

Early Intervention:

Securing good outcomes for all children and young people



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1. Introduction

What we mean by early intervention in this paper

- 1.1 There are many different definitions of early intervention but, as is explained in more detail later in the text, for the purposes of this paper we mean 'intervening as soon as possible to tackle problems that have already emerged for children and young people'.
- 1.2 Differentiating between prevention and early intervention is often quite hard; for example, some programmes and services for children do both at the same time.
- 1.3 There is a much clearer difference between prevention and early intervention on the one hand, and responses to children's difficulties when they are already well developed, on the other. Most of the current professional and policy debate is about the potential benefits and the challenges of investing significant resources in the first category when taken as a whole, rather than putting all of them in the second. This is very much the terrain which this paper seeks to explore.

The aims of this paper

- 1.4 Today, it is widely agreed by experts across the world that early intervention can be of enormous benefit to children. That is why, as this paper sets out, the government is investing in a number of evidence-based prevention and early intervention programmes and supporting their roll out across the country.

- 1.5 It is also why in the 2007 Children's Plan¹ we said that to secure improvements in children and young people's outcomes we would expect Children's Trust Boards to have in place by 2010–11 'consistent high quality arrangements to provide identification and early intervention for all children and young people needing additional help in relation to their health, education, care and behaviour, including help for their parents as appropriate'.
- 1.6 The recently produced Maternity and Early Years review² makes a strong case for focusing investment in children's earliest years to secure the best outcomes for them. This echoes the findings of the Marmot review.³ The Marmot review highlighted that giving every child the best start in life is crucial to reducing health inequalities across the life course and it made action in this area its top priority. Early action is the key, 'later interventions, although important are considerably less effective if they have not had good early foundations.'⁴
- 1.7 In the Schools White Paper⁵, published in summer 2009, we announced that we would require arrangements for early intervention to be set out in the Children and Young People's Plan (CYPP), which Children's Trust Boards have to develop and to which the Children's Trust partners must have regard and will have the responsibility for implementing. The regulations putting this into effect will be in place for 2010–11.
- 1.8 This paper therefore draws on research and good practice with the aim of supporting Children's Trust Boards and their constituent partners to fulfill their new responsibilities, and with the intention of helping them to bring greater consistency, rigour and impact to the way early intervention is organised and delivered locally.
- 1.9 We accept that orientating services more towards early intervention is not easy, particularly during tough financial times, but there is evidence it can be done. Some suggest that under the current economic circumstances early intervention is a luxury that cannot be afforded. On the contrary, as this paper shows, when early intervention is embedded it can relieve the

1 DCSF, 2007, *The Children's Plan*

2 HM Government, 2010, *Maternity and Early Years, Making a good start to family life*

3 The Marmot Review, 2010, *Fair Society, Health Lives*
(accessible at <http://www.ucl.ac.uk/gheg/marmotreview/>)

4 *Ibid*

5 DCSF, 2009, *Your child, your schools, our future: building a 21st century schools system*

pressure on services so a given level of resource is used to better effect. Moreover, all the evidence is that no children's services system can be efficient unless early intervention is a significant part of the mix.

- 1.10 Last year, in his progress report on child protection in England, which the Government commissioned following the tragic death of Baby Peter, Lord Laming said 'early intervention is vital – not only in ensuring that fewer and fewer children grow up in abusive or neglectful homes, but also to help as many children as possible to reach their full potential.'⁶ He called for more to be done to put effective early intervention approaches in place and he observed that if this could be achieved it would not only help children to be safe, it would also help to keep them in education and learning well.
- 1.11 The Government agrees with Lord Laming that early intervention is essential, both for strengthening children's services and, more important, for improving children's outcomes. We hope this paper will support Children's Trust Boards in their pursuit of both goals.

History and background

- 1.12 Although early intervention is much discussed at present it is not new: it has been suggested that its roots can even be traced back to Fröbel's kindergarten movement in the early 18th century.⁷ Much more recently, well known interventions include Head Start and the Family Nurse Partnership, which began in the USA in the 1960s and 1970s respectively and continue to this day.

In this country we have provided a comprehensive preventive and early intervention public health programme for children for over a hundred years. Within the broader children's services context, the importance of early intervention for children has been widely recognised since at least the mid 1980s.⁸ The professional consensus about this was at the heart of the Every Child Matters Green Paper,⁹ published in 2003. The Green Paper went on to make clear that delivering early intervention more effectively depended on there being stronger accountability, more integrated services and a

6 The Lord Laming, 2009, *The Protection of Children in England: A Progress Report*

7 Fegert J and Ziegenhain U, 2009, *Early intervention: bridging the gap between practice and academia*. *Child and Adolescent Psychiatry and Mental Health*, 3:23

8 See for example, Department of Health, 1985, *Social Work Decisions in Child Care*

9 HM Government, 2003, *Every Child Matters*

workforce with higher levels of skill. Over the last six and a half years there has been significant progress in all three respects and there have been many other positive developments in children's services too, but more remains to be done. In particular, we are yet to extract maximum value for children from the Common Assessment Framework (CAF) and the associated process of the Lead Professional and the Team around the Child. Children's Trusts are also at different levels of maturity across the country. It will also take time for the recommendations of the Social Work Task Force¹⁰ and Action on Health Visiting¹¹ to feed through into a better equipped workforce on the ground.

- 1.13 Nonetheless, coherent multi-agency systems of services for children, young people and families are now established or well on the way to it almost everywhere, under the local strategic leadership of Directors of Children's Services and of Lead Members. This provides a firm platform to build on.
- 1.14 Research supports the notion that a high degree of leadership, service development, organisation and multi-agency collaboration are essential pre-conditions for delivering more early intervention.¹² **So the fact our overall system of services for children, young people and families is now far stronger than when the Every Child Matters Green Paper was published six and a half years ago should support moves towards more early intervention.**
- 1.15 Some good early intervention activity was going on before Every Child Matters, for example funded through the Children's Fund and the 2004–2010 National Service Framework for Children, Young People and Maternity. As a result of the Every Child Matters reforms, the creation of over 3,500 Sure Start Children's Centres and the development of extended services, even more is underway now. But the Government's view is that we haven't yet capitalised on this progress to move the balance in our children's and families' services system as decisively towards early intervention as research and good practice suggest is necessary and desirable.
- 1.16 Engineering a strategic shift of this kind when the pressures on public funding are intense is challenging, but this paper sets out examples from

10 Social Work Task Force, 2009, *Building a safe, confident future. The final report of the Social Work Task Force*

11 DH/CPHVA/Unite, 2009, *Joint Statement Unite/CPHVA and DH for 'Action on Health Visiting Programme'*

12 Little M and Mount K, 1999, *Prevention and Early Intervention with Children in Need*

some places where this is happening now, as well as from others where really significant progress has already been made.

- 1.17 We are clear that there are actions that every local area can take and should take to expand early intervention and to extract more value from the early intervention activity already underway. The paper therefore sets out issues for Children's Trust Boards to consider as they seek to do this. It also spells out what the Government intends to do to promote and sustain early intervention now and in the longer term.

2. What is early intervention?

Early intervention as defined in this paper

2.1 In recent years the term ‘early intervention’ has been used to describe a wide range of activities, leading to some confusion. After some consideration we have decided to use the same definition in this paper as was adopted in the Policy Review of Children and Young People,¹³ which was carried out jointly by the Treasury and the then Department for Education and Skills to inform the Government’s 2007 Spending Review:

Early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people

2.2 So, when early intervention is understood in this way, it means that it targets specific children who have an identified need for additional support once their problems have already begun to develop but before they become serious. It aims to stop those problems from becoming entrenched and thus to prevent children and young people from experiencing unnecessarily enduring or serious symptoms. Typically it achieves this by promoting the strengths of children and families and enhancing their ‘protective factors’, and in some cases by providing them with longer term support.

Prevention, protective factors and risk factors

2.3 Protective factors increase the chances of positive life outcomes, which in turn can boost resilience. A review carried out for the 2007 Spending Review concluded that high attainment, good social and emotional skills,

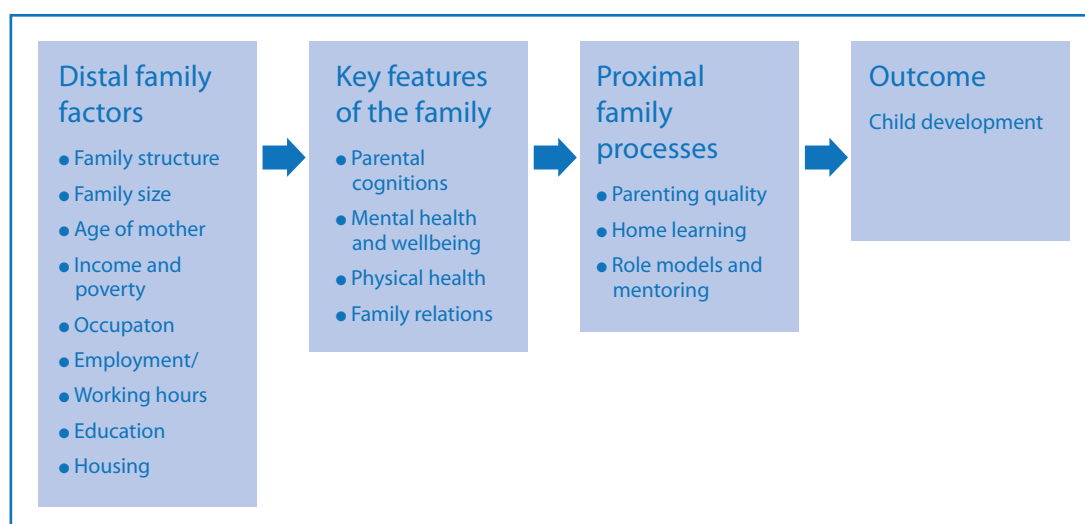
13 HM Treasury and Department for Education and Skills, 2007, *Policy review of children and young people: A discussion paper*

- and positive parenting were three particularly important protective factors and that they could be mutually reinforcing. Good parenting and good social and emotional skills, for example, both contribute to high attainment.¹⁴
- 2.4 Early intervention and prevention often overlap in practice. Many services and programmes include elements of both, including maternity services, the Healthy Child Programme and the Family Nurse Partnership.
- 2.5 As with early intervention there is no single agreed definition of prevention, but in this paper it is understood as meaning the process of boosting children's resilience and protecting them from potential poor outcomes. The success of a preventive strategy is evidenced by a reduction in the incidence and prevalence of a specific problem within a specific group.
- 2.6 Risk factors are often talked about alongside protective factors. They are factors in the environment or that are specific to an individual which predispose some children to, or are associated with, particular physical, social or psychological problems. These risk factors can be eliminated or reduced in terms of their potential impact by prevention and early intervention.
- 2.7 Children's risk factors can be identified from early pregnancy and through childhood and include living in poverty; growing up in a disadvantaged neighbourhood; experiencing problems in school; parental conflict; poor parenting; parental and/or child substance misuse; anti-social behaviour; domestic violence; and low levels and poor quality of formal and informal support.¹⁵ Risk factors tend to compound each other – the more risks to which a child is exposed the more likely they are to suffer poor outcomes. An indicative but not exhaustive list of children's risk and protective factors is set out in Appendix 1.
- 2.8 It is important to recognise that risk factors don't automatically translate into the situation that a child actually experiences. This is because their

14 HM Treasury and DfES, 2007, *Aiming High for Children: Supporting Parents*

15 France A and Crow I, 2005, *Using the 'risk factor paradigm' in prevention: lessons from the evaluation of Communities that Care*. *Children & Society* 19(2); Hine J, 2005, *Early multiple intervention: a view from On Track*. *Children & Society* 19(2); and Corby B, 2006, *The role of child care social work in supporting families with children in need and providing protective services past, present and future*. *Child Abuse Review* 15(3); all cited in Wolstenholme D. et al, 2008, *Factors that assist early identification of children in need*, SCIE research briefing 27, SCIE

influence on the child is mediated by many other factors, particularly by their family. This is highlighted in the chart below, which shows how wider social forces flow through the family to impact on the child. Parents and other care-givers work to nurture and protect children within wider social forces, but these wider factors also permeate their lives.



Source: Feinstein, L. Duckworth, K. and Sabates, R. (2004) *A model of the intergenerational transmission of educational success* Wider Benefits of Learning Research Report, No. 10

2.9 The Government-led PREview project is analyzing the Millenium Cohort Study¹⁶ data and researching professional and parent views of prevention and early intervention. This will provide services with information about the factors in pregnancy and early life associated with poor outcomes at 3 and 5 years of age. This knowledge will help commissioners and practitioners to allocate resources and preventive services more effectively and help engage parents in planning for their child's future.

Children and young people of all ages can benefit from early intervention

2.10 Sometimes the term 'early intervention' is applied to all activities that target children for help when they are very young. When used in this way 'early' refers more to the age of the child than to the stage in the development of their problems.

- 2.11 Longitudinal research¹⁷ has found that some indicators of poor outcomes are identified for the first time in children only between the ages of 5 and 16. It is also the case that a 14 year old who begins to develop mental health problems has as much to gain from early intervention – as they would perceive it – as a 2 year old who starts to display signs of communication difficulties. In each case the task for professionals is to spot and respond to problems when they first appear, and that needs to happen with difficulties that emerge during adolescence and beyond.
- 2.12 It follows that **early intervention can help children from pregnancy to 18, not only when they are very young. This needs to be factored into the planning and delivery of services, and into staff training.**
- 2.13 In recent years growing interest in the potential benefits of early intervention has been accompanied by greater awareness of the importance of supporting children in their early years, starting during pregnancy. Over the last ten years in particular, compelling research has demonstrated that what happens to children when they are very young is a crucial influence on their well-being and achievement through childhood and into adulthood.
- 2.14 The Marmot review on health inequalities recommended giving priority to pre- and post-natal interventions to reduce adverse outcomes of pregnancy and infancy. It pointed to the strong evidence that early intervention through intensive home visiting programmes during and after pregnancy can be effective in improving the health, well being and self-sufficiency of low-income, young first-time parents and their children. Ensuring that parents have access to support during pregnancy is particularly important and such family support needs to start prenatally to improve the health and well-being of mothers.¹⁸ There is a strong association between the health of mothers and their socio-economic circumstances. This means that for good infant and maternal health and for tackling health inequalities in different groups and areas, early intervention before birth is as critical as giving ongoing support during their child's early

17 Feinstein L., 2006, *Predicting adult life outcomes from earlier signals: Modelling pathways through childhood*, London: Centre for Research on the Wider Benefits of Learning, Institute of Education, University of London

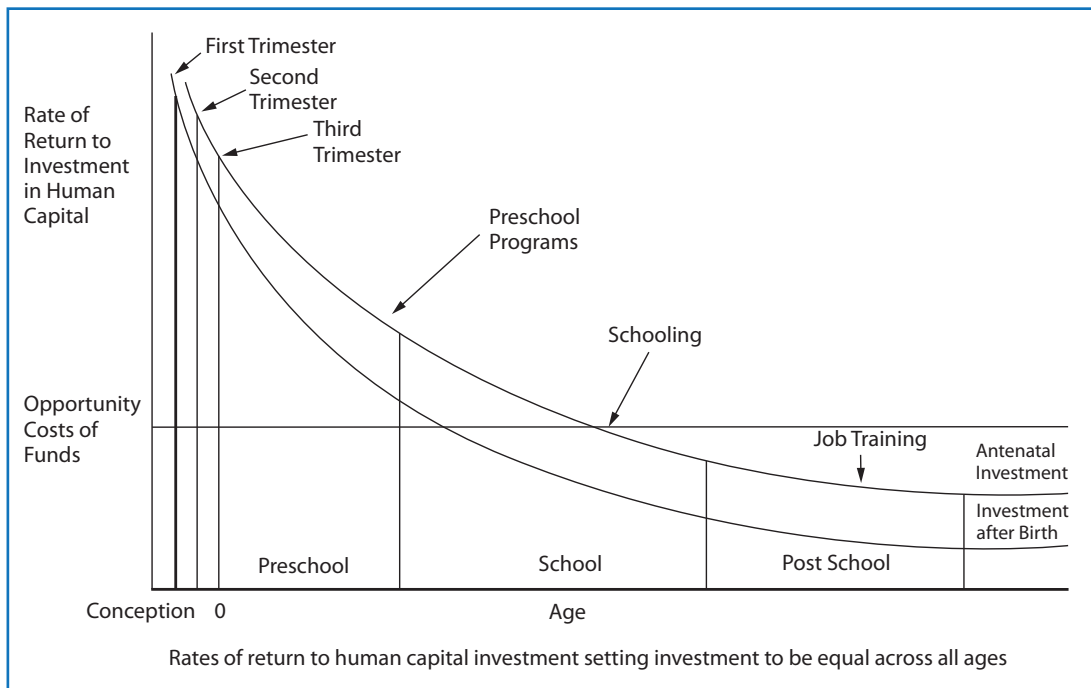
18 The Marmot Review, 2010, *Fair Society, Health Lives* (accessible at <http://www.ucl.ac.uk/gheg/marmotreview/>)

years. Early interventions that begin in pregnancy and the first two years of life are likely to produce the greatest benefits.

- 2.15 This is why the Healthy Child Programme starts in pregnancy and continues until adulthood, recognising that lifestyles, habits and relationships established during childhood, adolescence and young adulthood influence a person's health throughout their life.
- 2.16 It is important to stress that these things are not pre-determined, that children move in and out of risk as they grow up and that children with difficult early experiences quite often overcome them and go on to do well. Nonetheless, the evidence is that children who get off to a flying start are well set up for, if not guaranteed, future success. This is, of course, the rationale behind Sure Start and the Healthy Child Programme.
- 2.17 Therefore, while early intervention has great potential to help children and young people right across the age range, **early intervention with young children and – inevitably because of their dependence – their parents, has a particularly important part to play.**
- 2.18 There are a number of reasons why early intervention with very young children makes sense:
- Some problems emerge in children when they are very young and the sooner they receive help, the less the damage to their development.
 - Neuroscience is showing that the healthy growth of very young children's brains can be impaired by poor early life experiences. In that early period, interactions and experiences determine whether a child's developing brain architecture provides a strong or a weak foundation for their future health, wellbeing and development.¹⁹
 - Research suggests that if a problem is identified early on in a child's life and effective help is given, this can have a positive 'multiplier effect' as the child grows up, so that the eventual benefit is disproportionately great compared either to the original problem that was spotted and successfully treated, or to the scale of the help given.

19 Perry BD, 2002, *Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture*. *Brain and Mind* 3: 79100; cited in the Marmot review, *supra*

- Research and professional experience also suggest parents are often particularly open to asking for and accepting help when their children are very young, compared to when their children are older.
- This means the potential cost savings that can accrue to services as a result of effective early intervention are potentially greatest when children are very young. A chart demonstrating this is shown below.



Source: Doyle et al, 2007, *Early childhood Intervention: rationale, timing and efficacy*, UCD Discussion Series

2.19 The timing of interventions has been found to be significant in other ways too. It has been suggested that there are critical times, sometimes called ‘turn to moments’, when early intervention is likely to be more successful because parents and children tend to be more receptive; for example, in pregnancy, around the time of the birth of a child, and when the child starts school or is moving from primary to secondary school.²⁰

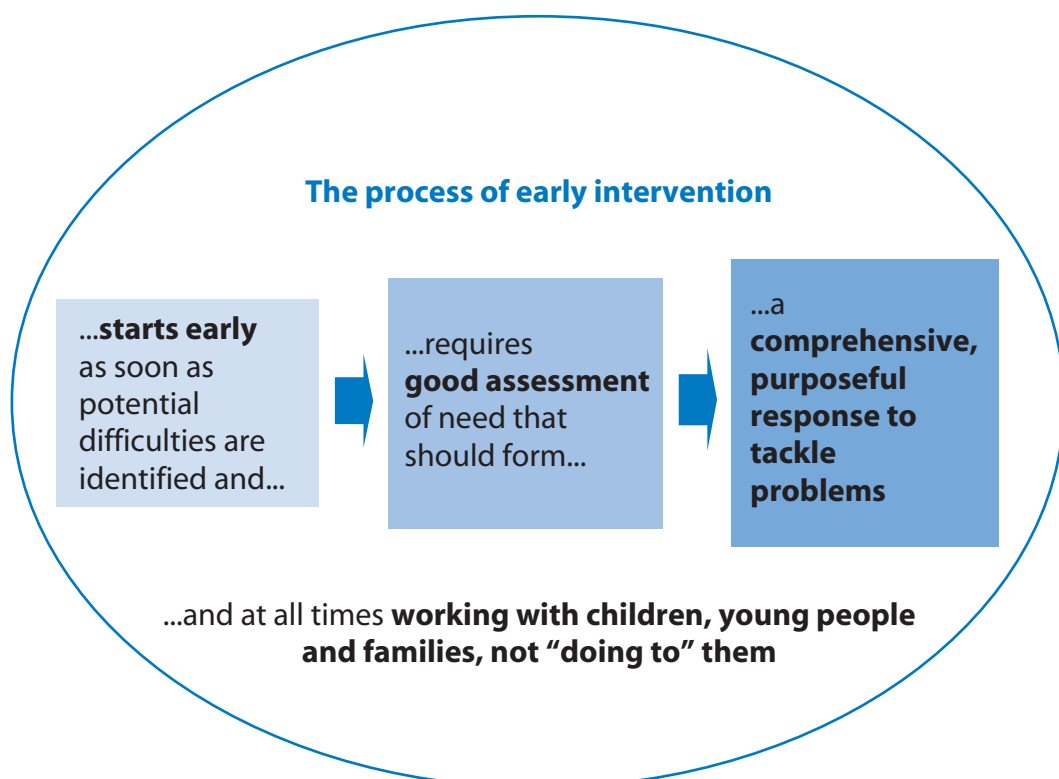
Early intervention is a process not an event

- 2.20 It is important to recognise that early intervention is not a single, one-off event but a process – and quite a sophisticated one at that – whereby:
1. Children, young people and families' difficulties are **identified** before they have reached a point at which the children's development and well-being is seriously compromised;
 2. Having been identified early on, the scale and nature of these problems are properly understood and a plan for offering help is developed through a process of high quality **assessment**; and
 3. Children, young people and families are then offered the **help** they need, in line with those assessments, accept it, and this either successfully 'treats' their difficulties or they are offered and accept longer term support to help manage them.
- 2.21 **For early intervention to be successful, each stage of the process must be carried out well and followed through**; there is little point, for example, for a child's emerging difficulty being identified and an assessment concluding that extra help is required if the process stops there, with no follow through to action.
- 2.22 Successful early intervention therefore requires a number of different things to be done effectively and in the right order and, because children and young people's emerging problems often have a number of causes and consequences, it also requires a high level of collaboration between professionals and services. The implications of this for practice are discussed in more detail later in this paper.

A key ingredient is the capacity of professionals to win the trust of children, young people and families

- 2.23 **Effective early intervention requires professionals to work well with children, young people and, often, their families, almost always on a voluntary basis.** This is because by its very nature, early intervention occurs before a problem passes the point at which non-negotiable activity by public services with a child or family is triggered.

- 2.24 Working with children and young people and their families may sometimes require a determined and assertive approach on the part of the professional, because some children, young people and families need to be challenged as well as supported. Effective early intervention requires professionals to be resilient and committed to achieving positive goals with and for children and young people. They need the skill and experience to approach children, young people and families in ways that win their trust, show commitment and care and encourage them to accept help when it is offered. They also require the communication skills and tenacity to keep trying to establish a good relationship, even if they are initially rebuffed.
- 2.25 Families may be reluctant to accept help if they have had poor experiences in the past or if it is offered in a way they find stigmatising. Some fear being labelled as a 'bad parent' or are worried that their child could be taken into care. This is one of a number of reasons why **the third sector has an important part to play in early intervention; they can seem less threatening and stigmatising than statutory services**. We also know that some services have high acceptability because of their professional status and branding; for example, the NHS, nurses, midwives and doctors are well trusted by the public. Outreach has a big part to play in making sure the children who need help the most get it too.



Early intervention is a shared responsibility for all who work with children, young people and families

- 2.26 Because the term 'early intervention' sounds quite technical and is used to mean different things there can be confusion about whose job it is to do it within a locality. The fact is that **every member of staff who works with children, young people and families has some individual responsibility for early intervention**. This applies whether they are health visitors, police officers, General Practitioners (GPs), midwives, nursing staff, teachers and teaching assistants, youth workers, speech and language therapists, children's centre staff, social workers, nursery workers and child and adolescent as well as adult mental health workers, among many others.
- 2.27 How that responsibility should be discharged will vary, depending on the individual's specific role. Everyone though should be alert to a child or young person's emerging needs and know what to do to respond, whether that means initiating an assessment, providing immediate help themselves or referring the child on to another professional or agency better placed than they are to offer support.
- 2.28 The Think Family initiative emphasises the importance of the professionals working with adults who are parents being alert to the implications of family difficulties for children, and equipped to know what to do to ensure the children's safety and wellbeing. In families where the adults have substance misuse problems and mental health difficulties, or where there is domestic violence going on, the children are at significantly increased risk of poor outcomes. **'Think Family' therefore has a huge contribution to make to effective early intervention in a local area**. In November 2009 DCSF and its partners across Government published the first two sets of Think Family guidance²¹ – for joint working between children's and family services and, respectively, drug and alcohol treatment services and offender management services.
- 2.29 As is discussed in more detail later in this paper, Children's Trust Boards are developing different approaches to organising the process of early intervention, albeit by reference to some common principles. **Locally agreed systems and processes for early intervention, communicated well to all members of staff, are essential for ensuring consistency of**

21 <http://www.dcsf.gov.uk/everychildmatters/strategy/parents/ID91askclient/thinkfamily/tt/>

approach. These systems must however be understood as reinforcing, not supplanting, the responsibilities of individual staff members to be alert to emerging needs.

- 2.30 This reflects the fact that early intervention is partly ‘an attitude of mind’; the higher the proportion of professionals who have it in an area, the more likely it is that early intervention will be carried out well.

All services must contribute to early intervention, with the role of universal services especially crucial

- 2.31 Collectively, schools, colleges, Sure Start Children’s Centres and GP practices – and professionals who work in them, including health visitors, paediatricians, teachers and non-teaching staff in schools and colleges – have contact with almost all children and young people. **Universal services and settings are often the places where emerging difficulties can be first spotted, or where children and young people or their families will themselves first ask for help. They are also often the most appropriate setting within which the extra help children need can be sourced and delivered.**
- 2.32 Some may suggest that these universal services already have such a heavy workload that their members of staff haven’t got the time to be involved in early intervention ‘as well’. This is, however, a misunderstanding: **early intervention is core to the work of every mainstream service, including schools, colleges, Sure Start Children’s Centres and primary health care settings.**
- 2.33 This was made explicit in Every Child Matters, which requires every professional who works with children and young people to help them to improve all five of their outcomes – not only the one or two to which their work is most clearly relevant. So, for example, as is widely recognised within the profession, a teacher has the responsibility to consider what can be done to help a child or young person who may have an emerging problem that on the face of it is not directly to do with or impacting on their education – at least not yet. For it is often the case that the problems children and young people develop eventually influence every aspect of their lives, so this is another reason why every service and every professional has an interest in effective early intervention being in place.

- 2.34 Once a child's difficulty has been identified and their situation has been properly assessed, help can be delivered by universal services, by bespoke services such as intermediate 'tier two' child and adolescent mental health services (CAMHS), or by specific targeted programmes. What is most appropriate will vary with each child. In many cases contributions from a range of services and professionals will be needed to be delivered by them working together in a coordinated way, often using a 'Think Family' approach that involves adult as well as children's services. The Healthy Child Programme from pregnancy to 19 years old supports this approach and recognises the wide range of professionals and services involved in promoting children and young people's health and well-being. It emphasises the importance of a universal service offered to all children and young people and their families and additional targeted and specialist services for those with specific needs and risk factors.
- 2.35 When children and young people's additional needs are relatively uncomplicated it will be appropriate for the whole process of early intervention to be carried out within universal service settings, without recourse to more specialist or targeted provision, including when it comes to offering the extra help that they have been assessed as requiring. Schools, for example, are now much better equipped than a decade ago to offer many different kinds of extra help for children and their families, for example through extended services. Children's centres are also ideally placed to provide local, non-stigmatising help for families with young children.
- 2.36 If it becomes clear that a child's emerging problem reflects a need that is actually so significant that it meets the criteria for statutory involvement then of course, appropriate action must be taken immediately, in accordance with agreed national and local procedures.

3. The case for early intervention

The spiralling costs of *not* intervening early and effectively

- 3.1 Essentially, the case for early intervention rests on the mounting evidence demonstrating what happens when children and young people's emerging difficulties are *not* spotted and addressed, coupled with promising evidence about the difference that programmes and approaches can make if delivered well, early on after difficulties have first appeared. It is clear that in some cases, without identification, assessment and help, children's problems become entrenched and then spiral and multiply, causing significant long term damage for them and for others around them, and creating big financial costs for a wide range of public services far into the future.
- 3.2 **When the high costs of 'non-intervention' are compared to the significantly lower costs of intervening early, it becomes clear that early intervention is often the better approach.**
- 3.3 The most famous research in this area is the High Scope study²² in Michigan, in the USA, which led to the well known conclusion that 'one dollar saves seven' in the early 1990s. The study evaluated a small, intensive pre-school programme that was established in 1962 in Ypsilanti, a town near Detroit. 58 3 and 4 year olds identified as at significant risk of poor outcomes were involved in a high quality learning programme every day in the two years before they went to school. Teachers worked with the children individually and in groups, and once a week they visited the child's home and encouraged the parents to take an active role in their child's education. The children were assessed as they grew up and compared with a 'control group' who did not receive this extra support. At 15 years the High Scope children were reporting lower levels of involvement in crime, and at 19 and 27 they had experienced significantly fewer arrests. Mostly notably, the

22 <http://www.highscope.org/>

proportion of chronic offenders was only 7% for the High Scope graduates, compared to 35% among the controls. It has been hypothesised that much of the difference is accounted for by the fact that the High Scope children did better at school and therefore earned more as adults.

3.4 More recent studies also illustrate the attractions of early intervention in cost benefit terms. For example:

- The cumulative cost to public services of children with troubled behaviour is ten times that for other children. The mean extra cost is more than £15,000 a year, of which families themselves bear a third (mainly through reduced earnings); education services bear a third; health services and the benefit system each bear 15% and social services bear 6%.²³ An authoritative systematic review of a wide range of interventions²⁴ found that in the USA the Nurse Family Partnership generated \$17,000 in net benefits per child (i.e. after deducting the cost of the programme) over the timescale during which outcomes had been measured (usually up to the age of 16). A substantial part of this was attributable to lower rates of offending in adolescence by those whose mothers had been visited during pregnancy and infancy. This is also a conservative estimate as it only included benefits for children and not for mothers which were also substantial.
- An Incredible Years parenting programme with children with diagnosed disruptive behaviour costs an average of £1,344 over a six month period to improve a child's behaviour to below clinical levels of disruptiveness. Conversely, it is estimated that by the age of 28, an individual with conduct disorder has cost an additional £60,000 to public services, compared to an individual without.²⁵

23 Scott, S. et al, 2001, *Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice*, British Medical Journal 323

24 Aos S. et al, 2004, *Benefits and costs of prevention and early intervention programs for youth*. Olympia WA: Washington State Institute for Public Policy

25 £70,019 for those with conduct disorder in childhood compared to £7,423 for those without, Scott S, Knapp M, Henderson J and Maughan B, 2001, *Financial Cost of Social Exclusion: follow up study of anti-social children into adulthood*. British Medical Journal 323

- The cost of poor literacy is estimated to be between £5,000 and £64,000 for each individual over a lifetime, with the vast majority of these costs the result of lower tax revenues and higher benefits paid due to poorer employment prospects. In comparison, the cost of providing the Reading Recovery programme is approximately £2,609 per pupil. Based on evidence that the intervention will lift 79% of children who receive it out of literacy failure, the return for every pound spent is likely to be in the order of £11–17.²⁶
- The cost of poor numeracy is estimated to be between £4,000 and £63,000 per individual over a lifetime. Again, the vast majority of these costs come from lower tax revenues and higher benefits due to reduced employment prospects. In comparison, the cost of providing the Every Child Counts intervention is £2,582. Assuming that the intervention will lift roughly 79% of children who receive it out of numeracy failure, as evidence suggests, the return for every pound spent is likely to be in the order of £12–19.²⁷
- Research carried out for the children’s charity Action for Children by the New Economics Foundation estimated that for every pound invested in its Caerphilly Family Intervention Project and East Dunbartonshire Family Service – targeted interventions designed to catch problems early and prevent them from recurring – between £7.60 and £9.20 worth of social value was generated for every pound invested. In these cases the increased returns to the state were mainly generated by reductions in costs associated with increased tax revenue; decreased benefit payments; reduced costs of crime and anti-social behaviour; reduced health costs for children; and the reduction of long term costs such as specialist education and care provision.²⁸

26 Every Child a Chance Trust, 2009, *The Long Term Costs of Literacy Difficulties*, 2nd edition

27 Every Child a Chance Trust, 2009, *The Long Term Costs of Numeracy Difficulties*

28 Action for Children and the New Economics Foundation, 2009, *Backing the Future: why investing in children is good for us all*

- An analysis carried out for Washington state in the USA found that if four of the most effective early intervention programmes were introduced, after five years of implementing such a strategy, Washington state would receive long term net benefits of between \$317 and \$493 million (of which \$6 million to \$62 million would be net taxpayer benefits). To give a sense of scale, there are just over one and a half million children and young people aged under 18 in Washington state, 2.7% of whom were 'accepted for investigation' in 2007.²⁹
- 3.5 The way these kinds of calculations work is perhaps best exemplified when applied to individual cases. Take 'James' for example, a 16 year old who is serving his second custodial sentence.³⁰ James' behaviour became difficult to manage at home from the age of five. James was being neglected at home and by the age of six he was displaying learning difficulties and attendance problems. He was given an SEN statement and sent to a special school. At ten he received his first caution – for arson – and over the next few years he dropped out of school and got into more trouble with the law.
- 3.6 Looking at James' life with the benefit of hindsight, he might well have gained a lot from early parenting support, pre-school education, anger management, learning support and mentoring. If these had been provided early on and continued throughout James' teenage years, some or all of his offending might have been avoided. The costs of these support services would have been £42,000 up to the time he was 16, compared with the actual costs of £154,000 for the services he did receive, which include expensive court appearances and custody. Effective intervention when problems first emerged could have saved over £110,000 to public services, and if the costs and inconvenience to the community of his offending are factored in the potential savings would be shown to be even greater. James' current wellbeing and future life chances would have been immeasurably better too.
- 3.7 A full schedule of the estimated costs behind these overall figures in James' case is set out in Appendix 2.

29 Washington State Institute for Public Policy, 2008, *Evidence based programs to prevent children entering and remaining in the child welfare system: benefits and costs for Washington*

30 Case study from the Audit Commission, 2004, *Youth Justice, 2004: A review of the reformed youth justice system*

3.8 One of the reasons why these cost benefit calculations are so impressive is because the costs of what is sometimes called ‘social failure’ are so significant when estimated on a national basis. Thus, it has been suggested that a reduction of just 1% in the number of offences committed by children and young people has the potential to generate savings for households and individuals of around £45 million a year.³¹ Similarly, a study by the London School of Economics for the Prince’s Trust has estimated that the cost to the economy of educational underachievement is around £18 billion a year.³²

Considerations concerning cost and value for money calculations

3.9 Results such as those set out above are exciting from both child welfare and cost effectiveness perspectives, because they suggest early intervention can offer significantly better outcomes and value for money than the later interventions that absorb the great bulk of service budgets.

3.10 Assessing the costs of services is though a complex task and questions always need to be asked such as:

- Costs for what? What items have been included?
- Costs to whom? The costs to which organisations have been included?
- Costs for when? Over what period does this cost span?³³

3.11 Some of the most impressive cost benefit analyses that are used to support the case for early intervention assume that the early intervention ‘alternative’ will always be effective, whereas this is highly unlikely to be so in every case. Some approaches seem to have a much higher success rate than others, as is set out in more detail later in this paper. **Commissioners therefore need to look carefully at the evidence about the rate of effectiveness for different ways of helping children and young people, as well as the actual cost**, and factor this into their financial modelling when deciding whether it is worth investing in a particular approach.

31 Nurse Family Partnership programme evaluation, p79, 2009, supra

32 The Prince’s Trust, 2007, *The Cost of Exclusion: Counting the cost of youth disadvantage in the UK*

33 Beecham J. and Sinclair I., 2007, *Costs and Outcomes in Children’s Social Care: messages from research*, p57, DfES, Jessica Kingsley

- 3.12 The Center on the Developing Child at Harvard University has produced a short guide for decision makers to use when considering investment in a programme or approach, including how to work out how cost effective it may be.³⁴
- 3.13 One problem that has frequently been identified as a barrier to early intervention is the fact that an organisation that invests in it may well find that the benefits accrue to other services, so there is no clear 'pay back' for them. From this point of view **pooled budgets within the Children's Trust from all partners can enable savings to be shared, thus strengthening the local case for investment in early intervention.**
- 3.14 A second problem in making the case both for prevention and early intervention is that it is hard to prove what *hasn't* happened, or to demonstrate causality – the decisions not taken to drop out of school or not to commit offences, as a direct result of a child's difficulties being spotted early and addressed. However, this needs to be set against the evidence presented earlier in this section from research studies comparing groups of children who received early intervention with control groups of those who didn't.
- 3.15 A third consideration, as the example of High Scope shows, is that the benefits from early intervention may take many years to be fully realised. It has been suggested that in the short term, early intervention can even increase the costs to services by raising awareness of risk and need, meaning more children and young people are recognised as requiring a service response. Both research and practice also suggest that a significant proportion of children with emerging difficulties and their families will need continuing support as they grow up: a single intervention made early, however well designed and delivered, cannot be expected to 'fix' matters. Early intervention is not an 'inoculation' and extra help will often be needed.
- 3.16 However, all this needs to be set against some crucial evidence about the potential of early intervention to protect children from experiencing serious harm. In their most recent evaluation of Serious Case Reviews for example, Ofsted concluded that the earlier identification of problems could have made a considerable difference to some children who subsequently died or

34 Accessible at http://developingchild.harvard.edu/library/reports_and_working_papers/decision_makers_guide/

experienced terrible harm as a result of abuse and neglect. The report states 'where there were frequent visits to Accident and Emergency, these were not recognised as possible cries for help; concerns about bullying were not investigated satisfactorily; children who often went missing were seen as offenders or absconders rather than children in need.'³⁵

- 3.17 **So in the longer term early intervention can yield really significant savings. Even in the short and medium term, by picking up children's emerging difficulties quickly and responding to them, some children can begin to get the help they need sooner and be protected from experiencing really devastating harm later on.**
- 3.18 Complex issues do, however, clearly arise with cost benefit calculations in the context of early intervention. That is why some experts have suggested that the case for early intervention lies more in the improvement of outcomes for children and families than in short-term service savings.³⁶

35 Ofsted, 2009, *Learning lessons from serious case reviews year two*

36 Beecham J. and Sinclair I., 2007, *Costs and Outcomes in Children's Social Care: messages from research* p124

4. Realising the potential of early intervention: identification

Identifying the 'right' children and young people

- 4.1 Realising the considerable potential benefits of early intervention depends on, among other things, the assumption that it is possible to identify the children and young people who would otherwise go on to develop the poor outcomes that trigger non-negotiable intervention. When translated into practice, this means services need the ability both to identify a high proportion of the children who are likely to develop problems later on, and to 'screen out' the children who won't.³⁷
- 4.2 This is more difficult than first appears. Risk factors and how they operate are better understood than ever before and there is no doubt that they have some real predictive power, helping services to target their input to where it is most needed. However, this is not an exact science.
- 4.3 In the British Cohort Study for example, on average 12% of the 1970 cohort had 10 or more of the 31 outcomes of adult deprivation by the age of 30. Of the group identified at age 10 as being in the lowest 50% of risk, only 1% experienced this level of multiple deprivation at age 30. Most significantly, of the 5% identified as having the highest level of risk at age 10, 51% were experiencing 10 or more outcomes of multiple deprivation at age 30.
- 4.4 Importantly and optimistically, this shows **it is possible to use information about risk to help target resources at populations who will benefit from prevention**. However, equally crucially, the great majority of those who went on to experience multiple deprivation were *not* in the low-risk half of the

population at age 10.³⁸ Therefore, relying *only* on a risk analysis carried out on all children at age ten as the means of deciding who should receive preventive help and who shouldn't would have resulted in some children being offered services they didn't really need and others who could have benefited missing out: an ineffective approach.

- 4.5 This phenomenon arises because children move in and out of risk as they grow up. It is true that this analysis in the British Cohort Study³⁹ found that a significant proportion of people at risk of future social exclusion at age 5, or age 16, could have been identified in assessments at birth or at age 5. However, it also found half of them could not have been identified in this way. The PREview project will enable us to apply a more reliable predictive approach in pregnancy and the early years using evidence from the Millenium Cohort Study to identify the factors that are associated with outcomes (health, learning and behaviour) for the child at 5 years. This will focus activity at three levels:
- for Children's Trust Board commissioners to look at resource allocation for their populations;
 - for communities (e.g. Practice Based Commissioners, Sure Start Children's Centres, HV Teams) to provide resources and services more appropriately to optimise outcomes for local children; and
 - for professionals working with individuals to assist parents to think about their child's future and match the Healthy Child Programme to help achieve these aims.
- 4.6 We are developing the population model in two local areas using locally available data and will make the findings from PREview available during 2010–2011.
- 4.7 The Maternity and Early Years Review⁴⁰ further strengthens the Government's commitment to offer all families the opportunity to meet with a health professional at a 'family start' meeting to talk about preparing for parenthood. This 'family start' meeting will support better integration of

38 Feinstein L et al, 2007, *Reducing inequalities, realising the talents of all*, National Children's Bureau

39 <http://www.cls.ioe.ac.uk>

40 *Maternity and Early Years, Making a good start to family life*, supra

maternity and early years services by providing time for the family to explore with local professionals how they would like to prepare for pregnancy and birth as well as how they can help their baby to grow and develop. The meeting will often be held at the local children's centre to help families engage with the wider support available.

- 4.8 It is sometimes suggested that teachers of young children can accurately predict who in their class will experience serious difficulty as adolescents and adults. It may indeed be the case that they can correctly identify a number of children with emerging difficulties among the group they teach, and it is also likely that without effective help, some of these children will go on to develop more serious problems. However, such anecdotes overlook the fact that some of the children picked out in this way will overcome their initial difficulties and will get back on track, without additional external help. It also ignores the fact that some of the children in the class who are doing well at age three or four will develop serious difficulties later on. For example, because of changes to their lives such as parental divorce, bereavement or poorly managed relocation, young people on a pathway to success can experience problems which early intervention needs to help address.
- 4.9 This frequently heard story about early intervention is therefore rather misleading; children's lives do not always follow such straight trajectories, in large part because they are often highly resilient in the face of adversity.
- 4.10 Another illustration concerns the deeply regrettable over-representation of young people with care backgrounds within the prison population. About one in four of the population of adults in prison have been in care at some time during their lives. This could lead to the conclusion that it really should be possible to identify these people as children and intervene decisively to divert them away from crime. However, only two or three young people in every 100 of the care population will actually go to prison. Applying knowledge of risk factors for offending and incarceration, such as having a parent or a sibling who offends, will never make it possible to identify with complete accuracy those two in 100 young people in advance.⁴¹
- 4.11 Some might suggest that given the over representation of young people with care backgrounds within the prison population and the relatively small

41 Little M and Mount K, 1999, *Prevention and Early Intervention with Children in Need*

numbers of children in care (less than 1% of the population overall), it would make sense to target every child in care with some kind of evidence-based diversion programme. However, this would be profoundly stigmatising and would reinforce the mistaken belief that the care system is for young offenders. In reality, of course, it is for children who are unable to live with their birth parents, through no fault of their own. As well as being unethical and unjust, such an approach would also run the risk of becoming a self-fulfilling prophecy: research has found that risk-based targeting of this sort can inadvertently lead to groups of children and young people being further marginalised.⁴²

4.12 This is not in any way to deny the importance of programmes and approaches that target disadvantage at a neighbourhood, population or group level; these can definitely reinforce efforts to help individual children identified as having emerging difficulties. However, area wide or whole group approaches need to be implemented very carefully in order to ensure that they don't waste resources by giving 'one size fits all' help to children with very disparate needs; and to manage the risk that children and young people will take on the characteristics of the problem that an intervention is seeking to overcome. These difficulties can, of course, be addressed through progressive universalist approaches, such as Sure Start and the Healthy Child Programme, through which a universal service is offered to all, with additional services for those with specific needs and risks.

4.13 **An analysis of risk factors can help decide who the children are who will most benefit from prevention but uncertainty will always remain. So encouraging professionals to watch out for emerging needs and to know what action to take so early intervention occurs with these children is important too, in order to have an effective and balanced approach to allocating resources for prevention and early intervention.**

Sharing information to support early intervention

4.14 Effective information sharing plays an important part both in the identification of vulnerable children and young people, and in the meeting of their needs.

42 Case S, 2006, *Young people at risk of what? Challenging risk-focused early intervention as crime prevention*, Youth Justice 2006 6, cited in Statham J and Smith M, 2010, *Earlier Intervention: identifying and supporting children with additional needs* Research Report DCS

- 4.15 Sharing information appropriately between services, with adherence to local data protection and confidentiality policies, can help ensure that each practitioner knows which other services (if any) are already involved with a child who has come to their notice. Quite often, children with additional needs are identified by a range of services, including those which are not solely concerned with children. For example, the police, anti-social behaviour teams and housing may be well placed to identify problems early on, before they come entrenched. Once a child's additional needs are spotted it is important that all relevant agencies are able to lever in appropriate support, and in a co-ordinated way. In pregnancy midwives frequently pick up women who would benefit from early intervention and share this information with the health visitor who can begin the Healthy Child Programme early.
- 4.16 In Lancashire, a task group based on the network of children's centres looked at how professionals could support prospective parents from the early stages of pregnancy, with a particular focus on those considered to be potentially vulnerable. As a first step, partnership meetings were set up with representatives from the Heads of Midwifery services, NHS commissioners, CAMHS, Health Visitor Team Co-ordinators and children's centre staff. They agreed to take forward an early notification process – a simple notification form completed at the antenatal booking clinic and forwarded to the children's centre and health visitor.
- 4.17 As a result, Lancashire reports that families now receive more and better support earlier, across the county. Communication has improved between all the relevant services and a simple mechanism to enable effective information sharing is now in place. The families identified as highly vulnerable are offered support before their baby is born. This partnership approach also frees midwives up to concentrate on their clinical role, because they know the relevant services will offer the other kinds of support the family needs. It has also been found that the families who start to go to children's centres before their child is born are more likely to continue to do so afterwards, helping to ensure they get the extra help they need.
- 4.18 The Government has produced a new leaflet on health, children's centres and information sharing. *'NHS Services and Children's Centres – how to share information appropriately with Children's Centre Staff'* complements the existing cross-Government guidance on information sharing. It applies to all staff working in and with children's centres, including members of the

team who provide health services. The leaflet covers information sharing about children and families as individuals and as groups, and offers guidance on how to facilitate good local information sharing.

Self-referral

- 4.19 **A significant proportion of the children who could benefit from early intervention and their parents and families actually ask for it.** That's one of the reasons why in his 2009 report⁴³ Lord Laming said, 'A key factor in identifying children and young people who need help is ensuring services are designed to encourage contact from members of the public, parents and children and young people as well as by other agencies.'
- 4.20 But the evidence suggests that children, young people and families sometimes struggle to engage the attention of busy services and professionals. For example, it was pointed out in *Support for All: the Families and Relationships Green Paper*,⁴⁴ that parents have often said they have found it hard to get help if they are worried about a teenage son or daughter's emerging difficulties, if these fall short of triggering crisis interventions from services. Similarly, a recent evaluation of Youth Inclusion and Support Panels, found that parents had often been aware of problems and had been asking for help for a long time, suggesting that the young people could have been identified earlier.⁴⁵ The Government has responded to these concerns by expanding the advice and information on offer to parents of teenagers. New services are being delivered by the voluntary agency Parentline Plus and are accessible online at www.gotageenager.org.uk and via their telephone helpline on 0808 800 2222.
- 4.21 The Lamb Inquiry⁴⁶ found that some parents of children with special educational needs lost confidence when schools were unable to provide the specialist expertise they felt their child required and then went further up the system in search of it. This might include them requesting a statutory assessment and a statement. As is set out later in this paper, increasing numbers of Children's Trusts are establishing specialist multi-agency teams

43 The Lord Laming 2009, 2009, *The Protection of Children in England: A Progress Report*

44 DCSF, 2010, *Support for All: the Families and Relationships Green Paper*

45 Walker J. et al, 2007, *Youth inclusion and support panels: preventing crime and anti-social behaviour?* DCSF Research Report RW-018, DCSF; cited in Statham J and Smith M, 2010, *supra*

46 B Lamb, 2009, Lamb Inquiry, *Special educational needs and parental confidence*

which serve a range of universal services in a locality. Enabling concerned parents to access the expertise in these teams directly can be easier and quicker for them, and less costly from a service perspective, than 'forcing' them to use the statutory Special Educational Needs (SEN) processes in their pursuit of specialist support for their child.

- 4.22 There is, of course, a risk that the children and young people – or perhaps more likely their parents – who proactively seek help are 'the worried well'. Good assessment processes, which are examined in the next section of this paper, should clarify the scale and nature of children's developing difficulties, thus supporting objective decision making about the appropriate service response. Certainly, the fact that sometimes the people who ask for help are not those in the greatest need is not a reason to discourage services from being outward facing.
- 4.23 A number of factors can get in the way of children, young people and parents communicating their need for help effectively to professionals and organisations in a position to respond. Quite simply, for example, they may not know where to go – though schools, Sure Start Children's Centres and GP practices are likely settings. **Good local information about where children, young people and families can access advice and information about emerging difficulties contributes to effective early intervention.**

The need for professionals to know how to listen and engage

- 4.24 It is also possible that children, young people or their families manage to locate the right professional or service to ask for help but that what they say is misunderstood or, for some other reason, not listened to or not heard.
- 4.25 Really listening to children, young people and families and drawing the right conclusions from what they say seems simple but is in fact a professional skill that benefits from specific training. Brief Encounters is a training programme developed by the charity One plus One and delivered now to over 3,000 practitioners, most of them staff members who work with parents of babies and young children. The programme trains professionals to listen to parents without becoming overwhelmed, to offer effective support and to make an effective referral where necessary. A randomised controlled trial of the effectiveness of Brief Encounters focused

on health visitor support to 1,000 new mothers in Bexley Care Trust. It found that 21% of mothers in intervention clinics were identified with relationship problems compared to 5% in the control group.⁴⁷

- 4.26 Schools are now holding structured conversations to listen and respond to parental views as part of the Achievement for All project to help children with SEN in Years 1, 5, 7 and 10. Where appropriate, the pupil may also be part of this conversation, depending on their age, maturity and understanding. Early results from this approach look promising. Some parents who haven't typically attended meetings with the school have been found to be prepared to take part in these discussions, and they and the school staff have said there have been benefits. Schools have found it important to consider carefully who is best placed on the staff team to hold these conversations with parents.

Processes for filtering or 'triaging' need to support more effective early intervention

- 4.27 Many agencies are developing different approaches within Children's Trusts for filtering needs, for example through adopting triage processes for referrals to children's services from the police linked to domestic violence call-outs, as a necessary precondition for delivering early intervention more effectively. Some areas are using multi-agency teams to undertake this task, as part of a set of local arrangements designed to ensure that children do not fall through the gaps in provision and get directed to the right place for the help they require.
- 4.28 Such triage approaches can help vulnerable young people too. A triage pilot in the London Borough of Lewisham, for example, is a partnership between Lewisham Borough police, Metropolitan Police and Lewisham Youth Offending Service (YOS). Young people arrested for a low level offence are referred to a YOS worker, who makes an immediate assessment and develops a plan for the young person to avoid criminalisation – for example by referral to services such as Connexions, and mental health services. Local police officers are enthusiastic advocates of this approach,

47 Simons J., Reynolds J & Morison L., 2001, *Randomised controlled trial of training health visitors to identify and help couples with relationship problems following a birth*, British Journal of General Practice 51, 793-799; Simons J., Reynolds J., Mannion J., & Morison L., 2003, *How the health visitor can help when problems between parents can add to postnatal stress*, Journal of Advanced Nursing, 44 (4), 400-411

confirming that the availability of YOS expertise at the point of arrest means that informed decisions can be made about the best way of dealing with the young people, with those best responded to outside the justice system filtered out at this early stage.⁴⁸

- 4.29 Regular reviews to identify children with emerging difficulties at the earliest possible opportunity is a central element of the Healthy Child Programme. These are carried out at key ages from pregnancy through childhood. The reviews provide a structured way of identifying developmental and health problems, promoting health and supporting parenting. All families with children are offered reviews at birth; at six to eight weeks; at each immunisation; at one year; at two years, when they start school and at transition to secondary school. The Healthy Child Programme also emphasises the importance of on-going support being available throughout a child's life as they develop from dependent children to adults.

5. Realising the potential of early intervention: assessing need

- 5.1 Assessment is pivotal to early intervention, being positioned in the middle of the process and thus acting as the essential link between early identification of children and young people's emerging difficulties on the one hand, and the provision of support of various kinds to resolve or help manage them, on the other.
- 5.2 High quality assessment undoubtedly makes a huge difference to children and young people's outcomes, as well as to the effectiveness with which services are allocated in a local area. A good joint needs assessment in a locality is as important as good assessments of individual children.
- 5.3 Those delivering maternity care and the Healthy Child Programme have a number of tools and processes available to them to support universal assessment and review. When a child or a family is identified through these opportunities as requiring progressive interventions from a number of sources the Common Assessment Framework can be helpful.

The Common Assessment Framework (CAF)

- 5.4 Practitioners who work with children potentially have access to a number of different assessment processes, depending on which agency they work for and on the child's circumstances. However, at the heart of Every Child Matters **the key assessment process in the context of early intervention is the Common Assessment Framework (CAF)**. The CAF is much more than a form; it is an assessment and planning framework that aims to assess a child's and/or families' holistic needs early on following the onset of difficulties, and to develop and agree on a process through which agencies work together to meet those needs. In this respect it has the potential for

acting as a bridge for communication between members of the children's workforce.⁴⁹

- 5.5 Use of the CAF depends on the consent of the child, young person and/or their family; this is one of its defining features, emphasising the fact that children, young people and families can make important contributions to the process, which should be based on an assessment of their strengths as well as their difficulties.
- 5.6 The use of the CAF is also promoted in statutory guidance with respect to section 10 (inter-agency cooperation) and section 11 (safeguarding and promoting the welfare of children) of the Children Act 2004, to which local authorities and their relevant partners within Children's Trusts have to pay regard. Since its introduction thousands of practitioners have been trained in the CAF and are using it successfully as part of their day to day work. Many of them have found it to be a powerful tool which enhances early intervention and which helps practitioners from different professional backgrounds to work as a Team around the Child.
- 5.7 CAF information is currently recorded using a paper-format or on local systems. A new system to electronically enable the CAF, called National eCAF, was made available in March 2010 to a small group of 'Early Adopter' organisations who have applied to take part in this scheme: four local authorities and two voluntary organisations. Our intention is that this new system will support more effective use of the CAF, bringing efficiency benefits by freeing up practitioner time. It will also support the strategic analysis of local need by generating reports for local leaders.
- 5.8 There is enthusiasm for the CAF in many areas and among many professionals. However, a number of research studies, as well as inspection reports, have found that the CAF is being used variably across agencies and localities.⁵⁰ Practitioners are sometimes reluctant to complete a CAF because they are worried additional resources will not be made available to support the needs that are identified. It also seems there can be different understandings of when and how to use the CAF between schools, health

49 Wolstenholme D. et al, 2008, *Factors that assist the earlier identification of need etc*, supra

50 See for example Gilligan P. and Manby M., 2008, *The Common Assessment Framework: does the reality match the rhetoric?* Child and Family Social Work 13, 177-187; and Ofsted, 2008, *Safeguarding Children: the third joint chief inspectors' report on arrangements to safeguard children*, both cited in Statham J. and Smith M., 2010, supra

settings and in children's services, this difficulty being caused in part by the lack of a common language between assessors, leading to terms such as 'need', 'risk' and 'harm' being used differently across settings. Research suggests that professionals are uncertain about how to use the CAF to assess the needs of parents and families. We will be looking at ways to strengthen the role of the CAF in promoting family/parenting assessment, including the consideration of trigger criteria and improving training for professionals to ensure they 'Think Family' when undertaking CAF assessments.

- 5.9 There has also been evidence⁵¹ of confusion about how the CAF should relate to specialist and universal assessments. These specialist assessments potentially arise within safeguarding processes; when children are thought to have a special educational need; for all children by the NHS as part of the Healthy Child Programme; and in youth justice and youth inclusion work.
- 5.10 In process terms there are three kinds of interface that typically have to be managed between the CAF and these other specialist assessments:
- Parallel working: where a child is supported by universal practitioners using CAF/Team around the Child but may also require additional support from specialist services;
 - Step-up: where CAF practitioners are considering whether a specialist service should lead on the case going forward;
 - Step-down: where specialist providers are considering whether CAF/Team around the Child should be put in place on conclusion of their specialist intervention.
- 5.11 **A forthcoming research report**⁵² commissioned by the Children's Workforce Development Council (CWDC) casts fresh light on these problems, as well as pointing towards potential solutions. Importantly it **concludes that it is not the assessment tools (CAF or specialist assessments) that cause confusion, but the fact that business**

51 Brandan M. et al, 2006, *Evaluating the Common Assessment Framework and Lead Professional Guidance*, Research Report No. 740. DfES; and Commission for Social Care Inspection, 2007, *Supporting Parents, Safeguarding Children*

52 'A report by Social Information Systems, commissioned by the Children's Workforce Development Council, 2010, *Common Assessment Framework and specialist assessments: present position – future action*, (forthcoming)

processes to affect effective integration have not yet been systematically put in place at a local level.

- 5.12 In the absence of this the report, which drew on the views and experiences of a wide range of professionals, found that many local areas had developed ways of managing the interfaces between specialist assessments and the CAF, but that there was no consistent pattern in the use of CAF across specialist services, or by specialist assessors and service providers in collaboration with universal services.
- 5.13 The research highlights four broad approaches that have been introduced to address these interface issues: the development of local protocols; business process mapping; smarter working of various kinds – for example some areas have developed a process for children stepping-down from social care into a Team around the Child, once their ‘child in need’ status (under section 17 of the Children Act 1989) has concluded; and infrastructure support.
- 5.14 The latter typically includes integrated working panels that consider CAF cases and whether the child or young person requires any specialist involvement. Westminster is one area that has developed this working panel approach. It holds five Family Support Panels across the authority for children under 12 with multiple needs, bringing together representatives from many different local agencies, including the voluntary sector. Practitioners refer a case to the panel with the consent of the child, young person or family and during the meeting a Family Support Offer is drawn together, and a Team around the Child and Lead Professional identified. Depending on the outcomes, cases are reviewed on average two or three times.
- 5.15 Research has also concluded that practitioners who are making assessments need adequate time for the task, administrative and IT support, and opportunities to gain confidence in undertaking assessments. They have also identified a need for practitioners to have more strategic and evidence-based training and opportunities for personal development.⁵³

53 In Wolstenholme D. et al, 2008, *supra*, citing Tunstill, J. and Allnock, D., 2007, *Understanding the contribution of Sure Start local programmes to the task of safeguarding children's welfare*, HMSO, among other studies.

5.16 **Overall, research and inspection reports lead to the conclusion that the CAF is the right assessment tool to support early intervention, but that more needs to be done to ensure that it is used consistently by settings and localities.** This issue is addressed in the concluding section of this paper.

6. Realising the potential of early intervention: delivering help

Factors to consider in delivering help

- 6.1 **When delivering help it is important to be really clear what the specific difficulties are that need to be addressed. It is then necessary to take care to ensure that the proposed response really fits those difficulties.**

For example, light touch interventions are unlikely to be effective for complex and serious problems.⁵⁴ Similarly, approaches that have been shown to be effective in – say – helping young people with emerging problems of depression may not be nearly so helpful, or could possibly be unhelpful, with children who are in the early stages of developing conduct disorders.

- 6.2 This may seem obvious but it is not necessarily straightforward in practice, since many children and young people who could benefit from early intervention have more than one kind of difficulty. This probably explains why **some studies have concluded that early intervention approaches that address multiple risk factors are the most effective.**⁵⁵

- 6.3 The leading UK study on the costs and outcomes of social care differentiated responses to children’s potential or emerging difficulties by whether they were ‘specialist’ or ‘responsive’ services, though it acknowledged the two sometimes overlap in practice. In the study ‘specialist services’ were defined as those that operated to tightly defined criteria and with specific treatment rationales. The two examples focused on were a health visiting service and a sexual abuse treatment initiative. Conversely, responsive services were defined as those that responded to the felt needs of the children and families who received them. They weren’t

54 Statham J. and Smith M., 2010, *supra*

55 Ghate D. et al., 2008, *On Track Phase Two national evaluation, Reducing risk or increasing resilience – how did On Track work?* DCSF Research Report 035, DCSF

closely targeted towards a 'high risk' population or offered on the basis of tightly defined needs. The responsive services chosen for this study were a therapeutic family support service and Home Start.

- 6.4 At the end of the study the researchers concluded that, on the whole, the outcomes for children from the specialist services were more encouraging, and the children and families liked them. The families in the study liked the responsive services too.
- 6.5 This highlights the important point that **what children, young people and families want, and what an expert, objective assessment of their situation suggests they need, may differ**. Taking on board the views of the people for whom services are being designed and delivered is usually both necessary and desirable but, of course, it is also important to consider the results of an assessment. Therefore, **in practice, it is often necessary and appropriate to offer help in ways that are able to achieve both objectives**.
- 6.6 In this study the researchers also pointed out that the responsive services were much less expensive than the specialist ones.⁵⁶ For all these reasons they concluded that both kinds of responses can be positive and have their place.
- 6.7 Effective help for children can therefore take many forms; cost is one factor to take into account, alongside effectiveness in terms of improved outcomes and the views of children, young people and families.

Help provided by and through universal services

- 6.8 It is sometimes assumed that the only really 'correct' response in terms of early intervention is the provision of an evidence based programme of some kind – more akin to the 'specialist services' as defined in the Costs and Outcomes study above. Universal services still need to be based on evidence but may not have been evaluated as a specific intervention in their own right. This makes it more difficult for them to demonstrate evidence of their effectiveness and can reinforce the view that 'a programme is always best'. However, while some programmes can be

56 Beecham, J and Sinclair, I, 2007, *supra*

highly effective, as is discussed below, there are other ways of providing assistance that can make a positive difference too.

- 6.9 One academic expert has observed that ‘effective prevention and early intervention strategies may depend on a sophisticated understanding of causal mechanisms, but they are likely to take the form of simple, practical help for the practical problems experienced by children, young people and their families.’⁵⁷ This will not apply to all children in all situations, some of whom may well also need expert therapeutic help, but it is a good reminder that **the potential contribution of practical support should never be ignored.**
- 6.10 Some children, young people and families, for example, require low-level support to help them get through a difficult patch, for example, support through Assessment for Learning. On the other hand, those with complex and enduring problems will often need high-intensity, evidence based interventions and a range of support over a longer period of time. This means **different options need to be available for children, young people and families.**⁵⁸
- 6.11 Where there is a more serious or long-term problem, **universal services such as schools and the Healthy Child Programme can provide a gateway to a number of other more targeted or specialist services.** Increasingly, these services are being provided through multi-agency teams which can provide rapid support to the children and families who need it; some examples are set out later in this section.
- 6.12 We want to encourage these multi-agency teams to be based in schools and Sure Start Children’s Centres, or to be very closely associated with them, as we set out in the Schools White Paper. That’s why we are supporting the delivery of early intervention through universal services via a Co-location Fund, worth £200 million (for capital). The Fund was announced in 2008 and is enabling over 100 projects to develop new ways of working between services.

57 Little M and Mount K, 1999, *supra*

58 Guralnick M., 1997, *The Effectiveness of Early Intervention*; Moran P. et al, 2004, *What Works in Parenting Support? A review of the international evidence*, Policy Research Bureau, both cited in Champions for Children, Research into Practice, accessible at http://www.rip.org.uk/publications/champions_html.asp?pub_id=15&order=7

- 6.13 Many schools employ or provide access to Parent Support Advisers (sometimes called Family Support Workers). These practitioners have been shown to bring positive benefits for families and other school staff.⁵⁹ They have the knowledge to support effective referral to specialist services. An evaluation has found that where Parenting Support Advisers hold small budgets they made a really significant difference for families in difficult financial circumstances. Examples of support included travel money for job interviews and children's hospital appointments, along with the capacity to purchase parenting courses or low cost essential items.
- 6.14 Further up the age range, targeted youth support arrangements have been found to improve the ways professionals from different agencies deliver support to young people, preventing exclusions from school, improving attendance and behaviour, raising levels of attainment and reducing offending.⁶⁰
- 6.15 Participating in structured positive leisure time activities also has an important role to play in early intervention. Evidence shows that this supports the development of young people's social and emotional skills and resilience. Aiming High for Young People⁶¹ set out an ambitious strategy for increasing access to positive activities, particularly for those most at risk of poor outcomes, who therefore have most to gain.
- 6.16 Some highly effective local approaches are being developed as a result of professionals spotting a group of children or young people with unmet needs and working together to develop sustainable ways of meeting them. For example, the 'Songs and Rhymes' programme has been running across Hampshire since 2005. The programme began in 2004, after head teachers of schools in the most deprived areas of Hampshire spotted that children were entering reception class with poor speech and language and social skills. The programme involves children, parents, childcare and school staff sharing songs and rhymes together and brings together feeder preschools and schools. It is designed for children who are about to join Reception class and consists of a minimum of eight sessions – of approximately one hour – which take place during the summer term. Each local 'Songs and Rhymes' programme is tailored to local need. Whilst the initial pilot offered

59 Lindsay G., 2009, *Parent Support Adviser Evaluation pilot*, Research Report DCSF RR151A

60 Palmer H. and Kendall S., 2008, *Evaluation of Targeted Youth Support Pathfinders: Final Report*, York Consulting

61 DCSF, 2007, *Aiming High for Young People: A ten year strategy for positive activities*

funding for the programme, this work is now mainstreamed and schools typically resource the initiative.⁶²

Help provided through evidence based early intervention programmes

- 6.17 Many licensed prevention and early intervention programmes are now available, many of them developed in the USA. Some, though by no means all, have been evaluated, but very few indeed have been researched as thoroughly as would be expected in, say, the field of medicine. This is not surprising, given the complexity of the issues in seeking to help children and families with social and personal difficulties, and in researching the impact. This does mean though that a Children's Trust Board whose partners are considering investing in a particular programme would be well advised to assess its evidence base carefully. It is not only whether it has been evaluated and what the evaluation says that matters, it is also how the impact is defined and measured.
- 6.18 A number of research institutes have reviewed the evidence about the results from many different programmes; their work can help to inform decisions about which programme to select.
- 6.19 For example, the Center for the Study and Prevention of Violence at the University of Colorado has undertaken a review of 800 violence prevention and early intervention programmes and distilled them down to just eleven so-called 'Blueprint' programmes, which meet high standards of effectiveness.⁶³ The eleven programmes include Multi-Systemic Therapy, Nurse Family Partnership, Promoting Alternative Thinking Strategies (PATHs) and The Incredible Years, all of which are being tried out in this country in different places, with support from central and/or local government.

62 Validated local practice example from the Centre for Excellence in Children's Services and Outcomes, accessible at <http://www.c4eo.org.uk/themes/general/vlpdetails.aspx?lpeid=43>

63 Accessible at <http://www.colorado.edu/cspv/blueprints/modelprograms.html>

6.20 Amidst the plethora of early intervention programmes that are available, research suggests that **the most successful programmes tend to share some common characteristics:**⁶⁴

- **They target specific populations.** For example, the Family Nurse Partnership programme targets low-income, first-time single mothers and has been shown to be effective. Trials of the programme in the USA with lower need populations have shown the benefits are less.
- **They are intensive.** Programmes with strong impacts on child welfare outcomes tend to provide intensive services, meaning a high number of service hours, often coupled with a requirement for a high level of engagement from participants.
- **They focus on behaviour.** Effective programmes are likely to take a behavioural approach (as opposed to an instructional approach), such as coaching parents one-on-one during play sessions with their children.
- **They include both parents and children.** Many successful programmes take an approach that acknowledges the central role of the parent-child relationship in child outcomes.
- **They stay faithful to the programme.** Some successful programmes have demonstrated the importance of maintaining adherence to the programme model. When looser criteria have been applied the results have not been so good or may even make matters worse.

6.21 Similarly, the National Association of Parenting Practitioners (NAPP) lists eight parenting programmes for which there is currently a good evidence base:⁶⁵

- Incredible Years
- Parenting Positively

64 Washington State Institute for Public Policy, 2008, *Evidence based programs to prevent children entering and remaining in the child welfare system: benefits and costs for Washington*, supra

65 www.parentingacademy.org

- Triple P
 - Strengthening Families Strengthening Communities
 - Family Links
 - Mellow Parenting
 - Strengthening Families Together (10–14)
 - Families and Schools Together
- 6.22 NAPP identifies three key elements underpinning evidence-based parenting interventions: eligibility criteria, fidelity and the intensity with which it is delivered.
- 6.23 **However, what has been found to work well about a programme during a research project is not always so easy to put into practice.**
- 6.24 When evaluating the impact of programmes researchers quite frequently find that practitioners have amended them, to fit better with local circumstances. This makes sense in operational terms – and in the case of programmes that originate abroad it may be inevitable – but it is possible that by failing to abide by all the details of a programme, its positive effects will be diluted. The same problem can arise if, in practice, children receive less of a programme in terms of its duration or its intensity than is recommended, for example because of cost pressures.
- 6.25 For understandable reasons the research is also clear that **the availability of people with the right training and skills to put an evidence-based programme into effect is a crucial factor influencing the outcomes.**
- 6.26 Clearly, the professionals who deliver a programme need to be technically proficient and equipped with the training to deliver it well. They also require good ‘people skills’. Research has consistently found that children, young people and families who are in need of support, value and are more likely to engage with practitioners who are accessible, approachable and

responsive.⁶⁶ They are also more likely to take up services if they are culturally sensitive.⁶⁷

- 6.27 Not surprisingly, more generally it has also been found that the willingness of parents and children to engage with a programme and to consider changing their behaviour makes a big difference to its eventual results.⁶⁸

Keeping children and families engaged

- 6.28 A problem identified with many helpful programmes and approaches is the difficulty first of engaging children and families and second of keeping them on board; 'attrition' is a well known phenomenon, with the children and families who are most vulnerable particularly likely to disengage.
- 6.29 In the USA, within the Nurse Family Partnership programme, it has proved possible to link attrition with different approaches of the nurses. Lower retention was associated with a more directive approach and higher retention with tailoring the programme to the needs and interests of their clients. The integration of motivational interviewing within the programme has increased client retention.⁶⁹ Building on this, the Family Nurse Partnership in England has developed the concept of 'agenda matching' learning from the nurses how to keep young parents who are highly vulnerable engaged in the programme by attending to their priorities, whilst not losing the objectives or content of the programme and the agenda the family nurse brings, based on her professional understanding of the family's needs.

66 Tunstill, J. et al, 2005, *Sure Start local programmes: implications of case study data from the National Evaluation*. Children & Society 19(2); Tunstill J. and Allnock D., 2007, HMSO *Understanding the contribution of Sure Start local programmes to the task of safeguarding children's welfare*; cited in Factors that assist early identification of children in need, supra

67 Walker, S., 2005, *Towards culturally competent practice in child and adolescent mental health*, International Social Work 48(1); Ungar M. et al, 2004, *Towards unique pathways to resilience across cultures*, Adolescence 42; both cited in Wolstenholme D. et al, 2008, *Factors that assist the earlier identification of need etc*, supra

68 Biehal N., 2008, *Preventive services for adolescents: exploring the process of change*, British Journal of Social Work 38

69 Ingoldsby, E.M. et al, 2009, *Implementing a client retention intervention in a prevention program*. 2nd NIH Dissemination and Implementation Science conference, Washington, DC, January 2009, cited in Nurse Family Partnership programme evaluation, 2009, supra.

Government supported prevention and early intervention initiatives

- 6.30 In addition to investing in the core universal and specialist services for children, young people and families, the government is also investing in and encouraging the implementation of a number of specific prevention and early intervention approaches, with the result that some are already well established nationally, such as the updated Healthy Child programme and the Parenting Early Intervention Programme. Clearly, Children's Trust Boards will want to build on them in seeking to orientate services more towards early intervention.
- 6.31 The Family Nurse Partnership, as referred to earlier in the document, is a Government-funded project that is testing a model of intensive, nurse-led home visiting for vulnerable, first time, young parents. It is a licensed programme and has been developed over 30 years in the USA by Professor David Olds at the University of Colorado. The programme is voluntary and in the first wave of test sites in England has been taken up by 87% of the families that have been offered it. The government made a commitment to trial the Family Nurse Partnership model as part of the Social Exclusion Action Plan in September 2006. The programme was initially piloted at ten sites. After promising early findings and extra investment there are now 50 sites and 4000 families benefiting from the programme, with further expansion underway.
- 6.32 The FNP is often successful in encouraging families to make greater use of universal services. For example, in one FNP site a family nurse involved a children's centre outreach worker in her work with a teenage mother with learning difficulties and her newborn baby. Pre-birth, the family nurse helped her to prepare to respond to her baby's needs and to recognise and understand the importance of responding to an infant's cues. After birth, when there were concerns about the baby's weight, the family nurse completed a CAF, which led to the baby being identified as a 'child in need'. The family nurse enlisted the help of a children's centre outreach worker to encourage mother and baby to come into a children's centre. The outreach worker made a number of home visits and went with the mother, on public transport, to the children's centre and to other family friendly venues until she felt confident to go on her own. The family nurse continued to work with the client on adapting to parenthood and she also enrolled on a parenting programme and got involved with other children's

centre activities. The number of positive interactions between mother and baby increased and the baby's development improved with good weight gain so she is now no longer considered a 'child in need'. Mother and child continue to make regular visits to the children's centre and continue with the FNP programme.

- 6.33 In the USA, large scale clinical trials have found that the programme generates significant and consistent improvements in the health and well being of the most disadvantaged children and their families in both the short and longer term. Benefits include improved school readiness and achievement, fewer subsequent pregnancies, better prenatal and child health, reductions of between 50 and 70% in child injuries, neglect and abuse, and increases in the involvement of fathers. The most recent evaluation of the testing phase in this country, published in September 2009, demonstrated some positive outcomes.⁷⁰ We are now undertaking a research trial of the FNP in England, which is assessing the outcomes of the programme against those of mainstream services. The results should be available in 2013.
- 6.34 The Healthy Child Programme,⁷¹ referred to earlier in this paper, offers a recommended universal service for all children and young people and their families, with additional services for those with specific needs and risks. The 0–5 programme is led by health visitors and is increasingly being delivered through integrated services that bring together Sure Start Children's Centre staff, GPs, midwives and community nurses, among others. The 5–19 programme recommends how health, education and other partners across a range of settings can significantly enhance a child or young person's health and well-being.
- 6.35 The Healthy Child Programme schedule also includes a number of evidence-based preventive interventions and services. The options have been selected following a systematic review by the University of Warwick of health-led parenting interventions during pregnancy and the first three years of life. In addition the 5–19 strand of the Healthy Child Programme was informed by a review of the evidence by leading child health academic experts Professors David and Sue Hall and wider expert consultation.

70 Evaluation report accessible at <http://www.dcsf.gov.uk/research/programmeofresearch/projectinformation.cfm?projectId=15837&type=5&resultspage=1>

71 Information and materials accessible at http://www.dh.gov.uk/en/Healthcare/Children/Maternity/DH_081642

6.36 SEAL⁷² (the Social and Emotional Aspects of Learning) is a comprehensive, whole-school approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, and emotional well-being. It was first implemented by the National Strategies as part of the national Behaviour and Attendance Pilot in 2003 and is currently being used in more than 80% of primary schools across England and in increasing numbers of secondary schools too.

Targeted Mental Health in Schools (TaMHS)

6.37 TaMHS⁷³ is a three-year pathfinder programme aimed at supporting the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged 5–13 at risk of, and/or experiencing, mental health problems; and their families. The programme began in April 2008 when 25 local authorities and their corresponding PCTs began pathfinder work. A national roll-out was launched in November 2008. 55 local authorities and their partner PCTs enrolled in April 2009 and 72 local authorities and their partner PCTs will enrol in April 2010, receiving funding for one year until March 2011. TaMHS is an evidence based programme that draws on successful approaches across the world.

6.38 SEAD⁷⁴ (the Social and Emotional Aspects of Development) is similar to SEAL but applies to early years' settings. The SEAD materials which the Government has funded through National Strategies are designed particularly for practitioners working with children aged 0–36 months, although they also contain much of interest to practitioners working with older children too. SEAD aims to increase practitioners' knowledge and parental understanding, and to support and improve young children's personal, social and emotional development (PSED). Healthy PSED is tremendously important for young children because it builds their resilience and helps them to relate well to other children and adults and to explore and learn with confidence. Early PSED has been shown to have a huge impact on later well-being, learning, achievement and economic circumstances. As well as being valuable for individual children, SEAD also helps early years' settings

72 http://www.teachernet.gov.uk/teachingandlearning/socialandpastoral/seal_learning/

73 TaMHS evidence based guidance booklet, DCSF 2008, available from <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00345/>

74 DCSF, 2008, *Social and Emotional Aspects of Development: guidance for EYFSS practitioners*

to develop the kind of ethos, and their practitioners the understanding and skills that are essential foundations for doing early intervention well.

- 6.39 Although not a specific programme, as such, some very successful early intervention has been done as part of the teenage pregnancy strategy aimed at ensuring that young people at risk are identified early and supported with specialist advice around relationships and sexual health and swift and easy access to contraception services if required. For teenage parents, the expectation is that a CAF will be offered during the antenatal period.
- 6.40 Stoke-On-Trent City Council, for example, has appointed six dedicated Teenage Pregnancy Prevention Officers, developing a screening toolkit to support identification of young people at risk of becoming teenage parents. As a large number of the risk factors are generic this also enables the identification of young people who are vulnerable and in need of targeted support. The Prevention Officers offer 1:1 support, group sessions, and drop in centres in schools. They carry out work around improving young people's self esteem and confidence, and act as lead professional to ensure that any issues identified through the screening toolkit are addressed through multi-agency integrated support (i.e. housing issues, NEET status, school attendance). Since September 2007 the Prevention Team have provided intensive targeted youth support to 272 'high risk' young people and supported more than 930 young people identified as 'low to medium risk' through group work intervention. Of those provided with intensive support only 13 have gone on to become pregnant.

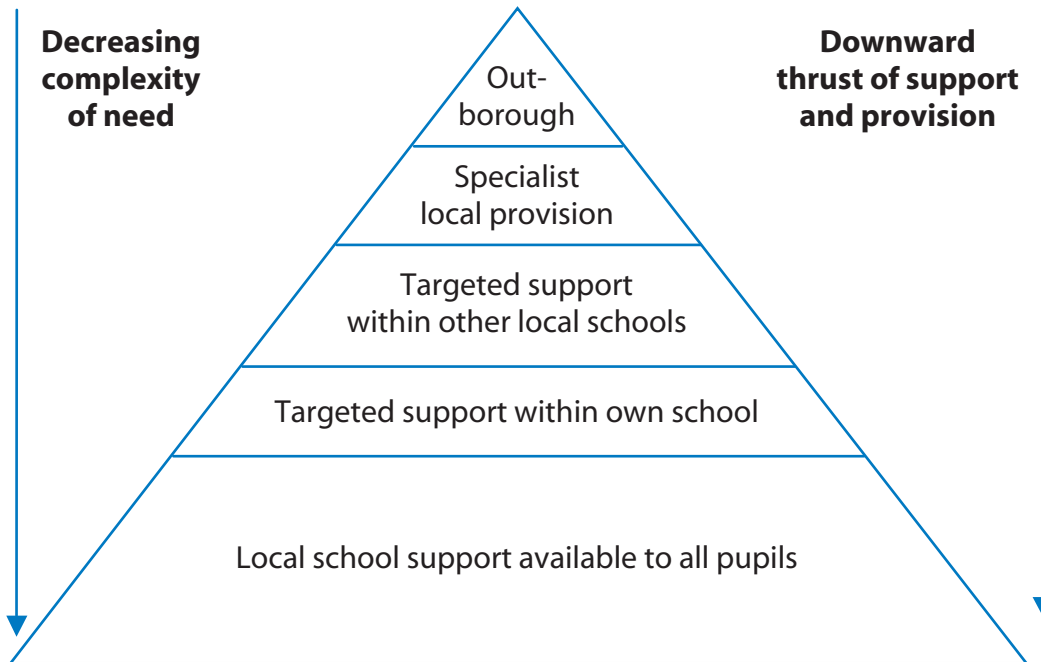
7. Delivering early intervention effectively

Early intervention as part of a continuum of services

- 7.1 Through Every Child Matters, the Children's Plan and the Schools White Paper, a new approach to improving children's outcomes has been developed and articulated over the last eight years, which has early intervention as a central objective. This system design is so widely supported now that it is easy to forget how ground breaking it really is. Schools and Sure Start Children's Centres act as central 'hubs' for most of the local services that children and families need, with health a key element. Their role is, in turn, supported by integrated systems and processes: the CAF, the Team around the Child model and the Lead Professional; and by improved information sharing, including through ContactPoint. Across the country, Children's Trust partners are working hard to implement these initiatives as best fits with their own local circumstances.
- 7.2 In every local area there therefore needs to be a continuum of services. It is unrealistic to think early intervention can ever replace later intervention. It does though have a crucial role in complementing and reinforcing prevention and later intervention, thus making the overall system of services for children, young people and families work more effective overall.

- 7.3 This is how the provision in one Children’s Trust – in Luton – is organised to create a continuum:

Luton’s Pyramid of Support & Provision



- 7.4 This model demonstrates the principle of ‘progressive universalism’ in action. It also highlights one of the defining features of this still new approach to improving children’s outcomes, namely the location of the core responsibility for identifying and supporting vulnerable children in universal services – the NHS and children’s centres for the under-5s and schools for older children.
- 7.5 **A balanced approach to prevention, early intervention and later intervention is required. Locally based interventions that address disadvantage at a neighbourhood or population level are important and can reinforce efforts to help individual children identified as having difficulties. Neither approach is enough on its own; both are required and need to be informed by the assessed needs of communities.**

Organising services on a locality basis to support more effective early intervention

- 7.6 Changes made by the Apprenticeships, Skills, Children and Learning Act 2009 will allow schools to align resources with other Children's Trust partners to support joined-up commissioning.⁷⁵ An amendment to the Dedicated Schools Grant will now also ensure that schools will receive a greater proportion of their funding (10%) direct, to facilitate commissioning of local services at neighbourhood level.
- 7.7 Increasing numbers of Children's Trust Boards are configuring their services on a locality or a neighbourhood basis to support more effective early intervention. For example: Kingston upon Thames has organised all its schools into four clusters with multi-agency support.⁷⁶ A central hub for information sharing and referral works closely with the clusters to broker a multi-agency package of help for vulnerable children and families which can include a family plan, lead professional, parenting and family support, targeted elements of the children's centre offer, free holiday provision and additional learning support.
- 7.8 In Shropshire the Children's Trust Board has set up five multi-agency teams across the county to identify children with additional needs and to provide them with the help they require.⁷⁷ Each team is co-located with a school or a community setting, and offers support to all the schools in their area. The team includes senior primary mental health workers, education welfare officers and social workers. They can access support from other professionals, including school nurses, children's centre staff and the police. Through their work, members of the multi-agency teams gain a greater awareness of the support services available and build links with them. As a result, there is now evidence that children with additional needs gain access to the support they need more quickly and easily.
- 7.9 Newcastle City Council has, with its Children's Trust partners, developed locality partnerships which are responsible for planning and commissioning

75 It is also expected that regulations to be made under section 50 of the School Standards and Framework Act 1998 will come into force in February 2010 to permit schools to pool resources and budgets with other Children's Trust partners in order to improve children's well-being.

76 Narrowing the Gap Final Guidance year one, case study 18, LGA, IDeA and C4EO 2008, accessible via www.c4eo.org.uk

77 DCSF, 2009, *Your child, your schools, our future: building a 21st century schools system*

- services for children. Need is identified at a local neighbourhood level and practitioners on the ground, some of them based in GP practices and with commissioning powers, respond.⁷⁸
- 7.10 Swindon Borough Council and Swindon PCT have established four integrated locality teams across the whole area, to promote and sustain prevention and early intervention. The teams include 200 staff seconded from the PCT, Connexions, the youth service, educational psychology, education welfare, behaviour support and primary mental health teams. The teams are supported by effective governance and two NHS agreements, plus an overarching NHS agreement for joint commissioning. Evaluation shows improved outcomes for children and young people in terms of the numbers of NEETs, admissions to care, school exclusions, school attendance and teenage conceptions.⁷⁹
- 7.11 In Merton, school clusters and children’s centres are aligned and supported by cluster social workers, operating as part of a local multi-agency team. The social workers are expected to work with children, young people and families in need who do not reach the Merton threshold for formal social work intervention. The workers also work with staff in the schools and centres to develop their skills in meeting the needs of vulnerable children and families before they escalate, building capacity within each cluster to extend early intervention and prevention services.⁸⁰
- 7.12 In Staffordshire, 50 Community and Learning Partnerships have been established across the county. A local needs analysis is carried out by each Partnership, which is developing integrated services for children, young people and their families in response. The Partnerships have a devolved budget, based on the number and needs of children in the area. The Partnerships involved schools, children’s centres, District Councils and other local agencies.⁸¹

78 Narrowing the Gap Final Guidance year one, 8.52, LGA, IDeA and C4EO 2008, accessible via www.c4eo.org.uk

79 Narrowing the Gap Final Guidance year one, 8.26, LGA, IDeA and C4EO 2008, accessible via www.c4eo.org.uk

80 Narrowing the Gap Final Guidance year one, 8.51, LGA, IDeA and C4EO 2008, accessible via www.c4eo.org.uk

81 Narrowing the Gap Final Guidance year one, 8.61, LGA, IDeA and C4EO 2008, accessible via www.c4eo.org.uk

Area wide approaches to driving more early intervention

- 7.13 A small number of localities have gone further and are in the process of developing an area wide approach to prevention and early intervention.
- 7.14 Nottingham is a leading example, and its efforts have benefited enormously from the drive and commitment of Graham Allen MP, in his role as chair of the Local Strategic Partnership (LSP).⁸² In 2006 the LSP, now known as One Nottingham, set itself the objective of developing an early intervention strategy and of putting it in to effect. Its aim was to 'break the intergenerational nature of underachievement and deprivation in Nottingham by identifying at the earliest possible opportunity those children, young people, adults and families who are likely to experience difficulty and to intervene and empower people to transform their lives and their future children's lives.' The strategy was set out in Nottingham's Local Area Agreement and is now in the process of being implemented, with the different elements being brought to life as resources allow. These include a number of the prevention and early intervention programmes with the strongest evidence of effectiveness, such as the Family Nurse Partnership.
- 7.15 By taking this initiative and in a sense acting as a 'test bed' Nottingham is rendering a valuable service for other areas. Researchers from the University of Nottingham are engaged in evaluating the results and, together with Nottingham's practical experience of endeavouring to work in this way, the outcomes from the research will be very helpful to other places that are also interested in pursuing an authority-wide approach. It is notable that in the case of Nottingham it is the LSP that is leading this initiative rather than the Children's Trust.
- 7.16 Birmingham City Council and its partners have developed a Brighter Futures Transformation Programme which has some similarities with Nottingham's approach. It is set out in the city's Children and Young People's Plan; draws on four of the best accredited programmes – the Family Nurse Partnership, the Incredible Years, Triple P, and Promoting Alternative Thinking Strategies (PATHS); and is taking an evidence-based approach.

82 <http://www.nottinghamcity.gov.uk/index.aspx?articleid=520>

- 7.17 Hull is working to promote and sustain prevention and early intervention in a slightly different way but one which still takes a 'whole system approach'. Hull is aiming to improve outcomes for the 100 families with the most persistent, complex problems, initially by focusing on non school attendance. Each school leads the work for the top 100 through a multi-agency local community team, identifying who is most appropriate to engage with the family and the children. The service is 'wrapped around' the child and an effort is made to involve the family in identifying solutions. This approach is still relatively new in Hull but the early outcomes are promising and include a major reduction in school non-attendance.⁸³
- 7.18 In a number of areas local partners are using the vehicle of 'Total Place' to help them look collectively at how they can bring together their resources to secure greater efficiency and impact. Total Place was launched as part of Budget 2008 to encourage a whole area approach to public services. Thirteen pilot partnerships are seeking to identify – and then find ways of avoiding – overlap and duplication between organisations, delivering a step change in both service improvement and efficiency at local level. A number of them are focusing particularly on children's services and will hopefully have important lessons to share from an early intervention perspective in due course.
- 7.19 Abroad, the Harlem Children's Zone Inc. (HCZ) in New York is probably the best known example of a whole area approach to tackling disadvantage through a co-ordinated strategy that includes prevention and early intervention, as well as treatment. The ethos of HCZ is that it will do 'whatever it takes' to help its children to succeed. HCZ is a not for profit organisation that began in 1970 as a small agency working to prevent truancy. In 1997, the agency began a network of programmes for a 24-block area. By 2007, the Zone Project had grown to almost 100 blocks, and today the organisation serves more than 10,000 children and more than 7,400 adults.
- 7.20 HCZ provides a wide range of services for children aged 0–18 and their families, including parenting workshops, a pre-school programme, an obesity programme and an asthma initiative – the latter a response to the very high levels of children in the area with asthma, due to poor housing. The fact the USA has no national health service means these health

83 Narrowing the Gap Final Guidance year one, 8.9, LGA, IDeA and C4EO 2008, accessible via www.c4eo.org.uk

programmes are of exceptional value to local children and families. A feature of the HCZ that differentiates it from any current UK based initiative is that it also includes schools; HCZ runs the Promise Academy, a public charter school.⁸⁴

What supports effective early intervention in an area?

7.21 The Narrowing the Gap project ran for two years in 2007–2009. It was led by the Local Government Association and Improvement and Development Agency (IDeA), and jointly funded by DCSF. It combined the results from research and from local practice to devise tools and approaches to support local areas in narrowing the gap in outcomes between disadvantaged children and their peers. This way of working helped to inform the approach now being taken by the Centre for Excellence in Children's Services and Outcomes (C4EO). Importantly for the purposes of this paper, one of the themes on which it focused was how to orientate services more towards prevention and early intervention in order to narrow the gap. One of the project's products was a template setting out a series of underpinning principles for achieving this strategic shift in a local area. Many of them can be seen in action in the case examples set out throughout this paper. The principles can be summarised as follows:

- Strong, clear leadership that promotes a single vision;
- The Children's Trust constantly monitors performance against the most critical outcomes that have to be improved, these having been identified through a good joint needs analysis; i.e. plans are followed through into action;
- The Local Safeguarding Children Board exercises its scrutiny role rigorously and effectively to ensure safeguarding and child protection are central considerations;
- The Children and Young People's Plan is a living document that includes plans for investment, disinvestment and service transformation;

- The Plan includes milestones for the implementation of the CAF, Lead Professional and Team Around the Child as a single assessment and planning process;
 - A highly visible cultural change programme is driven by the Children's Trust, focused on behaviours and relationships;
 - Universal services, such as schools and Sure Start Children's Centres, work across all five outcomes and build on family and individual strengths;
 - Service delivery is organised through local multi-disciplinary teams;
 - There is a good multi-agency workforce development strategy and training plan, and high practice standards, with professionals working appreciatively with children, young people and families; and
 - Lead professionals are able to be individual commissioners.
- 7.22 The Narrowing the Gap template from which these principles are drawn goes into more detail about what needs to happen across the continuum of local services, and in terms of delivery, processes, strategy and governance, to support a shift towards more prevention and early intervention.⁸⁵ The project's outcomes also included other useful materials to support local areas in developing their own strategies for making a shift of this kind.

Resources

- 7.23 The leading UK study on the costs and outcomes of early intervention and prevention in social care says quite explicitly that 'in the immediate future a shift to preventive services will almost certainly cost more money'.⁸⁶ As has been explained earlier in this paper, the reason is because it takes time for the savings from tackling problems early to come through. This implies that in the short term some 'double funding' will be required, and that is why proponents of an ambitious shift towards prevention and

85 Narrowing the Gap first book of materials, 5.62ff, LGA, IDeA and C4EO, January 2008, accessible via www.c4eo.org.uk

86 Beecham J. and Sinclair I., (2007), *supra*

early intervention often base their arguments on the benefits of an ‘invest to save’ approach.⁸⁷ Unfortunately though, it is difficult to ‘invest to save’ when resources are tight, even if the evidence for prevention and early intervention is itself compelling.

- 7.24 There is no doubt that it is easier in theory than in practice to shift services more towards prevention and early intervention in an environment in which resources are significantly increasing. However, there are a number of reasons why it would be incorrect to conclude from this that it is not possible to make progress.
- 7.25 Quite a lot can be done to enhance the effectiveness of early intervention without the need for significant additional funding, as the Costs and Outcomes study itself observes. This was also one of the operating assumptions on which the Narrowing the Gap project was based. Both studies recommend focusing on measures that support stronger integration and collaboration, for example through joint training, as a potent means of promoting more effective early intervention. The authors of the Costs and Outcomes study point out that collaboration does not, in and of itself, create resources and that overcoming barriers to joint working takes staff time and that certainly isn’t free either. Nonetheless, they are also clear that improvements can be achieved with little if any additional financial expenditure.
- 7.26 The incentives for reviewing the way in which resources are currently allocated with the aim of redistributing them according to research and good practice are stronger when resources are constrained. During these times it is all the more important to ensure that professionals with scarce specialist skills are deployed to maximum effect; for example, by ensuring they are properly supported by other staff such as administrative and IT workers, who can free them up to do what only they are trained and capable of doing. This is being considered by the Social Work Reform Board in the context of social workers.⁸⁸ It may sometimes also make most sense for a significant proportion of specialist staff time to be used to train and oversee the activities of other less well qualified staff members, rather than them investing all their time in direct work with children, young people and families. It is also important that interventions are evidence-based: a day of a professional’s time costs the same whether they are using a highly

87 See for example Back to the Future, supra

88 DCSF and DH, 2010, *Social Work Task Force Implementation Plan*

effective approach with a child or one that has minimal impact. These and similar questions are always worth asking, though any reallocation of professional effort always needs to be carried out with care, since there may be a risk of unintended adverse consequences.

- 7.27 It will also often make sense to review the extent to which there is unproductive duplication of professional effort. It is easy for this to happen with children and families with complex needs, because many different agencies are often involved. Some localities have found that they can enhance the quality of the services on offer and also use resources more effectively by redesigning services around children and families rather than by reference to traditional professional boundaries, and by ensuring that approaches based on the Lead Professional and the Team around the Child models are firmly in place and working well.

Data and evidence

- 7.28 **Systematically collecting and analysing data to produce evidence about what works and what doesn't is a crucial element of an effective early intervention approach.**
- 7.29 To strengthen the evidence base DCSF is setting up three new research centres on child wellbeing, youth transitions and behavioural change. The centre on child well-being will conduct research into different aspects of children's wellbeing, including early intervention. As part of its work the centre will look at how theoretical knowledge can best be translated into policy and practice.
- 7.30 The Child and Maternal Health Observatory (ChiMat) is a national public health observatory which is based at the University of York as part of the Yorkshire and Humber Public Health Laboratory. ChiMat provides wide-ranging authoritative data, evidence and tools related to children's, young people's and maternal health. The resources available include data maps, needs assessment and self assessment tools.⁸⁹ ChiMat is leading the development of the PREview model that will give commissioners a more systematic and evidence based method of allocating prevention and early intervention against future outcomes.

- 7.31 The Young Foundation is doing research to test out practical ways of measuring individual and community wellbeing and resilience. Phase two of the project aims to demonstrate how data on wellbeing and resilience can be gathered and then used by decision-makers in local areas. This work will be developed into a toolkit to assist local authorities and their partners and will be available online through the Young Foundation and IDeA.⁹⁰
- 7.32 C4EO has also put out a call for validated practice about early intervention, associated with this paper, with the support of the Association of Directors of Children's Services (ADCS). The call for practice focuses on the role of universal services in delivering early intervention (for example the use of CAF in schools); and on how areas can and are evaluating their practice in terms of the impact on outcomes and cost effectiveness. The call is open until summer 2010 and the results will help to build the evidence base and support local areas in learning from each other about effective approaches.⁹¹
- 7.33 Children's Trust Boards and their constituent partners should make sure that they have plans in place to gather evidence of effectiveness, beginning with the establishment of a baseline *before* they take action to reconfigure any existing services or introduce a new programme. Not only will there be benefits in terms of lessons learned in their own area, such is the relative lack of knowledge about early intervention at present that many others stand to do so too, both in this country and abroad.

90 <http://www.youngfoundation.org/our-work/local-innovation/strands/wellbeing/wellbeing>

91 www.c4eo.org.uk/news/whatsnew/29012010jointadcsc4eocalleffectivelocalpractice.aspx

8. Conclusion

- 8.1 This paper makes a compelling case for why it makes sense to shift services more towards early intervention, particularly now when it is so important to extract the maximum positive impact for children, young people and families from resources that are severely constrained. At the same time it shows the steps Children's Trust partners are taking in order to achieve this shift. We applaud the efforts of these leaders in the field and encourage them to build on their success, and, wherever possible, to go further, faster.
- 8.2 This Government is deeply committed to improving children's outcomes and is convinced that early intervention is worth backing as an essential element of achieving this; that is why we have invested so significantly in a number of early intervention programmes, and why we have acted to strengthen the universal and specialist services that are crucial if early intervention is to be done well.
- 8.3 We will continue to support early intervention for children, young people and families into the long term. We have announced that LAs and their Children's Trust partners will be able to trial a new multi-agency Children and Young People's Grant to start in April 2011. The grant will include money for youth activities, school improvement, support for families, disabled children, Sure Start and money for children and young people previously paid through Area Based Grant, within a single ring fence. This will be accompanied by opportunities for pooling and alignment of funding from partners such as PCTs and the police, and from schools, as well as closer alignment of performance frameworks, strengthening local accountability while providing more flexibility to support the Children and Young People's Plan in driving improved outcomes for children, young people and their families.
- 8.4 **In the context of the wider work we are doing to help Children's Trust partners continue to deliver the commitments in the Children's Plan in**

the face of increased pressures on children's services, we will take three immediate steps in conjunction with children's services sector to promote early intervention:

1. Establish an Early Intervention Implementation Group, to be jointly chaired by a representative from ADCS and a senior Government official that can draw on informed advice and practical experience both from within government and from those who deal with these practical issues every day. The group will make recommendations about how we can provide further impetus for effective early intervention. In particular, we want this group to advise on how we can strengthen the use of the CAF as the assessment process for supporting early intervention, for vulnerable children who are likely to need coordinated support from a number of services. It will also look at the role of the CAF in strengthening family/parenting assessment and how we can develop the skills of practitioners – particularly those in universal services – to do it well.

An important task for this group will be to design the process for implementing our commitment to ensure that parents automatically receive an assessment for a parenting intervention in certain situations, such as following their child's permanent exclusion from school, as an integral part of the CAF. The group will be expected to report by autumn 2010. We will then work with C4EO, among others, to convert the group's recommendations into action on the ground; and with Children's Workforce Development Council and the Training and Development Agency on associated training.

2. Support the development and use of evidence-based early intervention practice by prioritising proven evidence-based programmes in our improvement support for Children's Trust partners, including the Family Nurse Partnership and training for the early years workforce to address any problems early through the Every Child a Talker and Social and Emotional Aspects of Development programmes.

3. Commission experts group to explore the potential of Social Impact Bonds to lever in additional resources to support early intervention approaches with children and young people. Social Impact Bonds are a financial tool to provide a new way to invest money in social outcomes. Their key innovation is to link three elements:

- Investments – by commercial investors or foundations;
- A programme of actions to improve the prospects of a group – for example 14–16 year olds in a particular area where there are high risks of crime or unemployment; and
- Commitments by Government to make payments linked to outcomes achieved in improving the lives of the group – for example, lower numbers of young people becoming NEET.

This work will build on the two Social Impact Bond pilots announced in the Smarter Government White Paper,⁹² published in December 2009, one of which is aimed at reducing re-offending amongst short sentenced prisoners released from HMP in Peterborough.

Appendix 1: Indicative list of risk and protective factors for children and young people

Risk factor	Positive factor
In the child	
Specific learning difficulties Communication difficulties Specific developmental delay Genetic influence Difficult temperament Physical illness Academic failure Low self-esteem	Secure early relationships Being female Higher intelligence Easy intelligence when an infant Positive attitude, problem-solving approach Good communication skills Planner, belief in control Humour Religious faith Capacity to reflect
In the family	
Overt parental conflict Family breakdown Inconsistent or unclear discipline Hostile or rejecting relationships Failure to adapt to a child's changing needs Physical, sexual or emotional abuse Parental psychiatric illness Parental criminality, alcoholism Substance misuse or personality disorder Death and loss – including loss of friendship	At least one good parent-child relationship Affection Clear, firm and consistent discipline Support for education Supportive long-term relationship/absence of severe discord

Risk factor	Positive factor
In the community	
Socio-economic disadvantage Homelessness Disaster Discrimination Other significant life events	Wider supportive network Good housing and standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Schools with strong academic and Non academic opportunities Range of positive sport and leisure activities

Source: DCSF, 2008, *Targeted Mental Health in Schools project guidance*, accessible at: <http://publications.everychildmatters.gov.uk/eOrderingDownload/00784-2008BKT-EN.pdf>

Appendix 2: Estimated costs of interventions: James' story

On page 23, we used the example of James, from the Audit Commission report *Youth Justice, 2004: a review of the reformed youth justice system* to highlight the potential cost savings that could arise from effective early intervention. The table below shows the costs of the actual interventions that were provided to James over the first 15 years of his life compared to the costs of those that might have been provided instead. All costs are estimates.

Actual interventions and estimated costs		
Age	Actual agency action	Cost (£)
6	Initial assessment and monitoring by an educational psychologist	204
8	Statement of SEN compiled by the LEA	7,000
	Special school place approved at an panel meeting	780
10	Police involvement and caution	1,452
13	Court appearances regarding criminal damage and assault including police time	8,712
	Yot becomes involved and follows up for three months	1,428
	Education welfare officer makes one contact with family	28
	Annual review of statement	560
	Education 'package' organised, including an alternative education timetable	4,004
	Social services undertakes a family assessment	350
	Learning support assessment	105
14	James and his mother interviewed by social services.	48
	Court appearances, including police time, relating to theft, taking a car and burglary	13,068

	Yot involved with court orders; Yot/Intensive Support and Surveillance Programme (ISSP) follow-up for three months	6,000
	Education welfare officer makes one contact with family	28
	Professionals' meeting	560
	Individual tuition offered, but accepted by family	–
	First custodial sentence for six months	51,409
	Social services undertakes a family assessment	350
15	Social services attempts, unsuccessfully, a duty contact with mother	25
	Referral made to the local adolescent support centre	47
	Yot/ISSP team follows up for three months	6,000
	Child protection strategy meeting, implementation overtaken by custody	120
	Second custodial sentence for six months	51,409
	Total estimated cost to age 16	153,687

Alternative strategies and costs assuming crime route is avoided		
Age	Agency action	Cost (£)
0–3	Family Support/Sure Start (1 hr x10 weeks)	1,250
5	Family Support/Sure Start (1 hr x10 weeks)	1,250
	Educational psychologist support and liaison (1 hr x 12 months)	980
	Social services family assessment	350
6	Speech and language therapy sessions (1 hr x 12 weeks)	392
	Educational psychologist support and liaison/direct work (1 hr per fortnight x 6 weeks)	123
	Family support (1 hr x 10 weeks)	1,250
8	Anger management group (6 sessions)	1,624
	Family support to tackle neglect (10 weeks)	940
	Multi-agency school inclusion group develop a plan	905

10	Learning support assistant/earning mentor (10 hrs per week x 36 weeks)	12,600
	Education psychologist support and liaison/direct work (1 hr per fortnight x 3 months)	245
	James involved in decision-making from now on	–
	Multi-agency inclusion group review and plan secondary school transfer	905
12	Mentor in mainstream school and in the community (12 months)	6,000
	Education psychologist support and liaison/direct work (1 hr per month x 1 term)	123
13	Continue mentor support (12 months)	6,000
	Family support to tackle absentee parents (10 weeks)	1,210
14	Adolescent support (7 hrs per week x 12 weeks)	2,016
	Support in school from the learning support unit on a drop in basis (10 hrs per year)	350
	School lunch break 'haven' – available all year	3,731
15	With support to his family, James stays in mainstream education until school leaving age	3,731
	Total estimated cost	42,243



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