

The Howard Journal Vol 48 No 1, February 2009 DOI: 10.1111/j.1468-2311.2008.00540.x
ISSN 0265-5527, pp. 60–75

An Evaluation of Youth at Risk's Coaching for Communities Programme

VASHTI BERRY, MICHAEL LITTLE, NICK AXFORD and
GRETCHEN RUTH CUSICK

Vashti Berry is Researcher, Dartington Social Research Unit; Michael Little is Researcher, Dartington Social Research Unit and The Chapin Hall Center for Children, University of Chicago; Nick Axford is Researcher, Dartington Social Research Unit; Gretchen Ruth Cusick is Senior Researcher, The Chapin Hall Center for Children, University of Chicago

Abstract: Anti-social behaviour by young people is recognised as a social problem with wide-reaching effects. Many of the programmes aimed at reducing anti-social behaviour, however, have not been subject to rigorous evaluation. This article presents the findings from a completed experimental evaluation of an intervention for young people displaying low-level anti-social behaviour. The evaluation randomly allocated young people to an intervention (n = 32) and control (n = 31) group. The study investigated whether the programme significantly altered a number of intermediate and ultimate outcomes. In addition to conclusions about the programme's effectiveness, the article outlines the potential for extending and enhancing the reach and impact of the programme (and programmes like it).

Keywords: children's services evaluation; interventions for at-risk youth; anti-social behaviour; randomised controlled trial

Anti-social behaviour by young people is of concern in all western developed countries, and beyond. There is evidence to suggest that it is increasing in some countries, the UK included (Collishaw *et al.* 2004). These increases are taking place at both the mean and tail of the distribution. In other words, today's average child is probably misbehaving more than the average child in previous generations and there is a higher incidence of extremely anti-social behaviour, for example, children diagnosed with conduct disorders or persistently arrested by the police. Against this, it is important to note the falling crime rate in the UK, especially for non-violent offences.

There is a growing body of evidence on 'what works' in reducing anti-social behaviour (for example, Rutter, Giller and Hagell 1998; Utting, Monteiro and Ghatge 2007). Effective prevention appears to include better

pre-school education, improved parenting in high-risk families, consistent responses to the first signs of disruptive behaviour and integration of health and pastoral care into school curricula. Once the behaviour is manifest, the evidence points towards effective interventions that: match the scale and nature of the intervention with the needs of the anti-social young person; integrate provision into the community; are multi-modal, meaning they attack the multiple potential causes of the problem; focus on those causes and not only the wide range of negative *sequelae* of the problem; and are delivered with a high degree of fidelity to the programme design (Little and Mount 1999).

Since anti-social behaviour by young people is politically sensitive, the 'what works' evidence has had limited impact on those parts of children's services dealing with the problem. There is a need for innovation, the testing of new models and rigorous evaluation to gauge impact on outcomes. Most development of this kind has been taking place in the United States, with only limited replication in Europe where experimental evaluations remain anathema to many policy makers, practitioners and researchers in children's services (Torgerson and Torgerson 2008).

The Context for the Work Described in this Article

Dartington Social Research Unit (hereafter referred to as 'Dartington') has been attempting to contribute to addressing these gaps in three ways. First, it has been advocating for and in some case undertaking experimental evaluations of programmes designed to reduce anti-social behaviour and other impairments to development (Little *et al.* 2004). Much policy and practice development in youth justice and other children's services is evaluated using methods that cannot reliably discern impact on child outcomes, and, as importantly, struggle to draw out lessons about why programmes work when they do. The use of randomised controlled trials (RCTs), which assign potential beneficiaries of an intervention to programme and control conditions, can make a significant contribution to understanding the potential causes of anti-social behaviour, and ways of addressing the problem.

Second, to facilitate the first contribution, Dartington has prepared methods to improve the design of children's services, and facilitated the preparation of over a dozen major reforms of children's services or individual programme designs. The purpose of this work is to improve the focus, logic, evidence base and ethics of interventions, so as to increase the chances of their having a consistent impact on the well-being of children and young people. This work has involved preparation of large-scale multi-year strategies for local government departments, strategies to improve well-being across specified disadvantaged communities, the tightening up of existing programmes and the design of new interventions (for example, Axford, Berry and Little 2006; Little and Abunimah 2007).

Third, Dartington has played its part in disseminating the results of innovation and high-quality evaluation to policy and practice communities. This has involved training for service design, the setting up of databases of existing practice and emerging models and a high-quality daily news

website called Prevention Action (<http://www.preventionaction.org> (accessed 30 August 2008)).

Background and Objectives for the Study

Youth at Risk is a voluntary organisation mainly operating in England with occasional programmes in Ireland, the Netherlands and Sweden. The charity seeks to meet the needs of young people displaying anti-social behaviour and maintain their school, work and family life. The primary model of intervention was based on a programme tried in the United States, which eventually became known in the UK as Coaching for Communities (CfC).

The core elements of CfC, described in more detail below, include a residential retreat at which young people explore the potential causes of their problems and commit to a mentor to help them deal with those problems. Mentors are drawn from the local community – sometimes from local businesses – thus creating new community connections between young people and mentors. The mentor works with the young person over a nine-month period. Business sponsorship opens up new opportunities for the young person.

An international philanthropic organisation interested in innovation in children's services approached Dartington and Youth at Risk to explore the potential for the CfC programme. This led to a study with three objectives. First, Dartington was to collaborate with Youth at Risk to tighten up and manualise the CfC programme. Second, Dartington was to lead several experimental evaluations of the CfC delivered in different English local authorities. Third, the results were to be widely disseminated.

Overview of CfC

Prior to the study, CfC was targeted at young people for whom unemployment, crime, drug and alcohol abuse, other self-harm and imprisonment were likely in the absence of intervention. CfC addresses risks that lead to anti-social behaviour and builds on protective factors in the young people's lives, for example, by introducing them to new pro-social networks and working towards pro-social aspirations. The programme has two primary components: a residential retreat followed by nine months of support from an adult mentor, known as a 'committed partner', who makes a special commitment to the young person to help them achieve the goals they have set for themselves during the residential component. CfC also has a strong focus on community involvement, with all of the local programme staff and volunteers drawn from a catchment area close to the communities in which the target young people live.

The residential component of the programme comprises a five-day intensive course with course-room exercises and physical activity. The coursework delivered to the young people is based on what the programme calls 'distinction based learning' in which the course leader explores with the participants a structured series of topics: for example, relationship to rules; the meaning of giving and keeping one's word;

the role of the coach; learning from what one already knows; the hold of the past over the present; distinguishing 'fact' from 'interpretation'; creating a breakthrough; handling breakdowns; and the meaning of responsibility. The objective is to get the participants, by the end of the course, to see what is possible for them in a new light.

At the end of the residential segment young people are each assigned a 'committed partner' who agrees to work with the young person once a month for nine months to help them achieve their stated goals. (The 'committed partners' go through a shorter version of the young people's residential programme.) At each meeting, programme staff and volunteers work with young people on a themed goal. Themes are chosen and developed by the local organisers of CfC, and include relationship building; personal aspirations; drugs awareness; sexual health; community awareness and team working; car crime; driving education; vocational skills; and self-expression.

In addition, each volunteer or 'committed partner' is required to make direct or indirect contact with their young person on at least three occasions each week. A one-day follow-up meeting brings together those young people who complete the residential segment and the nine-month relationship with the 'committed partner'.

Previous Evaluations

Previous evaluations of the CfC programme were limited but suggested positive results. Local evaluation reports from Liverpool and Buckinghamshire describe ways in which the programme was thought to have made a difference to the lives of the young people. Another non-experimental evaluation in West Belfast found significant reductions in offending behaviour and joyriding, as well as increased returns to education and employment in the experimental group (Hamill 1999).

As part of the preparatory work for this study, Dartington undertook evaluations of two recent programmes using a method called 'shadow controls'. Three child development researchers used information known at the point the young person joined CfC to make blind predictions about the best and worst outcomes. Each prognosis was then compared with the actual outcome at the end of the programme. The evaluation found that in one or more of five life dimensions, more than 75% of the 28 young people did better than the researchers had predicted. Improvements occurred largely in areas specifically targeted by CfC, notably: social and anti-social behaviour, family and social relationships, and physical and psychological health (including drug and alcohol misuse) (Axford and Berry 2005).

The problem with all previous evaluations is they used non-experimental methods. There are many selection effects with a programme like CfC. Young people have to elect to join the programme; not all young people offered CfC go to the residential programme; not all young people on the residential programme elect to continue with a volunteer. Positive results for those who complete the course might therefore reflect young

people's motivation to change more than any contribution of the programme methods.

The best option for reducing selection bias are experimental methods or RCTs in which children who might benefit from CfC are allocated at random to experimental (receiving the programme) or control (not receiving the programme) conditions. Since motivation levels would be expected to distribute randomly across experimental and control groups, results would indicate the extent to which CfC impacted on reductions in anti-social behaviour. This method was selected to evaluate the tightened-up version of CfC.

Methods

Two sets of methods were used to complete the work. The first was designed to tighten up CfC and make it 'evaluable'. The second related to the experimental evaluation.

Making CfC Evaluable

Initially CfC programmes were observed in Liverpool, Buckinghamshire and the London Borough of Hammersmith and Fulham. The recruitment process, assessment protocols, the residential component and the interaction of volunteers and young people were observed.

Inconsistencies in programme delivery were noted during the observation phase. Dartington and Youth at Risk staff then addressed these issues using a service design method (Little *et al.* forthcoming) that: (i) identified the best target group for CfC; (ii) worked out likely demand for CfC in English local authorities; (iii) established the 'logic model' or theory of change that underpins CfC; (iv) clarified what impact on child outcomes would likely be achieved by CfC; (v) established a reliable assessment protocol; and (vi) prepared an ethics statement for CfC.

The estimation of demand for the programme involved an audit of the needs of young people aged 15 to 18 years referred for anti-social behaviour to social services, education welfare and youth justice agencies in one local authority. It showed, for example, that about one in seven young people in a typical youth offending team meet the tightened-up CfC target criteria described below. This information helped to establish that demand for CfC would generally be much greater than potential supply, meaning that the random allocation techniques would be practical and ethical.

The Evaluation

It was originally planned to study five CfC programmes using experimental designs. In the event, the resources required to tighten up CfC limited the evaluation to one programme in a single local authority.

Children's services agencies referred young people who met the entry criteria for CfC. These young people were then invited to an orientation session at which they were informed that they were candidates for the programme but that there was no guarantee of their getting a place. Once a

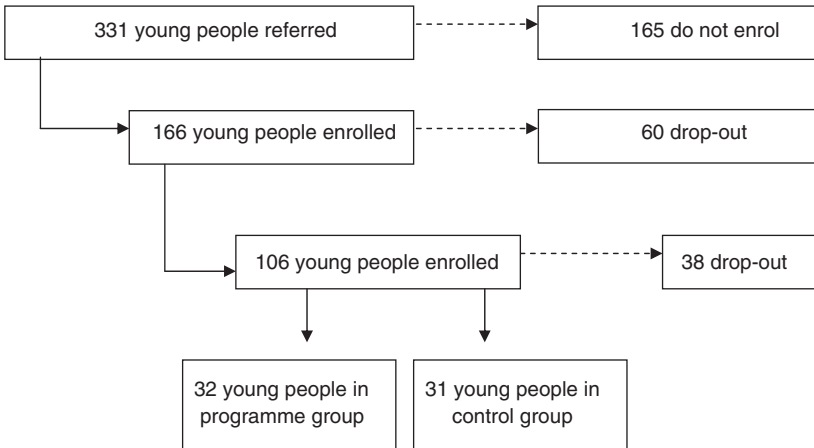


FIGURE 1

Diagram Illustrating Enrolment, Referral and Attrition Numbers

(Note: five wildcards were withdrawn from the allocation process.)

sufficient (enough to take account of likely attrition rates) number of eligible young people had enrolled, they were randomly allocated to experimental or control groups.

As *Figure 1* illustrates, of the 331 young people referred, 166 attended the CfC enrolment, of whom 106 completed the enrolment process. A further 38 dropped out subsequently so that after selecting out five wild cards,¹ 63 young people were randomly allocated to either an experimental ($n = 32$) or control group ($n = 31$). This was done in front of the programme providers, using Microsoft Excel. The control group continued to receive any services with which they were in contact at the time of referral (as did the experimental group) but they did not receive CfC.

The majority of the information was collected from the young people in the experimental and control groups using self-completion questionnaires comprising the following measures: PANAS-C (Laurent *et al.* 1999); Motivation to Change Index (Axford and Berry 2003); Crime and Anti-Social Behaviour, and Drugs and Alcohol from the Edinburgh Study of Youth Transitions and Crime (ESYTC) (Smith and McVie 2003); Self-Esteem Scale (Rosenberg 1965); Future Aspirations (see Dahlberg *et al.* 2005); Positive Outlook – Individual Protective Factors Index (see Dahlberg *et al.* 2005); The Emotion Control Questionnaire (Roger and Najarian 1989); The Bully/Victim Questionnaire (Olweus 1993); Peer Relations (see Dahlberg *et al.* 2005); and The Strengths and Difficulties Questionnaire (Goodman 1997). All measures relate directly to elements of the logic model described below. Some data were also collected from the young person's parents/legal guardians using a mixture of interview and self-completion instruments.

Data were collected from the young people in the experimental group at five points in time over the course of the programme: enrolment (Time 1); pre-course (Time 2); the residential (Time 3); four months into the

follow-through programme (Time 4); and at the end of the follow-through programme (Time 5). Data were collected from the control group at three parallel points in time: Times 1, 4 and 5.

Registers and records were kept of all meetings and contacts and were used to examine whether there is a dose-response with CfC. An index assessing the quality of the volunteer was also developed to examine whether differences in volunteers' experience, qualifications or personal characteristics – for example, their persistence – had an impact on young people's response to the programme.

There were differences between the experimental and control groups at Time 1 in volume of offending behaviour ($p < 0.05$) and involvement with anti-social peers ($p < 0.05$). In both instances, the control group showed higher levels of need. There was no significant difference in levels of prior motivation, an important component of the logic model. For the most part, the experimental and control groups started in the same place, with the experimental group having, possibly, a small advantage. This is demonstrated in *Table 1*.

Of the 32 young people originally allocated to the experimental group, 20 remained in contact at the end of the programme (63%). Of the 31 young people allocated to the control group, the research team was able to contact 22 young people at the end of the programme (71%). Attrition is a natural and expected part of a programme such as this and, although unfortunate, these numbers are not unusual.

Results: (1) Making CfC Evaluable

During observation of the three programmes, a number of inconsistencies were apparent in the delivery of CfC. Significantly, some of these were effective in making CfC fit with local authority requirements, for example, taking referrals that meet target criteria in order to build agency support. Others were more fundamental, including the absence of a clear logic

TABLE 1
Mean Scores for Programme and Control Groups at Time 1

	Programme Group	Control Group
Self-esteem	17.13	16.94
Impulsivity	4.97	4.13
Aspirations for the future	2.96	3.07
Positive outlook	33.94	34.52
Anti-social peers	4.32	6.19*
Negative affect	27.26	28.48
Emotional well-being	3.00	3.39
Behaviour	4.70	5.48
Volume of offending (self-report)	18.07	28.14*
Variety of offending	4.90	6.58
Use of drugs and alcohol	6.81	8.65
In education/employment	97%	94%

(Note: *indicates significant difference.)

model and tightly-defined target group criteria (and a lack of knowledge of how many children fit those criteria and would elect to join the programme). Since young people were encouraged to talk openly about their problems at the residential programme, concerns about the ethics of the intervention also arose.

A logic model or 'theory of change' is essentially a way of describing what a programme does and why, logically, it should have an effect on specified child outcomes, and how large that effect will be. A logic model enables potential funders and evaluators to understand not only 'does the programme work', but also 'why it works'. Dartington and Youth at Risk collaborated to establish the logic behind CfC, which not only helped to improve the quality of the evaluation but also helped Youth at Risk better describe CfC.

The CfC logic model is summarised in *Figure 2*. It was estimated that a combination of the young person's decision to commit to the programme, the residential component, the follow-up support and the contribution of the mentor would: (i) improve self-esteem; (ii) reduce impulsivity; (iii) increase aspirations for the future; (iv) improve positive outlook; (v) reduce involvement in anti-social peer networks; and (vi) reduce negative thoughts and feelings. It was calculated that good progress in the above areas would lead to improved emotional well-being and behaviour, which, in turn, would translate into reduced offending behaviour and drug, alcohol and substance misuse and increased or renewed involvement in education, training or employment.

The eight dimensions described in the first two columns of the logic model were considered to be intermediate outcomes. The three dimensions described in the final column were considered to be ultimate outcomes for CfC. As the nature and severity of the needs of young people will vary, even within tight target group criteria, it was hypothesised that the impact of the programme would depend, in part, on the level of the young person's participation and the quality of the input they received.

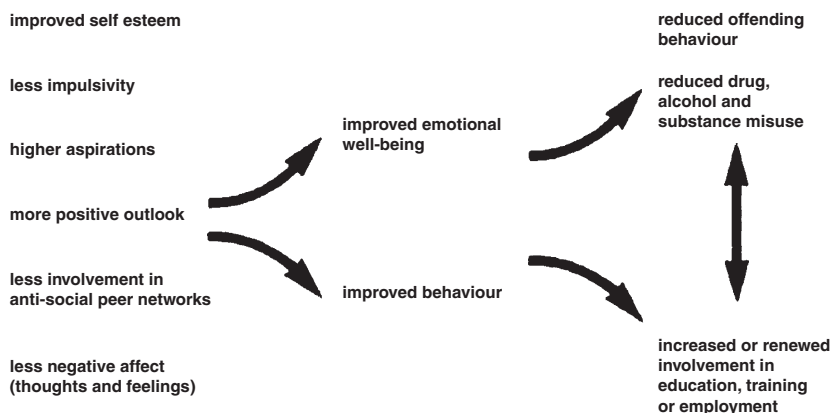


FIGURE 2
The CfC Logic Model

Successful programmes calibrate and match the intervention to the needs of a selected group of young people (McGuire 1995). It was necessary to tighten up entry criteria for CfC, including conditions for both inclusion and exclusion. They covered the age (mid- to late-teens), the presence of anti-social behaviour in more than one area of life (for example, behaviour problems at home, bullying or exclusion from school, crime in the community), as well as at least one of five key risk factors included in the logic model and related to the aetiology of low-level anti-social behaviour. The system of referral to CfC was also redesigned to allow local children's services agencies to identify young people who would benefit from CfC. This had the side effect of boosting referral numbers.

It should be noted that for the purposes of the evaluation, Youth at Risk agreed with the above assessment that CfC was better targeted at young people involved in low-level anti-social behaviour in more than one area of their life than on persistent offenders. However, Youth at Risk still considers CfC to have the potential to meet the needs of what some call 'heavy end' or persistent offenders.

During the early observations, paperwork for the assessment during the enrolment process took, on average, five hours to complete and was evidently producing fatigue in some of the young people. Dartington and Youth at Risk collaborated to produce an integrated set of clinical and evaluation protocols. There was a greater reliance on standardised research measures supplemented by qualitative material. The main enrolment questionnaire was developed into an audio-computer-assisted questionnaire. The benefits of this were that it further reduced the length of the enrolment process to around two to three hours, aided young people with literacy or concentration problems and afforded young people more privacy to answer sensitive questions. However, Youth at Risk was concerned that the quality of the information on issues to be addressed by the trainers, course leaders and volunteers would be insufficient.

Building on existing materials, a statement of ethics for the CfC programme was prepared. This deals with the recruitment of, and vetting procedures for, volunteers and staff working with young people, the handling of disclosure of abuse by a young person, and the restraint of young people during the programme. An additional research ethics statement was compiled, explaining the process of random allocation and how research information would be used. This was given to all participating young people and their parents.

This work, to make CfC evaluable (see Axford, Berry and Little 2006), culminated in the preparation of a programme manual. It is the blueprint designed to help the programme staff to deliver the CfC programme consistently.

Results: (2) The Evaluation

The results reported here focus on the impact of CfC on the experimental group, comparing differences with the control group between baseline (Time 1) and the end of the programme (Time 5) twelve months later.

The data were analysed using a generalised linear model, taking the baseline (T1) into account as a covariate or fixed factor.

With respect to intermediate outcomes, the results are broadly positive. Those young people receiving CfC display significantly greater levels of self-esteem than the control group ($p < 0.05$) and that they have fewer negative thoughts and feelings ($p < 0.01$). Results also suggest that the experimental group displays significantly better pro-social networks than the control group ($p < 0.01$) at follow-up and that they have fewer friends with a negative influence. Differences between the experimental and control groups on eight intermediate outcomes are summarised in *Table 2*. However, other measures of intermediate outcomes were found not to yield significant change. No differences were found between the two groups at Time 5 on measures of impulsivity, positive outlook, future aspirations or motivation to change.

In terms of the ultimate outcomes, results were also positive but mixed. On one measure of anti-social behaviour there were significant differences. The total difficulties of the CfC participants at follow-up (a combination of emotional, hyperactivity, conduct and peer problems) were significantly less ($p < 0.01$). The improvement in emotional well-being is summarised in *Figure 3*. It is evident that the difference between the experimental and control groups in level of difficulty, which at Time 1 was slight, became significant over time.

However, there were no significant differences at Time 5 between experimental and control groups in the total number of times that a young person self-reported being engaged in offending behaviour or in the volume of alcohol, drug and substance use. Using official statistics of arrests and convictions, obtained from the local youth offending team, there was a small significant difference between the two groups, with young people from the control group more likely to be convicted of an offence ($p < 0.05$).

TABLE 2
Mean Scores for Programme and Control Groups at Time 5

	Programme Group	Control Group
Self-esteem	20.11	16.09*
Impulsivity	4.85	4.09
Aspirations for the future	2.83	2.73
Positive outlook	36.67	34.14
Anti-social peers	3.41	5.86*
Negative affect	21.96	29.82*
Emotional well-being	2.04	3.68*
Behaviour	3.67	5.45*
Volume of offending (self-report)	18.10	23.90
Variety of offending	3.50	5.95*
Use of drugs and alcohol	0.83	2.55
In education/employment [†]	85%	59%*

(Notes: *indicates significant difference; [†] the proportion of young people in education/employment is lower at T5 than at T1 because of those leaving compulsory schooling during that period.)

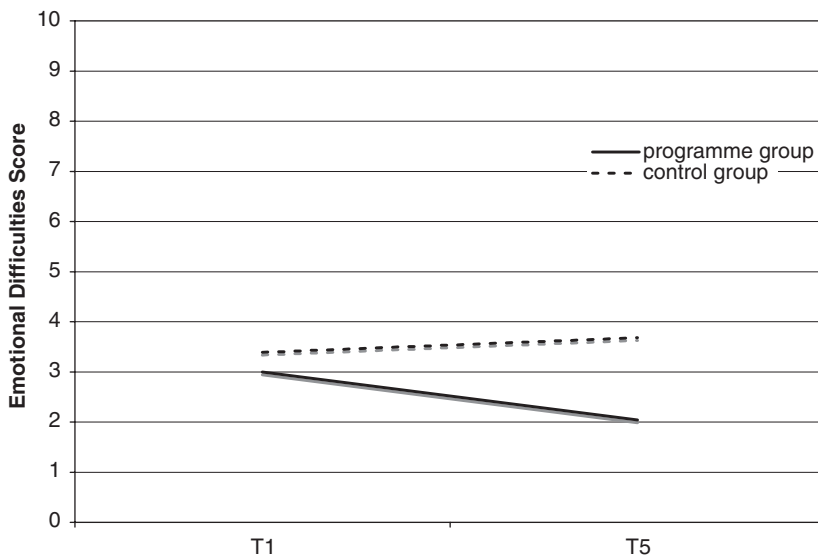


FIGURE 3
Comparing Change in Emotional Difficulties Over Time

In addition, there was a significant difference on a measure of variety of offending behaviour, with CfC participants committing fewer types of offences than the control group ($p < 0.05$). Young people receiving CfC were also significantly more likely than the control group to be involved in education, training or employment at follow-up ($p < 0.05$).

A dose-response analysis revealed that the number of times a young person was in contact with their volunteer each week had no significant impact on the outcomes measured. In addition, the 'quality' of the volunteer did not have a significant impact on the response. However, the number of monthly meetings that a young person attended *was* significantly related to increased improvements ($p < 0.05$), suggesting that there was a dose-response for the trainer-led component of the programme.

Discussion

The study led to two sets of results. First, preparatory work was undertaken to make CfC evaluable. Second, one CfC programme was evaluated using experimental methods. The evaluation results are discussed first, since these have implications for the value of the CfC manual, which was the primary output of the preparatory work.

The results of the experimental evaluation are limited by the sample size and attrition during follow-up. The original plan for the study was to evaluate, using experimental methods, five CfC programmes. Since so much resource was consumed in making CfC 'evaluable', only one of the five was possible. The results are promising but no firm conclusions can be drawn until the evaluation is repeated several more times.

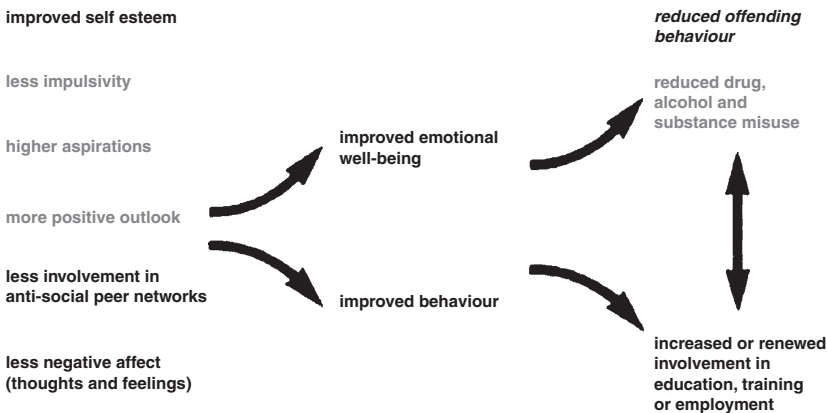


FIGURE 4
Results Summarised Against the CfC Logic Model

If confirmed, the results would suggest that the CfC has greatest impact on intermediate outcomes – boosting young people’s self-esteem and aspirations and producing improvements in their day-to-day behaviour at home, in the community and in school. These reductions in impairment to development translate into increased involvement in school, work and training. So there is reason to believe that programmes like CfC could be used to prevent the social exclusion of children.

These gains are not mirrored in the impact on the volume of offending behaviour, arrests and use of drugs, alcohol or other substances. In these areas, progress is much more hard won, and generally impacts are not statistically significant.

The results are summarised in *Figure 4*. The six dimensions (in bold) indicate areas where CfC appeared to make a contribution to outcomes. The four dimensions (in regular text) show where no significant differences between the experimental and control groups were found, and for the dimension of reduced offending behaviour (in bold italics) the results are mixed (less *variety* of criminal behaviour for the CfC group but no less *volume* of self-reported offending).

How can these results be explained? One plausible explanation might be a variation of what some call ‘labelling theory’. Although CfC may improve behaviour and boost participation in school, work and training, the fact that police and youth justice decision making increases the chances of arrest of those with a history of previous arrests may offset gains made by programmes like CfC (McVie and McAra 2007). Alternatively, it may be that self-esteem and improved social networks produce better behaviour and increased involvement in orthodox social institutions, but that the lesser but continued use of drugs and substances is not seen as an obstacle to these improvements, and so it persists. It may also be the case that CfC boosts the self-esteem and confidence of the young people to the extent that they can participate in school and maintain a delinquent lifestyle.

Another explanation lies in the target group and the point of delivery of CfC in the development of anti-social behaviour. Once anti-social behaviour comes to the notice of the police and a conviction is secured, the effectiveness of the intervention is reduced. It may be, therefore, that programmes like CfC are better used as an early intervention programme (see Axford and Little 2006) targeted at young people who are displaying high levels of anti-social behaviour at home, in school or in the community but who have not yet been excluded or arrested and have not yet developed a persistent use of drugs, alcohol or other substances. Additionally, targeting the programme at young people whose anti-social behaviour is the product of low self-esteem, poor affect and low emotional well-being (three areas where CfC makes a difference) would seem advisable.

In this second scenario, CfC would be used with 12- to 15-year-olds in schools to intervene early and prevent the beginning of a criminal lifestyle and associated social exclusion.

These results are of limited value unless Youth at Risk or other providers not only deliver the manualised version of CfC, or adaptations that do not alter the underlying logic model, but also commit to further experimental evaluations. The need to 'mainstream' effective practice identified through RCTs and to do so using effective strategies is an area of growing research and policy interest (Bumbarger and Perkins 2008).

The current policy context in the UK is not auspicious for such development. In the context of this particular organisation, the provider has responded to challenges by adopting an outcome focus and consistently delivering its manualised programme to a specified target group. But central and local government, although publicly committed to an outcome agenda, expect provider agencies to be flexible, altering the target group to suit local needs, and adapting the programme to fit with broader children's services provision. These alterations, encouraged by purchasers of programmes like CfC, fundamentally alter the underlying logic model and greatly reduce the potential impact on the outcomes for children and young people.

Youth at Risk submitted its programme to an experimental evaluation, the most rigorous test of the impact of services on children's outcomes, including young people's development. But again, central and local government is not committed to giving primacy to the most rigorous evaluation. Soft and hard evaluations are treated with similar levels of respect (Macdonald 2008). So even if an organisation like Youth at Risk were to continue with the evaluation and achieve the status for CfC of proven model (see, for example, Mihalic *et al.* 2001), there is no guarantee that central and local government would use the programme more frequently.

Not enough is known about the causes, *sequelae* and effective response to anti-social behaviour in young people. Experimental evaluations such as the one described in this article are one fundamental part to improving the knowledge base. The article has, hopefully, shown how the process of tightening up a programme to make it evaluable has benefits for practice in terms of clarity of purpose and consistency of provision.

However, continuing work of this type requires the support not only of provider agencies, but also of central and local government policy makers

and purchasers of services. Many providers are, like Youth at Risk, small charitable organisations whose survival depends on decisions made by more powerful government authorities. Short-term bravery to find out if their interventions are effective is possible when funded by philanthropy. But long-term and sustained change requires a change in approach by the people who decide on how to use programmes like CfC.

Conclusion

Anti-social behaviour by young people continues to trouble western developed nations, and in the UK there is reason to believe that levels are increasing (while crime levels decrease). Work undertaken by Collishaw *et al.* (2004) at the Institute of Psychiatry, supported by the Nuffield Foundation, shows increases in conduct and emotional problems over a 25-year period. So there is a need for more evidence-based innovation, more rigorous evaluation and more widespread application of proven models. Youth at Risk accepted not only the challenge to evaluate its CfC programme rigorously, but also the considerable tightening up of the approach and the production of a manual to support the evaluation and make practice more consistent.

Rigorous evaluation was restricted to one CfC programme. On this limited evidence, there are indications that CfC is effective in improving young people's self-esteem and reducing their emotional difficulties and anti-social behaviour as well as maintaining those young people in school, work or training. Results are less promising with respect to criminal behaviour and the use of drugs, alcohol and other substances. Further testing of programmes like CfC but adapted for use with 12- to 15-year-olds prior to their regular involvement with youth justice agencies is advocated. The article also suggests the need for a change in attitudes by government policy makers and purchasers of services to better support the development of promising programmes to make them evaluable, to sanction the greater use of experimental evaluations to assess impact on outcomes and to encourage the greater use of proven models in their manualised form.

Note

1 Wild cards are young people who the programme staff selected to have withdrawn from the random allocation process so that they were guaranteed to receive CfC. They are not included in the evaluation results.

References

- Axford, N. and Berry, V. (2003) 'An index of motivation to change' (unpublished research instrument, Dartington: Dartington Social Research Unit).
- Axford, N. and Berry, V. (2005) 'Exploring the potential of shadow controls in the evaluation of children's services', *International Journal of Social Research Methodology*, 8(5), 389–404.
- Axford, N. and Little, M. (2006) 'Refocusing children's services towards prevention: lessons from the literature', *Children & Society*, 20(4), 299–312.

- Axford, N., Berry, V. and Little, M. (2006) 'Enhancing service evaluability: lessons from a programme for disaffected young people', *Children & Society*, 20(4), 287–98.
- Bumbarger, B.K. and Perkins, D.F. (2008) 'After randomised trials: issues related to the dissemination of evidence-based interventions', *Journal of Children's Services*, 3(2), 53–62.
- Collishaw, S., Maughan, B., Goodman, R. and Pickles, A. (2004) 'Time trends in adolescent mental health', *Journal of Child Psychology and Psychiatry*, 45(8), 1350–62.
- Dahlberg, L.L., Toal, S.B., Swahn, M. and Behrens, C.B. (2005) *Measuring Violence-Related Attitudes, Behaviours, and Influences Among Youths: A Compendium of Assessment Tools*, 2nd edn, Atlanta, GA.: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Goodman, R. (1997) 'The Strengths and Difficulties Questionnaire: a research note', *Journal of Child Psychology and Psychiatry*, 38(5), 581–6.
- Hamill, H. (1999) *Against the Odds: The West Belfast Youth at Risk Pilot Programme Transforming Lives*, Oxford: University of Oxford.
- Laurent, J., Catanzaro, S.J., Joiner, T.E., Rudolph, K.D., Potter, K.J., Lambert, S., Osborne, L. and Gathright, T. (1999) 'A measure of positive and negative affect for children: scale development and preliminary validation', *Psychological Assessment*, 11(3), 326–38.
- Little, M. and Abunimah, A. (2007) 'Improving outcomes for children in the island of Ireland: the role of philanthropic investment', *Journal of Children's Services*, 2(2), 60–7.
- Little, M. and Mount, K. (1999) *Prevention and Early Intervention with Children in Need*, Aldershot: Ashgate.
- Little, M., Axford, N., Hobbs, T. and Morpeth, L. (forthcoming) *Designing Children's Services*, Dartington: Warren House Press.
- Little, M., Kogan, J., Bullock, R. and Van der Laan, P. (2004) 'ISSP: an experiment in multisystemic responses to persistent young offenders known to children's services', *British Journal of Criminology*, 44, 225–40.
- Macdonald, G. (2008) 'Social work in the UK: a testing ground for trialists', *Journal of Children's Services*, 3(1), 27–39.
- McGuire, J. (1995) 'What works: reducing reoffending', in: C.R. Hollin and M. McMurrin (Eds.), *Wiley Series in Offender Rehabilitation*, Chichester: John Wiley.
- McVie, S. and McAra, L. (2007) 'Youth justice? The impact of system contact on patterns of desistance from offending', *European Journal of Criminology*, 4(3), 315–45.
- Mihalic, S., Irwin, K., Elliott, D., Fagan, A. and Hansen, D. (2001) *Blueprints for Violence Prevention*, Washington, DC.: Office of Juvenile Justice and Delinquency Prevention (OJJDP).
- Olweus, D. (1993) *Bullying at School: What we Know and What we Can Do*, Oxford: Blackwell.
- Roger, D. and Najarian, B. (1989) 'The construction and validation of a new scale for measuring emotional control', *Personality and Individual Differences*, 10, 845–53.
- Rosenberg, M. (1965) *Society and the Adolescent Self-Image*, Princeton, NJ.: Princeton University Press.
- Rutter, M., Giller, H. and Hagell, A. (1998) *Antisocial Behaviour by Young People*, Cambridge: Cambridge University Press.
- Smith, D.J. and McVie, S. (2003) 'Theory and method in the Edinburgh Study of Youth Transitions and Crime', *British Journal of Criminology*, 43(1), 169–95.

- Torgerson, D.J. and Torgerson, C.J. (2008) 'Invited editorial: randomised controlled trials in children's services', *Journal of Children's Services*, 3(1), 2-8.
- Utting, D., Monteiro, H. and Ghatge, D. (2007) *Interventions for Children at Risk of Developing Antisocial Personality Disorder*, London: Policy Research Bureau.

Date submitted: March 2008

Date accepted: May 2008