be that the practice is much more integrated, so the

formulation informs all the meetings that happen about that child rather than just the ECM ones…If we are taking a trauma-informed approach, that should be consistent"

- Continuing ECM in custody could benefit children further, some interviewees felt, although they recognised that custody was not a therapeutic setting[17].
- Consistent senior-level support and buy-in, as already noted.

Involving children and families

There was strong feeling among those interviewed that children and families should be more involved in ECM in future. Most felt that children and families should not attend the case formulation or review meetings because of the potential for distress or re-traumatisation due to the sensitivity of the information shared in them.

However, several felt that children would be empowered by the understanding that they would gain through their involvement in sharing selected information from their ECM records, but only when they were developmentally ready for this. This information could be shared by case managers in a sensitive way which supported children's longer-term trauma recovery.

"When they hit 17, someone should be having a conversation about…how it has impacted on their emotional health and that this could affect their adulthood and give them ways of dealing with that…so they're not going into adult services like 'youth offending services highlighted this problem in me, what do I do?'. ... and positive stories about other young people who have had similar experiences and gone into adulthood and addressed those needs"

The need to incorporate children's and families' feedback to improve ECM going forward was also noted.

"There's no functions built into [ECM] to have young people's feedback or representation or experiences. We'll be able to monitor their position on the triangle, but actually, what are young people telling us about their experiences? So, I guess that's something that, going forward and rolling it out where it's not being evaluated, it needs to be thought about in the project model"

Alternative models and ways of working

Several interviewees felt that ECM should retain its current model and mode of operating in future because they felt it worked well as it was.

"I hope we can keep it… It's great. Exactly the way we're doing it is really good for me"

A few others suggested some alternative models. These included:

- Having a more "relaxed" or condensed version of ECM for children on shorter orders, e.g., under three months. In this model, case managers would adopt the same trauma-informed approach as in ECM but would not have the same frequency of contact with children. The

[17] Secure Stairs is a trauma-informed approach which is used to support children in the secure estate.

psychologist would offer case management support but would produce a much shorter and less detailed report.

- Offering psychologist support to partner agencies where needed to address specific issues among children who were, and were not, supported by ECM, where needed. This had been offered in a few cases to date, as noted, but there was some feeling that this could be made available more consistently.
- Having senior practitioners to lead formulations and reviews, with support from the psychologist**.** One interviewee suggested that this could make better use of the senior practitioners' and psychologists' knowledge and skills, whilst achieving better value for money.
- Alternatively, having a senior practitioner within each YJS who would ensure that the psychologist is involved with cases as needed, and who would do case-specific work, rather than the overarching trauma champion role which is currently in place. Another interviewee suggested that this would help ensure that ECM is better integrated into YJS's practice.

Comparisons with previous ECM evaluations

As noted, there have been two previous evaluations of ECM (Cordis Bright, 2017; and Glendinning et al., 2021), both of which took place in Wales. Importantly, all evaluations involved children with similar characteristics in terms of lived experience of trauma, ACEs, developmental and mental health needs, and offending behaviour. There are some notable similarities in the findings, especially in relation to YJS practice and improvements in children's outcomes. All evaluations showed that YJSs were already working in a trauma-informed, relationship-focused way, but that ECM enhanced this, and gave them the discretion they needed to work in ways that prioritised meeting children's needs rather than on delivering offence-focused interventions which most children were not cognitively ready for.

Attendees at case formulation and review meetings used the TRM to plan interventions and focus attention on children's needs and gained a deeper insight into how children's experiences shaped their current behaviour through the timelining activity, inter-agency information sharing, and collaborative working.

Psychology provision was found to be integral to the success of ECM in all studies, yet issues were identified around consistency of provision in the Cordis Bright and in the current evaluation. The need to clarify roles, responsibilities, and accountability lines between the ECM psychologist, the senior practitioners, and YJS operational managers also arose in all studies.

Importantly, senior level buy-in was also integral to the success of ECM and to the embedding of trauma-informed practice across all evaluations.

Glendinning et al. highlighted the need to consider how feedback from children and their families can be incorporated into ECM in a systematic way going forward, which was also raised in the current study.

The similarities in the findings of all three evaluations adds weight and validity to the findings and the recommendations of the current evaluation.

3. Conclusions

Due to the design of this phase of the evaluation, it is not possible to make firm conclusions about impact. The report of phase two of the evaluation, due in the 2023/2024 financial year, will provide stronger evidence of impact as it will be based on a quantitative analysis of re-offending data from children who were supported by ECM compared with a matched sample of children who were not.

Having said that, although this phase of the ECM evaluation was conducted during the COVID-19 pandemic, which presented numerous challenges, it generated sufficient evidence to assess ECM's implementation and perceived impact.

There is promising evidence to suggest that ECM is associated with improvements in children's justice and non-justice psychosocial outcomes, as outlined in the Theory of Change. As is also reflected within the model, these key elements of YJS's practice are an improved understanding of children's needs; improved trauma skills, knowledge, and confidence; planning and sequencing interventions according to need and TRM position; and stronger and more trusting relationships between children and case managers.

Further embedding of trauma-informed practice in YJSs and in partner agencies is a long-term outcome of the Theory of Change. Given that ECM has influenced case managers' practice with all children and not just those in the ECM cohort, there is also evidence of the potential benefits of wider adoption of trauma-informed practice in YJSs. The evaluation also provides some evidence that most partner agencies are engaging in trauma-informed practice although there is room for this to become more consistently embedded, subject to further training, some streamlining of ECM meetings and processes, and senior-level support for and buy-in to ECM.

It is encouraging that the findings are broadly in line with the two previous evaluations of ECM. These evaluations showed that the ECM approach led to changes in the practice of YJSs and partner agencies, which in turn led to improvements in a range of outcomes for children. They also highlighted that psychology provision and senior level buy in were central to ECM's effectiveness; and that there was a need to clarify the roles of key professionals delivering and overseeing ECM, and to consider how children's and families' feedback can be incorporated into ECM.

Currently, the four YJSs are continuing to deliver ECM using some of their own local authority funding, combined with some further external funding, as they believe the approach to be beneficial.

4. Recommendations

Overall

ORS recommends that ECM is implemented in the participating YJSs and is extended to other YJSs in future, subject to its ongoing monitoring and review.

Integration

To maximise its success and cost-effectiveness in future, ECM should be integrated into YJSs' business-as-usual practice. To achieve this, strategic and operational managers should work together to consider how to optimise staff roles and infrastructure and supporting processes, including meetings and working groups, and how psychology input would be provided. ECM meetings should be consistently combined with existing ones which involve YJS and partner agency staff wherever possible to reduce burden on staff.

Accountability

An appropriate quality assurance framework should be developed to allow a suite of appropriate outcomes to be developed, for them then to be measured against the recommendations made in case formulation meetings. This framework should also be used to hold all responsible individuals and agencies to account for their role in delivering ECM more broadly.

Implementation

To ensure its success in future, strategic managers at YJSs and partner agencies should fully support and buy into ECM.

Strategic and operational personnel at YJSs should jointly explore different ways of sustaining ECM in future to ensure that the most beneficial elements of the approach can be continued beyond the lifetime of the pilot.

YJB should consider how ECM can become a core part of youth justice system business, and how ECM can be sustained over the longer-term.

Case closure processes and practice should be firmed up through more discussion, trialling, and planning, with input from the ECM psychologist, to ensure best value for money, use of staff time, and outcomes for children.

Case review meetings should be used as a vehicle to plan case closure, with input from the relevant adult services. The structure, function, and frequency of case review meetings should also be reviewed to maximise their usefulness and relevance.

Psychologists should continue to support ECM in a flexible way, varying the extent of their input in line with children's needs. They should continue to offer consultations for children who are not supported by ECM and support to partner agencies where possible.

Psychologists should ensure that their recommendations can be implemented. They should be prioritised (and not be too numerous) and be feasible in light of local services' capacity.

Eligibility

ECM eligibility and referral criteria and processes should be carefully considered and revised if necessary to ensure that YJSs can access ECM support for all cases they feel would benefit from it (in line with the available resources), and to retain fairness and objectivity. This may have resource implications, which should be considered in advance. Both equity and effectiveness are important considerations in this context.

When reviewing the eligibility criteria, the need to work with children for a sustained period of time in order for ECM to be effective should also be taken into account. Eligibility and referral criteria should therefore be clarified with regards to children on out-of-court disposals.

Staffing

Psychologists' input should be sustained to ensure consistency in the delivery of ECM. To achieve this, employment contracts (for psychologists) input should be longer-term where feasible. Where gaps in psychology provision are unavoidable, strategic YJS staff should consider how ECM can be meaningfully continued until a replacement psychologist is found.

YJSs should ensure that adequate administrative support is available to co-ordinate ECM, especially to arrange meetings and monitor follow-up actions. This would free-up the senior practitioners to fulfil their designated roles as trauma champions, if the role continues in its current form.

Strategic and operational personnel at YJSs should review the respective roles of the ECM psychologists, senior practitioners, and case managers, and how they inter-relate. Detailed guidance should be developed to ensure clarity around this. Regular reviews of staff roles and remits in ECM should be conducted to ensure continued appropriateness.

All recommendations in this sub-section are dependent on the amount of funding which is made available for ECM over time, and may need to be modified in line with this.

Engagement

To maximise the wider professional network's engagement with ECM, invitations to case formulation and review meetings should be considered carefully, trialled, and reviewed regularly. Inviting a "core" of key professionals and selected others from partner agencies on a meeting-by-meeting basis could work, for example.

Standardised and appropriate ways of involving children and their families or carers in ECM should be explored. Their input should be valued and used to inform and tailor the delivery of ECM.

Training, development, and supervision

All case managers and senior practitioners should receive regular clinical supervision from the ECM psychologist as part of the core psychology offer, and management supervision from senior YJS staff to support them to fulfil their roles as fully as possible.

Case managers should receive further training on case closure; on how to help children to progress after they have built strong relationships with them; to clarify how best to use the TRM to support their practice; and to strengthen how they evidence trauma-informed practice in case notes. “Trauma toolkit” training which provides guidance on and examples of trauma-informed interventions; “train the trainer” training, and ECM refresher training, should also be made available to the appropriate members of staff.

ECM partner agencies should receive further, tailored training on trauma-informed practice.

Psychologists should input into YJSs’ workforce development and training to a greater extent to ensure consistent, trauma-informed practice, and to maximise gain from their experience.

Further monitoring, evaluation, and review

Measuring the value-for-money of ECM would require complex weighted costings to be agreed as the basis for calculations of the relative costs, for example, of ECM versus varying re-offending rates. However, the value-for-money dimension should be considered in further reviews if/when ECM is implemented more generally.

References

Baker, C., Brown, S.,M., Wilcox, P., Overstreet, S., & Arora, P. (2016). Development and Psychometric Evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) scale. *School Mental Health*, 8 (1), pp. 61-76. Available at: Development and Psychometric Evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale | SpringerLink

Cwm Taf Youth Offending Service (2021). Trauma and ACE (TrACE) Informed Reparative Work. Pontypridd: Cwm Taf Youth Offending Service. Available at: Trauma and Ace (TrACE) Informed Reparative Work.pdf (yjresourcehub.uk)

Department for Education (2019). Help, protection, education: concluding the Children in Need Review. London: Department for Education. Available at: Help, protection, education: concluding the Children in Need review (publishing.service.gov.uk)

Evans, J., Kennedy, D., Skuse, T., & Matthew, J. (2020). Trauma-Informed Practice and Desistance Theories: Competing or Complementary Approaches to Working with Children in Conflict with the Law. *Salus Journal,* 8 (22), pp.55-76.

Glendinning, F., Rodriguez, G. R., Newbury, A., & Wilmot, R. (2021). Adverse childhood experience (ACE) and trauma-informed approaches in youth justice services in Wales: An evaluation of the enhanced case management (ECM) project. Bangor: Bangor University. Available at: ECM_evaluation2_full.pdf (trmacademy.com)

HM Prison and Probation Service, National Probation Service, and Youth Justice Board (2021). Joint National Protocol for Transitions in England. London: Youth Justice Board. Available at: Microsoft Word - 2018-04-27 - Joint National Protocol for Transitions in England for PDF - Final version.doc (publishing.service.gov.uk)

Hughes, D. (2021). PACE Therapeutic Parenting. Available at: PACE Therapeutic Parenting | Social Care Training Solutions

Johns, D. F., Williams, K., & Haines, K. (2017). Ecological Youth Justice: Understanding the Social Ecology of Children's Prolific Offending. *Youth Justice*, 17 (1), pp.3-21. https://doi.org/10/1177/1473225416665611

Ministry of Justice (2022). Proven Re-offending Statistics April to June 2020. London: Ministry of Justice. Available at: Proven re-offending statistics: April to June 2020 - GOV.UK (www.gov.uk)

Ministry of Justice (2013). Code of Practice for Youth Conditional Cautions. London: Ministry of Justice. Available at: Code of practice for youth conditional cautions: Crime and Disorder Act 1998 (as amended by the Criminal Justice and Immigration Act 2008 and the Legal Aid, Sentencing and Punishment of Offenders Act 2012) (publishing.service.gov.uk)

Skuse, T., and Matthew, J. (2015). The Trauma Recovery Model: Sequencing Youth Justice Interventions for Children with Complex Needs. *Prison Service Journal*, 220, pp.16-25. Available at: Prison Service Journal (crimeandjustice.org.uk)

Youth Justice Board (2020). Enhanced Case Management: Implementing the Approach. London: Youth Justice Board. Available at: Formal document (yjresourcehub.uk)

Youth Justice Board (2020). Custody and resettlement: section 7 case management guidance. London: Youth Justice Board. Available at: Custody and resettlement: section 7 case management guidance - GOV.UK (www.gov.uk)

Youth Justice Board and Ministry of Justice (2022). Youth Justice Statistics 2020/2. London: Ministry of Justice. Available at: Youth_Justice_Statistics_2020-21.pdf (publishing.service.gov.uk)

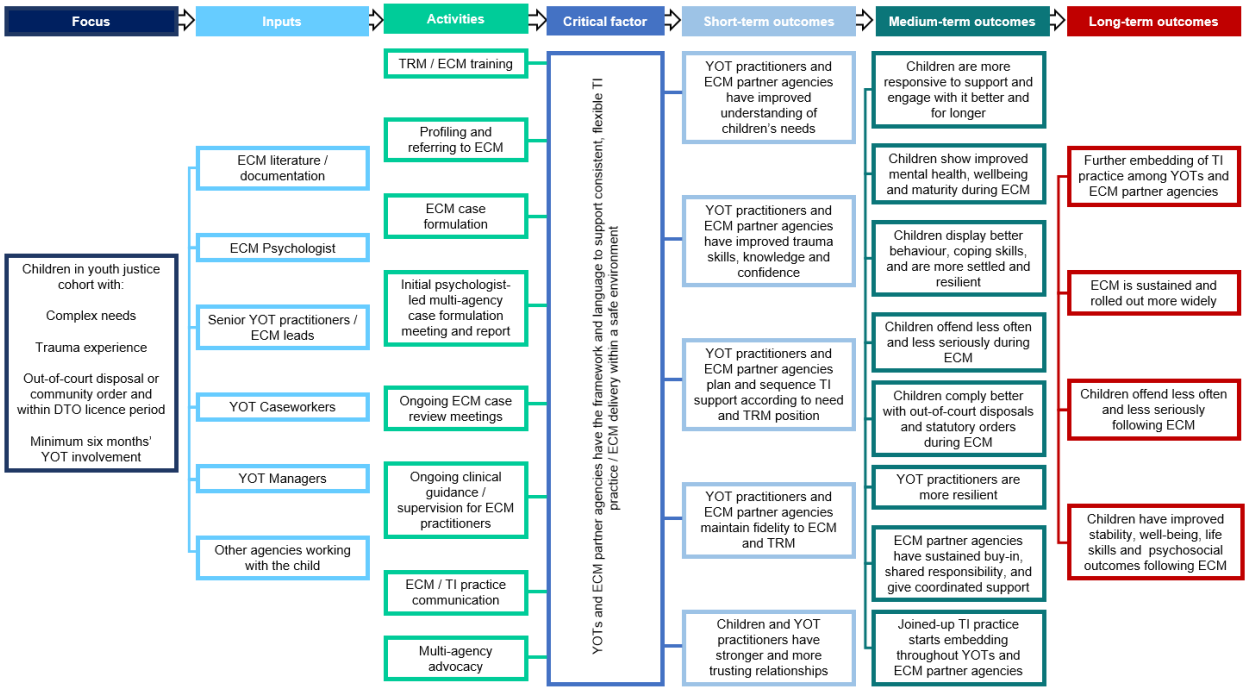
Youth Justice Board and Ministry of Justice (2020). Youth justice statistics 2018/19 England and Wales. London: Ministry of Justice. Available at: Annual Stats 2020a5 (publishing.service.gov.uk)

Youth Justice Board and Ministry of Justice (2018). Referral Order Guidance. London: Ministry of Justice. Available at: Referral Order Guidance (publishing.service.gov.uk)

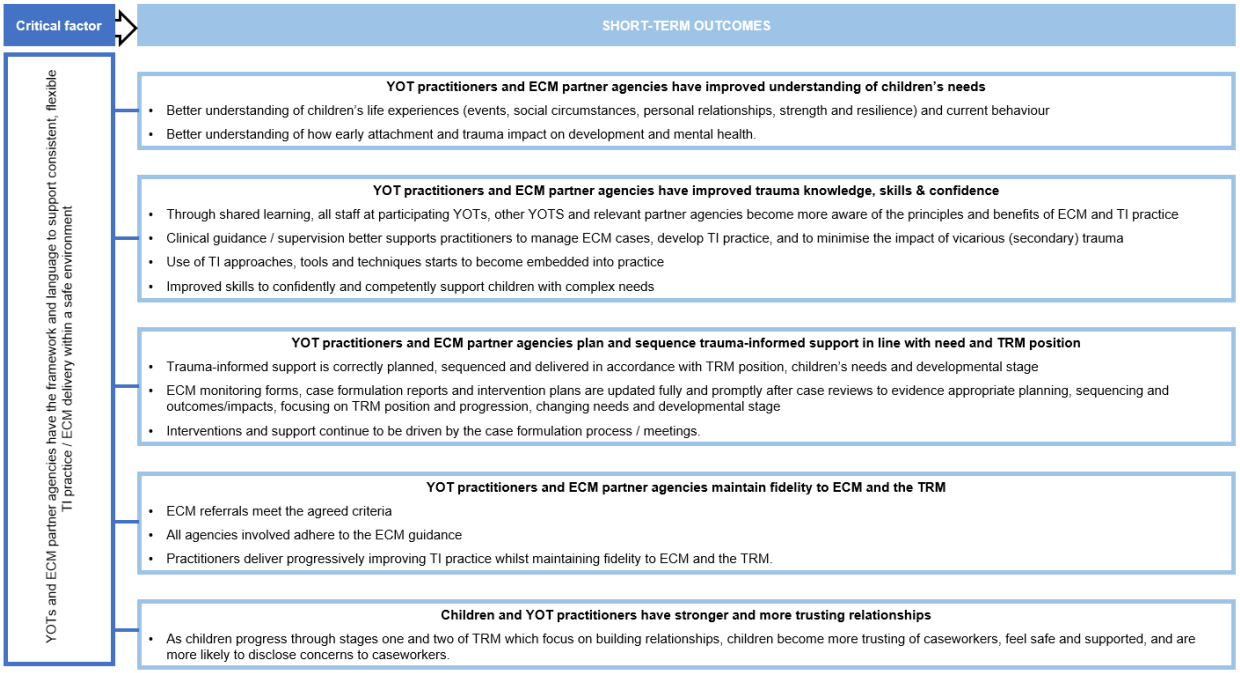
Youth Justice Board and Ministry of Justice (2013). Youth Out-of-Court Disposals. London: Ministry of Justice. Available at: Youth Out-of-Court Disposals: Guide for Police and Youth Offending Services (publishing.service.gov.uk)

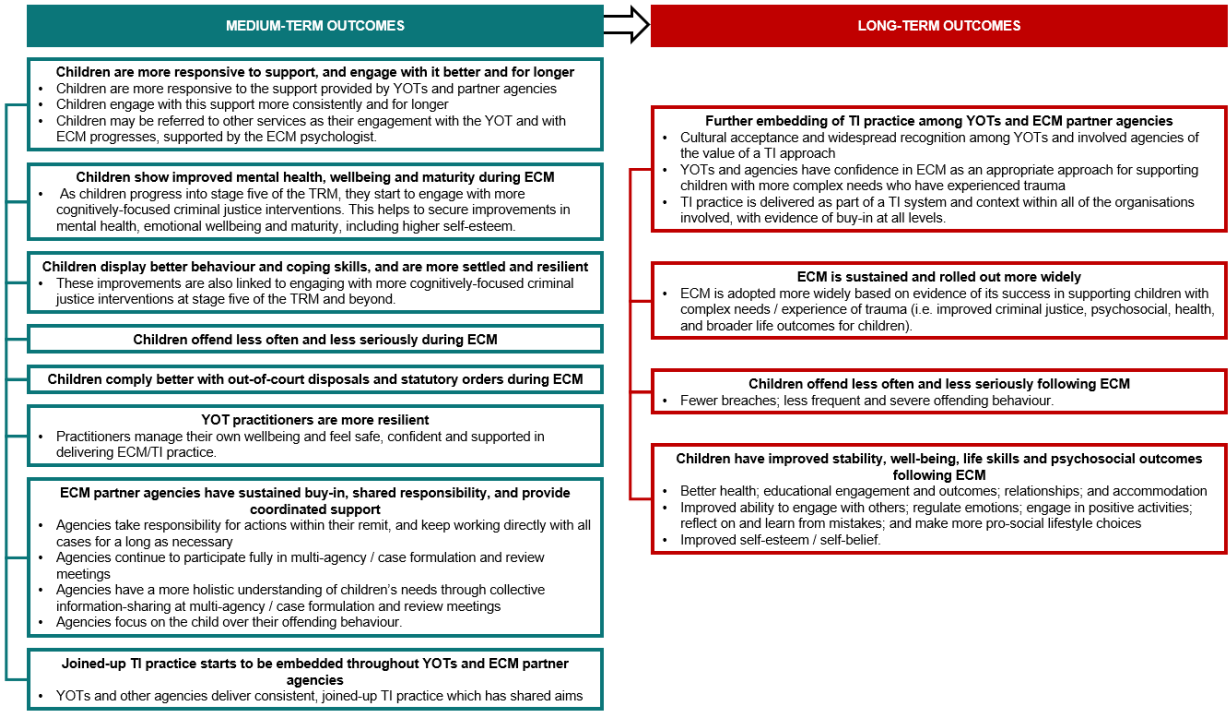
Appendix 1

Overall and detailed Theory of Change for ECM. Produced by Opinion Research Services (2020). The Theory of Change lists ECM's inputs (resources), activities, critical factors, and short-, medium- and long-term outcomes.



INPUTS	ACTIVITIES
ECM literature / documentation • The Trauma Recovery Model (Skuse & Matthew, 2015) • Other academic literature on the TRM / TI approach • Updated ECM practice guidance	**TRM / ECM training** • Training on understanding attachment and the impact of trauma on child development and behaviour • Initial training supported by refreshers and practice review events.
	Profiling and referring to ECM • Profile cases to identify multiple complex needs and ACEs • Follow locally-agreed processes to ensure appropriate referrals in line with ECM criteria.
ECM Psychologist	**ECM case formulation** • Identify relevant agencies and individuals with knowledge of children and their families to participate in meetings • Gather detailed background and developmental information • Identify developmental needs with psychologists' input.
Senior YOT practitioners / ECM leads	**Initial psychologist-led multi-agency ECM case formulation meeting and report** • Psychologist and senior practitioners / ECM leads chair meetings • Map children's history to understand presenting behaviour, producing genogram/family tree and timeline • Agree initial position on TRM to identify and plan appropriate interventions, their sequencing, and which agencies will deliver them • Psychologist produces initial case formulation report: report includes a detailed intervention plan, confirms discussion points and recommendations to be revisited when case is reviewed.
YOT Caseworkers	**Ongoing ECM case review meetings** • Review ECM case progress and share new information • Psychologist gives ongoing advice on case management and intervention content/sequencing in line with need • Update TRM position and revise content, planning and sequencing of interventions in line with it as required • Record progress on ECM monitoring form, AssetPlus intervention plan and case report • Regular case review meetings continue until child no longer requires ECM, the order ends, or they transfer to adult services.
YOT Managers	**Ongoing clinical guidance / supervision for ECM practitioners** • Regular (optional) ongoing one-to-one supervision and ECM case management guidance from the ECM psychologist.
	ECM / TI practice communication • ECM newsletters, updates, case studies, success stories shared with YOTs / agencies, practice review events • Internal processes enable external information flow.
Other agencies working with the child	**Multi-agency advocacy** • YOTs and agencies use shared ECM / TI knowledge to influence and expedite decision-making, encourage attitudinal change, and help secure better outcomes for children.


Critical factor
SHORT-TERM OUTCOMES
YOTs and ECM partner agencies have the framework and language to support consistent, flexible TI practice / ECM delivery within a safe environment
YOT practitioners and ECM partner agencies have improved understanding of children's needs
Better understanding of children's life experiences (events, social circumstances, personal relationships, strength and resilience) and current behaviour
Better understanding of how early attachment and trauma impact on development and mental health.
YOT practitioners and ECM partner agencies have improved trauma knowledge, skills & confidence
Through shared learning, all staff at participating YOTs, other YOTS and relevant partner agencies become more aware of the principles and benefits of ECM and TI practice
Clinical guidance / supervision better supports practitioners to manage ECM cases, develop TI practice, and to minimise the impact of vicarious (secondary) trauma
Use of TI approaches, tools and techniques starts to become embedded into practice
Improved skills to confidently and competently support children with complex needs
YOT practitioners and ECM partner agencies plan and sequence trauma-informed support in line with need and TRM position
Trauma-informed support is correctly planned, sequenced and delivered in accordance with TRM position, children's needs and developmental stage
ECM monitoring forms, case formulation reports and intervention plans are updated fully and promptly after case reviews to evidence appropriate planning, sequencing and outcomes/impacts, focusing on TRM position and progression, changing needs and developmental stage
Interventions and support continue to be driven by the case formulation process / meetings.
YOT practitioners and ECM partner agencies maintain fidelity to ECM and the TRM
ECM referrals meet the agreed criteria
All agencies involved adhere to the ECM guidance
Practitioners deliver progressively improving TI practice whilst maintaining fidelity to ECM and the TRM.
Children and YOT practitioners have stronger and more trusting relationships
As children progress through stages one and two of TRM which focus on building relationships, children become more trusting of caseworkers, feel safe and supported, and are more likely to disclose concerns to caseworkers.


MEDIUM-TERM OUTCOMES
LONG-TERM OUTCOMES
Children are more responsive to support, and engage with it better and for longer
Children are more responsive to the support provided by YOTs and partner agencies
Children engage with this support more consistently and for longer
Children may be referred to other services as their engagement with the YOT and with ECM progresses, supported by the ECM psychologist.
Children show improved mental health, wellbeing and maturity during ECM
As children progress into stage five of the TRM, they start to engage with more cognitively-focused criminal justice interventions. This helps to secure improvements in mental health, emotional wellbeing and maturity, including higher self-esteem.
Children display better behaviour and coping skills, and are more settled and resilient
These improvements are also linked to engaging with more cognitively-focused criminal justice interventions at stage five of the TRM and beyond.
Children offend less often and less seriously during ECM
Children comply better with out-of-court disposals and statutory orders during ECM
YOT practitioners are more resilient
Practitioners manage their own wellbeing and feel safe, confident and supported in delivering ECM/TI practice.
ECM partner agencies have sustained buy-in, shared responsibility, and provide coordinated support
Agencies take responsibility for actions within their remit, and keep working directly with all cases for a long as necessary
Agencies continue to participate fully in multi-agency / case formulation and review meetings
Agencies have a more holistic understanding of children's needs through collective information-sharing at multi-agency / case formulation and review meetings
Agencies focus on the child over their offending behaviour.
Joined-up TI practice starts to be embedded throughout YOTs and ECM partner agencies
YOTs and other agencies deliver consistent, joined-up TI practice which has shared aims
Further embedding of TI practice among YOTs and ECM partner agencies
Cultural acceptance and widespread recognition among YOTs and involved agencies of the value of a TI approach
YOTs and agencies have confidence in ECM as an appropriate approach for supporting children with more complex needs who have experienced trauma
TI practice is delivered as part of a TI system and context within all of the organisations involved, with evidence of buy-in at all levels.
ECM is sustained and rolled out more widely
ECM is adopted more widely based on evidence of its success in supporting children with complex needs / experience of trauma (i.e. improved criminal justice, psychosocial, health, and broader life outcomes for children).
Children offend less often and less seriously following ECM
Fewer breaches; less frequent and severe offending behaviour.
Children have improved stability, well-being, life skills and psychosocial outcomes following ECM
Better health; educational engagement and outcomes; relationships; and accommodation
Improved ability to engage with others; regulate emotions; engage in positive activities; reflect on and learn from mistakes; and make more pro-social lifestyle choices
Improved self-esteem / self-belief.

Appendix 2

Outline of the methodology used in the South West England ECM evaluation.

Activity 1: Re-offending data analysis

Method

AssetPlus is an assessment and intervention planning framework which is used by YJSs to record key information about children's circumstances, family, health, offending and anti-social behaviour, risk, contact with other services, and intervention plans.

We collated YJS-held AssetPlus data from children supported by ECM, and YJB-held AssetPlus data on a sample of children who were not supported by ECM who had similar characteristics, which was drawn from the national youth justice cohort. ORS will track these children using their Police National Computer (PNC) numbers during ECM and for 12-months after the pilot has ended and will analyse this data to cross-compare re-offending between children who were, and were not, supported by ECM.

ORS will complete the matching exercise using the Euclidian Least Squares technique. They will analyse the data using ANOVA techniques.

We also used ECM review reports and meeting notes to explore the re-offending of children who were supported by ECM during the project. This data is grouped and analysed qualitatively, using Excel.

ORS was only permitted to use AssetPlus data from the ECM children who had given their explicit permission for them to do so. Explicit permission was not required from those in the national comparison group.

Timescale

Phase 2: March 2022 - March 2023.

Number of participants / responses

20/37 children supported by ECM; 20 children who were not supported by ECM.

Activity 2: ECM case manager survey

Method

A short, anonymous online survey was devised by ORS and completed by ECM case managers to capture each ECM child's key psychosocial outcomes. The survey comprised mainly closed questions (Likert scales and yes/no options) with some open questions (free text). The outcomes explored on the survey included:

Living arrangements

Relationships with family members / carers

Mental health

Emotional health, well-being, and development, including coping skills; self- esteem; development of a pro-social identity and motivation to desist; self-awareness; empathy; decision-making; self-control (anger management and emotional regulation)

Behaviour and conduct

Communication skills

Willingness to engage in pro-social activities

Ability to develop and maintain social skills

Aspirations and goals

Engagement with and responsiveness to the support provided by the YJS since starting ECM

Access to other services and support since starting ECM

Relationships with the professionals who help to support them (e.g., YJS practitioners, teachers, social workers) since starting ECM

Engagement in learning, education, training, and/or employment (ETE) since starting ECM.

The survey was completed at the end of each child's engagement with ECM. ORS produced cross-tabulations of the closed question data and narrative summaries of the open question data.

Timescale

Phase 1: March 2020 - March 2022.

Number of participants / responses

13 complete or near-complete surveys returned. Two surveys each (four surveys overall) were completed on the same two children, who had been discharged from, and then re-referred onto ECM, due to their repeated offending and continuing support needs.

Activity 3: ARTIC assessment

Method

YJB invited all ECM case managers across the four YJSs to anonymously complete the paper-and-pencil version of the ARTIC assessment at a single time point, towards the end of the ECM pilot. The ARTIC survey measures trauma-informed attitudes and practice among practitioners working with people who have experienced trauma. The survey has 45 questions and takes around 15-20 minutes to complete.

Timescale

Phase 1: January - February 2022.

Number of participants / responses

16/23 complete or near-complete surveys returned.

Activity 4: In-depth interviews with YJS case managers; senior practitioners; ECM psychologists; YJS operational managers; and children supported by ECM

Method

ORS researchers conducted one-to-one interviews with senior practitioners; ECM psychologists; YJS operational managers; psychologists; YJS operational managers; and children supported by ECM. Small group interviews of 3-4 participants were conducted with the case managers (two individual interviews were also conducted at phase 2 with case managers who were unable to attend the group interviews). Tailored, semi-structured topic guides were developed for the interviews. Interviews were undertaken at two time points (mid-way through the pilot, and towards the end of the pilot) so that the evaluation incorporated formative and summative elements.

Due to COVID, all interviews were conducted remotely, over Microsoft Teams, Zoom, or the telephone. ORS provided tablet computers for case managers to use to set up the interviews with children. We analysed the interview data manually using a thematic, content-driven approach.

Staff interviews focused on staff training and supervision; profiling, referrals, and case closure; case formulation and review; intervention planning, sequencing, and tailoring; ECM delivery, facilitators, and barriers; and effectiveness and impact. Children's interviews explored their views on their ECM interventions; their relationships with their case manager; and any changes in psychosocial outcomes they have achieved. YJSs offered each child a £20 shopping voucher for taking part in an interview, and ORS provided them with a certificate of participation.

Timescale

Staff interviews conducted at Phase 1 (October -November 2020) and repeated at Phase 2 (January - July 2022). Children's interviews conducted between November 2021 and June 2022.

Number of participants / responses

Senior practitioner interviews: 4 (2 at Phase 1 and Phase 2). ECM psychologist interviews: 4 (1 at Phase 1, and 3 at Phase 2, although one subsequently withdrew consent, so this data is not included in the evaluation). YJS Operational Manager interviews: 9 (4 at Phase 1, and 5 at Phase 2). Case manager interviews: 5 group interviews at Phase 1 (involving 13 case managers overall); and 6 group and two individual interviews at Phase 2). Case manager interviews: 5 group interviews at Phase 1 (involving 13 case managers overall); and 6 group and two individual interviews at Phase 2 (involving 19 case managers overall). Children's interviews: 8.

Activity 5: Attending ECM operational and steering group meetings; reviewing ECM documents (referrals, ECM monitoring forms, and case formulation and intervention plans); observing a sample of ECM formulation and review meetings (remote); reviewing notes from ECM formulation and review meetings; and reviewing ECM formulation and review reports

Method

ORS attended operational and steering group meetings to understand the implementation of ECM. We reviewed the documentation and observed the formulation and review meetings to understand changes in children's psychosocial outcomes during ECM; children and children's engagement with ECM and with YJSs, and the strength of their relationships with case managers; any harms or negative unintended consequences of ECM; how ECM is being implemented, in line with guidance; the extent to which ECM differs from YJS's business-as-usual approach to supporting children with complex needs; and what barriers and enablers are encountered during ECM's delivery. We analysed the documentation and meeting notes manually, organising it into themes, and structuring it using Excel.

Timescale

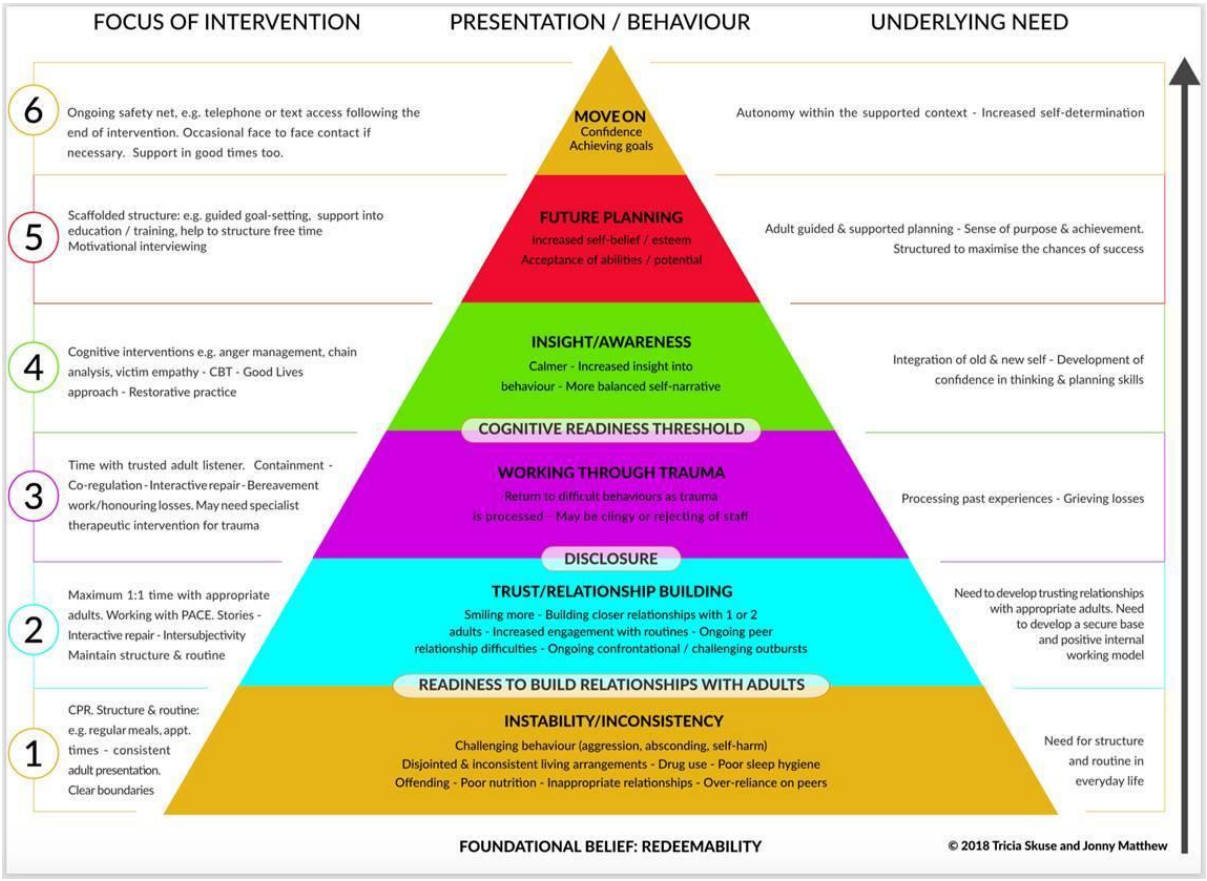
Phase 1: September 2020 - March 2022.

Number of participants / responses

Seven operational group meetings attended. Written update provided for steering group meeting. Notes reviewed from all meetings. ECM documentation reviewed for 20/37 children supported by ECM. Three case formulation meetings and 11 case review meetings observed (remote). ECM formulation and review reports and meeting notes reviewed for 20/37 children supported by ECM.

Appendix 3

The Trauma Recovery Model (updated 2018)



Source: Skuse and Matthew (2018)

List of figures and tables

Figure 1: Case manager's survey responses on changes in children's emotional well-being and development since starting ECM 25

Figure 2: Case manager's survey responses on changes in children's behaviour, skills, aspirations, and goals since starting ECM 26

Figure 3: Case manager's current level of concern with children's psychosocial outcomes 31

Figure 4: Average scores across the ARTIC-45 subscales 34

Figure 5: Child protection registration and child looked-after status among the ECM cohort .. 50

Figure 6: Other social care involvement among the ECM cohort 50

Figure 7: Presence of complex needs among the ECM cohort 51

Figure 8: Presence of ACEs among the ECM cohort 52

Table 1: Numbers of children supported by ECM who transferred to adult services 55

Outline of the methodology used in the South West England ECM evaluation. 78

The Trauma Recovery Model (updated 2018) 82