Prevention and Reduction: A review of strategies for intervening early to prevent or reduce youth crime and anti-social behaviour

Andy Ross, Kathryn Duckworth, David J. Smith, Gill Wyness and Ingrid Schoon

Centre for Analysis of Youth Transitions (CAYT)

Department for Education

CAYT Centre for Analysis of Youth Transitions

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Executive summary

Background

This review is aimed at providing a comprehensive understanding of the key characteristics of 'what works' in terms of early interventions to prevent or reduce youth crime or anti-social behaviour. By drawing on evidence from the international literature, primarily the US where the evidence base is especially strong, we are able to provide a critical evaluation of youth crime interventions in England, where the scientific evidence is less robust. This collation of the best evidence and expert opinion will support the development of the strongest and most promising approaches. At the same time we identify gaps in the evidence and make recommendations for further research.

This report consists of two separate although interrelated parts. The first examines the international evidence, predominantly from the US, where the extent and quality of evidence is especially strong. Here we review some of the primary evaluative literature examining the evaluations of specific interventions, but for the most part the review draws heavily on the reviews or meta-analysis of other authors. The second part focuses specifically on current or recent policy in England, examining evaluations that have been carried out here. Although these are fewer in number and some significant investigations will not conclude until later this year, there is nevertheless a steadily growing literature examining the effectiveness of recent Government policy in this area.

The approach enables us to gain a better understanding of the types and characteristics of effective early intervention from the international literature, which we then apply to England to make a critical evaluation of policy where the quality of evidence sometimes falls short. The ultimate result of both parts is a greater understanding of both the types and characteristics of early interventions that work in reducing and preventing youth crime and anti-social behaviour.

Scope

We are not here concerned with programmes that target infants and very young children with the aim of improving outcomes on a whole range of dimensions: those have already been discussed in the Allen review. Instead, we are concerned with programmes and practices for which the primary aim is to have an impact on the development of antisocial and criminal behaviour in young people aged 8 and above.

Quality of evidence

Pivotal to any review of interventions aimed at changing young people's behaviour is the quality of the evidence used to assess whether these interventions do in fact work. The interventions and characteristics of interventions that are presented as

working in this review are based on the most scientific and rigorous methods of evaluation. In order to be considered as working, these programmes have been shown to work in at least two evaluations which incorporate a well defined control group to test what would have happened if there had been no intervention, with a very similar group of individuals.

International evidence

In a broad ranging meta-analysis examining interventions for reducing youth reoffending, four key characteristics were associated with programme effectiveness:

- *The methods used to evaluate early intervention programmes.* Generally this is a forewarning against reliance on poorly designed evaluations which tend to overstate programme effectiveness.
- *The Intervention type and mode.* Interventions that embody 'therapeutic' philosophies aimed at nurturing a positive change in young people, and in particular those employing cognitive behavioural techniques, are the most effective overall. Those based on strategies of control or coercion – on surveillance, deterrence, and discipline – are far less effective and in some cases can actually make matters worse.
- *Quality of programme implementation.* This was so important that a less effective but well implemented programme could out-perform a more effective programme that was poorly implemented.
- *The characteristics of the juveniles being treated.* Interventions targeted at individuals already manifesting problematic behaviours or demonstrating many of the risk factors associated with the development of offending behaviour are more effective than universally applied programmes.

There is evidence that programmes which employ a multi-modal design where a broad range of interventions are applied attending to a multitude of different risk factors are more effective. However they only work where there is also a dedicated case worker present to oversee and coordinate programme delivery.

Most of the interventions that have been shown to be effective share most (if not all) of the characteristics identified above. Among programmes aimed at the individual, one type of programme stood out as effective:

- **Child skills training** which aims to teach children social, emotional, and cognitive competence by addressing appropriate effective problem solving, anger management and emotion language.

  Best Practice: Child skills training is especially effective when applied to smaller (more manageable) class sizes, employs cognitive behavioural techniques of instruction and is targeted at older and high risk young people.

Within family focused prevention, the following programmes were found to be effective:

- **Behavioural parent training (BPT)** which teaches parents to be consistent in reinforcing helpful behaviour and punishing or ignoring hostile or unco-operative behaviour.

  Best practice: BPT is more effective in smaller (more manageable) class sizes, and when aimed at parents of older young children (approximately aged 10 and above).

- **Multisystemic therapy (MST)** which is an intensive, individualised, home-based therapeutic intervention for high risk juveniles. Depending on the young person's needs MST could include child skills training, parenting training, measures aimed at reducing a young person's association with deviant peers, and measures for improving academic performance and attachment to school.

  Best practice: There is evidence of increased effectiveness when there is strong adherence to the original programme design.

- **Family Functional Therapy (FFT)** is a clinic-based intervention that includes three therapeutic stages: first, an engagement and motivation phase in which reframing techniques are used to reduce maladaptive perceptions, beliefs and emotions within the family. This then creates the context for a second phase employing behavioural change techniques. Finally there is a 'generalisations' phase in which families are taught to apply the learnt skills in various contexts (the school, the justice system, the community).

  Best practice: Programme effects were only evident where there was strong adherence to the original design.

- **Multi-Dimensional Treatment Foster Care (MTFC)**. Young people are placed in short-term foster homes where they receive individual therapy and behavioural coaching similar to child skills training. At the same time their parents (or guardians) receive weekly family therapy in which they are taught effective parenting and family management techniques.

Effective school based programmes tend to be those aimed at changing the school environment as opposed to interventions that focus on changing the individual alone. This includes:

- **The reorganisation of grades or classes** to group together high-risk or disruptive pupils for periods of the school day, while teaching them with alternative curriculum material and using cognitive behavioural techniques.

- **Classroom or instruction management interventions** emphasising interactive instructional methods using cognitive behavioural techniques.

- **School discipline and management strategies**, particularly those which draw on teams of staff and members of the local community to change the decision-making process or authority structures of the school in order to enhance its general capacity.

Within the community, both mentoring and after school recreation programmes were identified as promising.

- ***Mentoring*** typically involves a non-professional drawn from the community spending time with an at risk young person in a non-judgemental, supportive capacity whilst also acting as a role model.

  Best practice: Mentoring is more effective when applied as part of a programme of interventions, where meetings are at least once a week and five or more hours in duration with an emphasis on emotional support, and where the mentor is motivated by professional advancement.

- ***After school recreation*** offers young people the opportunity to engage in and learn skills in a range of activities including non-academic ones.

  Best practice: Only effective if the programme is highly structured and includes proper supervision.

Interventions that do not work or are less effective include:

- Interventions focused primarily on coercion or control, i.e. surveillance, deterrence or discipline
- Military-style boot camps
- Individual counselling (not based on cognitive behavioural techniques)
- Unstructured life skills training
- Community service activities
- Gun buyback programs
- Short-term non-residential training programs, summer jobs or subsidised work programmes
- Any programme that groups high risk students together in the absence of a structured programme is associated with increased levels of delinquency.

Tackling youth crime in England

The good news is that across the youth crime landscape in England, there is little evidence of the employment of interventions that are shown not to work (although this has happened in some cases). What is more, the majority of interventions in England use programmes that have been tried and tested, or are similar to programmes proven to be effective, or else they comprise many of the characteristics of interventions shown to be effective in the international literature. In some cases this amounts to the wholesale implementation of US-developed-and-evaluated programmes (MST, FFT and MTFC (including Intensive Fostering, a variation on MTFC with young offenders)). Moreover, as part of their implementation in the UK, steps are also being taken to ensure programme fidelity, including the monitoring of programme delivery to alleviate any fall in programme quality.

Without replicating US programmes, a number of other interventions have many of the characteristics of programmes demonstrated to be effective. For example:

- The persistent Young Offender Project (PYOP) in Portsmouth is a multi-modal programme targeted at high risk youths that incorporates child skills training, mentoring in conjunction with other services, cognitive behavioural therapy, and non-academic activities enabling young people the opportunity to express competencies in other areas

- Intensive Supervision and Support Programmes (ISSPs) designed for persistent young offenders and used as part of community-based rather than custody-based sentences, is a multi-modal approach that includes family group conferences, individual mentoring and skill building

- Youth Inclusion and Support Panels (YISPs) also employ a multi-modal design and target young people already engaging in youth offending. The programmes include family group conferencing, parenting support and mentoring coordinated by a dedicated key worker

- Although there are few explicit school-based programmes primarily aimed at reducing youth crime and antisocial behaviour in England, the strategies that are employed represent a whole-school approach to tackling behaviour and discipline, aimed at affecting change to the school environment through authority structures and decision-making processes. Certain specific activities may also lead to positive gains in these areas. SEAL, for example, is a good example of an effective child skills training programme.

However, some well-intended programmes have the characteristics of interventions that are known to be ineffective.

- Youth Inclusion Panels (YIPs), for example, employ skills training that lack the social, emotional and cognitive focus of effective child skills training programmes. In addition the mentoring offered as part of this intervention reflects a simple role-model based approach as opposed to the intensive mentoring shown to be effective in the international literature

- Safer school partnerships involve the embedding of a police officer in schools giving the approach surveillance undertones, a factor that has also raised concerns regarding the stigmatising of particular schools

- After School Patrols are based solely on deterrence and involve situating police officers on problematic bus routes and interchanges. According to the international literature, they are unlikely to be effective in preventing or reducing young people's long term engagement in youth crime or antisocial behaviour.

Implementation and going to scale

A fair number of well-defined early intervention programmes have by now been shown to work, and others are currently being evaluated in England, but they are only reaching a tiny fraction of the population of young people who are at risk. The next problem is how to implement successful early intervention programmes on a much larger scale. Going to scale is extremely difficult, because programmes tend to

be diluted once the original band of enthusiasts is no longer directly involved in implementing them. Not only are effective programmes needed, but also effective strategies for delivering them on a wider scale.

Probably the most developed plan for achieving this aim is offered by the Communities that Care (CTC) model. Local decision making bodies drawn from the community are given special training and choose the prevention programmes from a list of those that have demonstrated effects on risk or protective factors and problem behaviours in at least one study using a strong research design. The processes of monitoring, supervision and reporting are structured so as to facilitate a two-way flow of information between those delivering the service, their supervisors, the coordinators belonging to Communities that Care, and a Social Development Research Group at a university. In short, this model gives ownership of prevention programmes to local coalitions, and by providing strong support, guidance, and monitoring aims to ensure that they choose effective interventions and implement them well.

Improving the quality of evaluations in England

By drawing on evidence from the international literature, primarily the US, we are able to provide a critical evaluation of youth crime interventions in England, where the scientific evidence is less robust. But relying solely on US evaluations is not good enough, since conditions and cultures are significantly different in Britain and the US. More should be done to improve the general quality of evaluations carried out in the UK. There are good examples where best practice has been applied to UK evaluations. The aim is to try and ensure that all future evaluations meet with these same high standards, so that:

- Care is taken to ensure that evaluations include a suitable comparison or control in order to enable proper assessment of whether observed changes were due to participation in a treatment programme or were simply due to other factors

- Programme evaluations should be replicated so we can establish which components of a programme contribute the most to overall effectiveness and for which types of people, under what circumstances, the service works best

- Studies should measure objective, quantifiable outcomes of youth crime and antisocial behaviour, and other variables of interest before and after programme participation

- The data gathered also needs to be subtle enough to capture changes in the frequency and severity of offending and not just its presence or absence in order to pick up the small changes that are often characteristic of interventions to reduce delinquency
- Future evaluations should be designed to measure the sustainability of outcomes that are attributable to an intervention by conducting follow up studies over longer periods

- Finally, they should be amenable to rigorous cost-benefit analysis enabling us to develop a far better understanding of the differential costs and benefits associated with selecting different suites of interventions.

1. Introduction

This review is aimed at providing a comprehensive understanding of the key characteristics of 'what works' in terms of early interventions to prevent or reduce youth crime or anti-social behaviour. By drawing on evidence from the international literature, primarily the US where the evidence base is especially strong, we are able to provide a critical evaluation of youth crime interventions in the UK, where the scientific evidence is less robust. This collation of the best evidence and expert opinion will support the development of the strongest and most promising approaches. At the same time we identify gaps in the evidence and make recommendations for further research.

In January of this year, Graham Allen MP produced the first of two reports for the government on Early Intervention: The Next Steps (Allen, 2011). The Allen review focuses primarily on interventions with children aged 0-3 and their families to promote social and emotional development. There is good evidence that such programmes, often targeting at-risk families in areas of deprivation and having necessarily broad objectives, can produce a range of benefits. Among many other outcomes, they can reduce the risk that young children will later develop antisocial and criminal behaviour. We strongly endorse the policy of encouraging the growth of well-founded early intervention programmes of this kind.

However successful these broadly-based early interventions with very young children may be, there will still unfortunately be young people who become involved in crime and antisocial behaviour as they get older. Not withstanding this point, the Government's Early Intervention Grants are not limited to early years but include in scope local authority activities with older young people who are at risk or already involved in offending behaviour. Therefore, as a complement to the Allen review, the present report focuses on programmes that aim to prevent the development of criminal and antisocial behaviour in children and adolescents aged 8 or more, or which aim to prevent a pattern of antisocial or criminal behaviour from becoming entrenched.

1.1 Background

There have been a number of recent publications highlighting some of the inherent failures of the current system for dealing with youth crime and anti-social behaviour in England (Chambers et al, 2009; Independent commission, 2010; New Economics Foundation, 2010; Smith, 2010). Most notable are concerns regarding the levels of expenditure on enforcement, courts and the use of prisons (New Economics Foundation, 2010). Despite a recent fall in youth imprisonment it still remains substantially higher than 20 years ago although crime has fallen substantially over the same period (Pople and Smith, 2010). Also, youth imprisonment is much higher in England and Wales than in comparable countries such as Germany or France.

Custodial sentences are costly; it is estimated that it costs the tax payer in excess of £140,000 a year to place a young person in a secure unit (New Economics Foundation, 2010)[1]. More importantly, it is an approach which does not appear to be working, 75 percent of young people on completion of a custodial sentence go on to reoffend the following year (Independent Commission, 2010). Of course custody should retain its function to protect the public from the more severe and prolific young offenders. However, there are a broad a range of alternative and scientifically proven effective ways of dealing with many of the less severe offences for which a custodial sentence would not be warranted. Moreover, there are strong arguments for intervening earlier, before offending behaviour becomes serious or entrenched, leading to extensive contact with the criminal justice system (Smith, 2010).

There are a broad set of early intervention programmes currently operating in the UK that are aimed at doing just that. At one end of the scale, Youth Inclusion and Support Panels (YISPs) work with a very specific set of young people who are at high risk of offending and antisocial behaviour through a range of tailored interventions including family group conferencing and parenting support, coordinated by a dedicated key worker. At the other end of the scale are universal programmes such as After School Patrols, an area-based initiative designed to tackle antisocial behaviour and disorder at school closing times by placing police on problematic bus routes, outside of schools and at transport interchanges.

The question is whether these approaches are actually effective for preventing or reducing youth crime and/or antisocial behaviour. A number of evaluations are recently or currently being undertaken by academic and research institutions throughout the UK, and as part of this review we examine this literature and provide early indications of which interventions are, or are likely to be, successful. Overall, however, the UK lacks a strong evidence base. In order to understand what works to reduce and prevent youth crime, we are required to look further afield and draw on evidence from abroad.

This report therefore consists of two separate although interrelated parts. The first examines the international evidence, predominantly from the US, where the extent and quality of evidence is especially strong. In 1996, a federal law was passed in the US making mandatory the independent review of the effectiveness of State and local crime prevention assistance programmes funded by the Department of Justice, with a special emphasis on factors that relate to juvenile crime (Sherman et al., 1998). The law also required that the review employ rigorous and scientifically recognised standards and methodologies. This enforced drive has led to a fast growing literature

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[1] We acknowledge that some of the community based interventions recommended in this report, in particular Multi-Dimensional Treatment Foster Care, also tend to be very expensive. Nevertheless whilst data detailing the cost of interventions in England is difficult to attain, it is clear that the programme remains less costly than the associated costs of placing a young person in custody. More so, and as we will demonstrate, as an approach for reducing offending behaviour, it is also proven more effective.

on what works and what doesn't in preventing or reducing youth crime and anti-social behaviour in the US.

In the first section we review this work, providing a synthesis of expert opinion and evidence. We review some of the primary evaluative literature examining the evaluations of specific interventions, but for the most part the review draws heavily on the reviews or meta-analysis of other authors, reporting findings from, for example: *Preventing youth crime: evidence and opportunities* (Hawkin et al., 2010); *Saving children from a life of crime* (Farrington and Welsh, 2007); and *Evidence based crime prevention* (Sherman et al., 2002).

The second part focuses specifically on current or recent policy in the UK, examining evaluations that have been carried out here. These are fewer in number and some significant investigations will not conclude until later this year. Nevertheless there is a steadily growing literature examining the effectiveness of recent Government policy in this area.

This overall approach enables us to gain a better understanding of the types and characteristics of effective early intervention from the international literature, which we then apply to the UK to make a critical evaluation of UK policy if and where the quality of evidence falls short. Therefore, where there is evidence of practices being implemented in the UK which have not been rigorously evaluated using robust scientific methods, we are able to make an informed judgement of their likely effectiveness. The ultimate result of both these strands is a greater understanding of both the types and characteristics of early interventions that work in reducing and preventing youth crime and anti-social behaviour. A document, which should be of great practical benefit to practitioners and front line staff, echoing a call in a recent Ministry of Justice green paper for greater evidence based practice (MoJ, 2010).

Finally, this report develops a recurring theme in both UK and international writings about prevention: the problems of implementation and the importance of programme fidelity. We will discuss and analyse the whole process of developing and implementing evidenced-based programmes, using the example of the Communities that Care project.

1.2   Boundaries to the review

As stated at the very beginning, we are not here concerned with programmes that target infants and very young children with the aim of improving outcomes on a whole range of dimensions: those have already been discussed in the Allen review (2011). Instead, we are concerned with programmes and practices for which the primary aim is to have an impact on the development of antisocial and criminal behaviour in young people aged 8 and above. Age 8 onwards is the point at which problematic behaviour associated with youth offending and anti-social behaviour often begins to manifest itself (HM Government, 2008) and is therefore a target age of programmes primarily aimed at their prevention or reduction.

Some of these programmes aim to prevent young people, especially those who are most at risk, from offending in the first place. Others target young people who have already shown signs of behaviour problems (e.g. who have truanted, been excluded from school, or been arrested) before a pattern of criminal or antisocial behaviour has become established; these programmes aim to prevent antisocial and criminal behaviour from becoming serious and entrenched. In taking the prevention of offending as their primary aim, these programmes are much more narrowly focused than broader initiatives aimed at very young children, such as Sure Start and Family Nurse Partnerships. In taking prevention as their sole aim, they are also quite distinct from custodial sentencing.

Taking account of the devolved powers to the Scottish Parliament, the Welsh Assembly, and the Northern Ireland Assembly, the Parliament at Westminster is responsible for education in England, for justice in England and Wales, and for health in the UK. The initiatives described in this review can often straddle the boundaries of responsibility between the ministries, making the situation yet more complicated. In practice, though, most of the programmes that we cover have been implemented in England, so we refer throughout to England rather than the UK. Nevertheless, most, and probably all, of our conclusions would equally apply to the whole of the UK.

1.3 The logic of prevention

There are two main ways in which interventions can prevent the development of patterns of offending behaviour. The first is by addressing the risk factors that have been shown to predict later offending and antisocial behaviour. The second is by reinforcing protective factors that have been demonstrated to buffer young people against criminal engagement.

Evidence that identifies risk and protective factors comes from a wealth of scientific research, mostly based on longitudinal studies that track people as they grow from infancy to adulthood, sometimes starting even prior to birth through interviews with parents). Although this evidence is robust, since the many studies confirm each other's findings, the relationships are statistical. They show for example that where there is family conflict children tend to engage in antisocial behaviour later. Yet not all young people from conflicted families, or presenting other risk factors, will go on to become offenders. Nevertheless interventions that are successful in reducing risk factors for youth offending can have a significant impact on outcomes for young people.

Some of the influences on people reflect individual characteristics (for example, character, temperament, intelligence) whereas others come from the smaller and larger groups in which individuals move. Accordingly, risk and protective factors may operate at the individual level, or at the level of immediate or wider groups such as

the family, the school and the local community[2]. Factors associated with the development of criminal behaviour include:

- ➢ *at the individual level*
  - low intelligence (IQ)
  - low empathy
  - impulsivity
  - hyperactivity

- ➢ *within the family*
  - poor family management (failure to set clear expectations for behaviour, poor supervision or monitoring, inconsistent or harsh discipline)
  - family conflict
  - low income
  - poor housing

- ➢ *at school*
  - disengagement
  - low achievement
  - attending disorganised schools

- ➢ *at the level of the local community*
  - living in deprived neighbourhoods
  - associating with delinquent peers
  - experiencing feelings of alienation.

In contrast, resilience, self-efficacy (believing that one can perform tasks successfully), having a positive outlook, having a stable, warm, affectionate relationship with one or both parents, bonds with teachers, other adults or peers who hold positive attitudes and model pro-social behaviours have all been shown to be protective factors (Youth Justice Board, 2005). These risk factors tend to be multiple and are also associated with other poor and often interrelated outcomes such as substance abuse or social exclusion.

Interventions that have a clear strategy for reducing risk factors and bolstering protective factors tend to be most effective at reducing youth crime and antisocial behaviour. For example, Behavioural Parent Training (BPT) teaches parents to be consistent in reinforcing helpful behaviour and punishing or ignoring hostile or unco-operative behaviour. This increases parents' ability to establish a clear framework of expectations for their child's behaviour. It should work because unclear expectations on the part of the child have been shown to be a risk factor for the development of antisocial behaviour. Evaluations have shown that BPT does, in fact, reduce antisocial behaviour, probably because it is based on a well-evidenced strategy.

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[2] For a thorough discussion of the risk and protective factors associated with the development of offending behaviour see for example David Farrington's (2006) chapter 'Childhood risk factors and risk focused prevention' in *The Oxford Handbook of Criminology* and the Youth Justice Board's report (2005) *'Risk and protective factors'*.

In designing and choosing interventions, one of the first things to consider is the population they are aimed at. In this respect there are broadly three types of intervention:

1. some interventions are universal (termed universal prevention);
2. others target individuals or neighbourhoods where the risk factors for offending are relatively high (termed selective prevention);
3. others target individuals who have already shown signs of offending or antisocial behaviour, or had brushes with the school authorities or with the youth justice system (termed indicative prevention).

Targeting promises to make better use of resources, but always runs the risk of stigmatising the people the programme is trying to help. Finding principles of targeting that avoid stigmatisation is a problem to which we will return in later sections of this review.

1.4   Quality of evidence

Perhaps the most significant point to raise in any review of interventions is the critical importance of good quality evaluation designs for testing programme effectiveness. An intervention may in principle appear to address a broad range of risk factors associated with the development of offending behaviour outlined above, however, unless there is clear evidence demonstrating their effectiveness in the form of scientifically robust research we cannot be certain that they do in fact work.

This point was made very clearly by the University of Maryland in an extensive review of early intervention programmes for reducing youth crime and antisocial behaviour in the US (Sherman et al., 2002). In the process of conducting the review they developed a scientific methods scale designed to provide a rule of thumb for assessing the quality of an evaluation that was easily understood by academics, policy makers and practitioners alike (Farrington et al., 2002). This scale (see Figure 1.1) has been widely adopted. It is the one we will use to assess the studies both in the US and in the UK.

Evidence provided by evaluations at the lower levels is so weak that it provides little support for any conclusion about the effectiveness of the programme. The lowest level of all is the simple correlation design (level 1) which merely records an association between a programme and some measure of crime at single point in time. For example, we might find a correlation between lower crime rates and the presence of neighbourhood watch schemes, but from this we would be unable to draw any conclusions on the impact of neighbourhood watch. This is because there may be other, unmeasured, factors that contribute to this relationship. For example, it is likely that these schemes will flourish in areas where there is also greater social capital and community cohesion, factors that are associated with lower crime rates, so it is impossible to ascertain whether neighbourhood watch in itself had any effect.

Figure 1.1: The Maryland scientific methods scale

Level 1: Correlation between a prevention programme and a measure of crime at one point in time

Level 2: Measures of crime before and after the programme, with no comparable control condition

Level 3: Measures of crime before and after the programme in experimental and comparable control units, controlling for other variables that influence crime

Level 4: Measures of crime before and after the programme in multiple experimental and control units, controlling for other variables that influence crime

Level 5: Random assignment of programme and control conditions to units

A simple before and after test (Level 2), in which levels of crime are measured before and after the programme, is only slightly stronger. The problem here is that there is no control group of people who did not receive the intervention. Young people are likely to be targeted for intervention at a time when their misbehaviour is most obvious, so interventions are likely to be delivered after difficult behaviour has reached its natural peak. Often therefore the target group's misbehaviour would have declined with or without the intervention. To get over that problem it is necessary to compare the group that received the intervention with a similar group that did not (the control group). As discussed in section 3, many UK evaluations unfortunately lack a control group. This is all the more important because youth offending peaks by the age of 18 then tends to decline steadily (Farrington, 1986). Level 2 evaluations can often be measuring the natural decline in offending with age rather than the effects of the programme.

Level 3 designs and above on the Maryland scale enable us to draw far more robust conclusions about programme effectiveness. Level 3 involves the measurement of behaviour before and after an intervention among those who received it and also in a matched control group who did not. If crime declines more among those receiving the intervention than in the control group, this constitutes good evidence that the intervention had a real effect. Remaining problems stem from the fact that individuals are not randomly assigned to the two groups. Although attempts can and should be made to match the two groups on factors such as age, sex, level of prior offending, and family background, some differences will remain, and such differences may possibly help to explain differences in the outcomes for the two groups.

Level 4 overcomes these issues to some extent by making several comparisons between experimental and control groups in different neighbourhoods and by allowing in addition for the influence of contextual factors at the level of the neighbourhood that are known to have an influence on offending. For example, this

might involve controlling for local levels of social capital and community cohesion in an evaluation of neighbourhood watch schemes. However, the 'gold standard' design for assessing programme effectiveness is the randomised control trial (level 5). Only by randomly assigning individuals to experimental or control conditions can we be certain that there is no systematic bias. Providing that the random assignment has been fully and correctly implemented, it then becomes possible to produce an accurate and reliable assessment of whether the programme made a difference and how much difference it made.

The Maryland scale also makes a number of adjustments to allow for other features of an evaluation that weaken the evidence, including inappropriate statistical analysis, too small a sample size, a low response rate, a different drop-out rate for experimental versus control groups (which causes bias) or the use of an invalid or unreliable measure of the outcome. Each of these flaws downgrades the rating by one level.

Interventions are then considered to work if positive outcomes have been demonstrated in at least two level 3-5 evaluations with the majority of all remaining evidence pointing to the same conclusion. One supportive level 3-5 evaluation suggests an intervention is promising. All other programmes, including those producing varied results, are categorised as unknown.

2. International evidence

2.1 Introduction

There have been a number of good reviews of the evidence on the effectiveness of various types of early interventions to prevent or reduce youth crime and anti-social behaviour. Our report draws heavily on these and, in particular, on the reviews of Lipsey (2009), Hawkins et al. (2010), Farrington and Welsh (2007), and Sherman et al. (2002). Each review presents similar findings on the types of interventions that are most effective. This widespread agreement among well-informed analysts lends weight to the conclusions presented here[3].

There have been a large number of programme evaluations in the US, so the findings are hard to assimilate. To get over that problem, the best reviews have used the techniques of meta-analysis. As the name implies, meta-analysis is a bundle of techniques for carrying out a further analysis of the findings produced by the earlier analyses of a large number of individual studies. It provides a systematic method of collating findings from separate evaluations, comparing their findings, and drawing out further conclusions from these comparisons. Meta-analysis provides a more accurate measure of the effects of intervention by averaging across many studies. Equally important, it allows us to compare the effectiveness of different types of programme, and to show how particular characteristics of the programmes are related to their effectiveness.

For each type of intervention that has proved effective, we also describe one or two example programmes that exemplify good practice.

Our aim is to identify both the types and the characteristics of interventions that are effective: in later sections, these results are then used to enhance our evaluation of recent or current practice in the UK. Where little information is available from UK evaluations, the international evidence should help policy makers decide whether a particular UK programme is likely to be effective, depending on whether it fits one of the types of interventions identified as effective below and encompasses many of the characteristics shared by effective programmes.

2.2 Previous research

In one of the broadest meta-analyses of interventions for juvenile offenders to date, Mark Lipsey (2009) has already begun to characterise some of the key factors that contribute to programme effectiveness. The study, which was based on 548 independent sample studies from 361 primary research reports, identified four key

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[3] There are a number of other evidence based US programmes which may also demonstrate an impact on youth crime but have not been included because preventing or reducing youth crime is not a primary aim.

factors that were associated with the measured effectiveness of interventions for juvenile offenders:

- the study methods employed to evaluate the programme:
- the type and mode of the intervention
- the quality of programme implementation
- the characteristics of the juveniles being treated.

The study methods employed to evaluate the programme

There was a strong relationship between the methods of evaluation and the intervention's measured level of impact. In general, weaker study designs (anything less than level 5 – randomised control trial) tend to overstate a programme's effectiveness (see also Aos et al., 2004). This emphasises the importance of strengthening the design of UK evaluations. Although useful information can be gleaned from studies that did not use randomised control trials, their results have to be interpreted with caution.

The type and mode of intervention

Interventions that embody 'therapeutic' philosophies, such as counselling and skills training, were far more effective than those based on strategies of control or coercion, i.e. surveillance, deterrence, and discipline. In fact evidence suggests that programmes that mainly focus on deterrence or discipline can actually have the opposite effect and lead to an increase in offending behaviour. For example, programmes that employ shock tactics, such as 'scared straight' programs, where young offenders are taken to maximum security prisons and told of the horrors and difficulties of life in prison by the inmates, have been linked with increased offending.

Counselling and skills training on the other hand, aimed at nurturing a positive change in the young person's lives, are associated with reduced levels of offending. Skills training programmes are those that provide instruction, practice, incentives, and other activities aimed at developing skills to help control behaviour and enhance young people's ability to participate in everyday pro-social activities. Among these, programmes employing behavioural or cognitive behavioural techniques were especially effective: they were associated with a 20 percent reduction in recidivism on average, whereas job-related skills building programmes (which include vocational counselling and training, and job placement) were much less effective, associated with just a 6 percent reduction. Within counselling approaches, mentoring and group counselling had the greatest effects overall (again associated with a 20 percent reduction in recidivism), whereas individual counselling, peer-orientated counselling, and mixed counselling with referrals demonstrated much smaller effects.

The quality of programme implementation

Quality of implementation was found to be important to the extent that a well implemented programme that is generally less effective can outperform a more

effective programme that has been poorly implemented (Lipsey, 2009). This sends out a clear message regarding ambitions to take to scale programmes demonstrated as working in small pilot studies. As discussed in more detail in section 5, rolling out interventions on a national scale is one of the greatest difficulties facing policy makers. The research findings highlight the importance of ensuring providers are appropriately trained and supervised, that the process of programme delivery is properly monitored to ensure fidelity to the original design, and that corrective action is taken when quality falls off (Lipsey, 2009).

The characteristics of the juveniles being treated

There was also a strong relationship between programme effectiveness and the characteristics of the juveniles being treated. On average, programmes were more effective when administered to high risk juveniles, as shown by their record of prior offending. This finding, which recurs throughout this review, suggests that the emphasis of prevention should be weighted towards young people who have already demonstrated problematic behaviour. A clear benefit of targeted intervention is increased efficiency and reduced costs. But this approach is also grounded in theory. Andrews et al. (1990) argue that targeted interventions are more effective because they respond to a greater need for treatment among the targeted populations. Because the target groups have greater needs and are more at risk of offending in future, they have greater room for improvement

In addition to the four key points outlined above, Lipsey's research also identified an enhanced effectiveness associated with multimodal designs, that is, interventions that attend to multiple risk factors through the use of a variety of different approaches within the same programmes. Given that these multimodal programmes combine a number of different approaches it is perhaps not surprising that this significantly increases their effectiveness. However this was only evident if the programme also included a designated key worker to develop a service plan, arrange services and monitor progress: otherwise the effects could be quite small (a 20 percent reduction in recidivism when a key worker was present compared to just 3 percent reduction otherwise). Curiously, the research found no relationship between the duration of programmes (both at point of contact and the total duration of the programme) and programme effectiveness.

The following are the key findings that emerge from this review of the evidence on the types of programme that are most effective:
- programmes should employ a therapeutic philosophy for changing young people's behaviour;

- among 'therapeutic' programmes, those that use cognitive behavioural techniques are especially likely to be successful;

- programmes that focus mainly on discipline and deterrence are least likely to be successful, and may in fact increase offending;

- programmes that target high-risk populations are more likely to succeed than those delivered to general populations, probably because among prior offenders and

These key findings from Lipsey's meta-analysis lay the groundwork for the rest of our review of the international evidence. The following sections discuss in greater detail the interventions that work. As is usual when considering interventions in this field, we divide them into those aimed at the individual, the family, the school, and the wider community.

2.3   Individual-focused prevention

Individual-focused prevention addresses risk factors such as low intelligence, low school attainment, low empathy, impulsivity and hyperactivity. In a recent meta-analysis, Farrington and Welsh (2007) identified just one type of individual-focused programme shown to be effective relevant to the age category covered by this review: child skills training.

Child skills training programmes are designed to directly teach children social, emotional and cognitive competence by addressing appropriate social skills, effective problem solving, anger management and emotion language (Farrington and Welsh, 2007) an example of the skills-based therapeutic programmes identified as effective by Lipsey. The effectiveness of Child skills training programmes was also confirmed in a meta-analysis carried out by Losël and Beelmann (2003) in which 135 comparisons were examined between treated and untreated young people using only randomised controlled trials. The programmes examined covered a broad age range - the average age of the children ranged from 4 to 18. Typically the programmes were short (up to ten sessions) and lasted between one and three months. Cognitive behavioural approaches that address both problematic ways of thinking and patterns of social behaviour were most frequent. The average effect for this approach across three outcomes, including antisocial behaviour, social skills and social-cognitive skills, was a 38 percent increased chance of improvement among those treated. The positive effects of child skills training was also sustained over time (albeit to a lesser degree) with a 28 percent increased chance of improvement 3 months later. Although the overall impact on antisocial behaviour was slightly lower (26 percent and 22 percent respectively) than for the other two outcomes, Losël and Beelmann are quick to point out that a single risk factor typically predicts only 20 percent of the variation in young people's offending behaviour: therefore this finding represents quite a substantial effect.

Losël and Beelmann's study also examined the underlying characteristics of child skills training programmes that were associated with improved effectiveness. These were:
- The size of the class
- Fidelity to the original programme design
- The methods of instruction
- The risk level of the young people

- The age of the young people treated.

Programmes aimed at larger groups tended to be less effective than those working with smaller groups of young people, a finding that was attributed to overall programme quality, i.e. the difficulty of maintaining overall standards of quality and programme fidelity with large group sizes. In a similar vein, there was increased effectiveness among programmes delivered by the originators, by other research staff or by their students, which was attributed to greater programme fidelity (i.e. only those closely associated with the programme or researching it delivered it exactly as intended, and when that was done, the programme was more effective). Larger effects were also associated with programmes delivered using cognitive behavioural techniques, those targeted at higher risk young people (in this case, young people demonstrating multiple risk factors) and those treating young people aged 12 or more. All of these findings, except the point relating to the age of young people treated, confirm the conclusions outlined in section 2.2 above.

A good example of a successful programme of this kind is Life Skills Training, developed and delivered by Botvin and Griffin (2001), in 41 New York City public and parochial schools. The programme involved teaching pupils aged 11-12 a variety of cognitive-behavioural skills for problem-solving and decision-making, resisting media influences, managing stress and anxiety, communicating effectively, developing healthy personal relationships, assertiveness skills, anger management and conflict resolution skills. These were all taught using a combination of interactive teaching techniques which included group discussion, demonstration, modelling, behavioural rehearsal, feedback and reinforcement, and behavioural "homework" assignments for out-of-class practice. Handouts were also provided to reinforce norms against substance use and violence. Although this was a universal program, to the extent that it was taught to all pupils aged 11-12, the schools consisted of largely disadvantaged youth, making this a selective intervention.

The paper by Botvin and Griffin presents the findings of a randomised control trial in which schools were randomly assigned to intervention or control groups (in control schools, pupils were taught the standard health education curriculum). Significantly greater reductions (up to 50 percent greater) were measured in verbal and physical aggression and fighting, and delinquent behaviour 3 months after the intervention in experimental compared with control schools. The programme also is also highly cost effective, with estimated savings of $25.61 for every $1 dollar of investment (Aos et al., 2004). Unfortunately no long term outcomes were measured.

2.4   Family focused prevention

Family functioning and problems in the family home can have a significant impact on whether a young person will become involved in crime and anti-social behaviour. (Farrington, 2006). Effective family focused interventions therefore tend to be those aimed at providing appropriate support to families in order that they can address these issues. In general, these interventions target problems that include family management (failure to set clear expectations for behaviour, poor supervision or

monitoring, and inconsistent or harsh discipline) as well as high levels of family conflict (Farrington and Welsh, 2007).

In a meta-analysis of forty programmes covering six categories of family based interventions, Farrington and Welsh (2003) found Behavioural Parent Training (BPT) was the most effective type of intervention overall. BPT teaches parents to be consistent in reinforcing good behaviour and punishing or ignoring bad behaviour, so as to establish a clear framework of expectations. Two other types of intervention were found to be effective: Multi-Systemic Therapy (MST), (a specific programme as opposed to 'type' of intervention) and what Farrington and Welsh termed 'Community or home based programmes for older young people', which encompasses two well-known programmes that are found to be effective - Functional Family Therapy (FFT) and Multidimensional Treatment Foster Care (MTFC).

Farrington and Welsh's findings are supported by another broad-ranging review of family focused interventions. The programme Strengthening America's Families (Kumpfer, 1999) identified four types of family focused interventions as effective: behavioural parent training; comprehensive family programmes (i.e. Multi-Systemic Therapy); family therapy (i.e. Family Functional Therapy); and Family Skills Training (an approach that includes both child skills training and behavioural parent training).

Behavioural Parent Training is premised on the idea that antisocial behaviour is learned and sustained by positive and negative reinforcement that children receive from others, especially their parents (Serketich and Dumas, 1996). The approach is aimed at changing patterns of parental behaviour so that pro-social behaviours receive positive reinforcement and negative behaviours are punished or ignored. Although this represents the core curriculum of effective BPT, the approach can also include additional elements such as communication skills, problem solving skills, speaking respectfully, assertive discipline, reinforcement to name just a few.

In a meta-analysis of 26 controlled studies, Serketich and Dumas (1996) found the average child whose parents participated in BPT was better adjusted on clinical instruments measuring behaviour than 80 percent of the children whose parents did not participate. There were few suitable studies available making the task of identifying the characteristics associated with improved effectiveness much more difficult than it was for child skills training. Nevertheless they were able to isolate the following characteristics as significant:

- The size of the class
- The age of the young people benefiting from the treatment.

The size of the classes was again attributed to the impact of programme quality and adherence to the original design, with larger sized classes making effective implementation more difficult. In addition, families with older children (the average age was 10.1) tend to benefit most from BPT. A possible concern is the suggestion

by other narrative reviews (McMahon, 1981; Webster-Stratton, 1985) that BPT may be less effective with families facing particularly adverse circumstances (e.g. where mothers lack social support, suffer depression or experience marital conflict). It is quite often those young people whose needs are greatest that are also the most difficult to reach. As we will demonstrate in section 3.2, maintaining commitment has also been a central challenge to the Family Intervention Projects (now known as Intensive Family Interventions).

A good example of BPT is demonstrated in a study by Scott et al. (2001). Parents of children aged 3 to 8 years who were referred for antisocial behaviour to their local multidisciplinary child and adolescent mental health service were seen in small groups for two hours each week over 13-16 weeks. In each session, they were shown videotaped scenes of parents and children together, which depict "right" and "wrong" ways of handling children. Parents discussed their own child's behaviour and were supported while they practised alternative ways of managing it. Each week tasks were set for parents to practise at home and telephone calls made to encourage progress. The study which involved a randomised assignment of participants to intervention or control (3 month waiting list) demonstrated the largest effect size of BPT in the meta-analysis by Farrington and Welsh (2003) described above. Although no cost benefit analysis has been conducted, the cost of the programme is low at just £517 per child. Although this programme has so far been delivered to a younger age group than that covered by the present review, it is likely that with some adaptation a similar programme could be successfully delivered to children aged 8-12.

The following three programs, which include Multi-Systemic Therapy (MST), Functional Family Therapy (FFT) and Multi-dimensional Treatment Foster Care (MTFC), were originally developed for use with serious juvenile offenders. However, they are now being applied more broadly as part of the process of intervening early to prevent offending behaviour becoming serious and entrenched (Hawkins et al., 2010), and as we discuss in section 3.2, are also currently being trialled in the UK.

MST (Henggeler, 1998) is an intensive, individualised, home-based therapeutic intervention for high risk juveniles. Using the family as the starting point, MST delivers comprehensive treatment tailored to individual needs, by addressing the key predictors of antisocial behaviour, the sources of family conflict, and the adolescent's functioning at school. It uses a mix of methods, which, depending on the young person's needs, could include child skills training, parenting training, distancing from deviant peers, and measures for improving academic performance and attachment to school. It enables interventions at the high level of intensity needed by young people facing multiple risk factors. There is considerable emphasis on programme fidelity, and significant resources are devoted to therapist training and ongoing consultation with MST experts. Whilst the programme is intensive, it is relatively short overall: 4 to 6 months. Long-term outcomes are achieved by changing the underlying processes in the family, peer relations and leisure activities, which then contribute to a generalisation of treatment . Although there is evidence that the

programme is effective (see below), it is also very costly. Nevertheless a cost benefit analysis of the programme by Aos and colleagues (Aos et al., 2004) suggests $2.64 is saved for every $1 invested.

There are a number of well designed randomised clinical trials documenting the success of MST in reducing youth crime. Nevertheless there is also conflicting evidence, so that two recent meta-analyses have come to diametrically opposed conclusions. Curtis et al. (2004) suggested that youths and their families treated with MST were functioning better than controls; whereas Littell et al. (2009) claimed there was no evidence to suggest that MST is more effective than other services. Many of the evaluations have been carried out by the programme originators, which may place a question mark over the objectivity of the reported findings. However the presence of the originators, whether for research purposes or clinical supervision, is also likely to increase programme fidelity, which as we have already discussed can be critical for programme effectiveness. Curtis et al. (2004) suggested it can increase effectiveness as much as three-fold.

In a recent independently randomised control trial of MST in Norway (Ogden and Hagen, 2006), adolescents (average age 15) referred from municipal Child Welfare services for serious behaviour problems received MST treatment whereas the control group received regular institutional placement, placement in a crisis institution for assessment and in-home follow-up, supervision by a social worker in their homes, or other home-based treatments. Those receiving MST were much less likely than the control group to be placed out of home after the intervention (72 percent vs. 55 percent), and more likely to score in the normal range on the Child Behaviour Check List (38 percent vs. 21 percent). Similar positive results were also identified in a two year follow up. The study evaluated the programme over four sites, each maintaining varying degrees of programme fidelity. There was clear evidence of improved effectiveness where there was greater programme fidelity.

FFT (Sexton and Alexander, 2003) is a clinic-based intervention designed to help dysfunctional children aged 11 to 18. Whilst MST uses the family as a starting point, broadening to encompass a wide range of interventions aimed at different spheres of the young person's life, FFT remains focused on the family, aiming to improve behaviour by helping family members understand how their behaviour affects others. FFT helps children and their families reduce defensive and aggressive communication patterns and promote supportive interaction in the family. It also addresses supervision and effective discipline. The hallmark of FFT is a programme structure divided into stages. The first of these is an engagement and motivation phase in which reframing techniques are used to reduce maladaptive perceptions, beliefs and emotions within the family. This then creates a suitable context for phase two, a programme of behavioural change techniques including, for example, communication skills, basic parenting skills and conflict management. Finally there is a 'generalisations' phase in which families are taught to apply the learnt skills in various contexts (the school, the justice system, the community). Typically the

programme comprises about 8 – 12 sessions over a 3-4 month period although it can be extended to as many as 30 sessions for more problematic cases.

FFT has been evaluated many times over the 40 years since it was first introduced. In a recent evaluation (Sexton and Turner, 2010) juvenile offenders who had been sentenced by a court to probation were randomly assigned to the FFT programme or control, where the control group received standard probation consisting of weekly checks, education and guidance. FFT was associated with a significant reduction in felony (35 percent) and violent crimes (30 percent). Again, the programme was evaluated over multiple sites with varying degrees of programme fidelity. Programme effects were only evident where there was strong adherence to the original design. In a cost benefit analysis of the program based on earlier evaluations, it was estimated to save $7.69 for every $1 invested (Aos et al., 2004).

A somewhat different approach to family therapy is offered by Multi-Dimensional Treatment Foster Care (MTFC) (Chamberlain, 2003). This programme removes the young person from the family and places him or her in short-term foster homes (usually lasting between 6 – 9 months). Young people receive individual therapy and behavioural coaching to develop social skills including skills in problem-solving, and emotion regulation. Attendance and performance at school is also monitored. At the same time the parents or guardians of the child attend weekly family therapy in which they are taught effective parenting and family management techniques. In a recent trial which scores 5 on the Maryland scale (Chamberlain, 2007), girls aged 13-19 with chronic delinquency problems, mostly from low income, single parent, and abusive households, were randomly assigned to the MTFC programme or to the control group, which received community based group care. The girls who had received the MTFC programme spent over 100 fewer days in locked settings during the 2 years post intervention. A cost benefit analysis estimates that the programme can save as much as $10.88 for every $1 invested (Aos et al., 2004).

There are a number of other examples of effective family focused interventions that have been evaluated using rigorous scientific methods. In general, all reflect different mixes and intensities of the same effective ingredients of the programmes outlined above. For example, *Parenting Wisely* (Kacir and Gordon, 1997) is an example of behavioural parent training which is self-administered using a CD ROM. Parents view video scenes of common family problems, for which they choose a solution, see it enacted and receive feedback for their selection. The programme covers communication skills, problem solving skills, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, supervising children hanging out with peers who are a bad influence, step-family problems, single parent issues, violence, and others.

Strengthening Families Programme (Kumpfer et al., 1996) is an effective multi-modal approach that combines child skills training, behavioural parent training, and coaching in family skills, using cognitive behavioural methods in fourteen two hour periods. Family skills training involves structured family activities, therapeutic child

play, family meetings, communication skills, effective discipline, reinforcing positive behaviours in each other, and jointly planning family activities. Finally, the Australian programme *Teen* Triple P (Ralph and Sanders, 2004) represents an interesting example of an effective family intervention as it allows for different intensities of intervention depending on the level of need, running from universal media campaigns (e.g. a 13-episode television series on parenting and family survival skills), through behavioural parenting training, to individually tailored home based skills training, mood management and stress coping skills for parents, and marital communication skills as required. All of these programmes have been demonstrated as effective, further details are provided in the Appendix.

All of these family focused interventions attend to the family risk factors identified at the beginning of this section. Behavioural Parent Training, MST, FFT and MTFC, in addition to the programmes mentioned above are focused on changing maladaptive patterns of behaviour or family dysfunction, employing cognitive behavioural techniques to affect positive change. They are also targeted at young people already manifesting problem behaviours or demonstrating many of the risk factors associated with the development of offending behaviour. Apart from Behavioural Parent Training, all of these interventions are multi-modal designs and in the case of MST and MTFC they also assign a designated case worker to ensure effective delivery of the various services. In short, these programmes work because they contain the key characteristics of effective interventions that were listed in section 2.2 above.

Figure 2.1: An evaluation of the cost-benefit analysis approach of Aos and colleagues

Cost benefit analysis (CBA) data on youth crime interventions is relatively sparse, with the majority of work in this area conducted by Steve Aos and colleagues based at the Washington State Institute for public policy. In most instances where we have been able to report CBA data, this has been drawn from their work. Therefore, as part of the process for carrying out this review we asked an economist based at the Institute of Fiscal Studies to examine this approach in greater detail and provide some critical reflection on the quality of this work

Steve Aos and colleagues (Aos et al., 2004) carried out a meta-analysis of 61 early intervention programs in 7 areas of prevention which also included youth crime. For each individual study the authors produced an overall measure of the benefits and costs per youth, and the resulting net benefit of the program. These overall measures of costs and benefits are standardized, so the effectiveness of each study can be directly compared regardless of the methods used to evaluate the intervention. All the calculations are based on the following formula:

$$\text{Net benefit of program} = \frac{\text{(Expected outcome*associated financial reward)} - \text{programme cost}}{\substack{\text{Discount reflecting age of young person and spread} \\ \text{of costs and benefits across time}}}$$

To take an example, a pre-school intervention might be designed to increase the percentages of pupils obtaining a high-school diploma (which as we already noted, is associated with reduced risks of offending in addition to other positive outcomes). The expected increase in those obtaining a diploma as a result of the intervention might be 20 percent. This is multiplied by the associated increase in lifetime earnings ($400,000), the cost of the programme per individual is then subtracted ($3,000) and the resulting estimate discounted back to the age the young person first enters the programme to account for the fact that costs and benefits may be spread over many years, to obtain the final net present value (NPV) of net benefit.

This is a standard approach to calculating cost benefit data. However, a number of additional dimensions to Aos et al's work make this a particularly robust CBA. First most, they only select programmes that have been evaluated using a random control design or using a well specified comparison group (i.e. Maryland scientific scale 3 and above). Even then, studies with a 'less than randomised research' designed are penalised because of their general tendency to overstate a programmes impact. The effects of a programme are also adjusted so that they all express the average treatment on the treated (ATT). This takes account of the fact that some studies only report the outcomes of individuals that complete a programme, who are often more likely to have favourable outcomes (perhaps because their problems are less entrenched, or because they have more enthusiasm to

learn/change than those who drop out).

The process for calculating the benefits associated with a reduction in crime is also very complex, and takes account of many factors. The model estimates life-cycle costs for 7 major types of crime and 14 associated costs reflecting those paid by tax payers and those incurred by crime victims. This includes the costs to the criminal justice system, police and sheriff costs, courts and prosecution, jail costs, juvenile detention costs, state department costs, which are all estimated using detailed cost data, or through a regression analysis of impact. In terms of the direct costs incurred by the crime victim, these include the monetary value of loss of property, mental health care, and also loss of quality of life using a $ value assigned to the pain and suffering experienced.

Costs over the entire lifecycle of an offence are estimated, taking account of the fact that one crime results in many costs over many years, which depend on the type of crime that would have been committed and the age the individual would have been when they committed the crime. Not all offences result in arrest, not all arrests result in prosecution, and most offenders do not serve the entire length of their sentence, which is all accounted for in the model. Finally, the declining impact of the intervention is also modelled, so that interventions that take place near the age when crimes are most likely to be committed are considered more effective.

Nevertheless, despite the thoroughness of their approach, there are still some potential issues that should be considered when interpreting the results of this work. For example, in relation to the example given above, the link between obtaining a high school diploma and increased earnings is far from straight forward, and although they use a multiplicative causation/correlation factor that takes account of this, little detail is provided on how this is estimated. The wage benefits of a diploma are also assumed to last the entire lifecycle which is a very strong assumption. In addition, there is little detail given of the impact of education on crime reduction, or how they account for it.

It is also inevitably difficult to place a value on the loss of quality of life or the increased pain and suffering experienced by a victim. Finally, when applying to the UK context, steps would need to be taken to account for the different costs associated with crime, different financial benefits to education, different costs relating to the criminal justice system etc. All of these factors will impact on the final net present value attributed to each programme. Nevertheless, and despite these concerning issue, the approach of Aos et al. is probably as thorough as you could hope to attain in calculating these figures. They are very useful in terms of measuring the relative financial costs and benefits of each programme. However, they should not be considered as exact calculations.

2.5   School focused prevention

From the publication of Fifteen Thousand Hours onwards (Rutter et al., 1979), there has been growing evidence that school management and teaching practices have an important influence on many aspects of learning and development, including children's behaviour. Nevertheless, the extensive research on school effectiveness is largely outside the scope of this review, because it is primarily concerned with outcomes connected with school subjects and intellectual skills. Here we focus on school-based programmes for which preventing the development of crime and antisocial behaviour was a primary aim.

The general aim behind such school based interventions is to increase young people's attachment to school and the importance they attribute to academic achievement. Gottfredson and colleagues (Gottfredson et al., 2002) have worked extensively in this area identifying the types and characteristics of school based programmes that are the most effective for preventing or reducing youth crime or anti-social behaviour, and claim that:

> "Students who are impulsive, are weakly attached to their schools, have little commitment to achieving educational goals, and whose moral beliefs in the validity of conventional rules for behaviour are weak are more likely to engage in crime than those who do not possess these characteristics"

Carrying out a broad ranging meta-analysis based on 165 experimental and quasi experimental designs, involving 216 comparisons, Gottfredson et al. (Gottfredson et al., 2001) examined the effectiveness of school based interventions across four main outcomes: delinquency, alcohol/drug use, dropout/truancy, and other problem behaviour. Overall eleven broad types of interventions were examined, four of which are aimed at changing the school environment and seven focused on changing the individual. Of these eleven, the following four were found to be effective in reducing problematic behaviour:

- The reorganisation of grades or classes;
- the alteration of classroom or instruction management;
- the alteration of school discipline or management;
- instructional programmes that teach social competency skills using cognitive behavioural methods.

The first three of these effective approaches are aimed at changing the school environment. We describe all four approaches in more detail below and provide examples.

The reorganisation of grades or classes

The reorganisation of grades or classes may involve creating smaller groups, or different mixes of students, or more flexible groupings, including regrouping high risk or disruptive students for lessons for part of the day. This approach had the greatest impact on delinquency overall, and was associated with a 17 percent reduction in delinquency and a 24 percent reduction in alcohol or drug use. A good example is Student training through urban strategies (STATUS) (Gottfredson, 1990), in which high risk young people aged 13 to 15 were brought together for a two hour period each day to receive an 'integrated social studies and English program'. This involved a law-related education curriculum, which aimed to familiarise students with US laws, to develop an appreciation of the legal process, to encourage responsible political participation, and to develop moral and ethical values together with analytical skills, and which used an interactive approach to teaching emphasising student participation. The programme lasted one academic year. A randomised control trial of the programme was attempted but was unsuccessful leading to unmatched experimental and control groups, giving the evaluation a Maryland score of 3. Outcomes after the intervention included significantly lower rates of criminal activity in experimental compared with control groups (18 percent) and reduced levels of antisocial behaviour (12 percent).

The alteration of classroom or instruction management

This approach involves the use of instructional methods which increase student participation in the learning process, as well as classroom management strategies, for example the use of rewards and punishments contingent on behaviour (similar to behavioural parent training). Overall, these kinds of strategies were associated with a 10 percent reduction in delinquency and a 5 percent reduction in alcohol or drug use. A good example of this type of approach was demonstrated by the Seattle Social Development Project, which included proactive classroom management, interactive teaching and cooperative learning. Proactive classroom management involved establishing classroom routines at the beginning of the year that were conducive to learning, including giving clear and explicit instructions for appropriate pupil behaviour and recognising and rewarding attempts to comply, in addition to strategies for minimising disruption. Interactive teaching involved using frequent assessment, setting clear objectives, checking for understanding, and remediation. Significantly, grades were determined by mastery and improvement over past performance and not through comparison with other pupils. Cooperative learning involved pupils of differing ability and background coming together to master curriculum material and receive recognition as a team for their group's performance. Parent training in family management practices was also provided. Several evaluations have been conducted with consistent positive effects on attachment and commitment to school. The only well-designed evaluation (Maryland scientific scale 3) also found improved measures of aggressive behaviour in treatment groups compared to controls (Hawkins et al., 1991).

The alteration of school discipline or management

School discipline and management interventions are those aimed at changing the decision-making process or authority structures to enhance the general capacity of the school. These interventions often involve teams of staff and sometimes parents, students and community members engaging in and carrying out activities to improve the school. Interventions of this kind were associated with an 8 per cent reduction in delinquent behaviour overall. One of the best-known programmes of this kind is Positive action through holistic education (PATHE). The programme involved teams made up of school staff, students and community members in revising school policies and designing and managing school change, along with training to aid participation. Together, these teams changed disciplinary procedures, enhanced the school programme with activities aimed at increasing achievement and created a more positive school climate. For example, they developed a forum in which pupils could constructively discuss topics of concern, which generated peer pressure to resolve problems in a socially acceptable way. A further component of the programme involves academic and counselling services for pupils for low achieving or disruptive students.

An evaluation of the programme implemented in five middle schools and four high schools in South Carolina (seven in a densely populated and depressed inner city area, and two in an impoverished rural area) was carried out using a matched controlled design (Maryland score 4) (Gottfredson, 1986). Results show that after two years the programme was associated with an overall reduction of 16 per cent in youth crime, 17 per cent in alcohol and other drug use, and an 8 per cent reduction in anti-social behaviour measures. The programme also had a positive impact on pupils' attachment to the school. The component aimed at high risk pupils did not decrease delinquent behaviour, but did increase commitment to education as demonstrated by measures of drop out, retention, graduation and achievement test scores. Unfortunately there has been no cost benefit analysis of this program.

Teaching social competence skills using cognitive behavioural methods

Only one intervention directly aimed at the individual was found to be effective in a school setting. Programmes that teach social competence skills using cognitive behavioural methods were associated with a 5 percent reduction in delinquency and an 11 percent reduction in dropout or truancy. This type of programme has already been adequately described in the individual section as Child Skills Training; the example quoted, Life Skills Training, is also often delivered in a school setting.

In summary, the most effective school focused prevention programmes are those aimed at affecting wider, environmental changes to the school, as opposed to those directly aimed at the individual. This can include the reorganisation of grades or classes to group high risk or disruptive pupils for periods of the school day, teaching them an alternative curriculum material using cognitive behavioural methods. Providing proactive classroom management using disciplinary approaches similar to those described in Behavioural Parent Training above, interactive styles of teaching

and cooperative team learning. But it can also include more broad reaching changes to the school through the creation of teams of staff and members of the local community to change the decision making process or authority structure. Despite these very useful insights, further research is still needed to understand the principle components of these types of interventions that are driving their effectiveness (Gottfredson et al., 2002).

2.6 Prevention in the community setting

Successful interventions in the community setting are mostly ones that aim to help child development by tackling risk factors or reinforcing protective factors. Others aim to shape the situations that young people encounter so as to divert them from criminal opportunities.

There is a general evidence gap in the quality of evaluations concerning interventions in the community setting. According to the Maryland Scientific Scale the programmes presented below are considered promising as they have just one level 3-5 supporting evaluation, with the majority of all other evidence supporting their effectiveness. There are two types of programme considered promising for preventing or reducing youth crime or anti-social behaviour on this criterion: mentoring and after school recreation.

Mentoring

Mentoring typically involves a non-professional drawn from the community spending time with an at-risk young person in a non-judgemental, supportive capacity whilst also acting as a role model (Welsh and Hoshi, 2002). The underlying philosophy for mentoring is that young people need positive relationships with caring adults in order to develop and thrive. For the majority of young people, this is provided by their parents, but some young people can benefit from relationships with other adults as a supplement, or in some cases, a substitute for relationships with their parents. The idea is that mentoring should reduce offending both through direct assistance (e.g. helping with homework, job applications) and indirectly (e.g. by acting as a positive role model). Also, time spent with a mentor should also reduce opportunities to engage in delinquent behaviour and help dislodge delinquent networks (Jolliffe and Farrington, 2008).

Two recent meta-analyses came to different conclusions regarding the overall effectiveness of mentoring programmes. Joliffe and Farrington (2008) found in a meta-analysis that examined 18 comparisons between treatment and control groups that mentoring contributed to a 4 – 10 percent reduction in reoffending. However, this association was largely attributable to lower quality evaluations. More rigorously designed evaluations did not identify any statistically significant positive effect. In addition, mentoring was only found to be effective in conjunction with additional services, especially education, employment or the drawing up of contracts of acceptable behaviour. However, a meta-analysis carried out by Tolan and colleagues (2009) came to more positive conclusions about the effectiveness of

mentoring, suggesting that it reduced delinquency by 12 percent, aggressive behaviour by 20 percent, drug use by 6 percent, and improved academic achievement by 7 percent.

Both studies claimed that descriptions of most mentoring programmes lacked the detail required to guide future development and best practice. Nevertheless, the review teams were able to draw some tentative conclusions regarding the circumstances under which mentoring is most effective. Aside from the increased effectiveness observed when mentoring was accompanied by additional services, the following factors were also found significant:

- frequency;
- type of support;
- the motivations of the mentee; and
- the level of risk that the young person would offend.

Mentoring is considered to be more effective when meetings are frequent (at least once a week) and long (5 hours or more at a time), although interestingly, overall programme duration was not significant. Effects were also larger when there was an emphasis on emotional support and also where the mentor was motivated to undertake this role as part of professional advancement. There was also evidence that mentoring is more effective after preliminary contact with the criminal justice system (i.e. following an arrest), rather than following a conviction or when offending is more entrenched. However, these also tended to be higher quality mentoring programmes making it impossible to determine whether the young person's level of risk was really the driving factor. One other critical finding from both studies is that positive effects were limited to the period of contact with the mentor.

One of the best-known mentoring programmes for young people is the Big Brothers Big Sisters programme of America (BBBS), the US programme which has been running for over a century and is now exported throughout the world (although not as yet to the UK). BBBS brings together unrelated pairs of adult volunteers and young people aged 10 to 16. The prime goal is the development of a relationship that is mutually satisfying, where both parties come together freely and on a regular basis. Secondary goals, which are identified during an extensive interview between a case manager, the child and parents or guardians, can include school attendance, academic performance, relationships with other children and siblings, general hygiene, learning new skills, or developing a hobby.

In a randomised control trial (Maryland scientific scale 5) 959 10 – 16 year olds, the majority of whom were living in low-income, one-parent families with many also from households with a prior history of family violence or substance abuse, were assigned to BBBS or an 18 month waiting list (Tierney et al. 1995). The results suggest that six months after the intervention young people participating in the programme were

46 percent less likely to initiate drug use, 27 percent less likely to initiate alcohol use, 32 percent less likely to hit someone, 50 percent less likely to skip school, felt more competent about schoolwork and showed modest gains in grade point averages. The programme has also been claimed to save $3.28 for every $1 invested (Aos et al., 2004).

The study also includes an examination of the features of BBBS that contribute to its success, and concluded that its effectiveness was attributable to:

- the thorough screening of volunteers where uncommitted and unsafe volunteers are weeded out;

- through training that includes communication, time-limiting skills and tips on interacting and relationship-building;

- the careful matching of mentor and mentee; and

- the intensive supervision and support provided by the case manager who gives assistance as requested or as difficulties arise.

After school recreation

The other type of community focused intervention identified as promising is after school recreation. After school recreation represents both situational prevention and developmental prevention. In keeping with the maxim 'idle hands are the devils workshop', after school recreation is assumed to reduce youth offending crime by limiting the time that young people spend unsupervised with peers (Wikström et al. 2010). It also prevents young people who may struggle with school work from developing low self-esteem and feeling alienated by providing them with the opportunity to express competencies in other areas. However, the evidence presents a potential drawback to after-school recreation which has contributed to its status as 'promising' as opposed to 'working' (Welsh and Hoshi, 2002). After school recreation can also give delinquent young people the opportunity to meet with other delinquent peers, which can lead to increased levels of criminal activity. The key to preventing this situation seems to be ensuring that after school programmes are not simply a place for young people to gather, but rather provide them with structured activities which are appropriately supervised.

A good example of after school recreation is Participate and Learn Skills (PALS), a programme implemented in a public housing estate in Ohio, Canada (Jones and Offord, 1989). Children aged 5 – 15 from low income families were recruited to participate in after school activities, such as sports, music, dance and scouting. The programme aimed to advance children toward higher skill levels as well as integrate them into activities in the wider community. It was hoped that this skill-development programme would have a range of positive effects such as developing pro-social attitudes and behaviours.

A control trial, in which a public housing estate was matched with a similar control site (Maryland score 3), found that in the experimental site the monthly average

number of young people charged by the police was 80 percent lower than in the control site after the intervention. Sixteen months later, the gap had reduced to around 50 percent, suggesting that the effect was sustained, although not at the initial level.

Another, more recent and also effective after school recreation programmes is LA's BEST After-school Enrichment. This programme has been offering a safe and supervised after school education, enrichment and recreation programme for children age 5 to 12 since 1988. It offers a broad range of activities including child skills training, arts and sports, as well as more academically focused courses, including basic skills and information technology. An evaluation found that 93 percent of young people who were both actively and intensively engaged in the programme had avoided criminal records over a period of nine years, compared to 88 percent of a matched control group (Goldschmidt & Huang, 2007).[4]

2.7 What doesn't work?

We have described the interventions that are effective for reducing youth crime and antisocial behaviour. But what of the interventions that do not work? It is equally important to describe the kinds of intervention that are ineffective so that policy-makers and practitioners are aware of what should be avoided.

We already noted in section 2.2 that programmes focused on control or coercion, i.e. surveillance, deterrence, and discipline are among the least effective and in some cases can make matters worse.

A broad class of interventions that have been found to be ineffective are 'scared straight' programmes which aim to shock young people by showing the bad consequences of becoming involved in crime. Chief among these are the programmes that take young people to high security prisons where they can directly observe the conditions of life there, and hear about them from some of the inmates (Pestrosino, 2003). Broadly similar are drug prevention programmes that use fear arousal techniques that dramatise the risks associated with drug use, and moral approaches that preach to young people about the evils of drug use. These are largely shown to be ineffective (Sherman et al., 1998). Similarly, 'boot camps' and related programmes, which focus on discipline with little or nothing in the way of structured rehabilitation, are found to be ineffective in reducing offending, or counter-productive. It has been argued that all of these programmes involving shock tactics, moralising, or pure discipline, fail because they do not attend to the needs and risk factors that lead young people into offending (Sherman et al., 2002).

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[4] Multilevel propensity scores were used to match the control group, meaning that a single score was computed to reflect the likelihood that someone would offend, based on a range risk factors, and each person who experienced the programme was matched with a person with the same propensity score who did not experience the programme.

Yet there are also programmes that do appear to attend to young people's needs yet still have little or no positive effect. These include:

- Individual counselling (not based on cognitive behavioural techniques)
- Unstructured life skills training
- Community service activities
- Gun buyback programme
- Short-term non-residential training programmes, summer jobs or subsidised work programmes.

It is difficult to find a credible and testable reason why individual counselling has little effect. It has been suggested that this may relate to the minimal training associated with this type of therapy. The ineffectiveness of unstructured skills training is relevant to a broad range of interventions, and it reflects a common characteristic of interventions that do not work and in some cases have a detrimental effect. These programmes bring high-risk young people together so that they can influence each other, in the absence of any structured programme to reduce offending; helping them to associate with each other in this way tends to increase levels of offending. This applies to unstructured skills training, but also to short-term non-residential training programmes (which tend to be less structured than residential programmes) and peer counselling (Sherman et al., 2002). Gun buyback programmes are ineffective because they can often attract guns that are kept locked up in the home rather than those carried on the street, and the money (which can often exceed the market value of the gun) is often used to buy new and potentially more lethal weapons (Welsh and Hoshi, 2002).

3. Tackling Youth Crime in England

The overarching youth justice policy agenda in England has evolved considerably over the last three decades and has been marked by several key historical events, successive government reforms to policy and practice, changes to the youth justice system, new and amended legislative powers and many other initiatives to address crime and antisocial behaviour. It is, however, beyond the scope of this report to chart this history.[5] Instead we review how effective recent prevention and early intervention policies are in reducing offending, antisocial behaviour and other important outcomes for young people. This necessarily means that to have been included, the interventions reviewed here must have been set up between the late 90s and the early part of the new millennium (i.e. under the previous administration). They should not be seen as a reflection of the current administration's view of youth justice policy and practice.

3.1 An overview of the youth crime prevention landscape

The programmes reviewed in this section tend to have been designed with the overarching aim of providing a flexible, tailored approach to the needs and problems of individuals. This approach attempts to take into account the broad range of underlying personal (low attainment, problematic behaviour, bullying), parenting (inconsistent parenting, poor mental health, domestic violence) and family (socioeconomic stress, poor neighbourhood conditions) risk factors involved in youth offending and antisocial behaviour in an attempt to tackle emerging problems before they become serious and entrenched.

The related set of early intervention programmes operating in England can be categorised in a variety of ways (see Table 3.1). Some programmes focus on specific populations: Intensive Family Interventions (previously known as FIPs) for example work with the most challenging families to reduce antisocial behaviour, youth crime and school absenteeism, while Intensive Supervision and Support Programmes (ISSPs) concentrate on a small minority of individual persistent young offenders aged between 15 and 17 who are responsible for a disproportionately large number of offences.

Other programmes can be described in terms of the type of initiative (see column 2 in Table 3.1), such as a focus on positive activities (for example, Positive Activities for Young People, Open Drive) or specifically targeting antisocial behaviour (Challenge and Support projects), and others with respect to the broader approach used (final column, Table 3.1): universal versus targeted-at-risk, area-based or system reform.

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[5] See Graham (2010) for a recent review of youth justice policy and practice.

Table 3.1: Different ways of categorising the early intervention programmes operating in England

Population	Type of Initiative	Approach
• Individual • Family • School • Peer group • Communities	• Positive activities • Antisocial behaviours • Families and parenting	• Universal • Targeted-at-risk • Diversionary • Enforcement • Area-based • System reform

In practice, however, most youth crime early intervention programmes cut across many of these different domains creating a landscape which is a complex set of direct prevention interventions, diversionary activities coupled with enforcement measures, and system reforms. These, in turn, operate across the pre-criminal justice system, young people at-risk of offending as well as those already within the justice system.

We focus here on those direct prevention interventions which, as outlined in section 1.2, have the reduction or prevention of youth crime/anti-social behaviour for older children and young people as a primary aim. For simplicity, and in line with the preceding section on the international evidence, we review early intervention programmes operating in England in the areas of:

- Individual-centred and family-based interventions[6]

- School-focused intervention

- Neighbourhood and community-based interventions

To help summarise the effectiveness of these programmes and compare the evidence from here with that from the international literature, we have attempted to apply the Maryland scale's criteria to the evaluations conducted. Where an evaluation falls short of providing rigorous, scientific evidence of a programme's effectiveness we draw on what we have learnt concerning the types and characteristics of effective interventions from the international literature to make a more pragmatic evaluation.

3.2 Individual-centred and family-based interventions

As we note in section 1.3 above, many of the risk factors associated with youth offending and antisocial behaviour are individual or family-level characteristics and this is reflected in the emphasis placed on these kinds of early intervention strategies and their evaluations both here and internationally. Several of those currently operating in England are directly based on programmes proven effective in the US and elsewhere in reducing offending and antisocial/criminal behaviour. Others do not

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[6] In England, several of the programmes combine features of both individual and family interventions. Where relevant, we note these and comment on the specific characteristics of each but include them in the same section of the review.

adhere so rigidly to examples from the international evidence base but have clear synergies in their overall design and/or share many of the characteristics shown to be successful in reducing youth offending. This section begins by summarising those UK early interventions already shown to be effective in the international evidence base (Tables 2.1.1 – 2.1.3 give summary details of each programme. Further details can be found in the Appendix).

Examples of transported programmes

Multi-systemic therapy (MST), Functional Family Therapy (FFT) and Multi-dimensional Treatment Foster Care (MTFC, also known as Intensive Fostering or IF in England when used with young offenders) all originate in the US where they have been extensively evaluated and shown to work in reducing youth offending and are now being implemented in England. Though the evaluations here are yet to fully report, early findings from these studies show some similarly positive results. [7]

As described in section 2.4 above, these programmes contain many of the key characteristics that are associated with effective early intervention. For example, they are multimodal approaches attending to risk factors within the individual, family, school and the local community. They also use tried and tested methods of behaviour change delivered using cognitive behavioural approaches, and are targeted to young people considered high risk. As part of the process of implementation in the UK, all three programmes also take steps to ensure they adhere to the original design. (For further description of these programmes please refer to section 2.4 or see the Appendix).

MST is currently running in ten sites across England[8], involving approximately 700 families, and is the subject of an ongoing randomised control trial being conducted by The Brandon Centre. This first UK RCT evaluation of MST follows 108 young people aged between 13 and 16 years[9] and their families who were assigned to a group receiving either MST alongside the usual youth offending services (YOS) or one receiving only YOS services between January 2004 and November 2009. Follow-ups have been conducted at 6, 12, 24 and 36 months. Initial findings show positive outcomes in terms of reduced offending, particularly for boys, and, in line with the international evidence, appear to work well with various populations, here holding across ethnicities.[10]

Combining cognitive-behavioural therapy to help young people to cope with their problems and parents to address difficulties with their teenagers with specific skill

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[7] Although as we note in section 2.4 there is still some debate regarding the effectiveness of MST against other early intervention programmes.
[8] The sites are Barnsley, Hackney, Greenwich, Merton and Kingston, Leeds, Peterborough, Plymouth Reading, Sheffield and Trafford.
[9] All young people were on a court ordered referral order or supervision order.
[10] Note, however, the sample sizes are small, particularly as follow-up periods increase.

training for both young people and their parents, MST is also an example of a programme which cuts across both individual and family-focused approaches.

Table 3.2.1: Summary table – MST, FFT and IF

Name of intervention	Project overview	Target group	Impact/achieved outcomes	Evaluation notes/issues	Evaluation quality	Cost-benefit analysis
Multi-systemic Therapy (MST)	MST is an intensive therapy focused family and community-based treatment for YPs with serious behavioural problems that addresses the multiple determinants of serious ASB in juvenile offenders. MST aims to empower YPs to cope with problems and parents to address difficulties with teenagers and within a context of support and skills building	Targeted: MST is used with children and young people aged 11-17 years and their families	Positive outcomes in terms of reduced offending, particularly for boys and appears effective with all ethnicities. Results also indicate reduced family conflict, reduced aggression and delinquency rates; and increased effective parenting	108 young offenders (13-16) and parents randomly allocated to a group receiving MST and YOS services as usual (N=56) or to a group receiving services without MST (N=52). Follow-ups: 6, 12, 24, 36 months NOTE: Sample sizes are small, esp. as follow-up periods increase. No effects seen in Swedish sample	Level 5 (tentative: evaluation still ongoing)	None
Functional Family Therapy (FFT)	The programme aims to improve behaviour by helping family members understand how their behaviour affects others	Targeted: Families with YPs aged 11-18 displaying anti-social, delinquent and/or criminal behaviour.	Measured outcomes: offending / reoffending; communication and problem solving skills	The RCT will involve 100 families and allow for a comparison of outcomes	Level 5 (tentative: evaluation still ongoing)	None
Intensive Fostering (IF)	IF is an alternative to custody. It is a community-based intervention in which a multi-disciplinary team works intensively with YPs and their families encouraging and reinforcing positive behaviours and diverting young people from delinquent peers	Targeted: IF is targeted at serious and persistent young offenders for whom the alternative to fostering would be custody or an ISSP	Reduced offending and less serious offences committed. However, 12 months later, reconviction at similar level to control group; 12 months later, IF sample more likely to be in E,E, or T	Comparison group made up of YPs entering secure care. Reconviction data on the IF group were examined at baseline, one year after entry to foster placement, and also one year after they had left their foster placement. NOTE: Small sample size; IF sample receive greater supervision than control	Level 3	Data limitations prevented full CBA but analysis suggest reduced social care costs when YPs were placed in IF

FFT began its first trial in the UK in Brighton in 2007 and a randomised controlled trial is currently being conducted by the National Academy for Parenting Practitioners at the Institute of Psychiatry in partnership with Brighton and Hove Youth Offending Services. The RCT will involve 100 families and focus on the effect of FFT on offending, reoffending and antisocial behaviour. While both MST and FFT work with families with children aged around 11-18 displaying antisocial, delinquent and /or criminal behaviours, Intensive Fostering is targeted at serious and persistent young offenders for whom the alternative would likely be custody or an Intensive Supervision and Support Programmes (ISSP, see below for further detail).

Evaluation of the IF programme has indicated that young people in the IF sample had lower rates of reoffending and that offences committed were less serious than those in the comparison groups: on average, during the year after the IF placements began, the comparison group were convicted for five times as many offences as the IF group. However, in the year after the young people completed their IF placements reconviction rates for the IF sample were at a similar level to the control group. Note however, that the IF sample were more likely to be engaged in education or training 12 months later. The sustainability of outcomes also needs to be an integral feature of programme effectiveness and is returned to in section 4.1. It is worth noting, however, that such criticisms can also be applied to many of the international evaluations.

MST, FFT and IF each adopt a multi-modal framework also highlighted in the international section above as being a key characteristic associated with programme effectiveness. That is they combine a number of different approaches, for example, a variety of child skills training designed to improve social skills, effective problem-solving and anger management alongside therapy for young people and their families to reduce defensive and aggressive communication patterns and promote supportive interaction in the family. Building on the success of such interventions, several other initiatives in the UK, while not necessarily directly comparable to examples in the international literature, adopt a similar delivery model, and contain many of the characteristics identified as effective.

Other multi-modal programmes in the UK

The Persistent Young Offender Project (PYOP) in Portsmouth and the surrounding areas incorporates anger management and interpersonal skills training, group work on antisocial behaviour and victim awareness with one-to-one mentoring for reintegration into education, cognitive-behavioural therapy and individual counselling, as well as team activities and outdoor activities. PYOP is therefore clearly in line with international evidence which demonstrates the effectiveness of child skills training, mentoring (when provided in conjunction with additional services), cognitive-behavioural therapy, and non-academic activities providing opportunities to express competencies in other areas. Independent evaluation of PYOP (Nee & Ellis, 2005) including a matched control group, showed significant reductions in the number of police charges with some young people ceasing to

reoffend completely. Improvements were also observed in relation to engagement with education, family relations, emotional and personal problems, participation in organised activity and 'good use of time'.

Intensive Supervision and Support Programmes (ISSPs), similarly designed for persistent young offenders and used as part of a community, rather than custodial, based sentence, use a similar multi-modal approach including family group conferences, individual mentoring and skill building, opportunities for reparation and close supervision by police. ISSP is designed to bring structure to young people's lives, ensure that they make recompense for their offences, address the underlying causes of the offending and put in place structures that will allow them to avoid offending in the future by managing the risks and stabilising what is often a very chaotic lifestyle. Again, the programme contains the elements of effective early intervention programmes identified in the international evidence, i.e. ISSP is multi-modal, and contains both mentoring and child skills training.

Evaluation of ISSP, while fairly robust, shows inconclusive results: one finding fewer arrests and a lower arrest rate in the ISSP treatment group (Little et al., 2004); the other no difference in either frequency or seriousness of offending between ISSP and comparison groups (Waters et al., 2004; 2005) but some progress in areas such as education, employment and family relationships. However, in line with the international evidence which has observed larger effects for higher risk juveniles, in the more scientifically rigorous of the two evaluations (Little et al., 2004) ISSP appeared to work better with violent rather than non-violent offenders. Such findings are particularly noteworthy since persistent and prolific offenders are a notoriously hard to reach group (Youth Justice Board, 2005).

As in the international evidence cited above, these multi-modal regimes rely on a designated case worker as a key component of their effectiveness to ensure that the whole package of interventions works together. Families enrolled in Intensive Family Interventions (previously referred to as Family Intervention Projects or FIPs, see below) as well as those receiving support through Intensive Intervention Projects (IIPs) and Youth Inclusion and Support Panels (YISPs, see neighbourhood and community-based interventions below) are also supported by a dedicated key worker who coordinates a suite of intensive, tailored actions and ensures that ongoing assessment of needs and relevant follow-ups, such as the use of sanctions, are carried out.

Intensive Family Interventions operate across multiple agencies, providing one-to-one parenting support to help parents set boundaries for their children and a number of outreach and floating support services to get vulnerable young people back in school and improve their key skills. As in other examples described above, the key worker plays a central role in commissioning or providing access to broader services including therapy and family conferencing as appropriate. There is also considerable variation in approach across the country and with different families. Essentially though, Intensive Family Interventions lack the definition to assume the core multi-

modal delivery system in the programmes cited above. Similarly, while YOT parenting programmes can include elements of family therapy in conjunction with one-to-one support and the teaching of specific parenting skills, that a broad range of interventions are not integral to its overall design suggests it is unlikely to yield the same benefits of a more comprehensive multi-modal approach.

Intensive Family Interventions have been extensively evaluated and, on the whole, show positive outcomes for families, including decreases in the proportion of families involved in antisocial behaviour, declines in truancy and school exclusion, and reduced family conflict. However, as with those of YOT parenting programme, these evaluations are consistently limited to Level 2 on the Maryland Scale as they do not contain an appropriate control group with which to compare outcomes. Concerns have also been raised over the purposive sample designs and objectivity in the measures used. We return to issues of evaluation quality in the UK – which as we noted in section 1.4 is a key feature of whether a programme can be considered 'working' or not - in Section 4.1 below.

Table 3.2.2: Summary table – PYOP, ISSP and Intensive Family Interventions

Name of intervention	Project overview	Target group	Impact/achieved outcomes	Evaluation notes/issues	Evaluation quality	Cost-benefit analysis
Persistent Young Offender Projects (PYOP)	PYOP - a Portsmouth city council initiative - is a multi-modal intervention incorporating a variety of skills training and therapy for YPs who offend and their families	Targeted: Persistent YPs aged between 8 - 16 years who offend and their families. However, participants needed no formal link with the CJS in order to participate, allowing fast, less stigmatizing access for children in need.	Reductions in police charges; some ceasing reoffending entirely Improvements in engagement with education; emotional & personal problems	Evaluation based on the first 30 months of the project using experimental (N=41) and control group (N=19)	Level 4	None
Intensive Supervision and Support Programmes (ISSP)	ISSP is a multi-systemic, non-custodial intervention for persistent young offenders delivered by police, social services & education	Targeted: To qualify, YPs need at least 3 convictions or cautions, be 15-17 and experienced custody or a failed community sentence	No differences in terms of reconviction rates, though fewer arrests for ISSP group. Appears slightly better with violent than non-violent offenders	Follow up period: between 12 and 24 months over the two evaluation studies	Level 3; Level 5	CBA suggest 3:1 value ratio, with savings increasing over time
Intensive Family Interventions	FIs work with the most challenging families to reduce ASB, youth crime and school absenteeism and get vulnerable young people back in school, improve their key skills as well as their physical and mental health by helping parents to set boundaries	Targeted: A number of families are involved in FIPS referrals. Families: • with young children and substance misuse problems, • of prisoners, • with a Prolific and Priority Offenders • engaged in gun and knife offences	Improvements across a range of measures inc: Decreases in proportion of families involved in ASB; declines in truancy rates , bad behaviour & school exclusions	Evaluations of FIPs are consistently limited to Level 2. Results from the evaluations cannot be used to assess quantitative impact as the interventions do not contain a control group. Sample designs are purposive and cannot provide information on those who drop out. Concern has also been expressed over objectivity of measures used	Several at Level 2	None

Summary: Individual and family-based programmes

There are several examples of potentially promising practice in the individual and family-based prevention and early intervention initiatives currently operating in the UK and many include characteristics associated with effective practice seen in the international evidence. However, if we apply the rigorous criteria of the Maryland Scale, no programme can be labelled as "working".

In interpreting the UK evidence here, two further points should be considered. Firstly, at the point when this review was finished and written up, there were several high profile evaluations of UK programmes still to report including those on programmes imported directly from the US as examples of proven practice, at least one of which will involve a cost-benefit analysis and two of which are gold-standard randomised-controlled trials. Early findings from these as yet unpublished studies indicate results in the 'right' direction, but the final analyses are required to shift the effectiveness of some of these programmes from 'promising' to 'working'.

Secondly, attention should be drawn to the examples where the balance of evaluations leans toward quantity rather than quality. The case of Intensive Family Interventions (previously FIPs) is particularly relevant here: the programme has been evaluated a number of times but the type of evaluation conducted, namely simple before and after with no robust comparison (Level 2 on the Maryland Scale), limits the strength of any conclusions regarding its overall impact or effectiveness. Although some of the criticisms of the programme have been addressed in more recent evaluation work, such as sample size and follow-up, none of the results thus far can be used to assess quantitative impact as the design reports data from a purposive sample only and does not contain a control group with which to compare baseline characteristics or outcomes. Without such detail, judgements on value for money simply cannot be made.

Finally, all of the evaluations included here would benefit from a greater understanding of whether positive outcomes are sustained by the young people and their families over time as well as detail on both the short-run cost-effectiveness of individual interventions and the longer-term likely savings to society. As noted above, however, this is also something that is also often missing from the international evidence.

Table 3.2.3: Summary table – YOT Parenting Programmes, IIPs, SFSC

Name of intervention	Project overview	Target group	Impact/achieved outcomes	Evaluation notes/issues	Evaluation quality	Cost-benefit analysis
YOT Parenting Programmes	Parenting interventions are designed to develop parents' skills in order to reduce parenting as a risk factor and enhance it as a protective factor	**Targeted:** Most parents are offered a parenting programme because the YOT is already working with their child, and has made an assessment of need	Parenting skills and parent-child relationships Reconvictions, offending, average number of offences	Evaluation b/w Jun '99 – Dec '01 2001. Data on parents' attitudes were gathered at the start of their entry to the project, and for those who stayed the course, at the end. Key findings on the impact of the programme are based on a sub-sample of 200	Level 2	None
Intensive Intervention Projects (IIPs)	IIPs target 1,000 of the most challenging YPs and their families. YPs sign a contract for changing their behaviour, outlining the consequences if they don't make the change and in return get tailored support	**Targeted:** IIPs target 1,000 of the most challenging young people, aged between 8 and 19	Early findings from the qualitative evaluation: improvements in attendance, self-esteem, parenting skills and communication within families; and reducing ASB	Findings from the quantitative evaluation are yet to report but may reach Level 3 on the Maryland scale	Level 2 (tentative - evaluation still ongoing)	None
Strengthening Families, Strengthening Communities (SFSC)	SFSC aims to facilitate strong ethnic and cultural roots, positive parent-child relationships, life skills, self-esteem, self-discipline, social competence, and to assist families in accessing community resources	**Targeted:** Black and minority ethnic parents with children aged three to eighteen years	Positive discipline, parent-child relationships, increased parenting skills	Uncontrolled, short-term evaluation. Also being evaluated as part of PEIP project	Level 2	None

3.3   School-based programmes

The UK has few explicitly focused school-based programmes designed to reduce youth crime and antisocial behaviour. Of the two initiatives identified in this review both adopt a universal rather than targeted approach. For example, the Safer School Partnerships (SSPs) project attempts to tackle key behavioural issues such as bullying, truancy, antisocial behaviour and offending across all pupils in the school. Introduced in 2002, SSPs adopt a whole-school approach to behaviour and discipline and involve the police and other support workers more proactively in schools in order to promote safety and reduce victimisation, criminality and antisocial behaviour.

SSPs are comparable to programmes in the US discussed above (see section 2.5) in that they are aimed at affecting change to the school environment through authority structures and/or decision-making process in schools. In addition, the programme draws on the wider community, although in this case represented by the local police force, which does, however, give the programme surveillance undertones. In the UK, projects take various forms depending on how they are funded and the local police's schools' strategy. Three projects funded by YJB, for example, have a wholly operational police officer and supporting team located f/t in a secondary school. Other SSP models tend to include a more 'light touch' approach with one police officer covering several schools and more intensive Behaviour and Education Support Team[11] approaches in which a police officer is part of a multi-agency partnership attached to a cluster of schools. However, as with other universal programmes, the lack of good baseline data on offending and safety in schools, here at the school-level, limits the extent to which any evaluation can robustly assess the impact SSPs have on reducing offending and antisocial behaviour.

Nevertheless, using a matched-control design, findings from the national evaluation indicate that, in comparison with similar schools, those schools participating in the SSP initiative had positive associations with respect to decreases in school exclusions and truancy rates (Bowles, Garcia Reyes & Pradiptyo, 2005). The study also included a small-scale cost-benefits analysis indicating positive net benefits of the programme overall. However, in line with the international literature highlighting that more intensive programmes, tend to have greater effects, these positive results were shown to be stronger in the YJB schools than in the more light-touch ones. [12] Furthermore, the cost-benefit analysis was carried out using data from the three YJB

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[11] Behaviour and Education Support Teams (BESTs) are multi-agency teams which draw together a full range of specialist support for vulnerable young people and their families. They aim to promote emotional well-being, positive mental health, positive behaviour and school attendance among children and young people. That their primary focus is not reducing antisocial or offending behaviour puts them beyond the scope of this review, but interested readers should refer to Hallam et al. (2005) for a further detail.

[12] There is considerable local variation in SSP models and lack of baseline detail on each limits our ability to determine whether any improvement seen results from genuine programme impact or differences in the schools themselves, for example, those with greater room for improvement.

schools only and may, therefore, overestimate the impact that a rollout of the more light touch programmes could expect to achieve.

Findings from the SSP process evaluation (Sherbert Research, 2009) also note that despite the positive impacts on absenteeism and truancy, some staff and parents from the schools involved were uncomfortable with the idea of having a police officer on site. They noted that the exact role of the police officer was often unclear and expressed having concerns about the potentially stigmatising effect on the school, marking them out as being a 'problem' establishment. These kinds of problems can negatively affect the smooth running of initiatives, particularly those which adopt a whole-school or otherwise universal approach, and may ultimately limit the success of the programme. Since issues surrounding a programme's implementation have been identified as a key feature of programme effectiveness (see sections 2.2 and 5 for further detail), such concerns should not be ignored in future development of SSPs and any similar new initiatives.

After School Patrols, an element of the Youth Crime Action Plan (YCAP), introduced by the previous administration in 1998, are a universal, area-based initiative designed to tackle antisocial behaviour and disorder at school closing times on problematic bus routes, outside of schools and at transport interchanges. As yet there is no robust evidence on how this intervention impacts on youth offending but the programme design does not readily lend itself to rigorous evaluation. However, as an operation based on a principle of deterrence, the findings from international literature allow us to question the effectiveness of such an intervention.

Summary: School-based programmes

School-based intervention is generally not, in practice, a stand-alone programme or curricula. Rather it is a mix of many different activities that schools implement. There is, for example, evidence that school-based initiatives designed to improve social and emotional skills, such as SEAL, can reduce problematic behaviours such as bullying and negative school attitudes and may consequently lead to gains in reducing young people's antisocial behaviours (DfES, 2006), which is clearly a good example of child skills training.

The lack of school-based programmes in the UK focussing solely on youth crime and antisocial behaviour is also likely to reflect limitations in the extent to which schools can restructure their teaching practices and reorganise classroom management as in the examples of STATUS or PATHE given above. For example, with very few exceptions, schools are not able to hold students back and make them repeat a year as in the US. However, one of the findings from the international literature is that the location of the intervention is not a key determinant of programme effectiveness. Thus if the suite of early interventions provided locally is sufficiently flexible to capture all of the target groups in the local area, then the lack of school-based programmes should not in and of itself be problematic. It is, however, vital that

schools continue to work with other agencies in order that vulnerable and at-risk young people are identified and accurately targeted.

Table 3.3.1: Summary table – School-based interventions

Name of intervention	Project overview	Target group	Impact/achieved outcomes	Evaluation notes/issues	Evaluation quality	Cost-benefit analysis
Safer School Partnerships (SSPs)	SSPs promote the safety of schools and students attending them and aim to reduce victimisation, criminality and ASB within schools and their communities by more proactively involving police	**Universal**: Whole-school approach	Reduced absence rates. No impact on exam performance	Comparison of outcomes for a sample of 15 schools in which an SSP intervention had been implemented and a further 15 schools, matched by truancy and exam pass rates in which it had not	Level 3	Limited CBA suggests that SSP has positive net benefits
After School Patrols	After School Patrols are designed to tackle ASB and disorder at school closing time, on problematic school bus routes and at transport interchanges	**Universal**: area-based initiative	No robust evidence on how this intervention impacts on youth offending. There is monitoring data on how many YPs are reached but not what happens to them after that	n/a	n/a	None

3.4 Community and neighbourhood-based early intervention initiatives

There are a number of initiatives in the UK which can come under the heading of community and/or neighbourhood-based programmes. In the UK, community-based programmes and early intervention strategies typically follow two broad categories. The first, are wholly targeted services which work with a selective group of young people already displaying delinquent behaviours (indicative) and include Youth Inclusion and Support Panels (YISPs), Challenge and Support projects and Triage in Custody Suites. The second are services targeted at more general, selective populations of young people broadly "at risk" [13] which combine in varying ways developmental activities and situational intervention with a focus on diversionary activities and reduced opportunities for engaging in criminal activities, such as Positive Activities for Young People[14] (PAYP), Youth Inclusion Panels (YIPs), Street Based Teams (part of YCAP) and the Tackling Knives Action Programme (TKAP).

As in the examples from the international literature, across both the indicative and selective categories, community-based approaches to youth crime and antisocial behaviour are highly variable in design and can incorporate features found in individual, family and school-based interventions. While there are similar flaws in rigorously evaluating these larger-scale studies, many of the findings replicate those from the evidence base previously discussed. YISPs, for example, like those multi-modal programmes cited above, work with a very specific set of young people who are at high risk of offending and antisocial behaviour through a range of tailored interventions including family group conferencing and parenting support, coordinated by a dedicated key worker.

Supporting Lipsey's conclusions (2009), findings from the YISP national evaluation indicate that the higher the levels of individual risk when starting the YISP intervention, the greater the likely level of risk reduction (Walker et al., 2007). Again reflecting findings from Joliffe and Farrington (2008) discussed above, the Walker study also demonstrated that young people receiving mentoring as part of the broader YISP programme saw a higher than average risk reduction, further underscoring the value of a multi-modal delivery framework. The evaluation also highlighted the critical role played by YISP key workers and suggests that their one-to-one relationship with the child and their family is the most important factor in securing engagement in the programme and promoting positive change.

Early evidence from YIPs, Challenge and Support projects and Triage in Custody Suites all show associations in the "right" direction, but the kinds of evaluations carried out and weaknesses in the data gathered limit understanding of the effectiveness of such interventions. The remit of YIPs, for example, is very broad and covers five phases from setting up neighbourhood and management structures to

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[13] Though see the example of Open Drive for an example of a universal programme.
[14] Note that PAYP initiative ran between 2003 and 2006 and has now ended.

deliver the programme and identifying the most at risk 50 young people, to then engaging, assessing and delivering interventions to them all with the aim of reintegrating into mainstream society those most at risk of offending, truancy or school exclusion. The programme's aims are that the core 50 should be attending activities for an average of five hours per week including for example, alternative education programmes for young people not attending school, sporting activities, arts/culture or media projects such as DJ-ing and family projects.

The YIP approach combines elements of both developmental and situational prevention, giving young people somewhere safe to go where they can learn new skills, take part in activities with others under the guidance of positive role models and get support with their education and careers guidance. However, it is not prescriptive or individually tailored and therefore does not as a matter of course contain many of the central characteristics of effective programmes. There is some learning of new skills, however not necessarily the social, emotional, and cognitive competence skills associated with child skills training, and whilst mentoring is also a feature of YIPs, this is through the provision of positive role models as opposed to the more effective intensive, mentoring programmes. While, independent evaluations suggest an association between YIPs participation and decreases in offending behaviour and arrests, there are concerns about the effectiveness of the programme in reaching the core 50 and the programme design prevents it from being able to robustly evaluate impact.

Restorative Justice (RJ) interventions, fall outside the scope of the current study since they predominantly deal with young people already in the youth justice system. They are worthy of brief mention here, however, as they have been the subject of several evaluations and appear more promising: results show significant reductions in the frequency of reconviction (Shapland et al., 2008). The cost-effectiveness element of the study also highlights the lifetime savings made to society through RJ conferencing schemes.

The Tackling Knives Action Programme (TKAP) attempts to provide an 'end-to-end approach' from prevention to enforcement in aiming to reduce the carrying of knives, related homicides and serious stabbings among teenagers in ten police force areas. TKAP works closely with schools to educate young people about the dangers of carrying knives, gives more and longer custodial sentences to those in possession of knives and offensive weapons, and increases targeted stop and searches to deter young people from carrying knives but does not by programme definition include any of the key factors associated with programme effectiveness. Ward and Diamond (2009) compare findings between TKAP and non-TKAP areas and report an overall decline in recorded knife crime and hospital admissions in the target age group during the TKAP period, but underlying differences in the areas prior to the initiative limit the extent to which these results can be attributed to programme.

The evaluation evidence is particularly limited for programmes targeting at-risk young people such as Operation Stay Safe (YCAP) and Street Based Teams

(YCAP), and less individually-focused positive activities programmes such as PAYP (Positive Activities for Young People) and Open Drive, few of which contain any of the characteristics identified as integral to effective programmes in international literature. The only data available for these initiatives is monitoring data on how many young people are reached but not what happens to them after that and average annual spend per young person. The intention behind Open Drive does have the potential to be effective as an after school recreation initiative, particularly as positive activities were to be offered on Friday and Saturday nights when young people are most likely to be unsupervised and therefore engaged in criminal activity. However, this will depend very much on whether the activities offered are also well structured and there is proper supervision.

Summary: Community and neighbourhood-based programmes

There are some examples of promising practice amongst the community-based initiatives. YISPs, for example, adopt a multi-modal delivery framework alongside a mentoring programme and the use of a designated case worker and show reductions in young people's risk profiles. However, there is a particular gap in the quality of scientific evidence evaluating these programs. The YISPs evaluation was designed more to assess process than impact and lacks any form of comparison group to retrospectively do so. Moreover, the evaluation suggests that many of the YISPs were targeting different groups of children making overall comparison problematic. Nevertheless, that comparable findings with the international evidence base are found where programmes include the key features associated with effective practice in this literature is positive.

Table 3.4.1: Summary table – YISPs, YIPs and CS projects

Name of intervention	Project overview	Target group	Impact/achieved outcomes	Evaluation notes/issues	Evaluation quality	Cost-benefit analysis
Youth Inclusion and Support Panels (YISPs)	YISPs identify and support YPs aged 8–13 (up to 17 in some areas) who are at high risk of offending /ASB before they enter the YJS through multi-agency planning groups that offer early intervention based on assessed risk and need	**Targeted:** By referral. Assessment score (ONSET) must indicate 4 or more risk factors present	Reduced level of risk (ONSET): • higher starting risk, greater level of risk reduction; • older children less likely to experience large reduction Gender and SES not statistically related to risk reduction levels	Short term outcomes in the 13 YISP pilot areas have been evaluated, but this study focuses more on implementation and processes than outcomes	Lev el 2	None
Youth Inclusion Programme (YIPs)	The focus of YIPs is to reduce youth crime in a given area, change attitudes to crime and ASB, and address factors that put them at risk of offending	**Targeted:** The core 50 YPs in a neighbourhood considered most at risk of offending; also open to other YPs in the local area	Decrease in number of arrests and average rate of offending	The first two phases of YIP, up to 2006, have been independently evaluated	Level 2	None
C&S projects	C&S projects aim of stop poor behaviour from escalating by ensuring that YPs whose behaviour is serious enough to attract formal warning letters –ABCs or ASBOs – get support to address the causes of their behaviour	**Targeted:** YPs issued with ASB enforcements	Due to report Spring 2011 Other work by the National Audit Office found that the majority of people who received an intervention did not re-engage in ASB	Process Evaluation (started at the end of 2008) and Impact Evaluation (started at the beginning of 2010) due to report Spring 2011. Evaluations aim to determine whether offering appropriate supportive interventions alongside enforcements for anti-social behaviour is more effective than enforcement alone	Level 1; Level 2 (tentative evaluation still ongoing)	None

Table 3.4.2: Summary table – Triage, Restorative Justice, Tackling Knives Action Programme

Name of intervention	Project overview	Target group	Impact/achieved outcomes	Evaluation notes/issues	Evaluation quality	Cost-benefit analysis
Triage in custody suites	Triage, aims to prevent YPs from reoffending and slipping deeper into the CJS by assessing them earlier. Youth Offending Officers work with police officers to, where appropriate, keep YPs out of CJS	**Targeted:** Triage takes place at the point that a young person enters police custody following arrest (low gravity offences)	The Lewisham and Greenwich pilots suggest that the number of FTEs decreased while the number of FTEs for London as a whole has remained constant	First pilots in London were in Lewisham and Greenwich in June 2008 and were funded by the YJB and London Criminal Justice Board and have been independently evaluated. The results, while promising, cannot be attributed fully to the role of Triage.	Level 1	None - but links to Restorative Justice cost-benefits
Restorative justice (RJ)	RJ is a process whereby parties with a stake in a specific offence collectively resolve how to deal with the aftermath of the offence and its implications for the future	**Targeted**: Convicted YPs. RJ provides opportunities for both victim and offender to communicate and agree how to deal with the offence and its consequences	Reduced frequency of reconviction on average by 27% No significant differences between the RJ and the control groups in terms of severity of reconviction	The most rigorous evaluation examines RJ across all adult, from 18 to 59, but finds no significant effect of age suggesting findings can be generalised	Level 2; Level 3; Level 5	Not youth specific but for every £1 spent on delivering RJ conferences, up to £9 saved lowering cost of offending
Tackling Knives Action Programme	TKAP works with schools to educate YPs about dangers of knives, give more custodial sentences for possession, increase targeted stop and searches to deter YPs from carrying knives	**Targeted:** Originally aimed at 13-19 yr olds in ten police force areas, but was extended to other areas and to cover all forms of serious violence amongst 13 to 24 yr olds	Monitoring data suggests an overall decline in recorded knife crime and hospital admissions in the target age group during the TKAP period	Key findings are compared to non-TKAP areas, however, it is clear that the extent and nature of knife crime prior to TKAP differed between TKAP and non-TKAP areas, and between the ten areas	Level 2 (but not a detailed evaluation)	Limited CBA estimates that for every £100 spent there were benefits of £140

Table 3.4.3: Summary table – Operation Stay Safe, Street Teams, Open Drive, PAYP

Name of intervention	Project overview	Target group	Impact/achieved outcomes	Evaluation notes/issues	Evaluation quality	Cost-benefit analysis
Operation Stay Safe	Operation Stay aims to remove vulnerable YPs from the streets late at night and take them to a designated "safe place"	**Targeted:** YPs who are out late at night and either at risk of becoming a victim of crime or of committing criminal acts	Again, no evaluations identified and only limited monitoring data on how many YPs are reached and referred on to other services	n/a	n/a	None
Street Teams	Street teams tackle youth offending and ASB by engaging disaffected YPs on the streets and diverting them into positive activities, training or work	**Targeted:** Engages disaffected YPs on the streets. Those who have rejected previous offers of support are prioritised	No evaluations identified. There is monitoring data on how many YPs are reached and referred on to other services but not what happens to them after that.	n/a	n/a	None
Open Drive	Open Drive tries to ensure activities are available to YPs when they are most needed, inc. on Friday and Saturday nights	**Universal**	No evaluations identified. NYA to publish a Friday & Saturday good practice document	n/a	n/a	None
Positive Activities for Young People (PAYP) [Now finished]	PAYP was a three-year programme for young people at risk of social exclusion or of being involved in community crime	**Targeted:** Aimed at those YPs aged 8-19 years most at risk of social exclusion, committing crime or being a victim of crime	Reductions in the frequency, rate and gravity of offences while YPs were on involved in PAYP	Evaluation data indicate that only 32% of YPs who participated in PAYP have an outcome recorded against them limiting the strength of the findings	Level 2	None

4. Key themes emerging from the UK

4.1   Evaluation quality

Despite growing considerably in volume over the past few years, many UK evaluations fall well short of ideal standards of scientific rigour. Consequently, the evidence base for the UK remains rather slender with very few prevention or early intervention programmes being subject to the kinds of robust evaluation research that has generated clear conclusions about effectiveness as seen in the international literature and, in particular, the US.

This results, in part, because UK early intervention programmes have not been designed with such evaluation in mind or have not been readily amenable to evaluation. For example, many studies fail to include or identify suitable comparison or control groups - i.e. those who receive the intervention, and those who receive a different intervention, or nothing at all - preventing any assessment of whether observed changes were due to participation in a treatment programme or were simply due to other factors (Rossi et al., 1999). Programmes without a control or comparison group are automatically limited to a Level 2 on the Maryland Scale and cannot yield any conclusions about how effective interventions are in achieving intended outcomes.

The strength of having a well-matched comparison group is apparent when, for example as in Little's (2004) evaluation of ISSPs, it enables researchers to report statistically significant differences in group outcomes (e.g. 30-35 percent lower arrest ratio for the 'treated' ISSP group) and nuanced sensitivity analysis indicating particular benefits for violent offenders. It is really only through this kind of evaluation, with replication[15], that we can establish with any confidence which components of a programme contribute the most to overall effectiveness, and for which types of people, under what circumstances, the service works best (see Ghate, 2001, for further discussion here).

Measurement quality is also an integral part of a good quality evaluation and limitations in the data collected as part of many of the studies discussed here further limits what can be concluded about their effectiveness. Lack of good baseline data and details such as demographics, personal and family circumstances and other relevant risk factors also mean that important correlates of programme effectiveness may be missed. Weak data on offending available at the school-level, for example, prevented the evaluation of SSPs from more robustly assessing the impact on reducing offending and antisocial behaviour. Several other studies report data on attitudes (YOT Parenting Programmes), subjective reports of antisocial behaviour (Intensive Family Interventions) and qualitative information on parenting styles,

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[15] Note that the Waters et al evaluation of ISSPs found no differences in the frequency of seriousness of offending between ISSP and comparison groups.

discipline and communication within households (IIPs). While these are all relevant components of individual relationships and family dynamics and are useful to understand process issues etc., evaluators cannot measure changes in them and so draw conclusions on the impact or effectiveness of the programme.

Better are those studies that measure objective, quantifiable outcomes of antisocial behaviour[16], as well as reconviction rates (ISSP, PYOP), patterns of offending and arrest ratios (ISSP, MST), and engagement in education and/or training (IF), before and after programme participation. YISPs use the ONSET score to assess individual risk at the start of the programme and monitor change over time. The ONSET score is a specifically designed tool for use in early intervention/prevention programmes and is designed to measure change in risk and protective factors in four key domains of a young person's life: school, family, community, and self.[17] As in examples from the international literature, analysis of these ONSET scores shows that those with the highest initial level of problems achieve the greatest level of risk reduction. In her article on the scientific concerns and practical constraints of the UK evaluation evidence, Ghate further argues that the data gathered needs to be subtle enough to capture changes in the frequency and severity of offending and not just its presence or absence in order to pick up the small changes that are often characteristic of interventions to reduce delinquency (see also Hagell et al., 1999).

Other issues regarding the quality of the evaluation carried out concern the length of follow up and the sustainability of outcomes. Several studies provide only single correlations between a prevention programmes and a measure of crime, often subjectively assessed, at one point in time (Level 1: C&S projects, Triage in custody programmes) or simple before and after measures (Intensive Family Interventions, YIPs, YISPs and some of the C&S projects[18]). Moreover, where funding and timescales for follow-up are provided, they are rarely sufficient to do so for more than short periods preventing assessment of possible fade out (as observed in both the IF and ISSP evaluations).

Finally, the lack of rigorous cost-benefit analysis across the UK programmes severely restricts our understanding of how effective prevention and early intervention policies are. We are currently reliant on cost-effectiveness evidence from the US, which may not always translate well to the UK context[19], supplemented by indicative annual spend from relevant government departments. This is in part driven by problems inherent in the designs of the evaluations themselves and the limitations on the data gathered as well as the lack of a recognised authoritative source of data and information on effective approaches as in the US' Washington State Institute for Public Policy. Indeed, the Independent Commission for Youth

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[16] Expected as part of the FFT evaluation.

[17] A scale of 0–4 is used to rate each section in terms of its relevance to further offending, with 4 indicating a strong association.

[18] For 10 of the 52 projects, pre and post Challenge and Support offending data was obtained from YOT systems/PNC.

[19] See figure 2.1 for further discussion of the cost-benefit work carried out by Steve Aos and colleagues.

Crime and Anti-Social Behaviour, Time for a Fresh Start report and the recent review by Graham Allen, MP, Early Intervention: The Next Steps, strongly recommend that a comparable institute or organisation is established in England to provide such a role.[20]

In summary, while there are increasing examples of promising practice emerging, much of what sits under the banner of 'evaluation' in the UK is currently of limited utility in assessing the impact or effectiveness of programmes. Yet, as has been argued throughout this report, in order to understand 'what works' in reducing offending and thus ensure that the services offered are effective and use the limited resources available wisely, evaluations remain "a necessity, not a luxury" (Ghate, 2001, p.23). Intervention programmes which end before sufficient time has elapsed to assess the programme's longer term impact miss a vital opportunity to extend our knowledge of `what works' for the UK context. Examples from the US where longitudinal follow-up data are available, for example for the High-Scope Perry Pre-school Program[21] in Michigan, show clear, long-term benefits of earlier intervention across a host of adult outcomes including criminality. However, to be fair this is more the exception than the rule even for US evaluation standards. Perhaps, in view of our limited resources, we should consider how to put greater resources into fewer evaluations of a higher quality and focus on those activities on the most promising and well-designed interventions that currently exist.

One further recommendation to help counter issues of omitted control groups and short run data collection is that better use is made of existing data sources to derive appropriate comparison groups. While this would still be some way from the gold standard of the randomised-controlled trial and would not allow causal interpretations to be drawn, using longitudinal data sources in this way could help better understand the (long term) pathways into (and out of) offending and criminal behaviour for different groups of individuals. The strength of longitudinal and panel data sources, such as the 1970 British Cohort Study (BCS) and the Longitudinal Study of Young People in England (LSYPE), could enable other factors influencing behaviour, including demographic characteristics, personal and family circumstances and other risk factors to be controlled for. Comparison of a given treatment group to this kind of control could also allow potential selection effects to be taken into account through, for example, comparing severity of average delinquent behaviours, whether the treatment group are most like those who go onto become persistent or adult offenders or are at a lower end of the distribution of offending behaviour. In doing so,

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[20] The Independent Commission, Time for a fresh start, also provides an interesting discussion of the factors which have inhibited the adoption of cost-effective practice.

[21] The High-Scope Perry Pre-School Programme study was an early childcare study designed to promote social and cognitive development in at-risk children conducted in the US during the 1960s. Its original aims put it outside the scope of the current review, but its longitudinal and experimental design has enabled it to follow study participants through their teens and into adulthood. Recent studies have shown that as adults in their 40s those who were enrolled in programme have higher earnings, are more likely to have a job and have committed fewer crimes. For further detail see: www.highscope.org.

this constructed or quasi-control group may provide better estimates of the likely impact of certain early intervention programmes.

4.2   Targeting the targeted

In terms of the approaches used, the majority of early intervention programmes currently operating in England are targeted rather than universal services. However, understanding who the targeted group are and so what 'targeted' services actually look like is far from straightforward. In some instances, young people (and their families) are targeted by intervention services because they live in an area where crime rates are high and so many young people are deemed at risk of offending (YIPs). Others make the 'target group' because they already display antisocial, delinquent and/or criminal behaviour (FFT) or have been issued with an anti-social behaviour enforcement (C&S projects). Some are targeted because they have substance misuse problems, others are engaged in gun or knife related offences, and a small minority are persistent or prolific offender, all of whom are likely to have very different sets of circumstances as well as needs. How then to target different target groups?

The core principles described above provide a foundation for working effectively with young people at-risk of or who are already offending, yet given the different risk factors associated with antisocial and offending behaviours, a one-size-fits-all approach to youth crime is likely to be counterproductive. There is also, for example, evidence to suggest that providing intensive programmes to low-risk offenders may in fact lead to increased recidivism (Andrews, Bonta and Hoge, 1990b), while accurate targeting of higher risk young people can produce larger effects (Walker et al., 2007; Lipsey, 2010). Findings from the ISSP evaluation, for example, show slightly better outcomes for violent than non-violent offenders (Little et al., 2004) and are particularly salient given that persistent offenders are a notoriously group to engage and see positive outcomes for. More research is also needed into 'what works' for other groups such as female or minority ethnic offenders.

Difficulties in conducting robust evaluations also arise because of differences in who the target populations are: some studies work only with small numbers of young people and their families in single locations, while others operate with much larger numbers across multiple locations but in highly variable ways. Challenge and Support projects, for example, have been established in 52 areas across England, reaching over 26,000 young people but operate in variable ways across the different locales. Different YISPs have also been accused of not all targeting the same groups of young people creating further challenges in assessing programme impact.

In several of the studies reviewed here, concern has also been raised over the makeup of the sample, that is who is (i) included in the original study design, (ii) followed up and (iii) included in the final evaluation group. The Youth Justice Board's national evaluation of the YOT Parenting Programmes, for example, initially included 34 projects with approximately 800 parents and 500 young people providing data. The key findings, however, are based on a sub-sample of only 200 parents who

stayed the course which is likely to under-represent parents who were seriously disaffected with the programmes and those with the highest level of need.

Similar criticisms have been made of Intensive Family Interventions. For example, in the most recent report on the monitoring and evaluation of Intensive Family Interventions (Dixon et al., 2010), of the 7,231 families reported to have been referred 4,870 (67 percent) were offered and accepted a Family Intervention while 1,860 families (26 percent) were not offered, 203 families (3 percent) declined and 298 families (4 percent) were placed on a waiting list. While these numbers are an improvement on earlier evaluations, the longer term outcomes measured 14 months after exit from the intervention reports data from only 283 families, representing just 6 percent of those who were offered and accepted an intervention and just 3 percent of those who were originally referred (see also Gregg, 2010).

Finally, ensuring that all those in the target groups are reached is another key element of accurate targeting. Coverage estimates of the number of young people and their families reached by 'targeted' programmes suggest they fall short of the actual numbers of vulnerable and at-risk groups and could be as low as just 15-35 percent of the 'target' 10 -19 population (Cabinet Office 2008). Critiques of Intensive Family Interventions, for example, note that the less cooperative, most resistant families were eliminated from the start. Furthermore, that there is no recorded data for families who were referred but declined an intervention or about the statuses of those who did not formally exit the project – arguably those most in need of intervention services - severely restricts generalisability of these data. This is also true for community and neighbourhood-based programmes such as YIPs.

5. Implementation and going to scale

A large number of specific programmes have been shown to work in improving the health and life chances of young people and reducing future delinquent and criminal behaviour. But successful, evidence-based early intervention programmes are not widely adopted even in the USA where most of them originate. For example, Multi-Systemic Therapy probably reaches 1 percent of its potential market of troubled young people in the USA (Little, 2010, p.14 and n.10). This shows that a large gap has opened up between the science and the practice of prevention in the field of child and adolescent development. There is an urgent need to find the structures and modes of organization that will allow the findings of prevention science to be widely and successfully applied.

As we outlined in section 2.2, how fully programmes are implemented has a strong influence on the outcomes achieved. Durlak and DuPre (2008) found five meta-analyses covering a total of 483 studies and 59 further studies that provide information on the relationship between implementation and outcomes. The results clearly show that implementation matters, and more specifically that the level of implementation is systematically related to the amount of the benefits for participants. Thus, in a review of 59 mentoring studies, DuBois et al. (2002) found programmes that monitored implementation obtained effect sizes three times larger than those that reported no monitoring. Similarly, Smith et al. (2004) reported that among 14 whole-school anti-bullying programmes, those that monitored implementation showed twice the effects on rates of self-reported bullying and victimization than those that did not. In an earlier meta-analysis of 143 drug-prevention studies, Tobler (1986) found higher effect sizes for well-implemented than for poorly-implemented programmes. In a meta-analysis covering 221 evaluations of school-based prevention programmes targeting aggression, Wilson et al. (2003) found that implementation was the second most important variable influencing outcomes. In a fifth meta-analysis, Derzon et al. (2005) assessed findings from 46 unpublished drug prevention programmes. On average, the studies had no significant good effects, and furthermore many individual studies appeared to show negative effects. However, three factors were found to have a strong influence on the results: fidelity (the extent to which the programme's aims and procedures were put into practice); dosage (the intensity of programme delivery); and exposure of the control groups to alternative services. After adjusting for the influence of these three factors, Derzon et al. (2005) found that the mean effects of the programmes increased twelvefold and became statistically highly significant. Finally, Durlak and DuPre (2008) reviewed in more detail 59 further studies that had not been included in the above meta-analyses. In three quarters of these studies there was a significant relationship between the level of implementation and outcomes. The aspects of implementation most often measured were fidelity and dosage (both were related to positive outcomes), whereas the quality and reach of the programmes were not assessed. The three studies that looked at the capacity of programmes to adapt to local conditions found that adaptation too was related to positive outcomes.

The context of these findings on implementation is that virtually all of the studies are American, and in nearly all cases the programmes have been developed by small groups of social scientists and enthusiasts outside the mainstream social, educational or health services, and launched as add-on or demonstration projects. The model that is most often assumed is that scientists and practitioners develop a well-specified programme (ideally with written manuals and other materials) to address defined problems (such as bullying, drug use, or delinquency) through established causal pathways and by methods that have been shown to work. The programme will be given a recognizable name (seldom as catchy as Coca-Cola or Guinness), launched on a limited scale, and evaluated, in the hope that the published results will encourage 'communities' elsewhere to adopt it. Sometimes the elements of the programme will be delivered by staff of core services (such as nurses, doctors, social workers, and teachers) as a small addition to their mainstream work, sometimes by specially recruited staff who report to an organization set up to run the initiative. Given this highly decentralized approach, similar but different programmes (with distinct brand names) tend to proliferate. Where a programme is replicated more widely, fidelity may be high or low, depending on the controls that are in place. There is an emphasis on innovation, with enthusiasm and energy tending to be channelled into the development of new programmes rather than taking proven programmes to scale. After thirty years or so, as we have seen, many different programmes have been shown to be successful, but validated programmes are not being delivered to most of the target market, and the core service organizations (education, health, social services) spend only a tiny fraction of their time and resources on delivering evidence-based prevention programmes.

In the American scientific literature, discussion of how evidence-based prevention programmes can be better and more widely implemented takes place against this background, and assumes that they will continue to be mounted as add-ons to mainstream services. There is limited but useful evidence about the characteristics of interventions and providers that make good implementation more likely. Summarizing the relevant studies, Durlak and DuPre (2008) find that providers who believe in the innovation, feel confident in being able to deliver it, and have the relevant skills are more likely to implement the programme fully. (Note the routine use of the term 'innovation', which illustrates the emphasis on producing something new rather than establishing a permanent service to meet a continuing need.) More controversially, Durlak and DuPre (2008) point out the tension between ensuring programme fidelity and adapting to local conditions, and find evidence that adaptability improves the level of implementation. Features of the organization found to be associated with good implementation come into the category of motherhood and apple pie (openness to change, leadership combined with shared decision-making). The provision of training and technical assistance is also found to be important.

Looking more broadly at the whole process of developing and implementing evidenced-based programmes, Wandersman et al. (2008) started from a 'seminal report' produced by the (US) Institute of Medicine in 1994, which presented a model in five steps: (1) identify problem and describe its extent; (2) review relevant information on risk and protective factors, causal paths, existing prevention programmes; (3) design, conduct, and analyse pilot studies and trials of the preventive intervention programme; (4) design, conduct and analyse large-scale trials of the programme; (5) facilitate large-scale implementation and ongoing evaluation of the programme 'in the community'. They considered that the 'implementation gap' opened up largely between steps (4) and (5). The remedy proposed was improving links between three 'systems' described in highly abstract terms: a system concerned with distilling the information and making it accessible to practitioners (synthesis and translation); a system concerned with supporting the work of prevention both through building general capacity and skills and through providing back-up in delivering the specific programme; and a prevention delivery system (see Figure 5.1). An important theme was that the communication between these 'systems' needs to flow in both directions, for example from the practitioners delivering the programme back to those who are distilling the basic science as well as from the scientists to the practitioners.

Figure 5.1: Interactive systems framework (Wandersman et al., 2008)
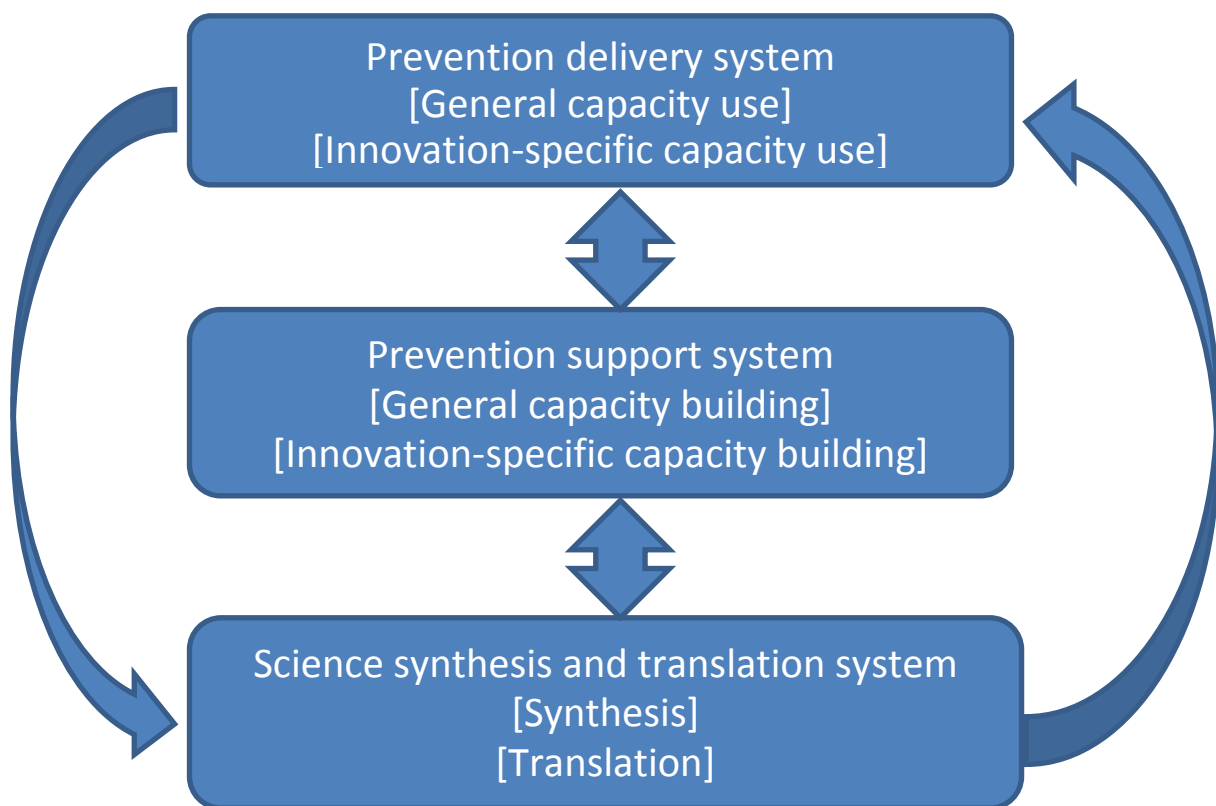
Fagan et al. (2008) have described a specific model for strengthening links between science and locally-based prevention activity, as part of the Communities that Care (CTC) programme. On this model, 'community-based coalitions implement and monitor selected prevention programmes' but within a strong framework established by CTC. The local decision-making bodies, called 'community boards', are given special training (for example in analysing survey data). They choose the prevention programmes, but only from those that have demonstrated effects on risk or protective factors and problem behaviours in at least one study using a strong research design. In the case of the specific initiative described in this article (Fagan et al., 2008), the Community Youth Development Study, the action plans developed by each community board were critically evaluated by the Social Development Research Group at the University of Washington and revised in the light of their comments. As the plans were put into practice, a system for monitoring their implementation was set in motion. A range of instruments were developed to measure various aspects of fidelity: the content, dosage, and quality of what was delivered, and the responsiveness of participants. Information was collected from practitioners and coordinators, through observations of sessions by supervisors, and from surveys of participants. The processes of monitoring, supervision and reporting were structured so as to facilitate a two-way flow of information between those delivering the service, their supervisors, the coordinators belonging to Communities that Care, and the Social Development Research Group at the university. This allowed practises to be continuously improved as the programmes progressed. In short, this model gives ownership of prevention programmes to local coalitions, but by providing strong support, guidance, and monitoring aims to ensure that they choose effective interventions and implement them well. The evaluation reported by Fagan et al. (2008) shows that in the case of the Community Youth Development Study, at least, this model worked reasonably well in the sense that the programmes were rather fully implemented (although perfect implementation was not achieved and cannot be expected). The evaluation was not designed to demonstrate that this model worked better than others would have done, but the care taken with monitoring and implementation was much greater than in most models of intervention.

Communities that Care provides the most fully developed example of a successful way of organizing locally-owned prevention initiatives that are carefully nurtured and controlled so that they embody the principles and knowledge of prevention science. This kind of approach seems natural and even inevitable in the highly decentralized political system of the US. Yet it may be doubted whether a high level of 'market penetration' will ever be achieved through this approach alone. As Little (2010) has pointed out, an alternative approach would be to get evidence-based prevention practices embedded in mainstream systems. To draw an obvious comparison, science-based medicine has become widespread through changing the culture, training and practice of the main body of medical practitioners, not through creating add-on programmes of science-based medicine to supplement cupping and purging. Applying the analogy to education, we expect schools, not special add-on programmes, to teach children to read and do sums. If preventing drug use is

thought to be equally important, then we may come to expect schools to treat that, too, as a core activity. As Little (2010) also points out, however, the mainstream education and social services are not strongly oriented towards outcomes, guided by evidence, animated by scientific principles, or well-disposed towards monitoring of outcomes. Some of their various purposes are unconnected with improving future behaviour or life chances: for example, schools look after children so that their parents can work, and social workers aim to protect children from abusive parents. Although making evidence-based prevention an integral part of mainstream services is a possible way forward, it requires a great deal of heavy lifting.

6. Summary and conclusions

This review draws on the international literature (predominantly from the US) to identify the characteristics and types of early intervention programmes that are effective for preventing or reducing youth crime and anti-social behaviour, based on rigorous and scientifically recognised standards of assessment. This strategy then enables us to make a more informed evaluation of current or recent youth policy in the UK, where the quality of evaluations tends to be less robust.

In a broad ranging meta-analysis examining interventions for reducing youth reoffending, four key characteristics were associated with programme effectiveness (Lipsey, 2009):

- *The methods used to evaluate early intervention programmes.* Generally this is a forewarning against reliance on poorly designed evaluations which tend to overstate programme effectiveness;

- *The Intervention type and mode.* Interventions that embody 'therapeutic' philosophies aimed at nurturing a positive change in young people, and in particular those employing cognitive behavioural techniques, are the most effective overall. Those based on strategies of control or coercion – on surveillance, deterrence, and discipline – are far less effective and in some cases can actually make matters worse;

- *Quality of programme implementation.* This was so important that a less effective but well implemented programme could out-perform a more effective programme that was poorly implemented;

- *The characteristics of the juveniles being treated.* Interventions targeted at individuals already manifesting problematic behaviours or demonstrating many of the risk factors associated with the development of offending behaviour are more effective than universally applied programmes.

There is evidence that programmes which employ a multi-modal design where a broad range of interventions are applied attending to a multitude of different risk factors are more effective. However they only work where there is also a dedicated case worker present to oversee and coordinate programme delivery.

Most of the interventions that have been shown to be effective share most (if not all) of the characteristics identified above. Among programmes aimed at the individual, one type of programme stood out as effective:

- **Child skills training** which aims to teach children social, emotional, and cognitive competence by addressing appropriate effective problem solving, anger management and emotion language.

  Best Practice: Child skills training is especially effective when applied to smaller (more manageable) class sizes, employs cognitive behavioural techniques of instruction and is targeted at older and high risk young people.

Within family focused prevention, a range of interventions were found effective for preventing or reducing youth crime and antisocial behaviour. This includes:

- **Behavioural parent training (BPT)** which teaches parents to be consistent in reinforcing helpful behaviour and punishing or ignoring hostile or unco-operative behaviour.

  Best practice: BPT is more effective in smaller (more manageable) class sizes, and when aimed at parents of older young children (approximately aged 10 and above).

Other effective family based interventions were comprehensive, multi-modal designs that focus on changing maladaptive patterns of behaviour or family dysfunction, using cognitive behavioural techniques:

- **Multisystemic therapy (MST)** which is an intensive, individualised, home-based therapeutic intervention for high risk juveniles. Depending on the young person's needs MST could include child skills training, parenting training, measures aimed at reducing a young person's association with deviant peers, and measures for improving academic performance and attachment to school.

  Best practice: As the number of well evaluated implementations with varying practice is limited there is little data on the circumstances under which MST works best. However there is evidence of increased effectiveness when there is strong adherence to the original programme design.

- **Functional Family Therapy (FFT)** is a clinic-based intervention that includes three therapeutic stages: first, an engagement and motivation phase in which reframing techniques are used to reduce maladaptive perceptions, beliefs and emotions within the family. This then creates the context for a second phase employing behavioural change techniques. Finally there is a 'generalisations' phase in which families are taught to apply the learnt skills in various contexts (the school, the justice system, the community).

  Best practice: Programme effects were only evident where there was strong adherence to the original design.

- **Multi-Dimensional Treatment Foster Care (MTFC)**. Young people are placed in short-term foster homes where they receive individual therapy and behavioural coaching similar to child skills training. At the same time their parents (or guardians) receive weekly family therapy in which they are taught effective parenting and family management techniques.

Further examples of family focused interventions are given that reflect different mixes and intensities of the same effective ingredients of the programmes outline above. Two (Strengthening America's Families and Teen Triple P) also include family skills training which can include structured family activities, therapeutic child play, family meetings, communication skills, reinforcing positive behaviours in each other, and jointly planning family activities, or family support such as mood

management and stress coping skills for parents, and marital communication skills as required.

Effective school based programmes tend to be those aimed at changing the school environment as opposed to interventions that focus on changing the individual alone. This includes:

- **The reorganisation of grades or classes** to group together high-risk or disruptive pupils for periods of the school day, while teaching them with alternative curriculum material and using cognitive behavioural techniques.

- **Classroom or instruction management interventions** emphasising interactive instructional methods using cognitive behavioural techniques.

- **School discipline and management strategies**, particularly those which draw on teams of staff and members of the local community to change the decision-making process or authority structures of the school in order to enhance its general capacity.

Finally, within the community, both mentoring and after school recreation programmes were identified as promising under certain circumstances.

- **Mentoring** typically involves a non-professional drawn from the community spending time with an at risk young person in a non-judgemental, supportive capacity whilst also acting as a role model

  Best practice: Mentoring is more effective when applied as part of a programme of interventions, where meetings are at least once a week and five or more hours in duration with an emphasis on emotional support, and where the mentor is motivated by professional advancement.Careful matching of mentor and mentee and intensive supervision and support by case manager is also stressed.

- **After school recreation** offers young people the opportunity to engage in and learn skills in a range of activities including non-academic ones. This is assumed to be particularly to those who may struggle with school work and risk low self-esteem and/or alienation

  Best practice: After school recreation is only effective if the programme is also highly structured and includes proper supervision.

Interventions that do not work or are less effective include:

- Interventions focused primarily on coercion or control, i.e. surveillance, deterrence or discipline, for example, 'scared straight' programmes and other similar programmes that focus on fear or other emotional appeals to reduce offending.

- Military-style boot camps.

- Individual counselling (not based on cognitive behavioural techniques)

- Unstructured life skills training

- Community service activities

- Gun buyback programs

- short-term non-residential training programs, summer jobs or subsidised work programmes.
- Any programme that groups high risk students together in the absence of a structured programme is associated with increased levels of delinquency.

The good news is that across the youth crime landscape in England, there is little evidence of the employment of interventions that are shown not to work (although this has happened in some cases). What is more, the majority of interventions in England use programmes that have been tried and tested, or are similar to programmes proven to be effective, or else they comprise many of the characteristics of interventions shown to be effective in the international literature. In some cases this amounts to the wholesale implementation of US-developed-and-evaluated programmes (MST, FFT and MTFC (including Intensive Fostering, a variation on MTFC with young offenders)). Moreover, as part of their implementation in the UK, steps are also being taken to ensure programme fidelity, including the monitoring of programme delivery to alleviate any fall in programme quality. Without replicating US programmes, a number of other interventions have many of the characteristics of programmes demonstrated to be effective.

For example, Persistent Young Offender Project (PYOP) in Portsmouth is a multi-modal programme that incorporates child skills training, mentoring in conjunction with other services, cognitive behavioural therapy, and non-academic activities enabling young people the opportunity to express competencies in other areas, targeted at high risk youths. Intensive Supervision and Support Programmes (ISSPs) designed for persistent young offenders and used as part of community-based rather than custody-based sentences, is a multi-modal approach that includes family group conferences, individual mentoring and skill building. Both PYOP and ISSP also include a designated key worker to ensure that the whole package of interventions works well together.

Although there are few explicit school-based programmes primarily aimed at reducing youth crime and antisocial behaviour in the UK, the strategies that are employed represent a whole-school approach to tackling behaviour and discipline, aimed at affecting change to the school environment through authority structures and decision-making processes. Certain specific activities may also lead to positive gains in these areas. SEAL, for example, is a good example of an effective child skills training programme.

Youth Inclusion and Support Panels (YISPs) are also a multi-modal design targeted at young people already engaging in youth offending, and include family group conferencing, parenting support, and mentoring coordinated by a dedicated key worker. However, there are some signs within UK policy and practice, that some well intended programmes include characteristics of interventions that are much less effective according to the international literature. Youth Inclusion Panels (YIPs), for example, are much less prescriptive or individually tailored and, as noted above, do

not contain many of the central characteristics of effective programmes identified in the literature; the skills training is lacks the social, emotional and cognitive focus as well as the support and direction offered through an intensive mentoring programme as opposed to a role model-based approach.

In addition, there are some examples where characteristics of interventions that were identified as not working are employed. For example, SSPs involve the embedding of a police officer in schools giving the programme surveillance undertones, a factor that has also raised concerns regarding the stigmatising of particular schools. However, this characteristic is part of broader spectrum of initiatives so it is difficult to say whether their presence will impact on their overall effectiveness. After School Patrols are based solely on deterrence and involve situating police officers on problematic bus routes and interchanges and according to the international literature, are unlikely to be effective in preventing or reducing young people's long term engagement in youth crime or antisocial behaviour.

In addition to ensuring the overall effectiveness of selected early intervention programmes, there is also the question of how to take well defined and thoroughly evaluated programmes to scale. Going to scale is extremely difficult, because programmes tend to be diluted once the original band of enthusiasts is no longer directly involved in implementing them. Not only are effective programmes needed, but also effective strategies for delivering them on a wider scale.

Probably the most developed plan for achieving this aim is offered by the Communities that Care (CTC) model. Local decision making bodies drawn from the community are given special training and choose the prevention programmes from a list of those that have demonstrated effects on risk or protective factors and problem behaviours in at least one study using a strong research design. The processes of monitoring, supervision and reporting are structured so as to facilitate a two-way flow of information between those delivering the service, their supervisors, the coordinators belonging to Communities that Care, and a Social Development Research Group at a university. In short, this model gives ownership of prevention programmes to local coalitions, and by providing strong support, guidance, and monitoring aims to ensure that they choose effective interventions and implement them well.

6.1   Final thoughts

As we stated at the beginning of the report, this review was aimed at providing a comprehensive understanding of the key characteristics of 'what works' in terms of early interventions to prevent or reduce youth crime and anti-social behaviour. By drawing on evidence from the international literature, primarily the US where the evidence base is especially strong, we were able to provide a critical evaluation of youth crime interventions in the UK, where the scientific evidence is less robust. But relying solely on US evaluations is not good enough, since conditions and cultures

are significantly different in Britain and the US. More should be done to improve the general quality of evaluations carried out in the UK.

Care should be taken to ensure all future evaluations include a suitable comparison or control in order to enable proper assessment of whether observed changes were due to participation in a treatment programme or were simply due to other factors (Rossi et al., 1999). It is really only through this kind of evaluation, with replication, that we can establish which components of a programme contribute the most to overall effectiveness and for which types of people, under what circumstances, the service works best. Whilst we recognise there is a significant cost associated with high quality evaluations we would highlight the longer term savings. When difficult spending decisions are to be made, optimum value for money can be achieved using high quality UK evaluations to make decisions.

Studies should measure objective, quantifiable outcomes of youth crime and antisocial behaviour, and other variables of interest before and after programme participation. The data gathered also needs to be subtle enough to capture changes in the frequency and severity of offending and not just its presence or absence in order to pick up the small changes that are often characteristic of interventions to reduce delinquency. To this end, we also recommend the use of ONSET, which is a specifically designed tool to measure change in risk and protective factors in four key domains of a young person's life: school, family, community, and self.

Future evaluations should be designed to measure the sustainability of outcomes that are attributable to an intervention by also conducting follow up studies over longer periods. Finally, they should be amenable to rigorous cost-benefit analysis enabling us to develop a far better understanding of the differential costs and benefits associated with selecting different suites of interventions.

As we have demonstrated throughout this report, there are good examples where this best practice has been applied to UK evaluations. The aim is to try and ensure that all future evaluations meet with these same high standards. One last recommendation perhaps to help counter issues of omitted control groups and short run data collection is that better use is made of existing data sources to derive appropriate comparison groups. Using readily available longitudinal data sources (such as the 1970 British Cohort Study and the Longitudinal Study of Young People in England (LSYPE)) it could be possible to identify and construct quasi control groups with which to compare against a particular treatment groups for a given intervention, and follow these individuals over time to measure the impact of no treatment.

6.2   The youth crime landscape: Panacea or patchwork?

Section 3 opened with an overview of the youth crime prevention landscape in England and highlighted the range and complexity of the suite of programmes and policies that have recently been on offer. The good news is that the youth crime

landscape in the UK is not currently engaged in many programmes identified in the international literature as 'not working'. There are some examples, where the characteristics of the interventions employed are considered less effective (i.e. not being sufficiently prescriptive in the example of YIPs), or in some cases may have detrimental effects (i.e. supervision and surveillance aspects of some community focused interventions). However, across the early intervention programmes in England in general, there is a growing evidence base which appears to be built on the principles of effective practice drawn predominantly from the US and replicates the general pattern of results seen in more scientifically rigorous evaluations.

The summaries given and related tables have attempted to capture the breadth of these initiatives, describing the target groups and current implementation. However, it is important to consider to what extent the recent youth crime landscape and related policy agenda have been providing a panacea for youth offending and antisocial behaviour versus a patchwork of standalone interventions? That is, is it possible to make an assessment of how well the recent youth crime agenda has been reaching its target populations and achieving its overall aims?

Across all the different types of interventions, understanding how individual programmes operate and are woven together is a complex task. Accurately assessing who might then be falling through the gaps between the interventions on offer and statutory services is very difficult – particularly given the poor coverage estimates recorded by some services - and requires a different kind of evaluation approach to any we are currently aware of.

What is clear is that stopping a young person from offending is rarely straightforward. A dedicated key worker, for example, cannot provide constant guidance and supervision to ensure that young people do not engage in antisocial activities at any given time but they can coordinate individually-tailored programmes based on a clear, objective assessment which considers the interaction between risks, needs and protective factors. Likewise, mentoring cannot change complex family circumstances but it can help them better cope with those circumstances.   The most complex young people are likely to have very challenging and chaotic home lives and sustaining change for these young people living in a constant state of flux is very difficult.

Evidence here also suggests that problems can occur when the intensive phase of supervision ends and young people have less frequent contact with project staff (Mair et al., 1993). Therefore particular care is required in managing these transitions to ensure that young people do not fall in between gaps in provision and so lose in progress made. This further illustrates the key role designated case workers have in managing cases and the delicate paths they tread in coordinating an ongoing package of tailored support in a way that empowers the young person and their family rather than creates dependency on the worker or the system (Chapman and Hough, 1998). This view also parallels the recent findings of the Independent Commission on Youth Crime and Antisocial Behaviour which emphasises an

intervention approach that encourages young offenders to face up to the consequences of their actions and take responsibility for them, as well as one that responds in a way that helps young people to grow out of crime rather than draw them deeper into it.

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