De-escalating Interventions for Troubled Adolescents

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Summary

- This report summarises evidence about the potential for de-escalating interventions in the lives of troubled adolescents. It draws on research and evidence from youth justice, mental health services and social services, gathered through an expert workshop and one-to-one discussions.

- Experts favour de-escalating interventions but acknowledge that this will not always be appropriate in the most severe cases, and that approaches may need to vary from one service to another. De-escalating interventions for some young people can free up specialist resources for those with the greatest needs.

- Labelling adolescents as 'offenders' or 'mentally ill' can reinforce anti-social behaviour, and stigmatise young people with complex needs.

- While there is appetite for de-escalating interventions, there are practical challenges to doing so. These include increased demand from parents and schools for referrals to mental health services; instability caused by short-term placements; and welfare reforms and spending cuts which are placing increased financial burdens on families with complex needs and on service providers.

- Services need to work together more effectively. Adolescents with complex needs have contact with a range of professionals (including social workers, schools and youth justice teams) who need to communicate and work together to identify and address issues at an early stage.

- Professionals need to be equipped to manage the risks associated with lower level interventions. Many are understandably risk averse and targets create incentives to escalate interventions. Combined risk assessments can provide a way of reaching joint decisions on appropriate levels of intervention.

- There is a need for more evidence about the effectiveness of minimal intervention strategies.

- De-escalating interventions is not always about doing less. It can mean doing things differently in order to use existing resources in a more timely and effective manner. This may include refocusing interventions so that they are tailored to the circumstances of individuals.

Introduction

The Minister for Health and Social Services asked the Public Policy Institute for Wales (PPIW) to provide advice on the scope for minimising or de-escalating interventions in the lives of troubled adolescents.

To address this, we reviewed existing research and held bilateral discussions with experts from youth justice, mental health services and social services to scope the main issues. We then convened an expert workshop in January 2016 with researchers, practitioners and Welsh Government officials with expertise in these areas (see Annex 1 for a list of participants). The aim of the workshop was to explore the evidence and potential for introducing lower level interventions in adolescent mental health and social services, and to identify lessons from approaches adopted in the area of youth justice. Following the workshop, we carried out further discussions with experts that allowed us to identify additional relevant studies.

This report begins by setting out the context for de-escalating interventions. It then summarises the main conclusions from the expert workshop and additional research that was carried out. The findings are presented thematically, drawing on the evidence and lessons from youth justice, mental health and social services.

Context

Youth justice services

In youth justice, de-escalation strategies aim to address underlying causes of crime through ensuring young people have the right help and support before they go on to develop more entrenched attitudes and behaviour. This approach involves different agencies working in partnership to ensure the needs of young people at risk of entering the system are identified at an early stage. These initiatives are child-oriented and needs-led, treating troubled adolescents as 'children and young people first, offenders second' – an approach that has underpinned strategy in Wales since 2004 (Welsh Government and YJB, 2014a). There is a growing evidence base to suggest that minimal intervention initiatives are effective in diverting adolescents from entering the formal youth justice system, and reducing reconvictions (Haines et al., 2013; Levi et al., 2014).

Adolescent mental health and social services

In contrast to the picture in youth justice, adolescent mental health and social services have come under increasing pressure to intervene in the lives of troubled adolescents. For example, referrals to Child and Adolescent Mental Health Services (CAMHS) in Wales more than doubled between 2010 and 2014 (NAfW, 2014). Many of the young people assessed were not found to be in need of highly specialist interventions, suggesting that there may be opportunities for lower level interventions to support the emotional mental health and wellbeing of young people. In turn, this could free up resources for those with the most severe needs. In response to this, the multi-agency *Together for Children and Young People* (T4CYP) service improvement programme, led by NHS Wales, has been established to improve the services provided to young people. It aims to improve the resilience of all children and young people; provide support for young people at the 'front end' to prevent issues escalating to a stage where mental health, or other services such as youth justice and social services, intervene; introduce separate care pathways for those with neuro-developmental conditions; and ensure those children with mental illness get rapid access to the support they need. (The Public Policy Institute for Wales has recently published two separate reports (Carter-Davies, 2015; Banerjee et al., 2016) on effective pastoral support in schools and approaches to increasing children's emotional resilience)[1].

Support for De-escalating Interventions

Overall, participants in the expert workshop favoured de-escalating interventions for troubled adolescents. However, they recognised that this will not be appropriate for all individuals – particularly those with the more severe problems – and that needs can vary from one service to another. Agencies working with young people should therefore consider the specific needs of the individual, and assess whether minimal interventions are appropriate.

Normalising behaviour and avoidance of labelling

There was a common recognition that the labelling of adolescents by the systems they have contact with (for example, as 'offenders' or 'mentally ill') could be damaging over the long-term. Labelling theory suggests that adolescents are likely to self-identify with the labels they

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[1] See http://ppiw.org.uk/ppiw-report-publication-effective-pupil-support-in-secondary-schools/ and http://ppiw.org.uk/ppiw-report-publication-promoting-emotional-health-well-being-and-resilience-in-primary-schools/

have been given, which can then become self-fulfilling and cause harm (see Becker, 1963; Goffman, 1963).

In support of minimising interventions in mental health services, experts thought it was important to highlight the consequences of inappropriate referrals. As well as the potential harm and stigma caused to adolescents being labelled as 'mentally ill', there is also frustration for adolescents who have been sent down a route that does not meet their needs, and harm for those with severe mental health problems that are not treated early enough because of the strain on the system.

In order to avoid young people who do not need its services being referred to CAMHS experts suggested:

- Supporting non-mental health professionals to recognise emotional and social needs so young people can receive support at the earliest possible opportunity;
- Embedding emotional resilience and coping mechanisms in schools (see, for example, Donaldson, 2015);
- Normalising the lower level emotional and social instability of adolescent behaviour rather than medicalising it; and
- Reforming the referral systems to reduce chances of inappropriate referrals.

While there was consensus around the benefits of not labelling young people, experts also suggested that there is a step missing between the extremes of 'medicalising'/'criminalising' young people and 'normalising' their behaviour. One suggestion was that inappropriate behaviour, though considered unacceptable, could be recognised as normal, and something that many young people grow out of.

Tackling root causes: deprivation and the 'toxic trio'

Experts discussed whether there was a need for more attention to be given to the role of deprivation, and the extent to which it relates to the 'toxic trio' of domestic violence, drug abuse and mental health problems.

There is a growing body of evidence that has identified the long-term harms resulting from chronic stress in childhood and the increased risk of children needing to be taken in to care by social services (Perry and Pollard, 1997; Bellis et al., 2015). While it is accepted that early identification of these risk factors can provide protection for at-risk young people, experts suggested that evidence of the impact of deprivation was often missing from the debate.

Analysis of data in England shows that, as might be expected, the chances of a young person being in care increases in the more deprived local authorities. However, analysis of like-for-like neighbourhoods in different local authorities found that the more affluent authorities had higher intervention rates than less affluent ones – referred to as 'inverse intervention' (Bywaters et al., 2014 and 2015). In other words, for any given level of neighbourhood deprivation, children are much more likely to come into care in local authorities that are more affluent overall.

In turn, this raises questions over whether the more affluent authorities are making too many inappropriate referrals, and/or whether the less affluent authorities are struggling to intervene enough due to a lack of resources.

The literature on looked after children and the role of deprivation makes the case for a change in the relationship between the state and families. For example, Featherstone et al. (2014) call for a shift from family intervention to family support, placing social workers in a role that works with families' strengths while being aware of the vulnerabilities that are often a result of deprivation. In practice this would mean reducing the amount of time professionals spend on systems-driven processes, and more time working directly with families in ways that are tailored to their needs.

In recent years, Wales has seen a sharper increase in looked after children rates than England. While there is an association between deprivation and looked after children rates, experts recognised that other factors are also at work[2].

Challenges to de-escalating interventions

Experts identified a number of challenges to de-escalating interventions:

- The impact of local government cuts is making it more difficult for services to meet current levels of demand[3].
- Financial pressures on families heighten the risk that young people require higher level interventions.
- Performance management targets tend to escalate levels of interventions, especially when related to funding. Unless there is a cultural shift away from targets towards

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[2] An ESRC funded study of routine data is being carried out by researchers at Cardiff University to investigate this issue further (see Elliott, 2015).
[3] It was also noted that health services have a potentially major workforce issue as a significant number of medical and nursing staff are due to retire over the coming years.

placing more trust in professional services, it may make it more difficult minimise interventions in some services (see for example Jones, 2014).

- For young people that are in care, the frequency of short-term placements and 'out of county' placements create a lack of stability, often contributing to the need for higher levels of intervention.
- In mental health services, schools and parents may have incentives to refer young people to CAMHS so they can be diagnosed with an illness, leading to increased pressure on the system.
- There is increased risk aversion in some services as a result of high profile cases where the system was seen to fail young people.

Outside these systems issues, it is also apparent that one of the main challenges of de-escalating interventions is the need to get different agencies and services to work together towards achieving the same outcome. This can require cultural changes within services and in the way different agencies work with each other. Experts identified the need for leadership and cross-sector workforce engagement as being fundamental if, for example, schools are to view the support of young people's mental health and wellbeing as a key part of their core roles. However, it was suggested that Wales is well placed to take the opportunity of engaging workforces and achieving multi-agency working given the advantages of being a small country, and also through the recommendation to make wellbeing part of the core curriculum in schools (Donaldson, 2015).

Evidence of Effective Interventions across Service Areas

Diversionary approaches in youth justice

Much of the existing evidence on de-escalating interventions relates to youth justice services. For example, the diversionary bureau approach in Wales – set up as an alternative to being charged by the police – has led to a decrease in first time entrants to the youth justice system (see Haines et al., 2013; Case and Haines, 2014). This approach gives a central voice to the young person, and often involves them working with two professionals and one lay person. Most outcomes of the bureau model result in community resolutions, rather than referring the young person to the formal youth justice system and risk 'criminalising' them.

With the adoption of preventative and diversionary models adopted in youth justice services in Wales, there has been a decrease in the number of first time entrants into the system,

falling from 5,447 to 883 between March 2008 and March 2015. The number of custodial sentences fell from 157 to 39 over a similar period (YJB, 2014). Experts concluded that this decrease is the result of early intervention, targeted prevention and diversion programmes, some of which involve the use of restorative justice, rather than formal criminal proceedings for lower level crimes. The young people that remain in the system are predominantly those with complex needs, and are repeat offenders. For these young people, there are many examples of system failure, where there has been an absence of early identification and intervention.

A profiling exercise conducted by YJB Cymru found that almost all young people with persistent offending histories had substance misuse issues, around eight out of ten had been in contact with social services, and around half had witnessed family violence or had been abused or neglected. This echoes the findings of a Scottish study that identified victimisation, acute vulnerability and social adversity as being associated with serious persistent offending (McAra and McVie, 2010).

Recognising the impact of these complex high level needs, YJB Cymru is testing a new Enhanced Case Management approach in partnership with the Welsh Government. The approach builds on the current assessment and supervision framework by considering how a young person's development and past life events can be expressed during adolescence. Young people are worked with in a relational way in order to build a trusting relationship, with one of its central features being the Trauma Recovery Model (Skuse and Matthew, 2015). The approach aims to help practitioners understand how early childhood attachment and trauma can impact on a young person's developmental and mental health needs; and for interventions to be adjusted accordingly.

Youth justice in Wales is based on a principle of 'children first, offenders second', reflecting the role that labelling can play. Youth justice workers play a key role in providing the space for young people to view themselves as normal young people, rather than offenders. In other words, the system is designed not to directly bring change to the young person, but rather to create the right environment and provide the right support that allows the young person to build their own identity in an autonomous way.

The approach articulated in the strategy was also described as 'end to end', encompassing early intervention of those identified as being at risk of offending, through to the reintegration of young people concluding statutory sentences. This 'end to end' approach in youth justice appears to share some commonalities with the 'windscreen model' of the T4CYP

programme, and resonates with the Welsh Government's Prudent Health and Care agenda. All seek to maximise diversion, minimise intervention and 'do no harm'.

Outside Wales, evaluations of skills-based and family-focussed programmes show that these are the most likely to be effective in preventing youth offending (Levi et al., 2014), while the 'Scared Straight' (Petrosino et al., 2004) and Cambridge Somerville (McCord, 1978) studies were identified as examples where targeted preventions can lead to worse outcomes over time.

Experts highlighted the Edinburgh Study of Youth Transitions and Crime as a key piece of evidence that supports de-escalation in youth justice (McAra and McVie, 2007 and 2010). This study tracked around 4,300 young people and their pathways in and out of offending. The analysis identified system contact as a predictor of future offending, with those who stay 'under the radar' – i.e. young people who are not picked up by the system – being more likely to desist from offending over the longer-term. This corresponds with the earlier work of Rutherford (2002) who argued that young people naturally grow out of crime as they mature. The authors conclude that the cumulative effect of system contact over time is for young people to be 'criminalised', and to view being an offender as one of their defining characteristics. The study also identified pathways into and out of offending as being facilitated (or impeded) by key decisions at critical points, such as school exclusions, care placements and prosecutions.

Promoting emotional and mental wellbeing

Experts recognised the stigma and harmful impact that labelling young people as mentally ill can have, particularly for lower level social and emotional issues that could be considered as a normal part of adolescence, or a rational response to adverse life experiences. An approach to normalise behaviour – and understand how early childhood experiences can be expressed in adolescence – mirrors that used in the youth justice enhanced case management project. Experts also emphasised the importance of early identification and intervention by non-health services, particularly by schools, education counselling services, and third sector groups (see Elliott and Roberts, 2016).

A number of different options for the ways in which schools can promote emotional and mental wellbeing were discussed. These included embedding school-based counselling services[4], adopting suicide preventions schemes, and implementing pastoral support to help

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[4] As recommended by the Children's Commissioner for Wales. See
http://gov.wales/topics/educationandskills/schoolshome/wellbeing/schoolcounselling/?skip=1&lang=en

young people cope with social and emotional problems – although the evidence base for the effectiveness of the different options was brought into question. Overall, there is strong support for a 'whole school' approach to supporting adolescents (see, for example, Zins et al, 2004; Carter-Davies, 2015), although more analysis of its effectiveness is needed given the weak evidence base that currently exits (see Langford et al., 2014)[5].

A randomised control study by Wasserman et al. (2015) was identified as a key study related specifically to youth suicide prevention. This study demonstrated the positive results of a universal approach to raising awareness of mental health issues among young people. The approach was successful in reducing suicide attempts and suicidal thoughts, emphasising the benefits of a universal preventative approach in schools.

Equipping families to cope

Financial inclusion was identified as an effective way of equipping families to deal with complex issues. The evidence suggests that when assistance is provided to materially deprived families to maximise their benefit income and manage debts, the families are enabled to cope better, and there is a reduced risk to adolescents requiring service intervention. This further emphasises the relationship between poverty and mental health, and the impact that family debt can have on a young person's wellbeing.

In addition to financial inclusion support, the experts discussed the Team Around the Family approach in Wales, and international examples such as Family Group Conferences (New Zealand) and Family Nurse Partnerships (Canada and USA). They advised caution when importing practice from elsewhere. For example, the Family Nurse Partnerships – which were backed by strong evidence of being effective in North America –were not found to work as well when introduced in parts of the UK (see Robling et al., 2016). Meanwhile, the effectiveness of the Family Group Conference model – based on the principles of empowering family members to make decisions with, and on behalf of, the young person – is debated in the research literature (see for example, Sundell and Vinnerljung, 2004; Holland and O'Neill, 2006).

Children and families with complex needs

A number of effective interventions for children and families with complex needs were identified in a review carried out Cordis Bright (2015) for the Social Services Improvement

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[5]To help address this, the Wellbeing in Secondary Education Project (2016 – 2019) will evaluate an intervention that aims to improve the mental health of secondary school teachers and students. See http://decipher.uk.net/new-study-wellbeing-secondary-education-wise-project/

Agency (SSIA) Cymru. The interventions for adolescents where the evidence is 'established'[6] include:

- **Functional Family Therapy (FTT) –** aimed at young people involved in serious antisocial behaviour, offending, or substance misuse. This involves the young person and their parents attending weekly sessions to learn strategies for improving family functioning and addressing behavioural issues. The evidence shows the intervention results in reduced offending rates and improved family functioning.

- **Motivational Interviewing –** designed to improve motivation for behaviour change. It has been shown to be effective in reducing substance misuse, and in motivating greater participation in in substance misuse treatment.

- **Multidimensional Family Therapy –** families work with a therapist to develop problem solving skills for dealing with issues occurring with the adolescent or their family. The evidence demonstrates this therapy is effective in preventing substance misuse and antisocial behaviour, and improving young people's mental health and wellbeing.

- **Multidimensional Treatment Foster Care –** targeted at families with an adolescent at risk of being placed in residential care. Young people are placed with a 'treatment foster family', usually for one year, with therapy also being provided to the family and the young person. The evidence shows this intervention prevents violence, antisocial behaviour and teenage pregnancy, while also improving the stability of placements.

- **Multisystemic Therapy –** designed for families with adolescents exhibiting serious antisocial behaviour. Therapists provide the young person and their parents with individual and family therapy for up to six months with the aim of doing 'whatever it takes' to improve family functioning and adolescent behaviour. This intervention is shown to prevent violence and antisocial behaviour, and improve adolescent mental health and wellbeing, and family functioning.

It should be noted that much of this evidence is drawn from the US so it is important to test the applicability of these interventions to the UK. According to workshop experts, it may be

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[6] Using the Early Intervention Foundation (2015) standards of evidence framework, evidence is judged as being 'established' where there have been multiple high-quality evaluations that demonstrate consistently positive impact across populations and environments. See http://guidebook.eif.org.uk/the-eif-standards-of-evidence

because the basic standard of services is higher in the UK than the US there is less room for improvement and this may account for the apparent lack of success of the Family Nurse Partnership and Strengthening Families Programme in the UK. Nevertheless, these examples of successful interventions may still provide a helpful basis for trialling interventions in a Wales or UK context, subject to local feasibility and appraisal.

For children and families with more severe acute needs, the **Homebuilders** programme has been found to produce positive impacts in reducing child abuse and neglect, family conflict and care placements (see for example Kirk, 2000). This is an intensive treatment programme designed to avoid unnecessary placement of young people into foster care, psychiatric hospitals, or youth justice facilities. This model, also developed in the US, underpins the Welsh Government's Integrated Family Support Service (IFSS). Workshop participants commented that learning from the IFSS model should be passed on to mainstream statutory social workers.

Working Together

There is a clear need for different services and agencies to work together in a holistic way. Troubled adolescents are often in contact – or have a history of being in contact – with a range of agencies and services. The challenge is how to enable the different agencies (such as social workers, schools and youth justice teams) to communicate with each other effectively, and identify issues at an early stage to prevent escalation.

For example, factors linked to increased chances of young people offending cover a number of different domains including family circumstances, school environment, community environment, and peer-led influences (see Levi et al., 2014; EIF, 2015). The role of the school and community, plus the need for family support, illustrate the potential benefits of different agencies working together to prevent young people offending. It is also acknowledged that adult offenders who were in care as children are over-represented in the criminal justice system – with the 'safety nets' of a supportive family and network of friends not being available to many young people once they leave care (see Evans 2013). The need for collaborative working is also apparent in what is seen as the unnecessary criminalisation of young people in care homes and links to adverse experiences in early childhood (see for example Fitzpatrick, 2014). One expert commented that the criminalisation of challenging behaviour in residential care continues to be a particular problem in private sector providers, where practitioners can exert less influence. However, it was also noted that many children's

homes have developed good practices to contain and de-escalate challenging behaviours, and that these should be more widely promoted across other sectors.

The 'windscreen model' (see Figure 1) adopted by the T4CYP programme ranges from working with families with no additional needs to improve resilience (captured by early years support) to those with complex needs (in need of specialist referrals). The model also shows the range of services that are available to support young people and their families with different needs. It emphasises the role of different services promoting emotional health and wellbeing and identifying additional support needs at an early stage to prevent escalation of needs.

Figure 1: Windscreen model of the Together for Children and Young People programme
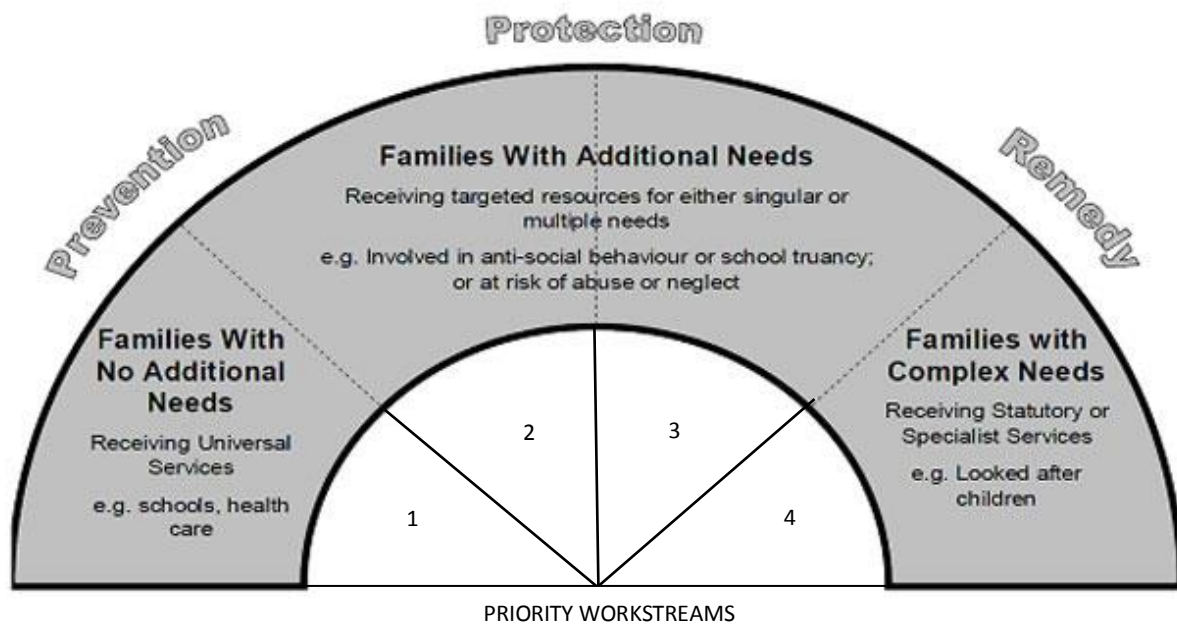
Source: NHS Wales (2015). The priority workstreams are (1) resilience, wellbeing and early years; (2) early intervention and enhanced support; (3) neurodevelopmental and co-morbid mental health or learning disorders; and (4) specialist CAMHS pathway.

It was noted that CAMHS do not have 'first sight' of young people's problems but other agencies, particularly schools and the third sector, often do. These professionals will often have a trusted relationship with the young people and/or their families. There is therefore the opportunity to identify issues and intervene early on before they escalate and require referral to CAMHS. To enable this to happen, high quality support for non-mental health professionals is vital, as is influencing occupational culture and leadership in the way some schools view their role in promoting wellbeing and emotional resilience. Participants

suggested the importance of getting head teachers and school leaders on board to promote a culture of pastoral support at schools.

The Team Around the Family approach used in the Welsh Government's Families First programme was identified as a model of effective holistic working. This approach promotes multi-agency working around family needs. The evidence from an evaluation of the programme shows it has increased the number of agencies working together, as well as the extent to which they collaborate (Pye et al., 2015). However, it also recognised the challenge in engaging mental health teams who are particularly stretched by demand.

Experts proposed that the lessons from the evaluation should be shared across mainstream social services. They also agreed it is important to break down communication barriers between different agencies and services so they can work together more effectively. For example, young people brought up in a troubled neighbourhood, who are disengaged from education, and are in the looked after children system, are at a higher risk of becoming offenders. However this also means that there are opportunities for agencies working in the troubled neighbourhood, school and looked after children system to work together to identify issues and intervene early enough to prevent the escalation of problems. Despite the apparent will, there are practical challenges to achieving this. An issue for local authorities and looked after children services is that young people are often sent to be cared for in a different authority, thereby making efficient communication between a number of different agencies more complex.

While there are challenges to working together holistically, experts recognised that Wales is well-placed given the closer networks that being a small country entails. Experts also recognised a clear alignment in the aims of the T4CYP programme, the Social Services and Well-being (Wales) Act 2014, the Donaldson (2015) curriculum recommendations, the work of the Youth Justice Board in Wales, and the Welsh Government's principles of prudent health and social care[7]. Together, these should provide a supporting framework for agencies and services to work more closely together.

Enabling Professionals to Manage Risks

The experts agreed that professions should be trusted and enabled to manage the risks of lower level interventions. At a population level, there would appear to be a strong case for

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[7] While it was not explored during the workshop, the Welsh Government's (2015) children and young people pathway for homelessness services is also of relevance.

focussing higher level interventions on adolescents with the most severe needs. However, the challenge is how to bring about change within distinct professional groups where there is often a risk averse or referral culture that leads to too many adolescents being referred to inappropriate higher level interventions (see for example Parton, 2014).

By getting different agencies to work together and communicate effectively, combined risk assessments could assist with decisions on the appropriate levels of intervention for a young person, and which agencies would be most suited to providing it. It was noted that professionals from different agencies often want the same outcome for the young person, but communication barriers and a lack of understanding of what different agencies can offer can sometimes be a barrier to achieving effective resolutions.

Studies from youth justice suggest that it is important to empower practitioners to use their discretion on intervention, as they will have the required professional skills and knowledge. However, some experts warned that issues around youth offending can often be politicised, with the rhetoric espoused in public debates (e.g. a need for greater intervention and/or more discipline) often running counter to what the evidence base suggests.

The youth justice system and child protection services are particularly vulnerable to the prevailing political environment. Experts agreed that in an ideal world, professional discretion across youth justice, adolescent mental health and social services would be welcomed as there is evidence that it leads to better outcomes.

Managing risk is evidently a key issue across all the services the workshop considered. Experts cautioned that one high profile negative event can be enough to lead to the whole culture of a service becoming more risk averse (see for example Evans, 2010). Featherstone et al. (2016) therefore argue for the need to move toward a 'social model' of child protection that considers the wider social and economic determinants of child welfare, and away from a 'toxic embrace of risk aversion, audit and responsibilisation' (Featherstone et al., 2016: 6).

Raising public awareness and understanding

In addition to enabling professionals to manage risks, some experts also stressed the importance of raising public awareness of how the needs of troubled adolescents can be best met. This could take the form of a social marketing campaign that promotes understanding of who could provide an appropriate level of intervention and/or around normalising the social and emotional issues of young people, such as pre-exam nerves, that are often medicalised. This may be particularly relevant for adolescent mental health, where

CAMHS is oversubscribed and subject to inappropriate referrals, possibly because schools and parents think it is the best (or only) option.

Experts also suggested that the work of social services is often misunderstood by the public, and could also benefit from such a campaign. The association of social work with child abuse and neglect, and the stigma associated with it, means that families are often likely to be resistant to social services involvement.

Future Evidence Needs

Experts agreed that there is a need for more evidence and data to establish the effectiveness of minimal intervention strategies across different services. By building in trials, action research, and practitioner-led research, agencies can build up an evidence base of what works. While experts focussed particularly on the need for improving the evidence base for schools-based approaches to mental health, there is scope for higher standards of evidence across all service areas.

Some experts were concerned that schools-based preventative interventions were viewed as cheap alternatives even though there is no robust evidence base on cost effectiveness. A key evidence need is to encourage investment in determining the cost-effectiveness of different approaches, learning what works and for what cost.

While randomised control trials and quasi-experimental designs are the gold standard for providing such evidence, experts noted the cost of carrying out these trials may be prohibitive. To achieve this, experts recommended the use of lower cost trials, encouraging practitioners to build evaluation into their practice, and to conduct action research with the young people and their families.

Where evidence for de-escalation or minimal interventions is weaker, practitioners should be supported to articulate a theory of change, outlining how different approaches and activities will logically lead to better outcomes and de-escalation. Evaluation should also be built in throughout this process, enabling lessons to be learned and best practice to be shared.

Finally, investigating the causal links between poverty and interventions from child welfare services (Bywaters et al., 2014 and 2015) could be assisted through the collection of the Lower Super Output Area (LSOA)[8] the young person originates from as a routine element of

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[8]A neighbourhood of around 1,500 residents, with similar socio-economic characteristics.

the looked after children data returns. This would enable data on children's services interventions to be analysed in conjunction with the Welsh Index of Multiple Deprivation.

Conclusion

There is a growing evidence base to suggest that minimal intervention initiatives are effective in diverting adolescents from entering the formal youth justice system, and reducing reconvictions. In contrast, adolescent mental health and social services are seeing a dramatic increase in referrals. The multi-agency T4CYP programme has been established to address this in the field of emotional and mental health, and its 'windscreen model' of appropriate interventions based on need resembles the 'end to end' approach articulated in the joint YJB and Welsh Government youth justice strategy.

Experts agree that labelling young people as 'offenders' or 'mentally ill' can have serious adverse consequences, stigmatising adolescents and reinforcing the behaviours that agencies want to prevent. Evidenced-based diversionary approaches in youth justice, and the promotion of emotional and mental wellbeing in schools, can create space for young people to view themselves as normal, rather than being criminalised or medicalised. By providing appropriate additional support for young people exhibiting lower level issues, resources can be freed up for those with the most severe and complex needs.

A recurrent theme from the evidence base is that de-escalating interventions is not always about doing less. It can mean doing things differently in order to use existing resources in a more timely and effective manner. This may include refocusing interventions so that they are tailored to the circumstances of individuals. De-escalating interventions for some young people can then free up specialist resources for those with the greatest needs. This can only be achieved through agencies working together in a more holistic way.

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