
The case for early support

By Jonathan Rallings with Lisa Payne

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Introduction

In September 2014 Barnardo's joined with the four other largest children's charities in the UK – Action for Children, The Children's Society, NSPCC, and Save the Children UK – to maximise our collective voice on a single issue. It was agreed by the five organisations that in the present political context addressing this one matter could underpin a new means of both better meeting the needs of our service users, whilst, remarkably, at the same time saving the state money. There is a way we might reimagine how to tackle our social problems.

It was, and is, the view of the charities that the common sense case for investing in 'early intervention' is now almost beyond challenge. It is certainly clear that Government continues to spend enormous sums of money meeting the cost of expensive social concerns such as those related to unemployment and the skills to work; physical or mental health issues; criminal justice cases; or rehabilitation programmes for substance misuse. Yet increasing amounts of evidence are demonstrating just how much resource can be saved by supporting children and families earlier, before the costly effects of these inter-linked conditions become acute.

Most people understand the concept that by taking a certain course of action at an early stage they can prevent bigger problems emerging later on, often saving time, money, or effort. Common examples from everyday life include:

- painting a home or car to reduce decay or rust over time
- immunising a baby against disease to prevent them becoming sick later in life
- using an unexpected windfall to help clear a loan or mortgage, to avoid paying more in interest over time.

Collectively as a society, we are united in a common belief in the importance of educating our children to help them maximise their chances of becoming productive and contented citizens later in life. The status of our school system is unquestioned to the extent that even during the recent unprecedented levels of austerity its budget has been largely protected – it represents perhaps the biggest investment in the concept of early intervention yet seen in our society. This is patently not a new idea, but reconceiving more of our public services on this basis may provide the radical shift in outlook the present economic context is forcing organisations such as ours to search for.

One of the achievements of the last parliament was the momentum that gathered around the concept of 'early intervention' in public debate and

an emerging consensus that the time was ripe for a different approach to tackling social issues. Politicians from all the main parties, and from all tiers of government, have agreed that early intervention makes sense not only for helping improve the lives of citizens, but also as a means to save money during a sustained period of economic austerity.

Yet despite the enormous political enthusiasm across the spectrum for early intervention in theory, in practice, more recently the number of services currently focussed on offering preventative services or degrees of low-level support are declining. The retrenchment necessitated by austerity, coupled with an increase in demand for more intensive and urgent support (driven by both internal and global social pressures of the era), appears to be forcing our public services to forego targeting their precious remaining resources to support children and families earlier and more cheaply, in order to prioritise addressing existing need at later stages. Recent research by Action for Children, the National Children's Bureau, and the Children's Society suggests that on current projections spending on early intervention will decline by as much as 71% in the period between 2010 and 2020¹.

But the perceived savings from these cuts are a false economy, as studies such as Graham Allen's two seminal reports on early intervention in 2011² show that effective prevention will, in time, reduce the overall prevalence of – and associated public spending on – social problems far more effectively than responding after the fact.

Working across all facets of the children's sector Barnardo's is concerned that as central and local government alike are forced to continue making further difficult spending decisions over the coming parliament, early intervention will suffer disproportionately. Ironically this comes just as many successful programmes are beginning to prove their worth, given the naturally extended timescales required to gather firmer evidence in this area.

To that end ahead of the 2015 General Election Barnardo's – with our aforementioned partner charities – launched the *A stitch in time* campaign to highlight the progress that has been made towards installing early intervention in public services over recent years. The campaign emphasised the political commitment that has been made to practically implement and evaluate prevention programmes, perhaps most prominently through the establishment of the Early Intervention Foundation – an independent body devoted to encouraging the investment in successfully proven evidence-based programmes.

1 Action for Children, National Children's Bureau, the Children's Society (2016) *Losing In The Long Run*

2 Allen G. (2011) *Early Intervention: The Next Steps* and Allen G. (2011) *Early Intervention: Smart Investment, Massive Savings*

The campaign called for:

- **five-year spending plans** – the Government, local councils, and other service providers should make longer-term plans, giving children and family services more stability
- **the promotion of community budgets** – enhance the way providers of public services can pool their money to reduce waste and make it easier to work together, helping public money work harder
- **more accountability for early intervention work** – including annual progress reports and scrutiny through the Public Accounts Committee
- **more money put towards early intervention** – investing a bigger slice of public money in prevention rather than cure, helping services to act early to avoid later crises among their users.

On our journey we have met with many key figures in Government and within the sector and our message has been greeted almost entirely positively. We know the will is there. We want to play our part in finding the way.

The basis of this short paper has arisen from an internal report prepared during *A stitch in time* to survey the existing evidence on early intervention – or “early support” as we believe it would more helpfully be called. The information supported much of this work and Barnardo’s has subsequently reviewed it to re-evaluate the evidence in light of the experiences we have had working with our partner charities on the campaign.

We now want to share what we have found with policy makers in Government and the wider children’s sector to improve awareness and understanding of this complex topic. With budgets continuing to tighten in the foreseeable future, it is now more important than ever that agencies work together to rethink how we deliver public services that prevent rather than cure.



Javed Khan

Chief Executive, Barnardo’s

Background

Most families will at some point face an issue which requires a level of support, whether related to health, employment, poverty or other social problems. As an example, it is estimated that around 20 to 30% of children and young people will have additional needs at some point in their lives - some for a limited period, and others for longer.³ The human costs of reaching crisis point before services intervene and the financial costs of providing acute-level services are significantly higher than those associated with earlier interventions, leading to the logical conclusion that providing support at an earlier stage will save money over the longer term and improve individuals' quality of life.

Successive governments have promoted this shift in policy focus: to identify problems early and intervene effectively to prevent their escalation. Some politicians, academics, think tanks and third sector organisations have taken that further to argue for shifting the balance of public expenditure over time to prevention and early support – dealing with the causes rather than the symptoms.⁴ Acket and others, writing in 2009 stated that:

“By continuing to focus our investments on remedying social problems, we are fuelling a system that is forever over-stretched through trying to solve the problems it played a significant part in creating”⁵

What is ‘early support’?

There is presently no standard definition of “early intervention”, so various sectors have over time interpreted the concept in slightly different terms. For example, since the Munro Review of 2011 used the term, social care professionals have, in the main, re-positioned their early intervention approaches as “early help”.⁶ In other services – such as children’s centres, or the troubled families programme, say – there has been increased emphasis in strategy and guidance on providing ‘targeted support’ which is most often interpreted as containing a large proportion of early intervention work.⁷

This matters, because the most effective early intervention approaches emerging often rely on extensive joint-working between agencies to achieve success. Successive governments have recognised this within policy for many years. For example New Labour’s dominant strategy in this area, Every Child Matters, stressed the importance of different sectors and services communicating and

3 C4EO (2010) Grasping the nettle: early intervention for children, families and communities. London: Centre for Excellence http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125717early_intervention_grasping_the_nettle_full_report.pdf

4 Allen, G and Duncan Smith, (2008) Early intervention: good parents, great kids, better citizens. London: Centre for Social Justice <http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/EarlyInterventionFirstEdition.pdf>

5 Acket, J and others (2009) Backing the future. London: nef / Action for Children. http://www.actionforchildren.org.uk/media/94361/action_for_children_backing_the_future.pdf

6 Munro, E (2011) The Munro review of child protection - final report. A child-centred system, para.8. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

7 The original TFU criteria arguably directed support to later intervention. Although this has now been widened it is now much more subjective

working together.⁸ More recently the Coalition Government's Troubled Families programme has incentivised local authorities to work more cohesively on the ground and with other sectors to tackle families with acute social problems.

Underpinning this strategic objective is decades of experience of serious case reviews which – since Lord Laming's 2003 report into the death of Victoria Climbié particularly⁹ – have highlighted how without common language and shared goals it is more difficult for professionals from, say, health and social care, or employment services and children's centres, to work cohesively towards a shared objective.

A common cause of confusion for example has arisen over how far the term 'early intervention' refers to just services delivered in the early years¹⁰ or includes those directed towards older children, or even adults. Much of the ministerial imperative around early intervention has tended to be situated within the wider early years brief. This is presumably because of the increased volume of evidence-based programmes designed for this age group (where the potential for the greatest gain in savings is readily acknowledged), despite reports such as *Early Intervention: The Next Steps*¹¹ defining "early intervention" as:

"[...covering] a range of tried and tested policies for the first three years of children's lives to give them the essential social and emotional security they need for the rest of their lives. It also includes a range of well-established policies for when they are older which leave children ready to face the challenges of each stage of childhood and of passage into adulthood – especially the challenge of becoming good parents to their own children."

For *A stitch in time* it was clear that there would need to be a shared perspective and terminology if there was to be clarity of message. As such the campaign very consciously decided to talk about 'early support' with a broad definition of "helping early enough to prevent crises or stop problems arising in the first place."¹² The charities' own extensive work in the field of children and families meant that all already understood the need for support and action may occur at any point in a child or young person's life. It was on this basis that the campaign was shaped towards calling for a fundamental rethink at strategic level of how to best deliver early intervention through all stages of childhood and youth. Whilst recognising this may have added yet another entry in the phraseology surrounding this already verbose topic, the rationale for this was that the word 'support' better describes how the charities work with their combined service users. 'Early support' is the preferred term used throughout this document.

8 A phrase which, of course, became the actual title of safeguarding and welfare promotion guidance for professionals in a wide range of sectors in contact with children including health, social care, education, policing, justice originally launched in 2006 and still updated and in use today.

9 The Victoria Climbié Inquiry (2003) HM Government https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf

10 The term 'early years' is commonly agreed to mean the ages '0-5' before formally starting school.

11 Allen G (2011) *Early intervention: the next steps*. An independent report to HM Government. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf

12 Action for Children, Barnardo's, The Children's Society, NSPCC, Save The Children - *A stitch in time* campaign pamphlet (2014)

Types of Intervention

The National Audit Office speaks of 'early action', which it groups into three broad types of intervention:

Prevention (upstream): preventing, or minimising the risk, of problems arising – usually through universal policies like health promotion.

Early intervention (midstream): targeting individuals or groups at high risk or showing early signs of a particular problem to try to stop it occurring.

Early remedial treatment (downstream): intervening once there is a problem, to stop it getting worse and redress the situation.¹³

A separate paper presented to Public Health England distinguished between universal and targeted interventions:

*“Universal prevention is directed at whole populations – some individuals will benefit, some will not. Targeted interventions are more likely to be aimed at individuals – the ones we know are more at risk and thus may be more likely to benefit”*¹⁴

Projected costs and cost savings

There is a considerable literature on the amounts spent on services that provide immediate care and treatment for acute need, whether in social care, health, mental health, or criminal justice. In contrast, the case for early support is focused on the future in relation to cost savings, increased resilience and better outcomes for children and families.

- £17 billion – the estimated amount spent in England and Wales each year addressing the damaging problems that affect children and young people such as mental health problems, unemployment and youth crime, which early intervention would help prevent (Chowdry and Oppenheim, 2015)
- £4 trillion - the estimated cost of a range of preventable health and social outcomes faced by children and young people over a 20-year period (Acket and others, 2009)
- 6 to 10% - the annual expected rate of return on investment to be achieved by investing in interventions in the early years (Heckman, 2006)
- 6% - the approximate proportion of the Dept of Health, Dept for Education, Home Office and Ministry of Justice budgets that were spent on 'early action' in 2011-12 (National Audit Office, 2013)
- 4% - the proportion of the health budget spent on preventative health measures in England in 2006-7 (National Audit Office, 2013)

¹³ National Audit Office (2013b) Early action: landscape review.p.10 <http://www.nao.org.uk/wp-content/uploads/2013/03/Early-Action-full-report.pdf>

¹⁴ Hagell, A and Rigby, E (2014) The effectiveness of prevention and early intervention to promote health outcomes for young people. Paper presented to Public Health England annual conference Sept 2014 – p.3

- 18 to 59% - how much adverse health outcomes would be reduced if all children were as healthy as the most socially advantaged (Spencer, 2013)
- £1 investment to £80 future savings - the cost/savings ratio for investment in social and emotional learning programmes (Munro, 2011)
- 8.4% - how much more likely a child who received early education is to obtain five or more GCSEs at grades A*–C (Catton and others, 2014)

The cases for early support

Arguments in favour of early support generally group around two principal aspects – scientific and financial. These are briefly outlined below:

The scientific case

Scientific research into human development is improving our understanding of ‘what works’ and this is making an important contribution to determining how policy makers might best invest in early support. In some areas helping to reinforce previous hypotheses that have been held in certain areas – for example, what we have already learned from neuroscience over the past two decades appears to support attachment theory, which has been a dominant theme of child development, leading policy since the mid-twentieth century.

Outlined below are some of the emerging findings that are informing policy included in recent influential reports by Field (2010) Leadsom and others (2013) and Social Research Unit (2013b):

- From birth to age 18 months, connections in the brain are created at a rate of one million per second. The earliest experiences shape a baby’s brain development, and have a lifelong impact on that baby’s mental and emotional health.
- A foetus or baby exposed to toxic stress can have their responses to stress (cortisol) distorted in later life. This early stress can come from the mother suffering from symptoms of depression or anxiety, having a bad relationship with her partner, or an external trauma such as bereavement.
- When a baby’s development falls behind the norm during the first year of life, it is much more likely to fall even further behind in subsequent years, than to catch up with those who have had a better start.
- A baby’s social and emotional development is strongly affected by the quality of their attachment with their caregiver(s).
- 36% of serious case reviews involve a baby under one. Around 26% of babies (198,000) in the UK are estimated to be living within complex family situations involving heightened risk where there are problems such as substance misuse, mental illness or domestic violence.

- There is a strong association between a family's economic situation and children's nutrition, social emotional development, and language, with children from poorer backgrounds tending to do worse.
- A family's physical environment, including access to facilities like parks and playgrounds, as well as their social networks can affect children's wellbeing.

As this list shows, more recently there has been a particular increase in the understanding of the impact of a child's early years on their later life outcomes.¹⁵

However, there is also evidence that early support should continue throughout childhood and the transition to adult services. For example, science is also demonstrating that adolescence is another key time for early support (Hagell and Rigby, 2013; National Institute of Mental Health, 2011):

- The capacity to learn is at its greatest level during adolescence.
- Brain maturation is still taking place during adolescence through to young adulthood with the parts of the brain which control impulsive behaviour and planning among the last to mature.
- Puberty and hormonal changes affect not only sexual behaviour but also social behaviour.
- A number of key threats to adult health begin during older childhood/ adolescence, including: smoking, drinking, drug taking, sexual behaviour.
- Many mental illnesses emerge during adolescence – these are linked to rapid development, brain growth and genetic risk factors. Rates of depression rise significantly. By the age of 19, between a fifth and a quarter of young people have suffered from a depressive disorder.
- Young people are testing their autonomy and starting to take risks - they often need to be reached on their own, outside the family. Their peer group is of growing influence and importance.
- Young people spend a significant amount of time in school or college, and many can be reached in educational settings or in the community – services need to be in convenient places where young people spend their time.

The types of interventions and settings in which they take place change as the child gets older, although the need for support for their parents continues as well.

Emerging evidence from scientific research into early intervention is likely to continue to grow in the coming years. This will no doubt increase the importance of the scientific case for early support and possibly the imperative beholden on future Governments to act on it.

Criticisms of the scientific case generally revolve around how reliably ostensibly qualitative outcomes have been measured. Opinions can vary significantly between experts - as Susan Greenfield puts it in her book *Mind Change*:

¹⁵ Which may be a contributing factor to the previously outlined confusion that often arises between early years and early support?

“Interpretations of the evidence are inevitably subjective, with different scientists placing different emphases on different aspects or priorities within the experimental protocol.”¹⁶

This presents a problem for those wishing to place their entire faith in “the evidence” when making policy decisions around investing in programmes. For studies to be useful in decision-making there needs to be greater critical understanding by policy makers of what the evidence is telling them about a particular intervention, but this might be helped in some cases by evaluations being better targeted in the first place.

New frameworks for evaluation that are emerging, such as the Triple S measure of ‘school readiness’ being piloted by the Foundation Years Trust in Birkenhead, are making progress, but to develop they will need to achieve a consensus among the sector of what that term actually means and what questions are going to show this effectively.

This highlights the issue of how easily certain inputs can be defined. Shonkoff and Fisher of the Harvard Centre for the Developing Child use the issue of ‘parent involvement’ to exemplify this point:

“...despite its face validity and broad-based political popularity parent involvement in early childhood programs has eluded clear definition for decades, making its independent contribution to program impacts extremely difficult to measure.”¹⁷

Shonkoff advocates for a more nuanced view of “evidence” which takes into account the broader scientific context upon which a programme is based, as well as experimental results:

“In a policy context that is increasingly focused on evidence-based programs, the ability to stimulate innovation requires an expanded definition of evidence to include broadly accepted scientific principles as well as the results of experimental evaluations and benefit–cost studies”¹⁸

In many ways this is sensible and might be seen to mirror the way we view a sports team’s form and potential not on the result of a single game, but as a composite of the perceived reputation and skill of its players combined with the more general pattern of their results over the course of a number of games or even seasons.

This approach could be particularly helpful in cases where contradictory evidence emerges. For example the UK iteration of the Family Nurse Partnership (FNP) was evaluated positively in 2012, but in autumn 2015 later research has cast doubt on the initial findings (more details on this are included in Appendix B). This threatens to leave commissioners in a delicate position – uncertain if they may have invested money fruitlessly, and unsure whether to continue with their

16 Greenfield, S (2014) Mind Change

17 Shonkoff, J.P. & Fisher, P.A. (2013) “Rethinking evidence-based practice and two-generation programs to create the future of early childhood” Development and Psychopathology 25, 1635-1653 policy http://prevention.psu.edu/media/prc/files/Shonkoff_Fisher_2013_Rethinkingevidence-basedpractice.pdf

18 Shonkoff JP (2010) “Building a new biodevelopmental framework to guide the future of early childhood policy” Child Development. 81, 357–367

investments further forward. Of course in FNP's case the initial findings were positive – had they been negative then it is perhaps open to question whether further opportunities for evaluation would even have existed if commissioners simply turned their backs on the programme in light of the “evidence”?

The financial case

There has become increasing recognition and articulation of how early support approaches can save money over time by reducing the incidence of costly social problems. Unsurprisingly, this argument has gained increasing traction since the financial crash of 2008 and the subsequent retrenchment and austerity in public spending it has forced on our politicians. However, the bulk of evidence supporting this assertion is predominantly from the US, and the UK is still building its own solid research base on the cost effectiveness of early support approaches – albeit more quickly as greater political impetus has been placed on early intervention.

In a paper written for the Public Policy Institute of Wales in 2015, Leon Feinstein outlined why gathering a clear financial case for early support can be so difficult:

Producing rigorous assessments of the rate of return on early intervention is extremely challenging for at least three reasons:

- *Initiatives... include diverse interventions with different delivery models, dosage and intended impacts. This will make it very difficult to specify a single, specific rate of return for early intervention...;*
- *They also have multiple fiscal, social and/or economic benefits which range from short term to very long-run effects spanning generations, which means there are lags between investment in early intervention and the realisation of its full benefits; and*
- *Costs and benefits accrue to diverse agencies and levels of (national and local) government as well as to society as a whole and families and children themselves.¹⁹*

As such, until recently researchers and evaluators have rarely been asked to consider value for money (Easton and Gee, 2012).²⁰ New Philanthropy Capital has claimed that this lack of evidence might sometimes be used as a convenient excuse not to fund preventative approaches.²¹ It is hoped, though, that more data might soon become available through the maturing Early Intervention Foundation, given its stated role in gathering evidence for English commissioners, practitioners and policy makers to help them invest, and the

19 Feinstein L (2015) *Quantifying the benefits of early intervention in Wales: a feasibility study*, Public Policy Institute for Wales

20 This is asserted in Easton, C and Gee, G (2012) *Early intervention: informing local practice*. London: LGA/NFER. <http://www.nfer.ac.uk/publications/LGLC02/LGLC02.pdf>. There are some useful exceptions to this rule though, such as the Sutton Trust's Pupil Premium Toolkit (2011) which has now been revised as The Sutton Trust-EEF Teaching and Learning Toolkit (Sutton Trust/EEF, 2014)

21 Plimmer, D and van Poortvliet (2012) *Prevention and early intervention: scoping study for the Big Lottery Fund*, New Philanthropy Capital <http://www.biglotteryfund.org.uk/research/making-the-most-of-funding/prevention-and-early-intervention>

defined purpose of early intervention on its website as:

“...to improve the life chances of children and families and benefit society at large, whilst being cost-effective.”²²

It is essential that all - not just monetary - outcomes and impacts resulting from an intervention should be assessed under value for money. To some critics the financial case on its own lacks credibility as much of the available evidence is too focused on the economic arguments while ignoring the cost of the human and ethical dimensions – fiscal cost benefit analysis rather than social cost benefit analysis.²³

It is also clear that future savings must be preceded by investment. There are costs associated with implementing early support services, particularly when asking services to change their practice, work across geographical boundaries and outside their professional silos – ideally, in a system that encourages and rewards services for integrated working.

Developing a united science-based financial case – the problem of time

The principal problems in uniting these two cases arise from an uncertainty created by time. Put simply, how long is ‘long enough’ to believe the savings are real when evaluating a particular intervention or service? As outlined earlier the evidence that early intervention ‘works’ as an approach in its broadest sense, is almost universally accepted. But proving the effectiveness of more specific individual interventions can be more problematic. Scientists can only ever deliver an interim verdict ever aware that future data may deliver new evidence affecting findings. However, financiers – and by extension public funders too – are driven primarily by immediate pressures to balance their books.

This highlights the fundamental conflict facing policy makers when deciding how to invest effectively in early intervention: both drivers lean towards favouring short-term approaches, but for different reasons. The scientist might be tempted towards establishing shorter evaluations as they are less complicated to measure, achieve earlier results and are more attractive to funders of research. Those administering public funds can be inclined towards projects which offer at least some return on investment in the short-term – ideally, the current electoral cycle.

This hypothesis is supported by 2011 findings from the Early Action Task Force²⁴ which believed there is an ‘evaluation bias’ against early support:

“Enabling [early support] services offer the higher potential rates of return but, as in any investment, higher returns go hand in hand with higher risk. It is easier to measure positive outcomes and financial savings where an impending cost is most visible. The ‘business case’ assessments therefore

²² <http://www.eif.org.uk/what-is-early-intervention/>

²³ Early Intervention Foundation (2014) Making an early intervention business case: what should it look like? <http://www.eif.org.uk/wp-content/uploads/2014/03/2bc-whatshoulditlooklike.pdf>

²⁴ Early Action Task Force (2011) The triple dividend: thriving lives, costing less, contributing more. London: Community Links http://www.community-links.org/uploads/documents/Triple_Dividend.pdf

run the risk of making prompt interventions seem a more viable investment than enabling services.”

Even beyond any commitment to invest in a particular intervention, fully evaluating a large-scale longitudinal social policy can take years, even decades, costing substantial resource. Additionally, the radical political, economic and cultural shifts that can occur over such timescales exponentially multiplies the amount of random variables effective research must control for, increasing the risk of the future evidence being compromised in any case.

This latter point also raises a conundrum in how difficult it is to obtain conclusive evidence for any early intervention approach. The sheer volume of potential variables that need to be controlled for inevitably means detractors will always be able to shed some doubt on long-term studies, if only because of such a large number of ‘unknown unknowns’ at the outset (to quote Donald Rumsfeld). What 50-year longitudinal study commencing in the 1960’s – into a parenting programme, say – would have been able to adequately control for developments such as social media, even if it is not thought to have had any discernible effect on parenting?²⁵ The simple existence of such variables in long-term studies, and the lack of proof of their effect, could be a greater challenge to successfully gathering definitive evidence to back early support approaches than the impact of any single variable in itself.

Although these problems are well understood in the evaluation community and, in well managed projects, mitigated for as best they can be, those using the evidence need to be constantly aware of the limitations of any given study. In particular care needs to be taken not to confuse the quality of evidence with the success of the intervention. Some interventions may have limited low-level evaluation, but these contain real indications of success. Conversely some larger studies may have clear and robust findings, but are inconclusive in showing evidence of success. To obtain useful evidence any intervention should have an evaluation with an appropriate level of rigour and findings assessed carefully and objectively.

²⁵ Which is probably unlikely...

New models of funding

In order to overcome some of these challenges attempts have been made to rethink how public services are funded to reward those investing in early support. **Social Impact Bonds (SIB)**, for example, have provided an opportunity to experiment with a different model of investment in social welfare. SIBs, brought to the UK in 2010, have been designed specifically with the problems outlined above in mind in that they attempt to entice the market to innovatively address social problems by promising a dividend based on savings made by the state in the future from success. Albeit these ‘payment by results’-based approaches still appear to favour easily measurable short- to medium- outcomes in specific programmes rather than longer-term attempts at social change.²⁶ Nevertheless it is hoped that as a greater understanding of where their use is most appropriate develops, SIBs may prove effective in funding early intervention in certain fields.

Social Enterprises by contrast, look like they might offer an alternative to the standard charity model supporting ongoing community or sector-specific investment. Operating as “*a business that trades for a social and/or environmental purpose*”²⁷ several social enterprises have already proven to be highly successful – with The Big Issue and Jamie Oliver’s Fifteen restaurant two notable examples.

What if these are just two possible models for funding early support initiatives in the future? Maybe other social entrepreneurs will have new ideas of how to harness early intervention to alleviate problems and improve outcomes? It is speculative to assume that any one model on its own will fully resolve the inherent time-based contradiction between the two policy drivers, but a combination of several models might.

Funding successful evaluation

Perhaps the most glaring problem that needs to be addressed though, is how to cover the costs of the gathering of evidence for a programme given that so much attention is being paid by policymakers to improving, and proving, outcomes. It is straightforward to envisage how public/voluntary partnerships with the private sector might very effectively support methods of funding the delivery of early support initiatives. But it is harder to imagine how the fickle nature of the market could reliably facilitate and sustain the costs of evaluating an early support project consistently over such long periods of time – especially where in some cases these ongoing expenses might, perversely, be even higher than the cost of setting up and applying the intervention itself.

Evaluation is therefore likely to be a job better suited to the public or voluntary sectors. Encouragingly, the publicly established, but voluntary funded, Early Intervention Foundation (EIF) could be seen as an important first step in this

²⁶ Attempts early in the last parliament to introduce ‘payment by results’ models into children’s centres largely stalled, thought to be because the short-term targets created too much instability in their funding undermining the centres’ long-term objectives.

²⁷ <http://www.socialenterprise.org.uk/about/about-social-enterprise/FAQs#what-are-ses>

direction, even if it currently falls short of Graham Allen's original vision of a combination of supreme authority on the evidence for specific programmes and approaches, with something akin to a grant-investment body like the Education Endowment Foundation (EEF).

The EIF provides an appropriate hub to collate and assess evidence – particularly through the prism of value for money – but at this stage it is not expected to conduct primary research itself. To some extent it will succeed or fail based on the quality of evidence it can find to support its assertions. If it is to succeed it must have robust long-term studies to work with so it too does not simply recommend better-evidenced short-term programmes or approaches above other initiatives with potential still yet to be proven.

Learning lessons from NESS

Lessons in this regard might be learned from the experience of the National Evaluation for Sure Start (NESS), perhaps the largest purely early intervention experiment yet undertaken by an English parliament in modern times²⁸. NESS has provided some interesting evidence of the impact during and immediately after the intervention. However, it has experienced more difficulty in obtaining conclusive evidence of longer-term effects of the Sure Start Local Programmes (SSLP) policy commenced in 1998, despite enormous investment in both the policy itself and the study.

Some of the issues with NESS which have been held up both to defend and/or critique the study's findings, include whether the project had adequate control groups for evaluative comparison²⁹; the timescales in which evidence is being measured over²⁹; and to what extent the findings of an evaluation structured primarily to focus on SSLPs can be extrapolated to apply to Children's Centres, which emerged as a later, and significantly altered iteration of the original policy³⁰. Nevertheless the very fact a study as extensive as NESS – our best attempt so far at long-term evaluation – was established in the first place proves that a project of this scope is not impossible. Policy makers need to learn from this first attempt so that future large-scale evaluations will be better placed to uncover a firm evidence-base.

First and foremost, the NESS experience suggests that careful planning is essential if we are to trust findings much further down the line. Clear and shared understanding of what the policy is aiming to achieve must be set out by politicians and they need to listen to the experts in terms of what is required to design a robust evaluation. A policy closely related to Sure Start that has also suffered in this regard is in the free early education entitlement which is

28 A point made Sir Michael Rutter who was involved in the study: <http://www.bbc.co.uk/news/education-14079117>, although admittedly one that might have been difficult to achieve ethically.

29 The Children and Families Select Committee report on Sure Start in 2010 gathered evidence to this effect (p.54) <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmchilsch/130/130i.pdf> Similar issues are also raised in an APPG for Sure Start report from 2013 (p.9) <http://www.4children.org.uk/Files/cffc42fe-49eb-43e2-b330-a1fd00b8077b/Best-Practice-for-a-Sure-Start.pdf>

30 For instance, Select Committee reports from 2010 and 2013/4 focussed on Sure Start seem to interchangeably reference NESS as supporting evidence behind children's centres.

2010: <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmchilsch/130/130i.pdf>
2013/4: <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmeduc/364/364.pdf>

now seen primarily as a ‘childcare’ tool to help enable parents back to work³¹ even though it was originally developed predominantly as an early intervention strategy to improve child outcomes.

A separate issue that has evolved more greatly since NESS is the need to measure not just actual outcomes, but their relative value, including the ‘value for money’ cost-benefit element discussed earlier that is too often missing.³² This means not just constructing studies which assess how well need is met over time, but also consider how much need is currently unmet which might reasonably impact on the fiscal savings – particularly important in facilitating models such as Social Impact Bonds, for example. Graham Allen’s second report, *Early Intervention: Smart Investment, Massive Savings* refers to this in its key principles to support investment in early intervention³³:

“Public sector partners must retain an agreed share of the savings that are identified to be released through the programme. They must also agree to a percentage share in advance that will go to any private sector investor as their return on investment. This will require public sector partners to show restraint in order to ensure that savings earmarked for private sector investors are not redirected to resource what is at present ‘unmet’ need. Of course, any agreed savings retained by public sector partners can be used to meet unmet need as required.”

More simply, we must recognise that a successful early intervention may reduce expenditure on a certain condition or symptom. But this may in turn unearth other need which was previously unknown or under-resourced, potentially offsetting some or all of the expected savings which ought to be controlled for.

Finally, NESS also reinforces the notion that policy makers must hold their nerve and resist the temptation to tinker too much when introducing long-term early intervention strategies. This does not always have to mean waiting for the evidence before adjusting for unforeseen consequences. But it does mean considering the best possible conditions in which robust evidence might eventually arrive – usually consistency – even if positive findings aren’t emerging immediately.

Sure Start in part suffered from this problem, in that the success of the early targeted SSLPs led to politicians modifying and extending the policy into today’s Children’s Centres ostensibly covering every part of the country. But Children’s Centres could never be delivered with the same intensity of funding that had been devoted to the original SSLPs, and have inevitably been funded with slightly more money spread over substantially more need. This has perhaps helped to obscure some of the potential which SSLPs may have delivered had direction not changed, yet current political debate about the efficacy of Children’s Centres often refers back to NESS despite this.

31 Indeed it was mistakenly assessed on this basis and unfairly condemned for not helping enough parents into work in a recent evaluation *The impact of free early education for 3 year olds in England* (Institute for Fiscal Studies and University of Warwick, 2014)

32 A point elaborated in Durbin, B and others (2011) *Developing a business case for early interventions and evaluating their value for money*. London: LGA and NFER. <http://www.nfer.ac.uk/nfer/publications/EITS01/EITS01.pdf>

33 As suggested by the Greater London Authority and London Councils.

It is recognised this can be very difficult to achieve in a fixed-term parliamentary cycle that is much shorter than the time needed to gather such evidence. However, if the political commitment to early support is as widespread as the rhetoric suggests, politicians of all colours should agree to do their best to develop a shared understanding on giving experiments such as SSLP enough time and resource to fully develop for their effects to be properly and impartially judged beyond question.

Encouragingly, this seems to be increasingly recognised by politicians with the ability to do something about it. At the 2015 Early Intervention Foundation conference, Nicky Morgan remarked how long-term commitment was needed if we were to fully conceive how early support might revolutionise our public services.³⁴ Local authorities such as Nottinghamshire and nations such as Scotland are increasingly demonstrating longer-term commitment to early intervention strategies. The early part of the twenty-first century may one day be looked back on as the beginning of a new age of political consensus in how we deliver for the most positive outcomes.

Conclusion

It is clear that policy makers can all agree on the underlying principles behind early intervention as a concept. There is also an inescapable truth, though, that the present day culture of measurement naturally makes politicians less comfortable about taking large-scale risks with public investment when faced with the inexorable possibility of sometimes having to apologise for failure. The (supposed) ambivalence of statistics represents for politicians today a very different form of public monitoring not experienced by most previous administrations in human history. It is unsurprising that many will seek to do their very best to avoid being accused of ignoring or manipulating the data, even if that means prevaricating.

Too often policy surrounding early support focuses on the efficacy of specific programmes, but Leon Feinstein last year wrote:

“It is important to make a distinction between the evidence that early intervention in general can be effective and that specific programmes are effective... The broad case that early intervention programmes and approaches can work is well made. [We think] attention must shift to issues of cost, implementation, system change and wider governance.”³⁵

Yet the wealth of information in the appendices of this paper shows that, in the broadest sense at least, there is a clear and unambiguous case that early support “works”, even if it is more problematic to determine which elements of intervention are successful. Policy makers should be empowered to use this evidence base as a justification to try more innovations in early support not less, recognising the purpose of evaluation is as an important tool to help aid

³⁴ This point was actually elaborated by the Minister in questions, but the text of her speech is here: <https://www.gov.uk/government/speeches/nicky-morgan-speaks-at-early-intervention-foundation-conference>

³⁵ Feinstein L (2015) *Quantifying the benefits of early intervention in Wales: a feasibility study*, Public Policy Institute for Wales

decision making but, crucially, not to act as a decision maker in itself.

The boldest policy change has often been *guided* by what the evidence suggests, but also *led* by politicians where evidence is partial or not entirely conclusive. The NHS³⁶ or the Academies programme are but two examples where political opposition has existed, but early evidence has *suggested* success which is why the policy has been pursued. The wealth of evidence for early support as a concept means politicians should feel confident in attempting to apply the theory more widely, even where detailed evaluative evidence of a specific intervention is not yet existing and will take time to compile. Without such leadership progress in this field is liable to stagnate, despite the overwhelming support for the concept.

Admittedly early support has the added complication of not being a substantive single policy in itself. But as an amalgamation of policies aiming in the same direction there are parallels with the aims of the NHS to improve both individual and public health and wellbeing outcomes. In that sense maybe early support would be better viewed as the basis of a strategic framework for action, or even an underlying philosophy of Government upon which political consensus is built?

Given the scarcity of large-scale projects such as SSLP, the opportunities to observe long-term exercises in early intervention are few and deserve rigorous planning to minimise obvious mitigating factors down the line. But even then, policy makers must retain a sense of perspective when assessing whether findings such as those of NESS are going to be definitive enough to dictate a mammoth investment in infrastructure being gradually abandoned before it has had adequate time to prove its worth?³⁷ We must collectively remember the dangers of falling into the short-termist trap highlighted by the Early Action Task Force and follow the example of previous generations in establishing schools or hospitals, recognising that proving the success of early intervention may take time, but could be just as revolutionary.

The common sense logic of early support is almost universally understood, but for it to succeed we must understand that waiting for the evidence, by itself, is not a viable, or credible, strategy for Government to take in this area. As a society we have come a long way in securing agreement and building the infrastructure – but now we must have the courage of our convictions at both local and national level if we are to truly achieve change. It is still possible that, one day, underpinning our public services with the philosophy of early support may be judged by history as a prime achievement of politicians of this era.

36 Despite the cross-party consensus nowadays, the NHS faced opposition when it was introduced in 1946 much as Obamacare does now in the United States.

37 It is hard to understate the ambition of children's centres when considering the policy as a creation of an entirely new branch of institution virtually from scratch. In many senses arguments about resourcing children's centres should be akin to those determining spending on schools or hospitals. But they have not yet had time to permeate the public consciousness in the same manner the value of these peer institutions have become fully understood over generations. As Barnardo's earlier paper *What Are Children's Centres For?* suggests: "...if you have not been the parent of a pre-school child in the last five to ten years there is little reason you would be aware of their [children's centres'] existence."

Note to Appendices

The narrative of this paper reflects many hours of reflection and discussion by the five charities about the concept of early support and how it might be achieved in reality. We have learnt a lot! As part of the year-long project, a short report was commissioned in early 2015 to provide some background to the campaign covering the current history, understanding and implementation of early intervention policy in the UK³⁸. Much of that has fed into this essay and the rest we are making publicly available here in the appendices for the shared reference of all interested parties.

Appendix A summarises some of the literature on how politicians can create conditions for early support to succeed at central and local Government level and considers some indicative examples of where the ‘philosophy’ of early support or new models of public financing appear to be in place

Appendix B outlines some of the early support services and programmes in three key life areas – Pregnancy and Childhood; Children and Young People; and Family and Communities – mapped against both risk and protective factors that they tackle/enhance.

Appendix C summarises some of the key policy documents in early support and their government’s response to them.

Appendix D provides a reading list of the various publications on early intervention and related services which have contributed to the development of this paper and which may be found useful for those keen to explore the subject more deeply.

³⁸ Readers should note that this covered information up until the 2015 General Election and should be treated as a historical record of policy in this area.

APPENDIX A: Making early support work

What does it take to deliver early support? Primarily, a sustained commitment, and a willingness to invest in making the changes that could improve both cross-government and cross-agency working which are the prerequisites of a successful and effective early support approach.

All frontline staff who work with children are potentially involved in providing prevention and early support services. They also have a key role in identifying children with additional needs and signposting families to specialist services. Equally, staff in adult services dealing with vulnerable parents should be alert to the needs of children and young people.

Making early support work at central and local government level

Messages about what needs to be in place are repeated across the literature on early support (for example: Action for Children, 2013; Anderson, 2013; C4EO, 2010; Action for Children, NCB, Children's Society 2016).

- At central government level
 - Common and agreed definition of early support
 - Leadership from the top, with real buy-in from across government and across political parties
 - A commitment to long-term planning cycles - a budgeted ten-year action plan that sets out actions and targets, with clear monitoring and reporting arrangements
 - Integrated budgets for cross-departmental programmes and initiatives, with a clear outcomes framework
- At local government level
 - Common definition of early support covering all relevant services including early years and childcare, schools and academies, police and youth justice system, social services, youth services, health and mental health
 - Interagency cooperation and collaboration, demonstrating leadership and buy-in from all relevant service areas
 - Area- or place-based services and programmes which are more likely to be effective than individual agencies or narrow service specifications

- Pooled budgets and shared outcome frameworks
- Longer-term planning and commissioning cycles
- Commissioning and delivery of programmes that have been shown to be effective
- Information sharing protocols and a better understanding of data protection rules to assist in the identification of children and families who need early support - this could include sharing birth data through, for example, birth registrations taking place in children's centres (All Party Parliamentary Sure Start Group, 2013; Davey and James 2015)
- Joint assessment (or initial assessment) framework used by all agencies
- Workforce training in early support, and in joint working - building skills and confidence to work across service boundaries, moving to intervene earlier rather than refer to another service
- Key worker skills - professionals who are able to develop a trusting relationship with parents and children
- Engagement of the wider workforce including schools, colleges, and the voluntary and private sectors

Newer factors that will impact on the ability to deliver early support are coming into play, including the outsourcing of services which will have an inevitable effect on local accountability, communication and information sharing across services, and the pooling of budgets and others resources including staff. Despite local areas basing their public health and (formerly) their child poverty strategies on Joint Strategic Needs Assessments, there is a continuing requirement for area-wide assessments that cross local government boundaries to better evidence, identify and prioritise cost-efficient responses to local needs.

Between September 2013 and March 2015 the EIF³⁹ worked with 20 early intervention 'pioneering places' across England³⁹, setting up a forum for them to learn from each other as they put early support into practice during a time of continuing and accelerating financial constraints. One of these, Greater Manchester, is a community budget pilot area and is presently in the process of being granted extensive devolved powers which will enable even greater local autonomy likely to affect its service provision. Early support projects have been an important part of the area's strategy for economic growth, and focus on: working with complex families; reducing anti-social and offending behaviour; improving early years; tackling worklessness; and improving skills (Association of Greater Manchester Authorities, 2013). Another, Nottingham, branded itself the UK's first 'early intervention city' way back in 2008, with the council and partners committed to a 22-year vision to help families break the cycle of intergenerational poverty and social exclusion through 16 jointly-

³⁹ Blackburn with Darwen, Blackpool, Croydon, Dorset, Essex, Gateshead, Greater Manchester, Hertfordshire, Islington, Lancashire, London Tri-Borough (Hammersmith & Fulham, Kensington & Chelsea, Westminster City), Newcastle, Nottingham, Plymouth, Poole, Solihull, Staffordshire, West Cheshire, Wiltshire and Swindon, Worcestershire

funded delivery projects and a move towards a single children's workforce model (Day, 2010). The EIF continues to work with some of these areas and also has developed new partnerships.

More recently "Fulfilling Lives: A Better Start" is allocating £215m of National Lottery fund to five local authority areas over the next ten years – Blackpool, Bradford, Lambeth, Nottingham, and Southend. Beginning in 2015 the aim is to improve the lives of 60,000 babies and young children in England by running a variety of programmes and initiatives to improve outcomes for young children (0-3) in three key areas of development: social and emotional development; communication and language development; and nutrition. It is hoped that Better Start will stimulate a 'systems change' in the way that local health, public services and the voluntary sector work together to put prevention in early life at the heart of service delivery and practice, and that the project will provide further learning that can be applied to early support approaches elsewhere in the country.

As public services respond to less money and greater demand, local government wants the community to play a meaningful part in tax and spending decisions and, along with local businesses, take on more responsibility for helping themselves and other families (LGA, 2013). A notable aspect of the early support agenda is a desire to work with, enable and empower families, and help them to become more self-reliant and resilient (Plimmer and van Poortvliet, 2012).

Although the main focus of this paper is the Westminster Government, it is worth noting that significant developments in early support have also been taking place in the devolved jurisdictions over recent years:

- **Northern Ireland** - prevention and early support are components of both the ten-year children's strategy (OFMDFM, 2006) and the social work strategy in NI (NI Dept of Health, Social Services and Public Safety, 2012).
- **Scotland** - in a 2011 report on the future delivery of public services, the Christie Commission recommended a shift from reactive to preventive spending, highlighting how this would reduce inequalities and promote human rights (Christie, 2011). In response, the Scottish Government committed to making a decisive shift towards prevention, through an Early Years and Early Intervention Change Fund, with seed-funding from central government and additional resourcing from NHS Boards and local authorities (Scottish Government, 2011).
- **Wales** - the Social Services and Wellbeing (Wales) Act 2014 places a duty on local authorities and local health boards to assess the range and level of services needed to prevent, delay or reduce people's need for care and provide a range of preventative services.

Investment in early support services and programmes

The Local Government Association has been looking at how to rewire public services when local authority resources are shrinking year on year. The LGA

promotes place-based community budgets and approaches to give councils the flexibility they need to redesign services around individual and family needs, and to promote effective early support. They also warn that:

There is a significant risk that we are approaching a tipping point where the only services which can be squeezed further are those non-statutory prevention and early intervention services which help reduce costs further into the system. (LGA, 2013, p.6)

Community budgets

Community budgets enable public bodies to work together through shared objectives, joint activities and combined resources (e.g. funding, staff, buildings) across a local area to achieve better outcomes for children and families. It requires a different way of working that crosses organisational and professional boundaries, reduces duplication, and prioritises user-focused services. Community budgets shift the balance of resources in favour of 'early action' measures targeting early support and early remedial treatments (NAO, 2013a). A community budget approach can involve services across a large area (whole place community budgets) or at a neighbourhood level.

In 2011, the DCLG began working with four whole place community budget pilot areas: West Cheshire, Whole Essex, Greater Manchester, and the West London Tri-borough area. If rolled out nation-wide, the LGA estimates there is the potential to deliver a net annual benefit of between £4.2 billion and £7.9 billion when fully up and running (generally after five years) (Ernst & Young, 2013). Neighbourhood community budgets are delivered under the Our Place programme with the DCLG providing support to over 100 communities to 2015.⁴⁰

The government's social justice strategy (HM Government, 2012) promotes investment through payment by results, community budgets, social impact bonds, and Big Society Capital.⁴¹ This institution - the big society bank launched in 2012 - anticipates receiving up to £400 million from dormant bank and building society accounts in England. It aims to increase awareness of and confidence in social investment, and to provide capital to social investment finance intermediaries.

In 2012 The Early Action Task Force⁴² came up with complementary and, in some cases, more radical proposals for investment in early support:

- Rebrand early support spend as a form of investment
- Protected cross-government early support funds, the use of which is to be overseen by either the Treasury or the Cabinet Office
- Agreed social profit sharing across departments, services or organisations

40 <http://mycommunityrights.org.uk/our-place/>

41 <http://www.bigsocietycapital.com/about-big-society-capital>

42 A strategic leadership body led by Community Links, comprising statutory, community, voluntary and private organisations, which met until 2015.

where the level of return is related to the level of investment

- Financial penalties, or the introduction of charges on departments or agencies for mistakes they make that push people towards a crisis and increase the need for acute-level interventions
- An incremental shift to early support coupled with the release of new funds (taxes) and using money differently (social impact bonds) - leading to a year on year increase in early support expenditure

Integration means that the links both between services and commissioning responsibilities are invisible (Messenger and Molloy, 2014, p.8). Integrated services streamline processes, respond more appropriately to a child or family's needs and leads to improved outcomes across a range of areas. But they take time, energy and commitment to develop.

The research also makes it clear that investment in tertiary and acute level interventions will have to continue to ensure local authorities, police, schools and health services comply with existing legal duties, and are able to help people cope with the fall-out from unforeseen or sudden crises (for example, separation and divorce, bereavement, unemployment, illness) that can confront them at any time in their lives (Statham and Smith, 2010).

Family background, parental education, good parenting, and the opportunities for learning and development are crucial in the first five years of a child's life (Field, 2010; Social Research Unit, 2013b). The 1001 Critical Days campaign (Leadsom and others, 2013) has been particularly successful in highlighting to Government conception to age two as a critical period for early intervention – this has led to the institution of the first Infant Mental Health Awareness Week in June 2016.

APPENDIX B: Some Early Support Services and Programmes

Early support includes both programmes and services. The former typically refer to a package of support specifying what should be delivered, to whom, when and how, often using specific tools and guidance for implementation⁴³. Services are less prescriptive than programmes in terms of implementation. This section provides a brief overview of some of the approaches to early support in the broadest sense.

As discussed the quality of the evidence available on early support approaches can be variable and not always comparable. So far, only a handful of programme evaluations have looked at cost benefit - though that is changing. Conclusive evidence that an intervention has the intended impact on beneficiaries requires an experimental or quasi-experimental design, and only a small number of evaluations have used this approach. The Early Intervention Foundation (EIF) has devised Standards of Evidence⁴⁴ which allows it to include not only established and fully evaluated programmes but also potentially effective, not-yet-rated and negatively rated programmes in their growing online library.⁴⁵ As a What Works centre the EIF has begun to produce volumes looking at how particular interventions in specific areas are assessed according to evidence. However, it is not yet clear how well this repository is being used by those who plan and commission services.

Early support focuses on the family, the child within the family, as well as the family within the community. Although aiming to improve outcomes for children and young people, early support often means working with parents.

It must also be remembered that early support comprises both preventative interventions, but also mitigating or restorative interventions to minimise the impact of a particular behaviour or trauma. This is easily represented as the difference between public health campaigns or programmes aimed at preventing the uptake of smoking behaviours (most usually delivered universally in schools) as opposed to more targeted smoking cessation programmes designed to reduce or stop the amount an actual individual smokes.

The following table provides a composite list of risk and protective factors which relate to different stages in childhood and different service areas, with examples of universal and targeted early support services and programmes that can lead to improved outcomes for children and families.

43 La Valle, I and others (2014) Review of policies and interventions for low-income families with young children: final report. Office of the Children's Commissioner.

44 EIF website <http://guidebook.eif.org.uk/the-eif-standards-of-evidence>

45 <http://guidebook.eif.org.uk/programmes-library>

Risk factors Attributes, characteristics or exposures that increase the likelihood of an adverse outcome. Risk factors often coexist and interact with one another	Protective factors Conditions or attributes that help children, families and communities deal more effectively with problems or events, and help to mitigate risk	Examples of services and programmes These can identify and lead to an assessment of current and potential problems, and provide early support to alleviate or end them
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Pregnancy and early childhood

The importance of supporting families in the early years is now widely recognised, with a growing body of evidence showing the benefits of intervening early and the costs associated with the failure to provide adequate early support to families, particularly those facing multiple disadvantages. The evidence suggests that both universal and targeted services are important in early support - and the universal services of particular importance for young children's later outcomes are health, housing and education. Interventions to strengthen families by providing parenting support are normally health- or early years-led in terms of funding and delivery.

Young parenthood Ambivalence about becoming a parent Stress in pregnancy Parental low self-esteem or low self-reliance Parents with a history of abuse Parental mental illness or substance misuse Parental obesity Poor attachment and cold, critical or inconsistent care Smoking in pregnancy Low birth weight and prematurity Child with special educational needs and disability	Authoritative parenting combined with warmth and attachment from infancy Parental involvement in learning Protective health behaviours, such as smoking cessation in pregnancy Breastfeeding Psychological resources, including self-esteem Easy intelligence when an infant	Maternity services Health visiting Family Nurse Partnership Baby-friendly hospitals Parenting programmes Healthy Child Programme (0-5) Healthy Start [vouchers for milk, fruit and vegetables] Integrated [health and early education] review for 2 to 2½ year olds Home learning Free entitlement to early education and childcare Children's centres
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The Health Visitor Implementation Programme (2011-2015) has comprised a four-level health visiting service piloted across 49 Early Implementer Sites:

- Community, working with children's centres and community groups
- Universal, to deliver the Healthy Child Programme
- Universal Plus, targeted support to parents with specific needs
- Universal Partnership Plus, ongoing support to families with more complex issues

A progress report of the pilot sites claims that they are ensuring universal clinical delivery of the Healthy Child Programme and improving antenatal services, breastfeeding and immunisation rates, and parental confidence (Dept of Health, 2013).

The Family Nurse Partnership (FNP) is a preventive intensive programme for first-time mothers aged 20 and younger starting in early pregnancy and lasting until the child is two years old. FNP began in England in 2007, with the current Government committed to 13,000 places by April 2015 (covering 15-20% of the eligible population), and possibly 16,000 in the longer term (25% of the eligible population). The NHS Commissioning Board formerly commissioned FNP, but this responsibility passed to local authorities in 2015.

Findings from a formative evaluation (Ball and others, 2012) of the first ten FNP sites in England found an 87% parental engagement rate, reduced smoking in pregnancy, high rates of breastfeeding, and mothers coping well with pregnancy, labour and parenthood and having increased confidence and aspirations for future and in their parenting capacity. FNP children appear to be developing in line with the general population.

However the most recent UK evaluation (Robling et al, 2015) has cast doubt on these previous findings. The researchers found there was little difference between FNP participants and a control group on factors including smoking cessation, average birthweight, and emergency hospital admissions. Taking part in the FNP programme did show slight positive impacts on outcomes such as intention to breastfeed, early language development, relationship with partners and general self-efficacy. However, the report authors say evidence for a positive impact on child development would mainly show up in children after the age of two years, requiring longer-term follow-up. The researchers also suggest that teenage parents in England, unlike those in the US, are able to access support from statutory health and social services, which may dilute the impact of the FNP programme in this country.

Children's centres provide a mix of universal and targeted support. In the latest evaluation report, their 'top five' services were: stay and play; evidence-based parenting programmes; early education and childcare; developing and supporting volunteers; and breastfeeding support. There are continuing high expectations of children's centres' role in providing early support. All centres that took part in the evaluation agreed that evidence-based practice should

be followed, but many were confused as to the standards of evidence required for effective practice and few implemented programmes with full fidelity. The majority of centres implemented at least one programme from the list of evidence-based programmes in the Allen review, but these reached relatively few users (Goff and others, 2013). The Government is holding a consultation in 2016 to help it determine how the provision might best be used going forward.

Risk factors	Protective factors	Examples of services and programmes
<p>Children and young people</p>		
<p>Early support is not just about early years. Coping with transition from early years to primary, primary to secondary, and secondary to post-16 stages can prove challenging to some children and young people - and many of the risk factors listed are child/young person-specific. Important and sometimes unexpected changes affect older children, and can destabilise a family. Investment in the early years will not be fully effective unless it is followed up with quality services for children who need them later in life (Field, 2011). There is a continuing need for parenting programmes and support, as well as education and community-based programmes for young people.</p>		
<p>Special educational needs and disability</p> <p>Complex or long-term health needs</p> <p>Mental health problems</p> <p>BME children and young people, including traveller children</p> <p>LGBT children and young people</p> <p>Low educational attainment</p> <p>Teenage parenthood</p> <p>Involvement in anti-social or criminal activities</p> <p>Engaged in risk-taking behaviour including substance misuse, early sexual activity</p> <p>Poor parental</p>	<p>Secure early relationships</p> <p>Support for education</p> <p>Higher intelligence</p> <p>Positive attitude, problem-solving approach</p> <p>Good communication skills</p> <p>Planner, belief in control</p> <p>Humour</p> <p>Religious faith</p> <p>Capacity to reflect</p> <p>Having strong social support networks</p> <p>Having positive school experiences</p> <p>Positive peer influences</p> <p>Range of sport and leisure activities</p>	<p>Parenting programmes/helpline support</p> <p>Healthy Child Programme (5-19)</p> <p>Free school meals</p> <p>PSHE education / SRE</p> <p>School nursing</p> <p>Social and Emotional Aspects of Learning (SEAL)</p> <p>Teenage pregnancy strategy</p> <p>Sexual health services</p> <p>FRANK (drug information and advice)</p> <p>Child and adolescent mental health services (CAMHS)</p> <p>Improving Access to Psychological Therapies</p>

supervision and discipline Truancy and/or exclusion from school Being NEET (not in education, employment or training) Children who had little or no health surveillance or screening in their early years Being: a looked after child, young carer, homeless, asylum-seeking/refugee child, in custody		(IAPT) Careers information, advice and support Youth service - universal and targeted
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From 2008-2011, under the umbrella title of Parenting Early Intervention Programme (PEIP) (Lindsay and others, 2011), the government provided funding to all local authorities in England to deliver selected parenting programmes that already had evidence of their efficacy in improving parent outcomes and associated reductions in children's behavioural difficulties. The specific programmes were: Families and Schools Together (FAST), Positive Parenting Program (Triple P), Strengthening Families Programme 10-14, (SFP 10-14), Strengthening Families, Strengthening Communities (SFSC), and The Incredible Years. Outcomes were positive, but the funding was discontinued.

- The average cost of funding a parent who started a PEIP parenting programme was around £1244
- 79% parents showed improvements in their mental wellbeing
- 74% reported reductions in their parenting laxness
- The percentage of parents who reported their child had serious conduct problems reduced from 59% to 40%
- 86% reported having fewer problems having completed the programme
- After one year, parenting styles remained improved as did their child's behaviour

Emotional wellbeing is a key factor for academic progression in primary school, and for school engagement in secondary school (Gutman and Vorhaus, 2012). When well-implemented, school-based social and emotional learning programmes can lead to measurable improvements for students in social-emotional attitudes, attitudes, positive social behaviour, conduct problems, and academic performance - with even greater impact on children from low-income families (Durlak and others, 2011).

Risk factors	Protective factors	Examples of services and programmes
<p>Families and communities</p> <p>Analysis from the Social Exclusion Unit (2007) suggested that around 2% of families across Britain experience complex and multiple problems which restrict their life chances, with a greater concentration of these families in deprived areas. Families living in social housing, families where the mother's main language is not English, lone-parent families and families with a young mother all face a higher-than-average risk of experiencing multiple problems (Reed, 2012).</p> <p>Poverty damages children's lives. Poor children are more likely to eat unhealthy foods; live in substandard, insecure and unsafe housing; have fewer places to play; be worried about household finances and their parents' health and mental health; try to hide their poverty from others; and do less well at school (Kothari and others, 2014). In 2012-13, 2.3 million (17%) children in the UK were living in relative poverty before housing costs, and 3.7 million (27%) after housing costs (DWP, 2014). The Institute of Fiscal Studies (Browne and others, 2013) predicts that, by 2020, we will see child poverty levels of: 3.4 million (23.5%) children living in relative poverty before housing costs, rising to 4.7 million (32.9%) after housing costs.</p>		
<ul style="list-style-type: none"> Families living in poverty Families living in overcrowded or substandard housing, or who are homeless Parents with few or no educational qualifications Parents who are not in education, employment or training Parents with mental health problems Unstable partner relationships Domestic violence Parents with a history of anti-social or offending behaviour Family breakdown 	<ul style="list-style-type: none"> At least one good parent-child relationship Affection Clear, firm and consistent discipline Support for education Supportive long-term relationship / absence of severe discord Good housing and standard of living Educational establishments with strong academic and non-academic opportunities Range of sport and leisure activities 	<ul style="list-style-type: none"> Parenting programmes Relationship support Family mediation Troubled Families Programme Financial education and advice Debt advice Housing support and advice Employment support and advice Adult mental health services Adult alcohol and drug treatment services

The Troubled Families Programme is based on a community budget model. The government pays local authorities up to 40% of the cost of dealing with troubled families - estimated at around £75,000 per family a year without intervention - but on a payment by results basis. Currently, success is measured against three criteria: children who were truanting or excluded from school are in school for at least 3 terms; high levels of youth crime and anti-social behaviour are down over at least 6 months; and adults are in work for at least 3 months. However, the profiles of the families involved indicate a far more complex picture of multiple, high-level need for both parents and children that includes mental and physical ill-health, substance misuse, a risk of eviction, domestic violence and child protection in addition to the measures of success relating to crime, education and employment (DCLG, 2014d). Some of the families have children in care and/or on a child protection plan. In August 2014, the government announced an expanded version of the programme would continue to 2020, with new eligibility criteria including domestic violence, children 'who need help' and parents and children with a range of health problems (DCLG, 2014b). The evaluation of the Troubled Families Programme is due in 2016.

In 2011, the DfE and National Offender Management Service (NOMS) funded the Integrated Family Support Service, with workers based in prisons and advocates in the community. A core part of their work was to raise the needs of the children and families of prisoners. An evaluation (Pact, 2012) of the service found:

- The risk of prisoner self-harm and suicide was reduced
- Prisoners were beginning to understand the impact of offending on their family and reported relief that their family members were receiving support
- Workers were able to ensure that Family Days in the prison were taking place
- Advocates were working at more of a strategic level, ensuring local systems were in place to identify prisoners' families

Evidence of 'what works' to reduce child poverty include:

- Getting more parents, especially mothers, into stable employment that pays a decent wage - this requires affordable childcare and flexible parental leave. In 2011, 84% of mothers in Denmark worked compared with 66% of mothers in the UK (OECD, 2014)
- Using conditional cash transfers to incentivise parents to engage in activities to promote child health and wellbeing - 'conditions' in the New York model included parents engaging with their children's education, taking their children to regular medical and dental check-ups, and completing approved training or sustaining full-time work - 98% of the families involved earned financial rewards (Fauth and others, 2013)

Appendix C: Recent policy documents in early support

In 2010, Sir Michael Marmot's review of health inequalities (2010) cited evidence that a child's socio-economic status is a clearer indicator of their potential future than any 'natural' ability the child might have. He argued that health inequalities are preventable and taking action to tackle the social gradient in health outcomes is a matter of social justice. The review recommended that the government's primary policy objective should be to give every child the best start in life. The Chief Medical Officer's 2012 review of child health supported this repositioning of prevention in child health (Davies, 2012).

Reforms introduced through the Health and Social Care Act 2012 place a duty on the Secretary of State and NHS England to reduce health inequalities. Local authorities have a duty to improve public health and, in partnership with Clinical Commissioning Groups, to reduce health inequalities as measured under the Public Health Outcomes Framework (Dept of Health, 2012).

In 2010, Frank Field MP was commissioned by the Prime Minister to produce an independent review on poverty and life chances (2010) in order to look again at the nature and extent of poverty in the UK, and explore how a child's home environment may affect their abilities to take full advantage of their schooling. He recommended that the government should aim to prevent poor children from becoming poor adults by prioritising funding for children from birth to five, prioritising the needs of the most disadvantaged. However, Field also acknowledged that important changes do take place later in children's lives, and that early years investment must be followed up with high-quality services for older children who need them.

The government's child poverty strategy (HM Government, 2014a) picked up on both of these themes, measuring progress in tackling poverty against a set of life chances indicators.

The Department of Health and Department for Education issued a joint vision for early years (DfE and Dept of Health, 2011), an overview of universal and targeted early years and health policies, including the enhanced health visiting programme, the Family Nurse Partnership, the free entitlement for three- and four-year-olds and disadvantaged two-year-olds, and children's centres.

The case for early support was made by Graham Allen MP in another government-commissioned review (Allen, 2011a), which argued for a comprehensive plan of support from pregnancy through the early years and well into adolescence. His view is that: early intervention is both inherently better and inherently cheaper than late intervention. Building on a substantial body of evidence, he recommended that the most effective approach to supporting disadvantaged families is to intervene as early as possible, with a combination of universal and targeted multi-agency support, using evidence-based programmes. He also recommended that the government set up an Early Intervention Foundation.

Allen's team looked at what evaluations were available on a list of early support programmes, and came up with a 'top list' of 19, suggesting these be supported and expanded - but also said that more programmes should be properly evaluated to help public and private investors decide what should be delivered to make the most impact.

Start-up funding for the Early Intervention Foundation was secured in early 2013, and it launched as an independent charity in July 2013. The EIF works with local early support 'pioneering places', and has devised a programme evaluation framework.

Social justice is about stabilising the lives of particularly vulnerable families: those struggling at the bottom of the social ladder. In 2012, the government published its social justice strategy (HM Government, 2012), expressing its support for both the Field and Allen reviews by placing a new emphasis on prevention and early support. The paper advocated local solutions, signalling the government's strong support for local partnerships which try to tackle multiple disadvantage. The social justice strategy is closely aligned to the government's child poverty (HM Government, 2014a) and social mobility (HM Government, 2011) strategies.

Social justice progress updates (HM Government, 2014b) report against a set of key indicators, including these child-specific ones:

- percentage of children not living with their birth parents, with disaggregated data on children living in low-income households
- gaps in educational achievement between pupils eligible for Free School Meals and their peers
- percentage of offenders under 18 who re-offend

In a government-commissioned review on the child protection system, Eileen Munro said clearly that preventive services can do more to reduce abuse and neglect than reactive services (Munro, 2011, para.8). She recommended that the government place an 'early help' duty on councils, but this was dismissed by the government on the grounds that there is sufficient legislation already in place (Munro, 2012).

As part of Ofsted's single inspection framework for local authorities, inspectors are required to look at whether children, young people and families are offered early help that improves their circumstances and lessens or avoids the need for targeted services (Ofsted, 2014).

Appendix D: References

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The case for early support

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