

INTEGRATED CASE MANAGEMENT: A HOLISTIC AND COLLABORATIVE APPROACH TO THE CASE MANAGEMENT OF HIGH RISK YOUNG OFFENDERS IN TOWNSVILLE, AUSTRALIA

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ABSTRACT

Integrated Case Management (ICM) is a practice framework implemented at the Townsville North Youth Justice Service Centre (TNYJSC) as a criminal justice response to community perceptions around increased youth offending in the Townsville community. ICM was introduced in March 2017 to address individual, family and criminogenic risk factors specific to Townsville youth offenders and their family network. Fifty young people have been subject to ICM throughout the 18 months since its implementation. The outcomes achieved through this framework are still being formally evaluated to determine the effectiveness of the model and thus benefits to the offenders, their families and the community. The significance of the ICM and its evaluation process is reflected in the factors inherent to this program. These are the commitment of the Queensland state government to developing a shared, holistic and intensive model for the case management of individuals. This objective is, in turn, achieved through culturally-relevant processes and practices from within the community.

I INTRODUCTION

In September 2016 the Queensland Government announced its ‘Five-point plan to reduce youth crime in Townsville’¹ which included the Community Youth Response (CYR). The CYR was announced in response to community perceptions concerning a rise in youth related property offences within the Townsville region between 2015-2016 as well as continued local media coverage portraying youth crime as being ‘out of control’ in Townsville.² The CYR was developed to provide a comprehensive diversion (from detention), bail and sentencing mechanism for young people who are recidivist offenders. The TNYJSC identified approximately 40 young offenders who were recidivists, engaged in high risk activities, assessed through the youth justice risk assessment framework as high to very high of offending, and who were responsible for having committed up to 50%

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¹ Townsville Stronger Communities Action Group, ‘Townsville Stronger Communities’, *Queensland Government* (Web Site, 18 December 2018) <<https://townsvillecommunities.premiers.qld.gov.au/>>.

² Sarah Vogler, ‘Opposition police spokesman Tim Mander labels Townsville Queensland’s unofficial crime capital’, *Courier Mail* (online, 23 May 2016) <<https://www.couriermail.com.au/news/queensland/opposition-police-spokesman-tim-mander-labels-townsville-queenslands-unofficial-crime-capital/news-story/d4aff341e941f75a4c9447fe20592e56>>.

of all juvenile crime in the region. This cohort was, and still is, considered by the community to be causing a high level of disruption to community safety.

As part of the CYR initiative, the ICM within the TNYJSC was implemented in March 2017 to engage and provide intervention to high risk offenders that are subject to supervised court orders. It was considered to be pivotal that multifaceted interventions aimed at enhancing self, parental and community abilities were developed alongside the needs to create informal and formal support networks.³ This rationale reinforces the core organisational structure of the TNYJSC which is a statutory organisation that provides administration and supervision to young offenders on court orders. The aim of the TNYJSC is to address anti-social behaviours through direct interventions and collaborative work with other community-based service providers to overcome the criminogenic risks associated with youth offending.

ICM is a framework that supports collaborative practice, integrated and intensive case management with both young people and their families/carers/kinship members. The ICM was purposefully designed as a targeted intervention to address the multiple factors that impact on significant high risk youth offending, and has been tailored to suit the needs of the Townsville-based cohort. ICM commences with an intensive assessment phase as well as the development of a comprehensive, individually designed, intervention plan to assist in the reduction of risk of re-offending and thus enhance a young person's capacity for pro-social engagement. ICM primarily occurs with the young person and their family in their community. ICM promotes the strengths of each system to facilitate overall behavioural change.

ICM is based on significant research into the multiple determinants that are known to contribute to adolescent anti-social and criminal behaviour. It combines an adaptation of theoretical elements of Multi-Systemic Therapy (in acronym MST),⁴ Good Lives Model (GLM),⁵ Collaborative Family Work⁶ and offence profiling. The combination of these paradigms are intended to address the factors that contribute to high risk offending and anti-social behaviours. Each of these aforementioned elements are equally important to overall outcomes. Thus, the ICM is targeted to reduce the frequency and severity of offending and to improve the strengths and capabilities of young people and families for pro-social functioning.

The use of culturally-appropriate case management assists in decreasing the overrepresentation of Aboriginal and Torres Strait Islander young people within the Queensland youth justice system and in 2016 the former Department of Justice and

³ Tim Moore, Morag McArthur and Vicky Saunders, 'Young people talk about transitioning from youth detention to the community: Making good' (2013) 66(3) *Australian Social Work* 328; Carlos Carcach and Simon Leverett, *Juvenile offending: Specialisation or versatility* (Australian Institute of Criminology, 1999).

⁴ Stephen Butler et al, 'A randomized controlled trial of multisystemic therapy and a statutory therapeutic intervention for young offenders' (2011) 50(12) *Journal of the American Academy of Child & Adolescent Psychiatry* 1220.

⁵ Clare-Ann Fortune, 'The Good Lives Model: A strengths-based approach for youth offenders' (2018) 38 *Aggression and Violent Behavior* 21.

⁶ Christopher Trotter, *Collaborative Family Work: A practical guide to working with families in the human services* (Allen & Unwin, 2013).

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Attorney General took ‘steps to developing a whole-of-government youth justice policy to guide reform to reduce offending, over-representation of Aboriginal and Torres Strait Islander young people; and the high levels of remand and recidivism with the youth justice system in Queensland’ (Department of Justice and Attorney-General, 2015-16). Trauma experienced by Aboriginal and Torres Strait Islander people as a result of past policies and government intervention, displacement and forced separation has had devastating psychological and emotional impacts with many experiencing intergenerational trauma.⁷ ICM applies recognises cultural connectedness as a strong protective factor for young people and families and commits to a partnering with services that are culturally respectful, accessible and promote empowerment and self-determination, valuing the capacity and capabilities of family and community to know best how respond to the needs of their young people.

II THE THEORETICAL FOUNDATIONS OF ICM

ICM is a cohesive adaptation of the nine principles of Multi-Systemic Therapy together with the eclectic application of principles of the Good Lives Model, Collaborative Family Work, the Risk Needs Responsivity framework and offence profiling to specially address criminogenic and social risk factors including education/employment, recreation and leisure, substance misuse, health, attitudes, behaviours and family support outcomes.

Multi-Systemic Therapy (MST) is an intensive, family-focused and community-based treatment program for chronic and violent youth. The evidence-based therapy is goal oriented and aims at helping parents/caregivers manage and nurture their challenging adolescents more effectively.⁸ MST undertakes this by focusing on addressing the antecedents of anti-social or offending behaviours across the complex network of environmental systems.⁹ MST recognises that each system (family, school, peers, and community) play a critical role in the young person’s life. Effective change needs to occur collaboratively within and between these systems. ICM is formulated with this foundation of a collaborative approach and works with similar aspects to MST including combining aspects of cognitive, behavioural and family based therapies.¹⁰

Research has indicated that MST as the most effective intervention to address aggression and delinquency.¹¹ MST has repeatedly been proven to: reduce out of home placements,¹²

⁷ Beverley Raphael, Patricia Swan and Nada Martinek, ‘Intergenerational Aspects of Trauma for Australian Aboriginal People’ in Yael Danieli (ed) *International Handbook of Multigenerational Legacies of Trauma*. The Plenum Series on Stress and Coping (Springer, 1998).

⁸ Butler (n 4).

⁹ Ibid.

¹⁰ Nicola Curtis et al, ‘Dissemination and effectiveness of Multi-systemic Treatment in New Zealand: a benchmarking Study’ (2009) 23(2) *Journal of Family Psychology* 119.

¹¹ Butler (n 4).

¹² Charles Glisson et al, ‘Randomized trial of MST and ARC in a two-level EBT implementation strategy’ (2010) 78 *Journal of Consulting and Clinical Psychology* 537.

improve educational attendance,¹³ reduce re-arrest rates,¹⁴ improve family relationships¹⁵ and functioning,¹⁶ decrease adolescent psychiatric symptoms¹⁷ and decrease substance misuse;¹⁸ all of which are attributing dynamic risk factors of high risk offenders.¹⁹

The Good Lives Model (GLM) is a strengths-based rehabilitation theory with the aim to have clients live a 'good' and meaningful life. It was developed by Ward and colleagues and focuses on strengths and the development of a personally meaningful life away from offending behaviour.²⁰ Through ongoing treatment, offenders are equipped to live a life consistent with their values and priorities. The GLM differs from the Risk-Needs-Responsivity (RNR) theory²¹ in several ways, it places values at the core of rehabilitation, considering an offender's entire life instead of just the circumstances related to the offending behaviour, and in focusing on a holistic treatment approach rather than a list of criminogenic risks and consequent treatments.²²

GLM compliments and enhances the RNR framework of risk management through its insistence that offenders are understood as entire persons with their own priorities and needs in several core life domains.²³ The GLM is a relevant theory too for the underpinning of ICM practice as it focuses goods promotion and risk management which includes hope, early intervention, and equipping youth with the skills and resources to live a positive or

¹³ Tamara Brown et al, 'Multisystemic Treatment of Substance Abusing and Dependent Juvenile Delinquents: Effects on School Attendance at Posttreatment and 6-Month Follow-Up' (1999) 2(2) *Children's Services* 81.

¹⁴ Cindy Schaeffer and Charles Borduin, 'Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders' (2005) 73 *Journal of Consulting and Clinical Psychology* 445.

¹⁵ Scott Henggeler et al, 'Multisystemic treatment of juvenile offenders: effects on adolescent behavior and family interactions' (1986) 22 *Developmental Psychology* 132.

¹⁶ Jessica Asscher, et al, 'A randomized controlled trial of the effectiveness of multisystemic therapy in the Netherlands: post-treatment changes and moderator effects' (2013) 9 *Journal of Experimental Criminology* 169.

¹⁷ Scott Henggeler et al, 'Multisystemic therapy with violent and chronic juvenile offenders and their families: the role of treatment fidelity in successful dissemination' (1997) 65 *Journal of Consulting and Clinical Psychology* 821.

¹⁸ Jane Timmons-Mitchell et al, 'An independent effectiveness trial of multisystemic therapy with juvenile justice youth' (2006) 35 *Journal of Clinical Child and Adolescent Psychology* 227.

¹⁹ Pamela Yates and Drew Kingston, 'Pathways to sexual offending: Relationship to static and dynamic risk among treated sexual offenders' (2006) 18 *Sexual Abuse: A Journal of Research and Treatment* 259.

²⁰ Tony Ward and Bill Marshall, 'Narrative identity and offender rehabilitation' (2007) 51 *International Journal of Offender Therapy and Comparative Criminology* 279.

²¹ James Bonta and Don Andrews, 'Risk-Need-Responsivity: Model for Offender Assessment and Rehabilitation' *Public Safety Canada* (2007) <<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf>>.

²² Tony Ward, Pamela Yates and Gwenda Willis, 'The Good Lives Model and the Risk Need Responsivity Model: A Critical Response to Andrews, Bonta, and Wormith' (2012) 39(1) *Criminal Justice and Behavior* 94

²³ Robin Wilson and Pamela Yates, 'Effective interventions and the Good Lives Model: Maximizing treatment gains for sexual offenders' (2009) 14(3) *Aggression and Violent Behavior* 157.

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‘good life.’ Offending behaviour is viewed as a lack of internal/external resources to obtain “life goods” in personally fulfilling and socially acceptable ways.²⁴

Within ICM, the caseworker and psychologist (if available), use adapted elements of GLM to assist young people and families to construct their goals, set strategies to nurture and promote strengths to overcome the identified obstacles.

In addition to MST and GLM, ICM delivers family-based intervention through collaborative family work. Family functioning and parent-child relationships are important domains considered in the assessment and treatment of young offenders.²⁵ The same parental responsiveness, involvement, and monitoring crucial for child development also impacts adolescent mental health, education, and involvement in the youth justice system.²⁶ Research indicates parental support and monitoring are particularly protective against youth offending, whereas family conflict has a negative influence on criminal behaviour.²⁷ Therefore, a young person with a supportive relationship with family who provide adequate monitoring in a low conflict environment is less likely to have continual involvement in the youth justice system — and will benefit from the protection these family factors provide into adulthood. Consequently, collaborative family work within ICM seeks to intervene in cases where youth offenders are negatively influenced by familial factors.

Collaborative family work requires skilled caseworkers to support the family and young offender with praise, positive reframing and focus on strengths to build capacity for effective problem solving and family functioning. Family work within ICM also focuses on supporting families to develop appropriate care giver disciplinary practices with fair and consistent rewards and consequences to sustain positive behavioural change.

A meta-analysis of studies involving serious youth offenders by Dopp et al found that family-based treatments have a positive effect beyond usual community services and that the positive impact was longstanding — visible even 2.5 years after treatment ended. It is also noted within this research that it is crucial to address familial functioning and risk factors as part of a holistic approach to reducing juvenile offending.²⁸

III FUNCTIONS AND GUIDING PRINCIPLES OF THE FRAMEWORK

ICM is a voluntary framework targeted at young offenders with multiple court matters who are assessed as moderate/high/very high risk across multiple domains of the Youth Level of Service/Case Management Inventory (YLS/CMI), a risk assessment tool utilized within the Queensland youth justice system. Further, the target population are those young offenders with child safety involvement and identified substance misuse issues. There are also noted exclusions to eligibility, namely: psychiatric illness, sexual offenders, those on

²⁴ Mayumi Purvis, Tony Ward and Gwenda Willis, ‘The Good Lives Model in practice : offence pathways and case management, *European journal of probation*’ (2011) 3(2) *European Journal of Probation* 4, 6.

²⁵ Jeffrey Burke et al, ‘The challenge and opportunity of parental involvement in juvenile justice services’ (2014) 39 *Children and Youth Services Review* 39.

²⁶ Ibid.

²⁷ Wendi Johnson, ‘Parent-child relations and offending during young adulthood’ (2011) 40(7) *Journal of Youth and Adolescence* 786.

²⁸ Alex Dopp et al, ‘Family-based treatments for serious juvenile offenders: A multilevel meta-analysis’ (2017) 85(4) *Journal of Consulting and Clinical Psychology* 335.

a detention order for the period of the program and those also subject to adult community-based orders.

The program is delivered on an individualised basis over a 6-to-12 month period, with all young offenders transitioning to a general case management framework at the conclusion of this timeframe. However, it is noted that the timeframe for ICM is continually reviewed and adjustments are made accordingly on a needs-based basis.

At its commencement in March 2017, the Queensland Government funded one team leader, one registered psychologist, five caseworker positions and five family, youth and community resource officer (FYCRO) positions to implement the framework within Townsville. An additional caseworker position was allocated from within the service centre, with additional support from a further two team leaders. Following training conducted by the framework developers, ICM was implemented by the caseworkers and FYCRO's who were allocated no more than five young offenders and their families. The small caseloads are an essential aspect of program integrity to achieve success and allow for integrated and intensive case management to be provided. Overall TNYJSC commenced the program with 30 young people across six caseloads which comprised of 15 female and 15 male young people.

A significant aspect of ICM, was utilising culturally appropriate staff to apply ICM with Indigenous young people and their families. All ICM Staff possess an in-depth knowledge of Indigenous culture and sensitivity to the issues experienced by Indigenous youth. ICM staff are culturally trained and well versed in the traditional owners the Bindal and Wulgurukaba people. The training and overall cultural lens of the program is provided by the Townville Youth Justice Indigenous Reference Group, Midtha Yallorin Binbi-Wadja. The Indigenous Reference Group utilises community connections by working with key Indigenous stakeholders across the community to assist with maintaining cultural appropriateness, developing recommendations within the scope and provisions of youth justice to encourage dialogue between Indigenous community members and the youth and their families. A critical feature of the model is ongoing empowerment of the young people to develop cultural knowledge as a positive aspect toward individual capacity development.

The ICM Program is a cohesive adaptation of the nine principles of Multi-Systemic Therapy together with the eclectic application of principles of Good Lives Model and Collaborative Family work. On commencement an initial, complete and thorough risk assessment for purposes of ICM is undertaken by the caseworker which includes the analysis of historical and current offending in order to develop purposeful and targeted interventions that address the key factors contributing to recidivism.

This assessment phase or 'Finding the Fit' (FTF) is known as the first of the nine principles of the ICM framework. FTF is the assessment that is undertaken to understand the strengths and problematic behaviour within the context of the young person's environment. Assessing all information known regarding family background and environment, peers, substance use, educational/vocational pathways, mental health considerations, personality, attitudes, offending history and trajectories, patterns within offending episodes are incorporated within YLS/CMI risk assessment tool. For each young offender past interventions are examined — what has worked well, what has not and why, and primary intervention pathways identified.

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Principle 2, 'Focusing on the positives and strengths', is an analysis of the protective factors and strengths with potential to mitigate risk. The caseworker and FYCRO emphasise the positives and utilise the strengths of the young offender, family and community as key leverage for positive change. Focusing on individual and family strengths has numerous advantages, such as enhancing existing positive capacity, generating feelings of hope, identifying protective factors, decreasing feelings of frustration and enhancing pro-social problem-solving strategies, commitment and confidence.

Following the identification of strengths, Principle 3 'Increasing responsibility', is utilised to design interventions to promote pro-social and responsible behaviours by young people and family members. Commitment by the caseworker to frequent and sustained contacts enables an opportunity for the young offender and family to demonstrate their own commitment, early identification of stressors and appropriate problem-solving strategies for young people and families to experience success.

Once interventions are defined then Principle 4 is initialised. Principle 4, 'present focused, action oriented and well defined', is the commitment by the caseworker, FYCRO, young offender and family to work together by engaging in weekly family work sessions (1-2 per week) and individual sessions with the young offender (2-3 per week) with additional supported engagement with ancillary agencies. All sessions are targeted at specific issues assessed as primarily contributing to the offending behaviours and enhancing capacity for pro-social engagement and attainment of life goods through positive goal setting. Family members are encouraged to work actively towards goals by focusing on present-oriented solutions. This is assisted by the implementation of Principle 5, 'targeting sequences', and Principle 6, 'developmentally appropriate', which ensure that the interventions target patterned behavioural problems and are developmentally and age appropriate.

Principle 7, 'Continuous effort', is the demonstration of commitment by the caseworker, FYCRO and ancillary agencies to empower and sustain behavioural change. This includes the caseworker implementing the HUB concept. The HUB concept was developed by consultant forensic psychologist and ICM co-developer Mr Alec Jones and is the notion that the caseworker is the primary and most frequent point of contact. The caseworker oversees all referrals, monitoring and ongoing supports of the young offender and their family in their interactions with ancillary agencies. The purpose of this is to provide the young offender and their support networks with the confidence to access services and develop and build on their life skills in independent help-seeking behaviour and community engagement.

Through the use of Principle 8, 'Evaluation and accountability', ongoing evaluation of the interventions is undertaken on a regular basis by the caseworker by assessing changes in relation to changes in functioning, overall wellbeing, engagement, offending, court appearances and adherence to order/bail requirements. This information and feedback from families and young offenders are recorded as part of the youth justice review process and is used to inform and assess the family/young offender's perception of effectiveness, particularly in regard to family interactions, intervention effectiveness and family functioning/capacity. The YLS/CMI also identifies changes in risk across the 8 risk domains/42 strongest predictors for general offending recidivism.

Overall, Principle 9, 'Generalisation', is that ICM is designed to promote capacity for the young offender and their family to resolve issues, seek supports and develop capacity for appropriate behavioural regulation after the intervention period.

IV CONCLUSION: CLIENT AND PROGRAM OUTCOMES

ICM as part of the CYR in Townsville is currently undergoing a formal evaluation process by way of Standardised Program Evaluation Protocol (SPEP), an evidence-based evaluation system that allows for the program effectiveness in reducing recidivism to be compared to a data base of similar services and programs. SPEP findings for Townsville are expected to be released in early 2019. There are current formalised evaluated SPEP outcomes for the Caboolture ICM Program which examined three main areas - cognitive behavioural therapy, family counselling and mentoring. It was determined that Cognitive-behavioural Therapy had a program optimisation percentage (this is the number of how this element compares to services with similar effectiveness) of 76%, Family counselling has a program optimisation percentage of 69% and Mentoring has a program optimisation percentage of 67%. This indicates that all three classified primary service types are strongly correlated with the characteristics of effective programs and that this program results in recidivism reduction.

It is henceforth, hypothesised that there will be some favorable findings in relation to a reduction to offence frequency and offence seriousness. To date some informal recognised outcomes from the Townsville ICM program include an increased motivation by some young people to engage in therapeutic, mental health and community based interventions, an increase in re-engagement of educational and vocational-based interventions by some young people, improved stakeholder relationships, collaboration and coordination within the community to support young people, improved engagement with Youth Justice by some families and young people demonstrated by being more pro-active, having more frequent contact with Youth Justice, more ownership in the intervention plan and a general willingness to engage, and increased family functioning by some of the families, through the building of effective problem solving skills resulting in different coping strategies to stress and positive conflict resolution outcomes.

In terms of service delivery, ICM is much more than just a framework, it is an effective method of building capacity of young offenders and their families. ICM is a framework that supports family and community networks to support young offenders and strives to develop partnerships across community and non-government agencies that can enhance a systematic response to recidivist young offenders in Townsville. It is hoped that ICM will provide the outcomes that will assist in meeting the Townsville community's expectations and contribute positively to community safety efforts.