



**Title:** Support from the Start: Working with Young Children and their Families to Reduce the Risks of Crime and Anti-Social Behaviour (Research Report 524)

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**SCS topic headings:** Safety of Vulnerable Groups, Evaluation and Monitoring, Community Engagement, Equalities and Diversity

**This document is a LITERATURE REVIEW of effective intervention approaches.**

### **Summary of the intervention's aim**

This report draws attention to evidence that it is possible to recognise factors that place young children, even before birth, at increased risk of behavioural and other problems as they grow older. More positively, it describes factors that make it less likely children will experience those problems and considers support services capable of reducing risk and increasing protection.

The particular focus is on the scope for preventing crime and 'anti-social behaviour'- a more general description that includes drug and alcohol misuse, and aggressive and violent, intimidating behaviour as well as crimes involving dishonesty.

*NB. The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education and Skills.*

### **Outcomes**

The literature review uses published findings from international research to inform the conclusions made. Specific claims are referenced to authors and the year of publication where necessary. The report includes a bibliography with full references.

### **Effective interventions**

- **Primary prevention** consists of 'universal' services, aimed at the general population
- **Secondary prevention** aims to stop problems from festering into crises and targets families, schools, neighbourhoods or individuals 'at risk'

- **Tertiary prevention** describes interventions at the ‘eleventh hour’ or when a crisis point is reached
- Table 1.2 describes these preventive tiers in the context of crime and anti-social behaviour.

At the time of the review, the greatest investment of resources in dealing with offending and antisocial behaviour is at the tertiary level, with some provision at the secondary level.

There is a small but growing body of economic evidence to suggest that public money invested early in primary and secondary prevention can be more cost effective in reducing crime than third tier programmes- even though work with known offenders is, by definition, more accurately targeted. Further information about this can be found in Chapter 6.

### ***Document overview***

The first four chapters in this report are firmly focused on primary and secondary preventive programmes, discussing evidence concerning risk and protective factors and preventive services in relation to pregnancy; birth to two years; three to eight years; and nine to 13 years.

Descriptions of promising approaches in these chapters are followed, in Chapter 5, by consideration of the no less important issues concerning implementation. This recognises that even the most impressively evaluated prevention programme is of little practical value unless it can be successfully replicated and implemented in ways that retain its active ingredients. Some conclusions and their implications for policy makers and practitioners are set out in Chapter 7.

### ***Chapter 1- Pregnancy***

A number of major risk factors for children’s behaviour and mental health problems relate to pregnancy. The best known of these is low birth weight: linked with a negative influence over children’s healthy development and, in concert with other risk factors, their behaviour. But studies have examined other factors that also appear to contribute to the risks of childhood behaviour problems.

Topics covered in this chapter are:

- stress during pregnancy
- smoking during pregnancy
- prematurity, obstetric difficulties and low birth weight
- pregnancy at a young age
- (a consideration is also given to genetic factors.)

The most promising services for pregnant women, in terms of reducing the risks of later anti-social behaviour and enhancing protection for their children, are those that offer them high quality social support alongside antenatal medical care.

### ***Chapter 2: Birth to two years***

This chapter develops the theme of cumulative risk and protection affecting very young children from birth to two years old. A body of research has started to emerge that suggests we should be seeking to reduce risk factors and increase protective factors by offering sustained support to parents of very young children indeed.

Topics covered in this chapter are:

- Environmental factors
- Family factors
- Postnatal depression
- Impaired bonding
- Insecure attachment
- Low levels of cognitive stimulation and language delay
- Harsh and neglectful parenting
- Maltreatment in childhood
- Individual factors- Temperament
- Promising interventions during the first two years of life
  - Baby massage
  - Front-pack baby carriers
  - Neonatal Behavioural Assessment Scale
  - Home visiting programmes
  - Child Development Programme and Community Mothers' Programme
  - Parent Adviser Service
  - Prevention and treatment of postnatal depression
  - Screening and early prevention of language delays
  - Parenting programmes.

### ***Chapter 3: Three to eight years***

This chapter focuses on interventions that teach parenting skills as a way of preventing and treating children's problem behaviour. Increasing knowledge concerning school and child risk factors has also led to the development and evaluation of effective programmes targeting staff in pre-school settings, teachers and children themselves. However, there are relatively few trials of non-cognitive-behavioural interventions for this age group, and the balance of the chapter reflects this.

Topics covered in this chapter are:

- Environmental factors
- School experiences
- Family factors
- Individual factors.

### ***Effective interventions***

The emphasis in this section is on programmes that have been rigorously evaluated, using randomised controlled trials (RCTs), with adequate sample sizes, and relevant and valid measures of problem behaviour. The evidence for the effectiveness of these programmes has, in many cases, been strengthened by multiple replications of

the findings and by follow-up research, showing that promising results were maintained over a period of months or years.

- Topics covered in this chapter are:
- Parenting skills programmes
- Effectiveness in different settings
- Child and school-based programme
- Interpersonal and cognitive skills programmes
- Other interventions- Dietary interventions.

This section provides a more detailed description of three of the best-evaluated and most widely used parenting programmes in the:

**United States: *The Incredible Years*.** Programmes are based on ‘videotape modelling’ where parents watch video clips that show parents using a range of strategies to deal with everyday situations with their child. Parents are encouraged to discuss and role-play different ways that they might have handled the interaction more effectively. This enhances parents’ confidence in their own ideas and their ability to analyse situations and select an appropriate parenting strategy.

**Australia: *Triple P- The Positive Parenting Programme*.** A distinctive feature of the programme is the five different levels of intervention of increasing strength that it offers. These range from universal services that any parent might find useful to targeted, clinical interventions for the families of children and adolescents with serious behavioural problems. The five levels are a practical acknowledgment that parents have differing needs and desires concerning the type, intensity and mode of intervention they are likely to find most helpful. The aim at each level is to provide parents with a minimally sufficient level of advice and support.

**The UK: *Parent management training based on Living with Children*.** Living with Children, a manual devised by Gerald Patterson (1976), and colleagues at the Oregon Social Learning Center, is a long-established cognitive-behavioural programme for training parents in child management skills.

#### **Chapter 4: Nine to 13 years**

Research has shown that behaviour difficulties of older children are more serious, less responsive to intervention and are more likely to become chronic. Some children in this 9 to 13 age group will embark on criminal careers that, their early start suggests, are more likely to lead to chronic, serious or violent offending. Appropriate preventive interventions for this age group will, therefore include more intensive ‘secondary’ and ‘tertiary’ services as well as less targeted, universal services.

Topics covered in this chapter are:

- Environmental factors
- Community and school influences
- The contribution of schools
- Low achievement

- Rejection by the peer group
- Family and parenting factors
- Inter-generational continuity.

### ***Effective interventions***

Reviews of support services for preventing crime and anti-social behaviour among young people aged 9 to 14 have identified a number of effective family and school based programmes being used in Britain, although most were first developed and evaluated in the United States (Woolfenden et al, 2002; Berthet and Jacobs, 2002).

As in chapter 3, these are programmes that fit the definition of ‘What works’ using the Scientific Methods Scale described in the Introduction. This chapter also describes a number of programmes available in the UK that can be defined as ‘Promising’ using the same criteria.

Topics covered in this chapter are:

- Parenting skills programmes
- Family therapy
- Multi-Systemic Therapy (an intensive support programme for young people aged 10 to 17 and their families (Henggeler, 1999))
- Functional Family Therapy (is an intervention programme for young people aged 11 to 18.)
- Multidimensional Treatment Foster Care
- Intensive Treatment Programme (a family therapy intervention developed and evaluated in North Wales (Hutchings et al, 2004))
- School-based programmes

### ***Chapter 5: Making evidence-based interventions work***

The review’s preceding chapters describe some of the more effective or promising interventions and services that can be used to help children and their families from an early age. These are age-appropriate programmes whose promise lies in the evidence that:

- They succeed in reducing children’s exposure to known risk factors for adolescent and adult anti-social behaviour
- They are ‘protective’ in circumstances where children are exposed to multiple risk factors (page 69).

Topics covered in this chapter are:

- Key components of effective behavioural family interventions
- Common factors in effective programmes
- Combining common and specific factors
- Achieving implementation fidelity.

Of all programmes designed to address the prevention and reduction of delinquency and violence in adolescence, behavioural parenting programmes, delivered to the parents of children up to the age of 8 years, are probably the most successful. However not all programmes are equally effective and there is good evidence that effective programmes require both specific and common therapy factors and highly skilled leaders.

### **Chapter 6: Economic costs and benefits of early intervention**

This chapter summarises what is known about the economic costs and benefits of programmes for children under 13 that have been designed to prevent later antisocial behaviour and offending.

Research on the economic costs and benefits of early intervention programmes is considerably limited. Nevertheless, from those analyses that have been conducted, early intervention shows promise as an economically efficient approach to preventing later anti-social behaviour and offending.

Topics covered in this chapter are:

- Economic findings of cost-benefit studies
- Other cost-benefit studies.

### **Summary of evaluation conclusions**

This is a thorough and in-depth literature review of international research into effective intervention approaches to recognise individual, family and environmental factors that may place young children at increased risk of behavioural and other problems as they grow older. The report considers such factors at different stages in children's personal and social development and contexts, and is a useful reference document to consider.

#### ***3 to 8 year olds***

There are a growing number of well-tested programmes for preventing and treating problem behaviour in 3 to 8 year olds. These appear to be effective and adaptable for an impressive diversity of children and families, service delivery methods and settings, and are well used in the UK. Training is fairly well set up in the UK, but is still a long way from being widely available (page 55).

#### ***9 to 14-year olds***

A wide range of preventive programmes suitable for 9 to 14-year olds are supported by good evidence concerning their promise or effectiveness. They include parenting programmes, family therapy and work with individual children in therapeutic groups as well as individual tutoring programmes, whole class and whole school approaches.

#### ***Two distinguishable groups: life-course persistent and adolescence limited offenders***

That case is reinforced by evidence from longitudinal studies concerning links and continuities between children's very early patterns of behaviour and subsequent

offending (page 12). There is, however, no dissent from the general proposition that children who grow into life-course persistent offenders are characterised by features that consistently bring them into conflict with their surroundings from an early age (page 13).

### ***Risk and protective factors***

- Current understanding of risk and protective factors is chiefly derived from longitudinal research studies in Britain, America and other 'western' countries following children's progress as they grow up.
- Research is still needed to discover more about the salience of individual risk factors and the sequences and combinations in which they influence children's lives.
- But there is no doubt that different combinations of risk factors produce different cumulative effects and that criminality is likely to be the result of multiple interactions (Farrington, 2000). Children with two risk factors were four times as likely to develop disorders as were those with one or none. The effect of multiple risk factors was thus shown to be not only cumulative, but also exponential: interacting to produce ever higher probabilities of anti-social behaviour.

### ***Support services- what works?***

- The concept of prevention based on existing knowledge of risk and protective factors gains strength from research investigating the outcomes of services offering different kinds of support.
- The body of this report describes support programmes for families and in schools that have been shown to produce sustained improvements in children's behaviour.
- A smaller number of research studies monitoring progress over long periods have even been able to link support for parents and children in their early, pre-school years with substantially lower levels of youth offending and anti-social behaviour compared with control groups of similar children.
- Such studies not only provide models of effective, evidence-based practice, but also reinforce the validity of the risk and protection factor paradigm as a basis for preventive action.

### ***Authors' comments about intervention evaluations***

- The authors' firm view that some methods of evaluation are a more effective gauge of a service or programme's effectiveness than others. In general, they consider that the most dependable evidence can be derived from studies where outcomes for a group of participants in a programme have been compared with outcomes for a similar 'control' group who did not take part.
- Use of a comparison design makes it more reasonable to conclude that any changes observed can be attributed to the positive (or negative) effects of the programme.

- Randomised Controlled Trials (RCTs), familiar from medical research, are sometimes referred to as the 'gold standard' in this regard, because participants are selected because they meet certain criteria and only then allocated at random to 'experimental' or 'control' groups.
- Yet even when a particular programme or intervention has been shown, convincingly, to achieve positive outcomes for the participants, it may be important to find out whether the results can be replicated for other types of participant or in different settings.
- Relevant questions may also be raised about sample sizes and the statistical strength of the results, and about the duration of the research. In other words, is there evidence of good outcomes being maintained over time?
- Crime prevention researchers in the United States have encouraged policy makers and practitioners to pay more attention to the quality of evidence by devising a Scientific Methods Scale (Sherman et al, 1997). This places evaluation findings in five categories according to the ability of the study to eliminate other potential explanations for the results. The five resulting categories are summarised in Table 1 (see pages 15-17).

#### **How the evaluation gathered information for findings and conclusions**

This is an extensive literature review that encompasses international published research. Although there is no explicit methodology section, explaining how the authors prepared and undertook this review, an appreciation of how this was done can be made implicitly.

The bibliography illustrates a broad range of publication sources from which evidence is gathered, and points and recommendations are illustrated where the authors feel important, with case study examples.

**Further details about the SCS evaluation of this report are available on request.**

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