

Summary Report | Evaluation of Intensive Case Management

Department of Children, Youth Justice, and Multicultural
Affairs

10 February 2023



Nous Group acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of country throughout Australia. We pay our respect to Elders past, present and emerging, who maintain their culture, country and spiritual connection to the land, sea and community.

This artwork was developed by Marcus Lee Design to reflect Nous Group's Reconciliation Action Plan and our aspirations for respectful and productive engagement with Aboriginal and Torres Strait Islander peoples and communities.

Disclaimer:

Nous Group (**Nous**) has prepared this report for the benefit of Department of Children, Youth Justice, and Multicultural Affairs (the **Client**).

The report should not be used or relied upon for any purpose other than as an expression of the conclusions and recommendations of Nous to the Client as to the matters within the scope of the report. Nous and its officers and employees expressly disclaim any liability to any person other than the Client who relies or purports to rely on the report for any other purpose.

Nous has prepared the report with care and diligence. The conclusions and recommendations given by Nous in the report are given in good faith and in the reasonable belief that they are correct and not misleading. The report has been prepared by Nous based on information provided by the Client and by other persons. Nous has relied on that information and has not independently verified or audited that information.

© Nous Group

Contents

1	Introduction.....	3
2	Recommendations for future improvement.....	4
3	Key findings.....	5
3.1	Effectiveness.....	5
3.2	Appropriateness.....	7
3.3	Implementation.....	9

1 Introduction

Youth crime impacts community safety and the long-term wellbeing of young people who enter the youth justice system. Chronic offenders are those that engage in persistent offending behaviour throughout childhood, which often continues into adulthood. In Queensland, 33% of all crime is committed by chronic offenders despite only making up 11% of the cohort.¹ The Intensive Case Management (ICM) Program² was designed to offer an evidence-based practice model to work with young people who either in this highest offending category or likely to escalate their offending into it.

ICM forms an important part of the 'reduce re-offending' pillar of the Queensland Youth Justice Strategy, which aims to keep communities safe. It has been purposefully designed as a targeted program to address the multiple factors that impact on chronic juvenile offending, including problematic substance use. It also aims to enhance family and kinship connections and promotes engagement in educational and training initiatives.

ICM began as a pilot in Caboolture in 2013-14 to provide Queensland with an evidence-based practice model to apply to young people involved in high rates of offending. The initial iteration of the program drew on the principles of Multisystemic Therapy (MST) and Collaborative Family Work (CFW) to guide the practice model and approach. It also included detailed offence profiling to better understand patterns in offending behaviour and causal links. The model evolved in 2017 with the addition of the Good Lives Model (GLM), which coincided with the rollout of ICM to six additional Service Centres. The model evolved again in 2020 with the incorporation of the Strengthening Families Protective Factors (SFPF) framework.

This Report is a shortened version of an evaluation of ICM conducted in 2022. The Youth Justice Service Centres in-scope of the evaluation were Redcliffe, Brisbane North, Logan, Gold Coast, Cairns and Rockhampton, which commenced ICM at similar periods, as well as Caboolture as the pilot location. The time period in focus for this evaluation was 2018 to 2022 to provide a current assessment and build on the work of previous evaluations.

The theory of change for the ICM model is that young people with higher levels of offending require intensive, family-led, and therapeutic approaches to help change patterns of behaviour for them and their siblings. ICM was designed to target high-risk young people aged 10-17 years with a high intensity of cognitive behavioural therapies, youth support and family work sessions. The interventions were informed by detailed criminogenic and systems analyses.

The evaluation aimed to provide clarity on the role of ICM in Youth Justice through better understanding the Program's success. The primary objectives of the evaluation include to:

- Determine if the ICM Program is appropriate as a practice framework for Youth Justice
- Assess the program implementation to understand what factors are required to offer ICM successfully
- Help the Department understand the extent to which the ICM Program has been an effective intervention in achieving its aims (reducing and preventing future adolescent offending)
- Understand and communicate the value of the ICM Program to inform future funding priorities, expansion of the program and new program design
- Gather information that can help demonstrate the likely economic impacts and cost efficiency of the program.

The purpose of this document is to provide a summary of the recommendations for the future improvement of ICM and key findings regarding the program's effectiveness, appropriateness, and implementation. A separate, detailed evaluation report provides rationale for each of the recommendations and evidences all findings with quantitative and qualitative analyses. This summary

¹ Queensland Government Statistician's Office, Queensland Treasury, Youth Offending, 2021.

² Note: At the time of commencing the evaluation, the program was called Integrated Case Management. It has since changed to Intensive Case Management.

report, together with separate documents – a One-page Infographic and an Outcomes Presentation – provide high-level summaries of ICM and its value.

2 Recommendations for future improvement

The recommendations for improvement of the ICM Program presented in Table 1 are grouped by four categories: program investment and reach; program design; program enablers and cultural oversight. Rationale for each of the recommendations can be found in the complete Evaluation Report.

Table 1 | Summary of recommendations

Program investment and reach – maximise the use of ICM with high SROI youth and families	
Recommendation 1	Invest to expand the reach and capacity of the ICM Program into additional Youth Justice Service Centres to work with a greater number of youths assessed as high-risk (and high SROI)
Recommendation 2	Ensure ICM is appropriately funded to ensure teams have and retain the capacity to deliver the model (including therapeutic elements) with fidelity and intensity.
Recommendation 3	Invest in greater program management capacity to support the growth and practice dimensions of the model
Program design – preserve the program intent and strengthen it into the future	
Recommendation 4	The ICM Program design and objectives should be retained
Recommendation 5	Establish a 3-month maximum timeframe to onboard new clients to reduce instances of inappropriate service level and inefficiency
Recommendation 6	Review program service delivery and intensity to confirm the program is supporting female young offender in ways that are consistent with evidence.
Recommendation 7	Clarify the model as it relates to young people facing periods of detention during the program
Program enablers – deliver both the practice and program elements	
Recommendation 8	Provide more regular training opportunities through a combination of resources
Recommendation 9	Develop an outcomes framework that establishes ways of systematically understanding family and system gains
Recommendation 10	Consider the ongoing role and format of the Community of Practice
Cultural oversight – enhance the cultural competency of ICM	
Recommendation 11	Pair an investment in identified positions with additional cultural training
Recommendation 12	Proactively include the Youth Justice Cultural Unit in cultural oversight of the program

3 Key findings

High-level findings from the evaluation that address the objectives outlined in section 1 are presented in Table 2. They are a summation of many more granular findings that emerged from the data analytics and consultation streams of the evaluation which addressed the key lines of enquiry. The following sections 3.1-3.3 delve deeper into some specific findings across the effectiveness, appropriateness, and implementation lines of enquiry. All findings to emerge from quantitative and qualitative analyses were triangulated and tested with stakeholders.

Table 2 | Summary of high-level findings

Finding 1	The ICM Program is an appropriate model to be used in Youth Justice Service Centres, as it offers an effective case management approach for high-risk young people and families
Finding 2	The ICM program model was regarded as being culturally appropriate, particularly for First Nations families
Finding 3	ICM was well-implemented and understood across sites, which led to a high level of model fidelity
Finding 4	The ICM Program is more effective than alternative Youth Justice approaches in reducing offending among the more serious offending cohort
Finding 5	Qualitative evidence suggests the ICM Program was effective in achieving outcomes at the family and systems level
Finding 6	The reductions in reoffending from the ICM Program yield strong, positive economic benefits for the criminal justice system and broader society

3.1 Effectiveness

The benefits of ICM are multi-layered. The overall aim is reduced reoffending and secondary outcomes include early intervention with siblings, improved family functioning, system gains and strengthened protective factors. Each of these outcome areas is described below.

- **Reduced reoffending** – reduced frequency and severity of offending
 - Over 40% of the ICM cohort have not reoffended at all since completing the Program, some for over 3 years.
 - ICM reduced the 6-month reoffending count by 51%. This is a 22% greater reduction than the comparison cohort (29%) of youth receiving alternative supports.³
 - Amongst the ICM cohort was a 72% reduction in the proportion of ‘crimes against the person’⁴ – a 59% greater reduction than the comparison cohort (13%).⁵

³ This was the median outcome.

- **Early intervention with siblings** – decreased risk profile of siblings, potentially diverting them from the youth justice system
- **Improved family functioning** – enhanced parental capacity and home environment
- **System gains** – changed access to government services, including improved engagement with or independence from.

ICM is more likely to contribute to a reduction in reoffending frequency and severity than other Youth Justice supports

The change in the number and severity of offences from 6 months pre-program to 6 months post-program was used to calculate the reduction in frequency and severity of offending. The difference between the ICM cohort and a comparison cohort of Youth Justice clients that received alternative supports isolated the marginal effect of ICM participation.

ICM reduced the 6-month reoffending count by 51%. This is a 22% greater reduction than the comparison cohort (29%) of youth receiving alternative supports.⁶

Over 40% of the ICM cohort have not reoffended at all since completing the Program, some for over 3 years.

Therefore, ICM yields superior offending frequency reduction outcomes in the short term, but also has a lasting impact. These results are highly consistent across Service Centres. However, the magnitude of reduced counts of offending was much larger at Service Centres with higher risk profiles (e.g. Brisbane North). Therefore, ICM is most valuable to those with higher risk cohorts, which aligns with the Program's intent and the views of stakeholders.

Not only did ICM greatly reduce the frequency of offending, but any offending that persisted was likely of a much lower severity. Amongst the ICM cohort was a 72% reduction in the proportion of 'crimes against the person' – a 59% greater reduction than the comparison cohort (13%).⁷ The overall trend of shifting to less severe forms of offending was visible across all Service Centres.

The combined reduction in frequency and severity of offending from pre to post (6 and 12 months) indicates ICM is having a highly positive and sustained impact. In order to be achieving these superior outcomes, the emphasis of ICM is either more effective in addressing underlying causes of offending and/or changing attitudes or patterns of behaviour in youth than other Youth Justice supports.

The reductions in reoffending from the ICM Program yield strong, positive economic benefits for the criminal justice system and broader society

There were 90 ICM Program clients that started and completed their ICM Program between FY19 and FY22. The approximate cost of the ICM Program over this period across the seven Service Centres was \$7.4m. The largest economic benefit of reduced reoffending frequency and severity was to the criminal justice system, which ranged from \$8.1-15.7m (benefit-cost ratio: 1.1-2.1). The economic benefit increases to \$9.8-19.1m when considering the wider societal benefits of reduced reoffending (benefit-cost ratio 1.3-2.6). Societal benefits considers that individuals and society subject to crime experience economic loss through some form of harm or damage.

There is a positive cost-benefit to the justice system and society of \$9.8-19.1 million, when considering losses incurred in the community when subject to crime.

³ Crimes against the person includes breach of bail, common assault, break and enter, theft and armed robbery.

⁵ This was the median outcome.

⁶ This was the median outcome.

⁷ This was the median outcome.

It is important to note these results are not inclusive of all benefits and costs realised by the ICM Program. Benefits of ICM that could not be quantified were early intervention with siblings, improved family functioning and system gains. Costs that could not be quantified included Service Centre overheads used but not funded through ICM, the costs borne by external service providers in supporting the delivery of the ICM Program, and the 'replacement costs' incurred by society for publicly funded services taken up by clients that would otherwise not have been accessed during periods of detention.

Qualitative evidence suggests the ICM Program was effective in achieving outcomes at the family and systems level, however failed to systematically track these benefits

Feedback from staff, young people, and their families revealed the ICM Program was greatly beneficial to improving family functioning and achieving gains within government systems. The evaluation heard many examples of how the strengths-based and family-led approaches empowered families and brought them closer together. Through the 'Hub' approach to case management, ICM families built trusted relationships with service providers, which encouraged them to access the right support in times of need. The evaluation also heard several examples of families improving greatly and becoming independent of service interventions or government support altogether. For example, no longer requiring Child Safety involvement. The ICM Program also offered staff an opportunity to intervene early with siblings of the primary young person who are often at risk of pursuing a similar offending trajectory. However, a lack of systematic tracking of secondary outcomes meant it was not possible to quantify the extent of the gains made at the system and family levels.

YLS/CMI ratings offer some quantitative insight into the changing risk and protective factors at the family and system levels. The two domains that saw positive improvements across the ICM cohort were 'family circumstances' and 'education and employment'. The improvement across both domains was greater in the ICM cohort than the comparison cohort. This indicates the ICM Program has a positive impact on family functioning and system gains. It also reveals that the offending outcomes achieved by ICM may be achieved through more 'primary' areas like family, education and employment.

3.2 Appropriateness

The ICM Program aligns with the Youth Justice Strategy and offers an evidence-based way of working with high-risk young offenders in Queensland

The key framework that guides the Department's work is the *Working Together Changing the Story: Youth Justice Strategy 2019-2023*. The ICM Program supports the Youth Justice Strategy in its overall aims to keep Queenslanders safe in their homes and communities. It does so by reducing reoffending and early intervention with siblings of high-risk offenders. The Program is a tailored and intensive response to the complex, multi-faceted profile of chronic youth offenders and their families. The Program seeks to identify young people most at risk of reoffending, assess their circumstances, tailor service responses to address the multiple causes of adolescent offending, and coordinate uptake of these services.

Most offending is attributed to a small group of highly recidivist individuals, often tracked through the Serious Repeat Offender Index (SROI). In Queensland, chronic youth offenders make up only 11% of the cohort but are responsible for 33% of all crime.¹ ICM targets this group of young people with a level of support significantly greater than what can be offered through what is often called 'general casework' or is otherwise available through Youth Justice Service Centres in Queensland. Cognitive behavioural therapies, youth support and family work sessions with wraparound support from external agencies is the core logic behind the program and what makes it a novel approach in the Queensland youth justice context.

The ICM Program is appropriately designed and delivered to achieve reductions in youth offending

The design of the ICM Program is consistent with proven good practice features for effective youth offending reduction programs. Three key features that were important to the success of similar programs and present in the ICM Program were:

- Collaborative case management founded on positive relationships between caseworkers, the community, and police.
- Strengths-based approach to case management that addresses educational, employment, accommodation, health, social and family needs.
- Service-need fit for a sound case plan tailored to the individual's criminogenic need.

Young people and families in the ICM Program are complex, often with histories of intergenerational criminality, trauma, substance abuse, Child Protection involvement, antisocial attitudes, cultural diversity and a large size. The ICM Program's collaborative HUB approach to case management wraps support around the young person and family and through strengths-based practices, evolve from passive engagement to becoming empowered and proactively leading case management. The voluntary nature of the program and the involvement of family and community is culturally responsive and appreciated by young people and their families. A focused caseload of 5 clients gives teams time to deliver a high level of service to each.

Queensland Youth Justice is the most appropriate stakeholder to deliver the ICM Program. The Department is:

- Appropriately skilled and possessing the risk tolerance to work with the target cohort
- Well-connected with external stakeholders across Queensland fostering the right therapeutic alliances
- Aware of the target cohort through previous engagement in general casework.

Funding arrangements were insufficient to deliver the ICM Program in its own right, which challenged upholding model fidelity

The core delivery team of the ICM Program is made up of a Case Manager, Youth Worker and in many instances a cultural support (ISSO or IFYCRO). They are responsible for delivering a high dosage of interventions each week. However, the Youth Workers and cultural supports involved in the ICM Program are mostly funded through existing site resources and attempt to balance ICM with general casework. This creates a dependence that challenges delivery of ICM and overburdens select staff.

Leadership and management personnel that oversee the ICM Program and provide support to the core delivery teams are also insufficiently staffed. Team Leaders offer supervision and support to Case Managers but are also stretched across general casework. The Program Manager who provides practice leadership and delivers internal ICM training is stretched across all Service Centres. There is an over-reliance on a single Program Manager for practice leadership and training in a decentralised model of governance in a program that continues to expand across Queensland.

However, the biggest capability shortfall in the ICM Program is a lack of cultural capacity in the core delivery teams. 66% of young people in the ICM Program identified as First Nations, which means the Program is primarily for First Nations peoples. The Program would benefit from a greater proportion of identified staff who are critical to building rapport and effectively engaging their own. Currently there is an over-reliance on identified staff to lead engagements with First Nations peoples and often operate outside their scope to help. The resourcing model would benefit from greater identified staff and better compensation for those bringing additional value through cultural lived experienced.

Reporting processes are in line with broader Youth Justice requirements but could be more systematic in capturing the full range of Program outcomes

In line with statutory case management framework, clients engaged in the ICM Program are subject to regular reviews of YLS/CMI Risk/Needs Assessment which remain current throughout the Program period. Through case noting of every client, family and HUB contact, data is available to monitor the degree to which model fidelity is upheld, for example the number of contacts per client per week, attendance rates, and the specific content of individualised offence-focused sessions. Youth Justice also collects offending data on all clients, which informs the offence profiling and allows for changes in offending patterns to be quantified.

The benefits of the ICM Program are multi-layered and current reporting processes fail to capture the full range of benefits. Secondary program outcomes including improved family functioning, early intervention with siblings, and system gains are not systematically captured. These secondary benefits have the potential of being significant (e.g. diverting a younger sibling from the 'system' or reducing the need for Child Safety involvement with a family) to the overall outcomes achieved by clients and the economic benefits of the Program. Future reporting processes should seek to balance comprehensive outcome tracking with additional administrative burden.

3.3 Implementation

The purpose and strategy of ICM was well-understood and implemented across Service Centres

Staff from all Service Centres understood the foremost purpose was to reduce the frequency and severity of offending and that it was a targeted intervention reserved for the most high-risk, chronic youth offenders. Feedback revealed the program purpose was well-communicated to staff at all levels throughout program iterations and further rollout over time. This understanding of program purpose was held why cognisant that the strategy was to work with the family unit more broadly. Staff understood young people to be the key client, but that there was value in upskilling parents and intervening early with siblings as family-level risk factors had the potential of becoming protective factors.

Fidelity of the ICM model was largely maintained across Service Centres, with some gradations in overall maturity

All sites used YLS/CMI ratings and systems analysis to assess eligibility and suitability for the ICM Program, with some also considering SROI to further narrow down the pool of potential candidates. An average successful referral rate of 87% suggested there was a good understanding of the specific eligibility and suitability criteria across Youth Justice staff broadly. Most ICM clients had high or very high overall risk ratings, which aligned with eligibility criteria. Staff also noted the importance of a willing parent or guardian to effective program delivery. Some Service Centres, particularly those with a high proportion of high-risk clients, used SROI to further qualify their referrals. The median SROI of all ICM clients was 5.8, which meant about half have had a high (6+) SROI and part of the 'collaborative response cohort' deemed most suitable for ICM.

Intervention plans were informed by offence profiling and updated based on feedback from clients and external stakeholders. Practitioners from all sites highly valued thorough offence profiling to identify trends in frequency and severity of offending, family history, triggers, motivators/criminogenic needs, protective factors/strengths, what worked well and not so well with the young person. The Good Lives Model Needs Matrix provided a useful lens for case managers to create effective and targeted plans that addressed the underlying need for offending. Most Service Centres were able to demonstrate a collaborative approach to developing case plans that drew on the feedback of families and external agencies forming the 'hub'. This informed, holistic approach aligned with the Program's design.

Most Service Centres were able to deliver the specified dosage of interventions while operating in a culturally responsive manner. ICM is a high intensity model specifying a minimum of 4 offence-focused,

family work and youth support sessions per week. Redcliffe, Caboolture and Logan were delivering the highest number of interventions per week. However, the evaluation found an inverse relationship between the number and duration of individual interventions delivered. Therefore, the approach to how time is spent with clients varies in this manner. Teams that used culturally-specific frameworks and were flexible to the needs of the young person and family created a culturally safe and responsive environment for clients. Innovations such as Tree of Life which spawned from Cairns and the Tautua program used in Logan were highly engaging and fulfilling for clients and have the potential for greater uptake at other Service Centres.

Service Centres largely adhered to the caseload and timeframe requirements specified by the model. The main challenge to adhering to the reduced caseload of five was pressure to take on more clients during busy periods for general casework. Some ICM Case Managers noted that caseloads have at times stretched to six or seven. On average, ICM clients spent nine months in the Program, which was less than the 12-month maximum timeframe. Therefore, despite some reports of slow initial onboarding phases, teams were mostly able to progress clients quickly enough for them to complete the Program within the required timeframe.

Current reporting processes are not consistently adhered to, which has led to incomplete and inaccurate data records. Service Centres differed in the extent to which they captured interventions delivered in 'the spreadsheet' (the template for all ICM teams). Most noted it to be overly burdensome and some teams had their own record-keeping processes. Instances of data loss and poor file management was detrimental to the accuracy of most program data.

Successfully implementing the model required several program and practitioner-level factors

ICM teams identified common program-level success factors critical to implementing the ICM model. Since the Program is dependent on existing site staff to deliver the program, the whole office must see the value of ICM and support its delivery. This meant providing case managers the resources to enact the model as intended, as well as respecting the reduced caseload and autonomy required. Additionally, ICM teams viewed the community of practice as an important opportunity for Service Centres to share best practices and support their peers in what is a highly demanding role. Finally, regular internally and externally delivered training opportunities were viewed as a valuable for capability uplift and ensuring more than one caseworker was trained on ICM to ensure continuity of service to clients in the event of turnover or leave in the ICM Case Manager position.

The ICM Case Manager's skills and experience were critical to how well they could implement the Program. One of the most important skills is being able to develop relationships. Building relationships with clients and external service providers was extremely important to establishing trust and a collaborative approach to case management. This required prior experience working with families, confidence in practice, and a high cultural competency given the high proportion of First Nations clients. A maturity of practice and experience working with families was critical to building rapport with Youth Justice clients and their families who are often sceptical of institutions and ICM staff, particularly in the early stages of engagement. Fostering a therapeutic alliance with external service providers was key to supporting clients during and beyond the ICM program. Therefore, hiring the right caseworker for ICM is critical to the Program's successful implementation.

The main barriers to program implementation stemmed from recruitment, retention and funding challenges

The ICM model revolves around the Case Manager, which means program implementation ceases when this role is vacant. Turnover in the Case Manager position was high at Gold Coast and Cairns, which led to disjointed periods of case management for clients and potentially transitioning back to general casework. The required skill level for an ICM Case Manager to successfully enact the model is high, which makes recruitment challenging especially in regional locations such as Cairns and Rockhampton where there less access to the required talent. Therefore, the effect of poor retention is exacerbated at regional locations where finding suitably skilled practitioners is difficult. Implementation was also challenged by inconsistent and insufficient funding. Currently, the headcount required to enact the ICM model as intended is not

sufficiently funded through ICM alone. Additionally, periods of funding cessation were detrimental to program implementation as ICM teams were disbanded (e.g. Brisbane North) and returned to general casework. Sufficient and reliable funding will help to address the recruitment, retention and funding challenges experienced.