EARLY INTERVENTION FOUNDATION

EVIDENCE

WHAT WORKS TO PREVENT GANG INVOLVEMENT, YOUTH VIOLENCE AND CRIME

A RAPID REVIEW OF INTERVENTIONS DELIVERED IN THE UK AND ABROAD

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The Early Intervention Foundation was commissioned by the Home Office to produce this review.

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1. Introduction and methods

1.1 Introduction

This report was commissioned by the Home Office to further our understanding of what works to prevent gang involvement and youth violence. Since the Government's Ending Gang and Youth Violence programme began in 2011, it has had a strong emphasis on the importance of intervening at the earliest opportunity to prevent children and young people from getting involved in gangs and youth violence, and helping them to find ways out if they do become involved (HM Government, 2011).

Our goal was to provide a brief overview of the international literature on effective and ineffective approaches aiming to prevent gang involvement and youth violence, and to identify specific preventative programmes with a good evidence base through a rapid assessment of previous programme evaluations conducted by other "what works" clearinghouses. From this, we sought to summarise some common features – or "key principles" – associated with what does and doesn't work. We leave to the next stage the task of assessing the specific costs and impacts of those programmes available in the UK, and assessing and recommending specific programmes.

Overall, we identified 67 well-evidenced programmes, all implemented in the USA and nearly half in the UK, which aimed to prevent gang involvement, youth violence or associated problems such as youth offending, conduct disorder and delinquency. 54 of these programmes had been assessed as effective by the clearinghouses searched, whilst 13 were classified as ineffective. The features and activities associated with these programmes were largely consistent with the findings of the key systematic reviews and evidence assessments identified through our literature review.

To maximise transparency, a list of the 67 programmes identified through our search is available in Appendix 3. At the time of publication, 18 programmes are also included in EIF's online Guidebook. Some of these are discussed in more detail in Section 3 as case studies, illustrating how the key principles we have identified are implemented in practice.

A rating and detailed description are not provided for every programme, because we have not yet done our own assessment of their effectiveness and input costs. Whilst the clearinghouses searched provide very useful information about specific programmes, each presents different types of information that are not always strictly comparable, and not always fully up to date. Evidence and programmes change, so until we have tested the evidence in more detail we cannot provide an explicit assessment of all the programmes in this review. In the second phase of this work, the relevant programmes identified through this report will undergo detailed scrutiny and provider consultation to enable us to confirm an EIF rating and include information about these programmes in our online Guidebook.[1]

[1] http://guidebook.eif.org.uk/

1.2 Definitions

1.2.1 Gangs and gang members

There is no single international or national definition of "a gang" or a gang member. The starting point for this review was the definition set out in the Government's Ending Gang and Youth Violence report, adapted from the Centre for Social Justice's report "Dying to Belong" (2009):

> *"a relatively durable, predominantly street-based group of young people who: 1. see themselves (and are seen by others) as a discernible group; 2. engage in criminal activity and violence; and may also 3. lay claim over territory (not necessarily geographical, but can include an illegal economy territory); 4. have some form of identifying structural feature; and/or 5. be in conflict with other, similar, gangs." (HM Government, 2011)*

In addition, the Serious Crime Act 2015 updated the definition of a gang for the purpose of a gang injunction to reflect changes in the way gangs operate (e.g. removing references to names and colours, and making the links to serious and organised crime), and it expands the range of activities for which a gang injunction can be issued to include illegal drug dealing:

> Section 34(5) of the Policing and Crime Act 2009 (updated by the Serious Crime Act 2015) defines gang-related violence as:
>
> "Violence or a threat of violence which occurs in the course of, or is otherwise related to, the activities of a group that:
>
> > a) consists of at least 3 people; and,
> >
> > b) has one or more characteristics that enable its members to be identified by others as a group."
>
> Section 34(5) of the 2009 Act (updated by the Serious Crime Act 2015) defines gang-related drug dealing activity as:
>
> "the unlawful production, supply, importation or exportation of a controlled drug which occurs in the course of, or is otherwise related to, the activities of a group that:
>
> > a) consists of at least 3 people; and,
> >
> > b) has one or more characteristics that enable its members to be identified by others as a group."

1.2.2 Youth violence

There is no one single definition of "youth" or "youth violence". In line with other reviews, our starting point has been to define "youth violence" as "*community/public space violence committed by young people under the age of 25"* (e.g., Cordis Bright, 2015). Youth violence can also take the form of sexual and intimate partner violence – particularly within the context of girls involved with gangs (Public Health England, 2015) – and so we have included this within the scope of the review.

1.3 Methods

This work had two main components: an initial literature review, and a rapid evidence assessment of programmes. Both were conducted in December 2014 and January 2015. A glossary of technical terms can be found at the end of this report.

1.3.1 Initial literature review

The first stage of this process was to identify a core set of reports and evidence reviews, which had already summarised some of the key literature and studies, both within and outside of the UK, on preventing gang involvement, youth violence, and associated outcomes.

This included, for example, previous systematic reviews and meta-analyses, the most robust methods for reviewing evidence, identifying patterns and gaps, and estimating the overall effect of an intervention on specific outcomes. The main focus of the systematic reviews, meta-analyses, and reports summarised is on evidence from careful evaluation that can accurately discern causal impacts. Such evaluation designs are commonly understood as requiring standardised pre and post measurements of outcomes, an appropriate comparison group to provide an estimate of what would have happened in the absence of the intervention, and a broad sampling design that takes account of those who drop out of the programme. As with many other frameworks, the EIF approach[2] to evidence recognises that good randomised controlled trials (RCTs) and quasi-experimental designs (QEDs) with control groups are the best means of establishing causal impacts. Properly conducted, they provide a reliable indicator as to whether the outcomes measured can be attributed to the intervention delivered.

As a result, whilst our initial literature review drew on a limited number of well-known sources within a short period of time, the reports from which we drew our conclusions tended to be of a methodologically high standard.

> *Literature reviews collate studies that are relevant to a particular topic, and appraise the research in order to draw general conclusions from it. They can be useful for providing information on a topic in a very short period of time, but are not as robust as a systematic review of the literature. This is because they tend to focus on evidence that is readily available and well known, and do not have an explicit set of inclusion criteria.*[3]

Inclusion criteria:
Previous systematic reviews, meta-analyses, and other evidence assessments were identified from a number of sources, including:

[2] Further details on the EIF Standards of Evidence are available at: http://guidebook.eif.org.uk/the-eif-standards-of-evidence
[3] http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/what-is

- Peer-reviewed journals and internationally recognised databases, such as the Campbell Library of Systematic Reviews.
- Authoritative organisations and "what works" clearinghouses, such as the Centre for Analysis of Youth Transitions (CAYT), the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), the Office of Justice Programs' CrimeSolutions.gov, Project Oracle Children and Youth Evidence Hub, the What Works Centre for Crime Reduction[4], and the World Health Organization (WHO).
- Academics and experts from EIF's Gang and Youth Violence Evidence Panel and Steering Group.

The reports selected were chosen on the basis of their relevance to this review. Our goal was to provide a balanced overview of the existing evidence, but because literature reviews tend not to have set eligibility criteria, the analysis presented may be a partial one.

As a starting point, the intervention models and programmes assessed could have been universal or targeted, based in or outside of the UK, and aimed at children, young people, and/or their families, parents, or carers. Additionally, the outcomes assessed needed to be relevant to preventing gang involvement, youth crime and/or violence (including early risk factors).

1.3.2 Rapid evidence assessment of programmes

In the second stage of this review we sought to identify well-evidenced programmes that have been assessed as effective, ineffective, and/or potentially harmful by "what works" clearinghouses, in preventing gang involvement, youth violence, and associated outcomes.

The method selected to achieve this objective, given time constraints, was a "rapid evidence assessment". This method is particularly useful when: there has been previous research, but there is still some uncertainty about the effectiveness of a policy, service or intervention; when policy-makers and commissioners want to make decisions based on the best available evidence within a limited period of time; and a map of evidence in a topic area is required to direct future research needs.[5]

> *A rapid evidence assessment (REA) can be defined as "a quick overview of existing research on a (constrained) topic and a synthesis of the evidence provided by these studies to answer the REA question"…. They aim to be rigorous and explicit in method and thus systematic, but make concessions to the breadth or depth of the process by limiting particular aspects of the systematic review process.* [6]

One person conducted a search of the following six clearinghouses, over a three-week period: Blueprints, Coalition for Evidence-Based Policy (CEBP), CrimeSolutions.gov (CrimeSolutions), SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), Project Oracle, and the Youth Justice Board's Effective Practice Library (YJB). Whilst other clearinghouses exist, these were prioritised for their relevance to youth crime and violence, and the large number of programmes they contain. The exact search strategies used are described in *Appendix 1.*

The same person read the description, rating, and evidence summary provided by each clearinghouse for all of the programmes retrieved. Those meeting the eligibility criteria were included, and those that did not and/or were obviously irrelevant were excluded. Where the eligibility of a programme was

[4] http://discovery.ucl.ac.uk/1462096/
[5] http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/what-is
[6] http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/what-is

unclear, a second person at the EIF was consulted and a decision to include or exclude reached through consensus.

Inclusion criteria

To be included in this review:

- "Programmes", otherwise referred to as "interventions", had to have a well-specified package of activities carried out to achieve a defined purpose.
- Programmes could have been implemented and/or evaluated in or outside of the UK.
- Programmes had to have been previously assessed by at least one of the clearinghouses searched, and receive an overall implied EIF Level 3/-3 or Level 4/-4.
    - This meant that at a minimum, a programme had to have evidence from at least one quasi-experimental design (QED) study with a control group or a randomised controlled trial (RCT). These types of studies are crucial to understanding the effectiveness of interventions, and whether the outcomes measured can be reliably attributed to the presence or absence of the intervention. The EIF's Evidence Continuum for Assessing Strength of Evidence can be found in *Appendix 2* (Table 2).
    - A mapping grid, described in *Appendix 2* (Table 3), was used to collate assessments across the clearinghouses searched, and to assign an implied EIF rating for the strength of evidence. Whilst clearinghouses vary in the way they assess programmes and their strength of evidence, this provided a quick way of identifying eligible programmes with the required type of evidence. We conducted "light-touch" quality checks of these assessments by looking at a sample of the studies cited for each of the included programmes, but we cannot guarantee the accuracy of third party items or any related materials, which is why we do not report ratings on specific programmes.
- The studies clearinghouses used to assess programmes did not have to appear in peer-reviewed journals, and there was no restriction on the years evaluations were conducted.
- Programmes could be aimed at children and young people under the age of 25 and/or their parents, carers, or families.
- Programmes could be universal for children and young people generally, targeted towards at-risk subgroups, and/or targeted towards high-risk subgroups or those already involved in gangs, youth violence or crime.
- Clearinghouses had to report at least one relevant outcome for a child or young person who was under the age of 25 when the programme was first implemented, meaning both short- and long-term follow-ups (e.g. into adulthood) could be included. We were interested in programmes that had impacts on:
    - Direct measures of gang and youth violence, such as gang membership (belonging to a gang), gang involvement (including gang-related crime, violence, and anti-social behaviour), gang association, youth violence (including sexual violence), weapon carrying and use.
    - "Associated problems": outcomes that might coincide with gang involvement and youth violence, as well as factors that might predict involvement or act as a buffer against involvement, such as youth offending, delinquent behaviour, conduct disorder, aggression, association with delinquent, deviant, and/or gang-involved peers, prosocial relationships, and empathy.
- These outcomes are consistent with a recent review of the risk and protective factors associated with gang involvement and youth violence: "Preventing Gang and Youth Violence: A review of risk and protective factors" (Cordis Bright, 2015).

Exclusion criteria:

- Programmes that did not have an overall implied EIF Level 3/-3 or Level 4/-4 rating were excluded. Although there was a risk that few gang-specific programmes with a robust evidence base would be identified, this evidence standard was deemed necessary to reliably establish causal pathways between interventions and outcomes.
- Programmes for the prevention of domestic violence that were not explicitly related to gang involvement or youth violence were excluded.
- Policy and higher-level agency reforms or strategies, and general strategies without a specified or identifiable package of activities were excluded. For example, “Hot Spots Policing”, where patterns of crime are analysed and police target responses in areas that need it the most.
- Programmes where clearinghouses did not report a relevant outcome for a child or young person who was under the age of 25 when the intervention was first implemented were excluded.
- Regrettably, non-English-language evaluations were excluded due to a lack of time and resources to translate materials.

1.3.3 Analysis

One person analysed the information identified in the literature review and rapid evidence assessment of programmes. From this, we sought to identify important common and/or distinguishing features (“key principles”) to provide an initial response to the question: “*what are some of the key principles associated with what does and doesn’t work in programmes and activities aiming to prevent gang involvement, youth violence, and associated outcomes?”*

Our findings were then peer reviewed by EIF’s Gang and Youth Violence Evidence Panel, made up of experts on programme evaluation, youth crime, gang involvement, and youth violence.

To increase accessibility to non-research audiences, this report also includes a series of infographics, which provide high-level overviews of our main findings.

Limitations

Because of the required pace of the work, it has not been possible in this review to:

- Assess the scale of impact of programmes;
- Assess the cost of the programmes;
- Assess the underpinning strength of evidence to provide an EIF assessment;
- Undertake a broad review of academic or grey literature to identify additional interventions;
- Undertake a call for evidence to identify additional interventions;
- Moderate and resolve disagreements between clearinghouses or between clearinghouses and providers;
- Consider subgroup effects, mediators, or moderators.

The next stage of this work will look in detail at the evidence behind some of the programmes that appear to be effective, and consult programme providers to enable us to confirm an EIF evidence rating and include information about these individual programmes in our Guidebook.

2. Findings from previous reviews

Our brief literature review clarifies the types of practices and approaches that are well evidenced, compared to approaches that only have initial evidence from lower-quality studies or those that appear to be lacking any evidence at all. We also highlight the main approaches that have typically been associated with positive or harmful effects for young people. In this way, it provides a broader context for what is found about the effectiveness of specific programmes.

2.1 Summary infographic

On the next page is an infographic that provides a high-level overview of the key findings from our literature review. This is followed by a more detailed discussion of some of the evidence behind different types of approaches to preventing gang involvement and youth violence.

Preventing Gang Involvement & Youth Violence: Literature Review

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WHAT WORKS?
Most of our knowledge about 'what works' to prevent youth violence, crime and associated factors comes from the USA. Among the most robustly evaluated and effective approaches are skills-based and family-focused programmes, which aim to foster positive changes as well as prevent negative outcomes.

SKILLS-BASED programmes involve demonstrations, practice and activities that aim to develop young people's abilities to control their behaviour and/or participate in prosocial activities.

- Programmes for children and young adolescents focus on problem solving, self-control, anger management, conflict resolution, and socio-emotional skills. Evidence suggests they are particularly effective with at-risk children, who are experiencing early onset behavioural problems or come from low-income backgrounds.
- Some programmes for adolescents and young adults focus on healthy life choices and preventing relationship violence. Evidence suggests they can increase knowledge and change attitudes, but impacts on behaviour and incidents of violence are unclear.

FAMILY-FOCUSED programmes include home visiting, parent training and family therapy. They recognise that creating changes in young people is difficult when they have complex home lives, and therefore take into account family level risk and protective factors.

- Family-focused approaches for infants and young children focus on developing positive parenting skills and strengthening parent/child relationships. Evidence suggests this can reduce early risk factors, such as child conduct problems, and improve parenting practices.
- It is difficult to track the long-term effects of early parent/family interventions through adolescence and adulthood, but initial research suggests they can be effective in reducing delinquency and anti-social behaviour.
- Family therapy is an internationally recognised approach to preventing youth offending and violence, especially with at-risk adolescents and young offenders. It recognises that young people's behaviours are often influenced by their family situation and peer groups, and seeks to equip the family unit with the skills to tackle problems.
- Like other approaches, evidence suggests that adherence to the original programme design can be crucial to maximising effectiveness and avoiding harm, and that the added value of family-therapy based approaches should be weighed against the quality of existing services.

WHAT LOOKS PROMISING BUT HAS LIMITED EVIDENCE?
Approaches that appear promising but have limited evidence include mentoring and community-based interventions. Many strategies aiming to prevent/ reduce gang involvement exist, but very few have been robustly evaluated.

MENTORING programmes typically involve an older or more experienced person offering support and guidance to a young person over time.

- Some reviews suggest mentoring for at-risk and high-risk youth can reduce reoffending rates, delinquency and aggression. However, some of these findings are based on low-quality studies, and did not persist after the mentoring ended. A small number of studies have also found negative effects.
- For youth generally, community-based mentoring can improve behavioural, socio-emotional and academic outcomes, but relationships ending within three months may have adverse effects on at-risk youth. A review of school-based mentoring found minuscule effects.

COMMUNITY engagement, data sharing, and partnership building have a role in prevention efforts, but community-based programmes lack robust evaluation.

- Sports programmes in the community aim to engage youth in prosocial activities and increase self-esteem. Preliminary evidence from weaker studies indicates they may have the potential to reduce crime and violence, but more robust research is needed.

GANG-SPECIFIC approaches aim to prevent young people from becoming involved in gangs, and to help them find ways out if they do

- The evidence behind these approaches seems limited or non-existent. Some limited USA-based studies of multi-faceted interventions found very small insignificant impacts on crime outcomes, whist other studies have focused on attitudinal rather than behavioural changes.

WHAT IS INEFFECTIVE OR POTENTIALLY HARMFUL?

DETERRENCE & DISCIPLINE -based approaches aim to deter youth from criminal behaviour via scare tactics (e.g. prison visits) or militaristic programmes (e.g. boot camps).

- Robust reviews and studies consistently indicate that these types of approaches are ineffective, and may even make things worse (e.g. increase the likelihood of offending)- particularly for at-risk or delinquent youth. More broadly, evidence suggests that, grouped together during implementation, deviant peers may encourage deviant behaviour, and undermine interventions effects.

O'Connor, R. M., & Waddell, S. (2015). What works to prevent gang involvement, youth violence and crime? A rapid review of interventions delivered in the UK and abroad. Early Intervention Foundation: London, UK.

2.2 Gang-specific approaches

Whilst there are a range of strategies and interventions being used to try and prevent young people from becoming involved in gangs and to help them find ways out if they do become involved, there is a lack of robust, high-quality evidence on whether these approaches work.

This gap, which exists both in the UK and internationally, has been consistently highlighted by recent reports and evidence reviews. For example, a report commissioned by the Department of Health found that whilst a few multi-agency strategies targeting police enforcement activity at high-risk gang members and providing access to education, employment, and health services have been shown to reduce violence in the USA, overall the research on what works to prevent gang involvement is very limited (Bellis et al., 2012). Similarly, a number of systematic reviews have found no randomised or quasi-randomised controlled trials that evaluate the effectiveness of cognitive behavioural interventions and opportunities provision to prevent gang involvement for children and young people aged 7-16 (Fisher, Montgomery, & Gardner, 2008a, 2008b). Without these types of studies, we cannot reliably establish what would have happened had the intervention not been provided, and whether the intervention actually caused the outcomes measured.

Of the few reviews that have identified studies with higher-quality designs, there tend to be too few studies to draw reliable conclusions, a lack of significant impacts, and/or a focus on attitudinal rather than behavioural changes. For example, a systematic review published by the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) analysed the effectiveness of comprehensive interventions – that is, multi-faceted approaches encompassing more than one distinct type of intervention – in reducing gang-related crime and anti-social behaviour (Hodgkinson et al., 2009). At a minimum, studies had to have an intervention group and a comparable control group that did not receive the intervention. All of the interventions identified in the 17 studies that met the inclusion criteria for the review took place in the USA. Five of these studies were judged to provide a high/medium weight of evidence in answering the review question, and overall they suggested that these types of interventions only had a very small, statistically insignificant positive effect on reducing crime outcomes (d=0.09, 95% CI [-0.01 to 0.20]).[7] Additionally, Project Oracle synthesised 12 programme evaluations aimed at reducing gang and youth violence in London (McMahon, 2013). The strength of evidence was largely weak: only two evaluations included a control group, and most measured the *attitudes* of young people before and after the intervention, rather than any changes in the behaviours of young people who were gang members or at risk of gang-related and violent activity. As with the report by the EPPI-Centre, the bulk of the evidence related to comprehensive, multi-agency interventions, suggesting the evidence on specific self-contained programmes may be even more limited.

2.3 Well-evidenced approaches to preventing youth violence or crime

The majority of what we do know about what works to prevent youth crime, violence, and associated factors such as aggression and delinquency, comes from outside the UK, in particular the USA (Bellis et al., 2012; Ross et al., 2011). Overall, there is a strong argument that the most effective and well-evidenced approaches tend to have "therapeutic" principles, meaning they aim to create positive

[7] Cohen's *d* is an example of an "effect size". A CI is a Confidence Interval. See glossary for more information.

changes in the lives of young people and/or their families, as well as prevent negative outcomes. This includes, for example, skills-based, parent/family-focused, and therapy-based programmes.

Lipsey (2009) conducted a meta-analytical overview of 548 independent study samples, more than 90% of which were from the USA, to identify the characteristics associated with the most effective interventions for young offenders aged 12 to 21. Quantitative results were based on studies that reported a comparison between an intervention condition and a control condition for at least one delinquency outcome measure; random assignment was used for 42% of the study samples, 28% used groups matched on offence histories and/or key demographic characteristics, and 30% did not randomise or match the groups, but reported pre-treatment differences that were coded and used as control variables. Overall, interventions with "therapeutic" principles – skill building, counselling, multiple coordinated services, and restorative programmes – were associated with a 10-13% reduction in recidivism.

"Skill-building" programmes were defined as involving instruction, practice, incentives, and other activities aimed at developing skills that enable young people to control their behaviour and/or enhance their ability to participate in prosocial activities. The most successful skill-building programmes involved behavioural (22% reduction) or cognitive-behavioural techniques (26% reduction), or social skills training (13% reduction). The least effective, associated with a 6% reduction in recidivism, was job-related skill-building programmes that tended to include vocational guidance and job placements.

"Counselling" was used as an umbrella term for programmes that are typically characterised by a personal relationship between the young person and a responsible adult, who attempts to influence their feelings, thoughts, and behaviours. The most successful included group-based counselling led by a therapist (22% reduction) and family counselling (13% reduction); the least effective were peer programmes in which the peer group took the lead role in the relationship (4% reduction).

Importantly, there was a strong relationship between the quality of implementation and impacts on recidivism; meaning that well-implemented programmes ensuring high fidelity to the original specification were generally associated with larger effects.

2.3.1 Skills-based programmes for children and young people

Skills-based programmes have been found to help prevent problem behaviours, aggression, anti-social behaviour, and violence, through developing young people's problem solving, self-control, anger management, conflict resolution, social and emotional, and other life skills (Bellis et al., 2012; Ross et al., 2011). In some cases, this has been particularly true when targeted towards more at-risk children who, for example, are already experiencing early onset behavioural problems or come from neighbourhoods with high levels of poverty.

Piquero and colleagues (2010) conducted a systematic review of self-control interventions for children under the age of 10. All 34 of the included studies were randomised controlled trials. The majority were from the USA, and more than half included participants from high-risk/low-income backgrounds. Many of the self-control interventions were delivered in schools (79%) and were group-based (68%); the types identified included social skills development programmes, cognitive coping strategies, and videotape training/role playing. Overall, these interventions were effective in improving children's self-control, with small (d=0.28) to medium (d=0.61) statistically significant effects across teacher, direct-observer, clinical, and self-reports. These interventions also had a statistically significant effect in reducing children's delinquency and problem behaviour when assessed by teachers (d=0.30, p<.001) – though parent and direct-observer reports failed to find a statistically significant impact.

In another review, Wilson and Lipsey (2005) analysed the effectiveness of school-based violence prevention programmes on aggressive and disruptive behaviour. In total, 372 eligible school-based studies were identified. Studies had to use an experimental or quasi-experimental design that compared students exposed to one or more interventions with students in one or more control or comparison conditions. Collectively, these types of programmes were generally effective, having statistically significant effects on aggression, problem behaviour, anger hostility and rebelliousness, social skills, social relations, school performance, and internalising problems. They failed to have significant effects overall on substance use, anti-social peers, and family relations, but these outcomes were often not the primary target of the programmes included. By type, selected/indicated programmes for more at-risk students had the largest statistically significant effects overall (0.29), followed by universal programmes (0.18), which tend not to distinguish individual levels of risk or need. Comprehensive programmes (with multiple treatment components and formats that generally ran over a longer period of time) also had statistically significant, but very small effects (0.06). Approaches involving social skills training, cognitive or behavioural techniques, and counselling, all appeared to be effective in reducing aggressive behaviour. Additionally, programmes with no or few implementation difficulties or a greater frequency of sessions tended to produce larger reductions. Very few studies measured school violence – meaning impacts on this outcome were not clear.

Furthermore, Garrard and Lipsey (2007) conducted a meta-analysis of the effectiveness of school-based conflict resolution education (CRE) in the USA. Evidence from 36 studies comparing students who received a CRE programme to a control group was included. Programme activities primarily involved direct instruction, modelling, and guided cognitive-behavioural practice of skills and strategies. Overall, they found statistically significant, small improvements in young people’s anti-social behaviour (0.26), with larger effects for older adolescents aged 14 to 17 (0.53), followed by young adolescents aged 10 to 13 (0.22), and children aged 5 to 9 (0.06).

Many of the skill-based programmes for older children and young adults also focus on healthy life choices and healthy relationships, with the aim of preventing youth violence within the context of dating or between intimate partners (Bellis et al., 2012).

Fellmeth and colleagues (2013) conducted a systematic review of educational and skills-based interventions designed to prevent relationship and dating violence among adolescents and young adults aged 12 to 25. Studies had to have a randomised, cluster-randomised, or quasi-randomised controlled design; a total of 38 eligible studies were identified. Overall, there was evidence to suggest that these programmes were associated with a small-to-medium sized, statistically significant increase in knowledge related to relationship violence (0.44). There was no evidence of effectiveness on actual episodes of relationship violence (Risk Ratio=0.77, 95%CI [0.53, 1.13]), attitudes towards relationship violence, or behaviour and skills related to relationship violence. However, more of the studies were conducted in university rather than high school settings in the USA, and there was a lot of heterogeneity among studies – meaning that taken separately, some programmes did have statistically significant positive effects, whilst others were less effective.

Similarly, De La Rue and colleagues (2014) conducted a systematic review of school-based interventions aiming to reduce teen dating and sexual violence predominantly in the USA. 23 eligible studies were identified that compared students who received an intervention to a well-defined control group, including randomised and non-randomised or quasi-experimental designs. Overall, they found statistically significant increases in students’ knowledge and attitudes about dating and relationship violence, both at the conclusion of the intervention and at subsequent follow-up. There was also a post-programme statistically significant reduction in dating violence victimisation and a statistically significant increase in awareness of appropriate approaches to conflict resolution overall; however, these effects were not sustained at follow-up. Additionally, the review found a close-to-zero statistically insignificant

effect on dating violence perpetration at post-test and a small statistically significant decrease at follow-up. As a result, whilst these interventions appear effective in improving attitudes and knowledge, the evidence on behavioural outcomes is less clear. This is explained in part by the fact that very few studies actually measured dating violence perpetration, making it difficult to draw definitive conclusions.

Notably, skills-based programmes are just one type of intervention that can be used in schools with the aim of preventing gang involvement, youth violence, and associated outcomes. Other well-evidenced approaches include classroom management and whole school programmes aimed at changing the school environment, as opposed to only changing the behaviours of individuals (Ross et al., 2011).

2.3.2 Home visiting, parent training, and family therapy

Family and parent-focused interventions recognise that creating and sustaining positive changes in children and young people when they have challenging, complex, and sometimes chaotic home lives is very difficult (Ross et al., 2011). These approaches seek not only to respond to causal factors at the individual level, but at the parent and family level also.

Two commonly used and widely recognised approaches, particularly in relation to younger children, are home visiting programmes (such as Family Nurse Partnership) and parent training programmes (such as Incredible Years and Triple P) (Bellis et al., 2012). Overall, there is good evidence to suggest that interventions that develop parenting skills, that support families, and that strengthen relationships between children and their parents/carers can have immediate impacts on child behaviour and parenting practices. However, research on long-term outcomes, such as young people's risk of involvement in future anti-social behaviour, delinquency, and crime, is more limited (Bellis et al., 2012).

Furlong and colleagues (2012) conducted a systematic review to assess the effectiveness of behavioural and cognitive-behavioural group-based parenting programmes on the conduct problems of children aged 3 to 12. The review included 13 trials (10 randomised controlled trials and 3 quasi-randomised trials). Collectively, these programmes had statistically significant beneficial effects on child conduct problems according to parent (Standardised Mean Difference [SMD]=-0.53) and independent reports (SMD=-0.44), as well as significant impacts on positive parenting skills and reductions in negative and harsh parenting practices. Another systematic review analysed the effects of early family/parent training programmes that were primarily implemented with families who had a child aged 5 or younger (including during pregnancy) (Piquero et al., 2008). 55 studies were included, all of which used randomised controlled trial designs. Overall, these types of interventions had a statistically significant, small-to-medium sized effect (d=0.35) in reducing child behavioural problems. This was true for both home visiting and parent training programmes, which had similar effects on child behaviour (d=0.30 and d=0.36 respectively). These effects were significantly larger for studies conducted in the USA (d=0.42) compared to those conducted in other countries (d=0.20), such as the UK, Australia, and Canada.

Whilst there are difficulties in tracking the long-term effects of these early parent/family interventions, there is initial evidence from some studies that these kinds of programmes can be effective in reducing delinquency and crime in adolescence and adulthood (Piquero et al., 2008). Furthermore, Farrington and Welsh (2003) conducted a meta-analysis of the effectiveness of family-based crime prevention approaches. Of the 40 eligible study evaluations identified, the majority used a randomised controlled trial design, whilst a few used a matched control group design (evaluations using non-matched control groups were excluded). Overall, the evidence suggested that these approaches are effective in reducing children and young people's delinquency (mean effect size=0.32) and anti-social behaviour (mean effect size=0.196). In longer-term follow-ups, their overall effect on anti-social behaviour was still significant though reduced, whilst their effects on delinquency persisted and increased. Most of the studies were from the USA, though a few were UK-based. Overall, the most effective programmes were

Multisystemic Therapy (MST) (mean effect size=0.414) and parent training (mean effect size=0.395), followed by home visiting, day care/preschool, and home/community programmes. The least effective were school-based, which failed to have a statistically significant impact.

Family therapy is an internationally recognised approach in youth crime and violence prevention efforts, particularly in relation to at-risk adolescents and adolescents already involved in offending. Family therapy recognises that the attitudes and behaviours of young people are often a product of the wider "systems" within which they operate, such as their family or peer group. Broadly speaking, these types of programmes aim to address family problems, increase positive communication and interaction, and in turn reduce delinquency and offending in young people (Bellis et al., 2012). For example, two of the most well-known and widely implemented programmes are Functional Family Therapy (FFT) and MST.

As with many other approaches, there is evidence to suggest that strong adherence to the original programme design – in this context by therapists – may be necessary for obtaining and maximising effectiveness, as well as potentially avoiding harm (e.g., Sexton & Turner, 2010). Similarly, like many of the other interventions discussed, it is important to look at what these approaches are being compared to, e.g., young people who received no services or young people who received "services as usual". Whilst some programmes may be more effective in reducing crime and delinquency compared to doing nothing at all, in some cases the usual services that are being offered may be more or equally as beneficial (e.g., Littell et al., 2005).

2.4 Promising approaches to preventing youth violence and crime

Other approaches to tackling youth crime and violence that appear promising, but have a more limited evidence base, include mentoring, community, and hospital-based programmes.

2.4.1 Mentoring[8]

In 2008, an estimated 3,500 mentoring schemes were running in the UK (Meier, 2008). Today, mentoring programmes are increasingly viewed as a way of potentially steering young people away from involvement in gangs and youth violence, and helping them to realise their potential (Home Affairs Select Committee, 2015). Whilst initial evidence suggests mentoring can have beneficial effects, programmes can vary substantially and, on the whole, our knowledge about "what works" is limited and predominantly USA-based (Bellis et al., 2012).

Looking at high-risk youth, Lipsey's (2009) meta-analytic overview of studies with control groups found that mentoring interventions for young offenders were associated with a 21% reduction in recidivism. In a rapid evidence assessment of the effects of mentoring for individuals at risk of offending or apprehended by the police, mentoring was associated with a 4-11% reduction in subsequent offending (Jolliffe & Farrington, 2007). Whilst this analysis was based on 18 comparisons of mentored and control/comparison groups, the significant positive effects were primarily driven by studies of lower methodological quality; the better-designed studies with less measurement bias did not suggest that mentoring caused a statistically significant reduction in re-offending. Additionally, only studies in which mentoring was still being given during the follow-up period led to a statistically significant reduction, suggesting the benefits of mentoring did not persist after the mentoring ended. Finally, in a systematic

[8] The EIF's advice for those commissioning mentoring programmes (O'Connor & Waddell, 2015) is a practical source of information on the things to be confident about and look out for when choosing, commissioning, and evaluating a mentoring service.

review of mentoring for young people who were at risk of future delinquency or were already displaying delinquent behaviour, mentoring was associated with small-to-medium, statistically significant effects on future delinquency (SMD=0.23) and aggression (SMD=0.40) overall (Tolan et al., 2008). However, a small proportion of individual studies showed zero or negative effects. The review included experimental and high-quality quasi-experimental designs that compared mentoring to a control condition.

For children and young people more generally, one systematic review and meta-analysis of randomised and quasi-experimental designs with control/comparison groups found mentoring to have small positive effects across behavioural, social, emotional, and academic domains (DuBois et al., 2011). However, some evaluations have found insignificant or harmful effects. Wood and Mayo-Wilson (2012) conducted a meta-analysis of 6 randomised or quasi-experimental controlled studies to assess the effectiveness of school-based mentoring for adolescents. Overall, the magnitude of effects across all outcomes was clinically unimportant, with the largest effect close to zero: $g = 0.09$ for self-esteem (Wood & Mayo-Wilson, 2012). Additionally, a reanalysis of data from a large randomised controlled trial of a community-based mentoring programme in the USA found that short-lived mentoring relationships, ending in less than 3 months, may have detrimental effects on the self-worth and perceived academic competence of particularly at-risk youth (Grossman & Rhodes, 2002).

2.4.2 Community-based programmes

Broadly speaking, there is a strong, valid argument that community engagement, data sharing, and partnership-building between young people, families, schools, communities, and public services, can be important in identifying local risk and protective factors, identifying those with the greatest need, and supporting gang and violence prevention efforts (Bellis et al., 2012). However, it was difficult to identify any robust evaluations of specific community-based programmes to provide an indication of their effectiveness. This evidence gap has been noted in other reviews (e.g., Ross et al., 2011).

For instance, whilst after-school recreational activities may reduce the time youth spend with delinquent peers, much research has suggested that it may not be enough to just provide a “space” to meet, but that structured and appropriately supervised activities are needed (Eccles & Gootman, 2002; Ross et al., 2011).

Sports-based programmes are another commonly used approach in the community. They aim to provide opportunities for youth to engage in supervised prosocial activities, learn new skills, build their self-esteem, and develop trust between youth, schools, police, and communities. Whilst there is initial evidence to suggest these programmes may reduce youth crime and violence, this largely comes from studies using weak evaluation designs. For example, a synthesis study by Project Oracle included 18 studies that assessed 11 sports-based programmes in London aiming to prevent youth crime and violence (McMahon & Belur, 2013). All of the evaluations reported some positive impacts, whereas less than half also mentioned negative impacts. The evidence is interesting as a broad and preliminary indication of possible effectiveness, but because most of the studies had small sample sizes and lacked control groups, it is difficult to determine whether these sports-based programmes genuinely caused the outcomes measured and so the findings should not be overstated.

Other potential challenges in implementing these types of programmes are that housing estates may have a lack of space, territorial tensions between gangs may spill over into violence during activities, and it can be difficult to manage steady partnership work between different agencies (McMahon & Belur, 2013).

2.4.3 Hospital-based programmes

Hospital settings can provide opportunities for accessing and intervening with high-risk youth injured through violence, and programmes may include mentoring, brief interventions, counselling services, and individual or family assessment and referral to services (Bellis et al., 2012). Again, whilst there is initial evidence that some of these interventions may have positive results, there is a lack of evidence from robust evaluations (Bellis et al., 2012).

For example, Cheng and colleagues (2008) conducted a randomised controlled trial of a programme delivered with youth aged 10-15, who presented with assault injuries in emergency departments in the USA. Young people were assigned to receive a brief mentoring plus home visiting programme (each young person received a mentor who implemented a 6-session problem-solving curriculum, and parents received 3 home visits with a health educator to discuss family needs and facilitate service use and parental monitoring) or to the control condition (which received a list of community resources and 2 follow-up phone calls to facilitate service use). Six months later, the researchers found significant positive effects overall for a young person who had received the intervention on misdemeanours (damaging property and stealing from a store) and self-efficacy, as well as significant positive effects on aggression where there was high adherence to the programme. There were reductions in past 30 day fights, fight injuries, and carrying a knife compared to the control participants, but the differences were not statistically significant. There was also no statistically significant difference between the groups on the likelihood of the youth hanging out with deviant peers.

However, as this is one trial of a single programme, we cannot generalise the direction of these results to other hospital-based interventions. Additionally, the importance of health professionals more broadly in identifying risks and preventing youth crime and violence has been well documented; for example, in the case of specially trained family nurses in home visiting programmes, and therapists in family therapy programmes (Bellis et al., 2012).

2.5 Potentially ineffective or harmful approaches

Robust reviews and studies have shown that approaches to preventing youth crime and violence based on deterrence and/or discipline are ineffective and may even make things worse, particularly for young people who are at-risk or already involved in delinquency and offending.

In Lipsey’s (2009) meta-analytic overview of the characteristics associated with effective interventions for young offenders, those focusing on deterrence or discipline were associated with a 2-8% increase in young people’s rates of recidivism. This implies that these approaches may be not only ineffective, but potentially harmful.

2.5.1 Deterrence

Deterrence-based approaches generally attempt to deter youth from criminal behaviour through scare tactics or confrontational techniques, which are intended to make them realise the negative consequences and harsh realities of that behaviour (Lipsey, 2009). One well-known and commonly used deterrence-based programme is Scared Straight. Juvenile delinquents or young people at risk of becoming delinquent attend organised visits to adult prison facilities, the theory being that confronting them with the realities of prison life and testimonials from offenders will scare them into leading a “straight” life without crime.

Several reviews of these types of juvenile awareness programmes, using high-quality studies, have consistently found that they *increase* youths’ offending (e.g., Aos et al., 2001; Petrosino et al., 2004;

Petrosino et al., 2013). More specifically, Aos and colleagues (2001) found a small negative effect (*d*=0.13), indicating that recidivism rates were on average higher for participants in Scared Straight-type programmes than young people who went through regular case processing. Another systematic review and meta-analysis of randomised and quasi-randomised controlled trials comparing youth in juvenile awareness programmes to youth in a no-treatment control condition, found that these programmes increased the odds of offending; in other words "Doing nothing would have been better than exposing juveniles to the program" (Petrosino et al., 2004, p.35). An update to this review by Petrosino and colleagues (2013) reconfirmed these findings. Their meta-analysis of 7 studies found juvenile awareness programmes statistically significantly increased the odds of young people offending: Odds Ratio (OR; see glossary "Effect size")=1.68, 95%CI [1.20, 2.36] fixed effects, OR=1.72, 95%CI [1.13, 2.62] random effects. Whilst these studies are predominantly based on male participants and programmes in the USA, so their applicability to girls and a UK context is not conclusive, there is arguably sufficient evidence to warrant caution against using them.

2.5.2 Discipline

Approaches based on discipline and control generally take the view that young people need to learn discipline to succeed in life and avoid reoffending, and to do so they need to experience a structured environment that imposes discipline on them (Lipsey, 2009). Importantly, these types of interventions often take boot-camp-style formats, rather than the more "ordinary" disciplinary techniques used in classrooms for example. They are often characterised by a militaristic environment and/or structured strenuous physical activity other than work, with youth grouped into squads and platoons (Wilson et al., 2005).

On the one hand, there is evidence to suggest that these approaches are ineffective. In a systematic review of the effects of adult and juvenile boot camps, compared to probation or incarceration in an alternate facility such as prison, Wilson and colleagues (2005) found the likelihood of boot camp participants recidivating overall was roughly equal to the likelihood of comparison participants recidivating: OR=1.02, 95%CI [0.90, 1.14]. This was true for both juvenile boot camps (OR=0.94, 95%CI [0.76, 1.15]) and adult boot camps (OR=1.05, 95%CI [0.91, 1.22]). In other words, boot camps were no better than a selection of alternate approaches.

On the other hand, a long-term follow-up of "High Intensity Training" in England with young male offenders aged 18-21 suggests that a programme with an intensive military regime plus a significant rehabilitative component (e.g., cognitive-behavioural skills training, drug education, community work placement) may have some desirable effects on later offending (Jolliffe et al., 2013). The evaluation was based on a quasi-experimental design in which participants were individually matched, on their risk of reconviction, to a comparison group who went to other prisons.

More broadly, there has been a long-standing evidence-based argument that grouping deviant peers during implementation may undermine or reduce the beneficial effects of interventions or even cause harm (e.g., Dishion et al., 1999; Dishion & Dodge, 2009). This is partly explained through the concept of "peer contagion" – put simply, deviant peers encouraging deviant behaviour.

3. Programme results

3.1 Summary infographic

On the next page is an infographic that provides an overview of the types of programmes identified through our rapid evidence assessment, and a selection of “key principles”. A more detailed description follows this.

Preventing Gang Involvement & Youth Violence: Programmes

EARLY INTERVENTION FOUNDATION
EVIDENCE

Our rapid review identified...

67

… programmes with a robust evidence base, aiming to prevent youth violence and/or associated problems such as offending, delinquency, conduct disorder and aggression.

By country...

All were implemented in the **USA**

Two-thirds were implemented **INTERNATIONALLY**

Nearly half were implemented in the **UK**

By effectiveness...

Most programmes, assessed by the six 'what works' clearinghouses we searched, were classified as 'effective overall'.

54 …had **POSITIVE** effects

13 … had no or **HARMFUL** effects

By target population and type of programme...

27 programmes were **UNIVERSAL** for children & young people generally, including:

15	School curriculum & skills-based programmes	4	Parent / family training programmes
5	School-wide climate change programmes	3	Classroom management programmes

25 programmes targeted youth **AT-RISK** of violence or offending, including:

9	Parent/ family training & Home Visiting	4	Combined school & family programmes
8	School curriculum & skills-based programmes	4	'Other' programmes

15 programmes targeted **HIGH-RISK** youth & those involved in crime & violence, including:

8	Family-focused & therapy-based programmes	4	'Other' programmes
3	Trauma-focused & therapy-based programmes		

'Key principles' of effective programmes...

Over 20 key features were associated with the effective programmes included. They are a good indication of the activities and intervention models that are typically associated with programmes that work.

However, they are not 'magic ingredients' that guarantee effectiveness, and because programmes were generally evaluated as entire packages of activity, we cannot attribute the positive youth outcomes measured directly to these specific features.

For example

- Seek to create positive changes in the lives of youth and/or their families, as well as prevent negative outcomes.
- Use trained facilitators, experienced in working with children and families, acting in their professional capacity (e.g. as a teacher or mental health professional).
- Work with youth in their 'natural environments', e.g. at school/ home, and include skills practice, parent training and/or therapy- depending on risk level.
- Stick to the programme specification and ensure good implementation quality.

O'Connor, R. M., & Waddell, S. (2015). What works to prevent gang involvement, youth violence and crime? A rapid review of interventions delivered in the UK and abroad. Early Intervention Foundation: London, UK

Our search identified 790 clearinghouse programme evaluations including duplicates. As shown in our summary infographic, a total of 67 programmes met the eligibility criteria and were included in this review. 54 of these were classified by clearinghouses as effective overall, and 13 were classified as ineffective, including some with potentially harmful effects. An alphabetic list of all 67 programmes, with links to their clearinghouse assessments and a statement as to whether they are already available in EIF's online Guidebook at the time of publication, is provided in *Appendix 3*.

All of the programmes have been implemented in the USA; two-thirds have been implemented internationally (67%, n=45), including in Canada, the Netherlands, Germany, Spain, and Australia; and nearly half have been implemented in the UK (49%, n=33). These figures are estimates based on the information provided by clearinghouses and information on commissioned programmes provided by some of the places that work with EIF.

The largest set of programmes identified were universal programmes for children and young people (n= 27), followed by targeted programmes for children and young people at-risk of gang involvement, youth crime, or violence (n= 25). The smallest group were programmes targeting high-risk children and young people, or those already involved in youth crime or violence (n= 15). However, these categories are not discrete; for example, a programme may have been designed for universal implementation, but shown to be particularly effective with at-risk children.

In terms of the order in which the results will be discussed, programmes have been grouped under three sections according to their target population: universal programmes for children and young people; targeted programmes for at-risk children and young people; and targeted programmes for high-risk children and young people.

Within each of these sections, programmes have been categorised according to their type. A full list of the types of programmes in each section is set out in *Box 1.* The majority of the universal programmes identified were school-based; programmes targeting at-risk children tended to be school-based and/or family-focused; and programmes targeting high-risk children tended to be family-focused and/or therapy-based.

Box 1. **Programmes according to their target population and type**

Target population	Types of programmes
Universal: for children & young people generally	• School Curriculum & Skills-Based programmes • School-Wide Climate Change programmes • Classroom Management programmes • Parent/Family Training programmes
Targeted: for at-risk children & young people	• School Curriculum & Skills-Based programmes • Combined School & Family programmes • Parent/Family Training & Home Visiting programmes • Other Community-Based programmes
Targeted: for high-risk children & young people, or those already involved in gangs, youth crime, & violence	• Family-Focused Therapy-Based programmes • Trauma-Focused Therapy-Based programmes • Other programmes

We then draw out some of the key features associated with the programmes included. This provides a good indication of the types of activities and intervention models that were typically associated with programmes that did or did not work. It is important to bear in mind that the types of studies used to evaluate these programmes give us confidence that the outcomes measured can be attributed to, or strongly associated with, the *entire package* of activities delivered. Therefore we cannot say definitively that any *specific* feature or principle directly caused positive or harmful youth effects.

Following each “key principles” section is a list of the programmes identified through this review that are currently included in the EIF Guidebook: http://guidebook.eif.org.uk/. These are then used as case studies, to illustrate how the key principles are implemented in practice.

The Guidebook is an online resource for those who wish to find out more about how to commission and deliver effective early intervention. A key feature of the Guidebook is the Programmes Library that contains the details of programmes that have been successfully implemented in the UK. These details were obtained from other clearinghouses that have rigorously reviewed thousands of interventions and assessed the strength of their evidence against a set of internationally recognised standards.

The current version of the EIF Guidebook includes 50 programmes with broad evidence of effectiveness based on ratings by clearinghouses. In subsequent work on this review and others, we have established that these clearinghouse ratings can be out of date and contested by providers, who have often responded to the assessments with adjustments, improvements, and new evidence that are sometimes not recognised by clearinghouses because they do not update their ratings in real time. Additionally, the content of programmes can change over time, and some trade under similar names in different countries but with quite different models of delivery.

Therefore the EIF is in the process of updating its Guidebook to include new ratings made by the EIF, for which we have assessed the evidence based on literature reviews and data gathering from providers, to ensure that changes to programmes and new evidence are recognised in any rating. In the meantime, this report is useful as a guide to what is currently known about the general principles of what has been found to work or not work, but it does not provide ratings about specific programmes and should not be used as a basis for commissioning specific programmes named.

We must be clear from the outset that our search did not identify any gang-specific programmes that were implemented in the UK and had robust evidence with respect to their impacts on gang involvement. Similarly, very few gang-specific programmes with a robust evidence base implemented in the USA and/or internationally were identified. In terms of content therefore, the following sections focus on the “key principles” associated with what does and doesn’t work to prevent youth violence and crime, as well as what does and doesn’t work to increase potential protective factors and prevent problems associated with gang involvement and youth violence.

3.2 Universal programmes

This review identified 27 programmes that are universal or have universal components. Universal programmes are designed to reach a large audience, without distinguishing individual levels of need, or risk for negative outcomes. However, a few programmes were "tiered" (with a universal curriculum plus targeted support for at-risk students for example), and some universally implemented programmes were shown to be particularly effective with at-risk children (such as those with aggression or anti-social behaviour).

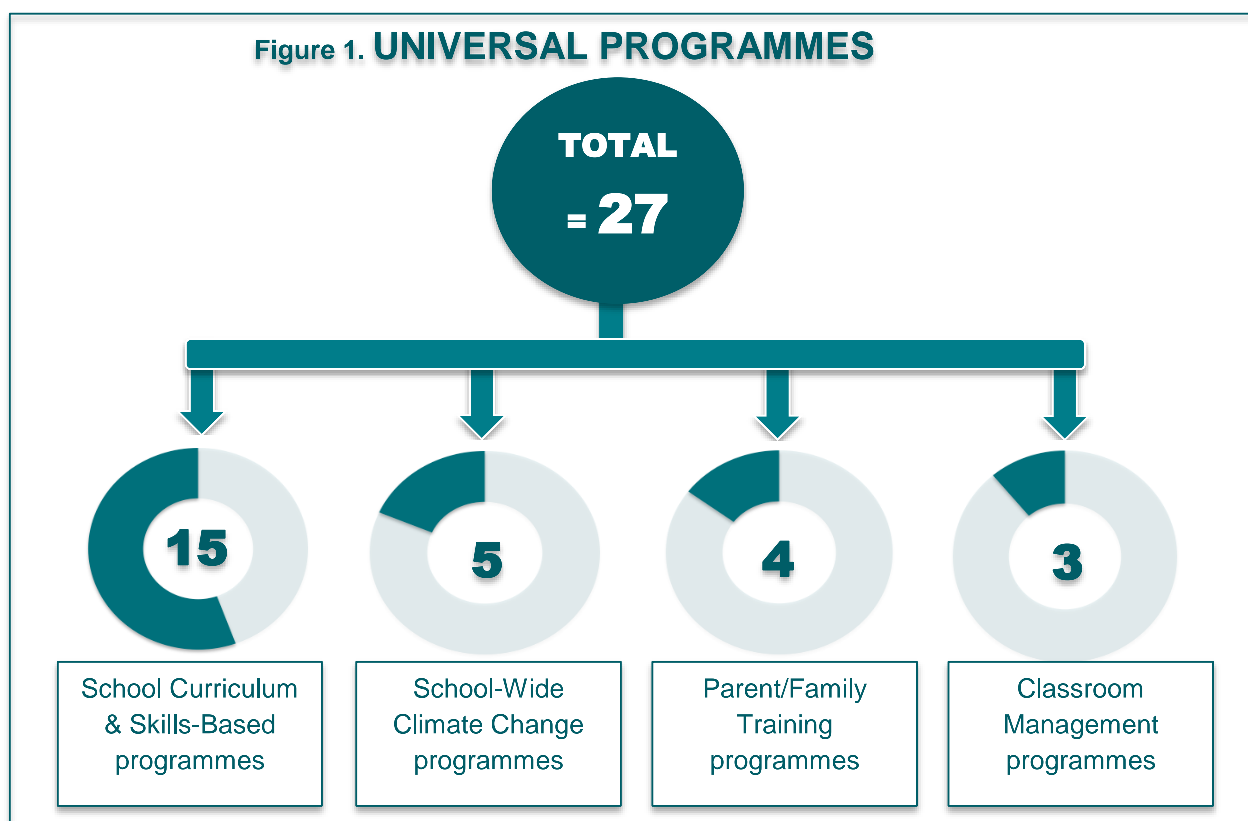
Programmes were available for delivery with a range of age groups. There was a mix of School Curriculum & Skills-Based programmes for young children through to older adolescents; the School-Wide Climate Change programmes were more focused on primary school children and young adolescents; the Classroom Management programmes focused on primary school children; and the Parent/Family Training programmes focused on older children and young adolescents.

Based on clearinghouse assessments, 21 programmes had evidence to suggest they work overall, and 6 programmes received an implied "overall ineffective" rating.

Collectively, programmes that worked had positive effects on outcomes such as: violent, criminal, and anti-social behaviour, dating violence and abuse, delinquency, conduct problems, fighting, aggression, substance initiation and use, sexual behaviours, problem-solving, and empathy.

3.2.1 Universal programmes by type of programme

As illustrated by *Figure 1*, the majority of universal programmes were school-based, in the form of: School Curriculum & Skills-Based programmes (n=15), School-Wide Climate Change programmes (n=5), and Classroom Management programmes (n= 3). The other interventions were Parent/Family Training programmes (n=4). *Box 2* describes the typical features of programmes in each sub-category.



Box 2. Broad description of universal programmes, by sub-category

Types of programmes	Number identified	Description	Names of programmes identified
School curriculum and skills-based programmes	15	These programmes typically deliver a core curriculum through a series of information and skills-based sessions delivered to whole classes. They are mostly interactive, involving skill demonstrations and skill practice through role-play and games for example.	All Stars; Drug Abuse Resistance Education; Healing Species Violence Intervention and Compassion Education Program; LifeSkills Training; Point Break; Positive Action; Promoting Alternative THinking Strategies; Ripple Effects for Teens; Safe Dates; SANKOFA Youth Violence Prevention Programme; Say it Straight; Second Step: A Violence Prevention Curriculum; SMART Team; The 4Rs; Too Good for Drugs – Elementary
School-wide climate change programmes	5	These programmes aim to create positive and safe learning environments at a school-wide or classroom level, and to build and encourage positive relationships between the school, parents, students, and the community.	Creating a Peaceful School Learning Environment; Lions Quest Skills for Adolescence; Olweus Bullying Prevention Program; Open Circle; Steps to Respect
Classroom management programmes	3	These programmes aim to reduce aggressive, disruptive, and other behaviour problems whilst promoting social and emotional skills (e.g., problem solving, empathy) and a positive learning environment. They equip teachers with methods to manage difficult behaviour and encourage prosocial behaviour among students.	Good Behavior Game; Incredible Years – Teacher Classroom Management; Tribes Learning Communities
Parent/family training programmes	4	These programmes aim to equip parents with the knowledge and skills to guide their child, and enhance positive parent–child interactions and family protective factors.	Families and Schools Together; Guiding Good Choices; Strengthening Families Programme 10-14; Strong African American Families Program

Note: This table does not distinguish between effective and ineffective programmes

3.2.2 Potentially effective universal programmes: key principles

The universal programmes classified as effective by the clearinghouses shared the following key principles:

1. **Preventative and positive youth development goals.** Nearly all of the universal programmes aimed to both: 1) prevent, delay, or reduce negative behaviours and outcomes, and 2) increase protective factors, positive attitudes, behaviours, and outcomes, and improve skill sets.
2. **Schools and parents.** Whilst the majority of programmes were school-based and their main focus was working with children and young people, over half encouraged parents to support their children. This tended to be achieved through letters explaining the skills being taught and/or homework assignments, with the aim of facilitating positive parent–child interactions and the continuance and/or reinforcement of skill development outside of school. All the parent/family training programmes were commonly implemented in school settings, with some encouraging positive interactions between families and teachers or schools.

3. **Group-based and interactive.** Nearly all of the school programmes were group-based, delivered to whole classrooms of children; most were interactive, involving skills-based demonstrations, practice through role-plays and/or games, and a mix of whole-class and small-group activities for example. Similarly, all of the family/parent training programmes were group-based, involving a mix of multi-family group, parent group, child group, and/or parent–child sessions. These programmes were also delivered through interactive sessions, which involved skill-based demonstrations and practice, coaching, and/or homework assignments.
4. **Trained facilitators, who regularly work with young people and/or families.** Nearly every effective programme required or recommended training for facilitators, who tended to have a good level of education and work with children and/or families as part of their profession. Related to this, many of the school-based programmes used existing staff such as teachers, meaning that young people may already be familiar with the facilitators.
5. **Well-specified goals, with structured and/or manualised content.** The programmes tended to have well-specified goals, and structured content or key phases that in principle could be easily and/or consistently replicated. For example, some programmes provided detailed and/or scripted lesson plans for teachers to use, and some programmes focused on a specific topic or skill set in each session.
6. **Regular and/or frequent contact.** As a rule of thumb, most of the programmes involving a curriculum, and skills-based or parent training sessions, required regular weekly contact. In terms of length, most of the school programmes were delivered over a school term, the school year, or longer, whilst all of the parent/family training programmes were brief and delivered over 5-8 weeks.

3.2.3 Potentially ineffective universal programmes: key principles

The points below summarise some of the key features of programmes classified as ineffective overall by clearinghouses. It is important to note that some of these programmes had the same features as effective programmes. These key principles are not “magic ingredients” that guarantee programme effectiveness; although they may be helpful in guiding decisions, commissioners and practitioners should check the evidence base for individual programmes and carefully monitor their effects.

1. **Minimal staff input.** A computer-based programme that was assessed as ineffective overall requires minimal staff input, with the teacher merely introducing the programme. Additionally, one component of a classroom management programme assessed as ineffective overall was that children were asked to define goals and expectations for themselves and their learning group. Collectively, these programmes suggest that some young people may need more substantial input from staff (albeit the “right” kind of staff), rather than them being left to navigate the intervention.

3.2.4 Programme case studies

Eight of the programmes identified in this section of the review already are included in the current version of the EIF online Guidebook based on the ratings of clearinghouses, and are to be assessed by EIF in the next stage of this work:

- Good Behavior Game
- Families and Schools Together
- Incredible Years – Teacher Classroom Management

- LifeSkills Training (aka. Botvin LifeSkills Training)
- Olweus Bullying Prevention Program
- Positive Action
- Promoting Alternate THinking Strategies
- Strengthening Families Programme 10-14

A number of these programmes have undergone or are undergoing evaluation in the UK, so our assessment of the evidence on the effectiveness of these programmes will be updated in the next stage of our work. A subset of the programmes is discussed in more detail in *Box 3*, to illustrate how the key principles work in practice. That is not to say that these programmes will be more relevant than the ones yet to be included in our online Guidebook at the time of publication or that they will be judged effective or ineffective once the recent evidence has been reviewed. Nor should commissioners use this information to determine commissioning decisions which require more detailed analysis of need, rationale, and cost than is provided here. The case studies provide useful information about the types of programmes that are available and have been found to be effective.

Box 3. Case studies of universal programmes identified through this review

Programme summary	How is it delivered?	Evidence and outcomes
Families and Schools Together (FAST) is for any parent or carer of a child between the ages of three and eight who wishes to support their child and become more engaged in their community. Parents and children attend eight weekly sessions where they learn how to manage their stress and support their child's development. After parents "graduate" from the 8-week programme, they continue to meet together through parents' sessions that occur on a monthly basis. FAST has established evidence of improving children's social skills and reducing their aggression and anxiety.	A multi-family group programme designed to build protective factors for children, empower parents to become more effective family leaders, build positive relationships between families, schools, and communities, and prevent child problem behaviours, school drop-out, substance misuse, and anti-social behaviour. Programme begins with an active outreach phase to engage and recruit families from schools. A trained FAST team made up of representatives from the school and community deliver the programme. Each FAST team can support up to 10 families, and schools can have up to 4 FAST teams, meaning it is possible for up to 40 families to attend a programme if the groups are run together. Initially, parents and children attend 8 weekly group sessions, lasting 2.5 hours each, where they learn how to manage their stress and support their child's development. Includes parent–child activities with coaching and homework assignments to practise skills at home. After parents "graduate" from the 8-week programme, parents have the opportunity to attend small parent group monthly meetings for 2 years.	This programme has established evidence from multiple randomised controlled trials, demonstrating both short- and long-term positive outcomes on child aggression and other problem behaviours. For example: • Kratochwill, T. R., McDonald, L., Levin, J. R., Young Bear-Tibbetss, H., & Demaray, M. K. (2004). Families and schools together: An experimental analysis of a parent-mediated multi-family group programme for American Indian children. *Journal of School Psychology, 42*, 359–383. • Kratochwill, T. R., McDonald, L., Levin, J. R., Scalia, P. A., & Coover, G. (2009). Families and schools together: An experimental study of multi-family support groups for children at risk. *Journal of School Psychology, 47*, 245–265.
The **Good Behaviour Game (GBG)** is a classroom management strategy that encourages good behaviour and co-operation in children in primary school. Teachers initiate Good Behaviour Games by dividing children into small teams that are balanced for gender and child temperament. Teams are rewarded with points for good behaviour in short games that take place several times a week. GBG has initial evidence of improving children's behaviour, reducing substance misuse and sexual risk taking.	The GBG is not a curriculum, but can be applied by a teacher to a variety of classroom activities (e.g. writing a story, drawing a picture, doing maths). It consists of a game based on a set of classroom-wide rules encouraging good behaviour and discouraging aggressive or disruptive behaviour. The teacher divides the classroom into teams of 4-7 pupils, and implements the GBG in three distinct phases: (1) children and teachers become familiar with the basics of the game by playing it intermittently within the classroom for 10-20 minute periods; (2) the teacher introduces the game to settings beyond the classroom and children may play it for longer periods to target key behaviours; (3) children are encouraged to generalise GBG's principles outside of the context of the game. Teachers accomplish this third step by beginning the game with no warning and at different times, so students are constantly monitoring behaviour and complying with classroom rules. Good behaviour and team cooperation are rewarded with praise, stickers and badges. The winning team(s) is announced at the end of the game with a high amount of praise.	The GBG has initial evidence from multiple studies, including a randomised control trial conducted in the USA, Holland, and Belgium. Positive outcomes include significant long-term improvements in children's behaviour, such as aggression and self-reported anti-social behaviour, and one study found boys with high levels of aggression who received the GBG had lower rates of violent and criminal behaviour in young adulthood. For example: • Kellam, S. G., Brown, C. H., Poduska, J., Ialongo, N., Wang, W., … & Wilcox, H. (2008). Effects of a universal classroom behaviour management program in first and second grades on young adult behavioural, psychiatric, and social outcomes. *Drug and Alcohol Dependence, 95*, 5–28. • Petras, H., Kellam, S. G., Brown, C. H., Muthen, B. O., Ialongo, N. S., & Poduska, J. M. (2008). Developmental epidemiological courses leading to antisocial personality disorder and violent criminal behavior: Effects by young adulthood of a universal preventive intervention in first- and second-grade classrooms. *Drug and Alcohol Dependence, 95(Suppl 1),* 45–59. • Kellam, S. G., Wang, W., Mackenzie, A. C. L., Brown, C. H., Ompad, D. C., … & Windham, A. (2014). The impact of the Good Behavior Game, a universal classroom based preventive intervention in first and second grades, on high-risk sexual behaviors and drug abuse and dependence disorders into young adulthood. *Prevention Science, 15(Suppl 1),* S6–S18.

Incredible Years Teacher Classroom Management (IY Teacher) programme is for IY Group Leaders who work with teachers of children between the ages of three and eight. Group leaders learn how to improve teachers' classroom management strategies to support children's school readiness and prosocial behaviour. Group leaders also learn strategies for improving communication between parents and teachers. IY Teacher has initial evidence of improving children's prosocial behaviour, reducing conduct problems, and increasing school attendance.	For this programme, teachers attend 6 workshops where they receive training from trained and accredited IY Group Leaders, delivered throughout the school year. During the workshops, teachers learn: effective classroom management strategies for discouraging disruptive classroom behaviour and increasing prosocial behaviour; strategies for staying calm when dealing with difficult students, and ways to work collaboratively with other teachers and parents; how to develop "transition plans" for children with known conduct problems, which can be passed on to the following year's teachers; and methods for preventing peer rejection and bullying, and helping aggressive children learn problem-solving strategies.	This programme has initial evidence of short-term improvements in children's behaviour at home and in the classroom from several randomised controlled trials. For example: • Hutchings, J., Martin-Forbes, P., Daley, D., & Williams, M.E. (2013). A randomized controlled trial of the impact of a teacher classroom management program on the classroom behavior of children with and without behavior problems. *Journal of School Psychology, 51*, 571–585. • Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology, 33*(1), 105–124.
LifeSkills Training (LST) is a school-based substance misuse prevention programme designed to help young people (aged 8-18) avoid tobacco, alcohol, and drug abuse. Programme delivery varies by age group, and can accommodate a variety of schedules – both intensive (2-3 times per week) and extended (one time per week). LST has established evidence of reducing substance use, delinquency, and other problem behaviours.	Teachers or other facilitators, such as counsellors or social workers, deliver LST in the classroom. Implementation varies by programme level and ranges from 6-18 sessions, typically lasting 45 minutes each. The LST curriculum teaches children and young people personal self-management skills, social skills, and strategies for resisting tobacco, alcohol, and drugs. The curriculum is taught with a variety of techniques, including lectures, discussions, and role-play.	LST has established evidence from multiple randomised controlled trials demonstrating reductions in substance misuse, delinquency, and among the most aggressive students reduced fighting. For example: • Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a White middle-class population. *Journal of the American Medical Association, 273*, 1106–1112. • Trudeau, L., Spoth, R., Lillehoj, C., Redmond, C., & Wickrama, K. A. S. (2003). Effects of a preventive intervention on adolescent substance use initiation, expectancies, and refusal intentions. *Prevention Science, 4*, 109–122. • Botvin, G. J., Griffin, K. W., & Nichols, T. R. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science, 7*, 403–408.

Positive Action is a school-based curriculum developed to support children's prosocial behaviour, school performance, and family functioning. Different versions of the Positive Action curriculum are available for different age groups, beginning with reception and ending with Year 11. Positive Action has established evidence of reducing bullying, anti-social behaviour, and adolescent substance misuse.	Teachers deliver Positive Action in sessions lasting between 15 and 20 minutes, which are fully integrated into the mainstream curriculum for all students. Pupils typically receive 35 hours of Positive Action curriculum in a school year. Additional counselling support is available for children with more complex needs. There is also a family kit available to parents who wish to deliver the curriculum to their children. Sessions consist of teaching, as well as activities such as role-playing, songs, and games. The curriculum covers 6 topics: self-concept and making positive choices; nutrition, exercise and good hygiene and sleep habits; empathy and respect for others; exercising self-control and control over resources i.e. time and money; goal setting and persistence; and honesty and how to resist the impulse to rationalise their actions or blame others when they have made a mistake.	Positive Action has established evidence from a number of RCTs of significant short- and long-term reductions in substance misuse and anti-social behaviour (including serious violence) and improvements in children's academic achievement. For example: • Beets, M. W., Flay, B., Vuchinich, R. A., Snyder, F., Acock, A. C., Li, K., Burns, K., Washburn, I., & Durlak, J. A. (2009). Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii. *American Journal of Public Health, 99*, 1438–1445. • Li, K., Washburn, I., DuBois, D. L., Vuchinich, S., Ji, P., Brechling, V., Day, J., Beets, M. W., Acock, A. C., Berbaum, M., Snyder, F., & Flay, B. (2011). Effects of the Positive Action program on problem behaviours in elementary school students: A matched-pair randomized control trial in Chicago. *Psychology and Health, 26*, 187–204. • Snyder, F., Vuchinich, R. A., Acock, A. C., Beets, M. W., Li, K., Washburn, I., & Flay, B. (2010). Impact of the Positive Action program on school-level indicators of academic achievement, absenteeism, and disciplinary outcomes: A matched-pair, cluster randomized, controlled trial. *Journal of Research on Educational Effectiveness, 3,* 26–55.
The **Strengthening Families Programme 10-14 (SFP 10-14)** is for families who wish to support their teenage child's development. Parents and a child between the ages of 10 and 14 attend seven weekly group sessions where they learn how to communicate effectively, set appropriate limits, and resist peer pressure to use drugs and alcohol. SFP 10-14 has initial evidence of improving young people's school achievement and reducing their behavioural problems and substance misuse.	SFP 10-14 is delivered by three trained facilitators (one lead practitioner and two co-practitioners) to family groups of between 8 and 12 families. The programme consists of seven weekly sessions lasting two hours each. During the first hour, the parents and children attend separate sessions on a related family skill (e.g. family communication, peer-refusal skills for substance misuse). These sessions make use of an instructional film that provides the basis for group discussion and practice activities. During the second hour the parents and children are reunited to review and practise skills together.	This programme has initial evidence from a randomised controlled trial demonstrating short- and long-term improvements in young people's substance misuse, anti-social behaviour, and school achievement. For example: • Spoth, R. L., Redmond, C., & Shin, C. (2000). Reducing adolescents' aggressive and hostile behaviors: Randomized trial effects of a brief family intervention 4 years past baseline. *Archives of Pediatric and Adolescent Medicine, 154*, 1248–1257. • Spoth, R., Redmond, C., Shin, C., & Azevedo, K. (2004). Brief family intervention effects on adolescent substance initiation: School-level growth curve analysis 6 years following baseline. *Journal of Consulting and Clinical Psychology, 72*, 535–542. • Spoth, R., Clair, S., & Trudeau, L. (2014). Universal family-focused intervention with young adolescents: Effects on health-risking sexual behaviors and STDs among young adults. *Prevention Science, 15*(Suppl 1), S47–S58.

3.3 Targeted programmes: for at-risk children & young people

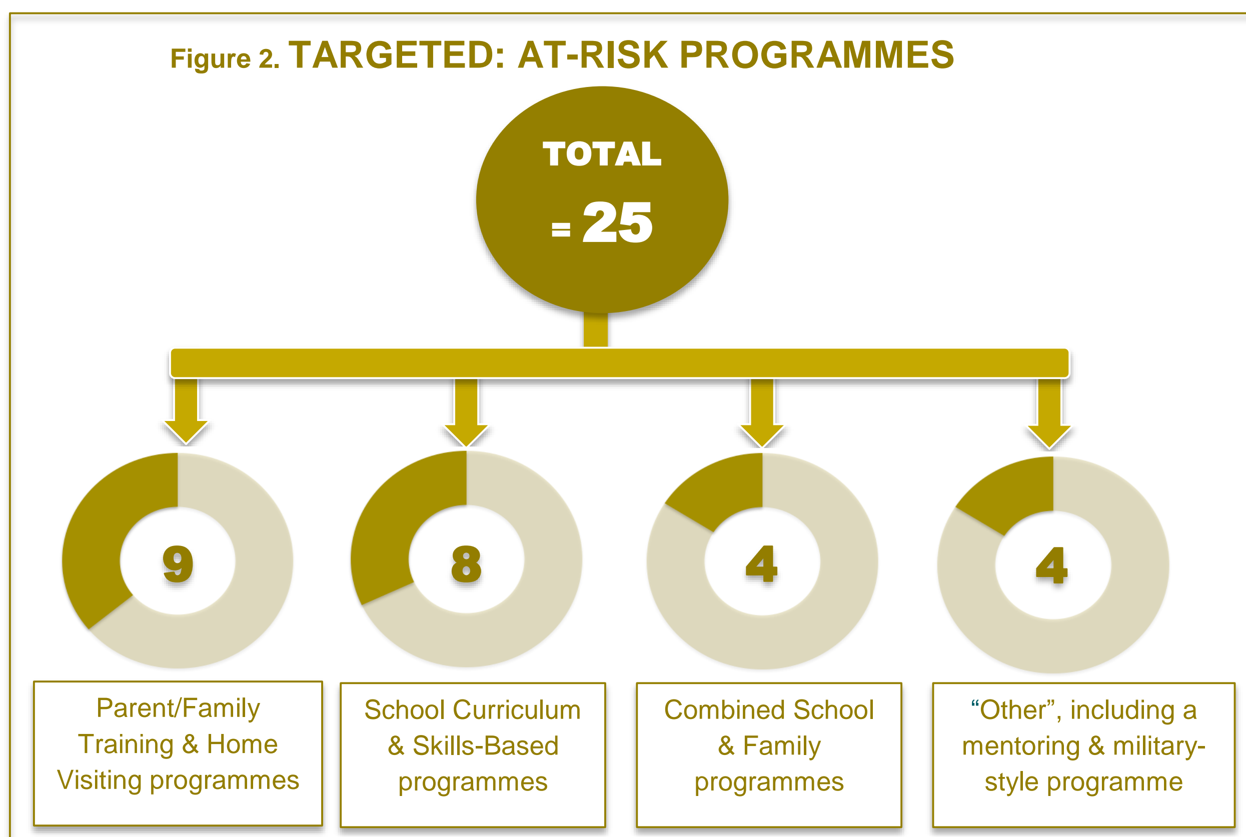
This review identified 25 programmes that could be classified as "targeted: at-risk". These programmes are designed to target subgroups of the general population deemed to be at-risk for experiencing negative outcomes (due to individual, family, peer, school, and/or community factors). This means that in principle they are used with people who fit a specific risk profile, for example: children with early behavioural or poor school achievements; children with low-income teenage mothers, parents with poor parenting skills, or parents in substance abuse treatment; and children and young people attending schools in low-income areas, or areas with high levels of violence.

Based on clearinghouse assessments, 19 programmes had evidence to suggest they worked overall, and 6 programmes received an implied "overall ineffective" rating.

Collectively, programmes that worked had positive effects on outcomes such as: aggression, externalising symptoms, problem behaviours, conduct problems, anti-social behaviour, delinquency, weapon carrying, victimisation, arrests and convictions, education and employment, sexual partners, and self-esteem.

3.3.1 Targeted "at-risk" programmes by type

As illustrated by *Figure 2*, the majority of programmes targeting at-risk groups were school and/or family-focused, in the form of: Parent/Family Training & Home Visiting programmes (n=9), School Curriculum & Skills-Based programmes (n=8), and Combined School & Family programmes (n=4). The remaining were "Other" Community-Based programmes (n=4, including mentoring, a youth development and leadership programme, a military-style residential programme, and a multi-component youth training, job placement, and after-school entrepreneurial programme). *Box 4* describes the typical features of programmes in each sub-category.



Box 4. Broad description of "targeted: at risk" programmes, by sub-category

Types of programmes	Number identified	Description	Names of programmes identified
Parent/family training and home visiting programmes	9	These programmes aim to help parents develop effective responses to a child's negative behaviour and encourage positive parent–child interactions. Some are home visiting programmes, whilst others are group-based parent training programmes.	Child FIRST; Families Facing the Future; Family Nurse Partnership; Incredible Years Basic Parent Training Program; New Beginnings for children of divorce; Parent-Child Interaction Therapy; Parent Management Training – The Oregon Model; Strengthening Families Program 6-11; Triple P – Positive Parenting Program
School curriculum and skills-based programmes	8	These programmes all aim to prevent, delay, or reduce risk factors and negative outcomes, as well as improve skills and enhance positive outcomes. Most of the programmes are delivered with small groups of children or young people, who have been referred by a teacher or another professional because they are displaying concerning behaviour for example.	Aggressors, Victims and Bystanders; Behavioral Monitoring and Reinforcement Program; Incredible Years Child Training Programme – Small Group Dinosaur Curriculum; Primary Project; Project Towards No Drug Abuse; Reconnecting Youth – A Peer Group Approach to Building Life Skills; Student Created Aggression Replacement Education Program; Social Skills Group Intervention 3-5

Combined school and family programmes	4	These programmes combine child training or tutoring with parent training, family training, or home visits. They all aim to reduce risk factors and increase protective factors. The child training components tend to be group based, whereas the parent/family components are a mix of one-to-one and group formats.	First Step to Success; HighScope Preschool Curriculum; Linking the Interests of Families and Teachers; Schools and Families Educating Children
Other community-based programmes	4	These programmes include mentoring, youth development and leadership, and one military-style residential programme.	Big Brothers Big Sisters Community-Based Mentoring; Joven Noble; National Guard Youth ChalleNGe Program; Supporting Adolescents with Guidance and Employment

Note: This table does not distinguish between effective and ineffective programmes

3.3.2 Potentially effective targeted programmes: key principles

The programmes within this category classified as effective by the clearinghouses shared the following key principles:

1. **Preventative and positive goals for young people and their parents/families.** Nearly all of the programmes sought to prevent, delay, or reduce negative youth outcomes, as well as improve skill sets, and increase protective factors and positive youth outcomes. For example, increasing prosocial behaviours and reducing early onset problem behaviours and school adjustment difficulties, to prevent the likelihood of more serious conduct disorders and criminality in the long term. Compared to the universal programmes identified, more programmes focused on family-level risk factors, and more contained parent/family training or home visiting. As a result, alongside youth outcomes, many also aimed to impact parent and/or family outcomes, such as reducing harsh parenting practices, improving parenting skills, and increasing positive parent–child interactions and family functioning.
2. **Schools and parents.** Overall, the evidence on school-based, parent/family training and home visiting, and combined school and family programmes is stronger than the few community-based programmes identified. Compared to the universal programmes identified, more used parents as active participants in the programmes (rather than indirectly encouraging them to support their children for example). Programmes tended to be delivered in a mix of school and home settings.
3. **Mix of group-based, small-group, and one-to-one formats.** Most of the school curriculum and skills-based programmes were delivered through group and small-group formats. The combined school & family programmes and parent/family training & home visiting programmes were delivered through a mix of small-group and one-to-one formats. An effective community-based mentoring programme was delivered in a one-to-one format.
4. **Interactive and real-life examples.** Many of the programmes were interactive, involving engaging activities, skill demonstrations, and practice. Some of the parent training programmes used video-based vignettes of real-life, everyday scenarios to demonstrate parenting skills; some involved personalised coaching and live practice with their children; some incorporated home assignments to encourage positive parent–child interactions.

5. **Well-specified goals with structured content and/or phases.** The programmes tended to have well-specified goals, and structured content or key phases that in principle could be easily and/or consistently replicated. At the same time, some programmes involved an element of tailoring, e.g., some of the group-based parent training programmes offered individual phone calls for parents to ask questions; and some enabled parents to raise issues in group discussions.
6. **Facilitators who are trained and/or have a good level of education.** Nearly all recommended or required trained facilitators and/or facilitators with a good level of education (typically university level). Teachers delivered some programmes, whilst other programmes were implemented by, for example, mental health professionals, school counsellors, therapists, family nurses, and care coordinators.
7. **Regular and/or frequent contact.** Most of the programmes required regular and frequent contact, though the intensity and overall length varied.
8. **Implementation fidelity.** For a few of the effective programmes, there was evidence to suggest that implementation fidelity (delivering the programme as originally specified and intended) was potentially crucial to obtaining significant positive results and avoiding harm. For example, one programme was shown to reduce weapon carrying and victimisation among males as well as hard drug use, but an evaluation of an adapted version of the programme – that had an enhanced peer-led component – found students with friends who used substances were more likely to increase their own use of marijuana and cocaine. An evaluation of another programme designed to be implemented over the course of a year or longer showed beneficial impacts for young people whose mentoring relationships did last a year or longer, and adverse effects for at-risk youth in relationships that ended within the first 3 months.
9. **One-to-one adult-to-youth mentoring.** One potentially effective mentoring programme was identified. Notably it had many of the elements that the EIF's Advice for those Commissioning Mentoring Programmes recommends to look out for, including screened and trained mentors, matching based partly on shared goals and interests, regular contact, and monitoring/support.

3.3.3 Potentially ineffective targeted programmes: key principles

The points below summarise some of the key features of programmes classified as ineffective overall by clearinghouses. Again, it is important to note that some of these programmes had the same features as effective programmes.

1. **Poor implementation fidelity and delivery.** One of the school curriculum & skills-based programmes assessed as ineffective overall had been shown to have positive effects in one evaluation, and largely insignificant or harmful effects in another. Importantly, this difference may be explained by: a failure to implement two components of the intervention, flawed quality of delivery, and low adherence to the original programme specification.
2. **Quasi-military theme and youth nominating their own mentor.** One programme assessed as ineffective overall was an intensive, 17-month military-style programme. It included a 5-month residential phase where youth live in quasi-military conditions; they are divided into squads and platoons, and participate in highly structured and supervised daily activities. It also involves a 1-

year post-residential phase, which may include a placement in military service, employment, or education. Participants also nominate their own mentor.

3.3.4 Programme case studies

Four of the programmes identified in this section of the review already are included in the current version of the EIF online Guidebook based on the ratings of clearinghouses, and are to be assessed by EIF in the next stage of this work:

- Family Nurse Partnership (FNP)
- Incredible Years Child Training Programme – Small Group Dinosaur Curriculum
- Incredible Years Basic Parent Training Program
- Triple P – Positive Parenting Program

These programmes are discussed in more detail in *Box 5*, to illustrate how the key principles work in practice. That is not to say that these programmes will be more relevant than the ones yet to be included in our online Guidebook at the time of publication. The same caveats apply here as for Box 3. The case studies provide useful information about the types of programmes that are available and have been found to be effective. Commissioners should not use this information to determine commissioning decisions which require more detailed analysis of need, rationale, and cost than is provided here.

Box 5. Case studies of targeted programmes for at-risk youth identified through this review

Programme summary	How is it delivered?	Evidence and outcomes
Family Nurse Partnership (FNP) is a home visiting programme for young mothers expecting their first child. Mothers enrol in the programme early in their pregnancy and receive visits from a family nurse on a weekly basis just before and after the birth of their child and then fortnightly until their child's second birthday. During these visits, mothers learn about their child's health and development and receive support for their own wellbeing. FNP has established evidence of providing long-term benefits for young mothers and their children, including fewer self-reported arrests and convictions.	A specially trained family nurse delivers FNP through up to 64 home-based weekly, fortnightly, or monthly sessions, to young first-time mothers. Each session lasts 60-90 minutes. Home visits are structured and delivered using a wide range of materials and activities that build self-efficacy, change health behaviour, improve care giving, and increase economic self-sufficiency. Clients learn parenting skills (e.g. holding baby, bathing baby), some using a doll, to demonstrate how to interact and play with the child and the nurse provides feedback as the mother interacts with the baby.	FNP has established evidence from several randomised controlled trials demonstrating significant benefits for the mother and child, including fewer maternal arrests and convictions (self-report) and a lower likelihood of the child being arrested or convicted for a crime (self-report). For example: • Olds, D. L., Henderson, C. R., Cole, R., Eckenrode, J., Kitzman, H., … & Powers, J. (1998). Long-term effects of Nurse Home Visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association, 280*(14), 1238–1244. • Eckenrode, J., Campa, M., Luckey, D. W., Henderson, C. R., Cole, R., … & Olds, D. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatrics & Adolescent Medicine, 164,* 9–15.
Incredible Years Child Training Programme – Small Group Dinosaur Curriculum is a "pull out" curriculum for children between the ages of two and eight. Small groups of six to eight pupils with behavioural problems attend weekly two-hour sessions where they learn strategies for managing their feelings, friendships, and behaviour at school. The programme has initial evidence of significantly improving children's behaviour.	Two therapists pull six to eight pupils out of their classroom to attend a two-hour session, with sessions typically taking place over the school term for 18 to 20 weeks. During the programme, children engage in fun activities that allow them to practise and improve their empathy and perspective-taking skills, interactions with friends, anger management, and ability to follow school rules. Teachers and parents receive weekly letters explaining the concepts taught to children and suggestions for strategies that can be used in the classroom or at home. Children are assigned activities that they can complete with their parents at home. The parent and teacher complete weekly good behaviour charts for each child.	This programme has initial evidence of short-term improvements in children's behaviour at home and in the classroom from several randomised controlled trials. For example: • Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology, 65,* 93–109. • Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology, 33*(1), 105–124.

Incredible Years Basic Parent Training Program (IY-Parent) is a group-based parent training intervention for parents with concerns about the behaviour of their child aged 1-3 (toddler), 3-5 (preschool), or 6-12 (school age). Tailored to the age group of the child, it aims to improve parenting skills and children's behaviour, to prevent the development of conduct problems, anti-social and other problem behaviours in the long term.	Toddler version: aims to teach parents how to help their toddlers feel loved and secure, how to encourage language, social, and emotional development, establish clear and predictable routines, and use positive discipline. Preschool version: aims to increase positive parent–child interactions, reduce harsh discipline, and help parents build school readiness skills, for example. School Age version: parents learn how to monitor children after school, set rules regarding TV, computer, and drug use, support children's homework, and partner with teachers so they can promote children's academic, social, and emotional skills. Typically, groups of 10-14 parents attend weekly 2-hour group sessions for 12-20 weeks, delivered by a trained and accredited lead practitioner and co-practitioner. Sessions include video clips of real-life situational vignettes to support training and simulate parenting group discussions, problem solving, and practice exercises such as role-play (acting out situations as the parent or child). Can be delivered in children's centres, health centres, schools, and other community settings.	This programme has good evidence of providing long-term benefits for parents and children, such as reduced conduct problems among children and improved parenting practices. For example: • Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W., & Grady, J. (2003). Parent training of toddlers in daycare in low-income urban communities. *Journal of Consulting and Clinical Psychology, 71*, 261–278. • Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, … & Edwards, R. (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial. *BMJ, 334.* • Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology, 33*(1), 105–124.
The Triple P – Positive Parenting Program is a multi-level system of parenting interventions that aims to prevent behavioural, emotional, and developmental problems in children and enhance the knowledge and skills of parents. In the long term, it is expected children will be less likely to have behavioural problems and/or engage in anti-social behaviour. Different levels of Triple P are available from universal implementation through to delivery targeting at-risk and high-risk children. **For example, Standard Triple P is for parents with a child between 0 and 12 years old who have concerns about their child's behaviour.**	With Standard Triple P, parents attend ten one-to-one weekly sessions with a therapist, lasting approximately one hour. Parents learn up to 17 different strategies for improving their children's competencies and discouraging unwanted child behaviour. Learning is supported through role-play and homework exercises. A group-based version is also available, which involves group discussions of video-based examples of effective parenting strategies.	Standard Triple P has established evidence from several randomised controlled trials of improving child behaviour and parent competence. For example: • Sanders, M. R., Markie-Dadds, C., Tully, L. A., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology, 68*, 624–640.

3.4 Targeted programmes: for high-risk children & young people

The review identified 15 programmes classified as “targeted: high-risk”, meaning they are designed to target subgroups of the general population deemed to be at a high-risk for experiencing negative outcomes (due to individual, family, peer, school, and/or community factors), or that are already involved in gangs, youth crime, or violence. For example, there were programmes for young people who had a history of conduct problems and delinquency, violent behaviour, and/or offending, as well as programmes for young people who had witnessed or experienced traumatic life events, such as child abuse.

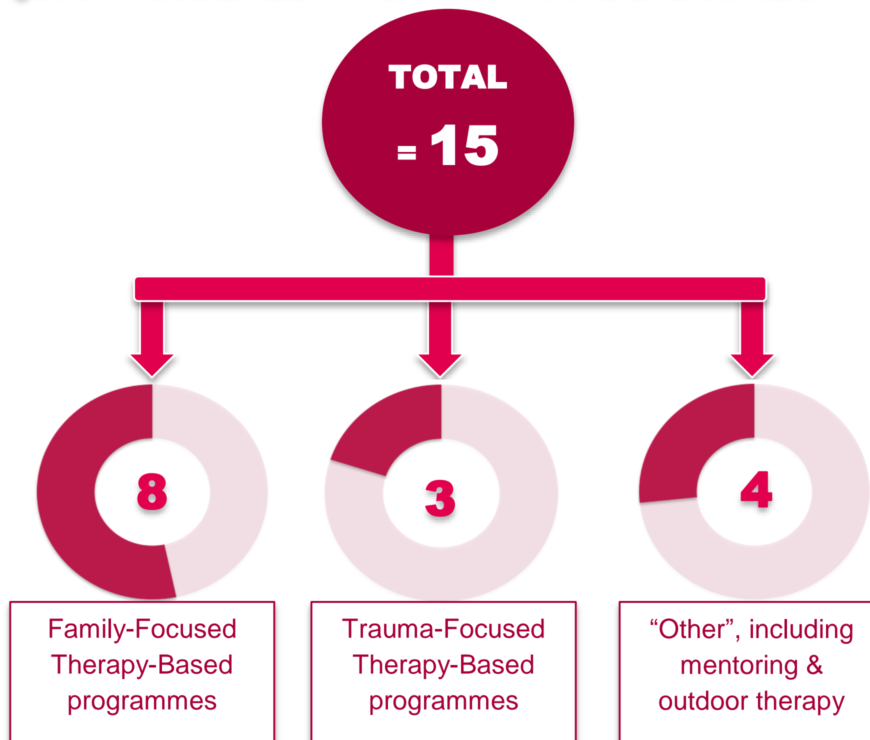
Based on clearinghouse assessments, all but one programme had evidence to suggest they work overall, with 14 assessed as effective, and 1 assessed as ineffective.

Collectively, programmes that worked had positive effects on outcomes such as: aggressive and violent crime, rates of recidivism, arrests and convictions, nonviolent offences, criminality of siblings, sexual reoffending, delinquent behaviour, and PTSD symptoms.

3.4.1 Targeted “high-risk” programmes by type

As illustrated by *Figure 3*, the majority of programmes targeting high-risk groups were therapy-based, the most common being Family-Focused Therapy-Based programmes (n=8), followed by Trauma-Focused Therapy-Based programmes (n=3). The remaining were “Other” types of programmes (n=4, including outdoor therapy, motivational interviewing techniques, cognitive behavioural therapy techniques, and mentoring). *Box 6* describes the typical features of programmes in each sub-category.

Figure 3. TARGETED: HIGH-RISK PROGRAMMES



Box 6. Broad description of "targeted: high-risk" programmes, by sub-category

Types of programmes	Number identified	Description	Names of programmes identified
Family-focused therapy-based programmes	8	Generally these programmes aim to reduce problem behaviours in young people and improve family functioning. They work with the young person and their family to equip the family as a whole to tackle the problems faced by the young person and sustain positive changes. The therapist may also take into account wider risk factors such as the influence of deviant peer-groups, and liaise with other services and the young person's school, for example.	Family Centred Treatment; Functional Family Therapy; Functional Family Therapy for Adolescent Alcohol and Drug Abuse; Multidimensional Family Therapy; Multidimensional Treatment Foster Care – Adolescent; Multisystemic Therapy; Multisystemic Therapy – Substance Abuse; Multisystemic Therapy for Youth with Problem Sexual Behaviors
Trauma-focused therapy-based programmes	3	These programmes aim to reduce the symptoms of post-traumatic stress disorder (PTSD) or the emotional and/or behavioural problems associated with exposure to traumatic life events, and to increase positive functioning and improve coping skills. They primarily work with the young person in individual or group sessions. Therapy is structured around key cognitive behavioural therapy techniques (e.g., psychoeducation, relaxation skills, exposure), helping the young person to process and manage their traumatic memories and be better equipped to deal with stresses in the future.	Cognitive Behavioral Intervention for Trauma in Schools; Trauma Affected Regulation: Guide for Education and Therapy; Trauma Focused Cognitive Behavioral Therapy
Other programmes	4	These programmes involve residential outdoor therapy, motivational interviewing techniques, cognitive behavioural therapy techniques, and mentoring.	Adolescent Diversion Project Michigan State University; Aggression Replacement Training; Behavior Management through Adventure; SafERteens

Note: This table does not distinguish between effective and ineffective programmes

3.4.2 Programmes targeted at high-risk young people: summary & key principles

The programmes in this category classified as effective by the clearinghouses shared the following key principles:

1. **Therapy-based programmes, often delivered in structured but tailored formats.** Nearly all of the programmes were substantially therapy-based, or involved therapy-based techniques. This is often reflective of the young person having a history of serious behaviour problems and/or traumatic life experiences. Therapy is often structured around key phases, for example assessing a family's strengths and problems, joining, restructuring, and behaviour change. However, the therapy is often tailored to the specific needs and issues of each family, or the types of traumatic experiences/memories held by an individual.

2. **Working with families.** Most of the therapy-based programmes involved working in group-based formats with the young person and their parents/ carers/ families, though some combined joint family sessions with separate sessions for the young person and/or their parents. They recognised that young people's attitudes and behaviour are often influenced by the wider "systems" within which they operate, the most immediate system being their family. They aimed to address multiple risk factors, not just at the level of the individual young person, and to equip the family as a whole to tackle problems and sustain positive changes.
3. **Preventing the recurrence of negative outcomes, and increasing positive outcomes for young people and their parents/families.** Because many of these programmes worked with young people who already have a history of serious behaviour problems or offending for example, the goal was often to prevent the recurrence of these behaviours or worse outcomes. At the same time, nearly all of the programmes also aimed to increase positive outcomes for young people and/or their families, such as improved family functioning and communication.
4. **Trained facilitators, often therapists or other mental health professionals.** Nearly all required or recommended the use of trained facilitators who had a good level of education and were often delivering the intervention as part of their profession. Most used therapists or other mental health professionals. However, some studies highlight the point that using an incompetent therapist – with a low level of adherence to the programme's specification – may have negative effects.
5. **Family therapy delivered in natural settings, such as the home.** Often the family-focused therapy-based programmes identified were delivered in the family's home. This is based on the premise that the youth and their family will interact more honestly in their natural environment, and that they must learn how to function effectively within their home environment to sustain improvements. However, these programmes also worked in other community and/or clinical settings.
6. **Regular and/or frequent contact.** Most of the programmes required regular, consistent contact; in the case of family-focused therapy-based programmes, this was often with both the young person and their family. Many of the programmes were brief, delivered over 3-5 months; however, a few family-focused programmes were longer.
7. **Implementation fidelity.** For a few programmes, there was evidence to suggest implementation fidelity – delivering the programme as originally designed and intended – was necessary for obtaining or increasing effectiveness and, as discussed in point 4, avoiding potentially harmful effects.

3.4.3 Potentially ineffective targeted (high-risk) programmes: key principles

The point below summarises the features that distinguished the single "targeted: high-risk" programme assessed as ineffective overall. However, the robustness of this "key principle" should be treated tentatively, as it might only apply to the specific intervention assessed.

1. **One-off 35-minute session delivered in Emergency Rooms, by a therapist or computer-based software.** The features distinguishing the single "targeted: high-risk" programme assessed as ineffective overall are that: it is delivered through a one-off, extremely short session (less than an hour); and it is delivered in a hospital-based setting, upon the adolescent's admission for an injury or medical illness relating to heavy alcohol use or contact

with violence. Like one of the ineffective universal programmes identified, this programme has been evaluated when delivered through computer-based technology. Even when a therapist delivered the programme, the evidence suggested that any initial positive effects were not sustained. However, because no other programmes were included in this review with the same intervention model, delivered in the same setting, we cannot generalise these conclusions to other types of hospital-based and/or computer-based programmes.

3.4.4 Programme case studies

Six of the programmes identified in this section of the review are included in the current version of the EIF Guidebook and will be reassessed in the next stage of this work:

- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)
- Multidimensional Treatment Foster Care – Adolescent (MTFC-A)
- Multisystemic Therapy (MST)
- Multisystemic Therapy for Youth with Problem Sexual Behaviours (MST-PSB)
- Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

These programmes are discussed in more detail in *Box 7*, to illustrate how the key principles work in practice. The same caveats apply here as for Boxes 3 and 5.

Box 7. Case studies of targeted programmes for high-risk youth identified through this review

Programme summary	How is it delivered?	Evidence and outcomes
Functional Family Therapy (FFT) is for young people between 10 and 18 years involved in serious anti-social behaviour. The young person is typically referred into FFT through the youth justice system at the time of a conviction. The young person and his or her parents then attend between 8 and 30 weekly sessions (depending on need) to learn strategies for improving family functioning and addressing the young person's behaviour. FFT has established evidence of improving family functioning and reducing young people's involvement in crime.	The young person and his or her parents attend a one- to two-hour session with the FFT therapist on a weekly basis. Families with moderate needs typically require 8 to 14 sessions; families with more complex needs may require up to 26 to 30 sessions spread over a six-month period. The FFT model has five phases: engagement in change; motivation to change; relational/interpersonal assessment and change planning; behaviour change; and generalisation. The primary goal of the initial phases is to increase family members' motivation for change by improving the quality of their communication and daily interaction. Therapists do this by "reframing" the young person's and parents' behaviour, so that family members have a better understanding of each other's actions and are less likely to attribute blame. New strategies for family interaction are carefully matched to the family's needs and capabilities, and include communication, problem solving, and mood management skills. During the final phase, family members learn to "generalise" the skills learnt to contexts outside the immediate family, including the youth's school, peers, and the wider family system. Families also learn how to identify situations that could create future risks and generate methods for preventing these risks.	FFT has established evidence of reducing young people's offending and other delinquent behaviours, where the programme was implemented with a high level of fidelity, from several randomised controlled trials. For example: • Gordon, D. A., Graves, K., & Arbuthnot, J. (1995). The effect of Functional Family Therapy for delinquents on adult criminal behavior. *Criminal Justice and Behavior, 22*(1), 60–73. • Hansson, K., Cederblad, M., & Hook, B. (2000). Functional family therapy: A method for treating juvenile delinquents. *Socialvetenskaplig tidskrift, 3*, 231–243. • Sexton, T., & Turner, C. W. (2010). The effectiveness of Functional Family Therapy for youth with behavioral problems in a community practice setting. *Journal of Family Psychology, 24*(3), 339–348.
Multidimensional Family Therapy (MDFT) is for families with a child between the ages of 13 and 18 who are experiencing behaviour or substance misuse problems. Families work with a qualified MDFT therapist to develop problem-solving skills for dealing with issues that are occurring at the level of the adolescent, parent, family, and community. Sessions take place between one and three times a week for a period of 4-6 months. MDFT has established evidence of reducing adolescent substance misuse and delinquent behaviour and improving academic performance.	MDFT is delivered by a trained therapist who works with the adolescent, parents, and family through separate and joint sessions that last between 30 and 90 minutes each. MDFT sessions take place one to three times a week, depending on the needs of the family and service delivery setting. Families work with the therapist for a period typically lasting 4-6 months. Individual sessions with the adolescent promote problem-solving skills and resiliency. Sessions with the parents aim to improve parents' own emotional life; increase their involvement with their adolescent; improve the parent–adolescent relationship; enhance their parenting skills (especially their ability to monitor their adolescent's activities and peer relationships); clarify expectations; and set limits on problematic behaviour. Family sessions aim to improve communication and family problem-solving skills and decrease conflict. MDFT also aims to improve the family's links to resources that lie outside the family unit, including public services and extended family members.	MDFT has established evidence from multiple randomised controlled trials demonstrating short- and long-term improvements in young people's substance misuse, delinquent behaviour, and school performance. For example: • Liddle, H. A., Dakof, G. A., Parker, K., Diamond, G. S., Barrett, K., & Tejeda, M. (2001). Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse, 27*(4), 651–688. • Liddle, H. A., Rowe, C. L., Dakof, G. A., Henderson, C. E., & Greenbaum, P. E. (2009) Multidimensional family therapy for young adolescent substance abuse: Twelve-month outcomes of a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 77*(1), 12–25.

Multidimensional Treatment Foster Care – Adolescent (MTFC-A) is for families with a child between the ages of 10 and 17 who is at risk of an out-of-home placement in foster or residential care because of delinquent behaviour and/or serious emotional problems. Children are placed with a "treatment foster family", who are trained in the MTFC-A model, for an average period of a year. Within these warm and structured family environments, children receive positive and consistent reinforcement for appropriate behaviour and negative consequences for inappropriate behaviour. The young person receives therapy, as does the biological (or adoptive) family, if the plan is for the child to be reunited with them. MTFC-A has established evidence of reducing children's behavioural problems, their future arrests, and their use of illegal drugs.	The young person is placed in a MTFC-A foster home for 9-12 months, with a tailored treatment plan. MTFC-A foster parents receive 20 hours of training prior to the placement, and attend weekly meetings with other MTFC-A parents. The young person receives weekly individual help from a therapist to manage their feelings and behaviour, and is also seen by a skills trainer who goes into community settings with them to develop skills for daily living. The family therapist meets weekly with the biological/adoptive parents to provide parent training and to problem-solve other family difficulties. Gradually the young person is involved in these sessions. Family therapy usually continues for three months after the child is reunified with their family or placed in a permanent home.	MTFC-A has established evidence from multiple randomised controlled trials suggesting that children placed in MTFC homes are significantly less likely to be rearrested and run away from home. For example: • Eddy, J. M., Whaley, R. B., & Chamberlain, P. (2004). The prevention of violent behavior by chronic and serious male juvenile offenders: A 2-year follow-up of a randomized clinical trial. *Journal of Emotional and Behavioral Disorders, 12*, 2–8. • Chamberlain, P., Leve, L. D., & DeGarmo, D. S. (2007). Multidimensional treatment foster care for girls in the juvenile justice system: 2-year follow-up of a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 75,* 187–193.
Multisystemic Therapy (MST) is for families of young people between the ages of 12 and 17 who have exhibited serious anti-social and delinquent behaviour. MST therapists provide the young person and their parents with individual and family therapy over a four to six month period with the aim of doing "whatever it takes" to improve the family's functioning and the young person's behaviour. MST has established evidence of improving family functioning and reducing youth offending and out-of-home placements.	A therapist delivers MST to individual families, typically in their home. The therapist is available to the family 24/7 and carries a caseload of three to four families at a time. Therapy sessions typically last between 50 minutes and 2 hours. The frequency of sessions varies depending on the needs of the family and the stage of the treatment, typically ranging from three days a week to daily, over an average of 4-6 months. The MST model views the parents as the primary agents of change. Each family's treatment plan therefore includes a variety of strategies to improve the parents' effectiveness and the quality of their relationship with their child. It is essential that these strategies "fit" with each family's unique set of strengths and weaknesses. A key aim of the intervention is to help families assume greater responsibility for their behaviours and generate solutions for solving their problems.	MST has established short- and long-term evidence of improving family functioning, decreasing anti-social behaviour and reoffending rates, the need for imprisonment, and the need for out-of-home care from over 20 international studies. For example: • Butler, S., Baruch, G., Hickey, N., & Fonagy, P. (2011). A randomized controlled trial of Multisystemic Therapy and a statutory therapeutic intervention for young offenders. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*(12), 1220–1235. • Wagner, D. V., Borduin, C. M., Sawyer, A. M., & Dopp, A. R. (2014). Long-term prevention of criminality in siblings of serious and violent juvenile offenders: A 25-year follow-up to a randomized clinical trial of Multisystemic Therapy. *Journal of Consulting and Clinical Psychology, 82*(3), 492–499.

Multisystemic Therapy for Problem Sexual Behaviour (MST-PSB) is for families with a young person between the ages of 10 and 17 who has committed a sexual offence or demonstrated sexually abusive behaviour. MST-PSB therapists work closely with the family and others (such as the young person's school) to prevent further sexual abuse and improve the family's functioning. MST-PSB has established evidence of reducing young people's sexual reoffending and problem sexual behaviours, other antisocial behaviour, and the need to go into care or prison.	MST-PSB is delivered by a therapist to individual families in their home. Therapists are available 24/7 to the family and carry a caseload of three to four families at a time. Therapy sessions typically last between 50 minutes and 2 hours. The frequency of the sessions varies depending on the needs of the family and the stage of the treatment, typically ranging from three days a week to daily. Therapists work with individual families for an average of 6-9 months. A primary aim of the treatment is to ensure that the child, family, community, and victims are safe. The first goal of the programme is to therefore help the family develop a risk reduction and safety plan. This plan should include well-defined strategies for reducing the young person's access to victims. The plan should also include basic rules that the young person must agree to. A second aim of the treatment is to reduce the parents' and young person's denial about the sexual offence, as this can often be a barrier to the treatment's success.	MST-PSB has established evidence from multiple randomised controlled trials of reducing sexual and non-sexual offending rates, reducing self-reported problematic sexual and delinquent behaviour, and improving family and peer relationships. For example: • Borduin, C. M., Scharfferer, C. M., & Heiblun, N. (2009). A randomized clinical trial of Multisystemic Therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology,* 77, 26–37. • Letourneau, E. J., Henggler, S. W., Schewe, P. A., Borduin, C. M., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). Multisystemic Therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology, 23*, 89–102.
Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is a therapeutic intervention for children and families who have been exposed to a traumatic event. Children and their parents attend between 12 and 18 sessions where they learn cognitive strategies for managing negative emotions and beliefs stemming from highly distressing and/or abusive experiences. TF-CBT has established evidence of improving the symptoms of PTSD as well as reducing negative child behaviours.	TF-CBT is delivered by a Master's Level (or higher) psychologist to parents and their children via weekly sessions, typically over 12 to 18 weeks depending on the severity of the child's symptoms and the family's needs. Parents and their children attend separate 30 to 45 minute sessions during the beginning phases of the therapy. This provides a safe therapeutic environment where, for example, the child learns to manage negative feelings and behaviours and parents learn strategies for communicating with their child and managing their child's behaviour. Parents receive homework assignments to practise concepts covered during treatment at home with their children. During the final phases of therapy, parents and their children attend 30 to 45 minute sessions together to practise and use the skills learned, to foster effective parent–child interaction.	This programme has established evidence from several randomised controlled trials demonstrating short- and long-term improvements in the psychological symptoms associated with traumatic experiences and sexual abuse, and reduced sexualised and problem behaviours. For example: • Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). A multisite randomized controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(4), 393–402. • Cohen, J. A., & Mannarino, A. P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*(1), 42–50. • Deblinger, E., Mannarino, A. P., Cohen, J. A., & Steer, R. A. (2006). A follow-up study of a multisite, randomized, controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry, 45*(12), 1474–1484.

4. Discussion

4.1 Summary infographic

On the next page is an infographic that provides an overview of the key implications for policy, practice, and future research resulting from this review. This is followed by a discussion of the strengths and weaknesses of this review, and more detailed recommendations.

Preventing Gang Involvement & Youth Violence: Next steps for policy, practice & future research

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Implications for Policy and Practice

Attention should be focused on the ability of programmes to create positive changes in the lives of young people and their families, as well as prevent negative outcomes. This may help overcome some of the stigma attached to 'anti-violence/weapon' campaigns.

Addressing wider family and peer-group risk factors may increase the likelihood of achieving positive effects.

Demonstrations and role-play enable participants to practice the skills they are being taught.

Whilst volunteers are often necessary, this review suggests it is important to have the right kind of primary facilitators (e.g., teachers, social workers, mental health professionals), with relevant experience and qualifications.

Practitioners should generally be deterred from altering the main features of an evidence-based programme, as these adaptations may not have been tested and could unintentionally do more harm than good.

In a context of tight resources, policy-makers and commissioners need to weigh up the pros and cons of investing in well-evidenced programmes, compared to areas where the evidence base is still developing and not as clear (e.g., in the case of mentoring and community-based programmes).

Policy-makers should be cautious in commissioning military-style programmes. Our review identified one quasi-military programme that had been assessed as potentially ineffective by another clearinghouse, and other systematic reviews have warned against deterrence and discipline-based approaches.

O'Connor, R. M., & Waddell, S. (2015). What works to prevent gang involvement, youth violence and crime? A rapid review of interventions delivered in the UK and abroad. Early Intervention Foundation: London, UK.

Implications for Future Research

Our review failed to identify any gang-specific programmes with a robust evidence base implemented in the UK. However, given programmes are only one potential part of the solution, it may be helpful for future reviews to look at comprehensive approaches, higher-level systems and/or partnership between services.

A review of the full range of programmes being offered in the UK may be useful to gain a better understanding of the strength of evidence behind programmes that are currently being commissioned, and how the characteristics of less well-evidenced programmes match with the effective well-evidenced programmes identified in our review.

Providers should start or continue to monitor and evaluate their services. Those who have already or are in the process of conducting programme evaluations should share and increase access to this information.

Some programmes had different effects for young women compared to men. As a result, it may be useful if future research explored the role of gender in moderating the effectiveness of gang and youth violence prevention approaches. This may help unpick whether providers need to be more aware of the potentially different issues facing girls and boys during implementation, and/or whether programmes need to be tailored.

Some of the most effective parenting programmes identified used technology in the form of video-based vignettes to demonstrate parenting practices. However, two programmes that used computer-based technology to deliver the entire intervention were assessed as potentially ineffective by other clearinghouses.

It is possible that these effects are limited to the specific programmes assessed, and that the providers could provide new evidence to the contrary. As such, further research in this area is warranted to unpick the use of computer-based technology in programmes, and whether this has the greatest impact on outcomes, over and above other features such as minimal staff input, duration, or the youth's characteristics.

The purpose of this review was to provide an initial response to the question: "*what are some of the key principles associated with what does and doesn't work in programmes and activities aiming to prevent gang involvement, youth violence, and associated outcomes?"*

4.2 Strengths and limitations to the review process

To answer this question, we conducted a brief literature review and a rapid evidence assessment of well-evidenced programmes previously assessed by other clearinghouses. There are a number of strengths and weaknesses to the review process that must be kept in mind when considering the review's results and their implications for policy and practice.

- The research for this review was carried out within a very short period of time, and as such was by no means fully comprehensive or as robust as a systematic review of the evidence. Nonetheless, we aimed to enhance objectivity and transparency in our rapid evidence assessment through, for example: using pre-specified eligibility criteria; using two people to discuss the inclusion/exclusion of programmes where eligibility was unclear; and reporting the exact search strategies used and outputs. As such, this review makes a solid first attempt at identifying the key principles of what does and doesn't work.

- The key principles are based on a narrative summary of the evidence, and the most apparent common or distinguishing features of programmes. These principles have not been statistically tested, and because programmes were generally evaluated as entire packages of activity, we cannot conclusively say that these specific features are the reason why some programmes work and some do not. Whilst they can serve as a useful guide in making decisions, they are not "magic ingredients" that guarantee effectiveness or the avoidance of harm.

- Restricted by what was reported in clearinghouses, we predominantly focused on the statistical significance of programme outcomes (i.e. whether they made a "real" difference), and the direction of their effects (i.e. positive, insignificant, harmful). This enables a broad assessment of the programmes that have had beneficial or negative impacts, from which we could consider the key principles of such programmes, but it is always important to look at the magnitude and size of effects as well as costs and local appraisal of need and implementability for any commissioning decisions.

- The goal of this review was not to recommend the commissioning or decommissioning of specific programmes. Further research into the evidence base of individual programmes, and details about programme content, implementation, and cost is required before such decisions are made. Related to this, it may also be important to look more closely at what programmes are being compared against (e.g., youth who receive "no services", "services as usual", or an alternate programme) to ensure that resources are not diverted away from equally as effective or more effective interventions.

- To enable us to learn from some of the most well-evidenced interventions, programmes were included that had been implemented in the UK, as well as in the USA and other countries. However, just because a programme has been implemented in the UK does not automatically mean it has been evaluated in the UK, and differences between countries and populations may impact a programme's effectiveness. Similarly, ongoing monitoring is still important even if a programme has been shown to work in the UK, as replications of these positive effects cannot be guaranteed.

- Whilst most programmes had recent evidence from the last 15 years, a small number of assessments were based on older evidence, increasing the risk the results may be less relevant to children and young people's circumstances today. However, a restriction on the period in which evaluations were conducted could have discounted some of the most robust and highly cited studies known to establish what does and doesn't work.

4.3 Implications for policy and practice

This review identified 67 programmes and a set of key principles, described in the results section, which are relevant to understanding what does and doesn't work to prevent gang involvement, youth violence, and associated outcomes.

***Consistent with previous reports and evidence reviews that have found no or few well-evidenced gang-specific programmes, this review found no gang-specific programmes that were implemented in the UK and had robust evidence with respect to their impacts on gang involvement*.** Similarly, very few gang-specific programmes with a robust evidence base implemented in the USA and/or internationally were identified. One programme that had been implemented in the UK included a lesson on the consequences of gang involvement, but its impacts on gang involvement were not evaluated. Another programme was used as the psychosocial component of a wider gang intervention in high-risk schools in the USA, but again its impacts on gang involvement were not evaluated through a controlled trial. An evaluation of a third, community-based programme aiming to prevent or reduce gang violence did measure psychosocial stress exposure (including gang membership) and cultural knowledge and beliefs (including knowledge about the consequences of gang involvement). However, this was based largely on self-reports, and as a culturally specific programme targeting Hispanic/Latino adolescents, it may not be relevant to a UK context.

This does not mean that effective, well-evidenced gang-specific programmes do not exist, but it does reflect the difficulties facing frontline practitioners and researchers in measuring and tracking the effects of programmes on young people's actual gang involvement. It may also reflect the reality that there is not as much evidence on the risk factors for and protective factors against gang involvement, compared to youth violence and crime more generally; without a clear, comprehensive understanding of what leads and prevents young people from joining gangs, it is more difficult to design programmes in the first place to tackle these issues. However, we know that programmes are only one potential approach to intervening with children and young people (Bellis et al., 2012), and evidence on gang-specific approaches identified by previous reports tends to relate to "*comprehensive",* i.e., *multi-faceted* gang interventions. Consequently, it might be that the bulk of the evidence relevant to understanding what does and doesn't work to prevent gang involvement specifically, is found in more comprehensive interventions, wider strategies, and whole-system approaches, which were outside the scope of this review.

In terms of content therefore, this review has been more successful in identifying the key principles associated with what does and doesn't work to prevent youth violence, though we know this can coincide with gang involvement, as well as what does and doesn't work to increase potential protective factors and prevent problems associated with gang involvement and youth violence.

***Consistent with other evidence reviews, a key principle associated with effective programmes was that they sought to create positive changes in the lives of young people and/or their families, as well as reduce risk factors and prevent negative outcomes*.** Previous reports have highlighted a lack of enthusiasm, for example from schools, in running anti-gang and anti-weapon programmes due to their potentially stigmatising nature (e.g., Kinsella, 2011). This review suggests that we should be thinking

about programmes in terms of their ability to develop skill sets in young people to equip them to make healthy life choices, and strengthen the ability of families to tackle problems together, for example.

Many of the most well-evidenced and effective programmes identified were school-based or family-focused, and involved skill practice, parent training, or therapy. More specifically, most of the universal programmes were school-based, but many encouraged indirect parental support for their children and practice at home; there was a mix of school-based and family-focused programmes for at-risk groups; and programmes for high-risk children and young people tended to be family-focused and therapy-based. Notably, these reached children and young people in settings that they normally interact in (e.g., at home or in school), and the family-focused interventions took into account the fact that their behaviour is often influenced by the wider family/peer groups within which they operate. Furthermore, many of these programmes were interactive – enabling young people to practise the skills they were taught and/or enabling children and their families to practise effective communication and problem-solving strategies. In the context of the parent and family programmes identified, this also allowed the content to be tailored to real-life problems; for example, whilst the family-therapy programmes identified were structured around key phases, they sought to strengthen each particular family's strengths and address their issues and needs.

A key principle of nearly all the effective programmes was that they required or recommended trained facilitators, who were often acting in their professional capacity, and had experience of working with children and/or families. This might be because training can help ensure facilitators understand what needs to be implemented and how, and therefore can play an important part in ensuring consistency and quality in delivery. Additionally, acting in their professional capacity (e.g., as a teacher, mental health professional, or therapist) meant that facilitators tended to have a good level of education, and experience of working with children and/or families, which may be key to skilfully and confidently treating their often complex problems.

As previous reports have highlighted, this review identified very few mentoring and community-based programmes, and the community-based programmes that were identified tended to have weaker evidence. This is not to say that effective mentoring and community-based programmes do not exist, but it is clear from this review and several other reports discussed that the evidence in this area is lacking, particularly in relation to gang and youth violence. Additionally, whilst community engagement was present in some of the universal and "targeted: at-risk" programmes identified, a key feature of the programmes targeting high-risk young people and/or families was therapy. Speculatively, this suggests that young people with greater levels of need and on the fringe of involvement in gangs and violence, or indeed those already involved in crime and violence, may require more specialised treatment. In a context of tight resources, policy-makers and commissioners need to weigh up the pros and cons of investing in well-evidenced programmes, compared to investing in areas where the evidence base is still developing.

It was clear from some of the programmes identified that sticking to the original programme specification and ensuring good implementation quality was crucial in terms of ensuring and/or maximising effectiveness. The importance of implementation fidelity – implementing the programme as originally specified and intended – has also been highlighted in the literature. In practice, this means that practitioners should generally be deterred from altering the content and main implementation features of an evidence-based programme, as the effects of these adaptations may not have been previously tested and it could unintentionally do more harm than good (Chalmers, 2003). A process evaluation and adequate monitoring procedures may be necessary to help identify whether the programme was implemented correctly and consistently, whether participants received an adequate proportion (which may mean all) of the programme, and whether there were any barriers to implementation that need to be addressed. The effects of any adaptations to evidence-based

programmes, intentional, accidental, or otherwise, should be evaluated. Additionally, practitioners replicating an evidence-based programme that has previously been shown to work are still encouraged to evaluate the outcomes, as it is not 100% guaranteed a programme would have the same effects.

Consistent with some previous systematic reviews, a key principle of one of the ineffective programmes identified was that it had a core quasi-military element. In addition, two computer-based programmes were assessed as ineffective overall. None of the effective programmes identified had a military element, which is often linked to deterrence and discipline-based approaches. On the other hand, the one programme that did have a military element was assessed as ineffective overall by a clearinghouse and may potentially have harmful effects. Notably, this programme did have other elements, such as young people nominating their own mentor, meaning we cannot say that the military element directly caused these outcomes. However, this finding is consistent with a systematic review discussed in our literature review, and the bulk of the evidence in this report is clearly more in favour of non-military-style programmes that aim to foster positive changes through skill-building, parent training, and therapy, for example.

Additionally, clearinghouse assessments indicated that two computer-based programmes for adolescents might not work. Both had minimal staff input, and one was very brief (lasting less than an hour in total). However, it is possible that these effects are limited to the specific programmes assessed, and as such the generalisability of this finding should not be overstated. Furthermore, our review's findings do not caution against all use of technology in delivering programmes; indeed, some of the most well-evidenced, effective parenting programmes identified used technology in the form of video-based vignettes to demonstrate parenting practices.

4.4 Implications for future research

Through identifying patterns and gaps in the evidence base, this review is also able to offer a number of suggestions for future research.

- There is a gap in our understanding about what works to prevent gang involvement specifically. This may be the product of a lack of research, or difficulties in measuring and monitoring gang involvement on the front line. Given programmes are only one potential part of the solution, it may be helpful for future reviews to look at comprehensive approaches, higher-level systems, and/or partnership between services. A review of the full range of programmes being offered in the UK may also be useful to gain a better understanding of the strength of evidence behind programmes that are currently being commissioned, and how the characteristics of less well-evidenced programmes match with the effective well-evidenced programmes identified in this review.

- Some of the programmes identified had different effects for young women compared to young men, and we know that the involvement of girls in gangs is under-researched. As a result, it may be useful if future research explored the role of gender in moderating the effectiveness of gang and youth violence prevention approaches. This may help to unpick whether programme providers need to be more aware of the potentially different issues facing girls and boys during implementation, and/or whether programmes need to be more tailored.

- There was a gap in the evidence in this review on programmes for young adults, in the age range of 19 to 24. This may reflect the reality that in terms of prevention, programmes are often focused on the early and teenage years. This may be because young adults are sometimes seen as "too far down the line" for prevention work. It could also be that

pragmatically, they may be more difficult to access, in that unlike their younger counterparts they may not be enrolled in education (for school-based programmes) or living in the family home (for some family-focused programmes). However, even if violence and gang *prevention* activities are considered not to be as relevant to this age group, there will always be the need for interventions to help young people find pathways out of gangs and youth violence – therefore reviews in this area could also be valuable.

- There is a gap in terms of high-quality, robust evidence on mentoring and community-based programmes, but we know that these types of interventions are widely used. Providers should start or continue to monitor and evaluate their services, and work towards improving the evidence base behind the programmes they are offering. Additionally, it is also important that those who have already conducted or are in the process of conducting programme evaluations share and increase access to this information and findings (whether they are positive, insignificant, or negative). All of this may help policy-makers and commissioners make more informed, evidence-based decisions, and help ensure we are making positive and real differences in the lives of young people.

- Further research, possibly in the form of a systematic review and meta-analysis, may help to unpick the effects of computer-based technology in delivering programmes, and whether this has the greatest impact on outcomes, over and above other intervention components such as minimal staff input and duration, or the characteristics of the young people themselves.

References

Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime.* Olympia, WA: Washington State Institute for Public Policy. Accessed 17th March 2015 from: http://www.wsipp.wa.gov/ReportFile/756

Bellis, M. A., Hughes, K., Perkins, C., & Bennett, A. (2012). *Protecting people, promoting health: A public health approach to violence prevention for England.* North West Public Health Observatory at the Centre for Public Health. Available from: https://www.gov.uk/government/publications/a-public-health-approach-to-violence-prevention-in-england

Berelowitz, S., Clifton, J., Firimin, C., Gulyurtlu, S., & Edwards, G. (2013). *If only someone had listened: Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report.* London: Office of the Children's Commissioner. Available from: http://www.childrenscommissioner.gov.uk/content/publications/content_743

Centre for Social Justice. (2009). *Dying to Belong: An in-depth review of street gangs in Britain*. Available from: http://www.centreforsocialjustice.org.uk/publications/dying-to-belong

Chalmers, I. (2003). Trying to do more good than harm in policy and practice: The role of rigorous, transparent, up-to-date evaluations. *Annals of the American Academy of Political and Social Science, 589,* 22–40.

Cheng, T. L., Haynie, D., Brenner, R., Wright, J. L., Chung, S-e, & Simons-Morton, B. (2008). Effectiveness of a mentor-implemented, violence prevention intervention for assault-injured youths presenting to the emergency department: Results of a randomized trial. *Pediatrics, 122*(5), 938–946.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.

Cordis Bright. (2015). *Preventing youth violence and gang involvement: A review of risk and protective factors.* London: Early Intervention Foundation.

De La Rue, L., Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2014). School-based interventions to reduce dating and sexual violence: A systematic review. *Campbell Systematic Reviews*, 2014:7. Available from: http://www.campbellcollaboration.org/lib/project/268/

Dishion, T. J., & Dodge, K. A. (2009). Peer contagion in interventions for children and adolescents: Moving towards an understanding of the ecology and dynamics of change. *Journal of Abnormal Child Psychology, 33*, 395–400.

Dishion, T. J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *American Psychologist, 54*, 755–764.

DuBois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, J. C. (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest, 12*(2), 57–91.

Eccles, J., & Gootman, J. (Eds.) (2002). *Community programmes to promote youth development.* Washington DC: National Academy of Sciences.

Farrington, D. P., & Welsh, B. C. (2003). Family-based prevention of offending: A meta-analysis. *Australian & New Zealand Journal of Criminology, 36*, 127–151.

Fellmeth, G. L. T., Heffernan, C., Nurse, J., Habibula, S., & Sethi, D. (2013). Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults. *Campbell Systematic Reviews*, 2013:14. Available from: http://www.campbellcollaboration.org/lib/project/65/

Firmin, C. (2011). *'This is it, This is my life': Female Voice in Violence Final Report on the impact of serious youth violence and criminal gangs on women and girls across the country.* London: Race on the Agenda (ROTA). Accessed 17th March 2015 from: http://www.rota.org.uk/content/rota-march-2011-female-voice-violence-project-final-report-it-my-life

Fisher, H., Montgomery, P., & Gardner, F. (2008a). Opportunities provision for preventing youth gang involvement for children and young people (7-16). *Campbell Systematic Reviews*, 2008:8. Available from: http://www.campbellcollaboration.org/lib/project/40/

Fisher, H., Montgomery, P., & Gardner, F. (2008b). Cognitive-behavioural interventions for preventing youth gang involvement for children and young people (7-16). *Campbell Systematic Reviews*, 2008:7. Available from: http://www.campbellcollaboration.org/lib/project/39/

Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. (2012). Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Campbell Systematic Reviews*, 2012:12. Available from: http://www.campbellcollaboration.org/lib/project/251/

Garrard, W. M., & Lipsey, M. W. (2007). Conflict resolution education and antisocial behaviour in U.S. schools: A meta-analysis. *Conflict Resolution Quarterly, 25*, 9–38.

Grossman, J. B., & Rhodes, J. E. (2002). The test of time: Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology, 30*(2), 199–219.

HM Government. (2011). *Ending Gang and Youth Violence: A cross-government report.* Available from: https://www.gov.uk/government/publications/ending-gang-and-youth-violence-cross-government-report

Hodgkinson, J., Marshall, S., Berry, G., Newman, M., Reynolds, P., … & Anderson, J. (2009). Reducing gang related crime: A systematic review of 'comprehensive' interventions. Technical report. In: *Research Evidence in Education Library.* London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. Available from: http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=2444

Home Affairs Select Committee. (2015). *Thirteenth Report: Gangs and youth crime.* Available from: http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/199/19902.htm

Jolliffe, D., & Farrington, D. P. (2007). A rapid evidence assessment of the impact of mentoring on re-offending: A summary. *Home Office Online Report* 11/07. Accessed 17th March 2015 from: http://www.youthmentoring.org.nz/content/docs/Home_Office_Impact_of_mentoring.pdf

Jolliffe, D., Farrington, D. P., & Howard, P. (2013). How long did it last? A 10-year reconviction follow-up study of high intensity training for young offenders. *Journal of Experimental Criminology, 9,* 515–531.

Kacir, C., & Gordon, D. A. (1999). Parenting Adolescents Wisely: The effectiveness of an interactive videodisk parent training program in Appalachia. *Child and Family Behavior Therapy, 21*, 1–22.

Kinsella, B. (2011). *Tackling knife crime together - A review of local anti-knife crime projects.* Home Office. Available from: https://www.gov.uk/government/publications/tackling-knife-crime-together-a-review-of-local-anti-knife-crime-projects

Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, M., & Anderson, L. (2012). *Return on Investment: Evidence-Based Options to Improve Statewide Outcomes April 2012 Update* (Document No. 12-04-1201). Olympia, WA: Washington State Institute for Public Policy. Accessed 17th March 2015 from: http://www.wsipp.wa.gov/ReportFile/1397

Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders, 4*(2), 124–147.

Littell, J. H., Popa, M., & Forsythe, B. (2005). Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. *Campbell Systematic Reviews*, 2005:1. Available from: http://www.campbellcollaboration.org/lib/project/5/

McMahon, S. (2013). Gangs, Youth Violence and Crime. Project Oracle synthesis study 03/13. *Project Oracle Children & Youth Evidence Hub.* Available from: http://project-oracle.com/studies/gangs-youth-violence-and-crime/

McMahon, S., & Belur, J. (2013). Sports-based programmes and reducing youth violence and crime. Project Oracle synthesis study 02/13. *Project Oracle Children & Youth Evidence Hub*. Available from: http://project-oracle.com/studies/sport-and-reducing-youth-crime/

Medina, J., Cebulla, A., Ross, A., Shute, J., & Aldridge, J. (2013). *Children and young people in gangs: a longitudinal analysis.* London: Nuffield Foundation. Available from: http://www.nuffieldfoundation.org/children-and-young-adults-gangs-impact-lifecourse-development

Meier, R. (2008). *Youth mentoring: A good thing?* (1st ed.). London: Centre for Policy Studies. Accessed 17th March 2015 from: http://www.cps.org.uk/files/reports/original/111027170001-20080911SocialPolicyYouthMentoring.pdf

O'Connor, R. M., & Waddell, S. (2015). *Preventing gang involvement and youth violence: Advice for those commissioning mentoring programmes.* London, UK: Early Intervention Foundation. Available from: http://www.eif.org.uk/publications/preventing-gang-involvement-and-youth-violence-advice-for-commissioning-mentoring-programmes/

Petrosino, A., Turpin-Petrosino, C., & Buehler, J. (2004). "Scared Straight" and other juvenile awareness programs for preventing juvenile delinquency. *Campbell Systematic Reviews*, 2004:2. Available from: http://www.campbellcollaboration.org/lib/project/3/

Petrosino, A., Turpin-Petrosino, C., Hollis-Peel, M. E., & Lavenberg, J. G. (2013). Scared Straight and other juvenile awareness programs for preventing juvenile delinquency: A systematic review. *Campbell Systematic Reviews*, 2013:5. Available from: http://www.campbellcollaboration.org/lib/project/3/

Piquero, A. R., Farrington, D., Welsh, B. C., Tremblay, R., & Jennings, W. G. (2008). Effects of early family/parent training programs on antisocial behaviour & delinquency. *Campbell Systematic Reviews*, 2008:11. Available from: http://www.campbellcollaboration.org/lib/project/43/

Piquero, A. R., Jennings, W. G., & Farrington, D. P. (2010). Self-control interventions for children under age 10 for improving self-control and delinquency and problem behaviors. *Campbell Systematic Reviews*, 2010:2. Available from: http://www.campbellcollaboration.org/lib/project/111/

Public Health England (PHE). (2015). The mental health needs of gang-affiliated young people. *Public Health England*. Available from: https://www.gov.uk/government/publications/mental-health-needs-of-gang-affiliated-young-people

Ross, A., Duckworth, K., Smith, D. J., Wyness, G., & Schoon, I. (2011). *Prevention and reduction: A review of strategies for intervening early to prevent or reduce youth crime and anti-social behaviour.* London: Centre for Analysis of Youth Transitions. Available from: http://www.ifs.org.uk/publications/5594

Sexton, T., & Turner, C. W. (2010). The effectiveness of Functional Family Therapy for youth with behavioral problems in a community practice setting. *Journal of Family Psychology, 24*(3), 339–348.

Tolan, P., Henry, D., Schoeny, M., & Bass, A. (2008). Mentoring interventions to affect juvenile delinquency and associated problems. *Campbell Systematic Reviews*, 2008:16. Available from: http://www.campbellcollaboration.org/lib/project/48/

United Nations Educational, Scientific, and Cultural Organization (UNESCO). (n.d.). '*What do we mean by "youth"?'* Accessed 17th March 2015 from: http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition/

Wilson, D., MacKenzie, D. L., & Mitchell, F. N. (2005). Effects of correctional boot camps on offending. *Campbell Systematic Reviews*, 2005:6. Available from: http://www.campbellcollaboration.org/lib/project/1/

Wilson, S. J., & Lipsey, M. W. (2005). *The effectiveness of school-based violence prevention programs for reducing disruptive and aggressive behavior.* Washington, DC: United States Department of Justice.

Wood, S., & Mayo-Wilson, E. (2012). School-based mentoring for adolescents: A systematic review and meta-analysis. *Research on Social Work Practice, 22*(3), 257–269.

Appendix 1: Identifying programmes

Table 1. Identifying programmes: sources, search strategies, & outputs

Source	Search strategies	Results N=790[A]
Blueprints	Program Search > Search All Criteria At Once > Program Selector	
	Search 1: Program Outcomes > Problem Behavior > selected: "Adult Crime", "Antisocial-aggressive Behavior", "Conduct Problems", "Delinquency and Criminal Behavior", "Externalizing", "Positive Social/Prosocial Behavior", "Sexual Violence", "Violence", "Violent Victimization"	32
	Search 2: Program Outcomes > Positive Relationships > selected: "Close Relationships with Parents", "Prosocial with Peers", "Reciprocal Parent-Child Warmth"	15
	Search 3: Risk and Protective Factors > Individual > selected: "Antisocial/aggressive behavior", "Gang involvement", "Physical violence", "Prosocial behavior", "Prosocial involvement", "Skills for social interaction"	31
	Search 4: Risk and Protective Factors > Peer > selected: "Interaction with antisocial peers", "Interaction with prosocial peers"	23
	Search 5: Risk and Protective Factors > Family > selected: "Opportunities for prosocial involvement with parents"	20
Coalition for Evidence Based Policy (CEBP)	Social Programs Reviewed > Full List of Programs: searched Prenatal/Early Childhood; K-12 Education; Postsecondary Education; Crime/Violence Prevention; Housing/Homelessness; Substance Abuse Prevention/Treatment; Mental Health.	30
CrimeSolutions.gov	Search 1: Crime & Crime Prevention > Gangs > searched All Programs.	18
	Search 2: All Programs & Practices > Programs > searched "View Effective" and "View No Effects" sections.	123
	Search 3: All Programs & Practices > Programs > searched "View Promising" section.	208
SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)	Search 1: Find an Intervention > View All Interventions > Start a New Search > selected: Ages 0-5, 6-12, 13-17, 18-25; Outcome Categories Crime/delinquency, Violence; Study Designs Experimental, Quasi-experimental	80
	Search 2: Find an Intervention > Basic Search > search terms "gang", "gangs"	5
Project Oracle	Projects > searched all Validation Standard 3 and above	3
Youth Justice Board Effective Practice Library	Searched entire list	202

Note: A. Results contain duplicates.

Appendix 2: Mapping the evidence

Table 2. The EIF's Evidence Continuum for Assessing Strength of Evidence

Evidence or rationale for programme	Description of evidence	Description of programme	EIF rating
Multiple high-quality evaluations (RCT/QED) with consistently positive impacts, often across populations and environments	Established	Consistently Effective	4
Single high-quality evaluation (RCT/QED) with positive impact	Initial	Effective	3
Lower-quality evaluation (not RCT or QED) showing better outcomes for programme participants	Formative	Potentially Effective	2
Logic model and testable features, but not current evidence of outcomes or impact	Non-existent	Theory-Based	1
No logic model, testable features, or current evidence of outcomes or impact	Non-existent	Unspecified	0
Evidence from at least one high-quality evaluation (RCT/QED) indicating null or negative impact	Negative	Ineffective/ Harmful	-3 / -4

Notes: RCT = randomised controlled trial; QED = quasi-experimental design study.

Table 3. Part of EIF's current Mapping Grid

Blueprints	CEBP	CrimeSolutions	NREPP	Project Oracle	YJB	Implied EIF
Model	Top Tier	Effective (multiple)	Quality of research & readiness for dissemination ≥ 2.0, plus replicated study	4-5	Research -proven	4
Promising	Near Top Tier	Effective (single)	Quality of research ≥ 2.0	3	Research -proven	3
		Promising	Quality of research < 2.0	2		2
				1		1
						0
		No Effects				-3/-4

Notes: This was the mapping grid used to establish whether or not a programme received an overall implied EIF Level 3/-3 or 4/-4 rating. If several evidence bodies rated a programme and their ratings did not agree in terms of their implied EIF rating, the modal rating was selected; if a modal rating was not available, the lowest was selected to provide a more conservative estimate of programme effects.

Appendix 3: Included programmes

Table 4 lists all 67 programmes that were included in this review, along with links to their clearinghouse assessments, and a statement as to whether they were in EIF's Guidebook at the time of publication. Please note that this list does not distinguish between programmes classified as "effective overall", and those classified as "ineffective or potentially harmful overall". It is therefore important to check the evidence base of these programmes prior to commissioning.

Some of the programmes identified as available in the UK and that appear to be effective will undergo detailed scrutiny and provider consultation to enable us to confirm an EIF rating and include information about these programmes in our online Guidebook. At the time of publication, 18 of the programmes identified through this review were already in the Guidebook.

Table 4. List of included programmes and clearinghouse assessments

Programme name	Links to clearinghouse assessments	In EIF Guidebook at time of publication?
Adolescent Diversion Project Michigan State University (ADP)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=332	
Aggression Replacement Training (ART)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=254 • Youth Justice Board: https://www.justice.gov.uk/youth-justice/effective-practice-library/aggression-replacement-training-art	
Aggressors, Victims, and Bystanders (AVB)	• NREPP: http://www.nrepp.samhsa.gov/viewintervention.aspx?id=142	
All Stars	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=319 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28#std172	
Behavior Management through Adventure (BMtA)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=260	
Behavioral Monitoring and Reinforcement Program (BMRP)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=761f22b2c1593d0bb87e0b606f990ba4974706de	
Big Brothers Big Sisters Community-Based Mentoring (BBBS-CBM)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=fe5dbbcea5ce7e2988b8c69bcfdfde8904aabc1f • CEBP: http://evidencebasedprograms.org/1366-2/117-2 • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=112 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=227	
CAPSLE (Creating a Peaceful School Learning Environment)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=313	

Child FIRST	• CEBP: http://toptierevidence.org/programs-reviewed/child-first	
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=b4c96d80854dd27e76d8cc9e21960eebda52e962 • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=139 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=153	
Drug Abuse Resistance Education (DARE)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=99	
Families and Schools Together (FAST)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=185 • NREPP: http://www.nrepp.samhsa.gov/Viewintervention.aspx?id=375	IN EIF GUIDEBOOK
Families Facing the Future	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=217	
Family Centered Treatment (FCT)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=363	
Family Nurse Partnership (FNP)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=972a67c48192728a34979d9a35164c1295401b71 • CEBP: http://evidencebasedprograms.org/1366-2/nurse-family-partnership • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=187 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=88	IN EIF GUIDEBOOK
First Step to Success (FSS)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=296	
Functional Family Therapy (FFT)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028 • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=122 • Youth Justice Board: https://www.justice.gov.uk/youth-justice/effective-practice-library/functional-family-therapy-fft	IN EIF GUIDEBOOK
Functional Family Therapy for Adolescent Alcohol and Drug Abuse (FFT-AD)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=372	
Good Behavior Game (GBG)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=91032ad7bbcb6cf72875e8e8207dcfba80173f7c • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=188 • NREPP: http://www.nrepp.samhsa.gov/Viewintervention.aspx?id=201	IN EIF GUIDEBOOK
Guiding Good Choices (GGC)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=ca3512f4dfa95a03169c5a670a4c91a19b3077b4 • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=77	

	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=302#std155	
Healing Species Violence Intervention and Compassion Education Program	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=253	
HighScope Preschool Curriculum	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=5b384ce32d8cdef02bc3a139d4cac0a22bb029e8 • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=143 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=18	
Incredible Years – Basic Parent Training Programmes (IY-Parent)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=7719a1c782a1ba91c031a682a0a2f8658209adbf • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=194 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=311 • Youth Justice Board: https://www.justice.gov.uk/youth-justice/effective-practice-library/the-incredible-years	IN EIF GUIDEBOOK
Incredible Years Child Training Programme – Small Group Dinosaur Curriculum (IY-Child)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=8746b7e5d534efa196e92e53c61ec747f4c936a5 • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=194 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=311	IN EIF GUIDEBOOK
Incredible Years –Teacher Classroom Management (IY-T)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=8666e1e6084dc8e20443de41f6826d13d4e3b32b • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=194 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=311 • Youth Justice Board: http://www.justice.gov.uk/youth-justice/effective-practice-library/the-incredible-years	IN EIF GUIDEBOOK
Joven Noble	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=272	
LifeSkills Training (LST)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=ac3478d69a3c81fa62e60f5c3696165a4e5e6ac4 • CEBP: http://toptierevidence.org/programs-reviewed/lifeskills-training • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=186 • NREPP: http://www.nrepp.samhsa.gov/Viewintervention.aspx?id=109	IN EIF GUIDEBOOK
Linking the Interests of Families and Teachers (LIFT)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=191	
Lions Quest Skills for Adolescence (SFA)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=264 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=24	

Multidimensional Family Therapy (MDFT)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=267 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=16	IN EIF GUIDEBOOK
Multidimensional Treatment Foster Care – Adolescent (MTFC-A)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=632667547e7cd3e0466547863e1207a8c0c0c549 • CEBP: http://evidencebasedprograms.org/1366-2/multidimensional-treatment-foster-care • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=141 • Youth Justice Board: http://www.justice.gov.uk/youth-justice/effective-practice-library/mtfc-a	IN EIF GUIDEBOOK
Multisystemic Therapy (MST)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=cb4e5208b4cd87268b208e49452ed6e89a68e0b8 • CEBP: http://evidencebasedprograms.org/1366-2/multisystemic-therapy-for-juvenile-offenders • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=192 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=254 • Youth Justice Board: https://www.justice.gov.uk/youth-justice/effective-practice-library/multi-systemic-therapy-mst	IN EIF GUIDEBOOK
Multisystemic Therapy – Substance Abuse (MST-SA)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=179	
Multisystemic Therapy for Youth with Problem Sexual Behavior (MST-PSB)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=967d1c50af49565e3ab37a33780edf8a1d2d43ea • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=62 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=46	IN EIF GUIDEBOOK
National Guard Youth ChalleNGe Program (ChalleNGe)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=368	
New Beginnings (for children of divorce)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=ae694b0755cd5eed5886ec4d8e658bde9639331d • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=27#std98	
Olweus Bullying Prevention Program (OBPP)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=17ba0791499db908433b80f37c5fbc89b870084b	IN EIF GUIDEBOOK
Open Circle	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=265	
Parent-Child Interaction Therapy (PCIT)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=50336bc687eb161ee9fb0ddb8cf2b7e65bad865f • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=171 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=23	
Parent Management Training – The Oregon Model (PMTO)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=c837307a9a2ad4d08ca61a4f1bd848ba3d6890fc	

	• CEBP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=67#std66 • NREPP: http://evidencebasedprograms.org/1366-2/parent-management-training-the-oregon-model-pmto-near-top-tier	
Point Break	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=289	
Positive Action	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=58f0744907ea8bd8e0f51e568f1536289ceb40a5 • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=113 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=78	IN EIF GUIDEBOOK
Primary Project	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=39	
Project Towards No Drug Abuse (Project TND)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=f1f836cb4ea6efb2a0b1b99f41ad8b103eff4b59 • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=73 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=21	
Promoting Alternative THinking Strategies (PATHS)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=b6692ea5df920cad691c20319a6fffd7a4a766b8 • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=193	IN EIF GUIDEBOOK
Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=345 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=96#std326	
Ripple Effects Whole Spectrum Intervention System for Teens (Ripple Effects for Teens)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=210	
Safe Dates	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=98fbc42faedc02492397cb5962ea3a3ffc0a9243 • CrimeSolutions.gov: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=142 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=141	
SafERteens	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=163	
SANKOFA Youth Violence Prevention Programme (SANKOFA)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=226#std519	
Say it Straight (SIS)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=186#std450	
Schools And Families Educating Children (SAFE Children)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=40#std211	
Second Step: A Violence Prevention Curriculum (Second Step)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=221 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=66	
Social Skills Group Intervention 3-5 (S.S.GRIN)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=217	
Steps to Respect	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=bc15c774dca4499ea6fb42da7d216ca54f8c697e	

Programme	Sources	
	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=279 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=336	
Strengthening Families Program 6-11 (SFP 6-11)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=199 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=44	
Strengthening Families Programme: For Parents and Youth 10-14 (SFP 10-14)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=e54183e2a040e6c09e61eb22d542e3d57074b351 • CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=190 • NREPP: http://www.nrepp.samhsa.gov/viewintervention.aspx?id=63 • Youth Justice Board: https://www.justice.gov.uk/youth-justice/effective-practice-library/strengthening-families-programme-10-14-uk	IN EIF GUIDEBOOK
Strong African American Families Program (SAAF)	• Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=f76b2ea6b45eff3bc8e4399145cc17a0601f5c8d • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=41	
Student Created Aggression Replacement Education Program (SCARE Program)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=347	
Students Managing Anger and Resolution Together (SMART Team)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=288 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=112	
Supporting Adolescents with Guidance and Employment (SAGE)	• CrimeSolutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=334	
The 4Rs (Reading, Writing, Respect, & Resolution)	• NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=362	
Too Good for Drugs – Elementary School (TGfD-E)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=351 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=75	
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=145 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=258#std204	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=195 • NREPP: http://www.nrepp.samhsa.gov/viewintervention.aspx?id=135	IN EIF GUIDEBOOK
Tribes Learning Communities (Tribes)	• CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=283	
Triple P – Positive Parenting Program (Triple P)	• Blueprints: http://www.blueprintsprograms.com/evaluationAbstracts.php?pid=07fd89a40a3755e21a5884640f23eaf59b66df35 • CEBP: http://toptierevidence.org/programs-reviewed/triple-p-system • CrimeSolutions: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=80 • NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1 • Youth Justice Board: http://www.justice.gov.uk/youth-justice/effective-practice-library/triple-p	IN EIF GUIDEBOOK

Glossary

Clearinghouse: A clearinghouse is an organisation that collects and distributes information. A "What Works" clearinghouse is an organisation that collects and disseminates information about the effectiveness of programmes, systems, and practices in terms of the strength of their evidence.

Cohen's *d*: Cohen's *d* is an effect size used to indicate the standardised difference between two means. Following Cohen's (1988) guidelines, an effect size of 0.2 is often considered a small effect, an effect size of 0.5 a medium effect, and an effect size of 0.8 a large effect.

Confidence Interval (CI): A measure of uncertainty around an effect size, for example, with wider confidence intervals indicating greater uncertainty. 95% CI's around an estimate are commonly calculated; this indicates the range within which the true effect is likely to lie.

Effect Size: An effect size can be used to quantify the difference between intervention and comparison groups, and provide an indication of the magnitude of the effect. They can be calculated in different ways, and may be presented as, for example, a Cohen's *d*, an Odds Ratio (OR), a mean, a Standardised Mean Difference (SMD), or a Risk Ratio (RR).

Literature Review: Literature reviews collate studies that are relevant to a particular topic, and appraise the research in order to draw general conclusions from it. They can be useful for providing information on a topic in a very short period of time, but are not as robust as a systematic review of the literature. This is because they tend to focus on evidence that is readily available and well known, and do not have an explicit set of inclusion criteria.

Meta-Analysis: Meta-analysis is a systematic method that combines data from different studies and uses statistical techniques to obtain a quantitative estimate of the overall effect of a particular type of intervention on a defined outcome. Depending on how similar the assessed interventions are, and how broad the research question is, a researcher may conduct a "fixed" or "random" effects meta-analysis. It is often included as part of a Systematic Review.

Mediator: A mediator is a variable that arises from an intervention, or post-randomisation (in the case of an RCT). Often, a trial will only establish that the intervention *as an entire package* led to the outcomes measured. Mediator analyses can help us unpack this "black box" and understand why and how the intervention worked.

Moderator: Moderators are pre-intervention factors, such as gender or ethnicity, which can explain a change in the direction or strength of an intervention's effects. Moderator analyses can help us understand whether the intervention works differently for different subgroups.

Protective Factor: Protective factors can be defined as variables that predict a reduced likelihood of negative outcomes in a particular population, or variables that interact with risk factors to reduce their effect. They can arise at individual, peer-group, family, school, and community levels.

Quasi-Experimental Design (QED): Quasi-experimental designs can look similar to randomised controlled trials, in that they often have an intervention and a comparison group. Importantly, the key feature distinguishing a QED from a RCT is that they do not randomly allocate participants to each group. Instead, they use statistical methods to ensure that the comparison group looks as similar as possible to the intervention group, or that any differences in outcomes that might be caused by differences between the attributes of the two groups are stripped out.

Randomised Controlled Trial (RCT): An experimental study in which participants are randomly assigned to an intervention or a comparison/control group (which may receive a different intervention, "treatment as usual", nothing at all, or be placed on a waiting list). Apart from systematic reviews and meta-analyses, RCTs are considered the best ("gold standard") study design for understanding "what works" and assessing effectiveness. This is because random assignment gives researchers confidence that the participants will generally be very similar across the two groups in terms of their attributes and pre-intervention outcomes. Hence the outcomes shown by the comparison/control group participants should offer a reliable indicator of the outcomes that the intervention group participants would have shown without the intervention.

Rapid Evidence Assessment: A rapid evidence assessment is a quick overview of existing research on a (constrained) topic and a synthesis of the evidence identified to answer the review's question. A rapid evidence assessment aims to be rigorous, explicit, and transparent in the methods used and thus systematic, but makes concessions to the breadth and/or depth of the process by limiting particular aspects of the systematic review process.

Risk Factor: Risk factors can be defined as variables that predict an increase in the likelihood for negative outcomes in a particular population. They can coexist with protective factors, and may arise at individual, peer-group, family, school, and community levels. Whilst risk factors may have a cumulative effect, meaning the more that are present, the greater the likelihood of negative outcomes, sometimes one strong risk factor can be enough to cause concern.

Statistical Significance: The likelihood that a result or relationship seen in a set of data is caused by something other than random chance. Typically, researchers would look at the "*p*-value" of a result to determine its statistical significance. A "*p*-value" is the probability that the pattern in the data would have occurred if there was actually no relationship at all. It is therefore the probability that random chance could explain the result. In general a *p*-value lower than 0.05 (5%) is used as the threshold for statistical significance, meaning that there is only a 1 in 20 chance that the result seen in the data could have happened by chance.

Systematic Review: A systematic review attempts to identify, appraise, and synthesise all of the empirical evidence that meets pre-specified eligibility criteria to answer a research question. Considered the most robust method for reviewing evidence, they reduce bias in the way studies are found, included, and synthesised. They can help identify trends across and between studies, as well as gaps in the evidence base.

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