

# Summary

## The Stop-reaction

### A process evaluation

In the Netherlands, children, under the age of 12, found guilty of a minor punishable offence may be eligible, together with their parents, for a Stop-reaction. The Stop-reaction serves as an intervention to prevent recidivism of antisocial behavior. The Stop-reaction is a voluntary procedure offered to parents and children, with the objective of preventing children from committing further offences, and making them understand that the offence they have committed will not be tolerated. The aim is also to identify any underlying psychosocial problems and to offer minor forms of parenting support to parents. Therefore, during the Stop-reaction it is examined whether or not there are underlying (psychosocial or parental) problems. If necessary the child and his or her parents will be referred to assistance agencies. The Stop-reaction includes an interview with parents and child, a learning activity, and if relevant, the offer of an apology to victims of the offence. This preventive intervention is coordinated and conducted by Halt.

On the Judicial Youth Policy Department's request, the WODC has investigated the effects of the Stop-reaction. First a research was conducted into its theoretical basis (see the evaluation of the intervention theory). This evaluation examines the process of the Stop-reaction in practice.

The central research question is : How does the Stop-reaction work in practice?

The research questions are all related to the What Works criteria relevant for the effectiveness of (preventive) interventions. In the Netherlands, these criteria have been expressed by the Behavioural Intervention Accreditation Committee for the Ministry of Justice [*Erkenningscommissie gedragsinterventions Justitie*] and the Youth Intervention Accreditation Committee [*Erkenningscommissie jeugdinterventies*]. In essence, the criteria for judicial and youth interventions are largely the same. With regard to *performing* an intervention in practice, the following should apply if the proposed aims are to be achieved:

- The participants for whom the intervention is intended are selected.
- The participants are sufficiently motivated into completing the intervention.
- The intervention is performed in practice in the same way as it is described in the plan.
- The intervention is monitored so that deviations from the plan can be detected and adjustments can be made.
- Adequate preconditions are offered so as to perform the intervention as intended.
- Collaboration with cooperating organisations is set out with sufficient clarity so continuity can be maintained and help can be offered to the participants, if necessary.

Although this process evaluation was not set up in this way from the very beginning, it is complementary to what is known as 'practice-based effect evaluation'.

Effect evaluations of this type are characterised by a 'bottom-up' method, in which information is used that is available in the daily practice of the intervention. Practice-based effect evaluations not only offer insight into the effects of the intervention in reality, but also flag up potential problems in the implementation and provide a starting point for improvements to be made.

The daily practice of the Stop-reaction was investigated by interviewing the different parties involved, and by analysing administrative data. We used four methods of data collection, namely a digital questionnaire and a semi-structured face-to-face interview amongst Halt employees, a semi-structured telephone interview with cooperating organisations (the police and assistance agencies) and registration data from AuraH.

### *Selecting participants*

The What Works perspective states that effective functioning of the intervention requires that the selected participants are those for whom the intervention is intended. Participants who don't fit the criteria of the target group should not be selected and should be referred elsewhere. Our study has shown that, for the most part, the selection criteria for participants in the Stop-reaction are followed, but not in all cases. The most important reason Halt employees cite for this deviation is that they want to provide a response to children's antisocial behaviour and that locally no possible alternatives are available besides a Stop-reaction. The results also show that children or parents displaying (psychosocial or parental) problems are given a Stop-reaction. This approach leads to the fact that Halt receives parents and children for whom a Stop-reaction is not intended and this has an adverse effect on the effectiveness of the intervention.

One of the aims of the Stop-reaction is to signal underlying (psychosocial or parental) problems, for which two standardized questionnaires are available. Parents and children with problems must be referred to local support agencies. The results have shown that the questionnaires are not being used across the board, and where they are used they are not being used in a consistent manner. Our study also showed that referral to assistance agencies does not always follow where it is necessary. This leads to parents and children who require more assistance do not receive more intensive support. A more selective approach on the part of the Halt employees with regard to selecting participants and a more proactive approach when it comes to referring children and parents elsewhere is desirable.

### *Motivating participants*

Another general criterion according to the process of effective interventions, is that participants are involved and motivated. Our study showed that Halt is predominantly dealing with parents and children who are motivated to participate in the Stop-reaction. Demotivated parents either do not turn up or choose not to participate after the first meeting. The majority of parents and children who take part complete the Stop-reaction. Some Halt employees state that they urgently motivate parents that threaten to drop out to continue, by informing them that after deciding to take part, participation is no longer voluntary. This attitude does not correspond with the voluntary nature of the Stop-reaction.

### *Implementing the plan in practice*

Another factor that is important in guaranteeing the success of a preventive intervention is that it should be implemented as intended (intervention integrity). Although this mainly applies to 'evidence based' interventions, we have also verified whether or not the Stop-reaction is performed in practice as intended in the Stop-reaction handbook. The results show that the majority of Halt offices are following the phasing of the intervention as planned, but that differences still remain in terms of the form and content of performing the various components of the Stop-reaction. Deviations include the use of their own questionnaires, using their own Stop learning activities or adapting the prescribed learning activities to match the office's own practice, not always holding a final meeting and not always using the evaluation form. Deviations such as these are justified by referring to employees' own experience. The most important ground given for making alterations to the procedures in the handbook is that employees wish to tailor to the needs of parents and children. Our results not only make it clear that there is considerable differentiation in the nationwide implementation of the Stop-reaction, but they also indicate that the available identification tools and learning activities are insufficiently geared towards daily practice and the ability to respond to parents' and children's needs. This result corresponds to the finding from the evaluation of the intervention theory that the Stop-reaction learning activities are insufficiently substantiated to achieve the goals for which they are intended.

### *Monitoring*

Monitoring progress is an important part of guaranteeing the success of an intervention in practice. It can provide an insight into deviations from the intended intervention, and can allow adjustments to be made if necessary. Alongside monitoring, employees can also signal deviations by consulting supervisors and colleagues during the performing of the intervention (supervision and intervention). It is also important that the aims for participants are registered and subsequent evaluation is carried out with those involved so that the effects of the programme for individual participants can be reviewed. Our study showed that monitoring the Stop-reaction is primarily related to procedural aspects such as processing time, but that the monitoring of the content of the implementation in terms of supervision or the following of participants' individual goals is uncommon. The lack of monitoring aspects in respect of the Stop-reaction's content means that it is not possible to follow the way in which the intervention actually functions in practice. For this reason, procedural deviations are difficult to trace and adjust. Due to the participants' individual goals not being registered in a systematic manner, and due to these goals not being evaluated at the end of the programme, it is not possible to follow individual progress or to determine the effects of the Stop-reaction for individual participants.

### *Preconditions*

In practice, an intervention can only be implemented as intended if a series of preconditions is met. The preconditions for implementing the Stop-reaction, which are examined here, relate to the time available and provisions for implementing the programme and the education or training of employees. The results have shown that the available time and provisions are, for the most part, valued positively. As far as education and training is concerned, the investigation has

shown that there are Halt employees who have received no, or very limited training in carrying out the Stop-reaction and working with children under the age of twelve. These are predominantly employees who have been working at Halt for considerable time. There also appeared to be little evidence of structured additional or refresher training amongst employees, while the employees believe that courses for specific subcategories of children under the age of twelve are necessary. The lack of any form of training or additional training, both structured and otherwise, for carrying out the Stop-reaction and working with the specific target group leads to an unwanted situation. Employees are working independently of each other and adjust their approaches in accordance with their own expertise. In this regard, it is hardly surprising that there is such a nationwide variation in the way that the Stop-reaction is implemented.

### *Collaboration*

A final general working factor based on the What Works perspective is related to the collaboration between cooperating organisations, transfer of knowledge, and bottlenecks in collaboration. Investigating this particular element helps to determine the areas in which collaboration should be preserved, and the areas in which it can be improved. In addition, continuity can be guaranteed throughout the chain, if clear transfer of support and knowledge about individual participants is transferred to subsequent organisations in the youth (care) chain. The Stop-reaction can only be effective if a well structured collaboration between cooperating organisations is present. The study has shown that in several regions, collaboration with the cooperating organisation prior to Stop, namely the police, is coordinated in an efficient manner. Mostly collaboration, consultation and structured transfer of files for individual clients were present, but collaboration of this type does not take place in all regions. Collaboration with cooperating organisations after the Stop-reaction, the assistance agencies (if necessary, in the case of underlying (parenting or psychosocial) problems) is, however, less unambiguous in practice. Although the Child Care Agency [*Bureau Jeugdzorg*] is the designated supporting cooperating organisation according to the Stop-reaction handbook, the study has observed various local variation in possible assistance agencies. Also Halt offices are not always aware of who their local cooperating organisation for assisting children with problems under the age of twelve actually is.

This emphasises the importance of clear collaboration between the judicial cooperating organisations for youngsters, and the chain for child care (in which preventative care and encouraging development also feature), which can be provided in centres for youth and family.

### *Conclusion*

In the evaluation of the intervention theory of the Stop-reaction, numerous recommendations have been made that may give rise to changes. The results from this process evaluation call for a review of the Stop-reaction and it is our view that considerable thought should be given to where this preventive intervention lies in the chain of care for children, the goals that the intervention seeks to achieve and the way that this can be implemented in practice.

The first important point is that it should be clear which is the role of the Stop-reaction in the child care chain. This arises from the notion that the Stop-reaction is two-sided: on the one hand it is a signal from society in response to

criminal offences, whilst on the other hand it is an intervention aimed at preventing reoffending.

Central to this is that if the desire to provide a fair intervention to children under the age of twelve exists, a clear understanding must be obtained as to what signals are relevant at a young age that can be considered precursors to or risk factors of future criminality, together with an understanding as to which children are affected. In addition, it is necessary to verify whether or not the activities that are used in intervention, both theoretical and empirical, can deliver sufficient changes to the intended aims of intervention. Possible points of departure in this regard are that the intervention is pointed to certain risk factors that increase the chance of criminal behaviour amongst children, such as poor supervision by parents, a lack of self control or poor social skills.

Furthermore, a preventative intervention can only be successful if it corresponds to the needs of the children that it is being offered to. This requires a clear selection of the relevant target group. Scientifically based questionnaires, aimed specifically at the aims of preventative intervention are essential for this. Children and parents who have apparent severe underlying psychosocial or parenting problems can not be assisted using this preventative intervention and should be referred for more intensive forms of support. For this referral system to work effectively, a clear infrastructure needs to be put in place that sets out which organisation can be referred to and in what situations. An effective evaluation of a preventive intervention for individual children and parents can only take place if all of the above aspects are underpinned by a substantial basis and described appropriately. It is therefore of great importance that employees are effectively instructed in following the prescribed working methods, monitoring the intervention and individual goals and that appropriate education, training and adequate preconditions for implementing the scheme are in place.