

Table 5: included systematic reviews of interventions to reduce future offending or improve outcomes for children at high risk of offending

Study	Approach(es)	Outcome(s)	Number of studies where age range or mean age of participants between 8 and 13 years. Total number of included studies	Total number of participants where age range or mean age 8-13 years. Total number of included participants	Author conclusions
Riise 2021	Cognitive Behavioural Therapy	Symptoms of CD, Oppositional Defiant Disorder and ADHD	51/51	Unclear/5295	“treatments are effective in real-world settings”
Florea 2020	Online parenting programmes	Reduction in child behavioural problems; secondary measures of parental outcomes (stress etc)	15/15	Unclear/1668	“Online parenting interventions are effective in reducing children’s behavior problems when compared with a control group”
Granski 2020	Cognitive skills training, behaviour modification, family systems approaches	Delinquency, recidivism, mental health	29/29	Unclear/28483	“The overall mean effect size for programs...was positive and moderate” “Most effective were multimodal, cognitive skills or family systems, length-intensive, for younger children”
Wilson 2018	Police-led diversionary practices	Delinquency	19/19	Unclear/6282 (plus similar in control group)	“The findings from this systematic review support the use of police-led diversion for low-risk youth with limited or no prior involvement with the juvenile justice system. Thus, police departments and policy-makers should consider diversionary programs as part of the mix of solutions for addressing youth crime.”
Waddell 2018	Prevention programmes (including parenting programmes and family support), psychosocial (including Multi Systemic Therapy, Treatment Foster Care), and pharmacological	Symptoms of CD and Oppositional Defiant Disorder	37/37	421/7692	“5 programmes reduced serious behaviour symptoms such as criminal activity (Coping Power; Fast Track; Nurse-Family Partnership, Parent Management Training–Oregon and Perry Preschool). Prevention benefits were long term, up to 35 years. For psychosocial treatment, 1 intervention reduced behavioural diagnoses (Incredible Years) while 3 interventions reduced criminal activity (Brief Intervention; Multidimensional Treatment Foster Care and Multisystemic Therapy). Psychosocial treatment benefits lasted from 1 to 8 years.”

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Valdebenito 2018	School based	School exclusion and antisocial behaviour	Unclear/37	Unclear/31273	“school-based interventions are effective at reducing school exclusion immediately after, and for a few months after, the intervention... more promising [interventions are] those involving mentoring/monitoring and those targeting skills training for teachers.”
Bakker 2017	Psychosocial interventions (e.g. parenting programmes, behavioural interventions, parent-child interaction therapy)	Behavioural difficulties (e.g. clinical range on SDQ and CBCL), Parent/teacher reported CD	10/17 (relating to 19 interventions)	Unclear/1999	“Psychological treatments have a small effect in reducing parent-, teacher- and observer-rated CD problems in children and adolescents with clinical CD problems/diagnosis. Not enough evidence to support one treatment over another.”
Loy 2017	Pharmacological (Atypical Antipsychotics)	Aggression and Conduct problems measured using validated tools	10/10	Unclear/896	“There is some evidence that in the short term risperidone may reduce aggression and conduct problems in children and youths with disruptive behaviour disorders There is also evidence that this intervention is associated with significant weight gain.”
Wilson 2016	Juvenile curfew	Juvenile crime or juvenile victimization	12/1212	N/A	“Evidence suggests that juvenile curfews do not reduce crime or victimization.”
Tolan 2013	Mentoring	Delinquency	23/46	Unclear/c1807	“suggests mentoring for high-risk youth has a modest positive effect for delinquency and academic functioning, with trends suggesting similar benefits for aggression and drug use.”
de Vries 2015	Mixed including restorative justice, treatment foster care, mentoring, psychosocial and behavioural interventions.	Persistent delinquent behaviour, outcomes varied by study but are not reported in detail	12 w mean age <14 (some unknown)/39	Unclear/c4500 (plus similar in control groups)	“Prevention programs have positive effects on preventing persistent juvenile delinquency...interventions should be behavioral-oriented, delivered in a family or multimodal format, and the intensity of the program should be matched to the level of risk of the juvenile”

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Pringsheim 2015a	Pharmacological (psychostimulants, alpha-2 agonists, and atomoxetine)	CD and aggression	1/11	25/5464	“There is very-low-quality evidence that clonidine has a small effect on oppositional behaviour and conduct problems in youth with ADHD, with and without ODD or CD. There is moderate-quality evidence that guanfacine has a small-to-moderate effect on oppositional behaviour in youth with ADHD, with and without ODD. There is high-quality evidence that atomoxetine has a small effect on oppositional behaviour in youth with ADHD, with and without ODD or CD.”
Sawyer 2015	Psychosocial interventions (e.g. individual or family therapy)	Antisocial behaviour e.g. criminal behaviour, delinquency, aggression, oppositional defiant disorder or CD symptoms, disruptive behaviours, problem sexual behaviours, or general externalizing behaviours.	42 with mean age < 14 years/66	Unclear/11645	“a broad range of youth psychosocial interventions demonstrated modest effects on antisocial behavior...for at least one year beyond the end of interventions”
Stein 2013	Drug Treatment Court	Recidivism	Unclear/29	Unclear/7559	“trend in the available studies was the dramatic difference in recidivism rates for adolescents who succeed in graduating from drug court, relative to those who do not.”
von Sydow 2013	Systemic Family Therapy	CD, Delinquency, ADHD symptoms	47	Not specified	“There is a sound evidence base for the efficacy of systemic therapy for children and adolescents (and their families) diagnosed with externalizing disorders”