Summary

The “Top600” designates a group of 600 serious juvenile delinquents (age 12 to 24 years) in the urban region of Amsterdam. This specific group of juveniles is characterized by multiple persistent problems. A large part of the Top600 juvenile delinquents does not attend school and/or is not employed. In many cases, the parents of these juveniles raise their offspring in an inconsistent manner, and are often not available for their children. There is also a high rate of mental health problems among these juveniles, delay in moral development (i.e. lack of empathy), and high prevalence of mild mental retardation. Many juveniles of the Top600 are oriented towards a criminal environment and lack a social support network. Moreover, the siblings of these juveniles have an increased risk for taking part in criminal activities. Almost all Top600 juveniles have a long history of contact with numerous youth care organisations, which did not prevent them from becoming a serious and persistent delinquent.

Because most of the juveniles in the Top600 had contact with a juvenile care organisation somewhere during their lives, opportunities should be examined to intervene in an early stage to prevent antisocial and delinquent behaviour of these juveniles. In the current research project it was originally intended to identify risk factors for both problem behaviour as well as delinquent behaviour exhibited by juveniles in the Top600, after which the effectiveness of interventions that target these factors can be examined. Identifying risk factors is considered important, because judicial interventions are only effective if interventions target the dynamic risk factors that are most strongly associated with (serious) behaviour problems and delinquent behaviour. However, it was not possible to take into account risk factors for both (serious) behaviour problems as well as delinquent behaviour within the limited timeframe of the current research project. The Top600 is a group of multi-problem juveniles characterized by mental health problems, substance abuse, mild mental retardation and family problems. For all these different problem areas, separate literature reviews and meta-analyses need to be conducted to identify the most important risk factors for serious and persistent delinquency. For this reason, we focused on serious and persistent offending (i.e., high impact crime), which is the most salient characteristic of the juveniles in the Top600.

The aim of this research is to gain insight into (1) risk factors that are associated with serious and persistent delinquent behaviour of the Top600 juveniles; (2) the effectiveness of (components of) interventions that have the aim to prevent serious and persistent delinquent behaviour of juveniles and (3) the degree to which effective (components of) interventions are offered by youth care organisations in the Netherlands.

First, a literature review was conducted in which scientific literature was searched on risk factors for serious and persistent delinquent behaviour. This review showed that risk factors within the family

domain, such as parents showing antisocial behaviour, not growing up with both biological parents and low socioeconomic status, were the most important risk factors for young children (6 – 11 years). Risk factors in the social domain, such as antisocial peers, having delinquent friends, being a gang member and lack of a social support network, were the most important risk factors for adolescent youth (12 – 18 years). These results are of importance when choosing the right intervention for prevention purposes, since the effectiveness of the intervention depends on the degree to which dynamic risk factors that are most strongly associated with (serious and persistent) delinquent behaviour are targeted. This principle is known as the 'need principle' (Andrews 1995; Andrews et al., 1990; Andrews & Dowden, 1999).

Interventions aimed at the prevention and reduction of delinquent behaviour can be divided in (1) interventions for a full population of children or juveniles (i.e., schools or neighbourhoods) (primary prevention); (2) interventions for juveniles showing minor antisocial and delinquent behaviour, who are not yet classified as serious delinquents (secondary prevention) and (3) interventions for juveniles who can be classified as chronic or persistent delinquents (tertiary prevention). In the current exploratory research project, early intervention strategies for juveniles showing minor antisocial and delinquent behaviour, and who cannot be classified as serious or persistent delinquents yet, were central. For this reason, only secondary prevention programs were taken into account.

For the examination of the effectiveness of secondary prevention programs in preventing persistent delinquent behaviour and reducing petty crime a multilevel meta-analysis was conducted. The results showed that secondary prevention programs were effective in reducing recidivism, but that the effect was only small. Put differently, a decrease of delinquent behaviour of 13% was found among juveniles who attended an established (evidence-based) secondary prevention program compared to juveniles who attended treatment as usual (unstructured treatment without a theoretical and/or empirical basis) or no treatment. No significant differences were found between different intervention types, such as cognitive therapy, behavioural therapy and skills training. However, several treatment components moderated intervention effects. Behavioural modelling, parenting skills training, behaviour contracting, and recreational activities (a trend) showed relatively large effects on delinquent behaviour. The results also showed that when the intervention not only targeted the juvenile delinquent, but also his or her siblings, the effect was considerably larger. On the contrary, group therapy showed a trend towards a smaller (and even negative) effect.

In sum, the meta-analysis showed that secondary prevention programmes are more effective if the following components are part of the intervention (1) positive role models; (2) behavioural contracting; (3) parenting skills training and (4) stimulating positive use of leisure time in a group setting. Next to this, more effective interventions (5) target the family system, including siblings of

the juvenile delinquent; (6) are individual based (the intervention is not offered in a group setting) and (7) are not too intensive (the intervention is short term and comprises a limited number of sessions).

For the third aim of this research project, an overview was made of secondary prevention programs that are offered in the Netherlands. It was also examined where in the Netherlands these interventions are offered, and specifically for interventions that target very young juvenile delinquents (12 years or younger) it was examined whether the above mentioned effective components are part of the intervention. The following interventions are described in this report: "Functional Family Therapy (FFT)", "Intensive Orthopedagogical Family Treatment: Preventing Worse Outcomes (IOG-EV)", "Youth Prevention Team 12-minors (JPT 12-min)", "Less Angry and Defiant (MBO)", "New Perspectives (NP)", "Oppositional Kids (OK)", "Parents of Oppositional Youth (OvTJ)", "Parent Management Training Oregon (PMTO)", "Stop Now and Plan (SNAP®)", "Signaling and PReventive Intervention for Antisocial Behaviour (SPRINT)", "Triple P level 4" and "District Targeted Family Counseling (WIG)".

The results showed that parenting skills training is part of all the interventions, except for New Perspectives (NP). The treatment component Behavioural modelling is only part of half of the examined interventions. Modelling is always part of FFT, IOG-EV, JPT 12-min and SPRINT, but modelling is not always part of the treatment sessions in MBO and SNAP. In a number of interventions that specifically target parents, such as OK, PMTO and Triple P, modelling is also integrated, such that desired (or positive) behaviour is explicitly demonstrated, explained and practiced. However, the effect of modelling with parents was not part of the meta-analytic study, and we therefore cannot make assumptions about the effectiveness of this specific component when considering parenting behaviours. Only modelling targeting juveniles was examined, which seemed to be an effective treatment component.

Behavioural contracting is part of the interventions FFT, IOG-EV, JPT 12-min, OvTJ, Triple P and SNAP. None of the examined interventions used recreational activities . However, there are several interventions, such as IOG-EV, NP and SNAP, in which attention is given to the realisation of positive leisure-time activities of juveniles, but this does not need to be carried out in a group setting. This is important to note, since interaction between group members and group dynamics constitute a central element in the component recreational activities that was examined in the meta-analysis.

In only one intervention (FFT) the whole family is treated (the juvenile, his/her parents and the siblings), but most interventions do treat both the juvenile and the parents. In a number of interventions (Triple P, PMTO OvTJ and OK) only the parents are treated and in one intervention only the juvenile is treated (NP). Most of the interventions are individual based, with the exception of MBO and SNAP. As for the intensity, there are several interventions that are completed in less than

25 hours (FFT, OK, OvTJ, SPRINT, PMTO and Triple-P). More intensive interventions are JPT, 12-min, SNAP, MBO and most of all IOG-EV and WIG.

FFT, JPT-12min, IOG-EV and SNAP are interventions that contain several treatment components that were identified as contributing to the effectiveness of secondary prevention programs in the present meta-analysis. It is therefore plausible to suggest that these interventions will be most successful in reducing and preventing serious and persistent delinquent behaviour. However, it is important to note that this does not automatically mean that these interventions are indeed effective, because there is empirical evidence showing that effectiveness of interventions depends on specific combinations of components that make treatment work. Moreover, the effectiveness of an intervention also depends on several factors, such as the quality of implementation, treatment integrity and the degree to which treatment is matched to the risk of recidivism (risk principle), target the dynamic risk factors most strongly related to recidivism (needs principle) and is responsive to juveniles' individual characteristics and motivation (responsivity principle). Therefore, the effectiveness of the interventions needs to be examined in the Netherlands in future (quasi)experimental studies.

Based on the current meta-analysis, the interventions that contain many effective treatment components can be regarded as promising. It is important to examine whether these interventions are sufficiently tailored to meet the needs that come with (static) characteristics of the Top600 juveniles, such as mild mental retardation (responsivity principle). Interventions that are based on a rather small amount of effective components are NP, OK and PMTO. It is therefore to be expected that the effect of these interventions in terms of the prevention and reduction of juvenile delinquent behaviour will be rather small. It should again be noted here that it does not mean that these interventions are indeed not effective. This should be further examined in (quasi)experimental research.

In the last part of this research project it was examined to what degree the promising interventions that are based on several effective treatment components are offered to delinquent juveniles in the Netherlands. The intervention that is most available in the Netherlands is Triple P, level 4. Other promising interventions, such as FFT, IOG-EV, JPT-12 min and SNAP, are far less available in youth care organisations. In early intervention strategies for the prevention of serious and persistent criminal behaviour of juveniles in the Top600, it may be effective to make these interventions more widespread available.