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.

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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.

Churchill and Clarke (2009) in a review of parent-focused policy to reduce social exclusion, list 39 separate major initiatives across early years, education, employment, benefit and parenting programme domains during the period 1997–2008, at a cumulative cost of hundreds of millions of pounds. Families (mostly parents, often mothers) have been conceptualised as a source of risk and resilience regarding antisocial and offending behaviour, and as a site for support and intervention. Despite this policy focus, family support has remained peripheral to or absent from official discourse on gangs and gang-related offending (Shute, 2008). The paper argues that there are good theoretical and evidential grounds to suppose that family support may help prevent and reduce gang membership, but that in order to overcome concerns regarding misidentification, iatrogenesis and policy misdirection, programmes must not only be good science but also be both acceptable to families and sensitive to the contexts in which they are offered. Beginning with a justification of the grounds for intervention, the paper proceeds from a discussion of the perceived barriers to support, to a statement of the necessary qualities of candidate programmes. The paper then describes some promising and less promising programmes, and concludes by arguing for ‘gang-sensitive’ family support and a related research agenda.

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-judgmental. 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 co-ordinate 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 acknowledgement 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 confirms 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 predict both behavioural problems and gang membership; therefore, high-quality family interventions 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 considerations, 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 experiences 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 evidence-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 evidence-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 initial 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 be 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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References

- Aldridge J, Shute J, Ralphs R, Medina J. 2009. Blame the parents? Challenges for parent-focussed programmes for families of gang-involved young people. *Children & Society*. DOI: 10.1111/j.1099-0860.2009.00282.x.
- Alexander JC, Barton C, Gordon D, Grotzinger J, Hansson K, Harrison R, Mears S, Mihalic S, Parsons B, Pugh C, Schulman S, Waldron H, Sexton T. 1998. *Functional Family Therapy: Blueprints for Violence Prevention, Book Three*. Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado: Boulder, CO.
- Baruch G, Butler S. 2007. Implementing and evaluating a multisystemic therapy with families of persistent young offenders in the UK: initial reflections and observations from a long-term trial. *Evidence-based Psychotherapies in CAMHS*. ACAMH Occasional Papers No. 27. Association of Child and Adolescent Mental Health: London.
- Bradshaw P. 2005. Terrors and young teams: youth gangs and delinquency in Edinburgh. In *European Street Gangs and Troublesome Youth Groups*. Decker SH, Weerman FW (eds.). Altamira Press: Walnut Creek, CA; 193–218.
- Braga A, Kennedy D, Piehl A. 1999. *Problem-Oriented Policing and Youth Violence: An Evaluation of the Boston Gun Project*. Washington, DC: Unpublished Report to the National Institute of Justice.
- Bullock K, Tilley N. 2008. Understanding and tackling gang violence. *Crime Prevention and Community Safety* 10: 36–47.
- Burney E, Gelsthorpe L. 2008. Do we need a 'naughty step'? Rethinking the parenting order after ten years. *The Howard Journal* 47: 470–485.
- Campbell A, Muncer S. 1989. Them and us: a comparison of the cultural context of American gangs and British subcultures. *Deviant Behavior* 10: 271–288.

- Churchill H, Clarke K. 2009. Investing in parenting education: a critical review of policy and provision in England. *Social Policy & Society* 9: 39–53.
- Conger RD, Donnellan MB. 2007. An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology* 58: 175–199.
- Curry GD. 2000. Self-reported gang involvement and officially recorded delinquency. *Criminology* 38: 1253–1274.
- Davies A. 1998. Youth gangs, masculinity and violence in late Victorian Manchester and Salford. *Journal of Social History* 32: 349–369.
- Decker SH, Weerman FM. 2005. *European Street Gangs and Troublesome Youth Groups*. Altamira Press: Lanham, MD.
- Derzon JH. 2010. The correspondence of family features with problem, aggressive, criminal, and violent behavior: a meta-analysis. *Journal of Experimental Criminology* 6: 263–292.
- Eisner M. 2009. No effects in independent prevention trials: can we reject the cynical view? *Journal of Experimental Criminology* 5: 163–183.
- Farrington DP, Welsh BC. 2008. *Saving Children from a Life of Crime: Early Risk Factors and Effective Interventions*. Oxford University Press: New York.
- Gregg D. 2010. *Family Intervention Projects: A Classic Case of Policy-based Evidence*. Centre for Crime and Justice Studies: London.
- Hallsworth S, Young T. 2008. Gang talk and gang talkers: a critique. *Crime, Media, Culture* 4: 175–195.
- Hansard HC. vol. 425 col. 1108W (15 November 2004).
- Henggeler SW, Mihalic SF, Rone L, Thomas C, Timmons-Mitchell J. 1998. *Multisystemic Therapy: Blueprints for Violence Prevention, Book Six*. Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado: Boulder, CO.
- Howell JC, Egley A Jr. 2005. Moving risk factors into developmental theories of gang membership. *Youth Violence and Juvenile Justice* 3: 334.
- Huff CR. 1990. Denial, overreaction, and misidentification: a postscript on public policy. In *Gangs in America*. Ronald Huff C (ed.). Sage: Newbury Park, CA; 310–317.
- Klein MW, Maxson CL. 2006. *Street Gang Patterns and Policies*. Oxford University Press: New York.
- Klein M, Kerner HJ, Maxson CL, Weitekamp EGM (eds.). 2001. *The Eurogang Paradox: Street Gangs and Youth Groups in the US and Europe*. Kluwer Academic Publishers: Dordrecht.
- Krohn MP, Thornberry TP. 2008. Longitudinal perspectives on adolescent street gangs. In *The Long View of Crime: A Synthesis of Longitudinal Research*. Liberman AM (ed.). Springer: New York; 128–160.
- Littell JH. 2005. Lessons from a systematic review of effects of multisystemic therapy. *Children and Youth Services Review* 27: 445–463.
- Maxson CL, Whitlock ML. 2002. Joining the gang: gender differences in risk factors for gang membership. In *Gangs in America*. Huff CR (ed.). Sage: Thousand Oaks, CA; 19–35.
- McAra L, McVie S. 2007. Youth justice? The impact of system contact on patterns of desistance from offending. *European Journal of Criminology* 3: 315–345: 1477–3708.
- McIntosh J, Shute J. 2006. The process of health visiting and its contribution to parental support in the Starting Well demonstration project. *Health and Social Care in the Community* 15: 77–85.
- Medina J, Ralphs R, Aldridge JA. 2010. Mentoring siblings of gang members: a template for reaching families of gang members? *Children & Society*. DOI: 10.1111/j.1099-0860.2009.00282.x.
- Parr S. 2009. Family intervention projects: a site of social work practice. *British Journal of Social Work* 39: 1256–1273.
- Pitts J. 2009. *Reluctant Gangsters: The Changing Face of Youth Crime*. Willan Publishing: Cullompton.
- Prior D, Paris A. 2005. *Preventing Children's Involvement in Crime and Anti-social Behaviour: A Literature Review*. DfES: Birmingham.
- Ralphs R, Medina J, Aldridge J. 2009. Who needs enemies with friends like these? The importance of place for young people living in known gang areas. *Journal of Youth Studies* 12: 483–500.
- Sharp C, Aldridge J, Medina J. 2006. *Delinquent Youth Groups and Offending Behaviour: Findings from the 2004 Offending, Crime and Justice Survey*. Home Office: London.

- Sherman LW. 1997. Communities and crime. In *Preventing Crime: What Works, What Doesn't, What's Promising*. Sherman LW, Gottfredson D, Mackenzie D, Eck J, Reuter P, Bushway S (eds.). Department of Criminology and Criminal Justice, University of Maryland: Maryland, VG; ch. 3, 1–52.
- Shute J. 2008. *Parenting and Gangs: Risk, Resilience and Effective Support*. Manchester University Law School, Gang Research Unit: Manchester.
- Stelfox P. 1998. Policing lower levels of organised crime in England and Wales. *The Howard Journal* 37: 393–406.
- Taylor TJ, Peterson D, Esbensen F, Freng A. 2007. Gang membership as a risk factor for adolescent violent victimization. *Journal of Research in Crime and Delinquency* 44: 351.
- Tremblay RE, Masse LC, Pagani L, Vitaro F. 1996. From childhood physical aggression to adolescent maladjustment: the Montreal Prevention Experiment. In *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Peters RD, McMahon RJ (eds.). Sage Publications, Inc.: Thousand Oaks, CA; 268–298.
- Utting DH, Monteiro H, Ghate D. 2007. *Interventions for Children at Risk of Developing Antisocial Personality Disorder*. Policy Research Bureau: London.
- Vigil JD. 1988. *Barrio Gangs: Street Life and Identity in Southern California*. University of Texas Press: Austin, TX.
- Vigil JD. 2007. *Gang and Non-Gang Families in East Los Angeles*. University of Texas Press: Austin, TX.
- Wells C, Adhyaru J, Cannon J, Lemond M, Baruch G. 2010. Multisystemic therapy (MST) for youth offending, psychiatric disorder and substance abuse: case examples from a UK MST team. *Child and Adolescent Mental Health* 15: 142–149.
- Wintour P, Dodd V. 2007. Blair blames spate of murders on black culture. *The Guardian*, 12 April.

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