EXECUTIVE SUMMARY

Changing the Path
Social scientists call them “career criminals”—individuals who repeatedly commit crimes over long periods of time. Though they represent a relatively small proportion of criminals, they account for a very large share of serious crimes.

Virtually all career criminals start as juvenile offenders, and most have repeated contacts with the juvenile justice system along the way. If we could steer a greater percentage of these youths onto a more socially responsible path, it would have a huge effect on crime rates…and on individual lives.

This is the challenge Peter Greenwood takes on in Changing Lives: Delinquency Prevention as Crime-Control Policy. Greenwood, former director of the RAND Corporation’s Criminal Justice Program, surveys the literature on delinquency prevention and intervention programs in the U.S. and identifies those that have proven themselves, through rigorous evaluations and sound evidence, to be the most successful.

Greenwood also identifies a number of programs that have strong popular support but are ineffective and even harmful. These programs, which waste millions of taxpayer dollars, may be driven by fads and wishful thinking, or by constituencies that vigorously champion them in an undisciplined marketplace. Some are politically driven, supported by policymakers seeking to appear tough on crime. And some survive primarily because they have never been rigorously evaluated.

For decades it was, in fact, difficult to measure the effectiveness of crime prevention. Today, though, we have the tools to design and scientifically evaluate evidence-based interventions. How can we put these tools to work and build on what we know is successful? Changing Lives gives stakeholders at all levels an overview of what we know, a common language for talking about it, and a structure for moving forward.

Why Good Things Happen to Bad Programs
Effective interventions don’t appear overnight; they become effective through repeated cycles of design and testing. Of the hundreds of delinquency-prevention programs implemented in the past two decades, only about 8 percent have undergone this process and been shown to have positive effects. The vast majority—some 90 percent of programs—have no evidence-based support; they either have not been evaluated, or have been evaluated with a research design too flawed to determine significant effects. Another 2 percent have been rigorously evaluated—and found to be useless or detrimental.

Yet many ineffective programs remain popular. A closer look at a few of them can be instructive:

Drug Abuse Resistance Education. DARE, which began in 1983 as a collaborative effort of the Los Angeles Police Department and the city school district, sends uniformed police officers into elementary school classrooms to teach students how to resist peer pressure and avoid drugs, gangs, and violence. Despite the lack of any credible evaluation, DARE was an immediate hit with school officials, parents, and students. It was especially popular with police, who found it to be an excellent public relations vehicle at a time when they badly needed a more positive view of law enforcement. DARE soon spawned a nonprofit organization to promote the program, raise money, conduct training, and defend the program against unfavorable media. By the time objective research showed that DARE had no
preventive impact, the organization was entrenched and the program had gained acceptance across the country. It continues to be praised by politicians who, eager to be seen as fighting the war on drugs, make large budget appropriations to a program that doesn’t work.

**Boot Camps.** Like DARE, boot camps use powerful symbols of manhood and authority—in this case, the military. Also like DARE, they were developed and expanded without any evidence base. Boot camps make great media images, with former delinquents marching in formation, doing push-ups, and shining their shoes under the glare of drill instructors—a picture of rehabilitation in a get-tough context that has great public appeal. Boot camps are also shorter-term and less expensive than placement in a training school; viewed as an alternative to incarceration, they can be cost-effective even without reducing recidivism.

**Healthy Families America.** A number of programs in the health field provide home visits to high-risk families, especially those with pregnant mothers or young children, in an effort to prevent a range of unhealthy outcomes. One of the most highly regarded of these is the Nurse-Family Partnership, a very specific and well-tested model. Increasingly, though, that model has seen competition from programs like Healthy Families America—broader in reach, shorter in duration, and looser in staffing and protocol. While such programs have been found not to be cost-effective with most families, their lower costs and rapid, large-scale dissemination have allowed them to edge out programs that conduct more deliberate evaluations.

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Several important lessons can be drawn from these examples:

**Lesson 1.** Tacit functions—public relations, saving money, scoring political points—can play a major role in mobilizing support for a program. DARE’s stated function is to reduce student drug use. Though it has failed at that, it has provided excellent PR for police. Similarly, while the ostensible role of boot camps is rehabilitation, they also serve the desire of lawmakers to appear tough on crime, and of corrections agencies to save money.

**Lesson 2.** When considering the effectiveness of a particular prevention program, it’s important to ask: Compared to what? Boot camps are not cost-effective when the alternative is probation, but they can be very cost-effective compared to traditional residential placements. If we didn’t have better programs for preventing drug abuse, DARE might look pretty good, especially if we consider the public relations benefit.

**Lesson 3.** Finally, the examples highlight the need for the delinquency-prevention field to develop a culture of accountability, in which every program is expected to offer proof of its impacts. Only rigorous, evidence-based evaluations allow policymakers to make fair comparisons among competing programs.

**Effective Prevention: What Works, and How We Know**

Effective, evidence-based delinquency-prevention programs do exist. But which of the many existing programs are they? Different reviews use a variety of screening criteria, focus on different outcomes—and, not surprisingly, produce different lists. Two of the most rigorous and comprehensive reviews come from the Blueprints for Violence Prevention initiative at the University of Colorado and the 2001 Report of the Surgeon General on Youth Violence. These resources apply the most stringent criteria and focus on violence and delinquency outcomes.

The initiatives identified as promising and in some case “proven” or “model” programs take diverse forms and target various populations. Some are *primary interventions*, focusing on the general community. Others are *secondary interventions*, targeting children, youth, or families considered “at risk” for delinquency, violence, and other problems. Finally, there are *tertiary interventions*, a hybrid of treatment and prevention for youth who have already committed crimes.

There are effective programs to address children at every developmental stage, from infancy through adolescence. They take place in the home, in schools, or in the community. And they use a wide range of approaches, from parent education to enhancements of services traditionally found in schools, and from skill-building to family therapy.

The best programs use multiple strategies and methods to achieve their results, and are closely monitored to stay close to the model protocols. While some programs may be relatively inexpensive, others—particularly those targeting high-risk groups—may provide a better return on taxpayer investment. In analyzing costs and benefits, one needs to be aware of the cost per youth served, the cost per conviction prevented, and, in some cases, other types of benefits the program may provide, such as reducing special-education needs and improving employment.
Changing Lives analyzes many interventions that have proven to be both effective and cost effective. A few examples demonstrate the range of approaches:

**Nurse Home Visitation.** Based closely on the Nurse-Family Partnership model mentioned earlier, this program targets poor, first-time mothers early in their pregnancy and includes home visits until the child is two years old. It follows a detailed protocol covering childcare training and social skills development for the mother, along with connections to other services. A fifteen-year follow-up has shown that the program reduces arrest rates for both children and mothers. The cost per youth is high, and the program is not cost-effective as a delinquency-prevention program alone. But when crime-reduction is combined with other benefits such as reduced costs for welfare and schooling, it proves to be highly cost-effective, returning $4 in benefits for each dollar invested.

**Life Skills Training.** This drug-use prevention program targets children in junior high or middle schools. Teachers use a variety of techniques—instruction, demonstration, feedback, reinforcement, and practice—to give students self-management skills, social skills, and information and skills related to drug use. Multiple evaluations have shown that LST reduces the use of alcohol, cigarettes, and marijuana among participants. The program can reach many children for a very low cost; it has been shown to return $2 in savings for every dollar invested, though most of the savings are associated with reduced use of alcohol and tobacco rather than reductions in crime.

**Multisystemic Therapy.** MST is a successfully replicated program that helps parents and other family members work together to deal with their youth’s problems. The four-month program is very intensive, giving parents 50 hours of counseling and training, reaching out to involve other family members in supervising the youth, and extending into the school and community to build a social support network of adults who interact with and supervise the youth. MST therapists also provide emergency services when needed. Though the per-capita cost is high, MST is very effective in reducing re-arrest rates and out-of-home placements, returning nearly $8 in benefits for each dollar spent. Two other programs that work with troubled youths and their families, Functional Family Therapy and Multi-dimensional Treatment Foster Care, have also proven successful and highly cost-effective.

The full range of programs analyzed in Changing Lives shows that the best return on taxpayers’ investment comes from programs that focus primarily on training, empowering, and in some cases assisting the families and guardians of troubled adolescents. Admittedly, the analysis has limits: most of these programs, for example, have not been widely replicated; and there are many programs for which cost-benefit data are not available.

The cost-effectiveness argument itself also has limits—which brings us back once more to politics. It can take five years or more for a delinquency-prevention program to yield measurable results; political pressures favor more immediate payoffs. Meanwhile, entrenched interests, such as law enforcement and the corrections industry, are lobbying strongly for their own programs, while lawmakers seek out interventions that favor force and punishment over positive reinforcements and incentives.

Despite these drawbacks, cost-effectiveness provides a rational method of allocating resources in a way that will benefit taxpayers, potential victims, and youths.

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**Implementation: Running the Obstacle Course**

While intervention services generally are provided at the local level, funding often comes from the federal or state government, where political ideology can present obstacles to implementation. The 1994 Federal Crime Bill is a good illustration.

When President Clinton announced a major crime initiative in 1993, key elements included a new community policing program, controls on assault weapons, and restrictions on selling guns to people with criminal records or mental instability. A Republican version included stricter sentencing laws and support for prison construction, while a bill supported by the Congressional Black Caucus placed more emphasis on prevention, drug treatment, and gun control. In 1994, after a series of compromises, Congress passed the largest federal anticrime legislation on record, including funding for 100,000 new police officers, new prison construction, and scaled-back prevention programs.

The Republicans were skeptical about the effectiveness of the prevention programs, and in fact, few of the programs had been proven effective. Moreover, increased police patrols and more prison time would have an immediate effect on crime, while it would take years to see the effects of delinquency-prevention programs. By the time a much-amended crime bill came up for appropriations in 1996, the new police officers were funded for three years, funding for new prison construction had increased, and funding for prevention programs had disappeared, replaced by block grants to local law-enforcement agencies.
How can prevention efforts win funding in such a politicized atmosphere? Deschutes County, Oregon, found one answer. In 1999, based on cost-effectiveness arguments, officials decreased the length of residential programs for juvenile offenders and shifted the money saved into early prevention and intensive aftercare. They won public support by incorporating strict restitution and community-service requirements into the programs, which they publicized widely.

Who Should Be Responsible?
Funding is just one aspect of implementation. Another is the question of which government agencies—whether at the federal, state, or local level—should have primary responsibility for developing and carrying out delinquency-prevention programs. The primary contenders are the justice system and the agencies concerned with public health, social services, and education.

The justice system’s primary mission is controlling threats to public safety; their capabilities therefore center on risk assessment, monitoring, and control. In contrast, the primary goals of health, human services, and education agencies are to assist individuals with their special needs while helping them pursue their own well-being. The efforts of these agencies, grounded in theories of health and human development, involve a longer timeframe and more voluntary engagement from participants. How do we choose among these two very different sets of agencies?

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We must first recognize that any involvement with the police or juvenile courts carries a heavy stigma for the youth concerned, along with a proven negative impact on educational attainment, crime, and employment. Therefore, wherever possible, troubled juveniles should be treated outside the justice system, in natural settings, by professionals familiar with the healthy development and social welfare of youth. Responsibility for primary and secondary prevention—that is, programs for the general population or for “at-risk” youth and families—should be housed in agencies better suited to the types of services these programs require.

This leaves the juvenile justice system with responsibility for tertiary programs—interventions for youth who are already in the system. The juvenile court stands at the nexus of prevention and punishment, with multiple opportunities for highly focused interventions. Each of the major stages of decision-making in the system—from arrest and intake screening to adjudication and placement—is an opportunity for formal or informal linkage to treatment programs, preferably in a community setting. Even within secure confinement, though, where sanctions clearly outweigh prevention, effective programming is possible. Difficult as treatment may be at this point, the fact that these youths are high-risk targets also means that an effective program can yield greater benefits for the money spent.

A Wake-up Call
The U.S. can increase the effectiveness of its delinquency-prevention efforts. The steps are clear. Working together, policymakers, practitioners, and communities must:
• Demand evidence-based programs.
• Implement those programs with a high degree of fidelity to the original model.
• Use good tools to evaluate the programs’ implementation, how youth are assigned to them, and the results.
• Use cost-effectiveness criteria to allocate funding.
• Support more research on programs that involve families.

The juvenile court has special responsibilities for the programs it oversees. Courts must stay apprised of the latest research on prevention and know which programs work best for which youths. They need to consider interventions along with sanctions, and know which cases are appropriate for diversion to services outside the system. And they must take responsibility for quality control in the programs the courts administer.

With these steps, we can improve policy and practice, make our communities safer, and change thousands of lives.

Ordering Information:
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