CONSTRUCTING AND RESPONDING TO FAMILIES UNDER STRESS: POLICY, EVIDENCE, AND THE ‘PUBLIC’ ACADEMIC.

A thesis submitted to the University of Manchester for the degree of Doctor of Philosophy (PhD by Published Work) in the Faculty of Humanities.

JON SHUTE

2018
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Families, broadly conceived, are multiply determined and determining systems whose functioning and wellbeing are sensitive to a range of contexts, including the dynamic policy context across the full range of policy domains. Particular political attention with strong normative overtones is often given to families with particular characteristics experiencing social exclusion in particular ways and associated with particular (undesirable) policy outcomes. Debatably, one important role of the ‘public’ academic is to contribute to the policy process by providing expert commentary on the assumptions and evidence-base on which policy is founded, and on the evaluation of its tangible products. This thesis reflects on the candidate’s experience of over a decade’s worth of engagement with policy and evidence that either relates - or is argued should better relate - to the functioning of families in contexts of extreme social exclusion and experiencing significant family stress. Prima facie, the three substantive areas cover by the selected papers - early years support, youth gang policy, and bereaved family activism - might seem unconnected, however, they represent a strongly linked narrative ‘arc’ of research and writing that offer common themes and intellectual progression. At the heart of both early years and youth gang work are questions of how best to frame and configure interventionist policy aimed at preventing negative outcomes (health, behaviour, life-chances) for socially-excluded children and adolescents while, at the same time, avoiding policy misdirection, stigmatisation and coercion. In a late modern, austere Britain, how can the State credibly claim to reduce harms of these kinds when policy is often a net contributor to/creator of them? At the heart of youth gang and bereaved family papers are questions of how best to support the sometimes-blamed, often-overlooked secondary victims of serious violence. How is (often extreme) stress experienced by affected families, what vulnerabilities does it express and create, and to what extent can it be used as a motivator of defiant action? The thesis concludes with a discussion of the various modes of academic engagement displayed across the work, specifically, the ‘developmental’ progression of the author from ‘professional’, to ‘policy’, to ‘critical’, to ‘public’ modes of ‘doing’ research on family stress. The personal rewards and costs of persistence in the face of limited policy impact are stressed.
CANDIDATE DECLARATION

University of Manchester, PhD by published work

Candidate Name: JON SHUTE

Faculty: HUMANITIES

Thesis Title: CONSTRUCTING AND RESPONDING TO FAMILIES UNDER STRESS: POLICY, EVIDENCE, AND THE ‘PUBLIC’ ACADEMIC.

1. Nature and extent of candidate’s contribution and of co-authors and other collaborators to each of the publications presented.

In making this declaration, I refer to the list of publications presented for examination:

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Three levels of contribution can be distinguished:

First, sole-authored papers. Publications #3, 5, 8 and 9 were sole-authored in their entirety by the candidate. Judith Aldridge gave comments on a draft version of #3 and #5; and Jonathan Jacobs
commented on drafts of #8. No substantive changes regarding structure, content or argument were either suggested or made.

Second, co-authored papers first-authored by the candidate. Papers #1, 6 and 7 were written in their entirety by the candidate; co-authors commented on drafts. No substantive changes regarding structure, content or argument were either suggested or made.

Third, co-authored papers with the candidate as second author. Paper #2 was based on fieldwork where the interview schedule was designed, and the majority of interviewing (53/59 interviews) and analysis carried out by the candidate. The candidate commented on and corrected all draft sections and versions of the paper, added textual content to sections describing the design of the evaluation study, and substantially wrote a major section ‘Linking processes to programme benefits’ (pp 82-83 of the article reprint). This section paraphrases a major section of the final report of the independent evaluation of the study in question (Mackenzie et al, 2004, pp. 41-60), which was written in its entirety by the candidate. As regards paper #4, the candidate wrote the introduction and approximately half of the discussion, and commented in detail on both methods and results sections. Aldridge wrote the remainder; Ralphs and Medina offered comments on drafts.

2. **Proportion of the work presented completed by the candidate as a member of staff of this University.**

Reference to the author affiliations on each piece show that 100% of the presented work was published while the candidate was a University of Manchester employee. Paper #1 was written and submitted for publication in previous employment and so, strictly speaking, 89.5% (54.9k of 61.4k published text minus references) of the work was written at Manchester.

3. **Whether any (and if so which) of the work presented has been submitted in support of a successful or pending application for any other degree or qualification of this or any other University or of any professional or learned body.**

No part of the work presented has been submitted for another degree or qualification.

I confirm that this is a true statement and that, subject to any comments above, the submission is my own original work.

Signed: [Signature]  Date: 04 March 2019
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STATEMENT

i. QUALIFICATIONS AND RESEARCH EXPERIENCE ESTABLISHING ELIGIBILITY FOR THIS DEGREE.

General eligibility: In line with the eligibility requirements stated in both section 3.1 of the 2014 Guidance for the PhD by Published Work and the 2014 Ordinances and Regulations: Degree of Doctor of Philosophy (PhD) by Published Work, I am eligible for this degree by virtue of (i) being a member of staff at the University of Manchester for at least five years (I had been employed for 13 years at the point of submission), and (ii) having completed a significant proportion of the presented work during this time (confirmed in part 2 of the declaration statement above). Approval for registration on this degree was granted by the University of Manchester in March 2017.

Evidence of research skills commensurate with PhD programmes at the University of Manchester: I received high-level research training while completing a 4-year MA(Hons) degree in Psychology (1991-1995; high 2:1), and then an MSc in Criminology & Criminal Justice (1996-1997; top distinction in that cohort), both at the University of Edinburgh.

I received further in-job research training and experience as a Research Fellow on the Edinburgh Study of Youth Transition and Crime (1998-2001), a longitudinal study of adolescent development and offending. Principal duties included: school survey design; fieldwork planning and execution; statistical analysis; development of a GIS-based ecological study of City neighbourhoods; and liaison with contacts in participating schools, Local Authority partners and Lothian and Borders Police.

I was then, between 2001 and 2005, Research Fellow at Health Promotion Policy Unit, University of Glasgow. I worked on the independent evaluation of the ‘Starting Well’ National Demonstration Project for Child Health, an intensive home-visiting intervention offered in disadvantaged communities in Glasgow. I took forward three evaluation components focusing on outcome, process and context: a multi-site quasi-experimental cohort study of health-related child and maternal outcomes; a qualitative study of the functional relationship between caregivers and their health visitors; and a contextual study of participating communities.

As Lecturer, then Senior Lecturer at the University of Manchester (2005 to present), I have carried out the research presented in this thesis and gained over £1million worth of grant income as Co- or Principal Investigator from external sources as diverse as Manchester City Council, the Jean Monnet Centre for Excellence, European Research Council, and HEFCE. I have successfully supervised ten PhD students through to completion. From September 2017, I have been Deputy Associate Dean for Postgraduate Research with responsibility for special permissions and the postgraduate research training of over one thousand PhD students in the Faculty of Humanities. I also direct ‘Methods North West’, promoting regional research specialisms across the partner institutions of the ESRC’s North West Social Science DTP.
I have over 15 years of experience teaching research methods and statistics in three Russell Group universities to undergraduate and postgraduate psychologists, public health practitioners and criminologists.

In sum, I have research training, skills and experience somewhat in excess of a standard PhD candidate.

ii. LIST OF PRESENTED PUBLICATIONS.

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iii. CRITICAL APPRAISAL OF THE PRESENTED WORKS.

My appraisal is structured into four parts. First, by way of general orientation, I situate the work in relation to the unifying theme of the presented papers - the construction of and response to family stress - and derive a set of ‘retrospective’ research questions that make sense of their common content. In section 2, I described the key features and evaluate the contribution of the papers, both individually and cumulatively. Section 3 is devoted to exploring cross-cutting themes: the family as system; and the interactions of academy, evidence and policy. Section 4 summarises the net contribution of the work and discusses implications for policy and practice.
1. INTRODUCTION: CONTEXT AND AIMS OF THE PRESENTED WORK

This thesis is a description and a defence of the contribution of a body of published work associated with a single author, by that author. As such, it is a reflective, retrospective exercise that considers the unfolding interactions between three essential components of the research system: the researcher, the researched, and the layered contexts in which research findings are produced and disseminated. It is also, by necessity, a form of autobiographical narrative that, in a formalised and very particular way, tries to represent something of the ‘thread of life’ (Wollheim, 1984) as seen by the author.

Life, of course, is seen but not lived in retrospect, and there is danger in over-stating the continuities between its parts. While acknowledging, therefore, that the weaving of the objective and subjective narrative ‘threads’ in this statement is, like all narrative, constructed, there are basic sources of continuity in the person, the environment and their interaction. Basic psychology confirms that there is tolerable stability in personality and social identity across the lifecourse – particularly in that period of adulthood that spans professional life - and that life choices tend to be both expressive of those characteristics and reinforcing of them.

The career academic can relate to this general set of processes in that one’s perspectives and research interests are constructed through a self-selected programme of training and work that tends to reward specialism. Continuity of research interest is promoted, therefore, but at the same time, all research findings prompt new research questions, and so interests can and do diversify and change, albeit in a bounded sense. At times, however, random events, encounters and a host of other influences can introduce rupture in these interests and promote entirely new directions in research.

The papers presented in this thesis can be interpreted in this light. I developed an identity as a developmentalist fascinated by families and formative relationships under stress, first as an undergraduate psychologist and then as a postgraduate criminologist carrying those interests forward to a particular behavioural domain. I developed these interests professionally as a contract researcher on longitudinal projects, first in lifecourse criminology, and then child health; I followed the job but only jobs that rewarded those foundational concerns. As will become clear in the broader narrative of section 2, even though my move into teaching and research seemed initially to curtail opportunities to research families, opportunities arose and were made, even if the focus of the research seemed at first to lie elsewhere.

Seven out of the nine papers presented relate to crime and crime policy directly, hence they accurately reflect both the author’s professional identity as a criminologist and the registration of this thesis in that discipline. As will be made clear, however, the more fundamental linking theme underlying all papers is that of family stress: its sources, processes, effects and amelioration. This does not mean that the work would be better placed as a thesis in psychology or family studies, merely that it represents a core continuity - if sometimes an unconscious one - in the work as it developed. It is here, then that the main contribution lies.

In this brief introduction to this brief statement, I will now make some basic remarks on this ‘meta-theme’.
1.1 Outlining family stress in context.

The term ‘family’ is, of course, an elastic and contested one that varies very considerably over time, place, and culture. In the field of family-oriented policy this thesis touches upon, it is often a misnomer; gendered code for ‘women and their children’. While considerations of space do not permit a full analysis (though see Appendix 1 for something approaching this), the operational definition of ‘family’ used here is, simply, any self-defined unit linked by blood or partnership (Shute, 2016; paper #9).

Similarly, the literature on family stress is large and interdisciplinary, but for our purpose, only four sets of points require explication. First, the family can be seen as a system in so far as it is composed of sets of individuals who, in the interactions that constitute their ongoing relationships, reciprocally influence all other interacting individuals in that system; they are dynamically and mutually constituting (see e.g., Patterson, 2002 for an integrative and influential conceptual review). Families function multidimensionally as an emergent consequence of this interaction and show variability in cohesiveness, flexibility, quality of communication, and so on.

Second, families as a collective, experience stress, which can be conceptualised as an aversive state with physiological correlates when systemic demands (stresses, strains, daily hassles) exceed capabilities (resources, coping behaviours) and are given meaning by family members as such (the Family Adjustment and Adaptation Response - FARR - model: Patterson, 1988 and ibid). Family responses can be adaptive, that is, the family displays resilience, or they can be maladaptive - they display vulnerability; the former is protective of individual and family-level outcomes, the latter disrupts family functioning and raises risk for health and behavioural problems. Chronic material disadvantage exerts particularly damaging pressures on family functioning (Conger and Donnellan, 2007; McEwen and McEwen, 2017).

Third, family stress, functioning and adaptation processes are critically affected by ecological context. Bronfenbrenner’s classic (1977) paper makes clear that the family is only one of several nested and interlocking systems that influence individual development. Microsystems describe intimate relationships that interact in settings at the meso-level (home, school, church, etc). Micro- and mesosystems in turn interact with more distal/indirect exosystems including parental workplace, neighbourhood and, importantly for this thesis, service settings. All systems interact with the macrosystem which expresses culture, and reflects economic system and policy choices.

Finally, the effect of ecologically pervasive and unassimilable family stress is always negative, it is not even in its impact across the lifecourse; it may be particularly damaging during rapid periods of development, quintessentially the pre-school years, and during adolescence (Shonkoff et al, 2012; Tremblay et al, 2018).

1.2 Application to the work presented, and derived research questions.

The points made in the preceding section might be seen as key ingredients in an implicit heuristic framework for the author as he progressed through education and work and they are crucial for appreciating some of the continuities that make sense of the varied work presented in this thesis. Papers #1 and #2 describe the evaluation of a new child health-focused service (an exosystemic ingredient instigated during a macrosystemic policy moment) aimed at detecting and ameliorating family-level stressors in chronically disadvantaged community settings. Papers #3 to #5 establish an evidence-base to recommend that
this form of intervention be promoted as an alternative to punitive criminal justice led policies aimed at marginalised youth. Papers #6 to #8 analyse the ethical consequences of not doing so. Finally, paper #9, despite broaching a superficially very different set of topics, returns to family stress and resilience experienced as a consequence of conflict. In each case, family stress and its reduction is the variably foregrounded core of the piece.

This being the case, there can be said to be two ‘derived’ research questions that emerge from the work:

RQ1. How can we best conceptualise and configure support in order to alleviate family stress?

RQ2. What is the role of the academic in this process?

In order to answer these questions, the reader is invited to read the presented papers and the linked contribution statements in section 2 with them in mind. They are answered to the extent that they are answerable in an integrative section - section 3. Section 4 provides an overall summary of contribution.

2. INDIVIDUAL AND CUMULATIVE CONTRIBUTION OF PRESENTED PAPERS

‘Reception’ of the works presented in this thesis is discussed in terms of citations, ‘soft’ metrics and journal quality en masse in Appendix II. This section aims to demonstrate the individual and cumulative contribution of the presented work. The nine papers are grouped under four section sub-headings to reflect the different phases of engagement by the author in the field of family functioning under stress. Section 2.1 covers papers #1 and #2 and focuses on the theme of evaluating early years primary care services designed to reduce family stress. Applying lessons from this experience, section 2.2 explores papers #3-5 and advocates for a preventative public health approach to youth gang prevention by reducing family stress/increasing family support. Section 2.3 discusses papers #6-8 and forms a critique of gang policies in England and Wales that appeared to be sensitive to the messages and evidence base outlined in 2.2, but which were in actuality, largely deterrence-based and delivered in the context of austerity-era policies that increased family stress. Finally, section 2.4 (paper #9) shifts focus to highlight the possibilities for agency and voice in chronically stressed families bereaved in conflict. Cumulatively, the works make a significant contribution, at various points in the lifecourse and across varying contexts, to the study of families stressed by conditions of material disadvantage and ambient violence.

Each of the four sections follows a standard format. First, the general context of the papers is described, both in terms of the policy, practice and research ‘moment’ at the time of writing, and in terms of the author’s autobiography. The second sub-section describes the aims and rationale for each of the papers in terms of the substantive themes addressed and methodological approaches used to do so. The publication narrative of each paper is also described. After giving a brief description of key points made in the paper(s), the contribution of each is argued for in two senses, first by a subjective analysis using the terms employed in Research England’s Research Evaluation Framework (‘REF 2021’) exercise – significance, originality and rigour – and second, via an expanded citation analysis based on the Scopus citation statistics set out in Appendix II. Evidence of impact beyond academia, for example in media and other work, is also adduced. Finally, a global statement of contribution is made at the end of each of the four themed sections and in sum.
Section 2 as a whole intends to (i) demonstrate that the work presented makes a significant and coherent contribution to research and policy, (ii) describe the interrelationships between and progression of ideas across sets of papers, and (iii) make clear the author’s role in developing and directing the research.

2.1 Papers #1 and #2: Evaluating services to reduce family stress

Papers #1 (Shute and Judge, 2005) and #2 (McIntosh and Shute, 2007) were both published at the University of Manchester but arose out of work carried out between 2001 and 2005 when the author was employed as a Research Fellow at the Health Promotion Policy Unit (HPPU), Department of Public Health, University of Glasgow. Together, the papers represent a coherent mixed-methods approach to understanding the impact on family stress of a reconfigured set of primary care services in a particular policy moment.

|---|---|

2.1.1 Context.

Policy context: The Labour government that had achieved a landslide victory in the 1997 general election set health (alongside, education, crime and ‘fiscal prudence’) as one of its key priorities for investment and innovation. One early policy and research corollary of this was to reawaken an interest in health inequality and the social determinants of health, a subject that had been dormant politically during preceding individualist, free-market-oriented Conservative administrations. An Independent Inquiry into Inequalities in Health was commissioned in 1997 and reported - known, after its Chair as the Acheson Report - in 1998. In language and logic markedly similar to the 1980 Inequalities in Health Commission Report (better known, again, after its Chair as the Black Report), Acheson described stark and enduring social gradients in mortality and morbidity, analysed them as being attributable for the most part to adverse material and structural conditions, and made a linked set of recommendations. Like Black, Acheson made specific high-level recommendations, first, to offer much greater material and service support to families with children, particularly in relation to pregnancy and the pre-school years (Bambra et al, 2011), and second, to evaluate all new policies aimed at reducing health inequality. While many policy responses relating, for example, taxation, in-work benefits and the establishment of Sure Start centres could be linked to these recommendations (Churchill and Clarke, 2010; Daly and Bray, 2015), the most directly health-policy focused response could be seen to be the UK Government’s white paper Saving Lives: Our Healthier Nation (Department of Health and Social Care, 1999), and the newly devolved Scottish Government’s white paper (also 1999) Towards a Healthier Scotland. The latter set up four National Demonstration projects to act as test beds for policy and service innovation in order to tackle health inequality in different themed areas. One of these was in the area of child health and the early years.

Project context: In 2000, Glasgow, a city with wide inequalities and some of the poorest child health outcomes in Europe, won the competitive bidding process as the multi-agency ‘Glasgow Healthy City Partnership’. It developed a programme called Starting Well which aimed to ‘demonstrate that child
health can be improved by a programme of activities that both supports families and provides them with access to enhanced community resources’ (Killoran Ross and de Caestecker, 2003; et al, 2005). Delivered in two large areas of the east and south of the city, the programme consisted of an intensive health-visiting service with greatly increased number of home visits and a greatly reduced health visitor caseload, a paraprofessional service (‘health support workers’) recruited from local parents, and locally held community budgets for promoting and developing early years community resources. While an inequality-correcting ‘step change’ in child health was the ultimate outcome, this was to be achieved indirectly by greatly enhanced parental support and the alleviation of family stress. The programme initially received £3million over three years. An independent evaluation team led by the University of Glasgow was appointed in 2000.

**Autobiographical context:** Between 1998 and 2001, I worked as a Research Fellow setting up and running a large single-cohort longitudinal youth crime survey study at the University of Edinburgh. A growing political consciousness at a time of great political change in Scotland led me to become more interested in policy evaluation work and I joined the independent evaluation of *Starting Well* in January 2001. I was also attracted to the possibility of setting up a new Scottish birth cohort study. I worked alongside two other Research Fellows with responsibilities for different arms of the evaluation and under the Principle Investigator Ken Judge. While the evaluation research design had been decided in outline, I had specific responsibility for developing and realising two major components: first, a quasi-experimental cohort study of maternal and child-level outcomes, and second, a prospective qualitative case study of the functional relationship between mothers and project health visitors. On the quantitative arm, I led on developing measures, ethics and fieldwork protocols, managed twenty months of data collection on over 600 families at three time points, and line-managed a Research Nurse Manager and team of three Research Nurses. On the qualitative arm, I developed the fieldwork protocols and interview schedules, and carried out 53/59 interviews over an eighteen-month period. I led on the analysis of both arms. The small team and large workload mean that I worked independently and had a central role in directing the design and realisation of the research. Study methodology is described in detail in paper #1 (pp. 224-229), paper #2 (pp. 80-81) and in Mackenzie et al, 2004 (pp. 6-19, and 42-43).

2.1.2 Rationale for and development of papers.

As an independent evaluator, my first duty was to produce timely evidence for a range of scrutiny groups, to write interim reports and then contribute to a final report. The final report (Mackenzie et al, 2004) describes integrated findings on all arms of the evaluation, including the two arms for which the present author was responsible.

Paper #1 (Shute and Judge, 2005) developed the first major report chapter - also written by Shute - on the quasi-experimental cohort study and describes the analysis of maternal and child-related outcomes at six-months postpartum. This was an important set of analyses as it was early enough in the evidence cycle to potentially influence policymakers planning post-Starting Well services, and also related to the period of most intensive maternal need and support. The central hypothesis of the paper, drawn from the programme theory of change, but also from an established evidence-base of effectiveness relating to the substantive content of the home visits, was that benefits in family functioning would be detectable among *Starting Well* families relative to a similar group receiving generic health visiting services. Shute
carried out the analyses with input from Judge and wrote the paper drafts. While the instinct of the first author was to place the article in a higher-ranking journal, a collective decision was made to place it alongside several other project papers - including one from the internal evaluation team (Ross et al 2005) - in the *Journal of Primary Prevention*. The paper was accepted with minor revisions for publication in 2004 and published in 2005.

Paper #2 (McIntosh and Shute, 2007) developed findings from the final report section - sole-authored by Shute - to explore the processes by which the experience of family support was achieved with project health visitors (HVs). The focus on experience of support represents an instance of ‘communicating’ mixed methods research whereby early findings from the quantitative arm - a greater sense of support and satisfaction with HVs was the clearest difference between groups at six-months post-partum - sensitised the author(s) and influenced interview schedules on the qualitative arm. The final report section is richer in quotes and in diagrammatic representation, however, paper #2 spends more time theorising and interpreting findings. While Shute carried out most of the fieldwork and analysis, wrote the methods and ‘linking process to programme benefits’ sections, and commented on other sections, the lead author was Jean McIntosh, Professor of Community Nursing, Glasgow Caledonian University. The paper was targeted at *Health and Social Care in the Community* from the outset, was accepted for publication with minor revisions in 2006 and published in early 2007.

2.1.3 Key points.

Paper #1 is largely atheoretical, or rather, tests the programme theory of change. It first sets out the evidence-based for expecting positive effects of intensive home visiting with socially stressed families, describes the quasi-experimental methods and measures, and shows that significantly higher rates of child dental registration, and significantly lower rates of postnatal depression symptomatology were observed in the *Starting Well* (intervention) group. No differences were observed in the quality of home environment as indexed by the HOME score. Findings are discussed as being indicative of possible but modest early benefits of intensive home visiting. The very strong effects - relative to the ‘group/programme’ effect - of family level stress (debt, lowest social class, lower income, higher number of children) and ethnicity (mother not white) are discussed; the former in relation to the clear challenge of delivering health change in conditions of concentrated disadvantage, and the latter in terms of both possible sub-populations of intensive need, but also questionable validity of translated instrumentation.

Paper #2 first rehearses the contemporary international interest in deprivation-focused child health initiatives, in particular, post-partum and early years domiciliary home visiting from specialist public health nurses. The focus in that literature on quantitative outcomes is bemoaned and an alternative focus on quality of functional relationship between parent and nurse explored. After describing project, methods and sample, three sets of findings are discussed. First, the appropriateness and acceptability of additional visits soon after birth is reinforced by both mothers and health visitors, however, the latter also struggled with higher expectations from families, including those with fewer needs as workload pressures necessitated service prioritisation. Second, that intensive home visits encouraged a trusting and functional relationship to arise relatively quickly but that this also encouraged disclosure of needs and an attendant increase in workload. Finally, the interactional specifics of the developing relationship are linked to a key maternal outcome of ‘experience of enhanced support’. The paper concludes with a
discussion of the importance of effective early targeting/service prioritisation and on the importance of person-centred, non-directive methods of working in contexts of concentrated disadvantage.

2.1.4 REF analysis

In standard REF terms the significance paper #1\(^1\) is captured by the fact that it reported the first ‘at scale’, outcome-based findings of an intensive home-visiting programme in the UK. At the time of writing, major British-authored systematic reviews (Elkan et al, 2000; Bull et al, 2004) bemoaned the division in the literature between the significant number of randomised-controlled trials conducted in the US and the small number of small-scale, uncontrolled studies of generic health visiting services in the UK. British policy makers, therefore, in lieu of a clear domestic evidence-base, sought policy lessons from an American context where the study comparison was between families receiving very high-quality university-led services or no services at all and, consequently, where large effect sizes were much more likely. Paper #1 not only began to bridge the US-UK evidence gap but also illustrated the elusiveness of large effect sizes when the comparison was, instead, between different levels of the same essential service. In terms of substantive findings central to this thesis, the paper illustrates both the absolute and relative effects of familial stress - material and emotional - on maternal mental health and on the levels of stimulation available to the child in the home environment. It also showed that these effects could be ameliorated to a small extent by intensive family support. The novelty of these findings explains too, a greater part of their originality, and, though it is difficult to describe a quasi-experimental survey and observation study as particularly innovative methodologically, it was, nevertheless the first to be carried out in the UK. As regards rigour, the paper describes findings that were extremely hard won and labour-intensive; clear evidence of this is seen, not only in the in the assessment completion rates for this very disadvantaged population but also in the attention to analyses relating to possible opt-in bias. Theoretically, the piece is outcome-driven but does clearly test central assumptions of the project theory of change. Overall, the paper could claim superior levels of ‘international excellence’ regarding significance, and perhaps rigour, however, the lack of real originality probably means that the paper would be rated as 2*, but still ‘internationally excellent’.

Paper #2’s significance lies in its close attention to the underexplored yet vital ‘how’ of health visiting, that is, the formation, operation and effects of the functional relationship between caregiver - most often mother - and the health visitor. Given that health visitors attempt access to a home setting to which they have no right of access and at a demanding and changeful time for the family, this relationship must be achieved quickly and well in order for access to be maintained and the family to benefit. While it is likely that the quality of this relationship is likely to drive variation in take-up and response to the service, authoritative contemporary reviews of health-visiting effectiveness (see preceding paragraph) focused almost exclusively on ‘downstream’ quantitative health impact. The findings relating to the supportive, non-judgemental, ecologically-informed ways of working necessary to achieve the primary set of perceived maternal benefits - enhanced support - are also significant for understanding the stress-reduction potential on the family system. The originality of the paper derives from the fact that there were few studies published prior to paper #2 on the process of health visiting, and from the five-domain unpacking of the concept of maternally-perceived ‘enhanced support’ which, for the first time, sets out

\(^1\) that is, at the time of publication; the retrospective contribution of the paper is discussed at 2.1.6
intermediate service targets that illustrate stress-reduction ‘in action’ and are likely to promote family
functioning and more efficacious parenting. The paper has high practical and methodological rigour in
that the fieldwork from which findings derive was robustly planned and executed, and the resulting data
well-analysed. For almost identical reasons as for paper #1, paper #2 would most likely be rated as 2*,
but still ‘internationally excellent’.

2.1.5 Scopus citation analysis

The nine Scopus citations for paper #1 can be grouped into several different thematic areas. Two papers
(Mackenzie, 2005; 2008) also derive from research carried out on Starting Well and use the index paper
as evidence of substantive, if limited, impact on maternal and child outcomes and then seek to describe
issues in service development and implementation that may help to contextualise these findings. Mac-
kenzie (2005) discusses the difficulties in implementing a skill-mix approach of specialist health visitors
(HVs) and paraprofessionals; and Mackenzie (2008) explores, inter alia, the difficulties that project HVs
experienced in using standardised assessment tools and in articulating their work with a new community
development brief. Both papers urge policy makers to devote attention to these implementation issues
as a concrete corrective to aspirational service-development rhetoric. Three further papers (Bryans et
al, 2009; Cowley et al, 2015) use paper #1 in a similar manner, that is, as a starting point to discuss the
process-based dimensions of health visiting that underly effectiveness. As such, they will be discussed in
the section relating to paper #2 below. A further group of papers use paper #1 in discussions relating to
the impact and influence of health visiting research. Bunn and Kendal (2011) review a range of contem-
porary papers and reports and, using a framework first elaborated by Weiss (1979), argue that clear
evidence of direct/instrumental influence on policy is difficult to detect, as opposed to a more indirect,
‘symbolic’ or ‘conceptual’ influence. Blair et al (2015) may not demur but, in their discussion of an
unprecedented reduction (for the period 1994-2012) in the rate of child dental caries in Glasgow com-
pared to the whole of Scotland, cite paper #1 as evidence of impact of a programme specifically targeting
child dental health and that may be causally implicated in these dramatic results. Rushton et al (2009),
in a Pediatrics paper (2017 impact factor 5.515; ranked first of 124 paediatric journals) that composes a
position statement of the US Council on Community Pediatrics Executive Committee cites paper #1 as
part of an international evidence base that is used to advocate for and reaffirm a commitment to improve
the quality and reach of health visiting services in the US. This paper attracts over fifty further Scopus
cites. Finally, two related papers - Murta et al, 2011, and 2012 - show a different kind of international
influence in that they use paper #1 as grounds for developing and evaluating a new domiciliary parent-
education service in Brazil.

Paper #2 had 19 Scopus cites at the census date, and several of these are shared with paper #1, for
example, both Mackenzie papers above, and the Bryans et al, and Cowley et al paper. The Mackenzie
papers use paper #2 in a similar way to paper #1 in that the citations represent a corpus of evaluation
from the same city and profession - health visitors in Glasgow - to discuss the complexity, sophistication
but non-systematic nature of the conceptual models used to provide the service. All health visitors in
these qualitative studies used ecologically-framed, non-directive, relationship-based methods of working
but did so variably, without formal reference to a clear theoretical framework. Bronfenbrenner’s (1977)
ecological theory is discussed as a promising candidate. Relatedly, Whittaker et al (2014), in northern
England, supports paper #2’s contention regarding the primacy of quality mother-HV relationships but usefully differentiates between ‘surface’ engagement - proximal problems that can be solved quickly - and ‘deep’ engagement - action to deal with the deeper trauma- or deprivation-related issues that drive ‘surface’ problems. Again, greater theory-led practice is recommended.

Three papers discuss further aspects of effective working in light of contemporary UK service and policy developments. Hogg et al (2013 a & b) problematise the process of HV-led needs assessment and its increasing importance for service-prioritisation in policy aiming at ‘progressive universalism’, that is, the crafting of targeted services within a nominally universal service offering. While families with the highest levels of need may be relatively easy to identify, paper #2 is used to illustrate how unexpected levels of need in ‘low risk’ cases can be revealed through trusting service relationships. Echoing Wright et al (2009), over-reliance on standardised tools and methods early on in the baby’s first year may miss such families. Cowley et al (2015) proceeds from a Department of Health-commissioned report comprising a literature review of 348 papers and reports, and seeks to establish core dimension of HV practice in order to inform major English service reforms: the Health Visitor Implementation Plan (HVIP). Paper #2 is cited nine times and used to derive conclusions as to the HV values, attitudes and beliefs (‘service orientation’), and person-centred, ecologically-informed practices required to drive the HVIP and a future research-agenda. Malone et al (2016), in a related paper by the same team, elaborate these findings.

Finally, the international reach of paper #2 is illustrated by seven papers. Kawafha (2016) cites paper #2 as an example of the workings of effective HV practice and uses it to advocate for greater service investment and reach in Jordan. This is echoed by Sensarma et al (2012; 2015) who use paper #2 to advocate for better service support networks for vulnerable mothers and children in rural India. In contrast, Frederick and Goddard (2008) and Paton et al (2013) are Australian empirical papers, the former drawing on paper #2 as an illustration of the kind of effective human service principles that can be used to work with vulnerable people across age and need; and the latter further elaborating the importance of personal control in partnership working from the mother’s perspective. The important, pithy insight is gained that mothers in the study invested in a relationship with their HV, not a programme. Yamada (2011) cites paper #2 in order to inform empirical work on the processes underlying effective home visiting for elderly Japanese. In a Finnish review of health-visiting effectiveness, Tiitinen et al (2014) conclude that few programmatic studies incorporate process-based elements, and of those that do, interpersonal dynamics are not often explored fully or well. Paper #2 is lauded for doing so directly and for incorporating a longitudinal case study element in order to capture relationship formation and effects. Finally, Barboza et al (2018) cite paper #2 as an example of an intensive person-centred intervention on which is modelled a refugee-oriented service trial in Sweden.

2.1.6 Contribution

In tandem, the papers can be seen to make three sets of contributions. First, they made key contributions to the evidence-base framing the development of HV services at the level of Glasgow and Scotland. As made clear in Mackenzie (2008), the expected ‘step change’ in child health was not achieved by the project\(^2\), however, both paper #1 and #2 illustrate something of what could be achieved - and how - in

\(^2\) though whether this was a realistic expectation is moot, given the long ‘sleeper’ effects of early years intervention but short evaluation timescales.
the first iteration of a new intensive service. While, after Weiss (1973; 1979), it is generally difficult to show the direct policy influence of research, a marked increase in the standard number of home visits now distinguishes the Scottish Universal Health Visiting Pathway which also has a high-level, stated emphasis on building quality, person-centred relationships between HV and parents (Scottish Government, 2015). It is likely that the papers in this thesis contributed strongly to the evidence landscape that framed those policy choices. Second, and relatedly, the extensive and sympathetic use of paper #2 (#1 is also cited) in the major Cowley et al (2015) review suggest that the research has also influenced/is still influencing the development of health visiting services in England. Third, the papers have contributed to an evidence-base that has been used internationally to (i) advocate for major health-visiting investment in both the USA and Jordan, (ii) promote service development in Brazil, India, and Sweden, and (iii) motivate health visiting research in Australia, Japan and Finland.

As was made clear in a major (2016) Lancet series on Advancing Early Childhood Development, and in yet another major independent report on the relationship between income and health inequality (Marmot, 2010), the importance of effectively reducing stress on families with young children is of prime and growing importance to societies worldwide; health-visiting can be an effective method of doing so (see too Peacock et al 2013). Papers #1 and #2 make a modest but identifiable contribution to understanding how and to what extent family stress can be reduced among relatively deprived populations in the broader context of a wealthy welfarist-oriented nation.

2.2 Papers #3 to #5: Reducing gang involvement by reducing family stress

The papers in this section identified and bridged a disconnect between public health and developmental youth gang literatures and suggested preventative alternatives to generally punitive (and ineffective) US-derived gang policy. Together, they compose a rigorous and ethically-sensitive combination of review and empirical research activities with strong policy and practice implications designed to reduce family stress.


2.2.1 Context

After it became clear that there was no Scottish governmental interest in a follow-up of the Starting Well cohort, the author reached the end of a research contract in early 2005 and gained a post as Lecturer in Criminology at the University of Manchester Law School with responsibilities for teaching

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psychological criminology (including developmental and lifecourse aspects) and research methods. The lifecourse literatures I had been exposed to through study and work made clear that the same sets of family-level ‘toxic’ stressors in early childhood and beyond were responsible for a range of ‘downstream’ problems relating to health, behaviour and life chances; there were, therefore, real opportunities for longitudinal research and evidence to reach beyond disciplinary boundaries and appeal to policy makers as effective social investment. This conviction led me early in my time at Manchester to be part of several ambitious cross-Faculty bids to evaluate behavioural intervention programmes such as Multisystemic Therapy (MST) which had been proven effective in the US and were being trialled for the first time in the UK. These trials (see below for further examples) were piloted in joint initiatives between the (England and Wales) Department of Children and Families and the Department of Health in a Sure Start-framed debate between the importance of targeted versus universal children’s services aimed at promoting health and well-being (Churchill and Clarke 2010; Daly, 2015).

These early evaluation bids were, however, unsuccessful and I began to be interested in the work of colleagues researching youth gangs (for example, Sharp et al, 2006). Linked to a developing international network of researchers - Eurogang - the work seemed to me to empirically and conceptually robust, critically curious and highly policy relevant. It seemed particularly timely given the then very recent official recognition of ‘gangs’ and a ‘gang-problem’ in the UK (see paper #8 and e.g., Smithson and Ralphs, 2016 for historical commentaries on this process). Worryingly, it seemed that an entire suite of concerns relating to net-widening gang definitions, over-policing of minority ethnic youth, and punitive policy responses shown to be ineffective in the US were also being transferred to the UK context.

Political authoritarianism with regard to child and youth behaviour was also evident in then Prime Minister Tony Blair’s Respect agenda, most infamously through the use of the Antisocial Behaviour Order and Parenting Order, both civil measures for nuisance behaviour that could result in criminal convictions. These criminal justice measures seemed to be diametrically opposed in tone and effect to the supportive health-led initiatives with which I was more familiar.

It was in this complex and contradictory policy environment that Judith Aldridge and I were approached in early 2007 by Manchester City Council (MCC) Children’s Services Department and funded to explore the potential of preventative child interventions running in the city for addressing what was then being constructed as Manchester’s ‘gang problem’.

2.2.2 Rationale for and development of papers

Aldridge and I were funded to produce two pieces of work that were integrated into a final report (Aldridge et al, 2008). The first, carried out solely by the present author and presented as paper #3, was a literature review exploring the case for family-focused programmatic prevention of youth gang involvement. The method of review is not described in the report due to the funder’s primary interest in substantive findings and policy implications, however, typological approaches to review methodology (e.g., Grant and Booth, 2009) best describe paper #3 as a critical narrative review\(^5\) with scoping elements. The

\(^5\)A critical review aims to demonstrate that the writer has extensively researched the literature and critically evaluated its quality. It goes beyond mere description of identified articles and includes a degree of analysis and conceptual innovation. An effective critical review presents, analyses and synthesizes material from diverse sources. Its product perhaps most easily identifies it—typically manifest in a hypothesis or a model, not an answer. The resultant
initial ‘scoping’ or exploratory phase aimed to establish the extent and quality of a largely unexplored literature on parenting and youth gangs, and used different combinations of key word searches (e.g., PARENT* and GANG) in established databases (e.g., 'Web of Science', PSYCINFO) to produce returns that were assessed for quality and content but were not formally scored as in a systematic review. The author then snowballed from these sources to a grey literature that included unpublished reports and PhD theses, and direct contact with authors. Next, key themes were extracted from this literature and their compatibility with a larger lifecourse literature (derived from a selective review of recent reviews) on family predictors of serious youth violence established. The critical dimension of the review involved, inter-alia, analysing knowledge gaps, likely biases and unexplored complementarities, with the report’s conclusions and recommendations suggesting a synthesis of approach and an entirely novel application of one literature to the other.

The second funded piece of work involved designing a parenting-focused interview schedule (see Appendix 1 of the integrated report), conducting six new community-based interviews with participants who were part of the ongoing ‘Youth Gangs in an English City’ (YOGEC; Aldridge and Medina, 2008) study, and re-analysing pre-existing interview and focus group data from that study. The analysis itself began with the new interview data and proceeded as a broadly grounded, NVIVO-aided thematic analysis, balancing deductive elements (funder-derived research questions) with more inductive elements (notable, emergent themes not derived from those questions). Themes were then further developed and/or validated in the pre-existing dataset using a similar approach. The present author was involved in the design of the interview schedule, in the process of labelling and combining codes, and in their interpretation, however, the major data collection and analytic effort was carried out by Research Associates under the direction of Aldridge. Further methodological details are given in Aldridge et al, 2008 (pp. 6-7) and in paper #4 (p. 373) which composed the write-up of key findings from the integrated report. Paper #4 was published online in 2009 and in print in 2011. The clear policy implications of paper #3 stood in marked contrast to the political rhetoric and action being applied to youth gangs at the time, and paper #5 is the product of this observation. While submitted early 2010, it was not published on-line until 2011 and did not appear in print until 2013.

The clear policy implications of paper #3 stood in marked contrast to the political rhetoric and action being applied to youth gangs at the time, and paper #5 is the product of this observation. The paper is a critical policy commentary that does not (perhaps cannot) have a dedicated methodology section, but is instead structured as a presentation of the ‘case’ and ‘caveats’ of papers #3 and #4 respectively, and a problematised comparison of their ‘fit’ with a commonly used contemporary policy instruments addressing ‘family’ and youth. While submitted early 2010, paper #5 was not published on-line until 2011 and did not appear in print until 2013.

2.2.3 Key points

Paper #3 first provides an overview of criminological enquiry (established in the US, emerging in the UK) on the subject of youth gangs, discussing ‘wicked’ definitional issues, prevalence and known behavioural and health consequences. While most scholarship predicting gang involvement focused (at the time) on
peer- and community dynamics, the contribution of family-level variables is explored. Three sets of variables - structural (relating to family composition and poverty), structuring (relating to parenting style and supervision) and relational (relating to attachment) are identified as relevant. Candidate sets of evidence-based family support programmes are then recommended either as a preventative or early intervention measure, depending on the age of the index child.

Paper #4 uses this document as context but draws attention to the perceived barriers to being offered this form of programme from the perspective of parents of youth suspected of being gang-involved. Parents perceived but rejected blame for their child’s behaviour, instead locating it in the child or their structural background. Poor previous socialisation experiences with statutory services also impeded willingness to cooperate with new services in a more general sense. The paper tempers the recommendations in paper #3 by recommending that careful preparatory work be done that is sensitive to these concerns, and that is non-stigmatic, supportive and delivered by committed and motivated practitioners.

Paper #5 develops these points but does so in light of a review of the contemporary punitive turn in child, youth and family policy relating to ‘gang’ crime and anti-social behaviour. It recommends that evidence-based preventative interventions be trialled as an alternative approach to gang reduction but only where they can be shown to be family-mediated and child behaviour focused, voluntary and non-stigmatic, based in high quality service relationships, and possessing contextually sensitive modifications. Candidate programmes are suggested and contrasted with Respect-agenda coercive programmes with counterproductive potential.

2.2.4 REF analysis

Paper #3 is an 18,000-word report of the type not generally returned in research assessment exercises, however, it is of high quality and formed the basis for two returned journal articles (papers #4 and #5); this being the case, I will also apply standard REF criteria to it. In terms of significance, the report is a major organisation and synthesis of sets of existing US-focused literatures on offending, gangs and the lifecourse and of a cognate emerging UK literature. In terms of originality, it represents the first attempt to highlight and overcome a disconnect between developmental and youth gang literatures, and to derive progressive policy recommendations that are also suggestive of new directions in research. In terms of rigour, the review is exhaustive, critical and synthetic and covers a broad range of published and ‘grey’ literatures; it is also intellectually rigorous in its attempt to derive principles of evidence and policy transfer that are ethically and contextually informed. It would most likely be graded as 2* internationally excellent.

Paper #4 is significant in that it questions assumptions about the extent to which a progressively-intended set of new services will be perceived as such by families under stress. These findings had and have application to all ‘supportive’ services that are imposed in the context of behaviour officially labelled as problematic. Paper #4’s originality lies in the generation of new and vivid qualitative data from which these points emerge; there were and are no comparable papers offering a perspective from parents of youth labelled as gang members. The study was also rigorous empirically in that it involved skilled re-contact and re-interview of study participants with some new recruitment via snowball sampling. This reactivation of ‘cooling’ fieldwork contacts, particularly in relation to emotive topics, took great skill in planning, execution and analysis. The paper would most likely be graded as 2* internationally excellent.
The significance of paper #5 lies in its careful and economic use of the literatures covered in paper #3 to advance an argument for a particular approach to family stress reduction that is at odds with the contemporary approaches to child and youth (gang) intervention. It is original in that it is the first article to make links between the disconnected literatures featured and to interpret current policy in light of ideal-typical stages of gang-related ‘moral panic’ shown in the US. It is rigorous in the logic of its argument and in the quality of evidence it calls upon to support points; it is also thoughtful and ethically informed. The paper would most likely be graded as 2* internationally excellent.

2.2.5 Scopus citation analysis

As described in Appendix II, paper #3 attracts many ‘reads’ and downloads but no Scopus citations; citations are, instead made to the peer-reviewed papers that arise from and in relation to it. This is strongly argued to reflect the biases in favour of and against certain forms of publication than it is a comment on quality; paper #3 pursues the central and previously unresearched topic of family and gangs in much greater depth, and arguably greater rigour than the journal articles it inspires. Google Scholar shows that the report is used by Packer (2014) in a DClinPsy thesis examining the experiences of staff delivering MST to possibly gang-involved youth in London and cites paper #3 in both literature and empirical parts of the thesis. Young et al (2014) also cite the paper in a Youth Justice article not detected by Scopus. This piece, proceeding from work conducted for the charity Catch-22, is a sympathetic but less detailed review of the links between family and gang involvement and makes essentially similar points to paper #6 without citing it.

Paper #4 attracts some twelve primary citations, nine of which are readily available to download. They can be placed into several rough groupings. The first set of papers are methodological in nature: Aldridge et al (2012) only really use paper #4 in order to illustrate participant diversity in the YOGEc study; Reid and Sullivan (2016), however, offer a more substantive paper that uses the fact that parents perceive blame to investigate social desirability in parental reports of children’s offending - the largest discrepancies between child and parent-reports are also diagnostic of low levels of parental supervision. Finally, in this grouping, Kao and Caldwell (2017) use paper#4 to argue for a more positive, strengths-based conceptualisation of family efficacy which is hypothesised to predict resilience to stress. Garduno and Brancale (2017), in an American empirical study with Latino youth, find that joining gangs is predicted strongly by having siblings already in them; a point made in paper #4. Bernard (2015) somewhat misapplies the index paper to illustrate cross-generational trauma in parental relationships. Broomhead (2013) and Ball (2014) strike a more critical note: the former paper explores how teachers’ blame of parents for children’s behavioural problems led them to provide hidden levels of compensatory services; the latter paper warns of the dangers of responsibilising parents through parenting programmes while overlooking worsening post-austerity social conditions. Finally, Flint (2012a and b) strikes a discordant note by arguing for the worth of coercive criminal justice-oriented family interventions by citing examples of effective practice.

Paper #5 attracts a self-cite from paper #6 and a further cite from Bernard (2015) discussed above. In the first of several citing articles from the US, Gebo and Campos (2016) use paper #5 to make the point that gang members and their families are likely to be hard to engage in supportive services after incarceration. This theme is echoed by Pyrooz (2014) who, in a quantitative paper, describes group
trajectories of gang engagement; the author underlines the general utility of a developmental approach to studying gangs and also advocates for supportive as opposed to punitive services to promote disengagement. Dong and Krohn (2016) produce a similar form of analysis and set of conclusions: the process of promoting disengagement from gangs should take the form of providing greater social support from appropriately configured services. Finally, Roman et al (2017) reinforce these positions and arguments with evidence of age-graded ‘push’ factors promoting disengagement and that should receive programmatic assistance.

2.2.6 Contribution

Together, papers #3 to #5 display a progression on the part of the author from policy evaluation designed to test a programmatic theory of change (papers #1 and #2) to a more exploratory, critical and advocacy form of policy analysis supported by literature review and empirical work. The papers were satisfying to write in that they were based on the identification of a disconnect between public health and criminological literatures, and from them were derived novel recommendations that stood in contrast to the more punitive options then available. Sadly, the lead, perhaps visionary, person at Manchester City Council who commissioned paper #3, left her post soon after the publication of the final report, and while it was well received, there is little direct evidence that the paper united the city’s own service disconnects between model preventive interventions (e.g., the Incredible Years programme then being offered) and police-led multi-agency gang responses. Further effective secondary and tertiary level early childhood interventions were piloted in England and Wales in the mid-late 2000s, including all of those recommended in papers #3 and #5. Despite this, only one - Functional Family Therapy - collected data on possible gang involvement in its evaluation, but participant numbers were too small to perform adequate analyses (Humayun, personal communication). Given some gang-involved youth will have been involved in other project evaluation, this period must count as a missed opportunity to test some of paper #5’s hypotheses regarding acceptability and effects of targeted support. As we shall see, gang policy in the UK soon took on a new punitive turn from an unexpected source, however, the above citation analysis suggests that the papers in this section have contributed to a growing literature, especially in the US, suggesting person- and family-centred services may be worth trying as an alternative to standard ‘get tough’ gang policy tools that are likely only to be counterproductive.

2.3 Papers #6 to #8: Critique of gang policy as a net contributor to family stress.

The preceding section described a progressive dialogue between, on the one hand, new policy objects impacting strongly on families and, on the other, a set of as-yet disconnected but synergistic family-centred literatures indicating a potentially effective set of new policy responses. Papers #6 to #8, however, illustrate how dramatic and unexpected events can cause major new directions in policy that supersede previous approaches, and that have the potential to further de-couple the relationship between evidence and policy. Together, the papers in this section describe these developments and form a critique of gang policy that affected to appear sensitive to arguments made in papers #3 to #5, but which in actuality, promised to be a net contributor to family stress.


#### 2.3.1 Context

The narrative of developments in English youth gang policy forms a key part of all papers in this section and paper #8 in particular, and is described here only in outline and in conjunction with the author’s autobiographical positioning. After proceeding with the dissemination of the work described in section 3.2.6, the author commenced a period of sabbatical leave on 1st August 2011 with the intention of working on a completely new strand of research relating to genocide (section 2.4). Five days later, however, between the 6th and 11th of August, several English cities including my home city of Manchester, experienced severe rioting that produced over 4000 arrests and 3000 court appearances; a demonstrable role in 5 deaths; and an estimated £1 billion cross-sector ‘bill’ in insurance, compensation, criminal justice and lost revenue costs (Riots Communities and Victim’s Panel, 2011). While the start of rioting could be attributed to the mishandling by police of a family and community-led protest in the wake of a police shooting as part of a gun and gang-focused operation (‘Operation Trident’), its dynamic and rapid spread could not, and high-level politicians seemed to reach somewhat desperately for candidate explanations. The then Prime Minister David Cameron tautologically attributed the riots to ‘criminality, pure and simple’⁶, while the then Home Secretary Theresa May blamed organised gangs⁷. Seemingly to support this latter contention, Home Office figures were quickly published (HO report October 2011, appendix table A15) indicating the estimated proportion of gang members arrested. These figures were highly speculative but while subsequent research (Guardian/LSE, 2011) dismissed the role of gangs, with the Home Secretary backtracking on her initial statement, the Prime Minister promised a ‘concerted, all-out war on gangs and gang culture’⁸. On November 1st 2011, *Ending Gang and Youth Violence: A Cross-Departmental Report* (hereafter EGYV) was published.

In the immediate aftermath of the riots, my prior gang research led to an appearance (with Judith Aldridge) on BBC Radio4’s *Thinking Allowed⁹* and a lone interview on the BBC 6 O’clock and 10 O’clock News¹⁰, and a quickly drafted analysis of the link between area deprivation and risk of rioting (Lightowlers and Shute, 2012). Somewhat against my plans and instincts, I had become involved in an ongoing set of family-centred policy critiques.

#### 2.3.2 Rationale for and development of papers

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⁶ see statement at https://www.bbc.co.uk/news/uk-politics-14492789, accessed 01/09/2018
⁹ available at https://www.bbc.co.uk/programmes/b013835n
¹⁰ archived as an embedded video at https://www.bbc.co.uk/news/uk-14436499, accessed 01/09/2018
Paper #6 was written in the still-febrile post-riot atmosphere of late 2011 and published in March 2012 in the fast reaction topical quarterly *Criminal Justice Matters*. It proceeded from a close reading of *EGYV* and sought to draw out what seemed to be quite serious flaws in both the analysis of and stated response to the ‘gang’ problem described. The nature of the journal plus what seemed to me to be genuinely dangerous sets of conflations between rioting, guns, gangs and knife crime, and between the supportive and coercive treatment of families, led the paper to be highly and intentionally critical. Paper #7 was written in 2013 after the publication of *EGYV’s* first annual report and repeats this tone in relation to claimed successes. It was published in 2014. In 2014/15, I was invited by Prof. Jonathan Jackson to extend these maturing analyses into a book chapter-length contribution for the Routledge *Handbook of Criminal Justice Ethics*, focusing on the ethical dimensions of academic policy evaluation. The book was published in 2016.

Methodologically, the three papers represent a form of incremental critical policy analysis (Clarke, 2000). Paper #6 analysed a primary documentary source - an officially-stated policy position of co-operating central governmental departments - for sets of assumptions and empirical claims, and problematised them in relation to first, a contradictory evidence-base derived from studies sponsored by the same policy authors, and second, an ethical standpoint that argued the policy would be counter-productive in relation to levels of public harm. Paper #7 followed an identical approach in relation to a follow-up progress report. Paper #8 extended the approach to all relevant policy documents available at the time of writing, set it in the broader context of youth gang policy (derived, in part, from paper #5 above), and amplified the ethical discussion of papers #6 and #7. In toto, the papers are deliberately critical and, in the case of papers #6 and #7, polemical; they do not seek to present an ‘objective’, ‘balanced’ or ‘systematic’ exploration of what are argued to be dissembling, unevidenced and harmful policies.

2.3.3 Key points

Paper #6 set out the main aims and context for *EGYV* and made three sets of critical observations. The first was that the report ignored the existing UK evidence base on gang definitions, prevalence and offending risk in such a way as to conflate sets of issues and paint a picture of ‘hyper-violent predatory youth... [designed to] ...create a sense of crisis and legitimate primarily police-led responses’ (p.40). The second observation was that the evidence base regarding effective early family intervention was very selectively drawn from without a commitment to any new funding and in the context of a broader ‘blunderbuss’ policy approach that was almost impossible in principle to evaluate. This being the case, the final observation linking the first two was that more ‘supportive’ policy responses were tokenistic in comparison to ‘get tough’ responses that were likely only to worsen the material predicament of families attempting to support (still ill-defined) gang members. Paper #7 revisited these criticisms but focused on grandiose success claims in the 2013 *EGYV* annual report that were unevidenced given clearly inadequate evaluation commitments. Paper #8 made all of these points in a more expansive, less polemical, appropriately academic tone but carried the analysis forward to the 2015 Home Affairs Select Committee enquiry into *EGYV*, to which the author contributed material. These points are made, however, to serve a broader ethical analysis of the duty of the engaged and appropriately skilled academic to engage in policy evaluation and analysis, and to do so in order to promote the reduction of individual and societal harms. That evaluation evidence is disregarded, not gathered, or used selectively to support regressive policy that produces harm (here to families and individuals), is held to be deeply problematic.
2.3.4 REF analysis

Papers #6 and #7 are not of the form generally considered ‘REF-able’ in that they are brief, topical observations, as opposed to peer-reviewed journal articles, books or book chapters for major publishers. They are included here to represent a decidedly critical turn in the author’s relationship with policy engagement and illustrate a form of polemical ‘public academic’ writing that contrasts with the more familiar, measured tones expressed in paper #8. Given that several key points from each of the first two papers are also expressed in paper #8, it makes further sense to restrict REF analysis to that paper. In terms of significance, paper #8 is arguably the most granular analysis of a particular gang policy ‘crisis moment’ published internationally, and which, in its discussion of the problems of academic engagement, evidence-based policy and harm, has applicability to many other social policy objects. The chapter cannot be said to be particularly original in that it adopts a fairly intuitive evaluative stance based on a textual analysis of stated policy aims, assumptions and effects in relation to a relevant academic evidence base. The paper is, however, highly rigorous in that the granularity of analysis and attention to detail is evident. The paper has been graded in internal REF-preparation as ‘internationally excellent’ at the 2* level.

2.3.5 Scopus citation analysis

Illustrating something of the vagaries of academic assessment and esteem metrics, paper #8 while being ‘REF-able’, in-depth and of high quality, attracts precisely no Scopus citations, whereas the much shorter paper #6 attracts eleven cites, and paper #7, five cites. Paper #8’s lack of citations is most likely due to its relatively recent publication date and the fact that book chapters are generally less easy to obtain than e-journal articles. The title of paper #8 also deliberately combines elements of papers #6 and #7 which may lead it to be overlooked in literature searches that appear to locate the ‘same’ article twice.

Paper #6 is cited in two publications (Medina et al, 2013; 2014) which technically count as self-cites as the present author is a co-author, however, these papers proceed from a major Nuffield-funded secondary data analysis of gang-related survey items in the English Offending Crime and Justice Survey (OCJS), and not from policy analysis per se. Medina et al (2013) uses latent class analysis to distinguish between different youth group formations and finds that supposedly ‘model’ Eurogang survey items problematically conflate groups in which serious offending occurs, and those in which the only crime is recreational drug-use. The 2014 paper uses different methodology to confirm the multiple negative consequences of gang membership. Both citing papers clearly illustrate the ongoing value of good empirical gang data and use paper #6 to bemoan disinvestment in gang surveys at a time of very clear policy need. Two further empirical papers (Scott and Maxson 2016; Reid and Maxson 2016) describe features of gang and non-gang social organisation in US youth correctional facilities (akin to Young Offender Institutes in the UK) and use paper #6 to raise concerns that ‘get tough’ rhetoric and policies associated with consistent failure in the US are likely to be repeated in the UK. Smithson et al (2013) and Smithson & Ralphs (2016) both cite paper #6 to support a sympathetically critical analysis of the conceptual and evidential policy deficits of EGYV while adducing empirical data to underline the vagaries of gang definition and dangers of (racialised) labelling in communities and schools in northern England. The 2016 paper, in particular, is also highly consistent with the substantive content and tone of paper #8. Ralphs and Smithson (2015) and Fraser et al (2018) use paper #6 in an identical manner but broaden the geographic scope of the analysis.
to Europe as a whole, showing, nevertheless, how the UK is ‘ahead of the curve’ in terms of importing an uncritical, un(der-)evidenced and punitive multi-agency policy approach from the US.

The five cites to paper #7 include three (Ralphs and Smithson, 2015; Smithson and Ralphs, 2016; Fraser et al, 2018) that also cite paper #6, and use it in much the same way in order to reinforce a sympathetic critical policy analysis. In addition, Curry (2015) entertainingly surveys the long American history of struggling to define and study gangs meaningfully and non-stigmatically; paper #7 is adduced in a section showing how definitions are equally contested when exported beyond that context. Finally, Storrod and Densley (2017) use paper #7 to highlight increasingly critical attention to increasingly febrile gang policy as context to an ingenious study of the use of art and social media by youth gang members in London.

2.3.6 Contribution

Papers #6 to #8 were written at a policy ‘moment’ characterised by a sustained level of high public emotion, and a quintessential sense of ‘something must be done’. For the author, they represent a development in - and possibly, a rupture of - the mode of academic engagement displayed in sections 2.1 and 2.2, that is, the role of ‘cool’, patient external evaluator, and/or constructive identifier of evidence-disconnects and recommender of new directions in policy research. Having identified the role of poverty, social exclusion and ‘state’ intervention in the production of family system stress and the (re-)production of health and behavioural problems, it proved difficult to ignore ad hoc policy bearing all the marks of ‘moral panic’ that promised only to intensify these problems for the families and youth in question. That the early intervention literature was alluded to tangentially and (as it seemed to the author) tokenistically, only further motivated the critical angle of the papers.

The papers address family stress indirectly and offer a granular policy analysis that can be seen as an accurate commentary on active policy but also offer a case study into the relationship between academe, policy and ‘events’. They form, with the papers cited in the 2.3.5, an effective body of critical work aimed at holding government policy to account. The papers are associated with significant media appearances and their essence was distilled into a joint submission to the Home Affairs Select Committee enquiry into EGYV in 2015 (see also Smithson and Ralphs, 2016). This enquiry’s first observation directly addressed the paper’s key message: that the “Home Office…has failed to effectively evaluate the project … [and] … must undertake high-quality comparative evaluation in order to assess what works best in combating gang and youth crime and in identifying areas for improvement”11. The subsequent ‘independent review’ (Harding, 2016) summarising practitioner interviews and surveys did not achieve this standard of evaluation. Gun, gang and knife crime continue to be conflated in government policy12. In this essentially contested area of criminal justice policy, it is argued the presented papers have made a modest but useful contribution to a critical evidence base.

2.4 Paper #9: Addressing complex stressors through bereaved family activism.

The final paper to be presented is the last to be written and represents both a new direction in the author’s exploration of family stress and the first write-up of empirical findings associated with a major research council funded programme. It makes several points intended to refocus the victimological gaze

11 https://publications.parliament.uk/pa/cm201415/cmselect/cmhaff/199/19903.htm, accessed 01/09/2018
toward understudied but common forms of violence (international crimes) perpetrated in understudied contexts (war and terroristic state repression) and with understudied sets of actors (family members of the missing and disappeared).


2.4.1 Context

Paper #9 represents, in some sense, a deliberate if initially unplanned, turning away from the mode of policy-oriented research described in papers #1 to #8, while preserving a core interest in family stress and its effects. While still experiencing the frustrations of researching youth gang policy, I holidayed in Latvia several times, visiting relatives by recent marriage. This led me to read extensively on the complexities of its modern history, most particularly, its experience of and complicity in mass violence during both Soviet and Nazi occupations (see e.g., Lumans, 2006). I found these facts to be profoundly shocking but also began to reflect on the extent to which they were present in contemporary cultural narratives in Latvian society. In agreement with Cohen’s (2001) States of Denial, they seemed culturally available but were suppressed as both uncomfortable and threatening to the post-1990 identity of a country attempting to exert itself as a modern democracy. At the same time, wartime events often seemed to be used as political weapons in a post-Soviet faultline running between ethnic Latvian and ethnic Russian populations and parties. I read and appreciated Vedery’s (1999) The Political Lives of Dead Bodies: Reburial and post-Socialist Change, which gave insights into some aspects of these arguments, and for the first time, led me to consider the ways in which the dead are made to ‘work’ for the living (Laqueur, 2015) in post-conflict discourse.

In turn, these reflections led me to consider, in a general sense, the almost complete absence of criminological research on mass crime and victimisation in the contexts of conflict, and more specifically, on the concept of (historical) denial at an individual and collective level of analysis. I began to read extensively and became involved in a bid to the European Research Council to explore the ways in which societies do and do not come to terms with a legacy of mass violence through their relationship with the dead. Ultimately, this bid was successful and resulted, in February 2012, in my involvement as a Co-Investigator in the four-year Corpses of Mass Violence and Genocide (CoMVoG) research programme.

2.4.2 Rationale for and development of the paper

The CoMVoG programme, as detailed in paper #9 (pp. 179-180), was an effort to understand the ‘journey’ of a prime product of mass violence - the murdered corpse - from disposal, through to identification and commemoration, together with the various social, religious and political uses of human remains at each stage. The team did so using a variety of interlocking and convergent methods centred on ‘brief team ethnography’ (see below) and involving fieldwork in post-conflict contexts that offered variation in manifestation of violence, historical period and geography: Argentina, Uruguay, Bosnia, Spain, Rwanda, Poland and Latvia. In addition to working on the project, I developed and taught under-and post-graduate courses on the criminology and victimology of mass violence; courses which benefited from the interdisciplinary, extra-criminological approach of CoMVoG. Efforts to analyse criminology’s periods of (non-
engagement with mass violence, together with an initial theoretical outline of an integrationist approach to denial are described in Shute (2015), however, the obverse of denial - acknowledgement - soon came to be a major theme both in teaching and in the project.

The aftermath of mass violence is increasingly discussed in relation to the socio-legal term ‘transitional justice’ (TJ; see e.g., Simic 2016). While TJ technically refers to all formal and informal methods of addressing the past, there is a clear bias in the literature in favour of researching courts, prosecutions and attendant developments in international criminal law. In all fieldwork contexts, however, it became clear that civil society and the arts were as, if not more important modes of acknowledging the past. In three contexts in particular - Argentina, Bosnia and Spain - it also became clear that a very distinctive alliance between ‘grassroots’ activism and forensic science was forming a powerful and portable model of effectively challenging dominant perpetrator narratives and forcing acknowledgement of the past. The fact that the grassroots organisations in question were composed of the surviving close relatives of missing and ‘disappeared’ victims of mass violence brought me unexpectedly back to a central research focus on extreme forms of chronic family stress. In so doing, I found case study data that challenged some traditional criminological notions of victimhood and illustrated profound levels of victim voice and agency, often in the most trying circumstances imaginable.

The specific methodology of paper #9 is discussed further on pages 179-180 of that publication. Three phases of data collection and analysis can be distinguished. First, detailed fieldnotes were taken by the author every day during a three-week study mission (in April 2012) to Buenos Aires and Montevideo, and a four-week study mission to Bosnia (two weeks each in July 2013 and 2015). Field notes were written-up each night after a de-briefing session with the fieldwork team. On return from each study mission, the entire corpus of personal notes, photographs, and artefacts was organised using NVivo and coded for emergent themes. More focused analysis - in relation to bereaved family activism - was carried out for paper #9 and centred on sets of interviews pursuant to site visits, for example, to the headquarters of the Abuelas organisation in Buenos Aires, to the International Commission for Missing Persons (ICMP) in Sarajevo, and with members of Zene Srebrenica at the 2013 Srebrenica memorial service, Potocari. Second, emergent themes were compared to those described in a cognate body of primary (ethnographic) and secondary (commentary) academic sources for areas of similarity and difference. This body of work was established via thorough but non-systematic scoping review procedures involving bibliographic database key-word searches, snowballing from results and from recommendations from colleagues and authors. Third, and primarily in relation to the featured Argentine example, further data on the efforts of individual Abuelas to contact their abducted grandchildren was obtained from both Google keyword searches and archival searches of individual English-language newspapers; this was again, a thorough but non-systematic effort designed to produce data in the form of quotes that could be compared to the categorisation of narratives developing from the first two sets of analyses. It was the (dis-)confirmatory back-and-forth triangulation between these three sets of data - though with a heavy reliance on the grounded analysis of primary fieldnotes - that produced the findings described in paper #9.

The paper featured in a dedicated panel at the European Society of Criminology conference in September 2015 and was subsequently written up as part of an edited collection of new writing on critical victimology. The book was published in autumn 2016.
2.4.3 Key points

Building on Shute (2015), the chapter begins by contrasting ‘peacetime’ criminology - that sphere of academic activity that tends to study state-defined ‘street’ crimes in relatively stable Western countries - with the criminology of mass violence - the still nascent sphere of academic activity that studies the much larger number of very serious crimes committed in non-Western countries in conflict. The paper then develops a victimological focus on homicide, and the under-studied plight of ‘secondary victims’, that is, the bereaved intimates of murder victims. A literature is then adduced to describe the serious acute and chronic mental health consequences for surviving family members which is set in the context of contemporary models of bereavement. One method of constructively coping with these stressors is for family members to organise themselves into campaigning activist groups; ‘Support After Murder and Manslaughter’ (SAMM; see Rock, 1998) and the Hillsborough Family Support Group (HFSG; see Scraton, 2013) are examples in the English context. This approach is then extended to bereavement by homicide in contexts of mass violence where surviving family members may also be primary victims coping with pervasive trauma and where a particularly damaging ‘ongoing’ predicament is faced by relatives of the missing and ‘disappeared’. The ‘imperative for organisation’ (Rock, ibid), is then discussed in relation to a range of activist groups in post-Junta Argentina and post-war Bosnia. In Argentina, organisations representing the mothers, grandmothers and then (a generation later) the children of the ‘disappeared’ have formed an alliance with forensic science to establish protocols and procedures for searching for, identifying and returning the remains of their loved ones. In doing so publicly, they have achieved important societal effects that acknowledge and evidence the atrocities of the past, and also provide direct evidence for the prosecution of crimes. This is often achieved at a cost, however, which can be seen most clearly by focusing in on family survivors attempting to locate and be reconciled with the kidnapped children of the disappeared (the ‘hijo(a)s’). Adapting Maruna (2001), three forms of ‘family survivor script’ are described: ‘quest/yearning’; ‘redemption/resolution’; and ‘rejection’. The complex identity work involved in confronting the past through reformed personal relationships is discussed. Similar processes, albeit at a much greater scale, are described in post-war Bosnia where women survivors of the Srebrenica genocide worked with the International Commission on Missing Persons (ICMP) to facilitate mass identification. The paper focuses on the creative invention of an elaborate landscape of memorial that occurs annually as identified human remains are ritually paraded through the capital to the ceremonial burial ground outside Srebrenica in what is now ethically-cleansed territory. The role of gender is discussed as both a facilitating and constraining factor for these organisations and their work.

2.4.4 REF analysis

The significance of this piece is that it re-focuses the victimological lens in a number of important senses: away from crimes committed in stable democracies and toward contexts of conflict where mass victimisation is common but poorly studied; away from primary, and toward secondary victims; and away from descriptions of personal impact towards organised responses that demonstrate collective agency. In doing so, the paper moves towards a more ‘global’ victimology that underlines the scale and nature of victimisation outside the most typically studied jurisdictions. The paper also explores in detail, the profound societal effects victim groups can exert, and therefore represents a necessary corrective to the overly courts-focused field of transitional justice studies. The originality of the piece inheres partly in its subject matter - only Rock (1998) and Scraton (e.g., 2013) have studied bereaved family activism, both in
English contexts - and in its attention to mass victimisation. It also inheres in the originality of the CoMVaG empirical approach and in the varied data collected, combined and analysed to produce the piece; 'brief team ethnography' is a novel and ethically sensitive approach to studying very difficult subject matter an interdisciplinary and supportive manner. The piece is also original theoretically in that it adapts Maruna’s (2001) ‘offender script’ approach to understanding identity-based behavioural change and applies it to secondary victims. The rigour of the piece lies in the extremely meticulous planning and execution of fieldwork behind the work, in the linking together of convergent primary and secondary data sets, and, intellectually, in the analytic interpretation of the personal and collective ‘journeys’ of the activist groups studied. In sum, the paper is argued to be ‘internationally excellent’ at the 3* level.

Independently, the paper has been graded at 3* in an internal Research Readiness Exercise (RRE) for the University of Manchester’s School of Law REF 2021 submission, and also received the following 3* review from an external reviewer\(^\text{13}\) in October 2016: “The chapter provides an account of activism by mothers in the aftermaths of genocides in Argentina and Bosnia. A highly original account of the social and political dimensions of victimhood (or not) after such atrocities. A more obvious title and placement in a top journal - of which this piece is well worthy - would have seen a wider readership for what is otherwise excellent scholarship. Hard to know what would count as ‘rigour’ here. Paper is conceptually rigorous, but there is retelling of other’s research and activism, rather than what we might think of as first-hand data collection - but was there any other way? Within the framework of ‘bereaved family activism’, the chapter usefully imports concepts from other authors to demonstrate how activists organised their behaviours in response to victimisation in the context of mass violence. The supporting project dataset is rigorous and permits both intensive and extensive discussion of key emerging themes, but it is not clear which project data were used for the analysis in this chapter. Clearer links could be made between the data and the theoretical/conceptual analysis. Further discussion of issues relating to the use of Anglo-American concepts to analyse other contexts and/or how such discourse has influenced the policies of international and world society could be added”.

2.4.5 Scopus citation analysis

As detailed in Appendix II, paper #9 does not yet attract Scopus citations. This is likely to be due to a range of factors including its relatively recent publication date, the fact that it is a chapter in an edited collection, and the novelty of the subject matter; in sum, it may be too new, too ‘niche’ and too ‘well buried’ to expect citations at this stage. Despite favourable reviews, the same conclusion can be drawn for the book as a whole and for the chapters from other contributors. Google Scholar, however, shows that the piece has been cited by Walklate (2016) in a Spanish-language peer-reviewed journal, and also rather more extensively by Cook (2018) in the doctoral thesis Bereaved Family Activism in the Aftermath of Lethal Violence. Cook was the present author’s student and applied the logic and methods of paper #9 to studying bereaved family activism in the group Mothers Against Violence (MAV), a group set up by relatives of gun-homicide in Manchester. Through extensive interviewing, volunteering (participant observation) and documentary analysis, Cook showed, inter alia, that victim movements such as MAV can be understood as important spaces for emotional, social and practical learning at both the individual and collective level. The work also explores the functions and power of narratives (‘stories’) for sense-making

\(^{13}\) Prof. Adam Crawford, University of Leeds.
of traumatic experience and for ‘prompting recognition, encouraging identification and assembling com-

munities’ (p.7).

The large number of recent engagements with web-based pre-publication copies of paper #9 (see table II.1) offer encouragement that the piece will be better recognised in the future.

2.4.6 Contribution

Paper #9 is perhaps the most original and maturely-written paper to be presented in this thesis. It cap-
tures something ‘new’ or at least beyond the attention of most contributors to Western English-language victimology/criminology. In the time since publication, it is notable that the survivors of the Grenfell Tower fire - in which 71 inhabitants died after flammable cladding was attached to an apartment block by a Local Authority apparently aware of its deficiencies - have organised themselves into a nascent bereaved family activist group: Justice for Grenfell\textsuperscript{14}. It may be then, that paper #9, in conjunction with Cook (2018) offers some guidance to those wishing to understand the individual and collective processes of stress and coping exhibited both acutely and over time as the group aims for justice. The paper is relevant too to the ongoing activity of the Hillsborough Family Support Group as they continue to work for accountability and truth-telling in relation to that disaster.

The paper shows how even in the most stressful circumstances imaginable, family members are able to respond and self-organise in ways that express voice and display agency, and that have transformational effects at the level of individual, organisation and society.

3. CROSS-CUTTING AND INTEGRATING THEMES

Section 2 provided a narrative to make clear, in various ways, the individual and cumulative contribution of papers grouped by phase of work. The papers sample over a decade’s worth of research and are clearly varied in their subject matter, theoretical and methodological approach, substantive aims and achieve-

ments. This section describes some cross-cutting and integrating themes that make clear that the papers tend towards a coherent contribution to the understanding of crime-relevant family stress. In doing so, it is useful to bear in mind the ‘derived’ research questions expressed in section 1:

RQ1. How can we best conceptualise and configure support in order to alleviate family stress?

RQ2. What is the role of the academic in this process?

3.1 Revisiting family stress and resilience

Examining the presented work in the light of the heuristic framework sketched in the introduction, it is clear that each of the research systems under study is replete with family stress of various forms, combinations and intensities. The extent of the poverty and social exclusion in the communities featured in papers #1 and #2 (Starting Well, Glasgow) is one of the prime reasons the programme was funded, however, like many evaluation studies, this fact tends to be rendered obscure once data of various forms is abstracted away from context, analysed and written-up. Despite this, some of the strongest associations in the quantitative models at the heart of paper #1 are with levels of relative material disadvantage as

\textsuperscript{14} https://justice4grenfell.org/, accessed 01/09/2018
indexed by class and income, and by stretched maternal or household resources as indexed by family size. These variables are clear and evidenced proxies of family-level stress and are generally much stronger in their effects than the effects of intervention. Similarly, paper #2 is relatively silent on levels of material disadvantage, though debt and domestic abuse are noted as examples of household stressors broached by health visitors with clients. Sensitive, person-centred, non-directive methods of working may be key for offering acceptable and effective services, however, they may be particularly important in conditions of material disadvantage, when risks and stressors are more numerous and intense, and where there may be a history of negative interactions with support services.

Similar forms and levels of disadvantage exacerbated by ambient forms of violence are characteristic of households and communities at risk of being labelled as ‘at risk’ for producing gangs. Family-level stress of various forms is a key emergent feature of the integrative literature review that is paper #3, yet despite this, paper #4 underlines the poor service socialisation experiences of affected parents and highlights processes of perceived blame attribution that both arise from and are likely to further contribute to maladaptive family coping. Paper #5 argues for high quality service relationships of the type illustrated in paper #2 and founded in evidence-based human service principles, but also makes clear that this may not be welcomed, at least initially. To fully engage with this type of service, families may need a pre-intervention, ‘trust-building’ phases in order to prevent drop-out. This kind of supportive, preventive programme stood, and still stands, in contrast to the range of punitive suppression and deterrence-based ‘anti-gang’ policies that are modal and only likely to further exacerbate family stress.

This point is taken up and developed in papers #6 to #8. Papers #1 to #5 were predominantly written in a policy moment as-yet unaffected by austerity-era budget cuts and their consequences as expressed, however indirectly, in population unrest typified by the 2011 English riots. Macrosystemic events such as these clearly changed not only the material circumstances of the already disadvantaged but severely limited the funding available to exosystemic services attempting to cope with those effects. In these circumstances, punitive, street-based policies relating to policing may be politically more palatable - and cheaper - than expensive support services being subject to ideological budget cuts (see paper #8). Even if money had been available to fund gang-sensitive interventions of the type recommended in papers #3 to #5, the kinds of policy dynamics identified in the subsequent set of critical papers would, arguably have likely negated their effects.

Finally, paper #9 significantly expands not only the nature and scale of family stress associated with ambient violence but also the understanding of what a supportive ‘service’ context can be. Clearly, coping with traumatic bereavement was something pursued primarily by bereaved women supporting and organising themselves, however, it was the alliance with forensic services in a political (macrosystemic) context more or less conducive to that alliance that determined its success, both in terms of the numbers of identified and returned remains and in the extent to which the groups were accepted as part of the transitional justice landscape.

In sum, we see that, across contexts, services struggle to meet the varied and often geographically concentrated demands associated with material disadvantage and family stressors relating to violence. Such services may be necessary and potentially beneficial; however, they are constrained by both
macrosystemic factors relating to ideology and funding, and by microsystemic factors that mitigate against engagement.

3.2 The purpose and role of the ‘public’ academic.

The work presented in this thesis evidences not only a progression of research and research interests around a stable core of family stress, but also a development in the preferred mode of engagement of the researcher as an academic criminologist. As such, the ‘narrative arc’ of that engagement can be located within the recent debate on the meaning of and need for ‘public’ social science, first in sociology (Burawoy, 2005) and then criminology (see e.g., Loader and Sparks, 2010). While the ‘public criminology’ debate is often seen as one on the role and purpose of an entire discipline\textsuperscript{15}, many contributions (see, for example, special issues of *Theoretical Criminology* 11(2), 2007; and *Criminology and Public Policy* 9(4), 2010) are written from the viewpoint of the individual academic reviewing his or her own research engagement, and are therefore particularly relevant for the personalised, retrospective, and reflexive nature of this thesis.

Loader and Sparks’ (2010) stimulating work normatively favouring the role of ‘democratic underlabourer’ is relevant, however, Uggen and Inderbitzin’s (2010), adaptation of Burawoy’s original four-fold typology of research engagement has utility in describing the author’s stance and activity across his career and in the presented papers. In work not described, the author began his career exclusively doing ‘professional criminology’ - producing instrumental knowledge intended primarily for an academic audience - on the *Edinburgh Study of Youth Transitions and Crime* (see Smith et al, 2001). This involved the production of large-scale longitudinal survey data with the primary purpose of testing lifecourse criminological theories of the day and the secondary purpose of generating useful findings for local services (education, social service, police), and local government. The mode of engagement was ‘cool’ (in Loader and Spark’s terminology, \textit{ibid}), rational-scientific and decidedly uncritical.

Impatience with the slow pace of data/knowledge accumulation, together with the opportunities afforded by the new political context of Scottish devolution motivated the author to move decisively towards a more ‘policy criminology’ mode of engagement (Uggen and Inderbitzin’s second mode) with a focus on producing instrumental knowledge intended primarily for a non-academic/policy audience. This captures the ‘Starting Well’ phase of research described in papers #1 and #2\textsuperscript{16}. In this stimulating period of research life, the author encountered the full range of rewards and frustrations associated with policy evaluation (see Tonry, 2010 on this in relation to public criminology; also Weiss, 1988). The mode of engagement was rewarding to the extent that it involved a form of ‘praxis’: a harnessing of research skills and personal values to a concrete project created from ‘new money’ and with clear ‘real-world’ applications. It was also rewarding, inter alia, to observe how service innovation was made to work on the ground, and how different actors on local and national steering committees framed and resolved managerial problems and political differences. The research was frustrating in that it revealed how the same actors received and made only strategic use of emerging findings during fleeting ‘windows of

\textsuperscript{15} and in an era of ‘successful failure’ (Loader and Sparks, \textit{ibid}) where teaching, research and publishing thrive but examples of direct influence on political and public discourse are harder to identify.

\textsuperscript{16} while this was nominally in the area of public (child) health policy, the author engaged with it as a criminologist interested in the common developmental roots of a range of behavioural outcomes.
The societal after-shock of the 2008/9 financial crash, the further ‘heating up’ of official gang rhetoric in the wake of the 2011 English riots, and the seeming mis-use of research evidence in key policy documents motivated papers #6 to #8 and a move to a more ‘public criminology’ mode of engagement, that is, the production of reflexive knowledge directed at non-academic/public audiences (Uggen and Inderbitzin, ibid). This involved the author writing in a more polemical style in professional as well as peer-reviewed journals (papers #6 and #7 in particular), reaching out beyond academia to engage a range of broadcast media (including appearances on BBC Radio 4’s Thinking Allowed; and BBC1’s Six ‘o clock’ and Ten ‘o clock News) and blogging on a range of social media platforms. This urge to influence public discourse grew out of a sense of deep ethical unease with perceived policy unreason and dissimulation but also a perceived sense of the limited impact of traditional ‘policy criminology’ and of the potentially insular nature of its ‘critical’ mode.

The subsequent move into mass violence research of the type that produced paper #9 could be seen as a rejection of the typical modes of engagement described in the Uggen and Inderbitzin model; after all, the work is interdisciplinary, in relation to phenomena little researched in criminology, and in somewhat ‘exotic’ non-Western contexts. This may partly be true - immediately prior to this work phase, the author did experience a profound sense of frustration with gang policy research and with ‘mainstream’ criminology as a whole - however, paper #9 can also be seen as a return to a ‘professional criminology’, ‘discovery’ mode of doing basic empirical research in new areas; and is also work that illustrates non-academics seeming to do a form of ‘public criminology/victimology’ very successfully. In paper #9, the
people participating in and provoking public debates that challenge dominant discourses and establish counter-discourses are the families of victims themselves. This was, therefore, not an only important set of phenomena to document in its own right, but could also be said to have resonated with an author sensitive to new, non-academic ways of engaging crime discourse and effecting social change.

In sum, the rewards of researching family stress across papers are, to the author, clear and sustaining: it is important work of universal scope that speaks to an essential matter of social justice in social policy. The frustrations of doing so, however, are legion, and the above-described ‘journey’ through different forms of academic engagement represents, at one level, a validation of the typological model but also suggests a ‘developmental’ or ‘lifecourse’ component to that model: for this author at least, successive modes were attempted only after investment in one mode had proved too frustrating to bear. Perhaps one does not always ‘choose’ to do public criminology explicitly, but finds oneself doing it at a particular point in one’s career due to the perceived limitations of other forms of engagement.

Moving forward, four sets of positive insights have been gained by the author from reflecting on the work described in this thesis. The first, is that the worth and utility of one’s work is often best seen through the eyes of others; the citation and impact analyses described here offer a partial corrective to the frustrations and doubts felt subjectively by this (or any other) author. Second, and relatedly, Weiss’s (1979) ‘enlightenment’ model of research utilisation - the slow cumulation/percolation of evidence and argument that influences policy and practice in the longue duree - is, perhaps, a more realistic aspiration for the policy-engaged researcher than any crude, directly persuasive ‘instrumental’ model. Third, after Mears (2010), it is perhaps advisable to maintain a ‘balanced portfolio’ across the four forms of criminological engagement described by Uggen and Inderbitzin (ibid.), not only because they offer career variety but because the vagaries of public and policy discourse mean that it is difficult to say which are more likely to be influential, when, and in what contexts. Finally, it is worth recalling that doing ‘public’ criminology is not solely - or perhaps very much - about media engagement but can also be about engaged student-focused teaching, working locally, co-producing research in a meaningful sense, and pursuing a breadth of dissemination.
4. OVERALL SUMMARY

It is argued that the work presented in this thesis meets all the criteria for award of the degree.

First, jointly and severally, the papers make a significant contribution to knowledge, primarily in the field of criminology, but also in the related fields of child health and family studies. The publications illustrate how, in my career to date, I have synthesised a breadth of advanced, applied research experience and associated data to develop a distinctive portfolio of outputs themed on the developmental consequences of family stress, both in peacetime (child health, youth crime & gang membership) and conflict (trauma resilience, bereaved family activism). The work present describes an increasingly context-sensitive and politically-informed application of a perspective (of the family as a multiply determined and determining system) and an evidence base (relating to family support as a mechanism for ameliorating environmental stress) that offers much promise but is implemented only with difficulty and in the context of a complex and conflicting policy field that is often a net contributor to family stress. The work illustrates vulnerability and resilience in coping with both minor and major stressors and provides important examples of the fundamental interactions between stress and adaptation, personal and collective resources, and strategies of retreat and resistance. Implications for policy, practice and further research are numerous and explicit across papers.

Second, I have shown consistently the capacity to research without supervision. I have either been solely responsible for realising aspects of funded research as a contract researcher (papers #1 and #2) or have exercised full agency in obtaining research funds that represent entirely original and self-directed work (papers #3 to #5, and #9). In other ‘research modes’ - papers #6 to #8 - I have taken the initiative to conduct original policy analysis, often in rapid reaction to events. In sum, the work displays high levels of autonomy and research skills.

Finally, I believe I have made a coherent contribution at the level of a PhD. I have explored and explained the basic commonalities across some apparently varied research, and have done so, both in this statement and, most particularly, in the publications that are pitched at a level, I would argue, beyond the doctoral standard.
5. STATEMENT REFERENCES


APPENDIX I: Constructing the family in policy and research

Whether establishing the benefits of intensive health visiting, arguing for parenting support as a gang reduction measure, or illustrating the social change achieved by bereaved relatives, the work presented in this thesis represents an enduring research engagement with family functioning under conditions of social stress. While commonly understood across human society, the concept of ‘family’ does not, of course, emerge ex nihilo as a social, cultural or value-neutral ‘given’, and is constructed to have time- and place-specific meaning. Accordingly, considerable variation can be observed in both academic and policy discourse in relation to ‘the family’, and the purpose of this sub-section is to provide a circumscribed understanding of the relevant sets of meanings informing this research. I first provide a brief tour of the particular uses and sensibilities associated with broad disciplinary areas in the social and developmental sciences and describe something of the development of the family as an object of social policy. I then focus-in on my ‘home’ discipline – criminology - which, it is argued, reproduces key themes, tensions and contradictions from broader ‘parent’ disciplines, and the sets of policies it informs. The polysemic, interdisciplinary and projective nature of the term ‘family’ is made clear, together with the specific senses in which it is used in this thesis.

**The family in the social and developmental sciences.**

I begin in, perhaps unexpectedly, with the evolutionary sciences. Socio-biology analyses animal behaviour in relation to the evolutionary pressures that select for ‘fitness’: the capacity of organisms to maximise their share of genes in subsequent generations (Hamilton, 1964; Wilson, 1975). Evolutionary psychology builds upon this approach to study patterns of human behaviour that have been adaptive and that continue to exert unconscious influence (Buss, 2015). From these approaches, several points can be abstracted. First, humans have evolved as social beings because co-operation increases the collective capacity for exploiting and defending resources and is adaptive (Boyd and Richerson, 2009). Second, while game theory makes clear why altruism occurs between strangers (Dawkins, 2016), the basis for altruism in the small-scale groups that have composed human society for most of its history is the degree of genetic relatedness. This is due to ‘inclusive fitness’ (Hamilton, 1964) whereby genes are propagated directly via the production and defence of offspring, but also indirectly, by the co-option of relatives sharing high proportions of the same genes. Finally, humans are extreme ‘k-strategists’ that produce a small number of offspring that require intensive and sustained nurturance from birth to maturity (MacArthur and Wilson, 1967). Misapplied, evolutionary science can be made to serve essentialist and value-laden ends (Lewontin et al, 1984), however, my point here is to suggest that there are likely ‘deep’ foundations to the collaborative rearing and nurturing of those closely related to us, and that in these arrangements lie the origins of ‘the family’.

The discipline of social anthropology makes clear, however, the myriad ways in which this behaviour is organised and given social meaning across human societies. An illustration of this is the distinction between biological and social kinship (Barnes, 1961). For example, Malinowski’s classic (1922; 2014) study of Trobriand Islanders showed that, despite empirical knowledge of sexual reproduction, local beliefs rejected this in favour of an animist conception dogma; thus, biological paternity was denied, and the role of mother’s partner constructed solely as social father who conferred legitimacy on the child. However, in this matrilocal society, the key male status relationship was between child and mother’s brother, not the child’s social father. Broader distinctions of relevance include those between kin and
affines (blood vs. marriage relations), and the family variably defined as ‘domestic household’, ‘close non-resident kin’ and ‘broader extant/ancestor network’ (Henry, 2016). The early functionalist habit of viewing the ‘conjugal’ family (heterosexual bio-social parents plus children) as the ‘natural’ family unit and basic social unit of consumption, production, and socialisation became outdated through systematic ethnographic comparison. More recently, attention has been focused usefully on the fluidity of family structure in response to social stress, for example, the pooling of household composition and resources in periods of unemployment (e.g., Grieco, 1987, in Henry, 2016), and the formation of the ‘matrifocal’ family (mother-headed with either an absent or lightly-engaged father, children, and strong matrilateral dependency on siblings) in socially excluded black American communities (Stack, 1974). These literatures make clear that the ‘family’ is intensely varied in its construction and dynamically reactive to environmental stress.

Sociology develops these themes to confirm and analyse the mutability of family structures and relationships in relation to the social structural dynamics of (late-) modernity. Historical analyses (e.g., Stone, 1980, in Giddens & Sutton 2017) chart the transformation of the (western) family from sedentary agricultural production unit, to the mobile nuclear family of urban capitalism, to the plurality of late modern forms associated with, inter alia, divorce, cohabitation, and lone parenting. Covarying shifts in intrafamilial relationships are described, from pre-modern functional emphases on parental procreation and productive child labour, to modern emphases on romantic love and nurturance, to late modern transience and ‘liquidity’ (Baumann, 2003; Giddens, 1993). Comparative analyses (e.g., Therborn, 2004) suggest a global drift towards the contemporary western model but also a high/normative prevalence of functional relationships in the context of arranged marriages and extended families. Two critical literatures have drawn attention to problematic interactions between social and family structure. The first describes the harmful intergenerational effects of structural poverty on family structure, functioning and outcomes (e.g., McEwen and McEwen, 2017), effects that vary according to the intersections of poverty, gender and race/ethnicity (e.g., McLanahan and Percheski, 2008). The second, feminist-inspired literature theorises how patriarchy produces persistent gendered inequalities in the division of labour (for example, the status and balance of paid, domestic and emotional labour associated with care) and in societal tolerance of intimate partner violence. Taken together, these literatures question the normative assumptions underlying late-modern discourse on the family and illustrate how power works on and through families to disproportionately affect women at the intersections of social exclusion.

We now move to explore the meaning of ‘family’ in developmental science, an umbrella term for a range of interfacing disciplines exploring within-individual human development including paediatrics, neuroscience and developmental psychology. Findings here tend to be generated from experimental and lab studies, large-scale quantitative public health datasets and dedicated cohort studies, and have a strong focus on operationalisation and measurement, and the maximisation of internal and external validity. Studies rely on sophisticated statistical analyses and emphasise description and interpretation of variation in ‘normal’ development (at the population and group level) and the prediction of outcomes (at the individual level).

Two broad sets of ideas inform the ways in which family is constructed. The first is the ‘lifecourse’ perspective, the view that important knowledge can be gained from (i) studying the key influences and events that, at any given age, determine individual-level functioning (skills and abilities) and outcomes
(e.g., health, education, behaviour, life chances), and (ii) identifying the developmental pathways that produce (dis-)continuities between ages. Particular emphasis is given to the study of rapid, ‘sensitive’ periods of physical, cognitive socio-emotional and behavioural development, quintessentially, pregnancy and the ‘early years’ (0-4), and adolescence. Given these emphases, features of the domestic family environment, including the characteristics and behaviour of ‘caregivers’ - usually, but not always biological parents - and siblings feature strongly as developmental influences.

This leads us to the second set of key ideas from this literature: the concept of the family as system and ecological context for development. Building on the influential work of Bronfenbrenner (1979; see also Phillips and Shonkoff, 2000), the family is seen as one of a set of interlocking hierarchical systems (e.g., culture, society, community, school) in which child development occurs and that presents both vulnerability (raised risk of negative outcomes) and resilience (normal development in the presence of risk). The perspective is interactional: the child is acted upon by systemic influence(s) but also reacts and evokes system responses, and this logic applies to all levels in the systemic hierarchy.

In the variable-centred logic of the approach, ‘family-level’ influences are often constructed, for example household income, or number of resident children, however, particular attention is given to individual and collaborating caregivers: who they are, and what they do. Caregivers, at any given point, are conceived to possess psychological, social and material resources that are brought to bear on the child through the exercise of age-appropriate parenting behaviour, including the articulation and regulation of ‘house rules’, structuring and organisation of the day, and the expression of love and basic care. Higher-level systemic pressures on the family - quintessentially poverty - are conceived to impact on parental health and relationship quality and, in turn to influence the child negatively through their impact on parenting (Conger et al, 2010; Shonkoff et al, 2012). Additional levels of stress are experienced by parents of minority ethnic background (Emmen et al, 2013), and in national contexts that are relatively poor (Chunling Lu et al, 2016) or post-conflict (Khamis, 2017). Despite this evidence-base, few authors in these fields explicitly recommend direct poverty alleviation (see next section), favouring instead highly technocratic programmatic responses that seek to support families through the provision of risk-reducing and resilience-promoting services.

The family as an object of social policy

Social policy refers both to governmental action aimed at achieving societal effects and the academic discipline aimed at comprehending those effects. Family policy - that part of social policy explicitly designed to exert effects on domestic households containing children - can be understood in historical and comparative context. Historically, family policy forms part of the modern ‘welfare state’, the mode of governance developed in western nations in the late nineteenth century as a reaction to the problems of industrialisation and market capitalism and given further impetus in the twentieth century by the collective experience of world war (Garland, 1985; 2016). While fascist and state communist variants have been attempted, an influential comparative categorisation (Esping-Andersen, 1990) describes three broad variants: (i) social democratic (e.g., Scandinavia), (ii) conservative (e.g., France, Germany) and (iii) liberal (e.g., USA, UK). Ideological constructions of the family, particularly around gendered notions of work, childcare and value of family preservation are a key discriminator between these ideal types. Garland (2016) conceives of five essential welfare state sectors, and families are affected both by
popular universalist policies relating to economic governance, social insurance, and publicly-funded services, and by less popular targeted polices relating to social assistance and personal social services. It is in these last two areas that rhetorical-political space is created for the construction of ‘problem’ families displaying dysfunction and excessive claims on the state, and where policy displays a duality of care-support and disciplinary surveillance (Donzelot, 1980).

More recently, Mary Daly and colleagues with reference to the UK (Daly & Bray 2015), Europe (2013) and wider world (Daly et al, 2015), have helped analyse the late-modern landscape of family policy in specific relation to ‘family support’ and ‘parenting support’. Cutting across policy domains, invested in by numerous States, international/intergovernmental organisations, and implemented by a range of local governmental and voluntary sector actors, these policy sub-fields have burgeoned over the past twenty years. This is, arguably, partly due to the State -level duties imposed by the 1989 UN Convention on the Rights of the Child (UNCRC), partly due to strength of the developmental science evidence-base, and partly due to the political polyvalence of the terms ‘family’ and ‘support’, which can be used flexibly to serve a range of ideologies and objectives.

Daly et al (2015) distinguish between broad forms of family support - the provision of services and (conditional) cash transfers - and, in the area of parenting support, between health- and education-focused programmes that are, in turn, distinguished by eligibility (universal vs. targeted services), setting (home, community centre) and target (child, parent, whole family).

In England, the Labour governments of 1997-2010 invested heavily in a policy infrastructure that mixed universal ‘early years’ service provision in Sure Start centres with more targeted disciplinary measures (e.g., parenting orders) aimed at the parents of older antisocial children (Churchill and Clarke, 2010; Daly, 2015). Evidenced parenting education programmes such as Incredible Years (see e.g., Webster-Stratton, 2008) were a feature of both policy strands. The 2010-15 Coalition government continued to target antisocial behaviour but with greater emphasis on ‘whole family’ approaches (the Troubled Families programme) while making unprecedented cuts to universal public services. Commentators on this policy sub-field have, inter-alia, criticised the fact that ‘family’ and ‘parent’, in practice, generally means ‘biological mother’ and so tends to reinforce traditional roles (Daly, 2013b). Policy is also criticised for being under-theorised, under-evidenced (especially in developing countries), and overly focused on behaviour modification at the expense of direct structural investments (Daly et al, 2015).

The family in criminology.

Here, family, often with a narrower focus on parents and parenting behaviour, are constructed to present statistical risk, in particular, for ‘early onset’ behavioural problems of the kind that result in amplificatory labelling at school and in the wider community (Jolliffe et al, 2017; Moffitt, 1993; 2018). Though family level factors, for example parental supervision remain relevant, they can be contrasted with the peer (conformity, learning) effects that compose the main risk factors for ‘adolescent-limited’ offending

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18 “a set of (service and other) activities oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources (both formal and informal)” (Daly et al 2015, p.12).
19 “a set of (service and other) activities oriented to improving how parents’ approach and execute their role as parents and to increasing parents’ child rearing resources (including information, knowledge, skills and social support, and competencies)” (Daly et al 2015, p.12).
(Moffitt, ibid). The decremental phase of the age-crime curve has a family-relevant empirical basis in that it is covaries with the formation of relationships that produce children, and which are theorised to promote desistance-promoting lifestyle and identity changes (Laub et al, 1998). At the disciplinary level, developmental and lifecourse criminology (DLC) with its strong commitment to large quantitative cohort studies and risk-based intervention, remains most influential in the US, while a more critical sociological literature in the UK emphasises the problems of social reaction (McAra and McVie, in Liebling et al, 2017) and politicised appropriations of the logic of developmental prevention that emphasise the disciplining of the poor (Crawford in Liebling et al, 2017).

A second criminological relevant literature in which the family features, albeit often tangentially, is that of domestic, or intimate partner violence. Here, the household is the traditionally non-or under-policed ‘private’ setting in which violent relationships produce highly prevalent but still societally stigmatic controlling behaviour and variable forms of physical, often highly injurious, often fatal violence. Children are not, of course, necessary for this to be a feature of a relationship of household, however, both the risk of and harms produced by violence, are likely to be amplified by their presence. The very substantial contribution of feminist criminology, with its interpretation of male to female violence in the context of systemic and layered patriarchal oppression, is consistently recognised, however, contemporary attention is being turned to violence inherent in other late-modern family configurations, and indeed, between parents and children. The particular predicament of women at the intersections of different constructions of marginality are also increasingly highlighted (Gadd, in Liebling et al, 2017).

In sum, criminological engagement echoes the range of literatures on which it draws but is modified by the context in which it is produced. Critical insights problematise family policy relating to social assistance and personal services as being problematic, and further highlight the family as flexible, multiply constituted and a site for both internal and external oppression as well as a site of resilience. Other, less critical traditions focus on the predictive and explanatory utility of family or parent level risk factors in reducing child behavioural problems and their potential for a more effective and efficient social policy. However, notable disconnects and omissions remain. British ‘DLC’ literature appears blind to the more public health focused interventions trialled and found effective in the U.K. and elsewhere. There is also a significant disconnect between very extensive youth crime and youth justice literatures, and the family, either as setting for action and support. US literatures focus in this regard primarily on the gang.

APPENDIX I REFERENCES


APPENDIX II. Citation analysis as ‘reception’: citations, ‘soft’ metrics and journal quality

As information and communications technology has advanced, and greater pressure been applied on the academy to both understand and demonstrate the reach and impact of its work, citation analysis has become an accepted, if often problematised, aspect of academic life. Accordingly, in a move led by academic publishing and commercial reference management companies, an industry has developed that mines the dynamic networks of engagement between academic authors and represents them via a range of assistive tools and metrics. Claims to ‘objectivity’ in this process, however, are relative to the methodology employed to search and link publications, and wide variation exist in this, both in relation to services that provide ‘hard’ metrics (that focus on verifiable inter-publication citations) and ‘soft’ metrics (that focus on paper views, downloads, social media mentions, etc). Increasingly, both forms of metric are used to assess a paper’s reach and give a more rounded view of impact. These statements apply, however, only to individual papers; and there are also long-established methods for rating the journals in which articles are published in terms of quantity and quality of citations over time.

While the reception of the individual papers presented in this thesis are discussed in more detail in section 3 below, this section gives a brief overview of reception across papers as seen from a variety of perspectives in the contemporary ecology of citation metrics. First, we discuss the total number of paper-level engagements; we then analyse the standard of publication outlets. Cumulatively, the section substantiates the thesis requirement (Regulation B4) that papers are ‘traceable in ordinary catalogues’ and ‘generally available for consultation by scholars and other interested persons’.

II.1 Citation metrics

Table II.1 displays statistics describing various forms of engagement with the presented papers as indexed by a range of citation tools and academic databases. All metrics are dynamic and therefore may have changed between the census date of retrieval - 1st May 2018 - and the time at which the reader engages with them. The different tools used represent a range that illustrate both ‘harder’ and ‘softer’ forms of metric and that together, give a nuanced sense of reception. We will describe each citation source in turn:

Table II.1. Selected citation metrics for papers presented in this thesis (date of retrieval 01/05/2018).

<table>
<thead>
<tr>
<th>paper</th>
<th>authors</th>
<th>Scopus citations:</th>
<th>Google Scholar citations:</th>
<th>Research Gate citations</th>
<th>Research Gate reads</th>
<th>Academia .edu views</th>
<th>Research Explorer downloads</th>
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<td></td>
<td></td>
<td>primary</td>
<td>secondary</td>
<td>primary</td>
<td>secondary</td>
<td>citations</td>
<td>reads</td>
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<td>Shute &amp; Judge (2005)</td>
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<td>113</td>
<td>27</td>
<td>264</td>
<td>19</td>
<td>62</td>
</tr>
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<td>McIntosh &amp; Shute (2007)</td>
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<td>45</td>
<td>354</td>
<td>17</td>
<td>97</td>
</tr>
<tr>
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<td>0</td>
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<td>12</td>
<td>3</td>
<td>252</td>
</tr>
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<td>42</td>
<td>18</td>
<td>98</td>
<td>12</td>
<td>59</td>
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<td>Shute (2013)</td>
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<td>20</td>
<td>341</td>
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<td>Shute et al (2012)</td>
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<td>15</td>
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<td>29</td>
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<td>0</td>
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<td>0</td>
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<td>2</td>
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<td>380</td>
<td>152</td>
<td>1036</td>
<td>92</td>
<td>1080</td>
</tr>
</tbody>
</table>

51
Scopus: Owned by Elsevier publishing, this is the (self-described\(^2\)) 'largest abstract and citation database of peer-reviewed literature: scientific journals, books and conference proceedings'. Despite this inclusive description, the most common use of the source is to describe links between articles published in some twenty thousand academic journals, and this can be said to introduce a certain bias in favour of those forms of output. It can be seen to be the most 'stringent' and conservative source of 'hard' metrics used in this exercise. The search returns in table II.1 were in relation to the ‘author’ field ‘Shute, Jon’ from 2005 to 2018, and two indices are used here. The first - ‘primary’ - describes the numbers of times each paper has been cited by other authors. It can be seen, on this measure, that the six of the nine presented papers have been cited a total of 63 times, ranging from a high of 19 cites (paper #2) to a low of 5 cites (paper #7). Three papers do not have any primary cites, most probably because paper #3 is a University of Manchester, Centre for Criminology and Criminal Justice (CCCJ) report, and because papers #8 and #9 are more recently published book chapters that tend to be under-represented by Scopus. The ‘secondary’ measure takes each ‘primary’ citation of the original (Shute-authored) work and sums all the citations to those papers, for example, 19 papers cited paper#2, and a total of 98 authors cited those 19 papers. This is, then, an ‘at one remove’ metric that captures the number of first authors directly exposed to a reference to a paper presented in this thesis. Logically, a paper without a primary citation, cannot have a secondary citation, so six of the nine presented papers produced 63 primary cites and 380 secondary cites. Paper #2 returned the highest number of primary cites (n=19), while paper #1 returned the highest number of secondary cites (n=115).

Google Scholar: This is a more accessible (free, non-subscription-based) service that includes a wider variety of citation sources, including ‘print and electronic journals, conference proceedings, books, theses, dissertations, preprints, abstracts, and technical reports available from major academic publishers, distributors, aggregators, professional societies, government agencies, and preprint/reprint repositories at universities, as well as those available across the web’ (Yang & Meho, 2007). It therefore replicates the activity of Scopus but adds a ‘softer’ dimension to returns that relate to a broader ‘grey’ and non-academic literature. The same methodology was applied as for the Scopus search, which returned 152 primary (range 2-45), and 1036 (range 29-354) secondary citations for eight of the nine presented papers. Paper #8 again, did not return any citations. Paper #2 returned the highest number of cites by both measures: 45 primary and 354 secondary citations.

Research Gate: This is a social networking site primarily used by academics and includes the facility for uploading and sharing pre-publication versions of peer-reviewed journal articles and other works. In turn, a range of user metrics are calculated which compromise a form of peer-to-peer ‘soft’ metric. The first reported here is ‘citations’, which uses similar methodology to Google Scholar and returns 92 ‘primary’ citations (range 3-20) on seven of nine presented publications. The second metric - ‘reads’ - represents the number of web-based engagements with the paper, including inspections and downloads. In contrast to the above, paper #5 returned the highest number of citations and ‘reads’. A total of 1080 ‘reads’ (range 2-341) were returned. All papers were engaged with, and it is notable that both papers #3 and #6 - both non-peer reviewed outputs that receive small number of ‘hard’ cites - have large numbers of ‘reads’ (n=252 and 216, respectively).

**Academia.edu**: This is another academic social networking site providing similar services and metrics to Research Gate, but with more overall members (64 vs. 15+ million members\(^{21}\)) and, arguably, a greater North American focus. The metric shown in Table II.1 is ‘views’ and is similar in concept to the Research Gate metric ‘reads’; it captures the total number of web-based engagements with a deposited publication. The nine presented publications returned a total of 301 views at the point of census. In contrast to the above, paper #3 returned the highest overall number of views (n=135); and the most recently published, paper #9, also returned the fifth highest number (n=18).

**Research Explorer**: The final source of metrical information is derived from the University of Manchester’s ‘PURE’ research management system. Publications and other research activity are logged on the system for a range of purposes, however, the number of downloads of full-text sources can be accessed, and it is this metric that is expressed in the final column of table II.1. A total of 1081 downloads (range 4-882) across all nine presented papers were recorded at the census date. A very different pattern of usage is seen to other sources, with a very large proportion (882/1081, or 82%) of all downloads being attributable to paper #4. Additionally, the most recently published outputs - the two book chapters represented as papers #8 and #9 - attracted 38 and 80 downloads respectively.

**Commentary on citation summaries**: The number of ‘hard’ citations is a function of many interacting variables, including publication and journal quality, but also the size of the (sub-)discipline, the priority to which certain outputs (e.g., journal articles) are given within it, the topicality of the publication theme(s), the number of years since publication, the extent of self- and collective efforts to publicise via social media, and many others. The papers presented were published over 12 years, in a variety of formats, and in a range of (journal-defined) subject areas, hence, standards by which the number of citations can be evaluated are elusive. This said, a number of points can be asserted. First, the total number of citations across Scopus, Research Gate and Google Scholar are modest but non-negligible and point to a body of work, particularly in relation to older, peer-reviewed journal articles (for example, papers #1-2 and #4-5), that have demonstrably become part of a literature in orthodox academic terms. More recent professional journal articles (papers #6-7) that are sometimes seen to be of inferior rank to peer-reviewed articles can also be said to attain this status by the same sets of metrics. A second point is that those publications that are less likely to be well-represented in ‘hard’ metrical systems, for example, more recently published book chapter contributions (papers #8-9) and ‘grey’ literature reports (such as paper #3) are often among the most engaged-with outputs as judged by the broader community of users served by sources employing ‘soft’ metrical systems. A final point is that, particularly in relation to ‘soft’ metrics, there is considerable variability in results and an attendant need to understand precisely the derivation of each measure.

II.2 Journal citation reports and quality of other publishing outlets.

The papers presented compose a mix of formats and so different sets of commentaries are needed on the standard of publication outlet. Commentaries below are grouped by format.

\(^{21}\) compare [https://www.academia.edu/about](https://www.academia.edu/about) with [https://www.researchgate.net/about](https://www.researchgate.net/about), both accessed 27/07/2018
Peer-reviewed journal articles. Four presented papers (#1-2, #4-5) were published in three peer-reviewed journals; the most orthodox method of judging quality at journal-level is the ISI Thompson Reuters Journal Citation Reports (JCR) site22. A range of metrics that express dimensions of the quantity and durability of citations are calculated annually on journals grouped together under common subject headings. As we shall see, journals can, on occasion, be grouped under more than one subject heading. The most commonly used metric relates to journal impact factor (IF) which expresses the number of times the ‘average’ article published in a given journal is cited in a particular year. This is used to establish a relative journal ranking under each subject heading, with greater prestige accruing to publications in higher ranking journals. As IF is recalculated annually, there is instability in journal ranking; accordingly, IF statistics for the presented papers are described both for the year of publication and for the latest available rankings (year 2016/17) at the time of writing:

- Paper #1 (Shute and Judge 2005) was published in Springer’s Journal of Primary Prevention (previously, the Journal of Prevention), which has published quarterly since 1981 and was first registered with the standard sets of citation indices that JCR draws on in 2010. As such, an IF for the year of publication was not available, however, the 2016 statistics show the journal to be ranked 77/157 for the category of ‘public, environmental and occupational health’, with an IF of 1.597. This ranking equates to the 51st centile in the IF distribution, where a value closer to 100 indicates greater impact relative to the full range of titles.

- Paper #2 (McIntosh and Shute 2007) was published in Wiley’s Health and Social Care in the Community, a primary-care oriented journal published quarterly since 1993. In the year of publication, the IF for this publication was 0.945, and in 2016/17, had risen to 2.039. JCR places the journal in two separate subject categories. Under ‘public, environmental and occupational health’, the journal was ranked 51/70 (28th centile) in 2007 and 48/156 (70th centile) in 2017. Under ‘social work’, the journal was ranked 9/29 (71st centile) in 2007 and 6/42 (85th centile) in 2017.

- Papers #4 (Aldridge, Shute et al 2011) and #5 (Shute 2013) were both published in Children and Society, a Wiley journal produced in association with the National Children’s Bureau and covering child-welfare focused subjects in six issues per year since 1985. The journal IF was 0.730 in 2011, 0.683 in 2013 and 1.150 in 2017, representing a journal ranking in social work of 18/41 (57th centile) in 2011, 23/40 (44th centile) in 2013, and 17/42 in 2017 (61st centile).

Book chapter contributions. Paper #8 (Shute 2016a) was published by Routledge/Taylor & Francis, the ‘world’s leading academic publisher in the Humanities and Social Sciences’23 as part of the series of ‘Routledge International Handbooks’. A review by the leading criminologist Shadd Maruna, then Dean at Rutgers School of Criminal Justice, stated ‘The timing could not be more appropriate for a wide-ranging and sophisticated discussion of ethics in criminal justice. With its stellar line-up of contributors addressing the most pressing normative debates in the field, The Routledge Handbook of Criminal Justice

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22 see https://jcr.incites.thomsonreuters.com/, accessed 28/07/2018
23 see https://www.routledge.com/, accessed 28/07/2018
Ethics is easily the decade’s most important new handbook among an increasingly crowded field in criminal justice research.

Paper #9 was published by Lexington, an imprint of Rowman & Littlefield, ‘a leading independent publisher, headquartered just outside Washington DC’. Of several reviews, Andrew Karmen, Chair in Sociology at John Jay College, NY opined that ‘This edited volume expands the existing critique of the blind spots and limitations of positivist approaches to studying victimization by challenging taken-for-granted assumptions, presenting alternative paradigms, exploring new models, and proposing innovative policies…’. Another by Tracey Booth, Senior Lecturer in Law at the University of Technology Sydney stated ‘This edited collection provides an important and valuable contribution to our understanding of the cultural politics of ‘victimhood’ and our responses to victimization. Victim suffering is explored across a diverse array of political, social, economic and cultural contexts using a range of theoretical and empirical tools that bring us new concepts to work with and guide future research. In doing so, this book puts forward a policy agenda that challenges narrow positivist frames and promotes a critical approach with significant implications for practice and justice’.

Professional journal articles. Papers #6 and #7 were both published in Criminal Justice Matters (CJM), a quarterly journal of topical articles relating to criminal justice politics, policy and research that ran from 1989 to 2016. While it is described here as a ‘professional’ journal, in practice its readership spanned a range of criminal justice and related professions, including academic research. It was published by the Centre for Crime & Justice Studies, ‘an independent educational charity that advances public understanding of crime, criminal justice and social harm’ and that also co-publishes major criminological publications such as the British Journal of Criminology (with Oxford University Press) and the Prison Service Journal. CJM was not peer-reviewed but was composed almost entirely of short articles by leading academics and practitioners.

Published research report: Paper #3 was part of a broader piece of work commissioned by Manchester City Council’s Children’s Services Department and was delivered to them as a report from the University of Manchester (School of Law) Centre for Criminology and Criminal Justice (CCCJ). As such it is not possible to discuss ‘reception’ in the same way as it is for other publications, however, the report was well received by its commissioners, of a high standard, and led directly to papers #4 and #5, and, indirectly, papers #6-8. It’s depth and quality merit its inclusion in this thesis.

Commentary on overall quality of publication outlets. Papers #1-2 and #4-5 were placed in good quality, though not leading journals for reasons explored in greater depth in section 3 below. In all cases, the journals have improved their impact factor considerably since publication, with Health and Social Care in the Community (paper #2) now considered a leading social work journal. Both papers #8 and #9 were published in edited collections alongside established senior academics in major publishing houses, and have attracted strong reviews. Papers #6 and #7 were published in the leading- and indeed only - topical

25 see https://rowman.com/Page/About, accessed 28/07/2018
27 see https://www.crimeandjustice.org.uk/about, accessed 29/07/2018
‘rapid-response’ criminal justice-oriented publication in the UK. Paper #3 was a major report for one of the UK’s most populous metropolitan local authorities.

II.3 Section Summary

This section has demonstrated that, despite being varied in format and publishing vehicle, the presented papers are of good quality as viewed through the variable lenses of standard citation metrics and indices and the ‘softer’ indices that index academic engagement short of publication. They have been produced by leading academic publishers - often, as in the case of the presented book chapters, to acclaim - and have been available for consultation by academics and other interested persons. In these senses, they fulfil all the requirements of the relevant regulations.

APPENDIX II REFERENCES.

Paper #1:

Evaluating “Starting Well,” the Scottish National Demonstration Project for Child Health: Outcomes at Six Months

Jonathan L. Shute\textsuperscript{1,3} and Ken Judge\textsuperscript{2}

This paper presents early findings from the evaluation of Starting Well, an intensive home visiting program aimed at improving the health of pre-school children in disadvantaged areas of Glasgow, Scotland. Using a quasi-experimental design, detailed survey, observation and interview data were collected on a cohort of 213 intervention and 146 comparison families over the first six months of the child’s life. After controlling for relevant background characteristics, multivariate regression analysis revealed higher child dental registration rates and lower rates of maternal depressive symptoms in the intervention cohort. Findings are interpreted as positive evidence of early program impact. Implications, limitations and future plans for analysis are discussed.

Editors’ Strategic Implications: Starting Well draws on elements of an Australian parent education program and an American home visitation model. The authors demonstrate how the program implementation, research questions, and measurement are designed to fit their Glasgow population and the Scottish public health system. Their quasi-experimental data suggest that this primary prevention program is a promising strategy for improving maternal and child health outcomes.

\textbf{KEY WORDS}: home visiting; evaluation; post natal depression; home environment; dental registration.

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INTRODUCTION

Home Visiting and Child Health

International evidence suggests that home-based preventive interventions delivered by trained health professionals can improve a range of outcomes for vulnerable pre-school children (Bull, McCormick, Swann & Mulvihill, 2004; Elkan et al., 2000). Most studies are too small to detect direct improvements in child health (e.g., lower morbidity and/or mortality rates) but show improvements in related factors, for example, quality of the home environment (Shapiro, 1995), detection and management of postnatal depression (Ray & Hodnett, 1997) and improved rates of breastfeeding (Kitzman et al., 1997). In addition, long-term cohort studies show the benefits of home visiting to be diverse and enduring for both mother and child (Olds et al., 1997, 1998). In this paper we present findings from the evaluation of a new Scottish home visiting program that are suggestive of beneficial early impact on outcomes related to child and maternal health.

The Starting Well National Demonstration Project for Child Health

Starting Well is an evidence-based home visiting program commissioned by the Scottish Executive Health Department in late 2000 as part of its National Demonstration Projects program (Scottish Executive, 2003). As described by Ross and de Caestecker (this issue), the program is active in two similarly disadvantaged communities in the city of Glasgow and engages all families with newborn infants via a team of trained health professionals and lay workers who deliver an intensive home-based service that augments routine provision. Key service innovations include topic-specific initiatives (home safety, encouraging and modeling play), enhanced support for minority ethnic families and the delivery of a validated parenting skills program (the Positive Parenting Program; Sanders, 1999). In addition to the home visiting program, the project engages each community by attempting to build links between existing pre-school agencies and by developing new resources. The overall aim is to improve child health statistics that are among the worst in Western Europe (National Children’s Homes Scotland, 2002).

Evaluating Starting Well

The Scottish Executive commissioned an external (independent) evaluation of Starting Well in early 2001. In evaluation terms, Starting Well is a comprehensive community initiative (Connell & Kubisch, 1998) and has properties that make it challenging to evaluate. For example, it has been subject to continuous and significant development over time; it has multiple foci (child, family, community); and, despite envisioning longer-term impacts, has a relatively short (three year)
Intensive Home Visiting Outcomes at Six Months

evaluation period. In these circumstances, no one evaluation methodology could be adequate and accordingly, there are several complementary strands concentrating on theory, process, and outcome.

The evaluation uses a ‘Theory of Change’ approach (Fulbright-Anderson, Kubisch, & Connell, 1998) to elicit stakeholders’ views of how and why the intervention is being implemented and to capture their expectations of program impact. This approach can help to sharpen thinking regarding implementation, identify additional questions for evaluators and, by describing what happened, when and with what intention, may help reduce problems of causal attribution of impact (see Judge & Bauld, 2001; Judge & Mackenzie, 2002).

Process is being explored via three discrete pieces of qualitative work, each examining key components of the intervention. These are: case-studies of the functional relationship between mother and health visitor; the process of constituting and developing the staff team of professionals and lay workers; and the process by which locally identified health needs influence local and higher-level planning decisions.

Outcomes are being assessed via a quasi-experimental cohort study comparing the health and development of intervention children over the first eighteen months of life with a group of families receiving statutory health visiting in a demographically similar part of the city. All participating children are assessed on three occasions (immediately after birth, then at six and eighteen months) using a combination of mother-report questionnaires, family observation in the home and structured interviews with the mother. While the intervention aims to promote positive change at various levels (child, family and community), this evaluation component aims to explore impact primarily at the level of the child while controlling for potential confounding variables (e.g., maternal and household characteristics). In addition to testing for overall intervention effects on a range of outcomes, sub-group analyses will be important for determining the characteristics of the families that derive most benefit. Finally, following an ecological model of health, findings from this study component will be interpreted in the light of a comparative study of the material and social characteristics of each intervention area.

Asessing Early Impact

This paper presents early findings from the quasi-experimental study. Controlling for potential confounding variables, we assess the evidence for intervention effects over the first six months of the child’s life using three diverse outcome measures. Two of these—quality of the home environment and extent of maternal depressive symptoms—are chosen firstly, because of their proven association with later child cognitive and emotional development (Bradley, 1993; Murray & Cooper, 1997) and secondly, because well-validated instruments exist to measure
Table I. Total Number of Births and Opt-ins

<table>
<thead>
<tr>
<th></th>
<th>Comparison area</th>
<th>Intervention area</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (total births)</td>
<td>661</td>
<td>604</td>
<td>1265</td>
</tr>
<tr>
<td>Sample (total opt-ins)</td>
<td>260</td>
<td>367</td>
<td>627</td>
</tr>
<tr>
<td>Sample as % of population</td>
<td>39</td>
<td>61</td>
<td>50</td>
</tr>
</tbody>
</table>

them (Bradley & Caldwell, 1988; Cox, Holden, & Sagovsky, 1987). The third outcome—the child’s dental registration status as reported by the mother—was chosen as an indicator of oral health, an area in which the program is trying to promote positive change. In addition to testing for intervention effects, we also examine the important subsidiary question of which other factors are statistically significantly associated with these outcomes.

METHODS

Target Populations

The intervention population was defined as all births visited by Starting Well health visitors between 01/06/01 and 31/06/02 within the project’s strict geographical boundaries. The comparison population was defined as all births assigned to health-visiting teams working in the Northern Local Health Care Co-operative (a primary care administrative unit) over the same time period. Comparison area health visitors are ‘attached’ to particular General Practitioner surgeries and only visit families that are registered at that surgery; this means that there is a strong but not defining geographic focus to their work. Consent to evaluation was lower than expected in the comparison area and consequently recruitment was extended to a further two health visiting teams in the west of Glasgow between 01/04/02 and 31/06/02. The numbers of births and opt-ins are shown in Table I.

Around 50% of eligible families opted into the evaluation, proportionally more so from the intervention area(s). This is perhaps unsurprising given the implicit incentive of receiving the enhanced service.

Procedure

Each opt-in parent/family received a baseline postal survey. This was sent out as soon as the consent form was received from the attending health visitor, in most

3As part of the UK’s immigration and asylum policy, several hundred families of asylum-seekers were ‘dispersed’ (temporarily settled) to the area covered by the Northern LHCC during the study recruitment period. Births to these families could not be included due to variations in the developing health visiting service and to lack of interpreting support.
cases, within two months of the child’s birth. The survey covered: background maternal, household and area characteristics; maternal mental health and health behavior; and attitudes towards parenting and current health-visiting service. Interpreters were made available to assist participants with no or limited English ($n = 21$) and completed surveys were returned using a pre-paid envelope. Participants with overdue surveys were followed up by letter and phone. Further surveys were sent out to each participant when their child was six months old. Content focused on mother-reported child outcomes and updates of maternal health, support and attitudes to the health visiting service.

In addition, each participant that could be contacted at six months received a home visit from one of three trained research nurses who administered the Infant-Toddler HOME Inventory (Home Observation and Measurement of the Environment; Bradley & Caldwell, 1979). The average interview lasted around one hour. At the end of the interview, the nurse administered several additional survey instruments (e.g., the Edinburgh Postnatal Depression Scale) and retrieved any incomplete or unsent postal surveys. Again, interpreters were available for non-English speakers.

Returns for the first two phases of fieldwork are shown in Table II. Contact by research nurses at six months produced a better survey return rate than baseline postal methods, while similar fieldwork completion rates were observed at both assessments across cohorts. The populations from which the cohorts are drawn are residentially mobile and attrition of participants has been a constant problem; at the time of writing, 73 (11.6%) of the original sample have either voluntarily withdrawn from the study ($n = 26$) or have moved without leaving a forwarding address ($n = 47$).

All data were collated and stored securely at the study offices, before being coded and entered. A proportion of the cohort ($n = 359$) had completed full baseline and six-month assessments while a further 93 had not been seen at baseline but had completed a brief retrospective survey at six months, covering basic child, maternal and household characteristics. Richness of data was considered to be more important than participant numbers and so the focus of this paper is the smaller but more detailed dataset ($n = 359$).
Table III. Sample Characteristics at Baseline: Comparison of Proportions

<table>
<thead>
<tr>
<th>Variable</th>
<th>Comparison</th>
<th>Intervention</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>79</td>
<td>106</td>
<td>.42</td>
</tr>
<tr>
<td>Low birth weight (&lt;2500 g)</td>
<td>15</td>
<td>20</td>
<td>.78</td>
</tr>
<tr>
<td>First-time mothers</td>
<td>72</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>Single-parents</td>
<td>18</td>
<td>25</td>
<td>.87</td>
</tr>
<tr>
<td>Minority Ethnic mother</td>
<td>0</td>
<td>34</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Mother smokes</td>
<td>59</td>
<td>72</td>
<td>.20</td>
</tr>
<tr>
<td>Mother has no qualifications</td>
<td>26</td>
<td>52</td>
<td>.14</td>
</tr>
<tr>
<td>No car in household</td>
<td>55</td>
<td>92</td>
<td>.30</td>
</tr>
<tr>
<td>Not homeowner</td>
<td>75</td>
<td>134</td>
<td>.03</td>
</tr>
<tr>
<td>Workless households</td>
<td>39</td>
<td>77</td>
<td>.06</td>
</tr>
<tr>
<td>Higher income households</td>
<td>72</td>
<td>59</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Note. The large number of statistical comparisons made in Tables III and IV increase the chances of type I (false-positive) errors. The advised alpha level for a statistically significant difference is therefore 0.05/number of comparisons = 0.05/16 = 0.003.

Sample Characteristics

Tables III and IV comparatively describe key characteristics of these subset of participants. The cohorts are similar in terms of basic birth-relevant child and maternal characteristics; there are no significant differences in the proportion of males, low birth weight children and first time mothers. The mean gestation and mother’s age are also very similar. Slightly, but not significantly, more comparison area mothers smoked at baseline. Smoking prevalence is higher than the Greater Glasgow NHS Board average of 27.4% (National Health Service Scotland, 2001).

The proportion of minority ethnic participants is significantly greater in the intervention area. This reflects differences in the ethnic composition of the two intervention areas; one is homogeneous and predominantly white Scottish, the other, having a significant and well-established Scottish Asian community (mainly first, second and third generation Pakistani and Indian Muslims). Just over two (2.2) percent of all households in the city are headed by people of this ethnic background (General Register Office (Scotland), 2003).

Table IV. Sample Characteristics at Baseline: Comparison of Means

<table>
<thead>
<tr>
<th>Variable</th>
<th>Comparison (n = 146)</th>
<th>Intervention (n = 213)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestation period (weeks)</td>
<td>39.2 2.1</td>
<td>39.1 2.1</td>
<td>.66</td>
</tr>
<tr>
<td>Mother’s age (years)</td>
<td>28.7 7</td>
<td>27.8 6.4</td>
<td>.19</td>
</tr>
<tr>
<td>Mother’s self-esteem score</td>
<td>20.9 4.2</td>
<td>21.1 4.7</td>
<td>.69</td>
</tr>
<tr>
<td>Number of children in household</td>
<td>1.95 1.12</td>
<td>1.83 1.08</td>
<td>.34</td>
</tr>
</tbody>
</table>
The remaining statistics in Table III are derived from UK decennial census questions adapted for the baseline survey and are frequently used to index deprivation. They make two broad points: the first is that both cohorts are disadvantaged; a sizeable proportion of women are single parents, have no education or vocational qualifications, rent public housing, do not have access to a car and live in workless households. The second point is that, on virtually every measure, the intervention cohort is more disadvantaged, significantly so in terms of the proportion of higher income households. Compared with selected census statistics for Glasgow City (General Register Office (Scotland), 2003), the cohorts are broadly representative with regards to the percentage of households headed by lone parents (Glasgow - 10.28%) and the percentage of non-homeowners (51.46%) but considerably more deprived with regard to the percentage of workless households (9.37%).

Measures

Outcome Variables

Three measures relating to child health were chosen as outcomes. The first of these is derived from the Infant/Toddler version of the HOME Inventory (Bradley & Caldwell, 1979; Caldwell & Bradley, 1984). The HOME (Home Observation and Measurement of the Environment) is a standardized interview-and-observation tool that assesses the quantity and quality of stimulation available to a child in its home environment. Administered by trained researchers (usually health professionals), the assessment takes the form of a home interview with the caregiver and index child present. The interviewer asks a set of questions about the child’s ‘typical’ day and in conjunction with more general observation, scores the mother-child dyad on the presence versus absence of forty-five key responses and behaviors (for example, ‘mother responds to child’s vocalizations with a verbal response’). Six sub-scale scores are produced: verbal and emotional responsivity; acceptance of sub-optimal behavior; degree of organization of the child’s temporal and physical environment; provision of learning materials; active involvement in learning; and inclusion of variety in the child’s life. A higher score indicates a ‘better’ environment, i.e. one that is richer in terms of quality and/or quantity of stimulation. In keeping with many studies, this paper considers the overall total score, i.e. the sum of all sub-scales, as an outcome.

The second outcome measure derives from another standardized, validated instrument - the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987). This instrument is widely used as a screening tool for suspected postpartum depression. Participants indicate their strength of agreement with ten mood-related statement (for example, ‘I have looked forward with enjoyment to things’) and receive a total score ranging from 0–30, where a higher score means ‘more depressive symptoms.’ In this study, we used a dichotomized
measure based on the advisory threshold score for clinical action: a score of 13 or greater was coded as ‘1.’ It is to be stressed that the EPDS is a screening tool and scores exceeding this threshold do not equate to a formal diagnosis of depression. However, validation studies suggest that a threshold set at this value correctly identifies around two-thirds of depressed women (Murray & Carothers, 1990). The instrument also has good psychometric properties: in this study, preliminary analysis indicated high internal reliability for constituent items (Cronbach’s alpha = .89).

The final outcome used here is a dichotomized mother-report measure derived from a six-month survey item. Dental registration indicates whether the child is registered with a community dentist at six months (‘yes’ = 1; ‘no’ or ‘don’t know’ = 0). As this is a mother-reported measure, it awaits validation from routine data sources.

**Baseline Predictor Variables**

A general aim of the quasi-experimental study is to explore the effects of the preventive intervention on child health while controlling for the many individual- and household-level confounding factors. Accordingly, many such variables were included in the baseline survey, virtually all of which have been used in exploratory multivariate analysis. A full list of measures with appropriate references can be obtained from the communicating author, but the main sets of baseline predictors include: survey items relating to basic maternal and child data (child’s gender, gestation, birth weight, feeding and behavior, parity, mother’s age, etc); items covering maternal health and health behavior adapted from the 1998 Scottish Health Survey (Scottish Executive, 1998) and 2000 Scottish Crime Survey (Scottish Executive, 2002); the Rosenberg Self-Esteem Scale (Rosenberg, 1965); the DUKE-UNC Functional Support Scale (Broadhead, 1988); questions on attitudes to parenting and health-visiting; and items taken from the 2001 UK Decennial Census, for example highest maternal qualification, household employment, tenure and car ownership.

Baseline socio-economic status was constructed from employment-related survey items using the reduced 2001 National Statistics Socio-Economic Classification system (NS-SEC; Office of National Statistics, 2002). Some analytic classes were merged due to low counts, resulting in the following four dichotomized variables: NS-SEC class 1 & 2 (professional, managerial and higher technical occupations); NS-SEC classes 3, 4 & 5 (intermediate, lower supervisory and technical occupations); NS-SEC 6 & 7 (routine and semi-routine occupations); NS-SEC class 8 (never worked & long-term unemployed).

Material circumstances were indexed via a self-report measure of household income (after tax). This ordinal measure (participants ticked one of nine income bands, e.g., ‘£200–299’) was recoded into three dichotomized variables:
lower income (<£400/month); medium income (£400–£999/month) and higher income (>£1000/month).

Service input was measured by collecting individual-level routine data on the number and type of contacts (including failed contacts) with health visitors and associated professionals. These data were collated from an operational database in the intervention area and from health visitor notes in the comparison area. While a number of measures could be constructed, problems of comparability across cohorts meant that only one—the total number of recorded home visits to six months—was used in analysis. This measure is likely to be the most reliable as health visitors and associated staff are the only health professionals to have face-to-face contact in the client’s home. The mean number of such visits in the intervention area was 9.14 (standard deviation = 4.21; range = 0–24) compared to 3.46 (standard deviation = 2.32; range = 0–16) in the comparison area. Although these figures confirm the more intensive and home-based nature of the intervention, reference to both standard deviations and the range suggests considerable variation in the number of visits; evidently both types of service have the capacity to be flexible.

Finally, in order to test for intervention effects, intervention status was entered into analysis as a property of each individual family (i.e., intervention family coded as ‘1,’ comparison family as ‘0’).

**Statistical Approach**

Stepwise ordinary least-squares (OLS) regression was carried out with the total HOME score and logistic regression (method: Forward (Wald)) carried out with each dichotomous outcome variable. The process of modeling involved regressing blocks of cognate variables (for example, those measuring aspects of material circumstance) on the relevant outcome variable while controlling for key predictors (mother’s age and ethnicity, parity and child’s gender). Variables retained in each reduced model were entered into the final model, with intervention status ‘forced’ where it was not retained at an earlier stage. Overall, we have tried to produce a robust model that satisfies three modeling criteria: *a priori* reasoning; statistical significance; and parsimony in the number of variables retained in the final equation.

**RESULTS**

**Descriptive Statistics**

Table V shows descriptive statistics for the three six-month outcomes. HOME score means are similar with a (non-significantly) higher mean recorded for the comparison group. Comparisons of these descriptive statistics with previous
studies are difficult due to wide variation in the nature and needs of the samples studied. The proportion of mothers scoring 13 or greater on the EPDS is identical across cohorts at 16.4%. This figure compares to a more general prevalence of 10–15% of women formally diagnosed with postnatal depression in the months immediately after birth (Cooper & Murray, 1998). Given that the majority of cases spontaneously remit within two to six months, however (O’Hara, 1997), a prevalence of 16.4% at six months may be considered to be relatively high.

A significantly greater proportion of intervention children were reported to be registered with a dentist. Comparable national figures are difficult to obtain, however, in 2002, around one third of all children aged 0–2 years were registered with a practitioner (National Health Service Scotland, 2003).

### Multivariate Analysis

**Total HOME Score**

The results of stepwise OLS regression with total HOME score are shown in Table VI. The parameters in the table indicate a positive association between that predictor and the outcome unless there is a negative sign, in which case, the relationship is inverse.

No obvious intervention effect was observed as indicated by the fact that the relevant predictor parameter (‘group’ in the table) was not statistically significant when entered into the final model. However, a variety of child, maternal, and household factors were significantly associated with HOME score. Across cohorts, older mothers, mothers with fewer children or with higher self-esteem tended to achieve higher scores. Minority ethnic status was strongly and negatively associated with the HOME, indicating at face value a less stimulating home environment among this group. Families living in households with a higher relative income (> £1000 per month, after tax) also tended to have higher scores. Finally, an investigator effect was observed: controlling for other baseline characteristics,
Table VI. OLS Regression of Total HOME Score: Variables Retained in the Final Model

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>SE (beta)</th>
<th>Standardized beta</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority ethnic status</td>
<td>-6.82</td>
<td>.80</td>
<td>-.42</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Higher household income</td>
<td>2.42</td>
<td>.47</td>
<td>.24</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>.14</td>
<td>.05</td>
<td>.13</td>
<td>.006</td>
</tr>
<tr>
<td>Research nurse A</td>
<td>1.61</td>
<td>.47</td>
<td>.16</td>
<td>.001</td>
</tr>
<tr>
<td>Mother’s age</td>
<td>.14</td>
<td>.04</td>
<td>.19</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Number of children at home</td>
<td>-.76</td>
<td>.20</td>
<td>-.18</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Group (intervention)</td>
<td>.34</td>
<td>.46</td>
<td>.04</td>
<td>.45</td>
</tr>
<tr>
<td>Constant</td>
<td>28.52</td>
<td>1.33</td>
<td>—</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

N = 315
Adjusted R-squared = .38

one of the three Research Nurses administering the HOME consistently scored families higher. The final model accounted for 38% of the variance in HOME scores.

EPDS ‘Caseness’

The second and third columns of Table VII summaries the results of logistic regression analysis for women at risk of postnatal depression (EPDS scores of 13 or greater). Here, the key parameter is the odds ratio (OR). An OR of greater than one indicates a positive relationship between that predictor and the outcome; conversely an OR of less than one indicates a negative relationship.

In contrast to the HOME results, a statistically significant intervention effect emerged for women at risk of postnatal depression; controlling for background characteristics, women receiving the intervention were less likely to score above this threshold at six months. Minority ethnic women, however, were more likely to score above the threshold as were mothers whose children had been admitted to a special care baby unit, usually as a consequence of prematurity. In keeping with previous studies, psychosocial factors emerged as significant predictors: women with higher baseline self-esteem were less likely to report depressed mood whereas previous experience of mental health problems greatly increased the odds of a high EPDS score. Two measures of material (dis)advantage predicted risk of depression: higher relative household income (a negative association) and being in debt (a positive association). Across both cohorts, the total number of home visits by health professionals emerged as a significant positive predictor of outcome, which may indicate that staff had identified the depressed mood and increased levels of support. Finally, women who perceived there to be higher levels of informal social control in the neighborhood—neighbors more willing to intervene in minor acts of public disorder—were less likely to score above the EPDS threshold.
Table VII. Summary of Odds Ratios for Logistic Regression of two Dichotomous Outcomes: Variables Retained in Final Models

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Mother’s EPDS score 13 or greater</th>
<th>Child registered with a dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Odds ratio  p</td>
<td>Odds ratio  p</td>
</tr>
<tr>
<td>Minority ethnic status</td>
<td>7.38  .001</td>
<td>0.36  .022</td>
</tr>
<tr>
<td>In SCBU(^a) (yes)</td>
<td>4.34  .002</td>
<td>1.95  .047</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>0.86  &lt;.001</td>
<td></td>
</tr>
<tr>
<td>Previous mental health problems</td>
<td>7.08  &lt;.001</td>
<td></td>
</tr>
<tr>
<td>Higher household income</td>
<td>0.40  .039</td>
<td></td>
</tr>
<tr>
<td>In debt (yes)</td>
<td>2.45  .021</td>
<td></td>
</tr>
<tr>
<td>In NS-SEC(^b) class 8</td>
<td></td>
<td>0.46  .004</td>
</tr>
<tr>
<td>Perceived levels of informal</td>
<td>0.92  .030</td>
<td></td>
</tr>
<tr>
<td>social control in area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of home visits</td>
<td>1.14  .006</td>
<td></td>
</tr>
<tr>
<td>Group (intervention)</td>
<td>0.23  .002</td>
<td>2.60  &lt;.001</td>
</tr>
<tr>
<td>N = 343</td>
<td>343</td>
<td>343</td>
</tr>
</tbody>
</table>

Note. As EPDS caseness is an ‘undesirable’ outcome and dental registration a ‘desirable’ one, the direction and meaning of associations must be interpreted carefully.

\(^a\) Special Care Baby Unit (intensive care unit for premature babies).

\(^b\) National Statistics Socio-Economic Classification.

Dental Registration

The final two columns of Table VI summaries the results for logistic regression with dental registration status. A significant intervention effect was also found for this outcome: controlling for baseline characteristics, more Starting Well mothers reported that they had registered their children at the local dentist. Ethnicity again emerged as a very strong predictor with minority ethnic mothers only one-third as likely to register their children with a dentist. In contrast to EPDS caseness, having spent time in a special care baby unit was positively associated with dental registration. Finally, household-level material characteristics were again important for predicting outcome with children from families classified as ‘never worked or long-term unemployed’ (NS-SEC class 8) less likely to be registered with a dentist.

DISCUSSION

Evidence for Preventive Intervention Effects

This paper has assessed the evidence for preventive intervention effects on a range of health indicators over the first six months of the child’s life. Two intervention effects were observed: more Starting Well children were registered with a dentist at six months and their mothers were less likely to be at risk of postnatal depression. At face value, these findings are undoubtedly encouraging.
Intensive Home Visiting Outcomes at Six Months

and suggest that both psychological functioning and health-related behavior can be modified by an enhanced home visiting service over a relatively short period of time. Some care is needed, however, in the interpretation of findings.

Beginning with postnatal depression, the results support a number of studies showing the positive impact of home-based preventive interventions delivered by trained health visitors (Gerrard, Holden, Elliot, McKenzie, & Cox, 1993; Holden, Sagovsky, & Cox, 1989; Seeley, Murray, & Cooper, 1996). In this study, the fact that an intervention effect emerged despite the cohorts having an apparently identical proportion of ‘at-risk’ women underlines the importance of including relevant statistical controls in analysis; there were fewer ‘at risk’ women in the intervention group at six-months than would be predicted from their background characteristics. To the extent that these findings are reliable (‘caseness’ does not always equate to ‘disorder’), the clinical implications are clear: given the strong links between postnatal mood disorders and impaired child cognitive and emotional development (Murray, 1992; Murray, Fiori-Cowley, Hooper, & Cooper, 1996), Starting Well is likely to deliver both immediate benefits to the depressed mother and more enduring benefits to the child. The practical, service-development implications are perhaps less straightforward, however, as is not clear from these results, what aspect(s) of the intervention produced the observed effect. Most preventive intervention studies focus exclusively on postnatal depression and involve dedicated training in non-directive counseling techniques whereas Starting Well has a much broader health focus and improves maternal mood without comparable training. One candidate for the ‘active’ ingredient may be the quality of the mother-health visitor contacts (Korfmacher, Kitzman, & Olds, 1998). Elkan and colleagues (2000), in a review of British health visitors’ degree theses, conclude that contacts that are non-controlling, non-judgmental and sensitive to the mother’s agenda contribute to effectiveness in the management of postnatal depression. Some support for this comes from the case-study component of the present evaluation, specifically from depressed women’s statements of what aspects of the health visitors’ approach they found helpful. These statements are instructive but lack a comparative element as women from the comparison group were not interviewed. At this stage then, findings are only supportive of a ‘whole package’ effect of the intervention on depressive symptoms, but future work in this area might concentrate on more detailed description of the interactions and relationships of health visitors and their clients.

Finally, our findings support previous studies in that experience of perinatal complications (indexed here by stay in a special care baby unit) and/or previous mental health problems, emerged as risk factors for a high EPDS score (see Murray & Cartwright, 1993; O’Hara, Schlechte, Lewis, & Varner, 1991).

Moving onto the dental registration finding, Scottish dental health statistics are stark: only one-third of children aged 0–2 are registered with a dentist (National Health Service Scotland, 2003) and by age five, 55% of children have dental disease (Scottish Executive, 2003). Marked social gradients are observed
for both registration and outcomes (Davies, 1999). While little prospective data are available on the association of early dental registration with later oral health, a recent cross-sectional study of Scottish five year olds showed that lower levels of dental caries were associated with dental registration status (Pitts, 1997). If this association holds, the practical significance of the observed intervention effect will depend firstly on the reliability of the mother-report measure and secondly, on the stability of registration status which will lapse if the child does not attend regularly. If results can be replicated using routine data and the observed differences in early registration can be sustained in the longer-term, then a real and lasting difference could be made to children’s oral health. Longitudinal comparisons of actual dental attendance and outcomes are necessary to test this proposition. As a corollary, a recent qualitative study of parents of pre-school children in three Scottish Health Boards (including Greater Glasgow) described the many perceived barriers to registration, including confusion as to the appropriate age to do so, parental fear, hostile attitudes to staff, accessibility issues and lack of information and incentives to attend (Morrison, Macpherson, & Binnie, 2000). Future qualitative work might explore the extent to which the observed gains in intervention areas are attributable to challenging these attitudes.

An intervention effect did not emerge for total HOME score. This was not entirely unexpected: meta-analyses and other reviews (Bradley, 1993; Elkan et al., 2000) suggest that home visiting programs can improve the quality of the home environment but as most studies refer to North American randomized control trials, often with children at different ages, or from particular high-risk groups, they are not strictly comparable to Starting Well. Moreover, of the studies making assessments at or around six months, some (e.g., Field, Widmeyer, Greenberg, & Stoller, 1980; Larson, 1980) find significant intervention effects, while others (Osofsky, Culp, & Ware, 1988; Wasik, Ramey, Bryant, & Sparling, 1990) do not. In order to more fully explore this area, future work might usefully compare relative rates of improvement in HOME scores between six- and eighteen-month assessments as well as conducting further cross-sectional analyses.

Associations Between Outcomes and Other Predictors

Two sets of variables especially merit further comment: material (dis) advantage and ethnicity.

Material (dis)advantage

The last two decades have witnessed an explosion of multi-disciplinary research into health inequalities and their relationship to income and social status. Our findings support this literature in two ways. Firstly, both cohorts are disadvantaged in terms of their absolute material resources and display correspondingly
high levels of adverse health and other behavior (e.g., maternal smoking). Secondly, families’ relative position within this cohort, in terms of available material resources, is robustly and consistently associated with each outcome. These findings, while unsurprising, point to the relatively limited potential of health services to have an impact on the health of deprived populations when unaccompanied by improved material circumstances.

**Ethnicity**

Minority ethnic status was strongly associated with lower HOME scores, higher EPDS scores and lower rates of dental registration. These findings, if true, would offer a very poor prognosis for children of this background, however, they may be due to systematic measurement error as opposed to real health-relevant cultural practices. The HOME has been widely used in different cultures and languages (see Bradley, Colwyn, & Whiteside-Mansell, 1996 for a review) but has never been validated on a British Asian cohort and the authors of the instrument admit that additional work is necessary in order to establish its cross-cultural validity (Bradley, 1993). Similarly, there are well-recognized problems with the translation of concepts relating to depression (Launguni, 1997; 2000) and with the EPDS in particular (Elliott, 1996; Gerrard, 2000), which have motivated recent work on a Punjabi version (Clifford et al., 1999) as well as alternatives using culturally appropriate concepts (Mantle, 2003). Measurement error is, perhaps, a less convincing explanation of lower dental registration rates; not only is this item a much simpler concept constructed from a response to a single survey item, the finding also supports other studies of infant feeding and dental health among British Asian populations (see Watt, 2000).

In summary, the findings most probably reflect both measurement issues and real cultural differences and illustrate the need for culturally sensitive assessment tools and culturally competent health workers of the type being piloted in Starting Well.

**Limitations and Next Steps**

**Instrumentation**

There is a clear need to repeat the dental registration analysis using routine data in order to account for possible misunderstanding and social desirability bias in response. Secondly, more sensitive and comparable indicators of service input are required, including perhaps, contacts with health staff that are not recorded by the index health visitor. It would also be advantageous to develop an equivalent measure of input that ascribed different weightings to different types of contact. This would mean, for example, that a ninety-minute face-to-face home visit from a
health visitor is accorded considerably more importance than a five-minute phone contact from a lay worker. Thirdly, more work is required on research nurse inter-rater reliability in order to account for the observed investigator effect on HOME score. Fourthly, the cultural specificity of both the HOME and EPDS necessitates careful interpretation of results, and may benefit from separate analyses, although numbers are small.

Development of the Project

Starting Well, as one of the National Health Demonstration Projects, is a test-bed for practice innovation and while it is strongly evidence-based, practical constraints of time and resources mean that service delivery and development have occurred simultaneously. In some key senses, the service ‘package’ offered to families who were recruited into the evaluation in mid-2001 was more limited than that offered to families recruited one year later (for example, only the very last families to be recruited will have been attended by the full ‘skill mix’ team including paraprofessionals and nursery nurses). This within-intervention variability in service may dilute intervention effects if the full, ‘mature’ service is better placed to deliver health improvements. This possibility could be examined by recruiting and monitoring a second cohort of families who have only received the ‘mature’ service.

Bias and Attrition

A number of factors have contributed to the relatively small sample analyzed in this paper, most of them reflecting the inherent challenges of conducting longitudinal research in areas of multiple deprivation. While we believe recruitment via health visitor secured a much higher opt-in rate than an approach from a researcher, families, often with complex needs, were asked to commit to a long-term study very soon after the birth of their child. That this is a trying time is supported by ‘reason for refusal’ forms that indicate around 75% of opt-outs (both cohorts) were either ‘too busy’ or ‘too tired.’ Less than 5% had unassuagable concerns about privacy. Similar reasons have been cited in more systematic studies of families declining to take part in health-visiting trials (Barlow, Kirkpatrick, Stewart-Brown, & Davis, 2003).

Attrition due to moving has also been constant and completion rates have been imperfect due to a high number of broken appointments with research nurses. Finally, even families that have remained in the study have not always been contactable at both baseline and six-month assessments and could not therefore be included in this paper. Clearly, opt-in and completion bias must be accounted

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4Some ‘background’ data (including data gathered retrospectively at the six-month assessment) exists on 452 participants. Confirmatory analysis using reduced models will be carried out on this dataset as a priority.
for: these issues are high priority for future analysis and will be explored using aggregate routine health data on opt-outs.

CONCLUSION

This paper has presented early results from the evaluation of an evidence-based, intensive home visiting preventive intervention aimed at improving the health of children in disadvantaged communities. Multivariate analysis of three disparate outcomes at six-months indicated positive evidence of intervention effects for both child dental registration status and maternal psychological functioning. To the extent that they are generalizable, these findings suggest that children receiving Starting Well may enjoy long-term benefits in terms of better oral health and protection against developmental delay, although more work is needed in order to understand the mechanisms by which the program achieves its effects. In addition, ethnicity and background characteristics relating to material resources emerged as important independent predictors of outcome. These and other findings will be re-visited at the eighteen-month follow-up assessment but in the meantime further work is required in terms of the validation of key measures, checking for both response and opt-in bias and controlling for the development of the intervention itself. The full evaluation of this project is continuing.

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REFERENCES


Paper #2:

Significant resources are being directed at interventions designed to attenuate the effects of deprivation on children’s health and development. The Starting Well demonstration project, established in two deprived areas within a Scottish city, aimed to show that a programme of planned activities to support families could improve child health. The project was subject to a main quantitative evaluation and several additional qualitative and mixed-method evaluations. The present paper draws on findings from one of the qualitative studies that sought to gain insight into how interventions provided by health visitors were operationalised and how they were perceived by parents. The particular focus of this paper is how the process of health visiting resulted in parents’ perceptions of being supported. A longitudinal design captured variation in work undertaken by health visitors and temporal changes in maternal experiences of child rearing. Semi-structured interviews were conducted with 20 mothers and their health visitors at two time points, i.e. when infants were 3–4 and 9–10 months old. Sampling was ‘purposive’, and included first-time and experienced mothers. The findings reported here are based on 59 interviews carried out during 2002 and 2003. The analysis involved a thematic approach focused on programme implementation, and participant perceptions about process and benefit. Parental perceptions of being supported were exemplified by increased confidence in infant care, reduced anxiety regarding infant care needs, increases in knowledge and sense of personal competence in parenting practices, reduced isolation, and advocacy for those experiencing problems. A selection of the interactional processes that resulted in these forms of perceived support are reported, including methods of providing information, cautious and tactful questioning of maternal decision-making, and encouragement of successful parenting practice. The implications for practice, service delivery and targeting at the individual level are noted.

**Keywords:** demonstration project, health visiting practice, intensive visiting, support

**Accepted for publication** 14 August 2006

**Introduction**

The damaging effect of poverty on young children has become a concern of governments worldwide (Gomby et al. 1993, Ramey & Ramey 1993, Scottish Office 1999, Vimpani 2002, Department for Education and Skills 2003, Leggat 2004, Mackenbach & Stronks 2004). Significant resources have been directed at interventions designed to attenuate or reverse the negative effects of deprivation on children’s health and development.
(Olds & Kitzman 1993, Armstrong et al. 1999). The design of these interventions has usually been informed by evidence of the link between environment, socio-economic circumstances, and the nature of parenting and health (Brooks-Gunn & Duncan 1997, Graham & Power 2004). Therefore, it is unsurprising that the underpinning of such interventions is theoretically eclectic, with programme design being founded generally upon an integration of epidemiology with theories of child development, behavioural change, self-efficacy, human ecology and human attachment (Olds et al. 1999). Interventions are directed at modifying specific risk factors for the health of mothers and children; for example, poor birth outcomes, child abuse and postnatal depression. Thus, interventions are complex, multifaceted and targeted at groups living in areas of known deprivation.

These interventions have a number of common features, but domiciliary person-to-person support for mothers of young children is an almost universal component (Gomby et al. 1999, Olds et al. 2004). This takes the form of interventions directed at raising mothers’ awareness of and encouraging their adoption of measures to benefit their own and their family’s health, such as increasing self-efficacy, developing responsive and confident parenting practice, and exploiting social networks (Olds et al. 1999, Olds et al. 2004). In the UK, Scandinavia and the USA, this support is delivered by health visitors or their equivalent (Kamerman & Kahn 1993). Intensive visiting by professionals is costly and programmes have accordingly been the subject of close scrutiny in terms of their outcomes. However, evaluations of complex interventions pose a number of challenges, particularly when they also include input in the form of community-based resources (Elkan et al. 2000). Evaluation of programmes aimed at long-term goals such as improving the health and life chances of young children is particularly challenging. As in many interventions, the use of randomised controlled trials has been favoured as the gold standard for providing evidence on outcome (Sweet & Appelbaum 2004).

The measures used within these trials are numerous, wide-ranging, collected at intervals, and focus on intervention components that influence risk factors for poor child health and development (Gomby et al. 1999, McNaughton 2004). Examples of the measures used include assessment of children’s cognitive development, immunisation rates, attendance at emergency departments, instances of verified child abuse, assessment of parenting practice and the quality of the home environment (Olds & Kitzman 1993, Kitzman et al. 1997, Gomby et al. 1999, St Pierre & Layzer 1999, Olds et al. 2004, McNaughton 2004).

These quantitative measures provide evidence of a range of programme outcomes that have generally been positive, demonstrating that there are health and developmental benefits of home visiting (Olds et al. 2004). However, positive changes have not been universally achieved, applying in some cases only to specific subgroups within the sample population. In other instances, the beneficial effects of the interventions were only modest (Gomby et al. 1999, McNaughton 2004, Olds et al. 2004). The reasons for these variable outcomes may include differences in programme design, inconsistencies in the delivery of the programme, or methodological weaknesses in evaluations. With regard to programme design and programme delivery, it must be acknowledged that however, methodically interventions have been formulated, and despite vigorous efforts to ensure consistency in delivery, there are a number of ways in which implementation can be disrupted. For example, there is wide variation in visit intensity (Gomby et al. 1993), some elements of the programme may fail to provide guidance that is specific enough (Olds et al. 1998), there may be delays in implementation because of the need to support families through a period of crisis (St Pierre & Layzer 1999) and the intervention may be adapted to different circumstances (Powell 1993).

In addition, the crucial medium through which the programme is implemented is the relationship that the health visitor forms with mothers and other family members. A number of researchers have provided a body of evidence that identifies reasons why this relationship is so central. Chalmers & Luker (1991) identified it as enabling continued access and input, while Jack and colleagues pointed to maternal ambivalence regarding home visiting and the importance of a relationship of trust to disclosure of sensitive topics (Jack et al. 2002). In her study of how health visitors adapt their approach to different circumstances, Cowley (1995, p. 282) showed how ‘deep empathy, caring and support’ were required for successful health visiting interventions. As Powell (1993, p. 23) has also argued, ‘the nature of the relationship between visitor and parent and the way in which the programme worker handles the visit combine to create qualitatively different experiences for parent and child’. In summary, an empathetic health visitor/parent relationship rather than a didactic relationship may make the difference between a positive and a neutral/negative response to the intervention. However, while authors agree that this is a key aspect of home visiting, it is an area that has been neglected in international research regarding the specific approaches that are beneficial for family health outcomes. Therefore, while quantitative evaluations of outcome are essential, it is equally important to investigate the process of delivery at the person-to-person level (Elkan et al. 2000). It is only through scrutiny of process, and the resulting parental perceptions of benefit, that the strengths and weaknesses
of programme design can be better understood. In particular, it is important to identify whether and in what ways the microprocesses of practitioner/parent interaction embody the theoretical underpinnings of the programme. This has also not been evident in much of the published work to date (Ciliska et al. 1996, Elkan et al. 2000). If such ‘process evidence’ could be developed, it could be used to inform practitioner education and professional development.

The opportunity to explore ‘health visiting process’ within a programme of interventions loosely based on ecological theory was presented through the present authors’ association with a large-scale evaluation of the Starting Well demonstration project based in one Scottish city.

The Starting Well demonstration project

The Starting Well demonstration project was established in November 2000 in response to Government plans to improve the health of the Scottish population, detailed in the White Paper Towards a Healthier Scotland (Scottish Office 1999). The project aims were to ‘demonstrate that child health can be improved by a programme of activities to support families, coupled with access to enhanced community-based resources for parents and their children’ (Glasgow Healthy City Partnership 1999) (for details, see Box 1).

The home-visiting component of the project was structured, and comprised an ‘intensive’ visiting schedule during the child’s first 3 years of life (for details, see Box 2), the requirement to complete a Family Health Plan (summary in Box 3), the aim to engage parents in goal-setting directed at improving their own and their infants’ health, a staged programme of topics, and the use of the Triple P parenting programme (outlined in Box 4) (Sanders & Woolley 2005).

While the design of these activities was strongly influenced by the work of (Olds & Kitzman 1993), the project proposal contained few if any explicit references to the range of theories underpinning Olds et al.’s (1998) model. Possibly as a consequence of this, the training provided for the Starting Well health visitors lacked a strong theoretical focus. Additionally, in order to avoid stigma, a universal service was provided in two targeted deprived communities and Starting Well health visitors had reduced caseloads to facilitate the intensive nature of the work. At a later point, skill mix was to be introduced with the appointment of health support workers and nursery nurses to work collaboratively with Starting Well health visitors.

The evaluation of Starting Well

An external evaluation of the Starting Well demonstration project was commissioned by the Scottish Executive and comprised three main strands:

- a theory of change element to explore stakeholders’ perspectives;

Box 1 Main features of the Starting Well demonstration project

- Guiding principles included empowerment of and active participation by families, and efforts directed at addressing problems of social exclusion
- Adoption of an ecological approach, recognising the material, social, behavioural and psychological influences on maternal and child health
- Two main components were intensive home support provided by skill-mix teams, led by health visitors, and access to a strengthened network of community resources
- Developed from a substantial evidence base from the USA and the UK of the value to health and well-being of intensive home support
- Duration of the project: 3 years in the first instance
- Starting Well health visitors were supported by a health visitor coordinator at each of the two sites
- A set of evidence-based practice guides was developed by the health visitors to ensure consistent messages to families on a range of subject areas

Box 2 Intensive visiting schedule by Starting Well health visitors

- Weekly for 2 months
- Fortnightly from 2 to 6 months
- Monthly from 6 to 12 months
- At any time and after one year, according to need

Box 3 Family Health Plan summary

- Records family health needs
- Identifies activities aimed at addressing needs
- Goals for action are jointly agreed between the health visitor and the mother
- Records outcome of activities, including referrals and significant events

Box 4 Triple P Parenting Programme summary of aims and content

- Multilevel approach with a range of delivery modalities
- Empirically validated
- Aims to increase self-efficacy and confidence in parenting
- Provides strategies for a range of parenting activities
- Provides practitioner and parent resources
• a quasi-experimental component focused on outcomes; and
• qualitative studies of the processes involved in programme implementation (Mckenzie et al. 2004).

The quasi-experimental component employed a range of measures and included an intervention and a comparison group (Shute & Judge 2005). The measures included, inter alia, quality of the home environment, maternal depressive symptoms, child dental registration rates, and measures of client satisfaction.

The qualitative components of the evaluation sought to gain insight into different aspects of programme delivery, how the programme was operationalised ‘on the ground’ and how it was experienced by parents. The present paper draws on data from one of the qualitative studies that explored the work undertaken by health visitors with mothers and their infants, and focuses on how the process of health visiting resulted in parents’ perceptions of being supported. Other components of the evaluation are reported elsewhere (Mckenzie et al. 2004, Shute & Judge 2005). Given the complexity of the intervention that health visitors were required to offer and the fact that it comprised key elements that did not necessarily form part of ‘routine’ practice, it was considered important to investigate both professional and client experiences of and responses to the programme.

Design and methods used to explore the process of Starting Well

A longitudinal design was selected to capture the variation in work undertaken by the health visitors and the changes in maternal experiences of child rearing over time. During the first year of the programme, two semi-structured in-depth interviews were conducted with a sample of health visitors and parents. They were undertaken by the present authors, who are both experienced interviewers. The interviews took place when infants were between 3 and 4 months, and 9 and 10 months old. These time points were chosen for four principal reasons: to allow mothers to recover from the birth; to avoid researcher intrusion during the period of intensive visiting; to ensure that health-visiting intervention had sufficient time to have some impact on parenting practice; and to capture experience of reduced visiting.

A sample size of 20 mothers and their associated health visitors was considered both sufficient for the purpose of exploring process and manageable in terms of the demands of data collection and analysis undertaken concurrently with the quasi-experimental evaluation. Recruitment began with the Starting Well health visitors; ‘stakeholder’ meetings were held in both locations in order to explain the purpose of the study, seek views about how the different aspects of the intervention could best be captured and seek volunteers for participation. These meetings were invaluable in shaping the conduct of the study and in confirming almost universal willingness to participate among the health visitors. A total of 14 of the 16 health visitors agreed to participate and select parental participants from their caseloads. Sampling of parents was ‘purposive’, including first-time and experienced mothers, mothers experiencing a range of emotional, physical and material needs, and mothers from an ethnic minority background. In order to capture ongoing service development, parents were recruited in two cohorts. Follow-up interviews were conducted with 13 of the sample of 20 mothers. Seven mothers could not be contacted or opted out of the second interviews for a variety of reasons. Health visitors were interviewed at least once at the same time points and some were visiting more than one of the sample parents. The following findings are based on a total of 59 interviews carried out during 2002 and 2003. An indication of interview content is given in Box 5.

Ethical approval was obtained from the associated primary care trust ethics committee and the provisions of the Data Protection Act 1998 were adhered to. Particular attention was given to issues of confidentiality in data analysis and reporting. The data extracts below use numbers for individual health visitors (e.g. HV1) and mothers (e.g. M1), and indicate whether the first or second interview was used [e.g. HV1(1)].

All interviews were tape-recorded with the exception of two conducted through an interpreter. In these two cases, notes were taken. Tapes were transcribed and analysis undertaken by both authors. The volume of material meant that a purely inductive approach to analysis was not feasible. Moreover, this would not

Box 5 Examples of interview questions

<table>
<thead>
<tr>
<th>Health visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could you describe how the mother reacted to being offered Starting Well?</td>
</tr>
<tr>
<td>Could you describe how you went about assessing the family’s needs?</td>
</tr>
<tr>
<td>Did you use a particular model or strategy that is part of Starting Well?</td>
</tr>
<tr>
<td>How has your approach to this family and their needs developed over time?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you first heard about it, what did you think Starting Well was trying to achieve?</td>
</tr>
<tr>
<td>What are the biggest challenges you’ve faced in the past 12 weeks?</td>
</tr>
<tr>
<td>What kind of help has the health visitor given you over the past 12 weeks?</td>
</tr>
<tr>
<td>How would you describe the relationship with your health visitor? How has it changed over time?</td>
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</tbody>
</table>
have resonated with the interview approach, which had pursued particular practice and policy issues. Instead, a thematic approach focused on a number of different aspects of Starting Well, including how the programme was implemented, what the perceptions of the Starting Well model of health visiting were, and whether and how it conferred maternal and child benefit. In order to ensure rigour in the analysis process, the authors cross-checked emerging themes, compared their developing interpretations, checked the degree of congruence between health visitor and mother statements about process and revisited the transcripts for disconfirming evidence. The following selective findings highlight some of the key issues.

**Results**

**Processes of programme implementation: intensive visits**

As indicated above, a key element of the programme comprised intensive home visits in the early weeks of the child’s life, followed by regular, less-frequent visits as the child developed. While the majority of health visitors were unable to visit antenatally, they were, without exception, able to provide the recommended number of visits to mothers entering the programme in its early phase. Most mothers, including those who already had children, appreciated this level of support in the first few weeks of their infant’s life:

Just advice and anything I have not been sure of – it’s been great to have HV2 coming out at the beginning, especially when I wasn’t sure of some things like colic or her eczema – just anything in general you want to ask about the baby … HV2 has been there. [M3(1)13]

Health visitors also testified to the value of regular visits to the mothers:

I think, for families, it’s been a huge success. The bits of feedback that we are getting now are very positive … One [mother said] that she doesn’t know how she would have survived without having this intensive input from the health visitor. Families are beginning to compare what the Starting Well intervention is compared with, maybe, friends or relatives that have not had Starting Well. [HV2(1)59]

However, the provision of intensive visits on a universal basis became impossible in one of the designated areas where changes in the way the project was implemented meant that Starting Well health visitors were required to take on heavier caseloads, and thus, to target the intensive visits to those most in need of support once the baby was a few weeks old:

I was talking to other health visitors the other day and it’s become totally unworkable … that you’ve created such a demand – you’ve raised the expectations at the beginning with a lot of the families and then, as your caseload rockets, you can’t fulfil what you have promised. We all make sure that we do visit them quite intensively for the first 6–8 weeks no matter what. That’s where your relationship does get built up. [HV8(2)25]

The need to withdraw from families in order to prioritise and cope with workload pressures poses particular challenges for health visitors and mothers following a period of intensive visiting:

There’s different phases in a relationship: There’s the initial ‘Well, I don’t really know you, you don’t know me’ at the beginning. Then, the more often you go in, the more you build a rapport with people. They build up a trust in you and you have to be careful of how you go about getting through the next phase of ‘Well, if you’ve got no concerns, I’ve got no concerns, there’s not the same need for me to come in’ bit. How do I do that without you feeling that I’m abandoning you? [HV6(2)8]

Of those mothers who subsequently experienced fewer than the planned visits, most were satisfied with phone contact in the event of any problems with their child. One or two who subsequently suffered a setback, one involving the return of depression, were unhappy at the reduction of intensive visits that they had found very supportive.

Programme processes-building relationships over time

All the study health visitors testified to the value of a relationship built over time that developed trust, and being located in the privacy of the home, facilitated an intimate knowledge of family problems and styles of parenting:

It’s an intensive home-visiting programme, and on a first visit, you would only see so much and people wouldn’t tell you. People tell you more in Starting Well because they get to know you a bit better. [HV5(1)28]

Some health visitors provided graphic examples of serious family problems and personal tragedies likely to impact on maternal mental health that were disclosed only after a number of weeks of visiting. This serves to highlight an important and unanticipated consequence of intensive visiting, namely its capacity to lead to the identification of higher levels of need and the attendant increase in workload for health visitors as they wrestled to provide appropriate support.

The importance of creating the right conditions for disclosure of problems and anxieties was confirmed by many of the mothers. Moreover, home visiting was compared favourably with clinic attendance by both mothers and health visitors.
When you’re up the health centre, you’re shipped in and shipped back out; you’re just a number. When she was coming out here, she was listening and actually paying attention to what [the child] was doing and his behaviour. [M10(2)13]

Disclosure is, of course, essential to equipping practitioners with better knowledge of the mother, thus providing a basis for relevant and person-centred support. However, the approach to provision of support was crucial to mothers’ willingness to engage with information directed at improving or maintaining their own or their baby’s health. The health visitors in the present study had received additional input on evidence-based practice, and had at their disposal a range of materials on infant health, maternal mental health and good parenting practice. Armed with these resources, the majority of practitioners adopted an approach that was ‘empowering’ in that they offered information and advice while emphasising that mothers could decide what they thought was best for their infant:

The ethos behind it is that you’re working alongside the families in Starting Well. There’s a recognition that you’re not so prescriptive in the way you approach things, that you work in collaboration with the families. When you offer these visits it’s offered visits, negotiated with families, not having to stick to a rigid pattern. [HV6(2)15]

Without exception, mothers identified this approach to their questions and concerns as helpful and supportive. One or two with prior experience of the health visiting service were pleasantly surprised at the non-intrusive ethos of this approach:

I just thought they [health visitors] were nosy people. When I had [older child] they were sort of looking about your house and ‘Was it clean enough?’ At first, when HV5 came in, I was apprehensive about her. I thought, ‘Right, she is a bit snobby,’ and I was going to be put through all this carry on again. But she was completely different and I got on good with her. [M7(1)22]

However, this facilitative approach was not universally adopted, and one mother was particularly resentful of the more authoritarian stance taken by her health visitor:

I think she interferes too much. She tells me not to do this and not to do that, and my oldest is 14. The way she’s going on, it’s as if that’s my first [baby], you know. I have already reared two up [children aged 14 and 12 years]. The way she goes on, it’s as if you are not doing things right. [M8(1)21]

It is important to note that, in this particular case, the health visitor was concerned at the mother’s hygiene practices, one of which had resulted in her infant experiencing more than one episode of ill health. The health visitor’s directive approach eventually succeeded in removing what she perceived to be the main health hazard, but in the process, the mother felt alienated.

With this and one other exception, the majority of mothers responded positively to the support that was offered. This is not to say though that there were no differences of opinion about infant care. In several cases, health visitors described how lengthy discussions about the merits of breast-feeding, types of infant milk and later weaning eventually proved worthwhile in terms of the outcome for the infant. One mother reported this process:

I would say there is negotiation. Like the milk – I wanted to change because I thought he wasn’t getting the benefit out of it and she sort of talked me round to saying, ‘All right then, I’ll not change him. I will persevere,’ because she thought he was feeding enough. She won because it was right. [M7(1)39]

Linking processes to programme benefits

In general, health visitors found it easier to comment on programme benefits than the mothers, and were more likely than mothers to attribute causal significance to their work or to the project overall. Mothers’ comments tended to be more circumspect, suggesting that they were unused to reflecting on the impact of services in a cause-and-effect way. In one or two cases, however, mothers reported their perception of a clear link between health visiting input, and maternal or infant benefit. It is noteworthy that the substance of these examples of ‘benefits’ were quite different from the outcomes traditionally associated with quantitative evaluations, such as increased immunisation uptake. Moreover, there was a strong correspondence between mother and health-visiting accounts of benefit. Three mothers directly attributed perceived developmental gains in their child to health-visiting input:

A lot of the key stages in his development might not have been picked up by me because I’m not trained in child development. So having somebody there that’s trained in it and knows exactly what way to put things to children, what way you learn, what stage they learn at – that’s what Starting Well helped me – so I don’t think he would have been as good now if I hadn’t had that help, I don’t think I would of done as good a job. [M12(2)37]

Several mothers reported improvements in their mental health that they attributed to health visitor support. This support took a number of forms including the provision of ‘listening visits’, recommending a general practitioner consultation for assessment and medication, and monitoring the progress of mental health using the Edinburgh Post-Natal Depression Scale:

I mean, the last couple of months have been a whole lot better and I see life a wee bit different from right at the beginning. I’m like, ‘Well, get up and do something,’ and I do feel as if [HV4] has had a lot to do with that you know? [M6(2)55]

However, the most overwhelmingly dominant and clear message emerging from the mother interviews
was the perception that the programme offered enhanced levels of support. Statements to this effect were made in detail by virtually every participant regardless of need and background across both cohorts, and in both first and second interviews. Favourable comparisons were made not only with previous personal experience with health visitors, but also with friends and family members who were receiving the existing generic service elsewhere in the city.

When mothers’ statements about their perception of ‘support’ were explored in more depth, it was possible to identify a number of interactional processes that conferred five key benefits for mothers and their infants. These benefits were increased confidence in carrying out infant care and exploiting community resources, reduced anxiety in relation to infant care needs such as feeding, an increase in knowledge and in their sense of personal competence in parenting practices, reduced isolation, and the experience of advocacy for those experiencing housing, financial or family problems. The interactional processes that resulted in these forms of perceived support were quite complex in some cases. They involved a variety of methods of providing information, modelling mother/infant communication, cautious and tactful questioning of maternal decision-making, encouragement of successful parenting practice, and praising achievement.

Some examples of methods of information-giving have been included above, but it is worth emphasising the value that mothers attached to approaches that were non-judgmental and conferred legitimacy upon individual choice regarding infant care:

I felt really, really comfortable with HV9 because she never judged. She never forced you into doing something. She always gave you the option. She would give advice, but she said, ‘it’s up to you whatever you want to do.’ [M14(2)38]

Questioning of maternal decision-making in a non-threatening way also yielded positive benefits for child health. HV1 described the process at an antenatal visit:

She was saying that she was not going to breast-feed, because her mum said she can’t because she’s not got a very healthy diet. Now you are conscious of not wanting to slander her mother, and I said, ‘OK, can I just ask what kind of diet do you have just now?’ and she said, ‘Ordinary,’ and I said, ‘Well, do you think you are healthy now?’ ‘Yes,’ and ‘Is the baby growing?’ ‘Yes’ ‘And is the doctor saying you are fine?’ and I said, ‘Well, are you feeding your baby?’ and she said, ‘Yes,’ and I said, ‘Is there a reason why you couldn’t breast-feed?’ She said, ‘Hmm, well maybe not,’ and I said, ‘You know, your nutrition is adequate, you know, and it would be the same, just the exact same diet, you don’t have to change your diet or anything,’ and she was taking all this on board and she is still to this day breast-feeding. [HV1(1)7]

HV2 demonstrated a number of interactional strategies in the following exchange and exemplified how an understanding of social networks, the building of confidence, provision of support and psychological well-being are interconnected:

HV2: She had to go hospital, and that was quite a setback for her, so a lot of the work has been around supporting her and building her confidence back up again, and making sure that she was physically fit to cope with the demands of motherhood, so I think there has been quite a good psychological support.

Interviewer: How do you go about doing that?

HV2: By encouraging her to talk about her experience, backing up what’s she’s saying and reinforcing that she is getting better, she is getting stronger, her anxiety levels are something that, over time, will reduce, and encouraging her to use other supports within the community where possible. [HV2(1)30–31]

These processes appeared to depend for their success on a sound knowledge of the mother and her social situation, careful timing, and sometimes, a sequence of visits to reinforce key messages about infant health in a non-judgmental way:

We’ve been doing Triple P, and I’ve been going over the tip sheets with her. She was shouting, and the wee fellow and her elder child was off school and she was shouting at her, and it wasn’t positive, so we discussed that; about lowering your voice, trying to speak gently and all the other issues we’d discussed before, and she’s taken that on board, but it’s just a drip-drip. [HV5(1)19]

Discussion

The present paper aims to illuminate the Starting Well demonstration project model of health visiting in order to identify how the process of intensive visiting contributed to maternal perceptions of support. It can be argued that maternal perceptions of being supported and actions taken in response to health-visiting interventions can be taken as indicators of a potential to achieve health and developmental gain. As argued above, the way in which these interventions are accomplished within practitioner/family interactions has not been well explicated in previous studies and the present qualitative study has made progress in addressing this lack of evidence.

The medium for the process of supporting the study mothers was the schedule of intensive visits. What the Starting Well model has confirmed, like other studies in the field, is the substantial value of more intensive health visiting for those in most need (Elkan et al. 2000). The full scale and range of family needs among the participants were not usually disclosed until a relationship of trust had been built up, and many of the study health
visitors acknowledged that, as new needs were uncovered, work with certain families intensified. This carries an important message for the way in which targeting of individual visits is managed. Targeting too early in the health visitor/parent relationship could result in failure to identify and subsequently address healthcare need. Therefore, there is a considerable challenge for practitioners in making judgements about targeting visits and interventions. There is a concomitant difficulty for managers, who are required to demonstrate a cost-efficient model of service delivery. This is especially the case because tools such as vulnerability scales have been shown to be unreliable (Appleton 1997). It is incumbent on those involved in setting the strategic direction for the health-visiting services to recognise the value of flexibility and the use of professional judgement in determining visit frequency. However, senior managers may not have sympathy with this view unless there is more robust evidence of the way in which skilled targeting at the individual level promotes the identification of, and response to, maternal and infant need.

The present study echoes the findings of other studies that a person-centred and non-directive approach to providing support is more likely to secure mothers’ engagement with activities that maintain or improve family health (Heritage & Sei 1992, Kendall 1993, Bryans 2005). The negative impact of the one reported episode of a directive approach [M8(1)21 above] has also been reported elsewhere (Elkan et al. 2000). Although this represents a tiny minority of the participants included in the present study, it raises a key question about how an empowering approach can be adapted for working with mothers who choose not to engage with recommended best practice in the care of their infants. The theoretical underpinning of the home-support programmes have included ‘self-efficacy’ as a precursor to behaviour change (Olds et al. 1998). However, there is a lack of theory on approaches that are acceptable and non-intrusive in situations where practitioners perceive there to be health risk. As health visitors are undoubtedly ‘ecologically aware’ in terms of their understanding of the potentially positive or negative impact of both the wider and the home and family environment. However, the extent to which they consciously related their interactions to ecological or other theories was not pursued in the present study.

In discussing the documentation of programme success, one health visitor commented that, while traditional recording of infant feeding and weighing is important, of equal significance are the changes in mothers’ attitudes and perceptions over time. Such indicators of programme benefits have been relatively neglected in much research in this field, and the present study demonstrates that they are arguably as or more important than dental registrations or minor improvements in immunisation rates. A more-focused investigation of the link between the theory, content and style of interaction and perceived benefit may offer health visitors and other health and social care practitioners a means of providing more robust evidence of the way in which some of the ‘softer’ process aspects of practice confer benefit. Such evidence would be invaluable for practitioner education, professional development and better-informed planning of health-visiting services.

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Paper #3:
PARENTING AND YOUTH GANGS:
RISK, RESILIENCE AND EFFECTIVE SUPPORT

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Executive Summary

1. This review was commissioned with the aim of informing the development of services to families with children potentially or actually involved in youth gangs. It has three aims:

   - to provide a clear understanding of the nature of the ‘gang problem’, in particular, the extent to which youth gang members are involved in serious offending.
   - to understand the aspects of family circumstances and parenting practices that predict both youth gang involvement and serious offending.
   - to identify effective family-level interventions that reduce the risk of serious offending and gang association for affected children and young people.

Describing the problem

2. Despite fundamental issues relating to definition and measurement, it is meaningful to speak of youth gangs existing outside large American cities, and specifically in the UK and Manchester contexts.

3. There are well-described, serious and negative consequences of gang involvement, most particularly for the youth, but also for families and the community at large. These consequences justify concern and action to prevent and reduce gang-related offending.

4. Studying the variation in the structural and behavioural characteristics of gangs belies stereotyped ‘gangsta’ images:

   - gang membership is often very hazily defined by gang members; and entry/exit are unclear processes with no definable criteria
   - gang involvement tends to be a short-lived adolescent phenomenon
   - young women are substantially involved but ‘mature out’ earlier
   - ethnic mix is broadly representative of the area of residence
   - gangs often approximate to loose friendship and kin networks whose offending is sporadic, varied and seldom of a highly organised nature

5. Above all, it is clear that of the very many young people who become involved in offending during adolescence, only a proportion join gangs, a proportion of whom commit offences, a proportion of which are serious offences. The amplificatory effects of gang involvement on offending should not be interpreted as meaning ‘all gang members are serious and violent offenders’ and there are dangers in basing official responses on such an assumption.

6. Given the above, it is arguably much more important to focus on actual offending behaviour as a source of concern and a rationale for intervention than it is to focus on real or imagined gang status.
Explaining the problem

7. There are many limitations to the reviewed literature: it is predominantly US-focussed, affected by substantial variations in study design and variable measurement, and much less established in relation to the gang literature than it is in relation to general and serious delinquency.

8. While gang membership and serious adolescent offending are not coterminous, there is substantial overlap in the risk factors for both. Children who display multiple risk factors in multiple domains (individual, family, peer, school, community) are at a substantially higher risk of developing persistent behavioural problems and for joining gangs.

9. Having gang members in the family, as friends, as schoolmates, and in the community all raise risk for involvement. Given this, and the behavioural focus recommended at point 6, it may make practical sense to view ‘risk for gang membership’ as ‘presenting with actual problem behaviour’ plus one or more of these factors.

10. With regard to families, it is clear that in addition to passing on genetically influenced risk and resilience to individual children (e.g., in relation to temperament), parenting practices are variable, multifaceted and strongly affected by neighbourhood and household context. Important factors in both contexts include: the presence of violence and drug-use; the availability of emotional and practical support; and levels of material sufficiency. Parenting practices, including disciplinary style and modelled attitudes and behaviour influence the developing child’s ability to function socially and their commitment to doing well at school. Most importantly, parental attachment seems to influence the initial attractiveness of anti-social peers, and competent structuring, monitoring and supervision practices reduces the opportunities to be influenced by them. These variables (particularly levels of parental supervision) strongly predict both adolescent gang membership and associated offending.

11. While stronger and more consistently supported risk-factors exist in other domains at particular ages (for example delinquent peer effects in adolescence), parents as the major early-life influences on children, seem to be a reasonable focus for support with the aim of reducing both delinquency and gang involvement. At the same time, the complexity of development and interdependence of risk domains means that the effects of targeting one (i.e., the family) domain are likely to be limited.

Reducing the problem

11. Despite the acknowledged importance of family-level variables in presenting risk for gang-joining, family intervention components are peripheral-to-non-existent in ‘typical’ gang reduction programmes, where detached youth work, community organisation and co-ordinated suppression remain the most common responses.
12. Families with children actually involved in gangs or ‘at risk’ of gang involvement are most likely to be helped by providing support that deals with currently occurring behavioural problems, including offending. There are many such programmes, however, a review of the evaluation research literature consistently identifies five interventions as being effective;

- Nurse Family Partnerships
- The Incredible Years
- Functional Family Therapy
- Multidimensional Treatment Foster Care
- Multisystemic Therapy

13. The programmes share a number of characteristics:

- A strong theoretical rationale based in social learning theory and embedded within broader family-systems and social-ecological perspectives
- A stress on improving family communication (relational family variables) and/or behavioural management skills (structuring variable such as disciplining and monitoring)
- Tackling multiple risks by attempting to link families to broader sources of formal and informal support
- Delivery in home or community settings
- High levels of training from accredited bodies and close attention to programme integrity
- High quality evaluations that show reliable benefits over time and across treatment settings.
- Cost effectiveness: the programmes save more money in terms of problems prevented than they cost to set up and run.

14. While the interventions have proven effectiveness, candidate families may be difficult to engage, both initially and during the intervention as they frequently experience a sense of guilt and stigmatisation at being labelled a ‘bad parent’. Extensive work is needed both before and during the intervention in order to overcome these barriers.

**Recommendations**

1. Policy makers, service providers, and law enforcement should pay close attention to the problems of definition and not equate real or apparent gang membership with serious offending; or conflate it with the offending of non-gang peer groups.

2. Care should be taken when recommending intervention on the grounds of an as-yet poorly defined notion of ‘risk for gang membership’. As the risk-factor literature does not distinguish clearly between pathways for gang involvement and for serious adolescent offending, a functional approach to understanding ‘risk of gang membership’ may be to treat it as ‘actual problem behaviour in the index child/adolescent’ but where having gang members amongst close family and friends is seen to pose additional risk and to provide a rationale for prioritising support.
3. Multiply marginalised young parents, including those with a recent history of 
gang-related offending, may benefit from intensive early support; Nurse Family 
Partnerships are recommended.

4. Having current or ex-gang members amongst close family and friends offers a 
strong additional rationale for intervening with the families of children who are 
presenting with overt behavioural problems; Incredible Years is recommended for 
the families of younger children, with Functional Family Therapy or MTFC as an 
option for more focussed support.

5. Being in a gang offers a strong additional rationale for intervening with the 
families of adolescents who are presenting with overt offending problems; 
Multisystemic Therapy, by virtue of it’s comprehensive nature and evidence base, 
is particularly recommended, with MTFC an option.

6. Evaluations of family interventions aimed at the behaviour of children should 
include gang membership (defined by Eurogang method) as an outcome in 
addition to offending

7. In the context of multiple marginality, new or intensive family interventions are 
likely to need extensive preparatory work that tackles misconceptions of services, 
denial of problems, and fear of blame and stigmatisation. Equally hard work must 
be put into avoiding programme drop-out.

8. Manchester, via it’s various multi-agency fora (Manchester Parenting Board, 
Manchester Multi-agency Gang Strategy, Manchester Crime Reduction 
Partnership) is in a strong position to implement a comprehensive gang-reduction 
strategy that includes the family systems interventions. A focussed, co-ordinated 
and evidence-based approach is highly recommended.

9. The recommended interventions may be necessary but are certainly not sufficient 
to eradicate the problems of gangs and serious youth offending. Care should be 
taken to avoid placing undue responsibility or expectation on vulnerable families. 
Additionally, any broader ‘gang-reduction’ strategy needs to be linked to a more 
fundamental social-exclusion reduction strategy.
1. Introduction: Aims & structure of the review

Manchester City Council, in conjunction with partner agencies, has an established track record of providing co-ordinated strategies and services in the areas of parenting support and in tackling youthful and gang-related crime. This review was commissioned in 2007 by the Council with the aim of informing the further development of services to families with children potentially or actually involved in youth gangs. The review has three specific aims:

- The first, set out in chapter 2, is to explore the gang research literature in order to provide a clear understanding of the nature of the problem, in particular, the extent to which youth gang members are involved in serious offending.

- The second aim, set out chapter 3, is to explore the developmental criminological literature in order to understand what aspects of family circumstances and parenting practices predict both youth gang involvement and serious offending.

- The third aim, set out in chapter 4, is to survey the intervention and evaluation research literatures in order to identify effective family-level interventions that reduce the risk of serious offending and gang association for affected children.

The review concludes by arguing that well-delivered and evaluated family interventions are likely to help reduce gang-related offending but only as part of a multi-agency strategy to tackle the broader determinants of the phenomenon.
2. Describing the problem: Youth gangs and their consequences

This chapter aims to describe some of the key characteristics of youth gangs, and while there are a number of thorny methodological problems that guard against firm conclusions, a number of broad observations can be made regarding their prevalence, structural characteristics and typical consequences, including offending. A fundamental tenet of gang research is that while every youth gang is unique, they possess common attributes that render them a coherent object of study. Accordingly, and whilst acknowledging the disproportionate influence of US research, we will focus on gangs and the gang literature as a whole as opposed to a narrow concentration on the handful of British studies.

2.1 A note on the definition of ‘gang’

It is with some understatement that Klein & Maxson (2006, p.3) discuss the ‘difficult definitional issue’ in relation to youth gangs. The issue of definition is fundamental to all discourse in the area. Agreed, precise terms permit meaningful assessments of the extent and nature of the ‘problem’; they make possible detailed comparisons of data across time and place; they generate data that can be used to build better theory and to design and evaluate ameliorative interventions; and can help to highlight media distortions, unhelpful conflations and public misunderstandings (Ball & Curry, 1995; Esbensen et al, 2001; Vigil, 2002).

In the eight decades since Frederic Thrasher’s (1927) pioneering research, however, there have been numerous attempts at definition (Klein, 1971, 1995a; Miller, 1980; Short, 1996) with major progress – the ‘Eurogang’ approach – made only in the last decade. The Eurogang project is a joint American and European initiative of leading gang researchers who, since their formation in 1997, have met regularly to create a common research agenda founded on a common definition of youth gangs. This definition bears repeating:

‘any durable, street-oriented youth group whose involvement in illegal activity is part of it’s group identity’

The five identified sets of characteristics – durability, street orientation, youth, illegal behaviour and group identity – are deemed to be necessary and sufficient ‘definers’ of the youth gang, with all other characteristics (structure, dress, slang, etc) seen as ‘descriptors’ of variation in the basic unit of study (Klein & Maxson, ibid, p4).

Importantly, the defining characteristics have been translated into ‘diagnostic’ survey questions that are being used in ongoing studies to generate comparable cross national and trend data. The Eurogang approach hold promise for the near future, however, any discussion of gang characteristics and properties must contend with the many sources of confusion and error in the existing evidence base. It is to these that we now turn.

1 Unhappily, the harmony in definition does not extend to an agreed term for the resulting group. ‘Youth gang’ and ‘street gang’ are used interchangeably, and for those who find the ‘gang label’ too loaded with meaning, ‘delinquent (or troublesome) youth group’ is an accepted alternative.
2.2 Further methodological issues & key characteristics

The first methodological issue relates to data source. Information on gangs is generated from official (generally police) data, and from qualitative and quantitative academic research.

Police data, often in the form of purpose-built databases of accumulated intelligence, have the advantages of being numerous, ongoing and accurately reflecting local service activity and operational priorities. The data is limited, however, by this very local variation (rendering cross-force comparison difficult), by the fact that incident data may relate to only those crimes that are reported and recorded (and those ‘uncovered’ by proactive policing), and, crucially, by the operational definition of ‘gang’ and ‘gang member’. While practices vary, definitions are generally based on the self-nomination of persons arrested and/or convicted of specific offences; and on the attributions of officers based on interviews and surveillance.

This is undoubtedly a rational approach, however, a number of researchers have expressed concerns relating to the long-term retention of intelligence on ex-gang members and the inclusion of people suspected of involvement simply on the basis of association (Aldridge & Medina, 2008; Esbensen et al, 2001; Bullock & Tilley, 2008). Moreover, police data delivers a partial and distorted view of gang phenomena, focussing on the most serious crimes committed by older, male, minority ethnic, urban youth (Klein & Maxson, 2006). Prevalence estimates are rare to non-existent in the UK, however, annual national surveys of police in the US suggest a large post-war increase in the number and geographic spread of gangs, with mean estimates over the last decade of around 750,000 members in 25,000 gangs in 2000 cities (National Youth Gang Center, 2008).

Qualitative academic research data is generated via ethnography in gang-active communities and includes participant observation, interviews and focus groups with local actors, including gang members (see, e.g., Aldridge & Medina, 2008; Anderson, 1999; Mares, 2001; Vigil, 2007). Such data, though limited by the ‘outsider’ status of the researcher and problems with access and informant bias, contributes to a rich and nuanced picture of life in and around the gang that often challenges stereotypes, for example, exposing the mundane nature of gang life (Klein, 1995a), the role of families (Vigil, 2007), female membership (Moore, 1991), and the contested, fuzzy concept of ‘membership’ per se (Aldridge & Medina, 2008). While invaluable, ethnographic data necessarily concentrates on the particular features of the studied (usually high-risk, gang-active) community and is not constituted to make generalisable statements, for example, in relation to prevalence estimates or the common features of all gangs.

The method of choice for making these kind of statements is the self-report survey yielding quantitative data. While it is generally accepted that well-designed and administered surveys generate valid data, comparisons across place and time are complicated by two further methodological issues, specifically restrictiveness of definition and sample representativeness (Klein & Maxson, 2006).

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2 Though see recent unpublished reports of around 170 gangs in London (Metropolitan Police Service, 2007) and a similar number in Glasgow (Strathclyde Police Violence Reduction Unit, 2007)
The first issue forces a return to the contested debate over definitions and whether self-nomination (an affirmative answer to the simple question ‘are you in a gang?’) or a more objective multi-item ‘funnelling’ procedure (the Eurogang approach) is most appropriate. A number of recent studies illustrate the variation in prevalence estimates that can result from varying survey definitions. Esbensen and colleagues (2001) in a school-based study of around 6000 American 13-15 year olds, obtained prevalence estimates associated with the following increasingly restrictive definitions: ‘ever in a gang’ (17%); ‘currently in a gang’ (9%); ‘currently in a gang that commits illegal acts’ (8%); ‘currently in a gang that commits illegal acts and has leaders, signs or colours’ (5%); core member of such a gang (2%). Similarly, Sharp and colleagues (2006), in their analysis of around 4000 10-19 year olds taking part in the England & Wales Offending and Criminal Justice Survey (OCJS), found prevalence estimates ranging from 10% (least restrictive definition relating to self-nomination) to 2% (most restrictive definition relating to fulfilment of five Eurogang-inspired criteria).

The second methodological issue - sample representativeness – affects prevalence estimates such that non-representative, higher-risk samples show inflated rates of involvement compared to nationally representative samples. Sharp et al’s (2006) study is an example of the latter, with an American equivalent (Snyder & Sickmund, 1999) suggesting a 5% prevalence rate amongst 9000 12-16 year olds. A further perennial limitation of survey based methods is the problem of bias due to non-participation. This may be a particular issue in commonly conducted school-based surveys where the gang-involved are more likely to be absent through truanting or exclusion.

It will be clear from this brief discussion that the seemingly straightforward task of defining and studying gangs is fraught with qualification and disagreement; and it can seem at times as though confident descriptions can only be at the level of the individual study. However, the survey-derived literature, including a recent and authoritative review of research (Klein & Maxson, 2006), supports a number of broad conclusions:

- gangs are found wherever researchers look for them: in North America; in Central America (Medina & Mateu-Gelabert, 2007); in Africa & Asia (see Covey, 2003); in Europe (Klein et al, 2001; Decker & Weerman, 2005); in the UK (Marshall et al, 2005; see text box 1 below for individual studies); and in Manchester (Bullock & Tilley, 2002; Mares, 2001)
- most young people do not join gangs. Klein & Maxson’s review supports the following prevalence estimates: self-report studies using unrestricted definitions and non-representative, higher-risk samples (6-30%); restricted definitions with higher risk-samples (13-18%); restricted definitions with representative samples (6-8%). Sharp et al (2006) estimate a 6% prevalence.
- in contrast to police data and in support of ethnographic research, self-report studies show young women to be involved in gangs at a prevalence rate roughly half that of males. Sharp et al (2006) found an equal rate of involvement (6%) across all age categories, however, females were more likely to be involved at younger ages (e.g., 6% vs. 3% males at age 12-13; 1% vs. 3% males at age 18-19). Single-sex groups were relatively rare (12% of groups were ‘all boys’; 4% ‘all girls’)

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• the ethnic characteristics of gangs tend to reflect the general population of the areas from which they are drawn. Sharp et al (2006), found that 68% of gang involved youth were members of ethnically homogeneous groups (60% White only; 3% Black only; 5% Asian only) with 31% ethnically mixed.
• gangs tend to have high turnover, ephemeral leadership and very loose organisation. Based on American data, Klein & Maxson (2006), identify a five-fold typology based on different combinations of the following structural characteristics: presence of sub-groups, size, age range, duration of existence, territoriality, and versatility of offending. The model classified a high percentage of the gangs studied. Two gang types that approximate to media stereotypes - ‘traditional’ (large, long-established, territorial, criminally versatile, large age-range) and ‘specialty’ (smaller, less durable, criminally specialist, e.g., in relation to drug selling) gangs are comparatively rare. Both types have been described in Manchester (Mares, 2001; Bullock & Tilley, 2002). Recent attempts have been made to develop typologies in the UK context (Pitts, 2007).

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<th>Text box 1: Selected UK studies on youth gangs: Brief details</th>
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<td>Principle authors (date), place of study, a) broad aim, b) key data sources, c) key areas of findings</td>
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<tr>
<td><strong>Mares (2001), Manchester</strong>, a) ethnographic analysis of local youth gangs, b) participant observation in South Manchester communities, interviews with gang members, residents, police, c) historical development of local gangs; structural and behavioural characteristics.</td>
</tr>
<tr>
<td><strong>Bullock &amp; Tilley (2002), Manchester</strong>, a) An analysis of local needs regarding gun and gang-related crime with the aim of developing a targeted crime reduction strategy, b) Police data on gun-related incidents and individuals, interview sample of suspected gang members, practitioner focus groups; social service files, c) geographic concentration of gangs and shooting, similarity of perpetrators &amp; victims, versatility of criminal behaviour, prevalence &amp; reasons for gun-carrying.</td>
</tr>
<tr>
<td><strong>Bennett &amp; Holloway (2004), England &amp; Wales</strong>, a) estimation of prevalence and nature of youth gangs, b) cross-sectional self-report survey of 2666 arrestees aged 17+ in the NEW-ADAM study, c) 4% ‘current’, 11% ‘past’ gang members; demographic, offending &amp; drug-use characteristics.</td>
</tr>
<tr>
<td><strong>Smith &amp; Bradshaw (2005), Bradshaw (2005), Edinburgh</strong>, a) estimation of prevalence and nature of youth gangs, b) longitudinal self-report data from 3207 young people surveyed at age 13, 16 &amp; 17, c) stable, low prevalence (&lt;5%) in gangs with structural features (name and/or sign), declining prevalence without such features (18% at age 13, around 2% aged 17); demographic, offending &amp; substance-use characteristics.</td>
</tr>
<tr>
<td><strong>Sharp, Aldridge &amp; Medina (2006), England &amp; Wales</strong>, a) estimation of prevalence and nature of youth gangs, b) computer assisted interviews of 3827 youth aged 10-19, c) prevalence, demographic &amp; offending characteristics; see text, above for details.</td>
</tr>
<tr>
<td><strong>Pitts (2007), Waltham Forest, London</strong>, a) analysis of the emergence &amp; character of ‘armed youth gangs’ in the area, recommendations for gang reduction strategy, b) analysis of varied official data, semi-structured interviews with official agencies, residents, gang and non-gang youth, c) typology, based on structure &amp; behaviour, social impacts.</td>
</tr>
<tr>
<td><strong>Aldridge &amp; Medina (2008), ‘Research City’,</strong> a) description and analysis of youth gang activity, b) participant observation; interviews with gang members, ‘gang associates’ and key informants; focus groups with non-gang youth, parents and community residents, c) structural &amp; behavioural characteristics, participation in the formal economy, official responses</td>
</tr>
</tbody>
</table>

2.3 Known consequences of gang involvement

So far, we have only discussed the issue of the membership status of an individual with regards to a group with defined characteristics. In this sense, we have been
discussing gang membership as a ‘dependent variable’: an outcome to be described and explained. We now make an important logical shift and discuss gang involvement as an ‘independent variable’, that is, a variable exerting effects on a further set of dependent/outcome variables. The basic question is ‘accepting that gang members are at higher that normal risk of harmful behavioural & social outcomes due to their multiple social exclusion (section 2.3), does gang involvement place them at an even greater risk?’ This type of question requires longitudinal data that is capable of describing life circumstances before, during and after gang involvement. Criminological gang-focussed studies of this kind are rare in the UK (though see Smith & Bradshaw’s (2005) analysis of the Edinburgh Study dataset), and, as in so many areas, most detailed analyses have been conducted on North American datasets, particularly from the Rochester, Pittsburgh, Denver, Seattle and Montreal longitudinal studies (respectively, Thornberry et al, 2003; Gordon et al, 2004; Esbensen & Huizinga, 1993; Hawkins et al, 1992; Gatti et al, 2005).

**Offending:** The ‘Eurogang’ definition explicitly refers to the importance of illegality for group identity, which is not the same as referring to the behaviour of individual members, and it is to be expected that there is variation in offending within individual gangs as well as in comparison to non-gang youth. Having said this, the delinquent behaviour that is defining the group must be committed by people within it and a number of general points can be made about the offending of gang members.

First, virtually every piece of gang research conducted shows that members commit more crime than non gang members regardless of whether the measure of offending is derived from self-report methods or official data and whether the gang membership relates to ‘current’ or ‘lifetime’ status (Klein & Maxson, 2006, ch. 2 for a review). This holds for research across time and place, for both female as well as male members (Klein & Maxson, *ibid*) and for more serious and violent delinquency as well as for petty offending, drug-use and precocious (underage) behaviour such drinking, smoking, and sexual intercourse (Thornberry et al, 2003). For example, with regard to offending in a representative UK dataset, Sharp *et al* (2006) reported that 63% of gang-involved youth had committed a ‘core’ offence (robbery, assault, burglary, criminal damage, thefts from or of cars and drugs sales) in the last year compared to 26% of non-members. Gang members were also more likely to be categorised as ‘serious’ offenders (34% vs. 13%), ‘frequent’ offenders (28% vs. 7%), to have used any drug (45% vs. 15%) and been involved in an alcohol-related incident (25% vs. 6%).

These figures confirm the importance of youth gangs in generating disproportionate amounts of crime and nuisance behaviour relative to their prevalence in the population, however, there are a number of important qualifiers. First, survey studies do not generally make a distinction between whether offences are committed in the context of the gang or elsewhere (for example on one’s own or with non-gang friends) and it is possible that this exaggerates the influence of gang status. Second, it is clear that status as a youthful offender is not coterminous with status as a gang member: 37% of gang members in Sharp et al’s study had *not* committed a core offence in the last year; and 26% of non-gang respondents had committed such an offence.

---

3 defined as committing one of the following in the past 12 months: theft of vehicle, burglary, robbery, theft from the person, assault with injury, selling Class A drugs.
4 defined as committing 6 or more offences in the previous year.
Furthermore, across offence type, no gang member prevalence figure reaches 100% and no non-gang figure reaches 0%. This type of finding is obscured in many research studies that only report summary statistics (for example, comparisons of mean number of offences for gang and non-gang members) but the fact that there may be substantial numbers of non-offending gang members in a given sample raises important issues for preventative interventions justified on the basis of gang status as opposed to offending behaviour (Bullock & Tilley, 2008).

Accepting this, the rationale for intervention may be strongest in relation to the effect of gang membership on most members and important findings in this area have emerged from recent longitudinal analyses. These analyses are prefigured by a broader theoretical debate in criminology as to whether time-stable aspect of an individual’s personality (for example, impulsiveness, anger & suspicion, low empathy) are more important for explaining variation in offending than features of the environment such as life events, family, school or neighbourhood context, and peer group (Nagin & Paternoster, 1991). In relation to gangs, the debate translates into whether high offending rates are due to: already highly delinquent individuals choosing to spend time together (‘selection’); to criminogenic group processes in the gang that cause offending in previously non-delinquent individuals (‘facilitation’); or to a mixture of the two (‘enhancement’) (Thornberry et al, 1993; 2003). Differences in study design may account for some variation in results, however, strong evidence has emerged for the ‘facilitation’ model and for the ‘enhancement’ model where facilitation effects are stronger than selection effects. In other words, young people who enter gangs are, to an extent, more delinquent than those who do not, and during the relatively short time that young people are members (over half of the Rochester sample were involved for a year or less), their offending increases markedly, and then reduces on exit to a lower level that is often still higher than non-gang peers.

These findings have been repeated in a British context with longitudinal data on over 3000 adolescents followed from 13 to 17 (Smith & Bradshaw, 2005; Bradshaw, 2005). More sophisticated analyses show that the amplificatory effect of gang membership holds even if one takes into account the fact that associating with delinquent peers is a strong independent risk-factor for offending (Thornberry et al, 2003); in other words, during their time in the gang, delinquents members offend more than non-gang delinquents.

A full explanation of the facilitative effects of gangs is beyond the scope of this review, however, researchers have speculated that the following factors are important: 1) the importance of the group for offering status, identity and companionship for socially-excluded, status-less individuals, 2) at a time in development when attachments to peers and therefore susceptibility to peer-group influence (e.g., social learning, conformity) is at it’s strongest; and 3) where offending is not only tolerated but exerts a cohesive, unifying effect via shared risks, loyalty and the need for secrecy (Moffitt, 1993; Warr, 2002; Moore & Vigil, 1989; Moore, 2002).

Other consequences. Increasing interest is being shown in the strong positive empirical relationship between youthful offending and risk of violent victimisation (Smith, 2004; Smith & Ecob, 2008). Adolescence may be a period of raised general risk for victimisation (Acosta et al, 2001) but recent analyses with gang-involved samples not only confirm the cross-sectional relationship with offending but suggest
the same type of ‘enhancement’ effects described above (Peterson et al 2004; Taylor et al, 2007). This is sadly ironic considering that a frequently expressed reason for joining gangs is for protection (Peterson et al, ibid). The amplificatory effect is likely to be due to gangs affording increased opportunities for both inter- and intra-gang conflict and may extend well beyond the period of membership due to the enduring nature of reputation and association (Taylor et al, 2007). Victimisation may be of a more frequently of a sexual nature for female members (e.g., Miller, 1998; Venkatesh, 1998).

Gang involvement also seems to increase risks for further social exclusion as indexed by future employment prospects, poverty, family dysfunction (including unwanted and teenage pregnancy) and drug abuse (Hagedorn, 1988; Moore, 1991; Thornberry et al, 2003, though see Levitt & Venkatesh, 2001 regarding selection effects).

Finally, the effects of gangs and gang violence on the communities in which members reside has been researched in the American context (Lane, 2002; Lane & Meeker, 2003) with the conclusion that it can contribute significantly to resident’s fear of crime, restrict their movement and cause other precautionary activity, such as increasing home security.

2.4 Conclusion: Reasonable concerns and nuanced understanding

Our brief review of some basic aspects of the gang literature makes three clear points. First, that despite fundamental issues relating to definition and measurement, it is meaningful to speak of youth gangs existing outside large American cities, and specifically in the UK and Manchester contexts. Second, that there are well-described, serious and negative consequences of gang involvement, most particularly for the youth, but also for community at large. Both of these points justify concern and action to prevent and reduce gang activity. However, a third and final point relates to the variation in both structural and behavioural characteristics of gangs that belies stereotyped ‘gangsta’ images and easy association/conflation with gun crime and drugs markets. It is clear that both entry and exit from a gang are unclear processes with no definable criteria; it is equally clear that, for most, gang involvement tends to be a short-lived adolescent phenomenon; with young women substantially involved but ‘maturing out’ earlier; and ethnic mix being broadly representative of the area of residence. Above all, it is clear that of the very many young people who become involved in offending during adolescence (Farrington, 1986; Wilson, et al, 2006), only a proportion join gangs, a proportion of whom commit offences, a proportion of which are serious offences. The well-evidenced amplificatory effects of gang involvement on offending should not be interpreted as meaning ‘all gang members are serious and violent offenders’ and there are likely to be dangers in basing official responses on such an assumption. The distinction between social (gang) status and overt (offending) behaviour is a theme to which we will return in later chapters.
3. Explaining the problem: Families as a source of risk and resilience

Describing a social problem is the first step on the road to explaining and understanding it, and it is to this task that we now turn. This chapter details some of the requirements of a ‘good’ and accurate explanation together with the very considerable obstacles that exist in generating such an explanation for complex social phenomena. Accepting the ambiguity regarding the object of study (are we trying to explain gang membership, serious offending, or gang-related serious offending?), we then survey the ‘risk-factor’ literature to give a sense of the building blocks of a credible and coherent explanation. Starting with a stimulating and varied literature on family-level and parenting factors, we compare and contrast the various sources of risk and resilience that predict both gang membership and serious adolescent offending. We conclude by stating the contextualised and circumscribed importance of families that logically provides a rationale for focussed support.

3.1 Conceptual & evidential issues

3.1.1 Explaining or predicting gang activity?

The urge to understand the causes of gang involvement, or indeed any social problem, is an understandable one: fundamental understanding suggests fundamental action which can reduce or even eradicate a problem. But a causal statement is a very strong one; it specifies that whenever a set of antecedent conditions exists, an outcome has a near-inevitable chance of occurring (Rutter, 1995; Rutter et al, 2001). A key problem for gang research, in common with the greater part of criminological and social science research, is that we have neither the data nor the possibility of generating the data (ethically) to make such statements. Much of criminology is still therefore ‘stuck in the risk-factor stage’ (Moffitt & Caspi, 2006; see also Farrington, 2003; Rutter, 2003b) and only able to make weaker, probabilistic statements. Borrowing from public health and health promotion, the terms ‘risk’ and ‘risk-factor’ have become increasingly well-understood and used within UK social policy in recent years (France & Utting, 2005) and ‘risk-focussed prevention’ a paradigm of programme design and evaluation (Farrington, 2000). A risk-factor is any variable which has a documented predictive association with a given harmful outcome; the presence of the former increases the likelihood of the latter. Risk-factors are useful in the sense that they can form the basis for developing speculative causal theories and for designing interventions based on that theory. There are, however, a number of basic issues with this approach that need to be understood before we are able to draw strong conclusions from a literature.

First, longitudinal data is preferable in order to understand the proper temporal relationship between the risk-factor and the outcome: an explanatory variable cannot logically succeed an outcome (thus solving ‘chicken and egg’ problems of causality). Longitudinal studies are expensive, however, and the relatively small number of gang-relevant studies worldwide is small, which limits the ability to generalise.

Second, risk-factors only describe statistical associations with an outcome and say nothing about the causal processes and mechanisms that lead from risk to outcome; researchers need to construct these processes by interpreting findings, supplementing
them with convergent evidence from other areas (for example, qualitative studies), and by translating them into theories that produce testable hypotheses.

Third, all predictions about future outcomes based on the presence of risk-factors have an often substantial level of error and inaccuracy associated with them (Robins, 1979; Blackburn, 1995). This is partly due to inevitable error in design and measurement, partly due to the ‘base rate’ of the outcome in question (rare events are harder to predict) and partly due to the varying and complex patterns of interactions a given variable might have with other risk and protective factors. An interaction occurs where a variable only exerts an effect on an outcome in the presence of another variable, for example, Caspi and colleagues (1993) found that early menarche in young New Zealand women was only associated with a higher risk of conduct disorder in mixed sex schools; neither variable on its own predicted offending. Protective factors are not simply low levels of a risk-factor (Klein & Maxson, 2006 use the term ‘low risk’ here) but reduce the risk of a harmful outcome in the presence of other risk-factors. Thus children brought up in violent neighbourhoods may escape violence via strong attachment to education. Rather less is known about protective factors and the associated concept of resilience in criminology, than is known about risk (Farrington, 2000; Armstrong et al, 2005).

Four brief but important additional points can be made regarding risk factors. First, it is recognised that risk is ‘cumulative’: the greater the number of risk-factors present in a person’s background, the greater the risk of the harmful outcome (Thornberry, 1998; and colleagues, 2001). Second, and following the seminal work of Bronfenbrenner (1979) and Hawkins et al (1992), risk is usually considered to operate in a range of interlocking ecological ‘domains’, that is, spheres of the person’s life. In criminological research, these domains are usually conceived to be the individual, the family, school, peer context and neighbourhood. Thus, outcomes are a product of the complex interactions between risk and protective variables at each of these explanatory levels. Third, each part of the system under study is conceived to actively effect the other; thus individuals are affected for the better or worse by the social contexts in which they find themselves but also react to them and, in turn, are part of changing them for the better or worse. This is the principle of interactionalism (Thornberry, 1998). Finally, there are likely to be a number of different developmental paths that lead to the same undesired outcome and it may be that some variables pose greater risks at particular ages - a kind of interaction between age and a given risk-factor (Lipsey & Derzon, 1998; Loeber & Farrington, 2001a).

3.1.2 Comparing and contrasting risk-factors for gang membership and delinquency.

Here we return to a fundamental distinction made in an earlier section: the difference between treating gang member status as an outcome (dependent variable) and an explanatory (independent) variable. Describing the risk factors for gang membership implies the former approach; we are trying to predict social status, not offending behaviour. The difficulty with this separation is that, in common with a range of co-occurring adverse physical, mental health and social outcomes (Anderson et al, 2001; Bynner, 2001), there seems to be substantial overlap in the variables that predict both gang membership and offending (Howell & Egley, 2005). In fact, many researchers see gang membership as just one of many steps in a longer-term trajectory of worsening behaviour (Loeber et al, 1993; Howell & Egley, 2005) As we shall see, the
extent of this overlap and the implications for developing common risk assessment tools and intervention strategies is a moot point, with some gang researchers strongly arguing for separate measure and approaches (Klein & Maxson, 2006: 160-161). However, because there is overlap, and because the risk-factor literature in relation to gang status is far less well-established than that for the prediction of delinquency, we will compare and contrast the key risk factors for both, concentrating preferentially on the family domain.

Space considerations do not permit us to discuss individual studies in any great detail and we will concentrate on a number of recent selective reviews of risk-factors for gang joining (Howell & Egley, 2005; Klein & Maxson, 2006; Thornberry, 1998; 2003); and relating to both general (Farrington, 2007) and serious delinquency (Lipsey & Derzon, 1998). Howell & Egley’s (2005) paper is a selective review of risk-factors from prospective (North American) longitudinal studies and uses them to synthesise a developmental model (fig. 1, see end of this section) that specifies the links between variables at different ages. Klein & Maxson’s (2006) book chapter presents a selective review of 19 cross-sectional and longitudinal studies that yield risk-factors for gang joining. A summary of their findings are reproduced in table 1. Thornberry’s (1998) chapter is a selective review with a section relating to the Rochester Developmental Study; the 2003 book section is an elaboration of this. Farrington’s (2007) chapter is a selective review of childhood risk factors for antisocial behaviour. Lipsey & Derzon’s (1998) paper is a meta-analytic review of 34 prospective longitudinal studies focussing on predictors of violent and serious offending between the ages of 15-25. The authors produce a summary table of risk-factors at ages 6-11 and 12-14 years ranked by predictive strength (table 2).
Table 1: Risk-factors, by domain and consistency of evidence for gang membership. Source: Klein & Maxson (2006: 144-146).

<table>
<thead>
<tr>
<th>Risk factor by domain</th>
<th>Consistently supported</th>
<th>Mostly supported</th>
<th>Inconclusive</th>
<th>Mostly not supported</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>negative life events</td>
<td>X (3,0,0)*</td>
<td></td>
<td>X (3,0,7)</td>
<td></td>
</tr>
<tr>
<td>self-esteem</td>
<td></td>
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</tr>
<tr>
<td>internalising behaviour (anxiety/withdrawal)</td>
<td></td>
<td>X (2,1,3)</td>
<td></td>
<td></td>
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<tr>
<td>externalising behaviour (non-delinquent problem behaviour)</td>
<td></td>
<td>X (12,0,0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>delinquent beliefs</td>
<td></td>
<td></td>
<td>X (6,1,2)</td>
<td></td>
</tr>
<tr>
<td>conventional activities</td>
<td></td>
<td>X (2,1,3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attitudes to the future</td>
<td></td>
<td>X (1,2,2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FAMILY</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>poverty/disadvantage</td>
<td></td>
<td></td>
<td>X (2,2,6)</td>
<td></td>
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<tr>
<td>structure (single parent)</td>
<td></td>
<td>X (4,1,6)</td>
<td></td>
<td></td>
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<tr>
<td>attachment</td>
<td></td>
<td></td>
<td>X (4,2,6)</td>
<td></td>
</tr>
<tr>
<td>parental supervision</td>
<td>X (8,0,4)</td>
<td></td>
<td></td>
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<tr>
<td>parenting style/hostile</td>
<td></td>
<td>X (3,4,3)</td>
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<td></td>
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<tr>
<td>family environment</td>
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<tr>
<td>family deviance</td>
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<tr>
<td><strong>SCHOOL</strong></td>
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<tr>
<td>commitment/aspirations</td>
<td></td>
<td>X (5,4,2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attachment</td>
<td></td>
<td>X (2,2,2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>achievement</td>
<td></td>
<td>X (4,0,3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unsafe environment</td>
<td></td>
<td></td>
<td>X (1,0,4)</td>
<td></td>
</tr>
<tr>
<td><strong>PEERS</strong></td>
<td></td>
<td></td>
<td>X (14,0,0)</td>
<td></td>
</tr>
<tr>
<td>characteristics</td>
<td></td>
<td></td>
<td>X (6,2,3)</td>
<td></td>
</tr>
<tr>
<td>affective dimensions</td>
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<td></td>
</tr>
<tr>
<td><strong>NEIGHBOURHOOD</strong></td>
<td></td>
<td></td>
<td>X (2,2,3)</td>
<td></td>
</tr>
<tr>
<td>Area crime</td>
<td></td>
<td></td>
<td>X (3,1,5)</td>
<td></td>
</tr>
<tr>
<td>Criminogenic indicators</td>
<td></td>
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</tbody>
</table>

* numbers in brackets refer, respectively, to the number of studies reviewed in which there were significant (p<0.05), inconclusive and non-significant differences between gang and non-gang members on a given dimension. Thus, for the indicated cell, 3 studies included measures of negative life events; all three found significant differences, with zero studies inconclusive or non-significant, yielding an overall conclusion of ‘consistent support’ for this risk-factor.
Table 2. Risk-factors at age 6-11 and 12-14 of serious and violent offending at age 15-25. Source: Lipsey & Derzon, 1998: 97

<table>
<thead>
<tr>
<th>Ranked group</th>
<th>Age 6-11 predictor</th>
<th>Age 12-14 predictor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (strongest)</td>
<td>General offences (I)*</td>
<td>Social ties (P)</td>
</tr>
<tr>
<td></td>
<td>Substance use (I)</td>
<td>Antisocial peers (P)</td>
</tr>
<tr>
<td>2</td>
<td>Gender: male (I)</td>
<td>General offences (I)</td>
</tr>
<tr>
<td></td>
<td>Family SES (F)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Antisocial parents (F)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggression (I)</td>
<td>Aggression (I)</td>
</tr>
<tr>
<td></td>
<td>Ethnicity (I)</td>
<td>School attitude/performance (S)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychological conditions (I)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parent-child relations (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gender: male (I)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical violence (I)</td>
</tr>
<tr>
<td>4</td>
<td>Psychological conditions (I)</td>
<td>Antisocial parents (F)</td>
</tr>
<tr>
<td></td>
<td>Parent-child relations (F)</td>
<td>Person crimes (I)</td>
</tr>
<tr>
<td></td>
<td>Social ties (P)</td>
<td>Problem behaviour (I)</td>
</tr>
<tr>
<td></td>
<td>Problem behaviour (I)</td>
<td>IQ (I)</td>
</tr>
<tr>
<td></td>
<td>School attitude/performance (S)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical/physical (I)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IQ (I)</td>
<td></td>
</tr>
<tr>
<td>5 (weakest)</td>
<td>Broken home (F)</td>
<td>Broken home (F)</td>
</tr>
<tr>
<td></td>
<td>Abusive parents (F)</td>
<td>Family SES (F)</td>
</tr>
<tr>
<td></td>
<td>Antisocial peers (P)</td>
<td>Abusive parents (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other family characteristics (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Substance use (I)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ethnicity (I)</td>
</tr>
</tbody>
</table>

Variables within each rank group are themselves ranked according to strength of association with violent or serious delinquency.

* Letter in parenthesis refers to risk domain: (I)individual; (F)family; (P)eer; (S)chool

3.2 Family-level and parenting risk factors

3.2.1 Delinquency as an outcome

There is a very substantial literature relating aspects of family circumstances and parenting practices to the development of serious and violent adolescent offending. Here we shall refer to three clusters of variables: structural, structuring and relational dimensions.

Structural variables are taken to refer to both the location of the family in the wider social structure (e.g., their material circumstances) and to the structure of the family in terms of the characteristics of the people the child is habitually exposed to. Family poverty, particularly in the context of bringing up younger children has been found to predict later antisocial behaviour (Bradley & Corwyn, 2002; Lipsey & Derzon, 1998). This is likely to be an indirect effect in the sense that financial and related stresses are known to impair parenting practices which themselves are risk factors for later offending (Conger et al, 1992; 1994). A range of aspects of family structure are also frequently shown to be independent risk-factors for persistent offending: single (particularly female) parenthood, teenage parenthood and large family size (Morash, 1989; Lipsey & Derzon, 1998; Farrington & Loeber, 1999). To an extent, all of these variables may index overstretched parental emotional and material resources, which may exert stress on parenting practices in much the same way as material poverty. A rather weaker risk factor pertains to parental separation or ‘broken homes’; it seems
that the existence of parental conflict underlies this association and that, correspondingly, separation can actually improve the situation for the index child (Juby & Farrington, 2001; Haas, 2004). Family criminality is the final robust structural risk factor frequently identified in ‘classic’ American and UK longitudinal studies, with father-son and male sibling relations showing the strongest associations (McCord, 1977; Farrington et al, 1996; 2001). Less is known about the most accurate interpretation of this link: heritability, modelling of pro-criminal attitudes and behaviour, shared risky environments, poorer parenting, or a mixture of some or all of these factors are possible (Farrington, 2007).

Structuring family variables are taken here to mean aspects of parenting practice that regulate rule-based interactions and that lend structure to the child’s day, whether in or out of the parent’s company. They are partly referred to in table 2. under the banner of ‘parent-child relations’. A voluminous and venerable literature exists to suggest that, separately and combined, harsh, physically punitive, erratic and inconsistent disciplining strongly predict future antisocial behaviour (Glueck & Glueck, 1950; West & Farrington, 1973; McCord, 1979; Holmes et al, 2001). This follows from orthodox social learning theory (e.g., Patterson, 1982) in that the child finds it difficult to contingently learn clear and positive behavioural standards and, with regard to harsh punishment, learns physical aggression as a strategy for resolving conflict. The second set of structuring factors relate to parental involvement and parental supervision/monitoring (also subsumed under ‘parent-child relations’ for Lipsey & Derzon, 1998). The former variable refers to the amount and quality of child-parent activity, with father’s (lack of) involvement in son’s leisure activities presenting the stronger risk (Farrington & Hawkins, 1991). Supervision, traditionally conceived as the extent to which the parent knows about and controls the child’s ‘out of sight’ activities and associations, is perhaps the strongest and most consistent structuring risk-factor (Dishion & McMahon, 1998; Farrington & Loeber, 1999; Pettit et al, 1999). While recent work has questioned whether parental monitoring is a misnomer as it says more about the child’s willingness to disclose personal information than the parent’s controlling abilities (Laird et al, 2003; Stattin & Kerr, 2000; Warr, 2007), the variable is thought to be particularly important during early adolescence via it’s limiting of opportunities to socialise with delinquent peers (Warr, 1993; 2002).

The final set of parenting risk factors considered here we will term relational factors and refer to the quality of attachment with the child (captured by Lipsey & Derzon in table 2. as part of the ‘parent-child relations’ variable). Attachment is an old, psychodynamically-influenced construct (Bowlby, 1951) but captures the importance of emotional closeness and warmth for the child’s socio-emotional development and general behavioural adjustment (Bates, 1988; Booth et al, 1994). Variables relating to this construct are modest predictors of antisocial behaviour (Catalano & Hawkins, 1996). Taken to extremes (and linked to harsh parenting practices), outright abuse and neglect are stronger predictors of delinquency (Widom & Ames, 1994; Brezina, 1998). Recent evidence from the Dunedin (New Zealand) longitudinal study suggests that a subset of children may have a genetic vulnerability to parent-induced stress of this nature: evidence of a potentially important gene-environment interaction (Jaffee et al, 2004).

3.2.2 Gang membership as an outcome.
There are several possible interpretations of the family-level gang risk factor literature and there is arguably a strong need for more systematic reviews of the consistency of findings and relative strength of associations across well-conducted studies. On the one hand, evidence exists for a positive predictive relationship between virtually every dimension of family circumstances and parenting practices mentioned in the preceding section. Thus, as an illustration:

**Structural dimension**

- Family poverty (Bradshaw, 2005; Hill et al, 1999; Moore, 1991)
- Single parenthood (Esbensen & Dechenes, 1998; Thornberry, 2003)
- Parental conflict (Le Blanc & Lanctot, 1998)
- Large family size (Bowker & Klein, 1983)
- Relatives in gang/family ‘criminality’ (Curry & Spergel, 1992; Whitlock, 2002)

**Structuring dimension**

- Counterproductive disciplining practices (Winfree et al, 1994; Miller, 2001)
- Low monitoring & supervision (Esbensen & Weerman, 2005; Gatti et al, 2005)
- Low family involvement (Friedman et al, 1975)

**Relational dimension**

- Low attachment (Campbell, 1990; Cox, 1996; Eitle et al, 2004)
- Child maltreatment/abuse (Thornberry et al, 2003)

From this, it could be taken that the family risk factors for both adolescent offending and gang joining are identical (Thornberry, 1998). While Howell & Egley (2005) do not quite state this, they have sufficient confidence in the evidence base to put forward their integrative developmental model acknowledging many of these variables. A contrasting view comes from Klein & Maxson (2006), who show (table 1) that, often many studies, do not consistently support the above constructs with the notable exception of parental supervision. Eight out of the twelve reviewed studies carried out in the US (eg. Hill, 1999), UK (Bradshaw, 2005), and the Netherlands (Esbensen & Weerman, 2005) found positive predictive evidence for this construct.

Insights into the role of parenting and family may also be gained from member’s self-reported justifications for joining gangs. Klein & Maxson (2006: 156-160) in their review of the US literature, suggest that there is considerable variation across studies due to differences in method (free response vs. researcher-provided choices), however, a common reason for joining is having family members already in the gang (Thornberry, 2003; Maxson & Whitlock, 2002). Having peers in the gang, a need for protection, and material or status advantage are also common reasons, however, the involvement of older sibling and cousins has consistently been found to be a risk-factor for membership in older gang studies (Cohen et al, 1994; Curry & Spergel, 1992; Moore, 1991; Nirdorf, 1988; reviewed in Thornberry, 1998: 151). Becoming involved with gangs may, for some, be a fairly simple extension of associating with existing gang-involved friends and family.

A final, and potentially important set of insights into relevant family processes is given in recent ethnographic research. In his recent (2007) book ‘The Projects: Gang
& Non-Gang Families in East Los Angeles’, Diego Vigil reviews ten years of relevant fieldwork in the ‘Cuatro Flats’ housing project. The area is multiply deprived, with a high crime rate and a long history of ‘traditional’ gang involvement (Klein & Maxson, 2006), largely composed of Mexican and Mexican-American youth. The nature of the community and its gangs clearly limits generalisation both within the US and certainly in relation to the UK, however, a number of case studies vividly illustrate the family characteristics and processes that either unintentionally promote or inhibit gang joining. These insights are also valuable because the families of gang and non-gang youth have very similar demographic characteristics, in terms of structure, poverty, migration and work histories. Drawing conclusions from his fieldwork, Vigil summarises the key family factors that ‘push’ youth from families and into gangs as: permissive and authoritarian parenting; absent and abusive men; and lack of family social ties (Vigil, 2007: 164-176). Thus parental supervision and involvement tended to be low, with a preponderance of either harsh and ‘deterrent’ (fear) based disciplining or an absence of disciplining as the parent ‘gave up’ on their child, viewing them fatally as ‘uncontrollable’ or in relation to unhelpful stereotypes (‘boys will be boys’: p.167). Vigil notes denial both of community gang and crime problems and of their children’s involvement in them as characteristic of mother’s accounts (p.167). A number of case studies describe how un- or periodically involved fathers and other male partners can pose problems due to conflict (including outright, overt abuse) when they are present and emotional disruption when they leave. The author also notes the frequent community isolation of the mothers and parents of the gang-involved, including little interaction with neighbours and community groups. Together, the conditions of the household conspire to make it an un rewarding, upsetting, even dangerous environment that ‘pushes’ children onto the street where they are simultaneously ‘pulled’ by the promise of companionship, identity, structure, purpose and other perceived qualities of the gang. In effect, the child is seeking a ‘surrogate’ family and experiencing formative socialisation on the street as opposed to in the home (Vigil, ibid).

In contrast, families whose children resisted joining gangs more often attempted to instil discipline in their children by reasoning with them (stating and explaining ‘house’ rules), by emphasising positive reasons for obeying parents (love and respect) and by consistently applying non-physical punishment, such as grounding. They also spent much more time structuring the family day, including organising sit-down family meals and joint leisure activities, and by giving children responsibility, for example, for chores and child-minding (p.144). This concern with structuring also extended to encouraging children to get involved in extracurricular, after-school activities (church, sports, military cadets) and mothers modelled this same behaviour by volunteering in community life. These are no doubt ‘ideal’ descriptions but Vigil’s view seems to be consistent with much of the above literature in that well-supported and resilient families more often offer an emotionally warm and organised home life that, in conjunction with educational and extracurricular commitment, strongly reduces the value of and (crucially) opportunity to engage in ‘street socialisation’ with gang members.

3.3 Linked risk domains

3.3.1 Individual-level risk factors
**Delinquency as the outcome:** The developmental criminology and psychopathology literatures have achieved a degree of consensus regarding individual level risk-factors for serious and violent adolescent offending and three clusters of variables are relevant. The first cluster relates to early childhood problem behaviour (particularly aggression) and precocious involvement in offending and substance use. It may be more sensible to view later offending as continuity in earlier problem behaviour, rather than as a risk-factor (although other’s *reactions* to the early problem may intensify them), however, this cluster present the most robust set of predictors of chronic, serious and violent offending (Loeber et al, 1993). Children who exhibit externalising problems are more likely to have psychiatric diagnoses of ‘conduct disorder’ and ‘oppositional defiant disorder’ (Rutter & Hagell, 1998) and to exhibit problem behaviour throughout life (Moffitt, 2003; Lahey, 1999). The second cluster of risk-factors relates to aspects of temperament & personality (*‘psychological conditions’* in Lipsey & Derzon’s (1998) categorisation), including impulsiveness, hyperactivity, frequent experience of negative emotions, and low empathy. Children with low self-control, poor concentration and high levels of activity are more likely to be diagnosed with ‘attention-deficit’ related conditions, which may themselves be co-morbid with the above mentioned disorders (Farrington, 2007). Finally, low intelligence and poor social cognitive skills predict later offending (Farrington, *ibid*), the former perhaps being related to school failure; and both risk -factors contributing towards poor/egocentric decision-making and problem-solving in social situations.

**Gang membership as the outcome:** Most longitudinal studies in this area only recruit participants in late childhood or early adolescence (for example, the Montreal study began data collection at age 10) and so cannot easily report on risk-factors that have strong effects in childhood. However, it is clear from both featured reviews, that earlier behavioural problems, including conduct disorder (Lahey et al, 1999), hyperactivity (e.g., Craig et al, 2002), precocious ‘adult’ behaviour including early dating (Thornberry et al, 2003), underage sexual activity (e.g., Bjerregard & Smith, 1993), marijuana and alcohol use (e.g., Hill et al, 1999) and both general & violent offending (e.g., Curry et al, 2002; Hill et al, 1999, respectively) predict gang involvement. These findings fit with the modest selection effects discussed in earlier sections. Possessing values, attitudes and beliefs that are tolerant of offending also consistently predict gang joining (e.g., Esbensen, Huizinga & Weiher, 1993; Esbensen & Weerman, 2005; Thornberry, 1998), as does experience of earlier negative life events such as school exclusion (Thornberry et al, 2003). In sum, there is good evidence to suggest substantial overlap in individual-level *behavioural* risk factors across the two sets of outcomes. Evidence of predictive relationships is not only consistent across studies, it also offers some of the statistically strong and important associations.

### 3.3.2 Peer effects

**Delinquency as the outcome:** Lipsey & Derzon’s (1998) metal analysis suggests that the influence of peers is a relatively minor risk factor in young children (note ‘social ties’ in table 2 also refers to a set of peer-related variables: social activities and low popularity) but evidence suggests that the reactions of pro-social children to their already more antisocial peers plays a part in the maintenance of problem behaviour. This is because antisocial children are often excluded from play, which both limits
their opportunities to develop pro-social skills and increases the likelihood that similarly-rejected children will associate (Laird et al, 2001; Moffitt, 1993). The above review also confirms that association with delinquent peers (and related measures) becomes, by far, the most important risk-factor for both general and more serious offending during adolescence, and to a great extent, youthful offending is group offending (Gendreau et al, 1996; Keenan et al, 1995; Warr, 2002). Studies of the social interactions of delinquent youth confirm the tenets of orthodox learning theory: peers are more likely to model and reward antisocial attitudes and behaviour, and to punish pro-social behaviour (Buehler et al, 1966; Matsueda & Anderson, 1998; Wright et al, 2001). According to some authors, delinquent, risk-taking and adult-like behaviours (e.g., underage drinking, smoking, sex, etc) may have an increased value in the ‘maturity gap’ years between puberty onset and the transition into adulthood (Moffitt, 1993; 2003) and this, combined, with an increased general reliance on peer groups for identity and status, may account for the some of the greater susceptibility to group processes (learning, conformity) that in turn explain increased offending prevalence during the teen years (see also Warr, 2002). Importantly, and as hinted at in the preceding section, parental practices may be key here, with the degree of parental attachment determining the initial attraction to delinquent peers; and level of supervision determining the opportunities to associate with them (Warr, 1993; 2005). An equally important feature of offending in adolescence is its transience and there is both widespread and marked desistance in the late teens and early twenties (references). This is generally explained by shifts in social context and a common sensitivity to the changing patterns of delinquent risk and reward with age: peer attachment becomes less strong, peer association less frequent, and the consequences of offending more incompatible with adult roles and responsibilities (Moffitt; 1993; Sampson & Laub, 1993).

Gang membership as the outcome: Clearly a gang is, by definition, a peer network, and so to suggest that delinquent friends are a risk factor for gang membership risks tautology. However, as we have seen via the ‘facilitation’ effects described above, being in a gang adds extra risk for delinquent behaviour above and beyond that offered by mixing with delinquent peers. One unresolved question is to what extent this is due to the same group processes (learning, conformity) that operate in non-gang groups but with more exaggerated risks and rewards, or to different processes, where the gang fulfills a particular set of emotional needs and encourages particularly strong loyalties (Klein & Maxson, 2006, p.). Nevertheless, both table 1 and older reviews (e.g., Thornberry, 1998) reveal that delinquent peers are, by some distance, the most significant and consistently reported predictor of gang membership.

3.3.3 School-level risk factors

Delinquency as the outcome: It is important to distinguish between individual-level and school-level risk-factors. The former refers to an individual’s attitudinal and behavioural orientation towards school (for example, the extent to which they value good grades or are frequent attenders) together with their objective levels of achievement. School-level risk factors are properties of the institution that affect all attending pupils regardless of their commitment, for example, average class size, extent of extracurricular activity, bullying prevalence, or management regime and ‘ethos’ (Rutter, 1983). Delinquency studies generally focus exclusively on individual-level variables and find a number that increase risk for both general and serious
delinquency (Hawkins et al, 1998). These include: low commitment to education (Hirschi, 1969; Catalano & Hawkins, 1996), low educational and work aspirations (references); poor academic achievement (though this may be mediated by low intelligence or personality characteristics that make it difficult to attend in class: Farrington, 2007), and truancy (Farrington, 1989a).

**Gang membership as the outcome:** Evidence exists to support a link between the presence of virtually all of the individual-level variables discussed above and a raised risk for gang membership (Thornberry, 1998 for a review). Future gang members are also more likely than non-gang joiners to have been negatively labelled by teachers, (Huizinga et al, 1993), which may be due to the child’s behaviour or to the mis-application of labels derived from older siblings in the same school. Having other gang members as classmates also emerged as a unique risk-factor for membership (Curry & Spergel, 1992). Klein & Maxson (2006; table 1) offer a far more equivocal view, with the balance of selected studies offering only inconsistent support for this set of variables.

### 3.3.3 Neighbourhood context

**Delinquency as the outcome:** The attempt to understand the social conditions and processes that define high-crime communities is central to the development of criminology as a discipline, and, indeed some of the earliest gang research was part of the ‘Chicago School’ of ecological criminology (Thrasher, 1927; 1936). The task of explaining why communities vary in their crime rate is a conceptually different task to explaining why individuals living there develop problems with delinquency, but, briefly, area crime rates are predicted by indices of poverty and social marginality, and by factors that reduce opportunities for neighbourly interaction (such as residential mobility) and impair the realisation of common goals and values (Bottoms, 2007; Sampson et al, 2002). Sampson & colleagues (1997) in a well-cited multi-level study of Chicago neighbourhoods found that ‘collective efficacy’ - a combination of quality of social ties and shared willingness to regulate youthful street behaviour – predicted variation in neighbourhood violent crime rates over and above the effects of poverty; in other words, levels of collective efficacy explained why similarly poor neighbourhoods had different crime rates. The relationship between crime and social process is likely to be bidirectional in that the former may arise from the latter but then further reduce resident’s ability to defend their community, for example, when the threat of violence produces fear, social withdrawal and ‘no-go’ areas (Lane, 2002). Wikstrom & Loeber (1997) have also shown how neighbourhood problems can interact with individual-level risk factors: children with high levels of individual risk are likely to develop antisocial behaviour regardless of where they live, however, low-risk children are much more likely to develop problems if they lived in a high-risk neighbourhood.

**Gang membership as the outcome:** Gangs arise in conditions of extreme and varied social exclusion or ‘multiple marginality’ (Fagan 1996; Thornberry et al. 2003; Vigil 2002) and the communities in which they are most active tend to typify the poor, socially disorganised archetypes described above. One distinguishing characteristic of (particularly, American) gangs may be the enhanced symbolic significance of neighbourhood as ‘territory’ or ‘turf’: as a central component of group identity; and a source of both pride and conflict with other gangs (Vigil, 2007). While indices such as
community crime rate (Thornberry et al, 2003), poverty (Hill et al, 1999), and social disorganisation (Thornberry, 1998) have been found to be risk factors for gang membership in a number of studies, the evidence is again equivocal: explanations of the variation in gang activity across similarly poor and disorganised areas is not yet well understood (Klein & Maxson, 2006). Another, perhaps obvious, yet important source of risk for gang membership is the simple fact of gang existence in the neighbourhood of residence (Curry & Spergel, 1992; Nirdorf, 1988).

3.3.4 A note on gender

It will be noted that we have not considered gender as an individual-level risk factor, despite the fact that there is a higher prevalence of all types of externalising disorder at all ages, with the gap particularly large in childhood and particularly narrow during early adolescence (Moffitt, 1993). A full discussion is beyond the scope of this review (though see Moffitt et al, 2001) but for now, we will note that (male) gender is primarily a marker for ‘risk’ but in and of itself cannot explain variation in offending. Likewise, we have not discussed whether patterns of risk factors differ across gender. This is a considered decision: many of the featured studies concentrate predominantly or exclusively on males and so less is known about females. However, studies that do consider patterning across the sexes find few systematic differences (Thornberry et al, 2003; Klein & Maxson, 2006; Moffitt et al, 2001).

3.4 Conclusions: The explanatory scope of families and parenting

There are many limitations to the reviewed literature: it is predominantly US-focused, affected by substantial variations in study design and variable measurement, and much less established in relation to the gang literature than it is in relation to general and serious delinquency. A number of substantive conclusions can be made, however. First, while gang membership and serious adolescent offending are not coterminous, there is substantial overlap in the risk factors for both, and a well-documented relationship between the two. Children who display multiple risk factors in multiple domains are at a substantially higher risk of developing persistent behavioural problems and for joining gangs (Thornberry, 1998; 2003). Put another way, there do not seem to be obvious risk-factors that uniquely predict gang membership, though, given that having existing gang members in the family (e.g., Cohen et al, 1994), as friends (Winfree et al, 1994), as schoolmates (e.g., Curry & Spergel, 1992) and in the community (Nirdorf, 1988) all present risk, it may make a certain amount of practical sense to view ‘risk for gang membership’ as ‘presenting with actual problem behaviour’ plus one or more of these factors. Klein & Maxson (2006: 150) would not support this view and advocate separately developed risk assessment and preventative interventions based on the strongest predictors of gang involvement, such as ‘characteristics of peer networks…externalising behaviours, positive attitudes toward delinquency, and parental supervision practices’ (2006: 148-149). Their view, (like the present author’s) is, however, based on a non-systematic assessment of a selected literature base and the question of the degree of overlap in prediction and assessment should be seen as an empirical one, with meta-analyses needed to resolve differences in position. A stronger view, with clear relevance is cited by Howell in a (1998) review of gang interventions:

‘Because separate causal pathways to gang participation versus non-gang serious and violent offending have not been identified, programs found to be
effective or promising for preventing and reducing serious and violent delinquency in general may hold promise in combating gang delinquency and violence' (Howell, 1998, p. 302).

A second set of points relate to complexity: both delinquency and gang involvement result from the dynamic developmental competition of risk and protective influences across interacting domains. Conceptual (and, as yet, speculative) models like that put forward by Howell & Egley (2005) in fig. 1 are needed to capture this complexity. With regard to families, it is clear that, in addition to passing on genetically influenced risk and resilience to individual children (e.g., in relation to temperament), parenting practices are variable, multifaceted and strongly affected by neighbourhood and household context. Important factors in both contexts include: the presence of violence and drug-use; the availability of emotional and practical support; and levels of material sufficiency. Parenting practices, including disciplinary style and modelled attitudes and behaviour influence the developing child’s ability to function socially and their commitment to doing well at school. Most importantly, parental attachment seems to influence the initial attractiveness of anti-social peers, and competent structuring, monitoring and supervision practices reduces the opportunities to be influenced by them. While stronger and more consistently supported risk-factors exist in other domains at particular ages (for example delinquent peer effects in adolescence), parents as the major early-life influences on children, seem to be a reasonable focus for support with the aim of reducing both delinquency and gang involvement. At the same time, the complexity of development and interdependence of risk domains means that the likely effect of targeting aspects of functioning in just one (e.g., the family) domain are likely to be limited in their impact.

Figure 1: A developmental model of gang membership. Source: Howard & Egley (2005, p340).
4. Reducing the problem: Supporting parents of ‘at-risk’ & gang-involved youth

In common with the speculative ‘causal’ theories to which they give rise, knowledge of risk-factors for a given outcome is imperfect; and all risk-assessment tools misclassify a proportion of the assessed as false positives (deemed at risk, but are actually not) and false negatives (not deemed at risk, but actually are). It follows then, that even the most sophisticated interventions based on the reduction of known risk-factors will also be imperfect, that is, only partially successful. Over and above imperfect theoretical knowledge, interventions of course, succeed or fail for many other reasons to do with ‘patient’, ‘therapist’ and their interaction. These factors suggest caution against unrealistically high expectations of interventions, and we bear this in mind as we ask in this chapter ‘what types of intervention are likely to benefit parents of children at risk of, or already involved in, gangs?’. We begin by noting variations in the types of family intervention available. After noting the importance of evaluation research for demonstrating effectiveness, we then review the place of family interventions in the gang reduction literature. Because - echoing Howell’s quote in the preceding section - we are also concerned with the serious behavioural and offending problems of gang members, we selectively review the effectiveness literature in this general area.

4.1 Approaches to and variation in family intervention

Our review is in relation to discrete outcomes, however, it is worth noting that ‘parenting support’ of various kinds and with regard to a wide range of child and family outcomes, has become an extremely popular policy vehicle here in the UK and elsewhere (France & Utting, 2005). Excellent general reviews of the variation in provision (e.g., Clarke & Churchill, 2007) and effectiveness (Moran et al, 2004) are available. Here, we will confine ourselves to a few relevant remarks.

4.1.1 General approach

Most interventions, family or otherwise, can be located within a broad population health approach and are: ‘primary level’ (universal, delivered to entire populations regardless of risk); ‘secondary level’ (targeted at a defined ‘at risk’ sub-population) or ‘tertiary level’ (targeted at individuals with established problems). It is worth noting here, that most of the interventions reviewed below are either secondary or tertiary level, and thus ‘risk-focussed’ (Farrington, 2007). Primary level interventions can sometimes be difficult to justify on cost and efficiency grounds as only a proportion of the entire population will develop the outcome in question. One final point regarding this approach to classification is that, in practice, there may a blurring between secondary and tertiary boundaries as interventions for ‘at risk’ individuals are aimed at both tackling existing problems (e.g., childhood aggression) and at preventing future escalation of that behaviour (e.g., violent adolescent offending).

Many of the family interventions reviewed below are also classifiable as ‘developmental’ interventions under Tonry & Farrington’s (1995) 4-fold model of crime prevention. Developmental interventions aim to prevent crime in the individual by reducing early-life sources of risk in various domains. This is in contrast to community prevention (where change is effected by modifying local social conditions and institutions); situational prevention (‘designing out’ crime opportunities via better
security and surveillance); and criminal justice prevention (via deterrence, incapacitation, rehabilitation, restoration, etc). Again, discrete interventions may straddle several categories, for example, a post-1998 Crime & Disorder Act ‘Parenting Order’ is simultaneously a criminal justice and a developmental prevention measure.

4.1.2 Further dimensions of variation
Family interventions also differ along the following dimensions (see Clarke & Churchill, 2007, ch. 2):

- **Manner of working**, for example, simple provision of information to families, group-based classes or more targeted work with individual families
- **Target(s) of interventions**, for example, involving work with the index (targeted) child, parents, or whole family. ‘Targeting’ can also relate to the selection criteria for intervention.
- **Setting.** Interventions can be delivered in a range of settings including the home, community or clinical/institutional settings
- **Theoretical/therapeutic approach.** This is perhaps the most important consideration. Most of the effective interventions reviewed below may be classified as either behaviourally- or relationship-focussed. As outlined in the above section on family-level risk factors, many early child behavioural problems can be explained to an extent by social learning and attachment theory, that is, parents ineffectively praise and punish their children or have emotionally disrupted and disruptive relationships. Risk-focussed family interventions tend to focus on re-shaping the child’s behaviour through teaching parents more effective behaviour management and/or improving the quality of communication between parent and child. Relationship focussed components often involve work with the family unit as a whole whereas behaviourally-focussed components often work indirectly with the target child/young person by working directly with the parent(s). Several interventions include both approaches and we will discuss these in greater detail below.

There is potentially much more to write under each of the above headings and, indeed, many other dimensions of variation to consider (for example staffing, training, management, etc) but we have covered the most relevant points in sufficient depth. We now make a brief but important detour to consider how we distinguish between effective and ineffective interventions.

4.2 Effective interventions and their characteristics

A combination of advances in scientific review techniques (specifically systematic and meta-analytic reviews) and a recently expressed aim in the UK and elsewhere of implementing more ‘smart’ or ‘evidence-based’ policy has fed the burgeoning science of evaluation research and created a huge literature relating to the effectiveness of social programmes. This has a number of beneficial consequences. Principally, it emphasises the need for high quality evaluation designs to be built into interventions in order that effectiveness can be demonstrated. This is important, not only for judging success but for answering questions with theoretical and practical significance like:
• ‘what works?’ (successfully and cost-effectively reduced problem outcomes).
• ‘for whom?’ (characteristics of people who show/don’t show the greatest/least improvements)
• ‘under what conditions?’ (aspects of the service associated with success)

This is helpful for informing theory (hypotheses can be tested and falsified as part of the evaluation) but is also for planning future interventions so that, with reference to previous studies, they contain ‘features likely to succeed’ (Maguire, 2004). It is worth pausing briefly to consider some of these features in relation to parenting support (Moran et al, 2004) and offending behaviour programmes (Andrews & Bonta, 2006; Maguire, 2004). Despite differences in targets, outcomes and client-groups, some important similarities emerge (table 3).

Table 3. Comparison of ‘features of likely to succeed’ in offending behaviour and parenting support interventions (adapted from Maguire, 2004, 153-4 and Moran et al, 2004, 7-8)

<table>
<thead>
<tr>
<th>OFFENDING BEHAVIOUR PROGRAMMES</th>
<th>PARENTING SUPPORT PROGRAMMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a clear, empirically defensible theory of crime that is translated into programme content, together with concrete, measurable outcomes.</td>
<td>a strong theory-base and clearly articulated model of mechanism of change; have measurable, concrete objectives as well as overarching aims</td>
</tr>
<tr>
<td>a robust assessment of risk-level, with associated levels of support based on that risk; medium to high risk individuals are prioritised.</td>
<td>targeted interventions (specific populations or individuals at risk) to tackle complex types of parenting difficulties</td>
</tr>
<tr>
<td>programmes that have breadth: work in varying ways (e.g., teaching, role-play, practical skills, group work, mentoring), across a range of risk-factors and settings.</td>
<td>interventions using more than one method of delivery (i.e., multi-component interventions); that work in parallel (not necessarily at the same time) with parents, families and children</td>
</tr>
<tr>
<td>responsivity: services that form affirming, rule-bound, collaborative therapeutic relationships, and incorporate cognitive &amp; behavioural methods</td>
<td>behavioural interventions focussing on parenting skill; ‘cognitive’ interventions for changing beliefs, attitudes and self-perceptions about parenting</td>
</tr>
<tr>
<td>integrity: clear (preferably manualised) and detailed descriptions of service components; and highly quality staff that deliver the service as intended and do not deviate (dilute) the intended intervention.</td>
<td>interventions that have manualised programmes where the core programme is carefully structured and controlled to maintain ‘programme integrity’</td>
</tr>
<tr>
<td>community base, where practicable (i.e., not with high risk or ‘dangerous’ offenders), interventions tend to be more effective in ‘natural’ community setting, including the family.</td>
<td>individual work, where problems are severe or entrenched or parents are not ready/able to work in a group, often including an element of home visiting</td>
</tr>
</tbody>
</table>

One implication of these similarities is that, despite the variation in interventions described in the preceding section, core features may predict success across client group and outcome. As we shall see, all the recommended family interventions below possess these broad features. One broader implication of the evaluation research literature from which they arise, is that we now have robust review tools that assist in the definition and selection of effective interventions. We will make use of these tools in the following sections as we select from the many studies in both the gang and delinquency reduction literature.

4.2 Parents & families in gang reduction programmes.

An important and early conclusion from a survey of the gang reduction literature is that family interventions are rare and tend not to be integral to often more comprehensive programmes. This being the case, there is merit in briefly discussing ‘typical’ approaches to gang reduction, before turning to ‘atypical’ approaches. It is important to note that, in contrast to the individual orientation of much of the risk-
factor literature, many gang reduction programmes aim to change not only individuals but also groups (the gangs themselves) and entire communities; and evaluation of outcomes is often at many levels.

4.2.1 Typical approaches to gang reduction
Howell (2000), in an exhaustive review of American gang reduction initiatives, distinguishes between a number of broad approaches, and we will briefly discuss four of them: prevention, intervention, suppression and comprehensive approaches. Prevention programmes generally refer to primary but more often secondary level interventions (although ‘at risk’ seems often to be operationalised as ‘living in an area where gangs are active’) and include detached youth work, provision of community facilities (e.g., after-school clubs) as an alternative to street ‘hanging’ and school-based programmes. One very well-cited example of the latter is the GREAT (Gang Resistance Education And Training) programme in which police officers deliver a 9-week course to middle school students, teaching sets of skills (e.g., ‘conflict resolution’, ‘meeting basic needs’, ‘responsibility’) that aim to promote resilience to gangs. Despite some initially positive results in the 11-site evaluation study regarding anti-gang and pro-police attitudes (Esbensen et al, 1997; 2000), longer-term assessments found no effects on gang membership or delinquency (Esbensen et al, 2004).

Intervention strategies generally equate to tertiary-level prevention and vary even more widely in their methods, including therapeutic work with incarcerated gang members, street-level inter-gang mediation and crisis intervention and, again, detached youth work. One famous example of the latter strategy features two contrasting projects devised by Malcolm Klein (1968, 1971). In the first, working with gangs as groups served to increase cohesiveness which was associated with both a growth of the gang and increased offending. In the second, working with individuals (via therapy and training) reduced cohesiveness and arrest rates. This positive effect decayed after the programme ceased.

Suppression efforts tend to be of a criminal justice nature and focus on ‘whole community’ gang crime reduction via police crackdowns, increased surveillance, and deterrence-based communication campaigns. One notorious example of this is ‘Operation Hammer’ in south Los Angeles (Klein, 1995a) where a large scale crackdown resulted in around 1400 arrests, mostly of non-gang members who were virtually all released without charge. A rather more sophisticated exercise in ‘problem oriented policing’ is the well-cited Boston Gun Project (‘Operation Ceasefire’ - Kennedy et al, 1996; Braga, 2001) where a detailed assessment of local needs resulted in an effective police-led multi-agency deterrence strategy. The approach was advocated for Manchester in the early 2000s although more recent writing suggests some drift in aims (Bullock & Tilley, 2002; 2008).

Finally, the modern US trend is to invest heavily in comprehensive programmes that combine prevention, intervention and suppression efforts. One example is the OJJDP\(^5\) Comprehensive Gang Model (or ‘Spergel model’) that attempts to engage entire communities via five ‘core strategies’: community mobilisation; provision of social opportunities; social intervention (mostly street work); gang suppression; and

\(^5\) Office of Juvenile Justice and Delinquency Prevention (a sub-office of the US Department of Justice)
organisational development. While many authors (including Howell) hailed this approach as a major step forward, Klein & Maxson (2006) consider inadequate programme design and implementation to be responsible for equivocal early results in pilot programmes; and they class it as a ‘failed programme’.

4.2.2 Focus on families in gang reduction programmes

Frequent referral to families in the preceding section is conspicuous by its absence and prefigures findings in this section to a great extent. In order to identify effective family interventions that aim to reduce gang activity, a number of recent reviews of the gang reduction literature were consulted (Butler et al, 2004; Esbensen, 2000; Howell, 1998, 2000; Klein & Maxson, 2006, chapter 3) and we shall refer to consistencies across these and two relevant meta-analytic reviews of effectiveness (Welsh & Hoshi, 2002; Sherman et al, 1997). Three key sets of points can be made.

First, that despite numerous systematic efforts to reduce US gang problems since 1936 (Thrasher’s Chicago ‘Boy’s Club’) utilising very many methods and expending millions of US dollars, very few programmes have been evaluated, either at all, or in a way that permits one to draw strong conclusions regarding effectiveness. Only three studies reach the standards for inclusion in Welsh & Hoshi’s (2002) meta-analysis of gang prevention programmes and only nine further studies are included in their separate analysis of gang interventions (in practice, a mixture of intervention, suppression and comprehensive strategies).

The second major point is that, of those that are included in meta-analyses, none of the gang prevention and only three of the gang intervention studies refer to parents or families as programme components: Miller (1962); Klein (1968); and Gold & Matlick (1974). Miller’s (1962) ‘MidCity’ project in Boston prioritised detached youth work and community organisation but made available psychodynamic ‘chronic family problem’ counselling available to parents of gang members. ‘Family counselling’ (Klein, 1968) and ‘parental education’ (Gold & Matlick, 1974) were also peripheral components of more youth-directed projects. Versions of Spiegel’s (1997) comprehensive model also allow for family interventions as one of multiple programme components.

The third and perhaps most salient point is that, of the four studies that permit analysis of effectiveness and include some form of family treatment component, two had no or very minor effects on gang offending (Miller 1962; Gold & Matlick, 1974), one had positive effects (Spiegel, 1997), but was so comprehensive, it is almost impossible to attribute success to the family component, and one, famously, led to an increase in gang offending (Klein, 1968), though for reasons unrelated to parenting (see above). Almost identical conclusions to the three cited here can be found in Sherman and colleagues’ earlier (1997) meta-analysis.

There is little evidence from meta-analytic studies, therefore, that parenting support of any kind is an integral part of either gang reduction programmes per se or of effective gang reduction programmes. This view is reinforced by other more selective and narrative reviews cited at the beginning of this section and a final set of points can be made regarding effective gang prevention. The only regularly cited prevention programme with a family component that has achieved success in reducing future gang membership is Tremblay and colleagues’ (1996) Montreal Preventive Treatment
Program. In this programme for children showing disruptive behaviour at kindergarten, a combination of parent training (focussing on behaviour management) and child training (focussing on development of social skills and self-control) reduced behavioural problems in the short term and reduced delinquency, substance use and gang membership at age 15. It will be noted that this secondary intervention was aimed at children manifesting actual problem behaviour and was not designed as a gang reduction programme per se. It will also be noted that, unlike most delinquency prevention programmes, gang membership was included as an outcome.

This finding, combined with both the general lack of effectiveness of ‘typical’ gang reduction programmes and absence of family interventions, reinforces the view (echoing Howell’s earlier quote) that prevention and intervention efforts should focus on overt problem behaviour and not real or apparent gang status. We now turn to this more confident and fundamentally family-focussed literature.

4.3 Parents & families in delinquency reduction programmes.

4.3.1 Key issues in the selection of studies.
What follows is not intended to be an exhaustive review of all possible effective interventions, or even a systematic review of promising interventions. An attempt, in the context of a sprawling literature, is made to ‘cut to the chase’ by identifying a limited range of studies that fulfil important criteria:

- have a family or family-and-child focus
- focus on the reduction of existing behavioural problems or prevention of escalation of those problems
- work across multiple risk domains
- have been repeatedly shown to be effective in high quality evaluation research
- have been or are about to be piloted in the UK

We draw on a number of meta-analytic reviews of effectiveness (Farrington & Welsh, 2002, 2003; Sherman et al, 1997; Welsh & Farrington, 2006; Wolfenden et al, 2002), on the influential ‘Blueprints for Violence Programme’ at the University of Boulder at Colorado (Elliott, 1998) and on varied selective reviews, ranging in focus from general parenting support (Moran et al, 2004) to the prevention anti-social personality disorder (Utting et al, 2007).

4.3.2 Programmes of proven effectiveness. A total of five programmes are identified as being amongst the best and most consistently evidenced in the literature. They are:

1. Nurse Family Partnerships (Olds, 1986; 1998)
2. The Incredible Years (Webster-Stratton, 1984; 2001)
4. Multidimensional Treatment Foster Care (Chamberlain, 1998; 2007)
5. Multisystemic Therapy (Henggeler et al, 1998)

We will discuss each programme in turn in relation to their content and effectiveness and with regard to the relevant age-bands and targeted risk domains. The latter two dimensions are represented in table 4 below.
Table 4. Five ‘model’ family interventions by age-range and risk domain tackled

<table>
<thead>
<tr>
<th>AGE</th>
<th>individual</th>
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<th>peer</th>
<th>school</th>
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<td>15-19</td>
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Key: 1 = nurse family partnership; 2 = Incredible Years Systems; 3 = functional family therapy; 4 = multidimensional foster care; 5 = multisystemic therapy.

4.3.2.1 Nurse Family Partnerships

The Nurse Family Partnership (NFP) programme has been developed over the last twenty-five years by the American academic David Olds and colleagues (1986; 1998) and is, in essence, an intensive home visiting programme delivered to vulnerable first-time mothers and their children. The programme has three primary goals: to improve pregnancy outcomes; to improve child health and development and to improve parents’ economic self-sufficiency. NFP is delivered to selected families by a highly trained nursing professional who visits predominantly weekly-to-fortnightly from early on in pregnancy until the end of the second year of the child’s life. Each visit is meticulously planned and recorded and lasts sixty to ninety minutes. After initial risk assessments, tailored interventions are devised that focus on changing health behaviour (e.g., smoking and drug use), parenting behaviour (promoting relationship warmth and regulation of the child’s behaviour) and on developing both informal (friends and family) and formal (service) support. Realistic and incremental goal-setting in relation to target behaviours is a strong feature of the programme. Nurses have low caseloads (typically 20-25) and are supervised and supported in small teams by a manager.

NFP has been rigorously evaluated to high standards in three American sites: Elmira (Olds et al, 1986; 1997; 2003); Memphis (Kitzman et al, 1997; 2000); and Denver (Olds et al, 2002; 2004b). The evaluations differ mainly in terms of sample characteristics (e.g., size, predominant ethnicity) and we will concentrate here on findings from the original Elmira study and it’s fifteen year follow-up. In this study, 400 predominantly White, socio-economically disadvantaged, teenage first-time mothers were randomly allocated to one of four treatment conditions: intensive home visits during pregnancy; intensive visits during pregnancy and up to 24 months postpartum; or control (either no home visits with developmental screening or this plus free transportation to pre- and postnatal check-ups). Families receiving the full service experienced a range of significant short, medium and long-term benefits compared to controls, including: reductions in prenatal poor diet and smoking; reductions in the incidence of child abuse and neglect; and improved maternal life chances (fewer unwanted pregnancies, better work record, less reliance on welfare) at fifteen-year follow up (Olds et al, 1986; 1997; 1998). Home-visited mothers also reported fewer arrests, convictions and substance abuse problems at the later follow-up. Some of the more dramatic findings are in relation to child behavioural outcomes aged fifteen: in addition to reductions in the prevalence of precocious smoking,
drinking and drug use, children of home-visited mothers exhibited 56% fewer arrests and 81% fewer convictions relative to controls (Olds et al, 2003).

These well-cited results were achieved in optimum conditions in a very different service context to the UK. Both more recent evaluations in Memphis and Denver are showing positive results, however, and NFP is currently being piloted in 10 UK sites (including Manchester), with a further 20 pilots planned for the near future (DH, 2007; 2008). The UK is, naturally, one of the very few countries offering a statutory universal health visiting service, however, NFP (confusingly termed ‘Family Nurse Partnerships (FNP)’ in the UK) is being delivered as a secondary intervention to some of the most socially excluded families (Social Exclusion Task Force, 2006, 2007).

4.3.2.2 Incredible Years

The Incredible Years Series (IYS) is a set of comprehensive programmes developed over twenty-five years by Carol Webster-Stratton and colleagues (Webster-Stratton, 2001). The programmes aim to reduce aggression and conduct disorder problems and improve social competence in children aged 2-12. Services are delivered to groups of either children, parents or teachers, often in community or school settings and teach a variety of skills via ‘videotape’ modelling (footage of parent-child interactions illustrating different parenting styles) and associated group work. The ‘Basic’ programme is intended for parents of children aged 2-7 years; it is delivered by trained staff and composed of 12-14, two-and-a-half hour sessions with groups of 10-14 parents; work topics include effective behaviour management, play and learning; and problem solving. ‘Advance’ classes are available for parents with additional family risk factors (e.g., poor mental health, partner conflict). A related parent training programme is available for parents of older children and for teachers who learn behaviour management strategies for the classroom setting. Finally, direct training with referred children is available and focuses on developing pro-social skills (Webster-Stratton, 2001). Webster-Stratton & Hammond (1997) suggest that effectiveness is increased when parent and child training are combined in the index family.

IYS has been implemented and evaluated to high standards in the US, UK, Norway and Canada (Webster-Stratton, 2001; Utting et al, 2007 for a review). In the UK, effectiveness studies in Oxford (Patterson et al, 2002), London (Scott et al, 2006) and several Welsh sites (Hutchings et al, 2006) support the general conclusion that the programmes produce significant gains in reducing child conduct problems and improving social competence. The programmes are also offered to a growing number of families in Manchester via it’s co-ordinated Parenting Strategy (Manchester City Council, 2006).

4.3.2.3 Functional Family Therapy

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6 NFP is aimed at vulnerable and poor teenage mothers, a description that may fit a proportion of young women involved in or associated with youth gangs and who are at an elevated risk of unplanned and teenage pregnancy (Thornberry et al, 2003, p.174). NFP may be particularly recommended, therefore, for first-time mothers who are ex-gang members or still retain gang affiliations. In order to be consistent with the previous assertion that intervention is more confidently recommended on the basis of actual behaviour as opposed to social (gang) status, a further necessary criterion may be that one or both parents have themselves been involved in gang-related offending. The long-term preventative potential for reducing problem behaviour in children also recommends the programme.
Functional Family Therapy (FFT) is a family systems programme developed over a number of decades by James Alexander and colleagues in Utah (Barton & Alexander, 1980; Alexander et al, 1998). The programme is suitable for the families of young people aged 11-18 who are already involved in both minor and serious offending and so straddles the distinction between secondary and tertiary intervention approaches. FFT aims to improve both structuring (supervision and effective discipline) and relational aspects of family functioning, with strong emphasis on reducing ‘defensive’ (hostile & critical) communication patterns and promoting ‘supportive communications’ (favouring active listening, turn-taking and empathy). The programme is of variable intensity (typically 8-12 hours but occasionally as long as 30 hours) and delivered over a 3-month period in home or clinic settings by trained practitioners engaging individual family units. Therapeutic content consists of moving the family through a number of distinct stages: a preparatory stage designed to promote engagement and motivation and convince the family that change is possible; assessment and behaviour change including communication training, parenting, problem solving and conflict management skills; and generalisation where newly reinforced skills are applied to a range of real-world situations.

Effectiveness research has generally been small-scale and US-focussed but has generally delivered marked positive effects with both minor and serious delinquents (Alexander & Parson, 1973; Barton et al, 1985; Gordon et al, 1995). In the former study, 99 families of relatively minor delinquents aged 13-16 were allocated to either FFT, alternative treatments or control; in addition to better family communication, re-offending rates amongst the FFT group were significantly lower (26% vs. 47-73% for other groups) at 18months. Additionally, and illustrating the power of the family systems approach, *siblings* of the FFT index juvenile had significantly fewer court contacts at follow-up than siblings in other conditions (20% vs. 40-63%; Klein et al, 1977). In other words, the gains with regard to communication and parental management of behaviour had generalised to other children. Utting and colleagues (2007, p. 78) describe the recent adaptation of FFT to a UK setting as a court-mandated disposal for the parents of young offenders (‘Parenting Wisely’: Gordon & Kacir, 1997; Gordon, 2000; Utting et al, 2007 for a review).

**4.3.2.4 Multidimensional Treatment Foster Care (MTFC)**

MTFC is best associated with Chamberlain & colleagues (1998; 2003) but grows out of the influential Oregon Social Learning Centre and the pioneering work of Gerald Patterson. Patterson (1982, 1997) has applied social learning theory to the development of behavioural parent management training (PMT) programmes that are the ‘method of choice’ for virtually all of the programmes reviewed in this section. The PMT approach, based on an analysis of parent-child interactions, suggests that child behaviour problems are often the product of coercive processes whereby disruptive behaviour is a learned (rewarded) strategy for evading parental control. PMT-based treatments attempt to break this cycle by teaching parents to set and effectively reinforce positive behaviour and ignore negative behaviour. MTFC is suitable for children and young people with overt behavioural and offending problems and is an effective alternative to residential treatment. Referred children are assigned to live with trained foster carers for 6-9 months who, via PMT methods, contingently re-shape disruptive behaviour and also provide very high levels of supervision in the home, school and community. Biological parents are also trained in the same methods
so that the index child can eventually return home to the same positive environment. Finally, index children themselves receive direct therapeutic training.

The nature of this mixed secondary/tertiary intervention means that evaluations tend to be small scale, however, findings are consistently positive and significant reductions in criminal justice contacts have been observed for both chronic male and female delinquents (Chamberlain & Reid, 1998; Leve et al, 2005). Follow-up of the Chamberlain & Reid (1998) study of 79 males aged 12-16 randomly assigned to MTFC or group therapy, also showed that the MTFC group had significantly fewer associations with delinquent peers. MTFC is currently being piloted for adolescents in eighteen Local Authority sites in the UK with services for children being planned in a further six (DfES, 2008). Both implementation and evaluation are taking place in Manchester.

4.3.2.5 Multisystemic Therapy (MST)
MST is associated with the work of Scott Henggeler and colleagues at the Medical University of South Carolina (Henggeler et al, 1998). In many ways, it represents the most intensive and ambitious multi-modal, multi-setting intervention covered in this section but it is also one of the better supported and effective. MST is delivered to the families of serious delinquents aged 12-17 by a dedicated worker who is available twenty-four hours a day for advice and support and has direct therapeutic contact for around 60 hours over four months. Workers have low caseloads (5-6 at any one time) and small teams (3 practitioners plus a supervisor) work with around 50 families per year. The approach is truly systemic and sees the adolescent’s offending as being multiply determined by risk factors in all five risk domains reviewed in section 3. Initial assessments are made of these risks and tailored solutions created that focus predominantly on building both relational and structuring parenting skills (via PMT techniques) but that also help remove obstacles to their acquisition, for example, by treating parental mental health problems and by building informal support from family, friends and neighbours. Effective and collaborative parent-school relations are also built and individual therapy offered to the index adolescent.

MST has been evaluated to high standards in the US, Canada and Norway (see Utting et al, 2007 for a review) and is about to be piloted in 10 demonstration sites across the UK, including Trafford in Greater Manchester (Cabinet Office, 2008). With some dissent (Littell, 2005), the programme is widely acknowledged to be effective in: reducing offending, aggressive behaviour and arrest; reducing time in out-of-home placements (e.g., care setting); reducing delinquent peer associations; and improve parenting skills and family functioning (Curtis, Ronan & Borduin, 2004). The programme aims to bring lasting benefits by identifying and reducing risk factors in the ‘natural’ community setting and long-term reductions in offending have been identified over thirteen years after the original treatment (Schaeffer & Borduin, 2005).

4.4 Conclusions: Filling the evidence gap on gang membership reduction
The science of designing, delivering and evaluating risk-focussed prevention and intervention has developed enormously over the last three decades and we are now in a much better position to comment on ‘what works’ questions in relation to a given outcome. We have seen that, despite the acknowledged importance of family-level variables in presenting risk for gang-joining, family intervention components are
peripheral (at best) in ‘typical’ gang reduction programmes where suppression remains the modal response. For this reason, and because it may be more justifiable to offer intervention on the basis of behaviour than group affiliation, we have concentrated on identifying effective family interventions for reducing childhood behavioural problems and adolescent offending. The identified studies were selected as they represent five of the most consistently cited effective programmes in the literature. Despite variations in age-appropriateness, they share common characteristics, including:

- A strong theoretical rationale based in social learning theory and embedded within broader family-systems and social-ecological perspectives
- A stress on improving family communication (relational family variables) and behavioural management skills (structuring variable such as disciplining and monitoring)
- Tackling multiple risks by attempting to link families to broader sources of formal and informal support
- Delivery in home or community settings
- High levels of training from accredited bodies and close attention to programme integrity
- High quality evaluations that show reliable benefits over time and across treatment settings.
- Cost effectiveness: programmes save more money in terms of dealing with prevented problems than they cost to set up and run.

It will be noted that many of these characteristics correspond to the characteristics of effective offending behaviour programmes discussed earlier (Maguire, 2004).

A number of findings from the reviewed interventions bear repeating. First, as shown in FFT evaluation, the family systems approach may generalise its effects beyond the index child to other children in the family who may be at current or future risk of offending; these programmes may therefore be a particularly efficient method of prevention. Second, and in particular relation to MTFC and MST that are delivered in adolescence, programmes directly improve supervision practices and reduce delinquent associations; variables found be strongly predictive of both offending and gang membership.

Finally, we have concentrated on selecting and describing recommended programmes and with a focus on consistently positive findings. This does not mean that each of the projects will successfully engage all families and there are well-described difficulties, both in engaging parents of offending children and preventing them from dropping out when enrolled (Moran et al, 2004; Clarke & Churchill, 2007, 51-55 for a review). A more detailed review of MST that included drop-outs (i.e., based on ‘intention to treat’ as opposed to ‘programme completers’) found less promising results (Littell, 2005). Kane (2007, cited in Clarke & Churchill, ibid, 55-56) also describes a number of common issues and parental concerns that need to be overcome in interventions for children with behavioural problems. These include: a sense of lost control, guilt and stigmatisation at having to accept help which is tantamount to admitting parenting failure; lack of partner support was also an important issue and fathers are less likely to attend such classes (Ghate & Ramella, 2002). While family support was generally
very successful at challenging early fears, it is clear that a great deal of sensitive preparatory work may be necessary to even begin engaging with some families.

5. Conclusions and recommendations

5.1 General summary

We have seen that, despite the disproportionate focus on US gang discourse, and formidable problems of varying definitions, data source and study methods, it is both possible and meaningful to speak of youth gangs across the world, Europe, the UK and in Manchester. The varying pictures of gang involved youth that emerge guard against easy stereotypes, however, it is clear that being a gang member significantly amplifies the risk of various adverse outcomes, including serious and violent offending. We have noted, however, that gang membership and serious adolescent offending are not synonymous and, given the haziness of defining membership (not least by gang members themselves), care should be taken when applying unnecessary and potentially stigmatic labels to non- or minor-offending youth suspected of gang affiliation. Equally, interventions justified on the grounds of suspected or actual gang involvement alone are problematic and it may be much more defensible to focus on the overt problem behaviour (Bullock & Tilley, 2008). This approach also avoids a de-prioritisation of offending committed by non-gang members in gang-affected communities.

This distinction between gang member status and offending behaviour is sustained in our exploration of both the risk factor and intervention literature. A great deal more is known about patterns of risk associated with the development of behavioural problems than is known about risks for gang entry, but there is little evidence to suggest different or unique risks for the latter ‘outcome’. A functional approach may be to treat ‘risk of gang membership’ as ‘actual problem behaviour in the index child/adolescent’ but where having gang members amongst close family and friends is seen to pose additional risk and to provide a rationale for prioritising support. One important exception to this focus on the child’s behaviour may be in infancy, where high quality services like the Nurse Family Partnership may be offered on the basis of the behaviour of vulnerable parents, including those who have a history of gang-related offending.

Gang involvement, like chronic and serious offending, seems to be predicted by risk-factors in multiple domains that interact over the whole of the person’s young life. Families, on the one hand, seem a sensible focus for intervention efforts as they compose one major domain or risk and resilience and are also tightly linked to other risk domains. Families with higher levels of material and emotional support more often offer an emotionally warm and organised home life that, in conjunction with educational and extracurricular commitment, strongly reduces the value of and (crucially) opportunity to engage in ‘street socialisation’ with gang members. Effective, non-violent parent management practices are also important for stating and enforcing house rules and for preventing the early problem behaviour that is in itself a risk for gang membership. Selected secondary and tertiary-level family systems interventions may effectively nurture these skills where they are lacking. On the other hand, knowledge of the ‘multiple marginality’ of communities in which gangs arise
and the broader macro-social forces that produce and sustain that marginality suggest that focussing on one risk domain in isolation is likely to be inadequate in itself. We should resist ‘over-responsibilising’ parents or giving the impression that complex social problems can be rectified by ‘fixing’ individuals (Vigil, 2007).

If we want to reduce gang activity in communities, it is likely that a locally-tailored comprehensive community model is necessary but it is suggested that a key preventative and intervention component of this approach should be family systems therapies aimed at the reduction of overt problem behaviour. Community-based age-appropriate approaches are recommended because they not only reduce offending but do so by bolstering family functioning (disciplining, supervision) and reducing delinquent peer activity; the most important risk factors for both adolescent offending and gang membership in the literature.

5.2 Recommendations

1. Policy makers, service providers, and law enforcement should pay close attention to the problems of definition and not equate real or apparent gang membership with serious offending; or conflate it with the offending of non-gang peer groups.

2. Care should be taken when recommending intervention on the grounds of an as-yet poorly defined notion of ‘risk for gang membership’. As the risk-factor literature does not distinguish clearly between pathways for gang involvement and for serious adolescent offending, a functional approach to understanding ‘risk of gang membership’ may be to treat it as ‘actual problem behaviour in the index child/adolescent’ but where having gang members amongst close family and friends is seen to pose additional risk and to provide a rationale for prioritising support.

3. Multiply marginalised young parents, including those with a recent history of gang-related offending, may benefit from intensive early support; Nurse Family Partnerships are recommended.

4. Having current or ex-gang members amongst close family and friends offers a strong additional rationale for intervening with the families of children who are presenting with overt behavioural problems; Incredible Years is recommended for the families of younger children, with Functional Family Therapy or MTFC as an option for more focussed support.

5. Being in a gang offers a strong additional rationale for intervening with the families of adolescents who are presenting with overt offending problems; Multisystemic Therapy, by virtue of it’s comprehensive nature and evidence base, is particularly recommended, with MTFC an option.

6. Evaluations of family interventions aimed at the behaviour of children should include gang membership (defined by Eurogang method) as an outcome in addition to offending

7. In the context of multiple marginality, new or intensive family interventions are likely to need extensive preparatory work that tackles misconceptions of services,
denial of problems, and fear of blame and stigmatisation (Vigil, 2007; Kane, 2007). Equally hard work must be put into avoiding programme drop-out.

8. Manchester, via its various multi-agency fora (Manchester Parenting Board, Manchester Multi-agency Gang Strategy, Manchester Crime Reduction Partnership) is in a strong position to implement a comprehensive gang-reduction strategy that includes the family systems interventions. A focussed, co-ordinated and evidence-based approach is highly recommended.

9. The recommended interventions may be necessary but are certainly not sufficient to eradicate the problems of gangs and serious youth offending. Care should be taken to avoid placing undue responsibility or expectation on vulnerable families. Additionally, any broader ‘gang-reduction’ strategy needs to be linked to a more fundamental social-exclusion reduction strategy.
References


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Paper #4:

Blame the Parents? Challenges for Parent-Focused Programmes for Families of Gang-Involved Young People

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Parent-focused interventions are a potentially effective tool for preventing and reducing gang involvement, although the challenges of delivering such services are considerable. Drawing from data collected over 26 months for the ethnographic study, Youth Gangs in an English City, including interviews with parents of gang-involved young people, we identify potential obstacles. These include: psychological barriers to the participation of parents relating to perceived denial, stigma and blame; and possible counter-productivity of interventions. Strategies to minimise these are discussed. © 2009 The Author(s). Children & Society © 2009 National Children’s Bureau and Blackwell Publishing Limited.

Keywords: crime, intervention, parenting, policy and practice, youth.

Introduction

Youth gangs and their effects

Delinquent youth gangs have been identified and studied globally (Hagedorn, 2008), including the UK (Pitts, 2008; Sharp and others, 2006), and although the field is characterised by dissensus regarding nomenclature, definition and measurement (Short and Hughes, 2006), greater consensus exists regarding the serious deleterious effects of membership on individuals and the multiply marginalised communities they inhabit (see Klein and Maxson, 2006, for a review).

Gang membership is not synonymous with offending (Sharp and others, 2006) but is a risk factor for greater involvement in and severity of offending relative to periods of non-membership (Thornberry and others, 1993). Similar amplificatory effects are seen for risky health behaviour (Smith and Bradshaw, 2005) and serious victimisation (Miller, 1998; Taylor and others, 2007). Gang membership further increases social exclusion for members (Thornberry and others, 2003) and is associated with increased risk for violence and dysfunction in nested family, school and community contexts (Hawkins and others, 1998; Pitts, 2008; Vigil, 2007).

Family-level risk factors for gang involvement

As a dependent variable, gang membership is the product of cumulative risk across a range of interlocking personal and ecological domains (Howell and Egley, 2005; Thornberry, 1998); and its risk factors generally comprise a subset of predictors for serious and violent offending (Howell, 1998). One important risk domain relates to the family. The most consistent
empirical evidence points to the importance of family process variables, particularly parental supervision and monitoring (Klein and Maxson, 2006). High parental supervision may simply limit the opportunity for young people to associate with antisocial peers, but to the extent that it also indexes the quality of the caregiver–child relationship (e.g. the child’s willingness to accurately disclose information; practices of negotiating and enforcing ‘house rules’ relating to leisure time), supervision may also indicate the perceived (low) attractiveness of antisocial peers (e.g. Warr, 2007). Vigil (2007), describing extensive ethnographic work in a gang-affected Los Angeles community, usefully summarises the family variables that ‘push’ youth onto the street and into gangs as: permissive or authoritarian parenting, absent and abusive men, and lack of (parental) community social ties. More directly, a commonly stated reason for joining gangs is having family members already in the gang (Maxson and Whitlock, 2002; Thornberry and others, 2003), and becoming involved may, for some, be a fairly simple extension of associating with existing gang-involved friends and family (see also Thornberry, 1998).

The potential of family intervention to prevent and reduce gang involvement

The serious negative consequences of gang involvement have been used to justify programmatic intervention for over 70 years (Howell, 2000; Klein and Maxson, 2006), but despite known family-level risk, interventions targeting the family have been peripheral to most major gang programmes, where detached youth work, community organisation and coordinated suppression dominate (Shute, 2008). Candidate programmes that focus on improved parental education, child behaviour management and relationship quality are suggested by a confident effectiveness literature with regard to the prevention and reduction of serious antisocial behaviour (Welsh and Farrington, 2006), although the evidence-base is hampered by the habit of not employing gang involvement as a dependent variable (see Tremblay and others, 1996, for an exception). Although a prima facie case can be made for family intervention as a gang reduction tool, there remain a number of potential problems with the approach.

First, policy misdirection: an inappropriate responsibilisation of parents and families can divert attention from the multi-domain nature of risk and the importance of structural/contextual factors in shaping family processes (Bronfenbrenner, 1979). Relatedly, a critical literature has emerged to question the efficacy of recent English policy emphasis on the legal compulsion of parenting support via Parenting Orders and Family Intervention Projects (Burney and Gelsthorpe, 2008; Nixon and Parr, 2008).

Second, there are considerable difficulties in operationalising, from an assessment and service targeting perspective, ‘risk for gang involvement’ or even actual gang involvement. Authors have argued that the ‘gang’ label — often officially defined by admission, suspicion and/or simple association with offending youth — is both slippery (Aldridge and others, 2008) and potentially dangerous (Hallsworth and Young, 2008) from a labelling perspective. Gang membership is not synonymous with offending (Ralphs and others, 2006), and it may be safer to target demonstrable antisocial behaviour than real or suspected group affiliation in isolation (Bullock and Tilley, 2008).

Third, offering (or compelling — see Holt, 2008) intensive family support to socially excluded populations can be challenging in relation to securing engagement and minimising attrition (Clarke and Churchill, 2007), partly due to issues relating to the stigma associated with
accepting (or being seen to need) help and the guilt that can follow from accepting responsibility for a child’s behaviour (Ghate and Ramella, 2002).

Focus of this paper

In the UK context, offering evidence-based family intervention to prevent and reduce gang involvement would seem to be the logical endpoint of substantive and enduring policy interest in holding parents responsible for the (bad) behaviour of their children (Koffman, 2008), in parenting support programmes (Moran and others, 2004) and in delinquent youth groups as a focus for government concern (Youth Justice Board 2007). This is evident in the recent proliferation of government-sponsored initiatives to deal with youth offending that focus on ‘whole family’ approaches (Nixon and Parr, 2008). It is therefore of interest to understand the perceptions and experiences of parents of young people who have been defined as gang involved or ‘at risk’ of gang involvement. This paper, proceeding from interviews with such parents, identifies: (i) the general perceptions of parent-focused interventions, including possible barriers to engagement and the ways in which they might be overcome; and (ii) the question of how best to target interventions, given the problematic nature of the ‘gang’ label.

Methods

The analyses described here are based on a 26-month ethnographic study that took place from 2005 to 2008 in Research City, an anonymous English city. Alongside ethnographic observation, the research incorporated 115 interviews with gang members, associates (friends, relatives, romantic partners) and key informants. Much of the data for the analyses contained here came from two focus group interviews with parents of gang and non-gang youth, and eight interviews with parents of gang members using a specially prepared interview schedule aimed at assessing their views towards parenting interventions. Unless otherwise specified, quotes are drawn from these ‘gang parents’ interviews. Interviews usually took place in the parents’ homes, and were conducted by specially trained interviewers identified from within the communities in which research took place. Interviews were recorded and transcribed, and analysed thematically using a ‘grounded’ approach.

Results

Many gang members referred to an unwritten rule for keeping the family — especially mothers — out of ‘gang trouble’. In reality, the rule was regularly transgressed, and mothers were, ironically, often most affected. Each of the parents we interviewed told stories of harassment, threats and actual violence they and members of their family experienced, directly connected, as they saw it, to their child’s gang involvement — a view not inconsistent with gang members themselves: ‘If you want to be in a gang, make sure your family does too, ’cause your family will get it’ (18-year-old gang member). Nevertheless, our interviews with parents revealed considerable opposition to the idea of parenting interventions geared towards helping them with their gang-involved children, alongside numerous barriers to getting parents onside with these interventions.

Parents perceive but reject blame

The perception that parents of gang-involved children could not — by definition — be ‘good’ parents was common, as illustrated in this focus group interview with non-gang parents:
The parents don’t give a monkey’s, it’s like having a dog, they open the door, let them out and they
don’t care what they’re up to until they come in. And you go to the parents’ door and you get more
off the parents than you do off the kids.

The parents of gang-involved children understood that others sought to blame them. This
mother perceives the stigma of having a son who is a gang member came directly from oth-
ers in her neighbourhood:

Going to police stations every five minutes or sat in friggin court from morning till night or police
running up and down my fucking house […] or running to prison every five minutes, feel degraded,
people looking at me like I’m a piece of shit. […] I don’t know, I was talking to one of [the neigh-
bours] the other day, and they say, ‘Oh you shouldn’t feel no way, the police are always at some-
body’s house round here’, and I thought: when I’ve gone is that what you’re going to be saying to
the next neighbour, saying, oh did you see the police going to her house? You know what people
are like. [Laughter]

Parents were keen to present themselves as not responsible for a child’s gang involvement.
Even at the point when this mother can no longer deny her son’s criminal activity, she pre-
sents herself as still a good parent by setting house limits on his criminal activities:

[Interviewer: Were you aware that he was out there committing crime?] Well he had to be doing
something didn’t he? I mean I’m not gonna sit here and deny it, he’s come in with a new pair of
trainers on his feet and I never bought them and his Dad never bought them and new clothes, he’s
had to have been going out doing crime to get them. He’s not working, but like I said my house was
raided on numerous occasions and the police never ever found anything in my house. […] They
never ever found anything in mine coz he’d been told: don’t bring your ill gotten goods into my
house, and that’s what he was told.

Parents often saw their impact on a child’s gang involvement as insignificant compared to
other factors – typically, lack of job opportunities and the influence of delinquent peers –
and suggested that the correct focus for intervention should be the child. For this mother,
the factors that led to her son’s gang activity were more powerful than any positive force
she could exert as a mother to prevent it:

I had to do everything I could in my powers to try and save him. But unfortunately for me it just
did not work do you understand me? The strength that, the powers that are out there are stronger
for him.

Typically, parents were opposed to parenting interventions, some vehemently, arguably
precisely because of their fierce rejection of blame. Indeed, the idea of helping parents to be
‘better parents’ was seen as misplaced; instead, what they suggested would help them as
parents would be to help their children. This mother was affronted and angry after an offer
of a parenting course by the courts, which she rejected outright:

One time I went to court with [son’s name] and he’s up for weed. And this magistrate woman wanted
to give me what was it? Some parental skill course, right? And I heard this and I thought, no this
can’t be right. I shouted out to the solicitor, he’s telling me to be quiet and I said no, I won’t. I said,
‘Excuse me, what did that woman just say?’ […] I said, well I’m very sorry, you can tell the woman
I’m not doing it love, I really will not be attending. […] He was smoking weed, a £10 [bag of] weed
was what he was taken to court for and the woman’s telling me I need some parenting. I think the
woman needs parental skills. [...] Let me tell you, I was so vexed about it, the woman knew nothing about me as a person.

Criminally involved parents and the ‘perks’ of gang members in the family

A minority of parents may consider the gang involvement of a child to have benefits for them: in terms of status, perceived security for themselves and their families, or even materially. These parents may therefore struggle wholeheartedly to discourage a child’s gang involvement if they perceive that they or their families will suffer when that involvement ends, therefore potentially compromising the effectiveness of parenting interventions. Most of the parents we spoke to were forthright in rejecting the possibility that they had benefited in any way from the gang involvement of a child. However, this mother describes an encounter with another parent who was given money by her gang-involved son to keep information from the police:

I remember one woman telling me how she sat there with her son and his friends plotting to get some guy, and they actually got this guy, yeah? And they bought her stuff to keep her quiet. And I was so shocked and disgusted and I said, you what, how do you sleep at night?

This woman’s brothers were gang members and gang involvement was common in her extended family. Here she discusses the ‘perks’:

Our families – brothers, uncles, dads, whatever – are known throughout Research City. So even though we are female, we know that – we’re not, you know, untouchable – but we are in a certain respect, because we’ve got back-up. No one will – they can’t take the piss basically because they know they’ll get – they’ll get it.

The criminal/gang involvement of a parent is likely to prove a substantial barrier to engaging them effectively in a parenting intervention. Our research found evidence of second-generation gang involvement within families: some parents of gang members were criminally involved, active or ex-gang members themselves. This father of a gang member acknowledges his own criminal past: 'I've still got the experience of being an elder, in lets say, gangsterism, bad man business d'ya know what I mean, crime'. This mother explains that her son’s father provided him with a model of gang-related activities:

And then he [her son’s father] would have all his friends – I’m getting mad you know – all his friends in the house and they were the guys off the estate. [...] He thought, being a bachelor, well he’s come to live with me now, his friends can come and chill in the house and he’ll buy things off the friends, stolen goods. [...] Kids observe it all and he was confused – well my dad’s telling me not to do this and he’s buying things off these people and he knows what them boys are doing out on the street and there were a lot of them, gang members.

Mistrust of statutory agencies

We observed an ‘us versus them’ attitude that gang parents held to agencies of the state, including criminal justice agencies (police, courts) and social welfare, education and health agencies (termed ‘statutory agencies’). Parents felt that official responses to them betrayed a fundamental misunderstanding of the conditions of their lives. This mother criticised criminal justice officials who doled out punishment without understanding the material circumstances of perpetrators:
I've been to court more time with [her son] than I care to bloody remember yeah? You go in there and there's all these bloody solicitors and all these – magistrate or judge or whatever. And all these people are snobs. They've been to private schools [...] They have no real idea of our life, they have no real idea about being poor. Whether you're poor and white, whether you're poor and Asian, whether you're poor and black, they have no idea. They've no idea to know what it's like to wake up fucking hungry and cold. They've no idea about having no clothes or shoes on your feet. They've no idea whatsoever. So all they see is a criminal.

This perception that officials fundamentally misunderstood them extended to those staffing interventions aimed at helping them to be better parents, as this mother illustrates:

This course was aimed at troublesome teenagers, and these women didn't have a clue. They all had kids but they had no idea what having a really naughty kid was like, it was more, ‘well if they come in 10 minutes late, you have to decide what their punishment’s going to be’. And it’s like, no he’s come in a week late, what do I do then? Some of these kids are bad, one of the women, her kid had set her on fire while she was in bed asleep, and she woke up on fire. She said, ‘how do I deal with that?’ and they were like … ‘right, let’s change the subject, we’ll go to this mum now, was your daughter in on time?’.

Parenting interventions therefore need to take into account that the problems faced by families with gang-involved children are often at the extreme end. Interventions geared to families with lower-level problems are unlikely to engender parents’ confidence that those staffing the intervention understand the exceptional nature of their problems.

The parents we interviewed perceived agency staff to be uncommitted, unprofessional, and as providing inadequate or flawed services, as illustrated by this mother:

And then some of them will make appointments knowing full well that they can’t keep it because they’ve got other commitments. [...] You might not see him for about three weeks and then he’ll turn up. [...] He had about three different jobs, dithering, and he was like fitting this around his other jobs, that’s not what my son needs so I just told him: don’t come back.

This mother was frustrated by what she perceived as superficial efforts on the part of agency staff who provided little or no real help, but recognised that they were nevertheless well paid for their efforts:

Social services, probation officers, all these do-gooders, mentors and whatever: it’s a job, money coming in their pockets every month, it’s nothing more than that. Nobody’s interested to really do anything for anybody. [...] They’re just interested in making it all look good on paper, they’re not really interested. I’ve had social workers come round here, been in the house five minutes and they’re ticking his name off, they’ve been to see him. [...] I’ve had to tell them don’t bother coming back, love, because if that’s all you’re going to do, I can tick a paper.

This lack of trust in statutory agencies in some instances lay over a fear that cooperation with agency staff could result in having a gang-involved child — or other children in the family — taken into the care of the state, as this mother describes:

When my son got into trouble first, when he was younger, I begged social services for help ’coz I could see what was coming, but they wouldn’t give me no help. You know when they want to give you help? When he actually got himself into trouble, they come round wanting to put him in a home. [...] They then decided they were taking me to court for custody of this child.
Denial or confusion? The problem of establishing gang status in a child

The sons of most of the parents we interviewed were widely believed to be gang members (by police, by others in the gang or in other gangs, and by people in their communities). These parents had not always been aware of, or ready to admit to being aware of, the gang activity of their children. This mother attempted to explain why she did not know of her son’s gang involvement:

But how would you know? I’m one of these parents who try and bring their kids up in the right way and I just assume that everyone else tries to bring their kids up in the right way. So if you see your son with somebody who you’ve known their kid, all your life, you’ve known their parents, you’re not automatically going to think oh well he’s a bad person, you understand me?

Moreover, there was no change in her son’s behaviour at home to alert her:

What your kids do outside or behave outside they don’t actually come in your house and behave in that way, so you haven’t really got anything to go by. [...] They come in the house and they just act normal and there’s nothing to make you think, here you are, hang on a minute, what’s going on here?

A number of parents we interviewed questioned the validity of ‘association’ as conferring gang status. This father’s attempts to explain the intricacies of how others came to understand his son’s gang status reflect subtle distinctions made when trying to locate someone’s ‘relational’ gang status. All this is consistent with research that demonstrates that gangs are ‘messy social networks’ (Aldridge and others, 2008), the boundaries of which are fluid and blurred.

[Interviewer: You yourself don’t regard [your son] as a gang associate. Has anybody else, such as the police?] Now I have to be very careful how I answer that. [...] Right, he knows a lot of people, right? He’s familiar with a lot of people in the community, a lot of people know him and they know him not only because of me but because of his brothers and things like that, right? Erm, and a lot of those people are affiliated with certain groups or gangs or whatever you want to call them nowadays. [...] So when certain people say, ‘oh, he’s, he goes round with so and so’, and the next day its like, ‘wow, he’s over there today, so he’s with them’, you get me? You know how people talk and think, but he’s just himself man, he does his own thing.

This mother makes a clear case for the danger of misattributing gang status, and is therefore critical of local strategies that appear to ascribe ‘gang member’ status via association through proximity, friendship and family ties:

This is why these kids end up in gangs. Half of them are not even gangs, they’re just a gang of kids hanging around on the corner. How do you say, well that’s a gun gang member, that’s a robbing gang member, and that’s just a gang that’s stood on the corner. How do you distinguish between them groups? If I went out with a friend and she’s doing robbing, doing cheque cards or whatever, does that mean because I associate with her that I’m the same as her? [...] My middle son knows certain people. [...] He can’t avoid them, he goes to school with them. It’s not his fault that they’ve got cousins or brothers or uncles that were previously gang, so-called gang members. [...] What does that make me then? I associate with him; does that make me a gang mother member? Coz that’s basically what they’re saying.
Discussion: implications for implementing parenting interventions

'Don't blame me': barriers to the engagement of parents in interventions

The findings of our research are consistent with the view that, in the context of multiple marginality (Vigil, 2002), new or intensive family interventions are likely to need extensive preparatory work that tackles misconceptions about services, denial of problems, and fear of blame and stigmatisation (Kane and others, 2007; McGrath, 2007). Parents may require considerable persuasion to engage them with an intervention:

- Parents should be reassured that the intervention is aimed at supporting rather than judging them. Interventions should not be perceived by parents as starting with the assumption that their parenting is poor: the parents we spoke to thought that their parenting skills were good or even excellent, and resented those who, at the outset, viewed their skills as suspect because of the behaviour of their children.
- The intervention should be presented as recognising that parenting is only one factor in understanding offending and gang involvement in young people. Parents recognised what has been confirmed in the literature: stronger and more consistently supported risk factors exist in domains aside from the family (e.g. delinquent peers in adolescence) (Shute, 2008), and sit alongside poverty and exclusion.
- Parents’ fears that their children could be taken into the care of the state need to be addressed upfront.
- Parents were sensitive to stigma. They reported feeling humiliated and ashamed about a child’s gang involvement in front of police, other statutory agency staff, neighbours and others in their community, and perceived blame from all these sectors. This suggests that interventions not only need to be seen as palatable to parents, but also publicly packaged in such a way that parents can feel reassured that the wider community is less likely to judge on those taking part as ‘to blame’ for a child’s gang involvement.
- Interventions are likely to be aimed at parents who have already had considerable involvement with statutory agencies through the ‘management’ of their children through the criminal justice system (Holt, 2009, p. 344), and many will be critical of these agencies. Those seeking to intervene need to anticipate that parents may be on guard. The fact that parents reported dealing with a range of agency staff they perceived to be uncommited and uncaring suggests that a parenting intervention will be more palatable where staff are highly trained, and perceived by parents as committed, motivated and ‘on their side’. An intervention that minimised the number of staff parents needed to deal with, perhaps with one coordinating or key worker, could facilitate this.

Intervening with whom?

Parents often denied the gang status of a child, even when statutory agencies considered the child to be gang involved. Although this can be read as unwillingness amongst parents to acknowledge the ‘truth’ (e.g. Jensen, 2008), we conclude that other explanations are as likely. Parents found it difficult to identify gang involvement in a child, or to work out who amongst a child’s friends was ‘in’ a gang. The problem of recognising a gang member is not simply one that vexes parents, it is an ongoing problem for gang researchers, as shown by considerable academic debate about definitions (Aldridge and others, 2008). During our two years in the field, we found that on-the-ground definitions varied widely amongst the police, other statutory agencies, and community members in and outside of gangs in relation to criteria including the
use of firearms, drug dealing, ethnic minority status, location and more. All this suggests that gearing interventions towards actual problem behaviour (e.g. delinquency, offending), rather than to gang status, may be more understandable and acceptable to parents, and is consistent with the approach taken by other UK commentators (e.g. Bullock and Tilley, 2008).

It is, however, these very parents of children exhibiting problem behaviour that we found to be so resistant to parenting interventions. One implication, therefore, may be to target primary prevention efforts at families with children ‘at risk’ of gang involvement (say, having an older gang-involved relative), but who do not exhibit these problem behaviours (or, not yet); in effect widening rather than narrowing the net. The idea here is that resistance due to a fear of blame may be less pronounced in these parents, as the child has not been involved in serious delinquency. Indeed, one mother of a gang member suggested that parenting interventions would be better aimed at the often very young women who have young children to gang members: ‘They need it, that’s needed yeah, they’re scared even oh, they can’t even speak, they don’t want to be with them sometimes but they stay with them’. In spite of the superficial appeal of an approach that seeks to prevent problems before they even start, we are extremely wary of this strategy. The problem is the risk of intervening inappropriately — prediction on the basis of risk factors is nowhere near perfect, and intervention aimed at the families of children who have not demonstrated problem behaviour risks labelling — and engendering through that label — the very behaviour it is seeking to reduce. Net-widening is therefore a double-edged sword. Indeed, some of the parents we spoke to understood that gang ‘labels’ — often coming from the police as a result of association with ‘known’ gang members — could result in young people coming to view themselves as gang members, or joining for protection as word spread to rival gangs. Nevertheless, as argued in a recent review (Shute, 2008), multiply marginalised young parents, including those with a recent history of gang-related offending, may benefit from intensive early support; Nurse-Family Partnerships were recommended.

Care should be taken when recommending intervention on the grounds of an as-yet poorly defined notion of ‘risk for gang membership’. Although there do not seem to be obvious risk factors that uniquely predict gang membership, given that having existing gang members in the family (e.g. Cohen and others, 1994), as friends (Winfree and others, 1994), as schoolmates (Curry and Spergel, 1992; Curry and Thomas, 1992) and in the community (Nirdorf, 1988), all present risk, it may make practical sense to view the criterion for intervention as ‘presenting with actual problem behaviour’ plus one or more of these factors as ‘risk’ for gang membership. A functional approach to understanding ‘risk of gang membership’ may be to treat it as ‘actual problem behaviour in the index child/adolescent’ but, where having gang members amongst close family and friends is seen to pose additional risk and to provide a rationale for prioritising support.

The parents of gang members we spoke to were fearful of blame, sensitive to stigma, critical of statutory agencies, and often denied or were confused about the problem behaviour of their children. Although these features need to be acknowledged by those developing parent-focused interventions, they do not mark the parents of gang-involved young people out as strange animals; indeed, they have much in common with parents the world over. What is undoubtedly unique, however, is their disproportionate experience as victims of violence and other crime, alongside their gang-involved children. Parent-focused interventions can have an important role to play in supporting these families through the psychological trauma that accompanies being witnesses to and victims of violent crime (Marans and Cohen, 1993).
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Paper #5:

Family Support as a Gang Reduction Measure

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Recent public concern about youth gangs in Britain has prompted a narrow, almost stereotypical, range of US-derived policy responses. This paper argues that family support is an unexplored but potentially effective gang reduction tool, but in order to overcome persistent concerns regarding misidentification, stigmatic labelling and policy misdirection, programmes must not only be ‘good science’ but also be non-punitive, acceptable to families and context-sensitive. Beginning with a discussion of the grounds for intervention, the paper identifies likely barriers from the point of view of the parents of gang members, and from these, derives necessary standards for effective support. The paper describes some promising (‘public health oriented’) and unpromising (‘criminal justice oriented’) programmes, and argues for more ‘gang-sensitive’ family support and a related research agenda. © 2011 The Author(s). Children & Society © 2011 National Children’s Bureau and Blackwell Publishing Limited.

Keywords: crime, early prevention, intervention, parenting, family.

Introduction: the struggle to construct and respond to gangs in the UK

Twenty years ago, the American criminologist C. Ronald Huff (1990) described three characteristic stages of community response to a youth gang problem: initial denial; followed by recognition, media overreaction and police suppression; followed by embedded policy based on misidentification of both gang members and the causes of gang membership. Arguably, this model also fits official responses to particular manifestations of youth culture and youth violence in major UK conurbations over the past decade.

Overcoming denial

Despite the contention that youth gangs have long been part of British society (e.g. Davies, 1998), ‘denial’ in this context has traditionally been ontologically absolute, with official discourse dismissive of the term as either reificatory or inappropriate. Academe long preferred a ‘subcultural’ interpretation of youth group violence (e.g. Campbell and Muncer, 1989); however, this stance softened in light of the ‘Eurogang’ project (see Klein and others, 2001) that advanced a consensual operational definition of a gang – ‘a durable street-oriented youth group whose involvement in illegal activity is part of their group identity’. This definition has been found to have cross-national validity (see e.g. Decker and Weerman, 2005), and has been adapted in the British research and policy context (e.g. Sharp and others, 2006) while co-existing with studies using other criteria and methods (e.g. Bradshaw, 2005; Pitts, 2009). Debates continue, particularly in relation to the centrality of real or threatened violence; however, a willingness to acknowledge and study the reality of UK youth gangs, as distinct from non-gang delinquent youth and organised criminal networks, is now well established.
**Overreaction**

Academic acceptance has perhaps legitimised a co-incidental British media obsession with the conflated subjects of ‘gangs’ and inner city gun and knife violence; an obsession that some argue has attained the status of a ‘moral panic’ (Hallsworth and Young, 2008). In turn, media treatment could be said to echo police operational definitions and priorities over the same period. Stelfox (1998) found a majority of the ‘gangs’ reported by 16 UK police forces possessed firearms; and, in the wake of the success of the ‘problem-oriented’ police-led Boston Gun Project (Braga and others, 1999), at least five gun and/or gang suppression policing operations were instigated in UK cities between 1999 and 2004 (Hansard, 15 November 2004). By the late 2000s, a racialised, conflated discourse of gangs, guns and knife crime was being endorsed at the highest political level in speeches by the then Prime Minister Tony Blair (*The Guardian*, 12 April 2007), and a law enforcement/multiagency approach to suppression strengthened in gang-specific Home Office initiatives (the *Tackling Gangs Action Plan*) and key policy documents (*Tackling Gangs: A Practical Guide for Local Authorities, CRDPs and other Local Partners*, Home Office 2008; *Saving Lives, Reducing Harm, Protecting the Public, An Action Plan for Tackling Violence*, HM Government 2008).

**Misidentification**

Police action against gangs is often described as ‘intelligence-led’; however, the nature, quality and ethical deployment of gang information continue to be questioned. Ralphs and others (2009) in a British ethnographic study found evidence of youth being targeted solely by association with ‘known’ gang members, together with evidence of exclusionary experiences (e.g. school exclusion, hampered employment prospects and excessive police attention) that were attributed to erroneous labelling. Relatedly, Bullock and Tilley (2008), reviewing a gun and gang-reduction programme in Manchester, identified cross-agency problems agreeing and applying definitional criteria for both gang membership and risk for membership; a problem that was associated with programme drift and potentially iatrogenic over-identification.

Seen in these terms then, Huff’s model does seem to have considerable applicability at the UK level, albeit with a number of qualifications: first, dissonant voices (e.g. Hallsworth and Young, 2008) continue to doubt the validity of the term ‘gang’ in the British context; second, the term ‘overreaction’ may underplay the necessary role of law enforcement, and the seriousness of the problems experienced in some communities; and third, non-suppression strategies have also been discussed and implemented, including detached youth work in communities and school (see section 6 of the *Tackling Gangs* document), mentoring (e.g. Medina and others, 2010) and a small number of dedicated diversionary programmes (e.g. the *Building Lives Intensive Intervention Project*). What this brief review makes clear, however, is that despite the fact that the UK has come a long way very quickly in its approach of youth gangs, the field remains strongly contested, and responses have tended to replicate, in part or in whole, American strategies that are not associated with a robust evidence-base regarding effectiveness (‘[gang violence prevention] studies show weak evidence of no effect’; Sherman, 1997, ch. 3, p. 19).

**Focus of this paper**

This paper notes that there has been a disconnect between official gang responses and a favourite trope of domestic policy in the New Labour period (1997–2010): the family.
Building a case for family support: families, gang membership and behaviour

The nature of gang membership and its status as an independent variable

The findings of gang studies are acutely sensitive to research design and method: police work focuses on small numbers of serious, persistent ‘core’ offenders; ethnographic studies paint a nuanced picture of community context; and representative surveys confirm low overall prevalence rates and common correlates. As an illustration of the latter, Sharp and others (2006) employed a modified ‘Eurogang’ definition in a representative English survey of around four thousand 10- to 19-year-olds and, among other things, found the following:

- an overall prevalence of 6%;
- roughly equal participation of females, who tend to leave the gang earlier;
- variable age composition, with a peak age of involvement of 14–15;
- variable group size, high turnover rates, loose structure;
- variable ethnic composition reflecting broader neighbourhood demographics;
- broader family and community conditions of multiple social exclusion.

The study reflects virtually all gang studies in finding elevated rates of offending and related behaviour among self-reported gang members: 63% had committed an index offence over the preceding year as opposed to 26% of non-gang youth; and gang members were two to four times more likely to be categorised as serious or frequent offenders, to have taken illegal drugs, or committed offences under the influence of alcohol. Longitudinal studies in the USA (see Krohn and Thornberry, 2008, for a review) suggest modest ‘selection’ effects (gang members are more antisocial before joining than those who don’t) and strong ‘facilitation’ effects (behaviour worsens markedly in the gang). Gang membership also raises the risks for victimisation (Taylor and others, 2007), further impoverishes the later life chances of the individual (Krohn and Thornberry, 2008; Ralphs and others, 2009), and negatively impacts on family and community (Aldridge and others, 2009; Pitts, 2009). Family-level consequences can include victimisation/retaliation, physical and mental health problems, police raids and community stigma (Pitts, 2009; Ralphs and others, 2009).
Offending and gang membership as dependent variables: family as a shared risk domain

An extensive review literature (e.g. Farrington and Welsh, 2008) has demonstrated consistent moderate associations between family-level variables and the development of serious and violent offending behaviour that is over-represented in but not coterminous with gang membership. There are likely to be complex interactions with other nested risk domains (e.g. socio-economic stress: Conger and Donnellan, 2007), and some variation in the strength of associations according to developmental stage and precise nature of the behavioural outcome (Derzon, 2010).

Recent reviews of the longitudinal study evidence-base (e.g. Howell and Egley, 2005) suggest that a subset of the same family-level variables independently predict gang membership. In a recent international narrative review (Klein and Maxson, 2006, ch. 4), the most consistent family-level discriminator of gang involvement was a low level of parental supervision. US studies with varied methodology have also identified the following family-level risk factors for gang membership: structural poverty (Krohn and Thornberry, 2008); having close family members in a gang (Maxson and Whitlock, 2002); permissive or authoritarian parenting, absent or abusive men, and lack of family social ties (Vigil, 2007). UK studies have identified family structure (Bradshaw, 2005) and having run away from home (Sharp and others, 2006) as important risk factors for gang membership.

Family support as a gang reduction measure

Of the relatively large proportion of adolescents who display antisocial and/or offending behaviour, a small proportion become gang members, a large proportion of whom will have significantly enhanced risk of negative outcomes that are caused in part by amplificatory inter-/intra-group dynamics, and by both informal and formal labelling processes. Negative outcomes accrue not only to gang members but to their families, non-gang peers and communities at large. Family-level variables contribute shared risk to the behavioural problems that predict and are amplified by gang membership and to the social category of gang membership itself. Given this, family support programmes that have proven effectiveness in relation to behavioural problems may also be effective in preventing gang membership and in promoting desistance from the gang (Howell and Egley, 2005; Shute, 2008). The focus of this paper is on the latter (tertiary intervention) approach; however, Shute (2008) discusses assessment of and intervention with children ‘at risk’ of gang membership.

Barriers to supporting families of gang members

Although there may be a clear logic to the argument that family support may reduce both behavioural problems and gang membership, two sets of barriers exist with regard to offering this form of support. First, negative parental attitudes to and experiences of support. In a recent ethnographic study in an anonymised English City, Aldridge and others (2009) analysed the common perceptions of family support among parents of gang members. Parents often perceived but rejected ‘blame’ for their child’s gang involvement, instead locating problems in the broader social context relating to lack of job opportunities and the influence of delinquent peers. This sense of misdirected blame, combined with a fear that one or more children could be taken into care, fed through into a mistrust of family support services that were felt to be stigmatising, inadequate (uncommitted, uncaring) and based on a misunderstanding of family circumstances.
A second set of barriers are evidential in nature. The primary evidential gap animates this paper: quite simply, theory-led and well-evaluated family support programmes have never been systematically offered to the parents and families of gang members in the UK or elsewhere. As a corollary, and with a single exception (Tremblay and others, 1996), evaluations of even the most effective family support interventions have not routinely collected data on gang membership either as an independent or dependent variable (Shute, 2008). Although it is probable, then, that such programmes have worked with gang members and their families, little-to-no data are available on their impact on gang-related offending (e.g. offending committed in and amplified by the gang context) or gang membership. A second evidential gap relates to the assessment of gang membership. Although reliable self-nomination and ‘Eurogang’ self-report tools have been in existence for some time, no reliable ‘other-report’ assessment exists. In the USA, several studies have shown poor correspondence between self-reported gang membership and the reports of peers, teachers and police (Curry, 2000), and in the UK, concerns have been raised regarding the accuracy of police and practitioner intelligence (Bullock and Tilley, 2008; Ralphs and others, 2009).

Taken together, these barriers seem formidable and suggest that family support in this context may be misplaced, mistrusted, poorly targeted and stigmatic. However, it is argued that this only follows if attitudinal barriers are ignored and evidential gaps left unplugged; both sets of obstacles should be taken as the starting point for determining the necessary characteristics of acceptable and effective interventions.

Overcoming the barriers: necessary characteristics of family support programmes

Building on the recommendations of Shute (2008) and Aldridge and others (2009), it is argued that acceptable and effective support for families of gang members should meet at least six important criteria.

1. **Family-mediated but child-behaviour focused.** Although it should not be assumed that family-level risk is present in every case of confirmed or suspected gang membership, where it is demonstrated, family intervention offers a logical response. A key consideration, however, relates to the focus of the intervention, specifically, whether it is social status (gang membership) or behaviour (offending and related) that is the ultimate outcome to be eliminated. In common with other authors (Bullock and Tilley, 2008), it is argued that focus should primarily be on tackling problematic behaviour, with gang membership conceived primarily as an aggravating factor that prioritises support (Shute, 2008). In this way, scarce public resources can be targeted according to greatest need, iatrogenic effects avoided with non-offending gang members, and parent’s concerns met that the child (and not they) be the primary focus of attention.

2. **Voluntary, non-stigmatic and non-judgmental.** Parental expectations and experiences of stigma cannot, perhaps, be overcome entirely, but it is clear that any intervention must be seen to be voluntary, supportive and non-judgemental. It should also emphasise family strengths, and be clear that the family operates in a much broader context that may be as, if not more, relevant for understanding a child’s behaviour. As stigma is a quality imparted by others, exactly the same general messages would ideally need to be propagated in the wider community.

3. **Based in high-quality relationships.** If parents have repeated experience of uncaring and uncommitted services, then any additional support should be delivered by a small number
of highly trained and committed individuals who are seen to be ‘on side’ (Aldridge and others, 2009). A stable, high-quality relationship is also likely to be a pre-requisite for both providing and experiencing effective support (McIntosh and Shute, 2006).

4. **Likely to work.** All those involved in commissioning, delivering and receiving family support services can be given confidence of likely benefit if a robust evidence-base exists in relation to the effectiveness of a given programme. The conclusions of the burgeoning ‘what works’ review industry in family support and intervention (e.g. Farrington and Welsh, 2008) should therefore be consulted when choosing suitable interventions.

5. **Proven to work in the UK context.** All interventions, whether manualised, modified or novel should be rigorously evaluated, including their impact on gang membership and gang-related offending. Importantly, given the acknowledged problems of uncritical policy transfer from one social/political/service context to another (Eisner, 2009), interventions must also be shown to work in the UK.

6. **Possess gang-relevant components.** Clearly programmes must be ‘gang-sensitive’ in the straightforward but key sense of being able to demonstrate gang membership via self- and other-assessment. Although modifications to existing effective programmes can be associated with ‘drift’ and dilution of effects, further well-evaluated ‘gang’ modules could also be added, perhaps focusing on reducing positive attitudes towards membership and associated activities, and increasing awareness of negative consequences, such as victimisation and stigma. Tailored interventions could also particularly emphasise support in relation to the most consistent family predictor of gang membership: parental supervision.

**Promising (‘public health oriented’) candidate programmes**

Although no existing family support programme yet addresses the sixth criterion in the preceding section, a rich and convergent literature on programme effectiveness with regard to problem behaviour (Farrington and Welsh, 2008; Utting and others, 2007) suggests that a number of ‘model’ programmes meet the requirements specified by the first four. Here, we outline just two clinically oriented examples that might be termed ‘tertiary’ public health interventions offered on the basis of existing problems in an index child/adolescent.

**Functional Family Therapy**

Functional Family Therapy (FFT) is a family systems programme developed over a number of decades by James Alexander and others (1998) in Utah. The programme is suitable for the families of young people aged 11–18 with existing problems with antisocial and offending behaviour. The programme aims to improve both structuring (supervision and effective discipline) and relational aspects of family functioning, with strong emphasis on reducing ‘defensive’ (hostile and critical) communication patterns and promoting ‘supportive communications’ (favouring active listening, turn-taking and empathy). The programme is of variable intensity (typically 8–12 h but occasionally as long as 30 h) and delivered over a three-month period in home or clinic settings by trained practitioners engaging individual family units. Therapy involves moving the family through a number of distinct stages: a preparatory stage designed to promote engagement and motivation; assessment and behaviour change including communication training, parenting, problem solving and conflict management skills; and generalisation where newly reinforced skills are applied to real-world situations.
Effectiveness research has generally been small scale and US-focused but has generally delivered marked positive effects with both minor and serious delinquents (Alexander and Parson 1973, cited in Utting and others, 2007). In the former study, 99 families of relatively minor delinquents aged 13–16 were allocated to either FFT, alternative treatments or control; in addition to better family communication, re-offending rates among the FFT group were significantly lower (26% vs. 47–73% for other groups) at 18 months follow-up. Additionally, and illustrating the power of the family systems approach, siblings of the FFT index juvenile had significantly fewer court contacts at follow-up than siblings in other conditions (20% vs. 40–63%). In other words, the gains with regard to communication and parental management of behaviour had generalised to other children.

**Multisystemic Therapy**

Multisystemic Therapy (MST) is a multimodal intervention associated with the work of Scott Henggeler and others (1998) at the Medical University of South Carolina. MST is delivered to the families of serious delinquents aged 12–17 by a dedicated worker who is available 24 h a day for advice and support and has direct therapeutic contact for around 60 h over four months. Workers have low caseloads (five to six at any one time) and small teams (three practitioners plus a supervisor) work with around 50 families per year. The approach is systemic and sees the adolescent's offending as being multiply determined by risk factors in nested socio-ecological risk domains. Initial assessments are made of these risks and tailored solutions created that focus predominantly on building both relational and structuring parenting skills (via parent behaviour management techniques) but that also help remove obstacles to their acquisition, for example, by treating parental mental health problems and by building informal support from family, friends and neighbours. Effective and collaborative parent-school relations are also built and individual therapy offered to the index adolescent.

Multisystemic Therapy has been evaluated to high standards in the USA, Canada and Norway and with some dissent (Littell, 2005), the programme is acknowledged to be effective in: reducing offending, aggressive behaviour and arrest; reducing time in out-of-home placements (e.g. care setting); reducing delinquent peer associations; and improving parenting skills and family functioning (Curtis and others 2004, cited in Utting and others, 2007). The programme aims to bring lasting benefits by identifying and reducing risk factors in the ‘natural’ community setting and long-term reductions in offending have been identified over 13 years after the original treatment (Schaeffer and Borduin 2005, cited in Utting and others, 2007).

Both programmes meet the conditions for acceptable and effective studies set out in the preceding sections, being: family-mediated and behaviour-focused; voluntary, non-judgemental and emphasising both family strengths and needs in a wider context; based in high-quality enduring and personalised therapeutic relationships; and possessing a strong evidence-base relating to both antisocial behaviour and delinquent associations. Importantly, given concerns over the ‘transportability’ of predominantly US-based efficacy studies, and possible biases in reporting thereof (e.g. Eisner, 2009), both programmes are being RCT-evaluated in the British context: FFT as the Study of Adolescent’s Family Experiences (SAFE); and MST as Systemic Therapy for At-Risk Teens (START). Regarding MST, the first positive findings of effectiveness in England are beginning to emerge (Baruch and Butler, 2007; Wells and others, 2010).
Less promising (‘criminal justice oriented’) alternatives

Family-oriented policy conceived in broad terms was a characteristic trope of the domestic policy of UK Labour governments in the period 1997–2010, with families being constructed as both ‘at risk’ and ‘posing a risk’ (e.g. Churchill and Clarke, 2009). In order to retain a review focus on family intervention directed at adolescent behavioural problems, it will be necessary to overlook early intervention/prevention initiatives (e.g. On Track; Parenting Early Intervention Pathfinders) and consider briefly two initiatives that have included an element of formal legal compulsion: Parenting Orders (POs) and Family Intervention Projects (FIPs).

Parenting Orders, introduced in the Crime & Disorder Act of 1998, and extended in the Anti-social Behaviour Act 2003 and Police and Justice Act 2006, are civil measures that compel parents of children aged 10–17 who truant and/or show antisocial and/or offending behaviour to attend local parenting support initiatives, including programmes aimed at improving parenting skills. They have been criticised as being: out of touch with practice; inconsistently applied; inappropriately responsibilising of parents (usually impoverished single mothers); purposely based on a lower legal burden of proof; and as ‘backdoor criminalisation’, whereby non-compliance with a civil remedy results in criminal conviction (Burney and Gelsthorpe, 2008). Evaluation of the effects of POs on child behaviour has been extremely limited in both extent (a single study spanning their introduction: Ghate and others 2002, cited in Burney and Gelsthorpe, 2008) and method (no control group was used and non-PO effects on child behaviour could not be discounted), and must therefore be taken as unproven.

Family Intervention Projects were introduced as part of the Home Office’s Respect Action Plan in 2006. Designed to offer intensive support to families at risk of eviction for their (collective, often children’s) antisocial behaviour, FIPs appeared at first glance to have much in common with the ‘family systems’ public health interventions discussed above: they adopted a stated ‘whole family’ approach; were most often offered in a home or community setting; were intensively delivered by a key worker with a low caseload working to coordinate tailored solutions; and incorporated support oriented towards improved parenting skills and family functioning. Unlike those interventions, however, FIPs included a coercive element (sanctions could be applied for non-compliance) and had no unifying theoretical basis, recommended structure, method of engagement or commitment to robust evaluation. Although defended as a site for innovation in social work practice (Parr, 2009), Gregg (2010) has strongly criticised FIPs for mis-targeting vulnerable families and for making unwarranted success claims based on impressionistic evaluation outcome data relating to biased and non-comparison-controlled samples.

Seen in these critical terms, it is clear that no currently offered ‘criminal justice oriented’ form of family ‘support’ can be said to meet the criteria of effectiveness and acceptability outlined above.

Conclusions: towards ‘gang sensitive’ family support and a related research agenda

Few societies have trouble in justifying intervention with children and youth who evidence serious antisocial and offending behaviour, and the same is true for those that acknowledge youth gangs. However, the key question for those societies is how best to intervene (when, how, with what guiding principles) and to understand the relative costs, broadly understood,
of intervention versus non-intervention. This paper has argued that the recent acknowledge-
ment of youth gangs in Britain has been associated with sets of stereotypical US-derived
official responses that are not associated with a robust evidence-base regarding effectiveness
and may even be counterproductive. Family support, defined in particular ways, has been
recommended here as an alternative approach to gang reduction on both scientific-evidential
and normative-ethical grounds. Briefly restated, the scientific-evidential arguments are as
follows: intervention is suggested by the growing British literature on youth gangs that con-
firms an increased likelihood of negative outcomes for gang members, their families and
communities; the family, in turn, may be seen to one of several nested risk domains that pre-
dict both behavioural problems and gang membership; therefore, high-quality family inter-
ventions that dependably improve child and adolescent behaviour may also reduce gang
membership in contexts where those groups exist. Although scientific-evidential arguments
can be compelling, they must be tempered by normative-ethical as well as practical consider-
ations, and it has been argued that in order to foster compliance and promote benefit, any
intervention must be acceptable to families and sensitive to the contexts in which they are
offered. Beginning with the commonly stated negative views of gang members' families
towards support — perceiving but rejecting 'blame', locating causal factors in local contexts
of poverty and opportunity, fearing the loss of the child to care, having poor prior experi-
ences of uncommitted and uncaring staff — it has been argued that candidate programmes
must be family-mediated but child-focused, voluntary, supportive and non-stigmatic, and
based in high-quality functional relationships. In addition to acknowledging the broader
contexts that parents believe (correctly) influence them and their children, it is recommended
that programmes are also 'gang sensitive' in that they robustly identify gang membership,
address key family-level predictors (parental supervision) and challenge pro-gang attitudes
and beliefs. Although no programme meets the standard of being 'gang sensitive' yet, it has
been argued that 'public health oriented' family systems interventions with a strong evi-
dence-base are the best available candidates for adaptation, and are most likely to meet the
standards for acceptable and effective support. In contrast, coercive 'criminal justice oriented'
interventions without a coherent animating theory of change and associated evidence-base
are poorly placed to meet these standards, and run the risk of stigmatising and criminalising
vulnerable families. The problems of adopting an overly punitive approach to offending
youth are also well expressed in findings from key British longitudinal studies (see McAra
and McVie, 2007) that show clear evidence of deviance amplification as a result of contact
with criminal justice. The merits of programmes that are welfare-oriented and diversionary
for youth as well as genuinely supportive for families are clear.

The paper has made reference to a 'scientific-evidential' set of arguments, however, no evi-
dence-base (across programmes or with reference to a particular programme), is unassailable,
without threats to inference, or sets of unanswered questions. Recognising both this and the
fact that the paper recommends a novel approach, a number of urgent research priorities are
recommended. The first is to directly test the basic research hypothesis that animates this
paper: in order to dismiss concerns about the 'transportability' of findings beyond their ini-
tial pilot contexts (Eisner, 2009), recommended family systems interventions should not only
be offered in British gang-affected communities (as they have been) but must also have their
high-quality evaluations measure gang membership robustly and as a dependent variable. Evaluators must also be alive to the possibility that even well-intentioned support can be
stigmatic, and look for evidence of negative as well as positive outcomes for target youth
and families. A second, related priority is to develop robust ‘other report’ assessments of
gang membership for cases where an index child/youth will not self-report using 'Eurogang'
methods. This might be based on the same Eurogang criteria of durability, street-orientation, youth, illegal activity and group identity but be derived from police intelligence, school and social service data. A reliability study that compares the coincidence of self- and other definitions is also necessary. Finally, much work is needed to develop and pilot ‘gang-sensitive’ components for candidate programmes, and it is recommended that these focus not only on parental and youth attitudes towards gang membership, but also on preparatory work that outlines the non-judgmental, support-focused, diversionary nature of the intervention. Further work may also needed in order to reflect the particular circumstances and needs of Black and ethnic minority youth, young women, and families suffering from very deep social exclusion (Prior and Paris, 2005).

This last point underlines a key issue regarding the limitations of the recommendations made here. Gangs arise in conditions of ‘multiple marginality’ (Vigil, 1988) and the family is just one of several linked risk domains where the effects of pervasive social exclusion are felt. Given this, family support must be seen as a necessary but not sufficient gang reduction tool, and must run alongside other targeted (individual-, peer- and community-oriented) approaches, together with serious efforts to prevent and reduce the social-structural conditions of multiple marginality (Churchill and Clarke, 2009). In an era of financial austerity, it makes a great deal of sense to dedicate public funds to initiatives that are cost-effective and targeted to the greatest need; however, policy-makers, practitioners and academics must be careful not to add a fourth stage to Huff’s (1990) model: that of scapegoating families.

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Loading the policy blunderbuss

Jon Shute, Judith Aldridge and Juanjo Medina examine Coalition policy and find it wanting

Ending Gang and Youth Violence: A Cross Governmental Report including further evidence and good practice case studies (EGYV) (HM Government, 2011) describes the Coalition’s attempts to develop a coordinated policy strategy to reduce gang related and more general youth violence. The report extends to 84 pages, 23 headline measures, and refers to over 60 reputedly relevant initiatives. Amidst some refreshingly honest admissions (‘We understand that you can’t arrest your way out of the problem’), significant emphases are placed on locally coordinated multi-agency action, and on an articulated strategy of family level prevention, individual intervention and police suppression. While the report evidences much good-will, good practice and hard work, at least three core problems relating to expertise, evidence and moral vision critically undermine its strategic coherence; and we contend that the measures flowing from it will, at best, produce weak evidence of no overall effect, and at worst, prove counter-productive.

Phenomenon
The first flaw of EGYV is that while the consultation process seems to have been genuinely wide, the framing of the policy problem remains unclear, under evidenced and partial. The problem is unclear to the extent that there is a fundamental conflation of gangs, guns and knife crime that suggests both a widespread crisis and a unitary phenomenon to be tackled. Leaving aside the general context of stable or declining police recorded knife and gun crime, reference to the Home Office’s own Offending Crime and Justice Survey (Sharp et al., 2006) suggests a rather complex picture of youth, group identity and violence. In this self report survey of over 4,000 10–19 year olds, the prevalence of membership in ‘delinquent youth groups’ – the definition closest to EGYV’s ‘gang’ definition – was just 6 per cent and of these, 37 per cent had committed no offence in the preceding year, 66 per cent had not committed a serious offence, 87 per cent had not carried a gun. Gang membership amplifies risk of offending and has a higher prevalence in socially excluded communities; however, it remains a generally rare, short lived and non ethnically specific phenomenon that is co-terminous with neither offending per se nor serious violence, which also remains rare. The policy problem is further under evidenced in relation to the contested plurality of British gang research and suggests a picture of group and group dynamics that many (including US researchers) would not recognise.

One prominent example is the repeated suggestion that gangs actively ‘groom’ young people, when ethnographic evidence suggests that entering a gang is better conceptualised as a voluntary qualitative shift in existing friendship and family networks (Aldridge and Medina, 2008). Finally, the construction of the problem is partial in the expertise and evidence it draws upon: of the 34 non-governmental attendees at a consultative ‘international forum of gang experts’, 24 (70 per cent) were current or former senior police officers, with British gang research represented by a single academic best associated with research in one London borough. What emerges is a picture of youth gangs and youth violence distorted to conform to a London-centric and police-constructed image of organised hyper-violent predatory youths and that seems purposely designed to mask variation and complexity, create a sense of crisis, and legitimate primarily police led responses.

Solutions of evidence
The second flaw lies in the report’s casual attitude towards evaluation evidence, the ideal purpose of which is to assess the worth of initiatives in a comprehensive and unambiguous way, and so enable policy decisions that maximise impact and prevent waste of public funds. This is a particular issue in relation to gang research, where over eight decades of well funded but poorly evaluated American programmes have left senior researchers (Klein and Maxson, 2010) doubtful as to whether anything reliably ‘works’ in gang reduction. The problem of ‘solutions’ evidence in EGYV is four-fold. First, reference to problematic British gang initiatives are conspicuous by their absence, for example, Bullock and Tilley’s (2008) description of a south Manchester multi-agency programme that experienced project drift and disagreement over definitions, net widening and the labelling of children. Second, while welcome interest (see Shute, 2011) is shown in two high quality family interventions – ‘Family Nurse Partnerships’ and ‘Multisystemic Therapy’ – commitment to roll out may be premature before the first full British evaluation results are known, and when no gang data has been collected in either evaluation. A third problem relates to the promotion of two programmes - Intensive Intervention Projects (IIPs) and the ‘Strathclyde model’ of deterrence policing – that have relatively weak evaluation designs without adequate
comparison groups, and where ‘progress’ is judged subjectively by the practitioners delivering the intervention.

Little confidence can be had, therefore, in some quite grandiose effectiveness claims. Finally, reference is made to four government Bills and over 60 further initiatives, all of which are adduced as relevant, effective or promising, but where evidence of such is often purely anecdotal. In short, EGYV uses a relatively weak and selective evidence base to justify major commitments, and seems to favour a ‘blunderbuss’ approach of variable quality approaches whose independent and interactive effects may prove almost impossible to evaluate, even if there were a strong commitment to do so. In these circumstances, there seems little potential for learning and as great a potential for disregarding the truly effective as there is for pursuing the ineffective and wasteful.

Policy doublethink

The third flaw of the report lies in the absence of a clear moral vision regarding the treatment of the socially excluded. Welfarist sentiments are expressed in relation to youth job creation, increased ‘early years’ support, emergency re-housing, community-based localism and prisoner resettlement. However, these sit alongside antagonistic references to a Welfare Reform Bill criticised for reducing the income of the poorest, Sure Start Centres that face major cuts and specific mention of fast track eviction, repressive community policing and new mandatory prison sentences. There seems little intellectual/moral coherence in combining policies that remove need with those that reimpose it. While EGYV invokes largely pre-announced welfarist policy initiatives, much of what is ‘new’ in the report tends towards coordinated punitive action, whether it be deterrence policing and sentencing, the sanction threat behind IIPs, or penalties for breach of expanded civil ‘gang injunctions’. Serious offending deserves appropriate punishment, however this structural imbalance towards punitiveness belies attempts to convey policy ‘balance’ and emphasises the police-led nature of EGYV.

Conclusion

The criticisms levelled here are not to deny that there are some useful ideas in EGYV, nor to dismiss the trauma experienced in violence-affected communities or the hard work of the very many committed stakeholders discussed therein. But as over 80 years of American gang focussed programmes will attest, good intentions and hard work are no guarantors of success, and some approaches have proved counterproductive (Klein and Maxson, 2010). As the UK begins to recognise and respond to gangs, therefore, an opportunity seems to have been squandered to learn from the full range of British and international research evidence, and to articulate this into an intellectually and morally coherent programme of activity capable of assessing its own effects. To move forward, a number of basic points must be recognised and actioned.

First, gangs arise globally in conditions of deep social exclusion, so a difficult but essential task is to ensure that cross departmental policy work in an articulated way to dissolve existing pockets of exclusion and prevent the formation of others. It also means moving away from contradictory ‘support-then-punish’ rhetoric, to a more fundamental emphasis on prevention, where the positive impact on families with children is a prime success criterion of all government policy.

Secondly, while policing suppression may have an important role in crisis management, liberty concerns mean their role must be very circumscribed: police have long been criticised for racialised, weapon focussed operational gang definitions, overly liberal application of gang labels and long term data retention (Ralphs et al., 2009); and it is uncomfortable to hear senior police argue for an expanded role on the streets as well as in schools, youth justice and family services. Do we really want to commit to a society where police are portrayed uncritically as ‘tough-love’ jack-of-all trades practitioners; always a solution to, but never a cause of community problems (cf. racialised stop and search policy; the role of Operation Trident in the August 2011 disorder in Tottenham)?

Finally, the gap between academics and practitioners must be bridged in order to develop robust assessments of gang involvement that enable efficient service prioritisation, and develop and advocate minimum high standards of evaluation for all new major policy initiatives (Shute, 2011). No doubt some will see these recommendations as idealistic, but in the context of economic stagnation, record youth unemployment and ongoing concerns about racialised gang discourse and criminal justice practices, the alternative as envisaged by EGYV may only be expensive but fruitless activity, leading to greater community tension, and more, not less gang and youth violence.

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John Shute is a Lecturer, Judith Aldridge and Juanjo Medina are Senior Lecturers at the Centre for Criminology and Criminal Justice, Manchester University Law School.
Paper #7:

Hunting gruffalo: ‘gangs’, unreason and the big bad coalition

Jon Shute and Juanjo Medina point to the rhetoric and inaccuracies behind recent policy responses

But who is this creature with terrible claws/And terrible teeth in its terrible jaws?/He has knobbly knees and turned out toes/And a poisonous wart on the end of his nose/His eyes are orange, his tongue is black/He has purple prickles all over his back/Oh help! Oh no!/It’s a Gruffalo! (Donaldson, 1999)

Youth violence, like most other forms of violence has been falling steadily in recent years. Despite – or perhaps because of this – recent policy responses have begun to rely increasingly on the spectre of ‘the gang’ as a trope for representing serious youth crime, invoking moral panic, and justifying greater police powers in socially marginalised communities (Hallsworth, 2013). The cynical disconnect between this and the growing weight of critical, empirical British youth gang research strains belief, and exposes the unreason at the heart of coalition policy. In this article, we analyse the release of several reports relating to the 2011 policy paper Ending Gang and Youth Violence (HM Government, 2011). Amidst the rambling and turgid prose, we find a government wasting £10 million on untheorised, unevaluated, and unevaluated ‘activity’ that risks reifying the very problem it claims to fear.

In our article in a previous issue of cjm (Shute et al., 2013), we criticised Ending Gang and Youth Violence (EGYV) on three grounds. The first was evidential: it could not define and operationalise the ‘gangs’ it declared as its policy object; nor did it cite the Home Office’s own commissioned research (Sharp et al., 2006) that both offered a definition and challenged its own simplistic elision of guns, gangs, and knife violence; nor did it seem aware of the more general lack of a ‘what works’ evidence base for gang reduction, despite a century’s worth of well-funded USA research. The second criticism related to the indiscriminate ‘blunderbuss’ nature of the framed policy response: four government bills and 60 varied policy initiatives were adduced as being relevant, effective or promising on the basis of weak, anecdotal or non-existent evidence; and no commitment to robust evaluation was given for EGYV as a whole nor its several dozen recommended ‘next steps’. Finally, intellectual/moral incoherence was evident as the paper simultaneously wielded a large and enhanced criminal justice ‘stick’ in one metaphorical hand, while proffering a somewhat wrinkled ‘carrot’ of pre-announced and austerity-compromised welfare support in the other.

In short, the paper, launched in the febrile and disorientated aftermath of the 2011 riots, offered no evidence of understanding its principle object, a set of spasmodic responses based around deterrence and ‘joined up working’, and a small pot of money allocated to ‘gang-affected’ areas in which services of unknown and unknowable content, quality and impact were to be offered.

A ‘blunderbuss’ approach

Two years on, our worst fears have been confirmed. The 2012–13 annual report (HM Government, 2013) released in December 2013 repeats the confused/confusing ‘blunderbuss’ approach of the original paper: 49 pages, 60 action points, dozens of initiatives – many of which are existing generic Department for Work and Pensions (DWP) or Home Office programmes – and, in lieu of real evidence of impact, six glib text boxes describing a small range of initiatives from the 29 initial pilot sites. An accompanying Review 2012–13 document published simultaneously by the Home Office (2013) promises further detail of ‘achievement’ and ‘success’ (it studiously stays clear of the word ‘evaluation’) but only offers the following information:

1. That the only effort at direct evaluation was from the funders themselves (the Home Office), which amounted to (a) two online surveys of ‘local contacts’ – mostly community safety managers as opposed to service providers – and (b) up to three telephone interviews with the same contacts. Only 10 out of 29 (34 per cent) completed both surveys, and 13 out of 29 (44.8 per cent) provided an interview. Six trial areas ‘did not contribute to the research in any way’.

2. That the statutory and voluntary organisations that were possibly heavily dependent on the EGYV funding were reported to perceive the experience of being funded as broadly positive, though (a) the initial procurement and assessment arrangements took so long that little time was available to use the money, and (b) there were fears concerning the sustainability of funding. No individual or organisational measures of gang-involvement or offending behaviour were recorded.

3. That due to the perceived impossibility of an actually eminently-achievable mixed methods (quasi-) experimental evaluation of project inputs, processes and outcomes, the Home Office instead elected to examine police recorded youth crime in project
areas over 2012-2013. It found that most forms of youth violence fell to the same extent that they had fallen in the year preceding EGYV and, indeed, in most other communities in England and Wales.

To be clear, the weaknesses of the ‘evaluation design’ are such that if it were an undergraduate research methods project, it would barely pass, and would certainly fail at postgraduate level.

Orwellian claims

Despite this, both Theresa May and Iain Duncan Smith made Orwellian claims of success in the ministerial foreword to the main document: ‘The initiative is working, the crimes that it is designed to tackle are diminishing…’ The programme has led to more effective leadership and a greater sense of strategic direction. That has helped those on the frontline increase the effectiveness of their work. And that has contributed to the drop in youth violence’. The first and last clause of this quote are in no way supported by the available data, and in that sense, should be seen as outright disinformation and an exercise in that we might term ‘post-truth governance’.

Most damningly, the review uses the terms ‘gang’ no less than 266 times, which also features in many further initiatives, including – incredibly – the intention to provide gang ‘fact packs’ and ‘warning sign’ training documentation to police and a range of educational, community and criminal justice organisations. Ignoring the academic state of knowledge on the topic, the reports contain no clear, evidence-based operational definition of a ‘gang’ that can be measured or used in any sense by any actor. Seen in these terms, the basis for the government applying the gang label or advancing a claim to understand the phenomenon sufficiently well to provide ‘advice’ to others is non-existent.

In sum, these reports are utterly appalling: in the era of austerity, £10 million of taxpayers’ money has been wasted on initiatives that have not been described or evaluated, and where grandiose success claims are made despite precisely no evidence of understanding or achievement. Seen in these terms, the coalition’s use of the term ‘gang’ can only be seen as a convenient rhetorical label for inciting public fear, scapegoating structural abandonment of and justifying increased controls over marginal populations, and for further stigmatising entire communities.

This contemptible state of affairs has added piquancy in relation to two robust criminological findings that the Home Office and DWP are no doubt aware of. The first, is that public services that are perceived to be heavy-handed and procedurally unfair undermine their own functioning as people distrust and disengage from them (see e.g. Hough et al., 2010); the second is that clumsy imposition of the ‘gang’ label tends to increase group cohesion such that one calls into being the very problems and processes one was supposed to be guarding against (Klein, 1971). The potential for counterproductivity amidst the activity is, therefore, quite clear.

In short, by ignoring existing gang research in the United Kingdom, together with basic principles of rational evaluation, the government appears to be rather like the mouse in Julia Donaldson’s fêted children’s book: actively creating its own Gruffalo, an imaginary monster designed to distract and extricate its author out of a tight fix. In this story, however, the Gruffalo is being fought, not with wit and imagination, but by a tediously complex mesh of rhetoric and overlapping social controls based on false premises and specious logic. The question yet to be resolved, however, is ‘will this mouse still win out in the end, or itself be devoured?’ Short of the ability to sue for the culpable waste of public funds, we must, unfortunately, allow the electorate to decide on other grounds.

The coalition’s use of the term ‘gang’ can only be seen as a convenient rhetorical label for inciting public fear, scapegoating structural abandonment of and justifying increased controls over marginal populations

References

Paper #8:

Hunting gruffalo with a blunderbuss
On the ethics of constructing and responding to English youth gangs

Jon Shute

In this chapter I outline a critique of recent English youth gang policy, focusing on how the issue has been formulated and also on the ethical role of the criminologist as evaluator and policy commentator. The discussion highlights methodological and evidential gaps at the heart of policy and argues for the more active, engaged role of the criminologist. There should be a more direct connection between the methodology of studying the phenomena and practices aimed at addressing the issues.

This chapter’s title derives, in part, from a pair of short policy essays (Shute, Aldridge, and Medina 2012; Shute and Medina 2014) written as a critical response to a major piece of English and Welsh youth crime policy entitled Ending Gang and Youth Violence: A Cross-Government Report (HM Government 2011). Published in the political aftermath of serious urban rioting in major English cities, the report set out a youth-focused violence reduction strategy combining better co-ordination of existing policy levers with a small number of new proposals focused on suppression. Much of the initial report was problematic and, among other things, we criticised its partial and misleading construction of the gang ‘problem’, together with a complex and confusing mesh of poorly-described initiatives that did not seem amenable to evaluation. It seemed that a policy ‘blunderbuss’ – an indiscriminate, scattershot set of proposals – was being aimed at an imagined and convenient folk devil (the ‘gang member’) summoned into existence in a process analogous to that described in the fated children’s story The Gruffalo (Donaldson 1999). In the context of the time, this seemed particularly problematic given that rapid analysis of the riots (Guardian/LSE 2011) explicitly dismissed youth gangs as a causal factor and revealed an unusually wide age range of participants. We continue to feel that the shortcomings of the 2011 report and subsequent annual reports (HM Government 2012, 2013, 2015) say something important about the nature and limitations of late modern policy-making in an era of financial austerity.

In this chapter, I rehearse and amplify a number of our arguments, choosing to stress their normative-ethical dimension. Reflecting on the relationship between academic research and policy construction is especially important, and I advance a normative position of ‘duty to expose and reduce harm’ that I argue should motivate criminological policy engagement despite the numerous obstacles that exist to ‘research utilisation’. I then apply this logic to Ending Gang and Youth
Hunting gruffalo with a blunderbuss

Violence (hereafter, \textit{EGYV}) as a case study that illustrates the potential harm consequent on rapid, partial, poorly described and unevaluated policy, arguing that this is as likely to obscure effective practice as it is to promote ineffectiveness and counter-productivity. I also suggest that the broader UK political context – at the time of writing, an unstable coalition government making major budgetary cuts with uneven impact across populations – makes this form of policy-making increasingly likely, and introduces into it core characteristics (complexity, misdirection, invisibility) that render the role of the engaged criminologist more important than ever. To the extent that many Western governments find themselves in a similar financial-policy predicament at the time of writing, I hope to draw more general lessons regarding criminal justice policy in political context from what may at first seem a parochial and time-limited example.

\textbf{Policy, research and the ‘public’ role of the criminologist: Towards a normative emphasis on harm reduction}

Since Burawoy’s (2005) address to the American Sociological Association on the nature of and need for a ‘public sociology’, there has been a healthy discussion about the proper role of the criminologist in taking their methods and findings beyond the academy in ways that inform policy, practice and more general public discourse on crime. There is a rewarding literature in this area (see, for example, Chancer and McLaughlin 2007; Loader and Sparks 2010; Uggen and Inderbitzen 2010) that I will not review here but selectively allude to in relation to the process of policy-making. I tend to agree with Tonry (2010) that ‘public’ and ‘policy’ criminology is something academics have always tried to do, albeit not always very well. But I go further by stating that criminologists have an essential and positive duty to engage critically with law and order policy for the following reasons:

First, crime presupposes intentional and socially-mediated harm, not only from the perspectives of the legislator and enforcers of the criminal law, but also, perhaps, for many people much of the time in relation to a ‘core’ set of personal and property offences (van Kesteren et al. 2013). Naturally, criminal prohibition is not co-terminous with harm more broadly/thoughtfully conceived (Hillyard et al. 2004; Pemberton 2007 on definitions), and it is the nature of the harm (physical, psychological, economic, cultural), the conditions of its imposition (intention or indifference), its relevant source (cultural, structural, organisational, individual) and target (victim, offender, bystander) that animates the rich, dynamic and contested field of criminological theory and practice, with one’s precise location within that field constituting to a great extent, the professional self-identify of the criminologist. What I want to emphasise here – echoing Uggen and Inderbitzen (2010: 726–27) – is that what attracts students to the discipline and keeps academics engaged in their subject matter is this principal Durkheimian interest in harm and its explication and the fact that the interaction of one’s political convictions with methodological and theoretical preferences determines precisely how this is viewed does not detract from this essential normative fact. Many of us do what we do, in other words, because we recognise harm and are committed to seeking politically supportable strategies for reducing it.

Second, criminologists are essentially interested not only in harm but in its \textit{reduction}, that is, that something actively be done to recognise and limit harm. Even when that ‘something’ appears to be the imposition of further harms – for example, criminal justice penalties applied to the offender – proponents tend to do so for future-oriented reasons of utility, requalification, or restoration, all of which are thought to be ways of reducing harm. Even purely retributive rationales for punishment can be argued in their essential ‘rightness’ to leave non-offending bystanders ‘feeling better’ that societal harm has not been tolerated. Again, one’s conception of the nature of harm is fundamental, but it can be argued that much of the ‘core business’ of criminology, whether it
is recognised as ‘public’ or not, is concerned with exposing hidden harms (for example, domestic violence, corporate and state crime), defining down or reframing supposed harms (for example, the decriminalisation and better regulation of drugs), arguing the best strategy for harm reduction (developmental, situational, criminal justice), or the proper focus and scope of intervention (from systemic macro-economic reform to the micro-economic decision-making of individuals). While globalisation has necessitated a growing ‘transnational’ sensibility and a recognition of the role of a variety of social actors in governance (Shearing and Wood 2003), that most criminologists still look to the nation-state as the prime co-ordinating or monopolising executive agent to formulate, fund, and enact harm-reduction strategies. Even those interested in ‘state crime’, seldom propose anarchy or the absence of the state, merely that it does not abuse its power and is held accountable for any abuses. In other words, then, if we do what we do to expose, explicate, and reduce harm, we also look to government as a prime means of achieving the latter.

Third and finally, it follows from the above that criminologists should take an essential interest in examples of government policy – the use of public money to address ideologically inflected issues of socio-political interest – that directly and indirectly aim to reduce the harms associated with crime (Loader and Walker 2007). Whether they are formally contracted to evaluate that policy or not, it seems to behove the criminologist to apply their training to comment on the overall premise and rationale of the programme, its theory of change, likelihood of success in its own and in other terms, its practical implementation and summary change claims. Even if one, as a critical criminologist, does not support the government of the day or elements of the overall political order it represents, the normative focus of the discipline should still ensure an essential duty to engage with policy, if only to point out a fundamental misguidedness. This normative stance can be taken one step further if one concedes that not to do so – to fail to engage in the assessment of harm reduction – risks a form of complicity in harm promotion. This can happen if a policy contains elements that are known to be counterproductive (for example, the various costs of increased use of prison, of stop-and-search, or of drug sanctions, outweighing the benefits), but also from lack of transparency and accountability, for example, where unevoked claims of success are made due to lack of good evaluation data. Poor or no evaluation can be harmful in that it risks rejecting successful but obscured harm reduction as well as accepting the ineffective and the counterproductive. This is also harmful in that it is a culpable waste of public funds; the taxpayer ideally expects some form of palpable ‘return’ for their salary sacrifice and expects that governments will not use this to make a situation actively worse.

In short, I agree again with Uggen and Inderbitzen (2010: 743) that criminologists should be ‘acting to challenge false statements, question shoddy evidence, and debunk harmful myths and scare tactics’ but also constructively to engage in taking their skills and knowledge beyond the academy and to positively shape policy and public discourse in the direction of harm reduction. Many, or even most of the criminological community would say that this is precisely what they do most of their time, whether it be in the classroom or in their funded research and its dissemination. What I have tried to stress in this section, however, is the normative dimension of this activity: that we do what we do to expose and explicate and reduce harm; that we look to government policy as a prime means of achieving harm reduction; and we therefore have a responsibility – a duty – to critically engage with that policy in order to assess its worth and to avoid complicity in harm promotion.

**The contours of UK youth gang research and policy 1997–2011**

I now turn to the application of the above principles to an analysis of a specific piece of criminal justice policy: *Ending Gang and Youth Violence*. I attempt this most directly in the next section;
however, it is first necessary to contextualise \textit{EGYV} in light of recent formative developments in politics, policy, and scholarship. This is important, not only because it is precisely this detail that is excluded from the main report, but also because it makes clear just how ‘new’ recognition of youth gangs is in the English and Welsh context, and therefore how remarkable it is that it should become an important trope in contemporary crime and justice policy.

The author (Shute 2013) has previously characterised the short history of constructing and responding to youth gangs in the UK in terms of C. Ronald Huff’s (1990) stage model of denial, over-reaction, and mis-identification. Here I reframe elements of that analysis to fit with my overall concern with harm, and do so in a time frame that begins in the late 1990s with the first British official usage of the term ‘gang’, and ends with the publication of \textit{EGYV}.

\textbf{Exposing and explicating the harm of youth gangs}

Youth gangs have been studied in the US for the best part of a century (Thrasher 1927), and while some academics (for example, Davies 1998) have argued that the phenomenon has, in fact, a venerable history in Britain, a sociological preference for sub-cultural explanations of youth group formations successfully impeded recognition of the applicability of an extensive American literature until the turn of the twenty-first century (see, e.g., Campbell and Muncer 1989). Perhaps conscious of a new police-led willingness to acknowledge gangs (see below), the picture began to change when, independently, academics in Wales and Scotland (Bennett and Holloway 2004; Smith and Bradshaw 2005) began to apply self-report survey methods to establish the prevalence of gang membership using varied samples and definitions. A scientific impetus here was to establish common definitions with American survey research in order to aid cross-national comparisons. This direction of development was also apparent in the establishment and influence of the US/European ‘Eurogang’ international research network (see Klein 2001) whose central concern with developing common methodologies led sympathetic researchers in Manchester to test them in a major government-backed survey (Sharp et al. 2006) and a research council funded ethnographic study (Aldridge et al. 2008). At the same time, researchers at the University of Bedfordshire conducted a detailed mixed-methods study with a strong single-community focus (Waltham Forest, London; Pitts 2008), and critical work on definitions and nomenclature was being conducted (see Hallsworth and Young 2004) that usefully distinguished among youth gangs, organised criminal gangs, and non-delinquent peer groups.

While much could be said about this lively and productive literature, I focus here on two key points of material relevance for an argument as it relates to \textit{EGYV}. First, all empirical studies confirmed that gangs can be said to exist in the UK and validated the basic American (now international) literature in that \textit{time in the gang is associated with a substantially increased risk of harm} relative to time out of the gang and association with other youth group formations. As an example, Sharp and colleagues (2006) employed a modified ‘Eurogang’ definition\footnote{A Eurogang is defined as a gang in that it is relatively large in size (above, say, 20); has a limited territorial base; has a hierarchical structure with clear leadership; has a subcultural identity; and, crucially, it includes members who are under the age of 18.} in a representative English survey of around 4,000 10- to 19-year-olds and found: an overall prevalence of 6 per cent; roughly equal participation of females, who tend to leave the gang earlier; variable age composition, with a peak age of involvement of 14 to 15; variable group size, high turnover rates and loose structure; variable ethnic composition reflecting broader neighbourhood demographics; and broader family and community conditions of multiple social exclusion. Nearly two thirds (63 per cent) of the sample had committed an index criminal offence over the preceding year as opposed to 26 per cent of non-gang youth; and gang members were two to four times more likely to be categorised as serious or frequent offenders, to have carried a knife or a gun, to have taken illegal drugs, and committed offences under the influence of alcohol. Youth gang members in England are also more likely to experience physical and gendered sexual violence (e.g., Pitts 2008).
The second point to stress is that there exists considerable and ongoing disagreement among British (and international) gang researchers, for example, regarding definitions, methods, and emphases of study, the importance of territory and group structural features, the centrality of violence to identity and reputation, and the processes and meaning of gang entry and exit (see e.g., Pitts 2012). An example might be to contrast the work of Aldridge and colleagues (2008) in an anonymised northern English urban setting—‘Research City’—with Pitts’s (2008) work in Waltham Forest, a metropolitan borough of London. While similarities probably outweigh differences, Aldridge and colleagues found that becoming involved in a gang entailed a subtle qualitative shift in existing peer and family relations and that the groups had loose structure, limited vertical integration, and a generally short active period; Pitts, by contrast, stresses the ‘grooming’ of ‘reluctant’ socially marginalised youth who are recruited into a highly organised, differentiated, and territorialised system linked to ‘glocal’ drug markets.

**Policy and practice attempts to acknowledge and reduce harm**

If, before the index period under consideration, few UK police forces were willing to admit to the existence of ‘US-style’ gangs (see Sanders 1994, cited in Bennett and Holloway 2004), the operational picture changed very quickly in the late 1990s. Greater Manchester Police led the way, with Stelfox (1998) reporting the problem of firearms being used by ‘gangs’ (undefined) in 16 UK police force areas; and Shropshire and McFarquar (2002) briefing the same force about the potential of multi-agency gang strategies to tackle escalating gun crime in the city. It is difficult to locate precisely how and why the police’s ontological shift in acceptance of the existence of gangs occurred, but it seems the construction focused on very serious drug-related crime committed by older youths and young adults in primarily ‘black’ communities. Absent data, one can only speculate, but an important reason in the context of escalating firearm incidents may have been the increased relevance, perceived importance, and success of ‘Operation Ceasefire’ (also known as the Boston Gun Project: Braga et al. 2001), an American police co-ordinated multi-agency deterrence and suppression strategy aimed at reducing gang-related gun crime. While high-level youth crime policy was more concerned at this time with low-level anti-social behaviour (the Antisocial Behaviour Order or ‘ASBO’), police forces benefitting from greater public spending instigated five ‘Ceasefire-like’ gun and gang suppression operations in London, Manchester, and other UK cities between 1999 and 2004 (H.C. Hansard, 15 November 2004). By the late 2000s, political priorities had shifted in light of high profile media treatment of a series of urban youth stabbings and shootings, and a racialised, conflated discourse of gangs, guns, and knife crime was being endorsed at the highest level in speeches by the then Prime Minister Tony Blair (Wintour and Dodd 2007). In the last three years of the Labour administration under Gordon Brown, a seemingly unstoppable law enforcement-led multiagency approach to suppression was strengthened in gang-specific Home Office initiatives (the Tackling Gangs Action Plan) and key policy documents (Tackling Gangs: A Practical Guide for Local Authorities, CRDPs and other Local Partners, Home Office 2008; Saving Lives, Reducing Harm, Protecting the Public, An Action Plan for Tackling Violence, HM Government 2008).

**Academic and related commentary on the official harm reduction policy**

What will be clear from the above is that during this period, British academic gang research and operational police work often seemed to be describing very different phenomena. There was perhaps some limited common agreement as to the species of harms done to and by ‘gangs’ and ‘gang members’, but survey work in particular suggested youth, low prevalence,
high turnover, and elevated but often relatively petty offending, in contrast to police constructions which focused on ‘heavy-end’ drugs and firearms offences committed by older black and mixed-race figures involved in organised crime. This split in understanding also seemed to encourage a split in academic and related commentary. On the one hand, some academics shifted focus from the harm committed by gangs to the harms attendant on constructing and policing gangs. For example, Hallsworth and Young (2008) criticised a generally partial, inexact, media- and ideologically-driven set of operational working definitions; Ralphs et al. (2009) pointed to the stigmatic and false labels applied to those identified by police ‘intelligence’ as gang-affiliated; and Bullock and Tilley (2008) found concrete evidence of both problems in a south Manchester explicitly ‘Ceasefire’ inspired policing initiative.

On the other hand, the greater compatibility of Pitts’s Waltham Forest gang work with police understanding of serious and organised drug and weapon-enabled offending seemed to lead that construction to ‘win out’ in influencing policy, and it began to be featured heavily in the campaigning policy work of the centre-right think tank – the Centre for Social Justice – set up by the former leader of the Conservative Party, Iain Duncan Smith. Its 2009 report Dying to Belong: An In-Depth Review of Street Gangs in Britain supported a mixed portfolio of enforcement, intervention, and prevention, and was associated with further work on family-focused initiatives (Allen and Duncan Smith 2008). Pearce and Pitts (2011) also conducted work at this time on female sexual victimisation in gangs for the Office of the Children’s Commissioner.

In sum then, the period 1997 to 2011 was an extraordinary period of activity where, in effect, gangs were given an absolute ontological status previously denied in the UK, and from this standing start became the object of enquiry, rhetoric, and action to finally appear at the forefront of high-profile policy and practice on youth violence. It is fair to say that all who accepted the existence of gangs in this period also accepted that they were deserving of attention because, as both a dependent and independent variable, they are associated with a diverse range of harms. It is equally fair to say that the sometimes fundamental disagreements of researchers, policy-makers, and practitioners as to the nature and source of those harms produced a contested and ideologically charged field. Academic evidence was clearly being used by police to apprehend and reduce harm in law and order terms; however, further evidence was also accumulating of the dangers of doing so.

**Ending gang and youth violence 2011 to 2015: A case study and critique**

I now turn to the policy documents themselves as a case study of how harm is constructed, argued, and evidenced in a particular political context. In the first section, I summarise something of the nature and content of the original (2011) policy report *Ending Gang and Youth Violence (EGYV)* and amplify our initial reactions to it (Shute et al. 2012). I then analyse the truth claims made in subsequent (2012, 2013a, 2013b, 2015) progress documents. Finally, I add a coda in terms of observations regarding 2014–15 parliamentary review of the policy via the Home Office Affairs Select Committee, to which I contributed evidence. My overall argument is that the policy strikes an ambivalent tone that is strongly reminiscent of David Garland’s (1996, 2000) ‘adaptations’ to the understood limits of the sovereign state, but that the nature of the weak and austerity-compromised coalition government that created it also meant little new money and lent a somewhat desperate sense of ‘restate and recycle’ activity to the project. I claim that while the policy was not entirely un-evidenced in conception, it was extremely partial in what it took to be relevant evidence, and, most culpably, did not concern itself with generating action that was capable of being adequately described or evaluated. Robust new evidence cannot, therefore,
be produced. I contend that EGYV in sum, exemplified only unreasoned activity over achievement and actively risked a range of quite profound harms that may be felt well beyond the coalition's time in office. In so doing, I attempt to bring to bear all the observations on evidence and ethical duty to prevent harm that I have rehearsed above.

Ending gang and youth violence: A cross-departmental report (HM government 2011)

EGYV was published on November 1st 2011. Two points might be made for the non-British reader by way of context. First, the report was the first major piece of youth crime policy announced by the Coalition government — a combination of the centre-right Conservative Party and centrist Liberal Democrat Party — that emerged from the first hung (no overall majority) parliament in post-war Britain. After over a decade of economic deregulation and credit-driven growth under Tony Blair’s Labour party, the UK suffered a major recession and increase in sovereign debt as a result of the 2008 global ‘credit crash’. The Coalition government was more inclined to austerity than its predecessor, and as result of the May 2010 election, the new Coalition’s agreed agenda focused strongly on punitive public spending cuts in order to quickly reduce national debt.

A second contextual point relates to events immediately prior to the publication of EGYV. In the wake of a mishandled community protest at the police shooting to death of a young black man, Mark Duggan, rioting began in the north London borough of Tottenham on the evening of 6 August 2011, spread to a number of other boroughs and English cities, ending in Greater Manchester on 9 August. Analysis indicated over 4,000 arrests and 3,000 court appearances; an argued role in five deaths; and an estimated £1 billion cross-sector ‘bill’ in insurance, compensation, criminal justice, and lost revenue costs (Riots Communities and Victim Panel 2011). Quickly-produced criminal justice (Ministry of Justice 2011, 2012) and research data (Morell et al. 2011; Guardian/LSE 2011; Lightowlers and Shute 2012; Lightowlers and Quirk 2015) indicated, inter alia, strong crime-deprivation links at both the area and individual level, a high prevalence of prior adverse criminal justice experiences (including proactive ‘stop and search’ policing), and strong evidence of punitive sentencing.

The report itself—a co-product of the Home Office and Department for Work and Pensions—was framed clearly in terms of a response to the riots, which were referred to by the departmental heads in the Ministerial Foreword (EGYV: pages 3–4). In the two months between the riots and publication, the government convened three events consisting of representatives of local authorities, voluntary sector organisations working with gangs, and police. It also consulted with the Centre for Social Justice on the outcome of a similar event, held a ‘young persons’ roundtable, and convened an ‘International Forum of Experts on Gangs’ to inform its deliberations. The policy product was an intended programme of activity that combined targeted co-ordination of existing measures across government with new gang-focused measures: ‘We need to combine action to tackle the causes of gang and youth violence with tough enforcement to crack down on those that commit crime; ‘... intensive police action is needed to stop the violence and bring perpetrators to justice, but we must match this robust enforcement response with a robust offer of support to exit gang life, and an equally intensive prevention strategy’ (3–4). Five areas of activity were stressed (Executive Summary: 7–9). First, ‘Providing Support to local areas to tackle their youth violence problem’, involving the establishment of an EGYV Team and network of advisers to provide practical advice to gang affected communities; £10 million to improve the targeting of services in 30 such areas; and £1.2 million to improve services for young victims of sexual violence. Second, the report emphasised the need for better gang and violence Prevention
via support for an existing early childhood intervention for socially deprived teenage mothers (Family Nurse Partnerships) and new advisory materials for parents and schools. Third, Pathways Out for established gang members were to be offered via emphasis on intensive tertiary intervention (Multisystemic Therapy), education and rehousing programmes, and diversion into support at the point of arrest or injury (hospital accident and emergency). Fourth, greater Punishment and Enforcement was intended via extended gang-injunctions, new mandatory sentences for knife-related and repeat serious violence, consultations on police curfew powers and new firearms offences, and a restated commitment to deport gang members who were not UK citizens. Finally, an emphasis was placed on Partnership Working, including guidelines on inter-agency data sharing and the co-location of relevant public services.

On the face of it, these measures seemed to offer a rapidly-formulated yet consultative and rational set of actions representing a tour de force of ‘evidence-based’, ‘joined-up’ government. I did not and do not doubt the sense, goodwill, or ability of many of those involved and agree that many individual points and policies appear to be prima facie valid and reasonable. I also want to stress that we do not doubt the existence of youth gangs as we understand them nor of the existence and effects of serious youth violence on individuals and communities. In our early policy commentary (Shute et al. 2012) what we regarded as objectionable was the studied manipulation of a real sense of crisis emanating from the riots to focus on a largely unrelated and diffuse set of policy scapegoats constructed around an intensely selective and partial view of ‘the evidence’. If the construction of the problem was problematic, so was a planned response that was so complex that it defied description, could not lend itself to a clear theory of change that linked inputs to outputs, and contained no clear plans for evaluation. We felt that the plans had real potential to be wasteful and even counterproductive and therefore took a critically normative stance in the spirit of harm reduction. I will now discuss these points in detail.

We can describe two major sets of flaws in the construction of the problem: a fallacious sense of crisis and the selective use of evidence. Regarding the first of these, crisis is apparent in the language used in the Ministerial Foreword, in the clear linkage to the objectively ruinous costs of rioting and in the interesting narrative use of harrowing fictional ‘life-stories’ of ideal-typical gang members (‘Boy X’; ‘Girl Y’) which personify the abstract and pathos with a sense of unfolding but preventable societal cost. This sense of crisis was no doubt felt by many observers in the wake of the riots, but to what extent could it be substantiated as a problem of youth violence in general or gang violence in particular? A Home Office Statistical Bulletin released one month before the riots (Chaplin et al. 2011) revealed that nationally, police recorded incidents of violence had fallen by six per cent relative to the previous year, after falls of between four and eight per cent for each of the preceding four years. Firearms offences were down by 13 per cent on the preceding year and 37 per cent down on 2005/6; and knife offences down 10 per cent relative to the preceding two years. The same publication revealed violent crime as recorded by the British Crime Survey to be up six per cent relative to 2009/10 against an overall fall of 47 per cent since its peak in 1995. Youth Justice statistics for the same period (Ministry of Justice 2012) revealed an overall drop of 33 per cent in proven offences involving violence against the person between 2007/8 and 2010/11. Naturally, these are national trends that mask local variation, but it is striking given the title of the report that none of the above statistics were cited and none at the local level. Regarding the August 2011 riots (Guardian/LSE 2011: 21–23), swiftly organised qualitative interviewing revealed youth gang hostilities to be absent or explicitly dismissed in 270 participant accounts, and early Home Office analysis of the backgrounds of arrestees revealed that only 26 per cent were aged 10 to 17 years, slightly less than the 28 per cent found to be 25 years or older (Home Office 2011). I think the basic point is made: that the
riots, disturbing and damaging as they were, were in no credible straightforward sense ‘gang’ or ‘youth’ phenomena and that isolated high-profile and tragic cases of death aside, they occurred against a backdrop of long-term decreases in violence and youth violence.

Regarding the selective use of evidence in EGYV, a number of points can be made. First, the same Home Office document just described noted (18-19 and table A15) that 13 per cent of riot arrestees could be described as ‘gang-affiliated’ by police definition only to admit in a compensation sentence and footnote that there existed no standard operational definition of ‘gang’ or ‘gang-affiliated’, meaning ‘estimates will not be directly comparable between forces and should be treated as indicative’. This is the first mention of the broader and fundamental ontological problem we noted in our contextual section above. EGYV contains a definition of ‘gang’ inspired by the Secretary of State for Work and Pensions’ own think-tank, the Centre for Social Justice, but there is no indication of the extent to which this was or could possibly be applied to police operational practices. In fact, British police generally rely on ‘gang intelligence’ gathered from ‘practice wisdom’, and from surveillance, self-report, police informers, and partner agencies; it is inherently speculative and not easily amenable to the small range of social science operationalisations available (see Association of Chief Police Officers 2007; Pitts 2008; Ralphs et al. 2009). This being the case, the validity of EGYV’s reliance on police ‘gang’ statistics to make its case risks severely misleading the reader and reifies the concept without reference to the more nuanced and critical literature.

The emphasis on police operational constructions of the ‘gang’ is also seen in that of the 34 non-governmental attendees at a consultative ‘international forum of gang experts’, 24 (70 per cent) were current or former senior police officers. The contested plurality of British gang research was represented at that meeting (and, as far as we are aware in the whole consultative process) by a single British gang researcher – John Pitts – and no reference was drawn in EGYV to at least two pieces of academic research that might have challenged the understanding of the gang ‘problem’ no doubt voiced there. The first is the Sharp and colleagues’ (2006) analysis of Home Office generated data that found a low overall prevalence of gang membership (6 per cent) as defined by a clear set of criteria, and where 37 per cent of the sample had committed no offence in the preceding year, 66 per cent had not committed a serious offence, 87 per cent had not carried a knife, and 99 per cent had not carried a gun. While still higher in prevalence than non-gang members, this set of findings tends to downplay the strong conflation of guns, gangs, knives, and serious offending portrayed in EGYV. A second set of findings relates to Bullock and Tilley’s (2002; 2008) evaluation of an early example of a Manchester-based multi-agency gang-reduction programme mixing welfare and enforcement aims. The project began with a formal intention to repeat the kind of police-led co-ordinated suppression and deterrence model of Boston’s ‘Operation Ceasefire’, but disagreements among agencies as to the definition of ‘gang’ together with concerns about imparting stigma by applying the term led to programme ‘drift’ and an unsustainably large number of ‘eligible’ young people being identified. The authors concluded that absent a potentially unattainable consensus on assessment of ‘gang’ and hence (risk of) gang membership, policy should focus on behaviour and not social identity or risk counterproductive ‘net-widening’ and widespread labelling.

In addition to flaws in the basic construction of the policy problem, I also draw attention here to problems with describing and understanding the prescribed plan of action. The most striking feature of EGYV is the sheer number of public and voluntary sector initiatives adduced as being relevant, effective, or promising: I counted over 60 in an 84 page document in addition to four Bills spanning the activities of at least four government departments. This was deliberate, no doubt, in order to emphasise the degree of thought, consultation, and co-ordination necessary in a multi-agency, multi-sectoral response and to showcase the quality of existing resources.
Identifying, distinguishing, and even naming such a large number of potentially relevant initiatives is also problematic, however. First, it is clear that only a small number of these initiatives were substantially 'new' in that a service that did not previously exist was created, or existing services were given additional monies; in fact only those initiatives described under the Providing Support priority area clearly involved extra money. The amount explicitly committed — a total of £11.2 million — was not inconsiderable in absolute terms, but set against total UK public spending in 2010–11 of £697 billion, including £20 billion for the Home Office and Ministry of Justice combined (Rogers 2013), this represented a very modest commitment. Like many initiatives in the report, the two flagship childhood/young adult interventions named in the Prevention and Pathways Out — respectively, Family Nurse Partnerships and Multisystemic Therapy — were ‘existing commitments’ of the government. However, while both are high quality evidence-based programmes with a strong North American evidence base suggesting effectiveness in reducing behavioural problems, they were recommended before UK effectiveness data from full randomised controlled trials was available and have never been offered explicitly to gang members nor evaluated for their impact on gang membership (Shute 2008, 2013). No plans were announced to gather such data, so although promising, it is difficult to see how it would be possible to evidence impact on the youth gang ‘problem’. A third set of issues relates again to the selective use of evidence: EGYV-like local policy failures such as those described by Bullock and Tilley (2008) above are entirely omitted; and there was uncritical acceptance of the success of programmes that were not evaluated to high standards due to lack of resources for that purpose. One example is the Strathclyde Police’s Community Initiative to Reduce Violence (CIRV), a co-ordinated suppression, enforcement, and exit programme. Success claims at the time of the publication of EGYV were built on a non-independent evaluation involving simple descriptive comparison of pre-post violence among a group of police-defined ‘gang members’ who engaged with the programme versus those who did not (Violence Reduction Unit 2011). Violence was also reduced in the comparison group, meaning success could not confidently be attributed to the programme.

It could be argued that the only really concrete, achievable, and clear set of intentions expressed in EGYV related to Punishment and Enforcement and Partnership Working: the latter due to its technocratic nature; the former due to the inherent legislative advantage possessed by a government in power. Both sets of measures, however, tended towards greater surveillance, greater ‘intelligence-gathering’ and greater punishment and were not therefore ‘harm free’.

One final point to be made about the 2011 report and its action points relates to plans for evaluation. A further problem associated with citing so many potentially relevant initiatives is that their independent, additive and interactive effects as they operate in varied local contexts are extremely hard to evaluate with confidence (Shute et al.2012). The only evaluation plans referred to in EGYV (60–61) relate to potential criminal justice and injury-related (hospital-derived) outcomes and ‘common-sense’ progress indicators at the individual, family, and community levels. While sensible, no hint of any research design is given, nor the recruitment of an independent evaluation team to oversee the process.

Overall then, EGYV emerged in a somewhat unique constellation of micro- and macro-level political contexts where chronic public anxieties over the economy were acutely overlain with intense debate in the wake of urban rioting on a wide range of policy questions regarding social harm: concentrated social exclusion, youth crime, police-community relations and legal inequality. While the focus on harm seems proper, and the policy response expressed in EGYV seems focused on harm-reduction, I have tried to argue here that rather like an impressionist painting, the report seems to make much more sense at a distance than close-up. When the detail is inspected closely in context with other publicly available research data, it seems that the sense
of crisis it invokes could not be justified, that the construction of gangs and youth violence was largely police-led and made only by selectively ignoring evidence that inconveniently challenged it, and that, truly, a metaphorical 'blunderbuss' of mostly pre-existing policy was being advocated without any clear theory of change or plans for evaluation. I objected to this approach (Shute et al. 2012) as both youth gang and policy evaluation researcher, and address the moral consequences of this predicament in the conclusion below. I first analyse follow-up documents to the main report.


As might be expected *Ending Gang and Youth Violence: One Year On* (2012) was to a great extent a 'work in progress' report that detailed activity in key areas, for example 'Partnership working and information sharing' which involved the *EGYV* Team conducting 'peer reviews' of relevant service provision in most of the 29 priority areas. Other areas of activity included advising a separate set of initiatives on the sexual exploitation of girls in gangs and raising awareness of violence as a public health issue. Progress was in relation to *Punishment and Enforcement* (reframed as 'the Criminal Justice response') included the extension of gang injunctions to children aged 14 to 17 years and the introduction of mandatory minimum sentences for weapon-carrying in a school. No further detail on evaluation was given.

Two further documents were released in December 2013: one by HM Government, *Ending Gang and Youth Violence: Annual Report 2013* and a Home Office evidence review, *Ending Gang and Youth Violence: Review 2012–13*. Both the tone and content of the annual report were similar to the previous year's document and evidenced a significant amount of further activity in the redrawn/labeled priority areas. Notably strong success claims were made by the Home Secretary regarding overall effectiveness: 'The initiative is working, the crimes that the programme aims to tackle are diminishing ... the programme has led to more effective leadership and a greater sense of strategic direction. That has helped those on the frontline increase the effectiveness of their work. And that has contributed to the drop in youth violence' (6).

I invite the reader to assess this claim in the light of our (Shute and Medina 2014) critical response to the accompanying evidence review which had an explicit evaluation focus. The findings therein consisted principally of: an 'in-house' (Home Office) self-report online survey to community contacts in the 33 pilot areas, an analysis of the 'peer review' process whereby *EGYV* Team members assessed local service provision, and an analysis of police-recorded violence in programme areas over the previous two years and in comparison to non-programme areas. A positive picture was drawn: pilot areas strongly appreciated the peer review process and more general assistance and strategic focus provided by *EGYV*, and general reductions in violence and weapon-use were evident in pilot areas.

In fairness to the authors of the report, the limitations of the methods employed are explicitly discussed and conclusions do not, in general, go beyond them. It is, however, worth enumerating them in order to further illustrate problems associated with the lack of attention to evaluation in the 2011 report.

A first point to make is that no independent evaluation was conducted, so the funders were also evaluators of their own policy using information gained directly from fundees with a strong stake in current and future funding. In the context of significant and ongoing budgetary cuts for local authorities (see below), it is not hard to see how, despite professionalism, objectivity, and goodwill, a more positive picture of *EGYV* might have emerged than would have been the case had information been gathered by external researchers. Second, the two longitudinal surveys of
community contacts and three attempts at telephone interview were not compulsory. In fact, only 10 out of 29 (34 per cent) initially funded pilot areas completed both surveys, and 13 out of 29 (45 per cent) provided an interview. Six trial areas 'did not contribute to the research in any way'. It is unsurprising that busy practitioners do not always respond with enthusiasm to evaluation; however, it is surprising that participation was not made compulsory as a condition of funding. As admitted in the Review document, such a low return can only further limit/bias findings. Finally, underlining a point made earlier, selected police-recorded crimes of violence declined in project areas relative to the first year of programme implementation; however, this continued a trend seen in the year before that implementation, and, as we have seen from national data, a much longer reduction over the past five to 20 years. No individual-level data on gang membership, violence, or gang-related violence was measured in any area.

The authors of the review (6–7) describe the considerable challenges of evaluating what is in effect a complex community initiative (Connell and Kubisch 1998) with great intersite variation in context and practice. As in our 2014 article, I agree but argue that this is the nature of national policy shaped by and devolved to the local level, and had more time and effort been expended embedding evaluation plans in the initial 2011 report, a much more simple, targeted, and theory-infused set of initiatives could have been implemented and directly evaluated using established longitudinal quasi-experimental comparisons of individuals in matched areas. In other words, the problems of evaluating EGYV could and should have been avoided, and severely limit the learning that can be taken from this complex and contested venture.

Home Affairs Select Committee on gangs and youth crime (2014–15)

No annual report was published in 2014; however, a prominent parliamentary committee — the Home Affairs Select Committee (HASC) — set up a review of EGYV in March of that year. The Committee system of the UK parliament selects issues of concern and/or importance by government department, subjects them to inquiry by collecting oral and written evidence, and produces a report to which government is obliged to respond within two months of publication. It has no formal powers but is a form of retrospective accountability where prominent political figures are often publicly subject to difficult and direct questions. HASC sessions are minuted and all submitted evidence made publicly available.

Here, I add some brief observations attendant on my participation in and analysis of that process. In collaboration with fellow gang researchers, the authors collectively submitted written evidence as the 'Manchester Gang Research Network', which made constructively critical comments along the lines discussed here and that drew on the findings of major empirical gang projects (Medina et al. 2013; Smithson et al. 2013). Of 33 documents detailing written and oral evidence we formed the only independent academic contribution raising fundamental issues of definition, lack of evidence, and possible counter-productivity. Of the remaining 32 documents, 12 (37.5 per cent) were from voluntary sector organisations involved with EGYV, eight (25 per cent) from individual police officers or representatives of police gang initiatives (for example, Operation Trident in London), two from EGYV-engaged Local Authorities (London Boroughs of Hackney and Lambeth), two from individual practitioners, and the remainder (n=8; 25 per cent) from representatives of major posts and institutions (for example, the Minister for Crime Prevention, the Children’s Commissioner, Youth Justice Board, the London Mayor’s Office). Given the investment of virtually all of these actors in EGYV itself (not least, the Home Office and Centre for Social Justice), it is perhaps unsurprising that the ‘evidence’ is broadly supportive of the programme. However, no further empirical evidence was adduced, and we, the author, found ourselves to be an academic minority of one.
In late February 2015, the HASC final report *Gangs and Youth Crime: Thirteenth Report of Session 2014–15* was published. It is, to my mind, something of a ‘curate’s egg’, that is, not all bad. The first headline recommendation of the report stated: ‘The Home Office has spent over £10 million on its Erding Gang and Youth Violence programme, but has failed to effectively evaluate the project. The Home Office must undertake high-quality comparative evaluation in order to assess what works best in combating gang and youth crime and in identifying areas for improvement’ (3), later adding ‘This will be vital in ensuring the ten new priority areas receive the full benefit of the programme’ (8). This exceeded our expectations and, to our surprise, even invoked our contribution (7–8). However, the recommendation also sat alongside others, for example, the increased use of primary school educational prevention and mentoring programmes, which, while intuitively appealing, have a somewhat equivocal evidence base (Esbensen et al. 2012; Medinà et al. 2012). As ever, quite what ‘effective evaluation’ means in social scientific terms will be of fundamental importance to any successor policy.

**Coda: Ending gang and youth violence: Annual report 2014–15**

Two weeks after the HASC report (mid-March 2015), and immediately prior to submission of this chapter, the delayed 2014 annual report was published by HM Government. In structure and content, the document was broadly comparable to previous annual reports, and I here draw attention only to a subtle but possibly significant change in language, tone, and emphasis. Published two months before the UK General Election, and in the likelihood that the conservative-dominated Coalition would not retain overall power, there was an understandably valedictory but reflective end-of-policy-cycle feel to the document. What was also notable was the absence of grandiose effectiveness claims and a re-framing of success in ‘softer’, more processual terms: supporting and enabling local areas and services; better understanding gang dynamics, and its relation to organised criminal networks; strengthening regulation; and providing ‘improved communications with partners such as the police’ (6–7, 9). Whether these change were related to the criticisms voiced in the HASC report is unknown.

**Conclusions: The tricky moral business of policy engagement**

I return at last to a discussion of the normative-ethical issues at the heart of my observations. I make three sets of points in relation to the nature and limitations of policy engagement with *Ending Gang and Youth Violence*.

**Late modern law-and-order policy making in times of austerity**

David Garland (1996, 2000) suggested that, faced with chronically high crime levels as a normal social fact, the UK, like other Western countries was learning to come to terms with the end of the ‘sovereignty myth’ – that government could guarantee internal security for its population. Though there are no doubt other interpretations of *EGYV* in terms of risk, securitisation, and ‘governing through crime’, we see the applicability of Garland’s analysis 15 years on. True, crime in England and Wales has fallen considerably since 1995, however, it is still high by historical standards and in comparison with many Western jurisdictions. *EGYV*, for me, displays both adaptive and denial-based reactions to high crime as normal social fact. Elements of the programme are *adaptive* in that they draw on a rational, if heavily selective, evidence-base intended to ‘cool’ (Loader and Sparks 2010) a heated post-riot situation, and in doing so, invoke the ‘criminologies of the self’ that treat gang-members as rational calculators able to perceive and react
to the sets of deterrents and incentives behind ‘Operation Ceasefire’ and related programmes. There is also very extensive evidence in EGYV of ‘responsibilisation’: suggesting that effectively addressing the issues should involve a drawing-in of a range of voluntary sector actors, NGOs and non-law-and-order agents9 to ‘network’ the response, rather than the State accepting primary responsibility for its own policy failings. At the same time, elements of the language and invocation of crisis displayed in the reports, together with its suppression-focused content more than hint at Garland’s ‘hysterical denial’ of this situation and attempt to reaffirm the State’s ‘tough’10 role as final arbiter of justice and security.

I would, however, modify this analysis to suggest that law-and-order policy post-2008 is very clearly shaped by the context of public spending austerity and unstable Coalition government. I have argued that, despite the consultation, policy detail, celebration of initiatives, and so forth, EGYV displays more activity than it does achievement; its main business is to advise, assess, monitor, co-ordinate and ‘govern at a distance’, not because it is a preferred way of exercising power but because there is no money or political will to do otherwise. What is wholly absent from the reports is the financial reality of average year-on-year cuts to Home Office and Ministry of Justice departmental budgets of 5.6 per cent and 8.1 per cent respectively between 2010–11 and 2015–16 (Keynes and Tedow 2014) and a 37 per cent estimated real-terms reduction in Local Authority budgets over the same period (National Audit Office 2014). Regarding the ‘prevention’ focus of EGYV, it is also the case that spending on early education, childcare, and child-centred community services fell by 25 per cent between 2009–10 and 2012–13 (Lupton 2015). In this context, £10 million of extra EGYV money spread over two years and 30 local sites is put firmly into perspective.

From an ethical point of view, the main and primary issue facing policy-makers at the time of writing11 is how credibly to claim an avowed interest in harm reduction when the services employed to do so are being disinvested in to such an extent. It is this essential but undeclared/invisible normative point that frames all others, and that lurks behind every fine word and sentiment of EGYV. Granted, resources are scarce, perhaps more scarce than is often the case. That, however, makes it especially important that they should not be misused or wasted in needless ways.

The centrality of high quality research to effective harm reduction

Much of what I have argued proceeds from a strong normative position: that policy aimed at harm reduction, if it is to have any chance of success in anything other than symbolic terms, must be evidence-based from its inception, must specify the context and theory of change that links inputs to outcomes, and build-in robust evaluation that is capable of comprehending its effects. This has not happened in EGYV. This means that an extremely effective initiative or combination of initiatives, supremely well-suited to the needs of a proportion of local youths but with the potential to be generalised, may be overlooked because it cannot be evidenced. It also means that a poorly founded, ineffective programme that does little but create activity and consume time and public money, may be overlooked because it cannot be evidenced. It also means that a poorly founded, counterproductive programme that actively increases social harm ‘iatrogenically’ may be overlooked because it cannot be evidenced. It is likely that all three of these scenarios have occurred under the auspices of EGYV.

This emphasis on theory-led evaluation will no doubt be interpreted by some as an unreal- istic, technocratic exercise in nit-picking that values the role of the (generally unglamorous) academic researcher. Perhaps. All I will say to this is to point out the extraordinary but obscured irony that a report nominally created as a response to the August 2011 riots should so favour US-style gang suppression projects when the initial ‘spark’ of those riots was the shooting to
death of an unarmed black man by officers from such a project. I might also point out the high
ethnic disparities in stop-and-search in the UK (Hurrell 2013), the impact on perceived legit-
imacy and police co-operation of poor experiences of procedural justice (Hough et al. 2010),
and the net-widening and labelling fears attendant on vague gang definitions (Bullock and
Tilley 2008). To not test for unintended effects such as these—among others—is not only
immoral but highly inefficient in terms of heavily curtailed public funds. Theory-led, well eval-
uated policy is the only ethical response. Political imperatives—genuine ones that are not merely
political—involve substantial ethical elements, both in regard to how the issues in question are
formulated and in regard to how they are studied and addressed. Those projects are unavoidably
ethical, whether or not there is explicit recognition of the fact.

The limits of a public criminology

I began this chapter by arguing that criminologists interested in harm reduction had an ethical
duty to engage with policy aimed at doing precisely that; to not do so in one’s field of expertise
risked complicity in harm production. What my experience of commenting on the foregoing
case study confirms is Tonry’s (2010) conclusions that public criminology can influence policy
and debate but that this is a noisy and multivocal and contested process governed by timing, choice
of subject, divergent understandings of ‘evidence’, and the fit of one’s research findings to devel-
oping official narratives that discount nuance and inconclusiveness. As he states, it also requires
stamina and energy that few researchers possess. There are real and profound obstacles to the
potential of a public criminology then at particular times and in particular contexts; however, I
maintain that it is right to continue to do so, particularly in times of financial austerity when social
harm escalates and the rational use of public funds is at a particular premium. Becker’s (1967)
fundamentally moral-ethical question of ‘whose side are we on?’ has never been so relevant.

Notes

1 I use the term ‘UK’ here in order to incorporate relevant findings from academic and policy analysis in
Scotland. The nature of devolved governance, however, means that EGYV applies only to policy and
practice in England and Wales, which is my prime focus.
2 ‘A durable street-oriented youth group whose involvement in illegal activity is part of their group iden-
tity’. This definition has been found to have cross-national validity (see, e.g., Decker and Weerman 2005).
3 That is, a novel and unprecedented acknowledgement that gangs ‘exist’ as a concept and empirical
entity that are thereby amenable to policy action.
4 see footnote 4.
5 Home Secretary Teresa May: ‘One thing the riots in August did was to bring home to the entire
country just how serious a problem gang and youth violence has now become’; Secretary of State
for Work & Pensions Iain Duncan Smith: ‘In the immediate aftermath of August’s disorder the Prime
Minister rightly called for a report into Britain’s street gangs’.
6 A later quasi-experimental evaluation (Donnelly et al. 2014) confirmed non-significantly greater reduc-
tions in the intervention versus comparison group, with reductions seen in both groups at two-year
follow-up. Significant reductions relative to comparison were seen for weapons carrying. None of these
results were available at the time EGYV was published.
7 A further four sites had been added to the initial 29.
8 See http://www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-
committee/inquiries/parliament-2010/gangs-and-youth-crime/.
9 As stated in the Ministerial Foreword of the original 2011 report, ‘Stopping such violence is not a task
for the police alone. Teachers, doctors and youth workers all have a vital role to play. . . .’ (4); ‘health
visitors, GPs, teachers, A&E departments, local youth workers and Jobcentre Plus staff—need to be
involved . . .’ (8).
This term is used 13 times in EGYV (2011). It should also be noted that in the run up to the UK General Election of 7th May 2015, both main political parties are committed to further public spending cuts over the lifetime of the next parliament.

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Hunting gruffalo with a blunderbuss


Paper #9:

ELEVEN

Bereaved Family Activism in Contexts of Organized Mass Violence

Jon Shute

There is, sadly, no shortage of “data” for the scholar of lethal violence. Recent estimates suggest, for example, that 475,000 non-combat-related homicides1 were committed globally in 2012 (World Health Organization 2014), and around 125,000 fatalities produced in contexts of organized violence2 in 2014 (Uppsala Conflict Data Program 2015). Naturally, each death presumes one direct victim, however, the effects of an untimely and violent death on the networks of actors connected to the deceased by ties of family, friendship, and work are often profound and enduring. This chapter analyzes the effects of violent bereavement on family members—defined as any self-identifying relation by blood or partnership—and attempts, among the normal range of responses, to understand the organized attempts of some to address publicly aspects of their experience: what will be termed “bereaved family activism.” We begin with a brief review of the relatively sparse literature on bereavement and lethal violence in “peacetime” and discuss some of the typical experiences of family members who do and do not resort to activism. The discussion is then extended to contexts of lethal and organized mass violence—defined here as forms of inter- and intrastate armed conflict—to consider both quantitative and qualitative differences in bereaved families’ experience. Particular emphasis is given to contexts of mass violence that feature the murder and concealment of primary victims and where surviving family members must contend with profound absences: of official acknowledgment, information, disposal site, and body. This peculiarly harrowing set of privations understandably pushes many beyond their capacity to cope,
however, organized family member responses have occurred with quite profound effects both locally and beyond. This is illustrated with regard to two contexts studied as part of a major research program on the material human remains of mass violence. First, the almost paradigmatic case of post-Junta (1976–1983) Argentina is described, in particular, the phenomena of the “Mothers,” “Grandmothers” and “Children” of the “Disappeared,” who evidence globally influential but surprisingly complex and contested histories of discourse and action. The second case is of postwar (1991–1995) Bosnia, where a unique combination of perpetrator actions and subsequent political-administrative conditions have supported unique and still-developing forms of bereaved family (re-)action. The case studies, taken together, illustrate a little of what is to be gained from a victimological engagement with those who search and speak for the dead and highlight, inter alia, the strength and purpose that can be gained from collective defiance, the influence of family activism in post-conflict society building, and the tragic elusiveness of personal and collective “closure.”

"PEACETIME" BEREAVEMENT AND LETHAL VIOLENCE

"Peace" is a relative and slippery term, used here to denote the kind of circumstances that obtain domestically in nation states not actively engaged as primary parties in the forms of inter- or intrastate armed conflicts. States nominally "at peace" under these definitions can and do, of course, experience sporadic terrorist violence, engage in systemic political repression, execute criminals, and facilitate extraterritorial armed conflict through the legal (and often profitable) exchange of military intelligence, training, and materiel. That most of these forms of violence are not captured in indices of conflict points to their definitional limitations; that they are not recorded in official statistics or victim surveys points to some essential limitations of traditional criminology (Green and Ward 2004). These caveats accepted, we will, for the sake of argument, retain this essentially negative (absence-focused) and incomplete definition of variably peaceable "peace."

In such conditions, and as a fundamental part of the human condition, bereavement occurs for the most part due to age-related illness and has a predictable range of culturally inflicted effects on individual family members, for example, an acutely increased risk of mortality, physical and psychological morbidity (Stroebe, Schut and Stroebe 2007), and a stressed reevaluation of relationships in the family system as a whole (Hayslip and Page 2013). While agonizing and incapacitating for many, most people with time and social support, adjust to loss and often experience some level of "post-traumatic growth," such as strengthened relationships, increased self-awareness, and capacity for resilience (Michael and Cooper 2013). Contemporary Western models of bereavement echo this positive perspective, having moved from the Freudian position that a "healthy" response to death requires emotional detachment to a constructivist emphasis on meaning-making, continuity, and an ongoing relationship with the deceased (Rothaupt and Becker 2007).

The process and relative success of adjustment is, of course, affected by many variables, not least among them, the circumstances of death. Sudden, unexpected death due to lethal violence presents particular challenges to the normal grieving process of family members. Most obviously, "peacetime" homicide is to a significant extent intrafamilial: of the 526 homicides committed in England and Wales in 2013/14, 35 percent of victims were female, 72 percent of whom were killed either by a current or ex-partner, or another family member (Office for National Statistics 2015). Fifteen percent of male victims were killed by a partner or family member. As Jack Katz (1988) has shown in his analysis of U.S. court records, such crimes are often committed after a long history of relationship dysfunction and are proximately the result of intoxicant-facilitated, in-the-moment, "righteous" fury in response to a perceived grievous humiliation. Homicides of this nature introduce complexity into familial grieving processes due to a likely connectedness to both victim and perpetrator, and there are other characteristic experiential features that distinguish this form of bereavement (Paterson et al. 2006; Rock 1998b; summarized in Condry 2010). These include the difficulties of coming to terms with the shock of the unexpected event, the motivated malice or recklessness of the assailant, the horror of the real and imagined details of the killing, a general and pervasive sense of powerlessness, and extended forms of suffering attendant on the often insensitive responses of criminal justice and an intrusive media (Condry, 2010). Recent systematic reviews of the clinical effects of homicide on family members—also termed "survivors," "co-victims," and "secondary victims"—confirms the general picture of serious disturbance, with high rates of chronic post-traumatic stress disorder (PTSD), depression, complicated grief, and substance abuse (Connolly and Gordon 2014; van Denderen et al. 2015).

While these experiences represent common and debilitating features of violent bereavement, it is notable that there is also considerable variation in what family members feel able to do with their trauma. In recent decades, and as part of a systemic politicized emphasis on increased participation of victims in criminal justice (Garland 2001; Walklate 2012), the right to make a "victim impact statement" at the point of sentencing has been extended to family members in homicide cases. In England and Wales, an evaluation of early trials of this as part of the Victims’ Advocate Scheme (VAS) indicated that a high proportion of families both appreciated and took the opportunity to make a statement, although the emotional demands of doing so meant that it was mostly read by someone other than the author(s) (Sweeting et al. 2008). English judges stress-
lies have moved on from a clinically oriented description of symptoms, syndrome, and course to highlight the rupturing and remaking of meaning and identity attendant on bereavement. It is in this light that both greater participation in criminal justice and family activism can be seen as a renegotiation of an ongoing relationship based on advocacy for, and responsibility to the dead. Such participation is “risky” and contested, however, and brings few guarantees of resolution.

EXTENSION TO CONTEXTS OF ORGANIZED MASS VIOLENCE

We now leave the chimerical “Anglo-America” of so much criminological homicide literature—where well-funded studies describe relatively rare and well-recorded events in essentially stable democratic societies—and turn to the experiences of families bereaved in conditions other than “peacetime.” As in the preceding section, “conflict” is surprisingly difficult to define meaningfully and inclusively and is often best discussed in relation to concrete case studies. For general clarity, however, we may say that the contexts of interest require human agency (excluding, therefore, natural disasters and technological accidents), a high degree of cooperative organization (excluding, therefore, lone shooting “sprees”), and mass near-simultaneous fatalities involving battle and/or massacre. The Uppsala Conflict Data Program (UCDP) usefully distinguishes between “state-based conflict” (inter- and intrastate armed conflict where the government is a combatant), “nonstate conflict” (between organized militia groups such as Islamic State and Kurdish irregular forces in Syria) and “one-sided violence” (civilian massacres committed by state or nonstate groups), conservatively estimating 125,000 fatalities across such forty such conflicts in 2014 (Melander 2015). We are certainly interested in these phenomena, but, as a matter of emphasis, are particularly interested in the intentional (as opposed to collateral) killing of unarmed civilians—captured partially but not wholly by the UCDP’s “one-sided violence” category—and that entail commission of the international crimes of genocide, crimes against humanity, and war crimes. This is not to say that the families of either armed combatants or civilians unintentionally caught in crossfire are not worthy of consideration or devastated by their losses (they are), but rather that our focus is on the most vulnerable, intentionally targeted populations without access to protection or compensation. In sum, then, we discuss here the experiences of families bereaved as a product of “organized mass violence” in this special, if convoluted, sense.

The next task is to convey something of the quantitative and qualitative differences of bereavement in these contexts while making clear (1) the absolute validity of “peacetime” experiences and (2) the assumption that the psychological process underlying them are likely identical re-
grieve has been shown to be particularly debilitating for surviving family members.

Bereavement in these contexts has well-described and perhaps unsurprisingly severe effects on the mental health of survivors, with particularly high levels of psychiatric disorder such as major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and complicated grief (CG) observed (Kristensen et al. 2012). As an illustration, of sixty war-bereaved Kosovar civilians who had lost a first-degree relative, 38 percent met the criteria for CG and 55 percent for PTSD a full seven years after the death event (Morina et al. 2010). The prolongation of griefing attendant on having a “missing” relative has also been shown to elevate measures of traumatic grief and major depression relative to those with confirmed bereavements, fifteen years or more after the trigger events (Barakovic et al. 2013; Powell et al. 2010).

In sum, human psychology dictates that while inward grief is likely to be experienced similarly—albeit with significant cultural loading regarding its outward expression—mass violence associated with the commission of international crimes has a greater capacity to overwhelm as the cumulative stress of primary victimization, multiple traumatic bereavement, and potential loss of an entire way of life takes its toll. How, then, can families thus affected possibly organize themselves to exert effects in peri- and postconflict society?

STUDYING ORGANIZED MASS VIOLENCE: THE “CORPSES OF MASS VIOLENCE AND GENOCIDE PROGRAM”

The case studies described in the following sections begin to answer these questions and formed part of a four-year European Research Council funded program “Corpses of Mass Violence and Genocide.”6 The program’s aim was to examine through a multidisciplinary lens, the ways in which diverse societies do and do not come to terms with a legacy of mass violence through their relationship with the dead. Combining historical, anthropological, criminological, and sociological insights, the program developed methods centered around “brief team ethnography”: immersive and intensive (one–two week) field visits prefigured by extensive literature review and access negotiations; and where fieldwork consisted of semistructured professional interviews with a wide range of actors (for example, forensic archaeologists, state prosecutors, psychologists, artists, and funeral directors), commemorative and archival site visits, opportunistic encounters, and cultural and academic events. A variety of data—field notes, photographs, court documents, secondary datasets, and more—were collected, pooled, and analyzed both collectively through team debriefs and through individual thematic analysis. Emerging findings were also informed by secondary analysis of existing docu-
dread at the thought of what might be happening to loved ones, but a wall of official silence and denial in response to repeated requests for information.

Most of the missing were in their twenties and thirties and, to a great extent due to the "traditional" maternal role in this conservative Catholic society, mothers tended to be the family members most active in searching for information (Guzman-Bouvard 1994). In this way, women in identical predicaments—waiting in police stations—met and began to self-organize in order to highlight their common plight and to demand information. In April 1977, and borrowing from the civil and human rights tradition of the public demonstration, the first march around the main government square of Buenos Aires was held, and over the course of the year, evolved into an iconic weekly ritual of the "Madres of the Plaza Mayo" involving linked-hands procession, slogan-chanting, and the presentation of photographs of the disappeared. Madres wore the white pamuco (headscarf), designed to resemble a child's diaper on which the missing person's name was written. In this way, members of the movement symbolically underlined their core identity, not as victims or survivors, but primarily as mothers. This, of course, was literally true but by emphasizing the strongest of familial bonds and responsibilities, the women conveyed their sense of visceral upset while avoiding an overtly ideological stance that might have threatened their own safety.7

During the Junta period, the slogan "return them alive" (aparición con vida) pithily described the movement's core demand while articulating the innermost fear that they were not alive. However, this phrase took on new significance after the fall of the dictatorship. Limited prosecutions and the CONADEP commission were set up in the immediate aftermath, but it quickly became clear that a pact of silence obtained and that no further information on the disappeared would be released. The reaction of the Madres is captured well by Guzman Bouvard (1994, 138): "Initially, many of the women believed that their children might actually be living. . . . As a matter of policy, though, the Mothers refused to consider their offspring dead because they viewed this acceptance as a way of burying the past and, more important, giving up the pursuit of justice." Practically speaking, this entailed a continuation of established protest tactics, and a complete boycott of the CONADEP,8 preliminary investigations and exhumations. The strain of this uncompromising position began to tell, however, and the organization split in 1986. In doing so, the two resulting organizations offered a collective metaphor for the processing of traumatic bereavement.

The original group retained its name and continued to pursue an agenda of resolute denial of their children's death. Through the successive periods of selective prosecution and amnesty (the Alfonsin regime of the 1980s), of pardon and impunity (Menem in the 1990s), and of more meaningful mass prosecution for crimes against humanity (the Kirchner re-
gimes of the 2000s), the Madres have maintained their initial positions but been transformed into an overtly political movement that keep their children alive in memory, most particularly through the pursuit of their radical ideals. Pursuing the metaphor of the mother, they have described their missing children as “giving birth to them” as activists, and in supporting the antiestablishment politics of the next generation, describe themselves as “permanently pregnant” (Guzman-Bouvard 1994, 15).

The group Mothers of Plaza Mayo—Founding Line, however, adopted a more acknowledgment-based mode of activity, accepting the realpolitik of the post-Junta settlement, and attempting to find their own methods of locating, identifying, and burying the remains of their children. Among other things, this led to investment in and cooperation with the developing science of human forensic anthropology as applied to human rights investigations, an entirely new field pioneered in Argentina by the U.S. scholar Clyde Snow. Snow established basic exhumation protocols and procedures and built local capacity by founding the Argentine Forensic Anthropology Team (EAAF). Founding Line have also been instrumental in founding DNA data banks required to identify remains accurately (Moon 2013).

Family activism in Argentina stretches beyond the single generation link, however. A subgroup of the Madres had had their pregnant daughters disappeared or infant grandchildren abducted along with their parents and had therefore named themselves the “Grandmothers (Abuelas) of the Plaza Mayo.” Echoing strategies used by Nazi Germany in occupied Europe and in Francoist Spain, children were given to ideologically “pure” pro-Junta families to raise as their own. The Abuelas, in general, allied with the Founding Line position, and were again, instrumental in developing forensic science in the country. As the decades wore on and the abducted children themselves gained maturity, a self-organized group known as H.I.J.O.S.9 also formed in connection with and support of the Abuelas. “Hijo/as” 10 were either eventually told of their family origins by their appropriating families, or through their own suspicions, had this confirmed by submitting themselves to DNA analysis.

Of particular interest here are the public narratives of both Abuelas and Hijo/as. There has, in criminology as well as many other disciplines, been a “narrative turn” (Brown 1994; Presser 2015) in research over the last few decades as interest has grown in subjective identity-related discourses of continuity and change, and their implications for (criminal) action. One of the best known of these is Maruna’s (2001) distinction of “redemption” and “condemnation” scripts in relation to desistance from crime. While the relative positionality of Maruna’s “peacetime” perpetrators and the family survivors of lethal mass violence is both obvious and clear, analysis of the narratives of the latter (here, Abuelas and Hijo/as) suggests cognate “identity work” is performed through reflective speech in what will be characterized as “family survivor scripts.” Here, however, reflections do not relate to one’s own immoral behavior, but to the losses attendant on the lethargic and secretive behavior of state perpetrators. The core identities in question obviously differ—for the Abuelas, the nested identities of “mother,” “activist” and “grandmother,” and for the Hijo/as, “son/daughter” and “grandson/granddaughter”—but both sets of scripts describe the longitudinal identity dynamics inherent in the breaking and making of affective family ties. There seem to be three forms of script.

The first might be termed a “quest/yearning” script which might be seen as the default activist position produced in everyday discourse by Abuelas who continue to search for their grandchildren. The predicament of not knowing gains poignancy as other cases are successfully identified: “It is exhausting because every time the Grandmothers find a child, I think it could be her [own grandchild]. So I’m suffering so much inside for my loss but at the same time I hold so much hope [of finding her]” (Stockwell 2014, 51). Here, grief is unresolved: the mother-child bond is broken, and while there is the awareness of the possibility of a new bond, it has not yet materialized and may not materialize. There is continuity only with the initial rupture of maternal identity and relationship. The sororal bonds of the Abuelas themselves seem energizing, however, with their collective successes experienced as sustaining for both activist identity and personal hope.

The second script might be termed a “redemption/resolution” script, which, perhaps because of its narrative completeness, tends to be the best publicized. This develops the “quest” script to encompass the excitement and trepidation of DNA analysis, concludes with an emotionally demanding but joyful (re)-union, and portrays a remaking of identity where separate and separated histories are weaved into a narrative whole with a past, present and future. The paradigmatic example of this narrative is the celebrated dyad of the (Hijo/a) Ignacio Hurban and (Abuela) Estela Barnes de Carloto, a founding member and president of the Abuelas organization. The following selective quotes illustrate the general arc of de Carloto’s public redemption narrative: “When I turned 80, I begged God not to let me die before I found my grandson. . . . I didn’t want to die without hugging him . . . all the love I’d kept for him came over me, to tell him how much I loved him, how much I’d looked for him . . . the only thought I had was: Laura can rest in peace now. I felt Laura said to me: ‘mother, mission accomplished’” (Guardian 2015, italics added). Likewise, her kidnapped and reunited grandchild, Ignacio Hurban, produces a sympathetic narrative: “there was always this background noise. I didn’t look like my parents. . . . I was home. . . . when I got the call. I was Estela de Carloto’s grandson! . . . Meeting my two grandmothers was the most moving thing because it was like ‘Bam!’ there it is—we were, we did it, we’re here, seeing each other, talking. . . . It has been a beautiful experience. I’ve met so many relatives. It’s a big family” (Guardian 2015) Such scripts describe a continuity of relationships with significant figures of the
past (the murdered daughter/mother; Ignacio’s adoptive parents), significant identity rupture for the grandchild, but a rewarding and redemptive availability of new and positive family identities that also have a wider social significance. There is a sense of “triumph through adversity,” of collectively actualized but dyadically focused social justice, and of a “quest” completed.

A third script might be termed the “rejection” script and centers on the adverse reaction of the grandchild to the news of their possible or actual status as an abducted Hija/o, together with the ramifications for the seeking Abuela. Here the identity rupture for the Hija/o is found to be unassimilable and profoundly disruptive of an existing positive family relationship, albeit one rooted ultimately in deceit and serious crime. Our meeting with an Abuela at their Buenos Aires headquarters described initially a common “quest” script of bereavement, activist protest, and the long, supported struggle for information. It then proceeded to incorporate features of the “redemption script,” specifically, the anticipatory excitement of establishing a potential “match” for her grandchild. This woman’s script then diverted to describe the identified young adult’s resistance to submit to DNA procedures, the eventual establishment of a positive match, but the continued resistance of the grandchild to establishing a relationship with her biological grandmother. At the time of interview, contact had been made and maintained between the parties but was described as “difficult” and with “much work to do.” This script promises resolution but ultimately offers only successive emotional barriers and either a fragile, strained, and distant relationship, or no relationship at all. Such cases arguably not only perpetuate existing identity ruptures and psychological conflict (on the part of the Abuela) but also create further sets of problems (on the part of the grandchild and their adoptive families) without the short-term possibility of resolution. They strike a melancholy, bittersweet narrative chord and have provoked wider debates on the right of the alleged or actual grandchild not to know their identity (Peluffo 2007).

In sum, the Argentinian case illustrates, among other things, how long and psychologically complex a shadow is cast by lethal mass violence, not only on its direct victims, but also on the families who cope with its varied effects. One set of organized family responses has evolved spontaneously out of the needs of women culturally configured to best represent the interests of the “missing.” As will be developed further in the next section, family activism has not only national but also global effects by offering both a portable model of initially “apolitical” political activism, and a social catalyst for the science of forensic anthropology. But in the context of ongoing postconflict societal rancor, it is clear these gains have been achieved at considerable cost to activist members. Collective action provides support and purpose for its members but is physically and psychologically demanding, has consequential effects on wider family life, and, for the individual, the ultimate goals of truth, justice, or reconciliation may be thwarted by the natural death of the aging activist, or, as with the case of the Abuelas and Hijas, be rejected and denied either partially or totally. The “family survivor” scripts of these latter parties capture something of the individual possibilities for longer-term meaning- and identity making in relation to destroyed family bonds. More broadly, the collective positions of the differing groups of mothers and grandmothers illustrate contrasting modes of brokering relationships between the dead and the living; a major point to which we will return.

BOSNIA: INDIVIDUAL, COLLECTIVE, AND SOCIETAL CONTEXTS OF BEREAVED FAMILY ACTIVISM

The complex interethnic, inter- and intrastate Bosnian War (1992–1995) claimed over 100,000 lives, and produced 31500 missing persons—the majority of whom were Bosnian Muslims (“Bosniaks”)—and led to the displacement of 2.2 million people, that is, over half of the prewar population (ICMP 2014). The war was infamously characterized by epic sieges, the establishment of concentration camps, widespread forced population transfer (“ethnic cleansing”), mass rape, and numerous massacres of men and boys. One such set of massacres centered on the predominantly Bosniak town of Srebrenica in an enclave on the eastern border with Serbia. After becoming a major regional refugee destination and several years of siege, Bosnian Serb and irregular Serbian forces occupied the town in mid-July 1995, forcing Muslim women, children, and elderly to flee to the local UN base at Potocari, and a column of fifteen-thousand men and boys to attempt to trek through forest to reach the Bosniak-held town of Tuzla, one-hundred kilometers to the north. After capitulation by Dutch “peacekeepers” and a failure of UN high command to call in air strikes, Serb forces captured the base and among serious violence, separated men from women. Over the next week, as a result of this action and ongoing harassment of the Tuzla-bound column, some eight-thousand men and boys were shot dead and deposited in mass graves. In the weeks and months that followed, Serb forces returned to further conceal their crimes by excavating and reburying the remains in a series of secondary and even tertiary graves scattered about the region.

The war staggered to a negotiated conclusion that created a dual-entity state where boundaries reinforced the violence of population transfer and left Srebrenica in the new entity of Republika Srpska (RS). The surviving family members of the then “missing” (unsladi in Bosnian) found themselves expelled from their homes and in insanitary refugee camps in the non-Serb entity (“the Federation”) at Tuzla and elsewhere. From this desperate situation, and as documented by the remarkable ethnographic work of Sarah Wagner (2008), Selma Leydesdorff (2011),
and Elissa Helms (2013) women began to self-organize and begin the process of searching for their male relatives. As noted by Wagner (2008), the first collective action as the “Women of Srebrenica” (Zene Srebrenica, hereafter, “the Women”) after the war was to begin a Madres-style march every eleventh day of the month in Tuzla, with name-embroidered pillowcases substituting for panades. The Women opened offices in Tuzla and Sarajevo where the organization’s strategy could be planned, potential donors received, and bereaved women support. Over the following years, these and other groups exerted strong civil society effects several interlinked ways.

First, the Women provided important impetus to the developing international criminal justice response. John Hagan, in his work charting the contested early operational history of the International Criminal Tribunal for the Former Yugoslavia (ICTY), describes a transformative meeting between incoming ICTY Chief Prosecutor Carlo Del Ponte and the Women which helped to clarify the extent and nature of their losses and is attributed as giving motive force to the leadership of the prosecution (Hagan 2004, 219). Hagan (2004, 167) also describes the emotive direct address of a bereaved mother to General Krstic during the course of his trial which is portrayed as a key moment not only for the substance of the testimony provided, but for its apparently strong emotional effect on the accused.

Second, in their role as advocates for bereaved families, the Women, in league with cognate women’s associations, influenced the shaping of Bosnia-Herzegovina’s 2004 Law on Missing Persons (ICMP 2014), the first of its kind. This guaranteed (Article 3) the family’s “right to know” about their disappeared relative(s), established the framework for providing state welfare and burial support (Articles 11 to 18) and prioritized assistance to family associations (Article 19).

Third, the Women shaped the technical and social processes of identification of the dead. In the immediate aftermath of the war, there were a number of ad hoc attempts to begin systematic searches, exhumations and identifications with contributions from the International Committee of the Red Cross (ICRC), Physicians for Human Rights (PHR), Clyde Snow, and EAAF members. Separate entity-level bodies were created to oversee the process and using traditional “presumptive” techniques of identification via recovered clothing, personal possessions, and dental/medical records, modest numbers of the Srebrenica dead were identified (ICMP 2014). It was not until the International Commission for Missing Persons (ICMP) was created in 1996, however, that the process began to change fundamentally. Set up as an international NGO by U.S. President Bill Clinton, the organization’s stated purpose was to assist in the investigation and recovery of the missing, which it did in two chief ways. First, it engaged bereaved family organizations like the Women via its Civil Society Initiative, organizing and providing fora for discussion on key matters and also direct funding in the form of small grants. By building capacity in this way, the organization supported family organizations to participate in the process of drawing up the Law on Missing Persons. Second, it also co-opted families into the development of a radically different approach to identification of the dead. “Presumptive” methods had seemingly achieved good results in the early days of exhumations; however, a persistent set of concerns were aired over the accuracy of identification, highlighting the frequency with which mobile refugees exchanged clothes and identification papers, together with the further problems of disarticulated remains spread across several grave sites. This raised the prospect of false identifications and the disruption of any apparent resolution achieved by the family, arguably a further form of victimization. To overcome this, it was proposed to focus on fast-developing science of DNA sequencing-and-analysis capable of very high (>99 percent) accuracy when reference samples from human remains are cross-matched to archived samples from relatives. The Women assisted this process in two ways: first, by placing pressure on ICMP and its founders to establish technical facilities in Bosnia (ICMP 2014), and second, by establishing, promoting, and participating in a substantial DNA-gathering exercise and resulting data bank of reference samples. By combining these two innovations, families and their institutional supporters created a domestic “industry” at the forefront of the science and with the highest material throughput of its type in the world. In the aftermath of Srebrenica, to date over twenty-four-thousand skeletal samples have been processed from more than forty primary and secondary graves, representing nearly seven-thousand positive identifications (ICMP 2014, 97).

The further significance of these processes can be seen in the unique rituals of return and reburial developed by family associations, and which we observed in full. Since 2003, the several hundreds of remains identified that calendar year are transferred from their Tuzla repository to the Visoko mortuary center northwest of Sarajevo. Here, they are placed with care and respect into individually identified coffins and loaded onto convoy vehicles beheaded with the Bosnian flag. The vehicles proceed from Visoko via Sarajevo, where the convoy vehicle is festooned with flowers, to the distinctive cemetery at Potocari outside Srebrenica. This site, acquired by the Office of the High Representative (OHR) is itself a product of the lobbying of bereaved families wishing to stress communal suffering at a symbolic site now deep within ethnically cleansed territory (Leydesdorff 2011, 193). The convoy arrives on the eve of the main rituals and the coffins are unloaded and stored in buildings on the former UN base. Here, private communal prayers are held. On the morning of July 12, the coffins are deposited in the main cemetery ritual area across the road from the base and relatives take their places next to excavated graves. The site is a highly social space, not solely because of
the tens of thousands of people present, but also because families, friends and former neighbors take the opportunity to "visit" each other and to pay their graveside respects. The restrained by tangibly warm reunions clearly function to renew and maintain frayed social bonds. After political speeches and brief communal prayers that end in a profound collective silence, the coffins are interred by family members accompanied by prayers. The crowds then dissipate to begin the long journey away from their former homeland.

Across these four sets of activities, we see then, how and to what extent bereaved family organizations led by women have radically shaped postconflict efforts at society building in Bosnia-Herzegovina. Much like the Argentinian case, this has and continues to be a contested and difficult process characterized by disagreement, rancor, and the limitations of the postwar political and economic settlement. The official acknowledgment and status afforded to families of the missing, along with the unprecedented levels of identification and reburying of murdered relatives testifies, however, to the undeniable progress made in this context. Our final comparative observations can now be made.

DISCUSSION AND CONCLUSION

This chapter has made a case for extending the victimological gaze to the family survivors of lethal violence, not just in peacetime, but in contexts characterized by organized mass violence. We have argued that sudden, unexpected bereavement born of dehumanizing and eliminationist ideology can exert widespread and enduring effects on mental and physical health, particularly when it is combined with primary victimization and, in the case of major international crimes, the destruction of property, community, and a way of life. We have also argued that particular forms of clandestine killing and bodily disposal can impose additional burdens on surviving family members as, in the face of official denials, they cope long-term with the absence of information or a body to begin the process of grieving. These arguments have been illustrated in relation to case studies of major systemic conflict in Argentina and Bosnia and we have also shown how often multiply bereaved family members exhibit Rock's (1998b) "imperative to organize" by forming activist associations that achieve clear, if hard-won, gains both during and after the cessation of overt conflict. A number of concluding comparative points can be made.

First, in the spirit of critical victimology, the case studies problematize the clear definition of primary and secondary victims: very often, family members are both and struggle to free themselves from the chronic effects of both forms of victimization decades after the source events. Family survivors of mass violence, like their peacetime equivalents, may gain a form of purpose and personal sense of "mission" through activism but there is no guarantee that they will achieve the sorts of "redemption/ resolution" scripts typified in the Hurban/de Carlotto case. In fact, absent the possibility of new family bonds, it is questionable whether this form of script can be formed when "resolution" might mean the confirmation of a death and the return of partial human remains. Indeed, in the example of the Srebrenica massacres, even burial of identified remains may not represent the end of the trauma journey: new identifications of body parts scattered across secondary graves, together with the ongoing resolution of early misidentifications are increasingly leading to re-exhumations for the purposes of skeletal reassociations, together with further family disruption. This example makes clear how fragile the psychological gains of apparently successful family activism can be, and further illustrates how the "disappeared" corpse can radically extend in space and time, the trauma associated with violent bereavement (Shute 2015).

A related point can be made regarding the complex and unpredictable interactions of individual (micro), collective (meso), and societal (macro) variables that constrain the kinds of "successes" achieved by family organizations at particular points in their history. Scraton's (1998, 2013) study of the Hillsborough Family Support Group shows how members had to endure organizational splits and three decades of macro-level marginalization and vilification before changes in political and media sensibilities enabled personal and collective vindication. In an analogous way, the energy of individual family survivors during the Argentinian Junta was initially harnessed by the formation of the Madres, however, the interaction of personal and collective values and those of successive political regimes forced organizational splits, divergent aims, and impacts that were felt differentially across the following decades. By contrast, the more wholesale destruction and reshaping of Bosnian society promoted a well-funded international effort to create political institutions (for example, the OHRI and NGOs (for example, the ICMP) that were capable of empowering family associations on an unprecedented scale and timescale. That family bereavement in Bosnia might have been preventing by sustained international military and diplomatic action on a comparable scale is an irony not lost on families and wider society. Clearly, a mature appreciation of the possibilities of family activism requires a multilevel and diachronic set of perspectives.

A third comparative point can be made in relation to the role of gender in the nature, functioning, and achievements of family associations in these examples. Helms (2013) notes that by portraying themselves primarily as mothers and wives, female activists in Bosnia have used "positive [gender] essentialisms" to create an effective space for public engagement traditionally denied to women. Paradoxically, however, those same essentialisms have also prevented them from being taken seriously in the more substantive arena of male-dominated parliamentary politics, and limit the possibilities for longer-term gender equality. Similar observa-
tions might be made with regard to the at least initially “apolitical” nature of the Madres’ protests and claims, and although the political position of women may be relatively advanced in comparison to Bosnia, authors (for example, Peluffo 2007) continue to link the broader acceptability of the continuing movements to their relative degree of publicly expressed femininity.

Finally, in processes that have their origin in Argentina but have reached their contemporary apogee in Bosnia, a co-developed alliance of bereaved family activism and forensic anthropological/archaeological science has formed a movement that, alongside human rights and international criminal justice movements, offer increasingly substantive and globalized counterflows to the long-globalized networks of arms, military training, and trade that continue to fuel organized mass violence.

The victimological implications of this observation are that these processes are deserving of much greater disciplinary acknowledgment and study. To do so, victimology must remain critical but also become more creative and ambitious in its research aims; it must also, ideally, become more interdisciplinary and more conceptually complex in order to capture the subtleties of responses to mass victimization. This is undoubtedly a very significant set of challenges but one that an outward-looking and reflexive critical victimology can be equipped to take forward.

NOTES

2. Largely, inter- and intrastate armed conflict; for definitions and methods see http://www.peaceinst.org/peacearch/rcp/definitions/
3. Multidimensional approaches to operationalizing “peace” exist—see for example Institute for Economics and Peace (2015) “positive peace index”... but are beyond the scope of this chapter.
4. Differences in the definition of lethal violence occur across jurisdictions and are a source of confound in comparisons.
5. See www.samm.org.uk
6. See http://www.cropsocietyforsocialviolence.eu/
7. As it happens, the women were not safe; they were arrested, beaten, and harassed and early members themselves “disappeared” (Guzman-Bouvard 1994).
8. Indeed, the estimated figure of the disappeared was strongly contested, and is still claimed by the Madres to be in the order of thirty-thousand.
9. An acronym, translating as “Sons and Daughters for Identity and Justice Against Oblivion and Silence.”
10. “Hijo” is the masculine form of “child,” with “hija” the female equivalent. Forthwith, the gender neutral designation “Hijo/a” is used.
11. Ignacio Hurbán recently changed his name to Ignacio Guido Montoya de Carlotto, reflecting his intended birth name and biological family names.
12. Later convicted for genocide.

Critical Victimology beyond Academe: Engaging Publics and Policy

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Tracing the victim “story” is fraught with difficulties: where to start geographically, where to start historically, whose story is to be listened to and so on. Nonetheless, it is without doubt that the twenty-first century is marked by a focus on victims and victimhood. The contemporary global condition and the communication systems associated with it bring to a wide range of publics the dilemmas faced by individuals and collectivities who find themselves in situations of suffering through no fault of their own. Whether as a result of climate change driven economically challenging circumstances, internal conflicts, externally imposed conflicts, religious extremism, or other factors, it is the case that the world could not walk away from the media image of a young child, lying on a beach, drowned trying to escape with his family to Europe. It is not the only image of victimhood to be headlined in the media. It is a moot point, however, how well equipped the academy, in the form of victimology, is to deal with these kinds of global events and the toll that they take on individuals and collectivities. This collection, while bringing together quite a disparate collection of particular concerns with victims and victimhood, is tied together by a common concern: to offer some insight into how the tools and concepts of a critical victimology might be better placed to make sense of victimhood and responses to it, in all its forms, in the twenty-first century.

In many respects, it goes without saying that a focal concern of victimology has been and still is suffering. While Young (2011, 181) castigates what might be called conventional criminology for patrolling its borders, shutting out the philosophical, the overly theoretical as too reflective, and carefully excluding war, genocide, state crime, crimes against the environment and so on as outside its “scientific focus,” victimology has never been so exclusionary. Indeed the emergence of victimology as a discipline came out of those very circumstances largely neglected by mainstream criminology. Fassin and Rechtman (2009) offer a detailed analysis of the emergence of what they call “psychiatric victimology”