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HOW DO CASE MANAGEMENT TOOLS WORK TO COUNTER RADICALISATION?

When examining CVE interventions, people often ask “what works”. Few have focussed on *how* they work. Here, Sarah Marsden and James Lewis present the latest research from their systematic review.

INTRODUCTION

One of the most commonly asked questions in the context of programmes to counter radicalisation or CVE interventions is what works to reduce the risk of radicalisation. Few have focussed their attention on understanding how interventions work. Rather than just assessing whether specific interventions such as ideological support or mentoring are effective, we were more concerned with understanding whether it matters how those interventions are delivered. To do that we searched through nearly 70,000 papers published on case management interventions to counter radicalisation to violence, in seven languages, to understand:

1. Whether the tools and approaches that are used to counter radicalisation to violence worked;
2. Whether they are implemented as they are intended to be; and
3. What factors influence how case management tools and approaches are implemented.

Case management: interventions that offer packages of support tailored to the specific needs of each individual from identification of a potential client through to their exit from a programme.

Tools: methods used to support the case management process such as case conferences or risk assessment processes.

Approaches: intervention logics or theories of change that underpin implementation and delivery. For example, the idea that interventions should be matched to someone’s level of risk and be responsive to their needs.

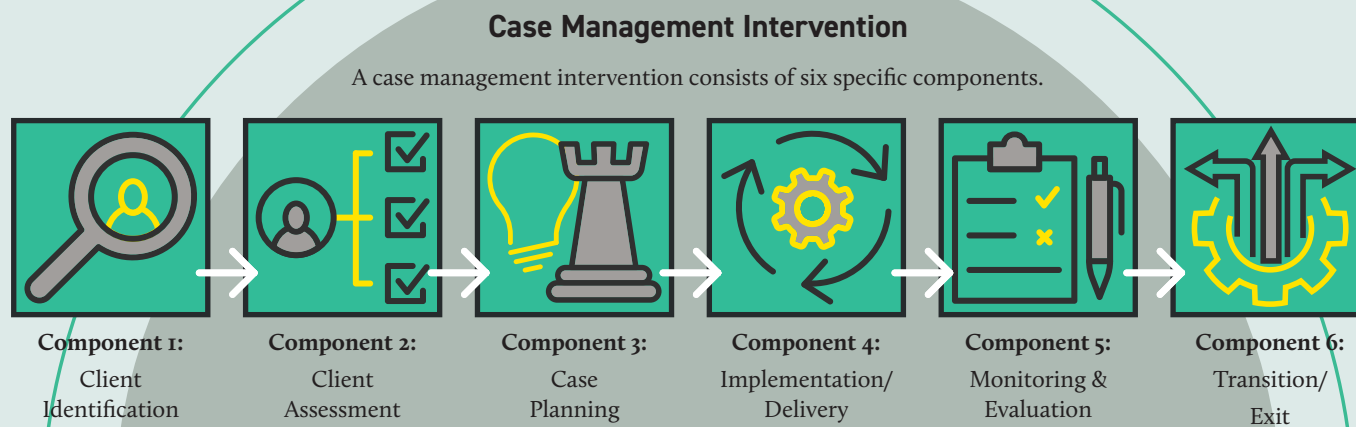








Figure 1. The intensive case management process (based on NCMN, 2009)

FINDINGS

We didn’t find any eligible studies that examined the effectiveness of case management interventions. However, the evidence base relating to implementation is more robust: 46 eligible studies examined the implementation of case management tools or approaches. These covered a range of different tools (see Table).

Stage	Tools and Methods Examined in Included Studies
 1. Client Identification	<ul style="list-style-type: none"> • Outreach work post identification/referral
 2. Client Assessment	<ul style="list-style-type: none"> • Client assessment tools • Multi-agency working • Case conferences
 3. Case Planning	<ul style="list-style-type: none"> • Client assessment and case planning tools • Multi-agency working • Case conferences
 4. Implementation / Delivery	<ul style="list-style-type: none"> • Tailoring intervention services and goals • Practitioner characteristics and approaches • Practitioner supervision and quality assurance
 5. Monitoring & Evaluation	<ul style="list-style-type: none"> • Client assessment tools • Case file and case note data • Case conferences • Less structured qualitative data
 6. Transition/ Exit	<ul style="list-style-type: none"> • Interagency coordination

Our analysis identified a number of factors that facilitated the implementation of case management processes. Efficient and effective multi-agency working, supported by strong and transparent relationships between partners was identified as a key facilitator of implementation. So too was practitioner experience and expertise: several studies highlighted how interventions benefited from being able to draw on relevant, interdisciplinary, case management and subject matter expertise.

We also identified a number of potential implementation barriers, most notably public and political factors, and resourcing constraints. The public and political scrutiny placed on counter-

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radicalisation work can place pressure on practitioners, who operate in specific legislative contexts that influence how they conduct their work. Practitioners may also face economic and time constraints, particularly when interventions are financed through short-term funding.

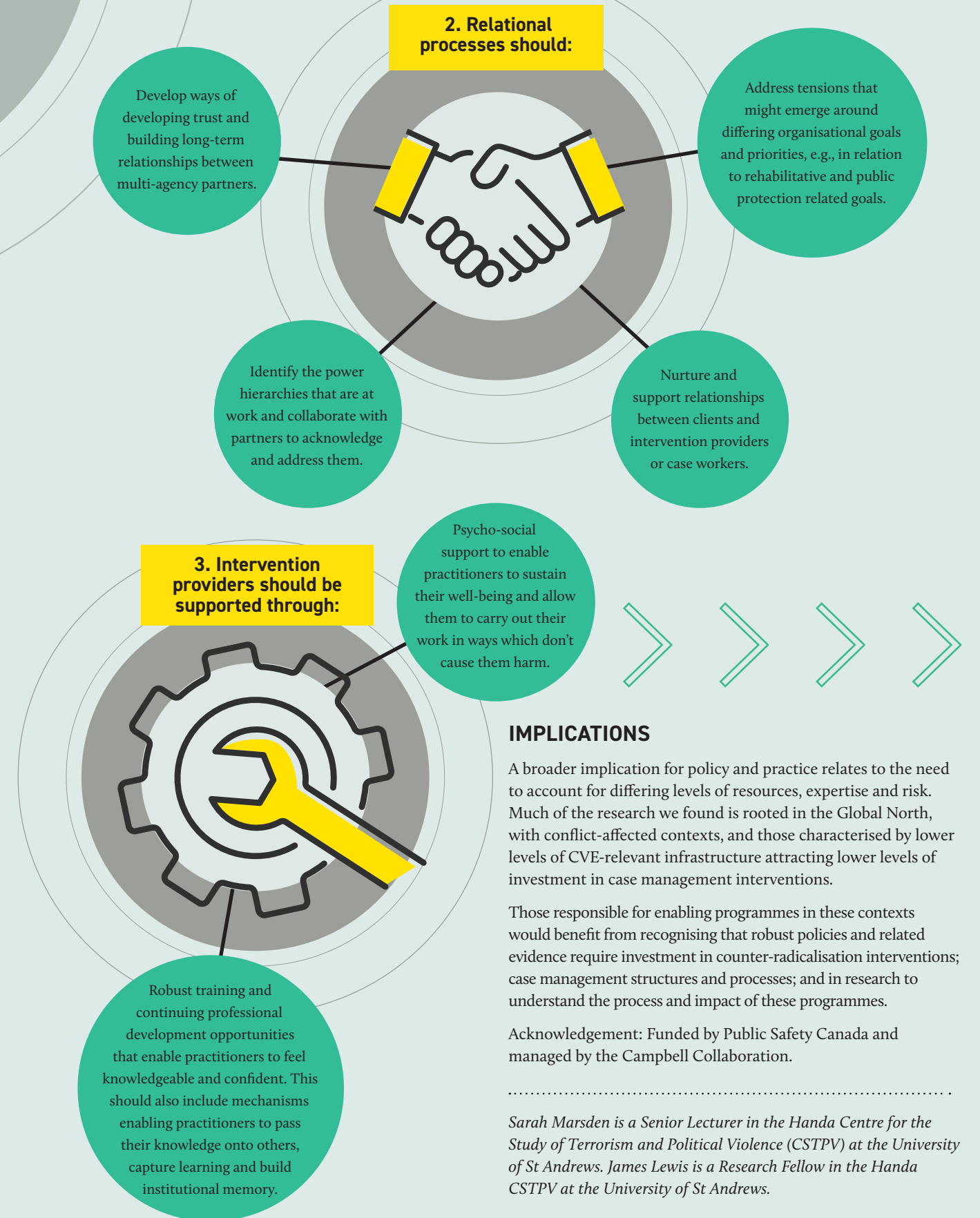
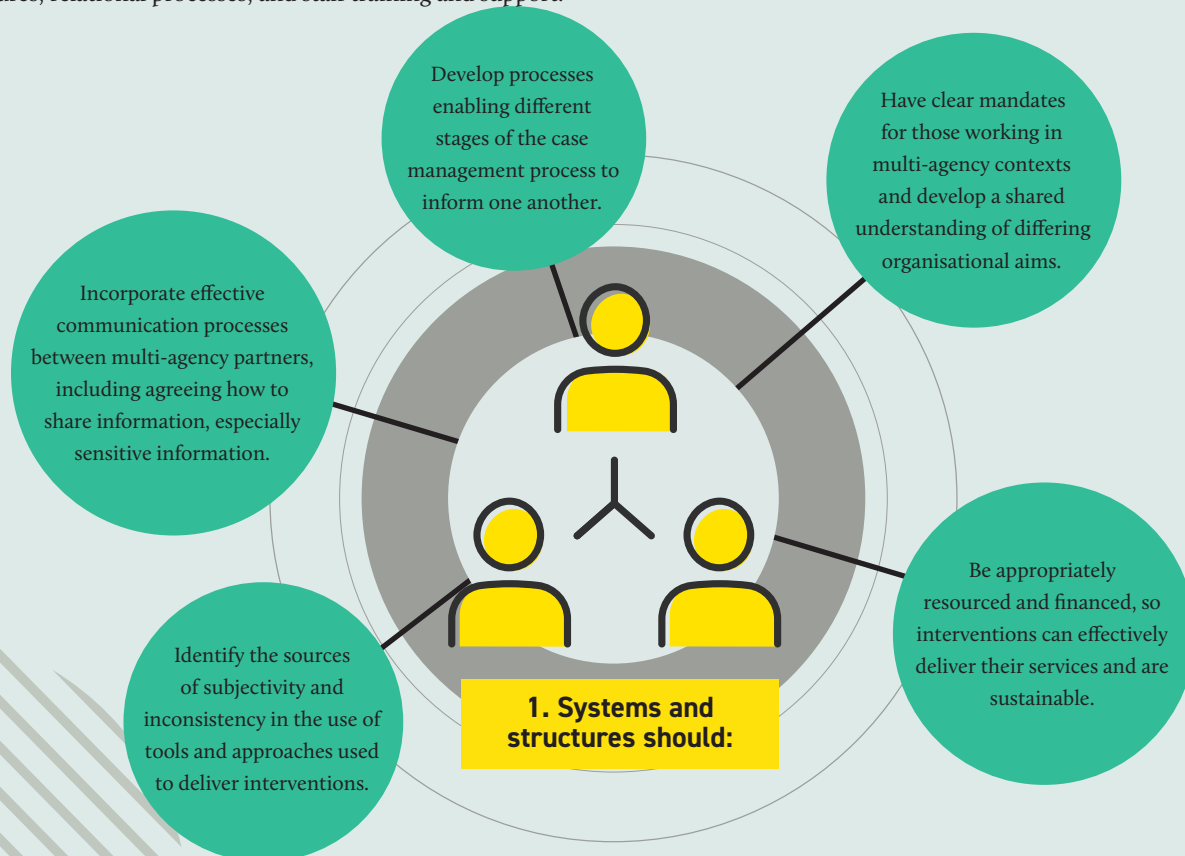
The research identified a number of factors that can shape how interventions are delivered in different contexts. Examples of these include whether an intervention is voluntary or mandated; the specific regional or national context; and the features of the settings in which the intervention is delivered, for instance whether it operates in a correctional or community context.

CONCLUSION

There is insufficient evidence to say whether the case management tools and approaches currently in use in the UK and elsewhere are effective. This points to the need for intervention policy to ensure monitoring and evaluation processes are built into programme design.

Nevertheless, there is a growing body of evidence highlighting those factors that can facilitate, or create barriers, to the delivery of counter-radicalisation interventions. This research is not yet robust. However, it points to three clusters of factors that offer insights into emerging good practice: the role of systems and structures; relational processes; and staff training and support.

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IMPLICATIONS

A broader implication for policy and practice relates to the need to account for differing levels of resources, expertise and risk. Much of the research we found is rooted in the Global North, with conflict-affected contexts, and those characterised by lower levels of CVE-relevant infrastructure attracting lower levels of investment in case management interventions.

Those responsible for enabling programmes in these contexts would benefit from recognising that robust policies and related evidence require investment in counter-radicalisation interventions; case management structures and processes; and in research to understand the process and impact of these programmes.

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