

Enhanced Case Management (ECM) Project

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**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

South West ECM

- Working across four Youth Justice Services/ Youth Offending Teams – Bristol, N Somerset, S Glos, BANES.
- Started in October 2019 as a Youth Justice Board pilot of the ECM approach.
- Initially for 2 years, extended for 6 months. Trial finished in March 2022.
- Pilot subject to formal evaluation by an independent research company.
- Since March 2022 Project has continued as a Vanguard Pathway under the Framework for Integrated Care. Funding in place until October 2024.
- FCAMHS providing Psychological services – 2 Clinical Psychologists.
- 2 Senior Practitioners
- Referrals by YJS case managers.

How does the ECM Project work?

- Trauma Recovery Model
- Multiagency team formulation meeting
- Consultation offer for non-formulated cases
- Psychology formulation report with recommendations
- Developmentally sequenced interventions; tailored to the individual
- Regular multi-agency reviews
- Clinical supervision and guided reflective practice for YJS practitioners

Sequencing... Doing the right thing at the right time



Case formulations

Psychologist makes sense of each child's story

'Feel the facts'

Forms a common understanding of the child

Support the multiagency network

Make recommendations to support recovery from trauma

Meet the child 'where they are at' rather than 'where we want them to be'
(developmentally informed interventions).

FOCUS OF INTERVENTION

PRESENTATION / BEHAVIOUR

UNDERLYING NEED

6

Ongoing safety net, e.g. telephone or text access following the end of intervention. Occasional face to face contact if necessary. Support in good times too.

MOVE ON
Confidence
Achieving goals

Autonomy within the supported context - Increased self-determination

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Scaffolded structure: e.g. guided goal-setting, support into education / training, help to structure free time
Motivational interviewing

FUTURE PLANNING
Increased self-belief / esteem
Acceptance of abilities / potential

Adult guided & supported planning - Sense of purpose & achievement.
Structured to maximise the chances of success

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Cognitive interventions e.g. anger management, chain analysis, victim empathy - CBT - Good Lives approach - Restorative practice

INSIGHT/AWARENESS
Calmer - Increased insight into behaviour - More balanced self-narrative

Integration of old & new self - Development of confidence in thinking & planning skills

COGNITIVE READINESS THRESHOLD

3

Time with trusted adult listener. Containment - Co-regulation - Interactive repair - Bereavement work/honouring losses. May need specialist therapeutic intervention for trauma

WORKING THROUGH TRAUMA
Return to difficult behaviours as trauma is processed - May be clingy or rejecting of staff

Processing past experiences - Grieving losses

DISCLOSURE

2

Maximum 1:1 time with appropriate adults. Working with PACE. Stories - Interactive repair - Intersubjectivity
Maintain structure & routine

TRUST/RELATIONSHIP BUILDING
Smiling more - Building closer relationships with 1 or 2 adults - Increased engagement with routines - Ongoing peer relationship difficulties - Ongoing confrontational / challenging outbursts

Need to develop trusting relationships with appropriate adults. Need to develop a secure base and positive internal working model

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CPR. Structure & routine: e.g. regular meals, appt. times - consistent adult presentation.
Clear boundaries

READINESS TO BUILD RELATIONSHIPS WITH ADULTS
INSTABILITY/INCONSISTENCY
Challenging behaviour (aggression, absconding, self-harm)
Disjointed & inconsistent living arrangements - Drug use - Poor sleep hygiene
Offending - Poor nutrition - Inappropriate relationships - Over-reliance on peers

Need for structure and routine in everyday life

FOUNDATIONAL BELIEF: REDEEMABILITY

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- Children are progressing through the Trauma Recovery Model over time.
- Providing an evidence-based way of successfully engaging some of our most complex children and young people that have not been well-served by services
- Creating a stable base through consistency, predictability and reliability (anchor points).
- Focus on relationship (intersubjectivity, co-regulation, safe base work, anchor points, PACE approaches).
- Demonstrating trustworthiness to positively affect children's relational templates and encourage engagement.
- YOT case managers have reported increased skills, confidence and effectiveness in their practice.
- Specialist psychological advice around specific issues/difficulties the child may be facing.
- Sentencing by the Courts has been mindful of trauma experiences.

Enhanced Case Management Impact on Children



Enhanced Case Management Impact on the child's professional network

“The granular deep dive into the lives of these CYPS and the clinical notes identified themes, manifestations of behaviour, safety factors, probable risk and ways of supporting/working with these students professionally and having greater understanding of communicating with them.” **Commissioning and Inclusion Manager**

- Positive feedback from partner agencies and stakeholders.
- Good attendance of professionals from agencies at the case formulations and reviews (including Education)
- Enabling better coordination of support across both the YJS and wider services.
- Support for children and professionals during transitions.
- Developing trauma informed knowledge and skills across the team and multi-agency group.
- Psychologically-held professional networks and YJS practitioners
- Positive impact on the ways in which professionals engage with the child – consistency of approach and common understanding of their needs.