Early Intervention for the Prevention of Offending in Northern Ireland

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Abstract

Policy and practice in education, health, social care and youth justice have increasingly reflected the assumption that the more 'risk factors' a child experiences, the more likely s/he is to suffer 'negative' outcomes (including involvement in 'anti-social' or 'criminal' behaviour). This has led to an emphasis on targeting individuals considered 'at risk' through 'early intervention' programmes. At the heart of debate about such programmes is their intended objective: addressing the needs of any child or young person as they are identified?; prevention of offending based on assessment of 'criminogenic' risk factors?; or diversion from the formal criminal justice system for those already involved in 'anti-social' or 'criminal' behaviours? The needs and circumstances of children defined 'at risk of offending' are often the same as those of children 'in need'. If they are considered 'in trouble' rather than 'troubled', emphasis is potentially shifted away from their personal development and well-being towards their regulation and criminalization. Drawing on primary research with practitioners implementing an 'Early Intervention for the Prevention of Offending' Programme for 8–13 year-olds in Northern Ireland, this article explores the tensions involved in 'addressing need' and 'preventing offending'.

Keywords

'at risk', early intervention, 'in need', prevention of offending

Introduction

Debate about resolving the problems faced by children and families in the Britain and Northern Ireland has been significantly affected by the mantra of 'early intervention'. However, there is lack of consensus over the meaning of this term, with different interpretations leading to different types of programme: 'preventive' (stopping problems from developing in the first place); 'protective' (protecting children and families with identified 'risk factors' from experiencing problems in the future); 'remedial'/'therapeutic' (intervening to

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address emergent problems before they become serious or persistent) (see Statham and Smith, 2010).

During the 1990s, linking 'risk factors' in the child, their school, family and community with potential involvement in offending behaviour (Farrington, 1996) and promotion of the 'risk factor prevention paradigm' (see Farrington, 2000: 1) led to an initial emphasis on the development of programmes targeting children and young people's potentially criminal behaviour while encouraging 'appropriate' parenting (Home Office, 1997a, 1997b). Exemplified in the 1998 Crime and Disorder Act in England and Wales, the 'new youth justice' (see Goldson, 2000a) asserted the principal aim of the youth justice system as prevention of offending, created a range of new 'crimes' and introduced a number of civil orders in response to 'anti-social' behaviour. It also promoted intervention targeting those 'at risk', based on acceptance of the assertion that 'the greater the number of risk factors … or risk factor domains … the greater the likelihood of early-onset offending' (Loeber et al., 2003: 6).

Despite the statement that policy makers generally target preventative approaches at schools or communities rather than individual children, to avoid the 'danger of stigmatising children below the age of criminal responsibility as "potential offenders"' (Youth Justice Board, 2005: 4), assessment of the number and prevalence of risk factors in their lives has been used to identify children aged 8 and above 'at risk of offending' and therefore targets for 'prevention of offending' programmes (see Armstrong, 2004). Removal of the rebuttable presumption of *doli incapax*, justified on the basis of enabling courts 'to address offending behaviour … at the earliest possible opportunity, and so nip that offending behaviour in the bud' (HM Government, 1999: 177), drew under-13s who would previously have fallen within the remit of welfare agencies into the youth justice system. Thus, 'prevention of offending' within the youth justice system incorporates those 'at risk of' offending plus those at the early stage of involvement in behaviours defined 'anti-social' or 'offences'.

The 'risk' agenda was extended to other areas of social policy in the early 2000s, with early intervention programmes providing assistance through universal services but also specifically to children and families considered 'vulnerable' or 'at risk' of various 'negative' outcomes (see HM Government, 2003). A commitment to early intervention based on provision of preventative services while responding to those with 'additional needs' has underpinned child policy in England, Wales, Scotland and Northern Ireland since the mid-2000s. However, distinctive histories of education, health, child welfare and youth justice have influenced priorities concerning children defined 'troubled' and/or 'in trouble' in each UK jurisdiction. According to Horgan (2005: 12), family support in Northern Ireland has been consistently under-resourced with lower per capita spending, higher levels of child poverty and subsequent family difficulties leading to disproportionate allocation of resources to statutory child protection rather than investment in universal or preventative interventions.

Policy and practice in Northern Ireland have also been affected by 'the Troubles' – a euphemism used to denote the period of armed conflict involving state and non-state groups between 1969 and 1998, when the *Belfast/ Good Friday Agreement* was signed by most of the political parties in Northern Ireland, the British and Irish Governments.

This was based on commitment to democratic and peaceful means of resolving political differences between Unionists/Loyalists dedicated to retaining union with the British state and Nationalists/ Republicans favouring a united Ireland. Although contemporary children and young people experience markedly different circumstances than did their parents and grandparents, the legacy of the Conflict remains pervasive (see McAlister et al., 2009; Roche, 2008).

An 'Early Intervention for the Prevention of Offending' Programme targeting 8−13 year olds 'at risk of offending' and their families was introduced in Northern Ireland in 2008. Funded by the Department of Health, Social Services and Public Safety and the (then) Northern Ireland Office, three organizations were commissioned to deliver the Programme via five Projects – one in each Trust Area. Qualitative research conducted by the author in 2010 explored how social constructions of 'childhood', 'risk', 'early intervention' and 'children's rights' informed the Programme's conceptualization, implementation and intended outcomes (Haydon, 2014). This included a focus group with staff delivering the Programme at each Project (n = 26 professionals), semi-structured interviews with eighteen referred individuals aged 8−14 and a structured interview with the project worker of each interviewed child/ young person. Having identified the priorities underpinning relevant welfare and justice policies concerning prevention of offending, this article draws on practitioners' perspectives within the research to reveal how 'early intervention for the prevention of offending' has been interpreted across the Programme and the issues faced by referred children; highlighting tensions between the objectives of 'addressing need' and 'preventing offending'. Concluding with a critique of current policy and practice, it suggests the changes required to ensure provision grounded in social justice.

Prevention of Offending in Northern Ireland Policy 1995−2010

The Conflict has influenced the political structures underpinning policy development in Northern Ireland, with policy reform limited by a focus on security and counter-terrorism prior to the signing of the 1998 Good Friday/Belfast Agreement (Tomlinson, 2012). Periods of direct rule from Westminster 'encouraged greater integration with Whitehall machinery [of government] and a natural tendency to look to London for policy initiatives' (Cairney et al., 2009) during the late-1990s and early 2000s. However, 'policy transfer' was a negotiated process at the local level.

Child welfare policy during the late-1990s was significantly influenced by the existence of integrated structures for Children's Services Planning. In this, community and voluntary sectors played a key role supporting statutory agencies as they struggled to make the shift articulated in the 1995 Children (Northern Ireland) Order away from assessment of risk of 'significant harm' and intervention narrowly focused on 'child protection' towards 'partnership' work with families experiencing chronic or serious problems to support them in providing the care required for children's health and development (see Kelly and Pinkerton, 1996). This child care legislation created a duty for every authority to 'safeguard and promote the welfare' of children 'in need' and to 'promote the upbringing of such children by their families' through provision of appropriate personal

social services (Part IV, 18 (1a and b)). Authorities were expected to take steps to reduce proceedings, including criminal proceedings, and encourage children not to commit criminal offences (Schedule 2: 8aii and b); incorporating those 'at risk of offending' within the category 'in need'.

At a practice level, however, Pinkerton (2008: 4) argues that the introduction of the 1995 Order did not result in child-centred family support delivered through collaborative services because Social Services, Health and Education 'all remained pretty well within their own limiting boundaries'. In part 'due to the enormity of the task', this was also the result of a policy environment in which direct rule Ministers were 'primarily concerned to manage the conflict and administer the region efficiently', encouraging 'a minimalist approach to reform' (Pinkerton, 2008: 4).

During the final period of direct rule and the faltering development of devolved structures (October 2002 – May 2007), a range of strategies were produced with the intention of addressing social or welfare issues affecting children and young people. The cross-Departmental, ten-year *Strategy for Children and Young People* (OFMDFM, 2006: 13) promoted achievement of five high level outcomes similar to those in England's *Every Child Matters* framework while adding an important sixth outcome: 'Living in a society which respects children's rights'. Influenced by the outcomes-based approach to needs and rights, 'whole child' model and emphasis on family support advocated in Children's Services Planning (see McTernan and Godfrey, 2006), this strategy anticipated 'a gradual shift to preventative and early intervention approaches without compromising those children and young people who currently need our services most' (OFMDFM, 2006: 13).

A family and parenting strategy, *Families Matter*, also prioritized 'prevention and early intervention in supporting families to parent confidently and responsibly, especially when they are facing difficulties' (DHSSPS, 2009: 3). Emphasizing 'access to the universal services to which they and their children are entitled', with additional support provided in stressful circumstances, this strategy commented that direct intervention by state agencies would be confined to 'extreme circumstances when the welfare of the child is at risk' such as domestic violence or abuse (DHSSPS, 2009: 3).

Within criminal justice, the 2002 Justice (Northern Ireland) Act established that the 'principal aim' of the youth justice system 'is to protect the public by preventing offending by children'. Simultaneously justice and welfare oriented, the Act states that those exercising functions in relation to the youth justice system should encourage children 'to recognise the effects of crime and to take responsibility for their actions' (Section 53(2)) while also considering the welfare of children 'with a view… to furthering their personal, social and educational development' (Section 53(3)).

A *Draft Strategy for the Prevention of Offending by Children and Young People in Northern Ireland*, developed by the Youth Justice Agency in consultation with multi-agency Children's Services Planning Working Groups, stated that 'effective interagency communication to allow the *early identification of vulnerable childre … need not, and indeed should not, be exclusively for the prevention of offending*' (Youth Justice Agency, 2006: 3, emphases added). Instead, the objective should be 'to promote the achievement of positive outcomes generally for children'. Noting that 'interventions focusing on the individual should not be offered in isolation', suggested provision included family

support as well as interventions to enhance educational achievement and increase the stability of children in their communities (Youth Justice Agency, 2006: 3−4).

Thus, key policies informing development of the 'Early Intervention for the Prevention of Offending' Programme were predominantly welfare-based. Developed more in the context of addressing 'vulnerability' and 'need' than managing 'risk', they promoted collaboration between statutory, voluntary and community sectors at local levels to support children and families, as required, throughout childhood. Interpretations of policy, organizational objectives and the beliefs of individual professionals influence the development and implementation of any interventions. The following section explores interpretations of 'early intervention for the prevention of offending' in Programme and Project documentation and by those delivering the Programme.

Preventing Offending or Supporting Families?

In the *Terms of Reference* for the 'Early Intervention for the Prevention of Offending' Programme, indicators of success included the emotional and social development, well-being and educational engagement of referred children, improved parenting skills and access to additional support for parents (Southern Health and Social Services Board, 2007: 2). However, *prevention of offending* was prioritized in the Programme title and key indicators were a decrease in risk factors related to offending plus an increase in offending-related protective factors. Long term intended outcomes focused on reductions in the number of children among the local population entering the criminal court system, the number receiving custodial sentences, and re-conviction rates. At an operational level, reference to prevention of offending was clearly articulated in Project information leaflets with all five Projects intended to *'support'* or *'address the needs of'* 8−13 year olds who were *'at risk of engaging in anti-social/ offending behaviour'*, *'displaying early signs of offending behaviour'* or having difficulty accessing education.

However, there were clear differences in priority across the Programme. Project 4 focused more on working with children involved in *'anti-social behaviour'* or *'behaviour that's come to the attention of the police'*. The reasons for referral described by staff at this Project included: *'anti-social behaviour'*, *'shoplifting'*, *'theft − sometimes from their own parents'*, *'drugs misuse'*, *'fighting'*, *'alcohol'*, *'fire starting'*, *'throwing stones'*, *'carrying a weapon'*, *'assault'*. The Project also accepted referrals of *'young people who have not come to police attention but who seem to be offending.'* For example:

> *… kids who've smashed a neighbour's car windows but it was kept local – they sorted it out themselves. Or they've done loads of stuff in their own community and the 'community' police* [paramilitaries or local vigilantes] *have gone to the parents' door and said: 'You'd better sort this out before we sort him out'.*

The Project Co-ordinator stated that children involved in one-off events would not be accepted: *'there needs to be a pattern of consistent anti-social behaviour'*. Explaining that she *'had to prioritise – we're funded to fulfil the prevention of offending, therefore that was one of the referral criteria'*, the work of this Project prioritized diversion from the

criminal justice system of children/ young people already involved in 'anti-social' or 'offending' behaviours.

In the other Projects, the majority of children were not involved in such behaviours. Less than half (36%) of referrals in 2009/10 were known to the police at the time of their admission to the Programme (Dawson et al., 2010: 98). The Project 3 Co-ordinator stated: *'We're looking to get in there at really early intervention and prevention'*. At Project 5 the Co-ordinator affirmed: *'Now and again it might be that they've scraped a car and if they had been older than 10 they would have been prosecuted, but not usually.'* She continued:

> *The main ones are Social Services – they're young people who are on the child protection register, with significant problems at home, in school and in the community. It would have to be in all 3 areas if they're not known to the police.*

A Project 1 worker stated that, although *'some'* would be referred for committing criminal offences, these were generally *'very minor … it's the worry that it's going to become something more serious'*. A colleague commented: *'Our children are quite a bit younger and they haven't got to that stage yet'*. These staff considered that children were referred to receive support *before* they reached an age, or experienced situations, where they might engage in 'offending' behaviour: *'You'd be more concerned and want to do something about it, rather than try to criminalise or label them … But you can tell they're going in that general direction.'*

Asked whether referred children had committed offences, a Project 2 worker responded: *'No. Very, very few'*. Concern was expressed at this Project about the Programme's potential contribution to criminalization:

> *You're almost criminalising, in a way, a helping process. Because unless you meet certain indicators, then you can't get the support of this helping process. And what we're saying is: 'Look, quite often these children aren't offending. They're nowhere near offending' … the headline factors for a lot of the children we're working with are not offending. That's not to say that the potential for them to fall into that offending background isn't there.*

He considered that prioritization of a 'family support' approach had initially caused tension between the Programme objectives and the principles underpinning Project practice:

> *I think there's more of an acceptance now that if you can get in at that family support end of it, then it will have a dividend at the justice end further down the line. Whereas I think at the start there was a bit more of a tension between the justice and welfare approaches.*

Thus, provision of family support was considered likely to reduce potential involvement with the criminal justice system but this was not the sole aim of the intervention: *'That's our ethos, that welfare agenda, but with a clear view that this will have an impact on how youngsters interact within the home, school and community'*.

Project staff affirmed that Northern Ireland legislation and policies concerning children and young people 'at risk of offending' generally define them as *'vulnerable', 'engaging*

in risk-taking behaviour', 'socially excluded' or *'with social, emotional and behavioural difficulties'.* In practice, it was difficult to separate risk of offending from other vulnerabilities.

Responding to Children 'At Risk of Offending' or 'In Need'?

In 2009/10, a total of 223 children were admitted to the Programme. The majority were males (77%) in the 10−12 age range (59%), their religion reflecting the composition of the catchment area for the Project to which they were referred (Dawson et al., 2010: 82−89). An evaluation of the first two years of the Programme's operation found that the majority of referrals in 2009/10 were by Social Services (47%). Child and Adolescent Mental Health Services accounted for 12 per cent of referrals, 11 per cent were made by the Education Welfare Service and 8 per cent by the police (Dawson et al., 2010: 90).

Three of the Projects had existed through different sources of funding before being commissioned to deliver services as part of the Programme and their referrals initially originated from agencies with which they had established contacts. Staff at one of these Projects noted that the commissioners were *'keen to point out to us that they wanted referrals coming from a wider base … from across the sector'*, which led to workers spending time *'campaigning'* for referrals. Over time, referrals were accepted from a broader range of referrers, suggesting that knowledge about the Projects within their areas (and availability of alternative provision) were as much reasons for referral as categorization of children 'at risk of offending'.

In terms of referral criteria, one Project used the *Understanding the Needs of Children in Northern Ireland* (*UNOCINI)* Assessment Framework. In the other four Projects, 'risk and protective factors' grouped under four domains formed the criteria for referral. 'Individual' factors focused on the child's presenting behaviour and offending risk, including their capacity to be influenced and substance/ alcohol misuse. 'Family' factors were divided into 'parenting capacity' and 'family influences'. The former included parenting skills, management styles and coping strategies; parental mental health; the physical and emotional home environment; and parental attitude/ approach to the child's education. The latter considered conflict within the family; parent/ sibling offending; and adult role models or influences. 'School' factors related to 'attainment' in terms of the child's attendance; performance; behaviour; and relationships with teachers. 'Community' factors focused on the child's behaviour within their community and engagement with community support as well as peer influences.

Each factor was scored on a scale from 1−9, where 1 and 2 were 'a lot of difficulties' and 8 and 9 were 'very good'. The scores were then accumulated under each domain to provide an average score. One practitioner questioned the value of 'scoring' risk factors: *'It shouldn't be 1−9. If they're at risk, they're at risk and that's it.'* 'Risk of harm' (vulnerability to self; vulnerability from others; harm to others; harm to property) was also assessed 'low', 'medium' or 'high'. When practitioners referred to children 'at risk', they usually meant individuals about whom they had child protection concerns.

Having accepted a referral, all Projects carried out detailed assessment involving *'constant communications and contact with other agencies'* to identify the needs specific to

each family and develop responses involving the child, their parent(s), and siblings where appropriate. However, articulating how the lens through which children are initially viewed determines subsequent responses, a worker stated:

> *If we're using something (which we are) which is very justice orientated in terms of the mapping out of the indicators, then … you're looking for those things.*

Use of 'criminogenic' risk factors as criteria for referral was perceived to undermine a focus on children's welfare. This worker continued: *'… it's a broader spectrum than that. And we're looking at it from welfare provision for a child rather than this sort of 'offending' tag that's with them'*. In work with parents, he stated: *'… the starting point … is not coming in with a risk premise, it's that these parents really are trying to do their best and are struggling'*.

Intended to target 'vulnerable' children requiring additional support, a worker explained that the Programme commissioners *'actually wanted referrals coming prior to families… needing Social Services intervention'*. Commenting: *'There's no demarcation line here. Those children who were coming from Social Services were probably those children who were most in need'*, he highlighted the difficulties involved in differentiating between children 'at risk of offending' and children 'in need'. His concern was *'you're almost criminalising, for want of a better word, a welfare provision.'*

Indicating the complex range of difficulties experienced by those referred, 89 per cent of the cases admitted to the Programme during 2009/10 were involved with at least one other agency in addition to the referral agent (Dawson et al., 2010: 93). Most lived in economically disadvantaged communities with few facilities; 57 per cent lived at home with a single parent; approximately 10 per cent were attending Education Other Than At School (EOTAS) provision, a special school or learning support unit; 43 per cent of children attending mainstream schools had a 'Code of Practice' (i.e. assessed as having special educational needs); 27 per cent were diagnosed with, or under assessment for, ADHD; and 29 per cent were on the child protection register (Dawson et al., 2010: 94−98). In the next section, practitioners articulate the meaning of 'risk factors' in children's everyday lives.

Issues Faced by Referred Children

Individuals were referred to the Programme because of concerns about their behaviour − usually parental difficulty in managing 'challenging' or aggressive behaviour at home among the 8−11 year olds and their behaviour in the community for 12−14 year olds. Project staff acknowledged that the behaviour of referred children could be aggressive and impulsive. However, one suggested that these behaviours, and conditions such as ADHD, were *'attributed to the child … and then … place[d] … within the offending remit'*. Several practitioners expressed concern about the child's behaviour becoming the focus of attention, rather than its underlying causes.

Staff commented that many referred children had *'low self-esteem'*, *'no self-belief'*, *'no ambitions'* or *'plans for the future'*. *'Boredom'* was raised as an issue, exacerbated by

an absence of facilities and reluctance to access available youth provision. One worker described referred children being: *'burdened by everything that's going on … they're taking on a lot of the care at home … witnessing things that they shouldn't be at that age and experiencing things they shouldn't be experiencing'*.

Within families a key issue was '*compromised parenting due to domestic violence, poverty, depression, mental health issues, substance misuse or abuse'*. Such experiences affected parenting skills and coping strategies, leading to *'lack of boundaries and supervision'*. Many parents *'don't have enough support'* from family, friends or neighbours and become *'socially isolated'*, especially if their child exhibits challenging behaviour. For single parents, pressures include being *'ground down… tired… don't get a break … everything is magnified'*. Even if the other parent remains involved, they may apply *'different rules'* or engage the child in disputes with their former partner. Project staff considered that many referred children were 'under-socialised' and *'don't have a sense of consequential thinking'*, mainly as the result of *'lack of parenting capacity'* attributed to poverty and adverse experiences. Some parents were thought to condone activities defined 'anti-social' or 'criminal', or were perceived as having inappropriate views about what constitutes 'acceptable' behaviour.

In children's social relationships, *'peer pressure'* and *'wanting to be part of the group'* were key issues. Staff identified the negative influences of older young people, boys' preoccupation with fighting and some girls *'hanging about with older fellas – 17, 18 year olds – and getting involved in alcohol, under-age sex'*. Alcohol was considered a problem for 13−15 year olds, which extended to younger children during holiday periods when they stayed out late with teenagers. However, staff also recognized that peer relationships could be positive; encouraging a sense of belonging which was particularly important for those receiving inadequate care from their parents or excluded from school.

Some teachers were thought to affirm labels ascribed to referred children through negative comments and low expectations. Diagnosed special educational needs were often not understood or appropriately addressed: *'A lot of ours have ADHD … and … schools don't really know how to deal with that'*. Acknowledging the issue of low attendance, often resulting from compromised parenting, Project staff raised concern about schools suspending, excluding or marginalizing 'problem children' without attempting to address the reasons for difficult behaviour or ensuring access to alternative educational provision.

The majority of referred families lived in 'socially deprived areas'. Recognizing the legacy of the conflict, one worker considered that the children referred to her Project lived in *'traumatized communities'*. Limited opportunities for play were an issue for many: *'They'd be quite isolated in communities. They don't go to youth clubs, they don't go to any groups – Brownies or anything'*. The reasons for lack of engagement identified by Project staff included children not wanting to obey rules or imposed restrictions (e.g. not being allowed to swear or smoke), fear of not being liked or being rejected. Practical explanations included activities being aimed at younger children, lack of transport, and parents' reluctance to take them. Some had been barred because of their behaviour.

Project staff discussed the impact of labelling on a child's identity and reputation: *'if you have a child that has got into trouble before, if there's trouble in the community that*

child's name's automatically put out'. Describing the process of 'deviancy amplification', a worker stated:

> *… if a child gets a name it generally tends to stick. And sometimes you find too that they have to almost live up to this label … sometimes it has been something quite minor, but the whole rest of the community have seen this happen and it's spiralled out of control. And then that leads to escalation of the young person's behaviour.*

Negative assumptions about 'anti-social' behaviour, especially concerning groups on the streets, brought children and young people to the attention of the police in their communities. Differences of opinion in one Project raised pertinent questions about policing practices. Some workers stated that it was not appropriate for the police to stop and speak to groups in public spaces or record children's names: '… *it's civil liberties. You have a right. Innocent until you've done something wrong'.* However, a colleague justified this process on the basis of professional accountability:

> *If police officers see a bunch of kids, don't record who they are and what they're doing and then a major incident happens, then they're the ones who'll get penalised for it. So I don't blame them for doing it. It's the system of wanting to protect your own neck while you're doing your job. That's not their fault.*

At this Project, the majority of staff considered police involvement in behaviour which was not harmful or causing damage to be unnecessary, suggesting that this led to confusion among children about the seriousness of different behaviours and potentially undermined the 'authority' of the police.

Staff in two Projects noted that some children were also subjected to 'informal' regulation in their communities by paramilitaries: *'We have one that was recently burnt out of an estate. The community police arrive at the door and say "Right, you need to be out of here by tomorrow"'.* During particular periods, such as the 'marching season' leading up to 12 July celebrations or St Patrick's Day on 17 March, children and young people may become involved in inter-community violence as a result of peer pressure or encouragement by older community members.

Recent Developments

Since the research was conducted, numerous strategies have included a stated commitment to prevention and early intervention (see NCB NI, 2013). Most professionals consulted during an independent review of the Northern Ireland youth justice system considered that 'the Department of Justice and justice agencies should be involved in jointly funding programmes', but that early intervention services 'should be delivered on the ground by trusted voluntary agencies working in partnership with universal service providers such as health and education' (Youth Justice Review Team, 2011: 35). This concurred with the 'overriding view' during an inspection of early youth interventions that the justice sector 'should engage in a non-direct way in order to avoid stigmatisation or bringing young people into the criminal justice system further', with 'solutions …

based in communities rather than imposed on families by statutory agencies' (CJINI, 2012: viii).

Civil Orders enforcing parental responsibilities are not currently imposed in Northern Ireland, although recent debate about the role of social workers has included reference to 'early authoritative intervention' (see: www.dhsspsni.gov.uk/oss > Early Authoritative Intervention, accessed 16 May 2014). The *Community Safety Strategy* produced by the devolved Department of Justice rejected proposals by the Northern Ireland Office (2008) to introduce non-negotiable support targeting 'troublesome' young people and families. Instead, interventions during the early years and key transition periods have been defined 'positive child-focused support services rather than "crime prevention" strategies' in which the justice system will play 'a supportive role' (DOJ, 2012: 16). Emphasis on diverting young people from engagement in 'anti-social' or offending behaviours includes support for 'intergenerational programmes to build trust and positive perceptions of young people' (DOJ, 2012: 23).

A *Strategic Framework for Reducing Offending* notes that addressing the root causes of offending behaviour and crime extends beyond the criminal justice system, requiring a wider Governmental commitment (DOJ, 2013). In this Framework, 'prevention' is intended to address the 'socio-economic issues associated with offending behaviour' to 'improve outcomes and life chances of vulnerable individuals who are at risk of future offending' and 'set them on a life trajectory away from offending behaviour' (DOJ, 2013: 21). 'Diversion' from the criminal justice system is to be achieved through early action to deal with minor misdemeanours or first time offences.

The Northern Ireland Executive recently established a *Delivering Social Change* Framework 'focusing at a strategic level on early intervention both to tackle issues before they develop into problems and to give children a good start in life' (Robinson and McGuinness, 2013). A *Children and Young Persons Early Action Document* outlines how this Framework seeks to co-ordinate actions between Government Departments with the aims of delivering a 'sustained reduction in poverty and associated issues across all age groups'; improving children and young people's health, well-being and life opportunities; breaking the 'long-term cycle of multi-generational problems' and fulfilling obligations under a number of international conventions, including the United Nations Convention on the Rights of the Child (OFMDFM, 2012: 3−4). The *Early Action Document* acknowledges that during consultation events a range of key stakeholders emphasized the need for 'more early intervention, particularly in relation to family support' (OFMDFM, 2012: 10).

To this end, an 'Early Intervention Transformation Programme' (jointly-funded by six Government Departments and private philanthropy) has been established. This seeks to equip all parents with the skills needed to give their child 'the best start in life'; support families when problems first emerge via referral to Family Support Hubs which then identify appropriate local services to meet the needs of 'vulnerable' families; and address the impacts of adversity by intervening earlier and more effectively using new approaches within mainstream services. Funding has been allocated to continue provision of the 'Early Intervention for the Prevention of Offending' Programme until 2016 as part of this initiative.

These developments reinforce commitment in Northern Ireland policies to promotion of positive outcomes for all children/ young people and diversion for those at the early stage of offending. However, the research findings have significant implications in terms of the ideological basis of early intervention policy and practice.

Conclusion

'Criminal justice' objectives focus on prevention of first-time offending, protection of the public, community safety, and diversion from the criminal justice system, with a clear emphasis on the 'responsibilization' of children, young people and their parents through interventions intended to support them in developing the skills and capacity to take responsibility for their behaviour or make 'responsible' choices. The same objectives are attainable using interventions grounded in 'social justice', which instead emphasize provision of support aimed at addressing disadvantage and marginalization to ensure realisation of their social, economic, civil and political rights for every child and young person.

Use of criminogenic risk factors to identify those most 'at risk' and, by implication, most likely to offend skews entitlement to additional support towards a 'deficit' model rather than welfare-oriented and rights-based provision of universal and needs-based services (Case, 2006: 173). This has legitimized intervention in the lives of children and young people assessed as being 'at risk' of offending despite the fact that they have not been involved in, or convicted of, 'offending' behaviour. Haines and Case (2008: 11) note that the imposition of 'corrective' intervention inverts the legal principle of 'innocent until proven guilty'. In addition to potentially labelling children thereby creating a self-fulfilling prophecy, early intervention may be counter-productive given evidence that increased 'system contact' can have damaging long-term effects − including amplifying rather than diminishing offending (McAra and McVie, 2010). Consequently, youth justice policy should be 'holistic in orientation', with interventions proportionate to welfare, rather than criminogenic, need (McAra and McVie, 2010: 200). In addition to avoiding stigmatization and criminalization, policies should 'explicitly recognise that the most challenging young people … are those requiring the most nurturing' (McAra and McVie, 2010).

Practitioners observed that referred children were often more 'in need' than 'vulnerable', and confirmed previously identified difficulties in distinguishing between children 'at risk of offending' and those 'in need' (see Goldson, 2000b; McGhee and Waterhouse, 2007). Preventative early intervention to address the range of issues faced by 'vulnerable' or 'in need' children and young people should lie within the remit of mainstream education, health, social care, youth and community work rather than the youth justice system. Avoiding duplication and over-emphasis on the 'early years', this should include universal services plus additional support, as required, throughout childhood. Aimed at enabling every child and young person to realize their potential, rather than 'prevention of offending' *per se*, this should include access to locally available play, leisure, social and cultural opportunities as well as educational, health and family support to address identified needs based on use of a common assessment framework. The titles of any interventions should emphasize achievement of positive outcomes for children within the context of family support.

Noting that the specific circumstances of each individual varied, practitioners recognized that the 'problematic' behaviour of referred children was symptomatic of unmet personal, social, economic, educational and health needs and/or negative interactions with peers, parents and other adults. Despite raising concern about a child's behaviour being the focus of attention, interventions generally concentrated on the child learning to manage their behaviour, 'get on better' with others, or consider the consequences of their actions. This underplays the complex inter-relationships between personal, family, school and community issues; ignoring the broader contexts in which an individual's personal, social and cultural identities are formed and under-estimating the impact of social and cultural 'norms' (e.g. concerning inter-personal and inter-community violence). An element of children's development and evolving capacities includes the ability to negotiate relationships and gain increased autonomy. But it is important that this occurs within situations in which the adults responsible for their care, education and socialization identify and address the causes of 'problematic' behaviour; providing appropriate support or guidance and positive role models.

Focus on the behaviour of individuals also minimizes the impact of structural inequalities on the lives and opportunities of 'vulnerable' and 'in need' children/ young people living in socially and economically disadvantaged families and communities. It is essential that government policies address these inequalities through welfare reform and long-term funding of provision intended to ensure the personal development and well-being of all under-18s.

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