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SUPPORT FROM THE START: WORKING WITH YOUNG CHILDREN AND THEIR FAMILIES TO REDUCE THE RISKS OF CRIME AND ANTI-SOCIAL BEHAVIOUR

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Introduction

This report resulted from a series of discussions between leading practitioners, academic experts and policy makers about the scope for early intervention and prevention of anti-social behaviour. The emphasis has been on evidence and, in particular, on promising preventive approaches whose effectiveness has been convincingly and rigorously demonstrated by research. Recognition has also been given to the danger that even programmes with the strongest research credentials risk being ineffective at the delivery stage unless they are faithfully replicated and implemented.

Key findings

This review of the research endorses a well-established view that it is never too early to make support available that will encourage children's positive development. Furthermore, that – as children develop through adolescence – it is never too late. In recent years, the language of prevention based on knowledge regarding the underlying risk and protective factors in children's lives has become common currency among policy makers – as demonstrated by **Every child matters**, the Government's Green Paper on children's services (Chief Secretary to the Treasury, 2003). Results from well-evaluated parenting or pre-school enrichment programmes are impressive in their proven ability to reduce anti-social behaviour. But to be truly effective, action that reduces risk and enhances protection in children's lives has to be reinforced over time and in different settings. Parents and families remain important influences throughout childhood, but the influence of schools, friends and peers and the wider community become increasingly significant as children grow older.

Existing knowledge, likewise, underlines the wisdom of tackling the whole range of negative factors that cluster together in the lives of the most vulnerable children, rather than seeking 'one shot' solutions to individual risks. Innovative approaches to community prevention – notably the Communities that Care initiative in the United States and Britain – have recognised this by equipping residents and professionals with the tools to identify and target a range of priority risk factors affecting children in their neighbourhood (Hawkins & Catalano, 1992; Communities that Care, 1998). But the message about finding multiple solutions for multiple problems applies equally to services targeting individual children at high risk of becoming anti-social, socially excluded adults. The particular focus here has been on identifying programmes and services that have demonstrated the greatest promise in preventing the most persistent conduct problems among children, and reducing the risks of later problem behaviour, including drug misuse and offending. The evidence shows that there is a group of 'life-course persistent' offenders whose anti-social behaviour from an early age distinguishes them from 'adolescent onset' offenders whose criminal activities start later, end sooner and tend to be less serious while they last. While different theories have been advanced to explain the distinction, the practical message that preventive interventions with young children exposed to high levels of risk may be disproportionately useful in reducing the chances of their later involvement in serious and, particularly, violent offending is unmistakeable.

Prevention during pregnancy

Although research has consistently associated factors such as low birth weight and maternal smoking or alcohol consumption during pregnancy with later health, education and behaviour problems, recent studies have served to clarify the links. We now know, for example, that mothers smoking more than six cigarettes a day while pregnant is a robust, independent predictor for their babies – especially boys – developing diagnosable conduct disorders during childhood (Wakschlag, 1997).

Maternal alcohol consumption has been linked to attention-deficit disorders in children (Mick et al, 2002), while longer-term studies have shown a close relationship between maternal antenatal smoking and children's later involvement in violent and non-violent crime (Brennan et al, 1999).

The practical difficulties facing the Government's Sure Start programme and other initiatives in getting a 'smoking cessation' message to mothers who may already be under severe stress are formidable. But the justification for pressing on and redoubling these existing efforts has never been stronger. Continued action to reduce the number of teenage pregnancies is also justified, given the association between birth to a young mother and a range of later problems, including emotional and behavioural difficulties and chronic offending (Consuer et al, 1997; Moffitt et al, 2002). Policy makers should also note the evidence that the term 'teenage parent' is apt to mislead since disproportionately poor outcomes in terms of learning, health and social wellbeing have been identified for children of mothers aged under 23 (Hobcraft & Kiernan, 1999).

Recent studies have, meanwhile, linked prematurity and low birth weight to children's subsequent hyperactivity and conduct disorders (Pharoah et al, 1994; Middle et al, 1996; Sykes at al, 1997). This underlines the value of investment in obstetric research to untangle the multifactorial causes of premature birth. But it is worth re-emphasising the point that links between low birth-weight and conduct problems apply to a very small proportion of babies – around 1 per cent. Thus, the eventual contribution of low birth weight to the offending population is likely to be small.

A potentially more significant connection is the strong link that Glover and colleagues (2002) have begun to find in longitudinal data between mothers' stress and anxiety during pregnancy and children's behavioural problems, including attention-deficit disorders among boys. No study has yet evaluated a programme or service designed to reduce maternal stress during pregnancy. However, this is one more area where a well-designed and professionally-delivered home visiting programme, such as the Nurse-Family Partnership described and evaluated in the United States by Olds and colleagues (1998), appears especially promising. This programme, offered to young and mostly disadvantaged and/or single mothers, included fortnightly visits by purpose-trained nurses during pregnancy that, for one of the experimental groups, continued for two years after the birth. Not only did the home visiting yield positive early results in terms of lower levels of child abuse compared with control groups, but it also had long-term effects on children's behaviour, including fewer arrests and convictions by the age of 15.

Birth to two years

How soon is it appropriate to become concerned about parent-child relationships and signs of behaviour problems among young children? The issue is of increasing interest as science becomes more systematic and skilled at diagnosing maladaptive behaviour in children under 3 and in identifying some of the early warning signs in infants as young as six months (Bates, et al, 1991; Rose et al, 1989; Sroufe et al., 1990; Weinfield et al., 2000). Expanding knowledge about the long-term implications of poor bonding between infants and their mothers, of harsh or neglectful parenting and of aggression in two-year olds underlines the likely value of making early and sustained support available.

Policy makers centrally and locally may, however, fall back on a more pragmatic resolve to support and protect young children in the 'here and now'. Using effective screening and preventive interventions to minimise the adverse consequences of postnatal depression is, for example, justified by the pressing short-term needs of babies and their mothers. Immediate protective action is, likewise, imperative where young children are being physically or sexually abused, or assessed as being in danger. Only subsequently, when the child is safe, can knowledge of the longer-term implications of extreme exposure to risk be used to recognise the child's support needs and those of its parents and/or carers.

As the Sure Start programme has demonstrated, parents may be more willing to hold the door open to friendly, non-stigmatising support and advice when they have young children than at any other time.

Research that points to the value of baby massage, or the routine use of front-pack baby carriers to promote strong parent-child attachment is of potentially universal application and benefit. At a more targeted level, the evaluations of home visiting programmes demonstrate long as well as short-term benefits. These include the promising use of para-professional 'Community Mothers' in the UK and Eire (Johnson et al, 2000) as well as the work of Olds and colleagues in the United States (see above). The valuable role that trained nurses/health visitors can play is reinforced by evidence that they can successfully deliver programmes as varied as screening and support for mothers with postnatal depression (Cooper et al, 2003) and parenting courses for the parents of children with attention deficit (ADHD) disorders (Sonuga-Barke et al, 2001).

Three to eight years

As children become more 'social', associating with other children in pre-school settings and then in school itself, so hyperactivity, attention deficits, aggression and other anti-social behaviour become more obvious. In objective terms, too, severe conduct problems are relatively stable and easier to identify by the age of three. There is also a relatively rich seam of research concerning effective preventive interventions for this age group. The Incredible Years devised by Carolyn Webster-Stratton and colleagues in the United States is among the best known of all group-based parenting programmes and certainly the most extensively and rigorously evaluated. Improvements in parental style, relationships and parent-child behaviour have been recorded from trials in clinical and community settings (Webster-Stratton, 2001). These positive findings have been replicated in both types of setting in the UK and, encouragingly, in work with black and minority ethnic families (Scott et al, 2001; Gardner & Burton, 2003). The approach has also been successfully expanded into a complementary programme for children that is now being used in Britain (Webster-Stratton, 2000). The Positive Parenting Programme ('Triple P') devised and positively evaluated in Australia by Sanders and colleagues (2000) has likewise gained a foothold in the UK. From a policy-making perspective, its division into five delivery levels of increasing intensity is especially interesting.

The High/Scope Perry Pre-School Programme offers a pre-eminent example of the potential for work with young children to exert a positive long-term effect on their behaviour, later criminal involvement and other life chances (Schweinhart et al, 1993). The quality of curriculum, equipment and staffing ratios appear to be integral to its particular success with children from a disadvantaged neighbourhood, as well as a 'plan–do–review' approach that encourages reasoning skills and self-efficacy. For an older age group, the Promoting Alternative Thinking Strategies ('PATHS') programme (Greenberg et al, 1998) is an example of a strongly evaluated curriculum being used in UK primary schools to promote social competence, self-control and problem-solving. As yet, however, there is no UK equivalent for the Seattle Social Development Project where training to improve primary school children's cognitive skills was successfully combined with a parenting programme and a classroom management programme for teachers. The promising long-term outcomes, measured at age 18, included less violent, criminal behaviour and less heavy drinking than a control group, as well stronger attachment and commitment to school (Hawkins et al, 1999).

Nine to thirteen years

As children reach the 'cusp' between the end of primary school and their first years of secondary education the influences on their behaviour grow increasingly complex. Their relationships with parents are still hugely important, but so increasingly are friendships and the example set by teachers and other significant adults in their lives. They are more aware of the neighbourhoods where they live and of the messages delivered through television and other media.

This is also an age group where some children will become involved in 'early onset' offending and in under-age smoking, drinking and other substance misuse. In terms of prevention, there is a continuing need for universal services – this is, for example, the age group most likely to benefit from drug and alcohol education, including strategies for resisting negative peer pressure. Evaluation has demonstrated that tutoring programmes such as Reading Recovery (Hurry & Sylva, 1998) are one effective way to help underachieving children in primary school who are falling behind in literacy or numeracy. But 'whole class' and 'whole school' approaches have also proved effective in reducing the risks associated with anti-social behaviour, for example the Bullying Prevention Project (Smith & Sharp, 1994; Olweus et al., 1999).

This is also an age group where precocious criminal activity points towards more intensive as well as targeted attempts at prevention. Some interventions for this age group originally evaluated in America,

have been introduced into Britain in recent years. Some have worked through schools or youth organisations to reduce conduct problems, and delay the onset of substance use and/or offending. For example, mentoring programmes have sought with varying degrees of success to tackle anti-social behaviour through regular contact with an adult or older peer who befriends a young person and offers them a positive role model. The Big Brothers & Sisters programme, working with children and young people from lone parent families, has yielded some of the most positive evaluation results to date, in terms of preventing delinquent behaviour (Tierney & Grossman, 1998). Other interventions make families the main focus for intervention, albeit in a more intensive and age-specific format. Some Youth Offending Teams in England have, for example, made use of the Functional Family Therapy model (Barton et al, 1985; Gordon, 1995) when designing programmes for use with the Parenting Order introduced by the Crime and Disorder Act, 1998.

The various evaluations of Multi-systemic Therapy (MST) (Henggeler, 1999) are an even stronger indication of the range and depth of service delivery that may be needed to achieve positive results with young offenders from the most dysfunctional and disadvantaged families. Practitioners in London and Cambridge have begun using this approach, which, in the US, is presented as a cost-effective alternative to youth custody. The American research has recorded reductions in offending, mental health problems and out-of-home placements together with improved family functioning. However, prevention at this level requires the intensive services of a multi-disciplinary team, on-call for much of the day, providing a combination of behavioural therapy with tailored support services for the whole family (Henggeler et al, 1998). A comparable message concerning the intensity of support that may be necessary when working with children with severe behaviour problems from this age group emerges from programmes where adolescent offenders have been placed in foster care. While the results from Multidimensional Treatment Foster Care with 12 to 18 year olds in Oregon are encouraging in terms of offending reductions, the support needs of the foster parents and staff working with them are exceptionally high (Chamberlain & Reid, 1997).

Implementation

Even the most promising and well-evaluated programme can founder through poor implementation. Misguided attempts to 'improve' on the contents or curriculum, or to reduce costs by diluting the number or frequency of sessions in a course are among the common reasons why otherwise well-intentioned initiatives collapse (Ghate, 2001). Lack of foresight and preparation, apparent through poor communication with intended participants or unsuitable choice of delivery location and time of day may undermine an intervention almost from the start.

Cost-effectiveness

The accumulation of convincing evidence from evaluated programmes in the past 30 years has moved the case for early intervention and prevention of anti-social behaviour far beyond homely assertions that 'an ounce of prevention is worth a pound of cure'. What policy planners may reasonably find lacking is a detailed understanding of which interventions offer the best value for the taxpayer's money. Assessments of the costs of not intervening – like the calculation by Scott and colleagues (2001) that conduct disordered children age 10 had cost public services an average of £70,019 by the age of 27, compared with £7,423 for children without behaviour problems – are salutary. But relatively few evaluations of early developmental prevention programmes have included an economic assessment of their effectiveness.

The High/Scope study quite reasonably calculates its effectiveness in terms of reduced need for special education, lower welfare payments and more tax paid because of high rates of employment, as well as lower levels of crime and drug misuse (Barnett, 1993). Other programmes when assessed only in terms of crime and criminality prevention may appear less cost-effective (Aos et al, 2001).

Targeting

The *Support from the Start* report provides examples of promising programmes that can play a part in preventing 'life-course persistent' anti-social behaviour. They can be applied at different stages in children's development as well as at different tiers of prevention. Generally speaking, as children's anti-social behaviour grows more severe, obvious, or both, so the case for individual targeting can be expected to increase. For example, primary prevention initiatives to dissuade mothers from smoking during pregnancy are probably best pitched at universal or community level. By contrast, Multi-systemic Therapy (MST) is an example of a highly intensive family support programme whose value partly lies in its effectiveness as an 'eleventh hour' intervention, very

selectively targeting adolescent offenders who might otherwise be heading for a criminal career.

Specialist support services may currently be offered to individual children and families for a wide and seemingly haphazard range of reasons. These extend from health screening procedures during infancy to concerns raised by primary schools, and to contact with the police and criminal justice system. The Government's Identification, Referral and Tracking (IRT) initiative in 15 local authority areas (making up 10 'Trailblazers') is an attempt to promote better information sharing between agencies so that individual children who need it receive more coherent and timely support.

The Green Paper ***Every child matters*** proposed the development of information and assessment methods with an emphasis on securing further changes of culture and practice among professionals. It also discussed how information sharing systems could be improved to facilitate communication between practitioners. By allowing practitioners to flag-up early warnings concerning the children they were working with, it argued that a more holistic view could be taken of each child's support needs.

As knowledge increases concerning the contribution of different risk and protective factors in children's lives, increased political and scientific interest can be expected in developing assessment tools with the potential for screening children into preventive programmes from an early age.

Caution is, however, required. In particular, any notion that better screening can enable policy makers to identify young children destined to join the 5 per cent of offenders responsible for 50-60 per cent of crime is fanciful. Even if there were no ethical objections to putting 'potential delinquent' labels round the necks of young children, there would continue to be statistical barriers. Research into the continuity of anti-social behaviour shows substantial flows out of - as well as in to - the pool of children who develop chronic conduct problems. This demonstrates the dangers of assuming that anti-social five-year olds are the criminals or drug abusers of tomorrow, as well as for highlighting the undoubted opportunities that exist for prevention.

Since the experience of service providers suggests that labelling children would also be counter-productive to gaining the trust and participation of parents, there must be a strong presumption in favour of preventive services presenting and justifying themselves in terms of children's existing needs and problems, rather than future risks of criminality.

Support from the start

Early prevention of anti-social behaviour, as described in this report and envisaged in the Green Paper ***Every child matters***, is always likely to rely on an unofficial pact between families accepting support with problems in the 'here and now' and the long-term objectives of practitioners and policy makers. But it is the responsibility of the latter to ensure the programmes and services being offered are likely to be effective in both contexts. Greater rigour in the selection of evidence-based approaches and a stronger commitment to understanding the fine print of implementation are both required. Researchers must also do more to illuminate the choices facing policy makers and the communities they serve, by supplying more of the necessary details, including information concerning cost-effectiveness. But this is not an excuse to delay further action. Rather, as government moves to instil the preventive principles derived from Sure Start, On Track and other special initiatives into mainstream children's services, it is a plea for the support made available to be made as effective, comprehensive and attractive as possible.

Additional Information

Copies of the full report (RR524) - priced £4.95 - are available by writing to DfES Publications, PO Box 5050, Sherwood Park, Annesley, Nottingham NG15 0DJ.

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