

# Early Intervention: The Next Steps

An Independent Report to Her Majesty's Government

Graham Allen MP

January 2011

## Acknowledgement

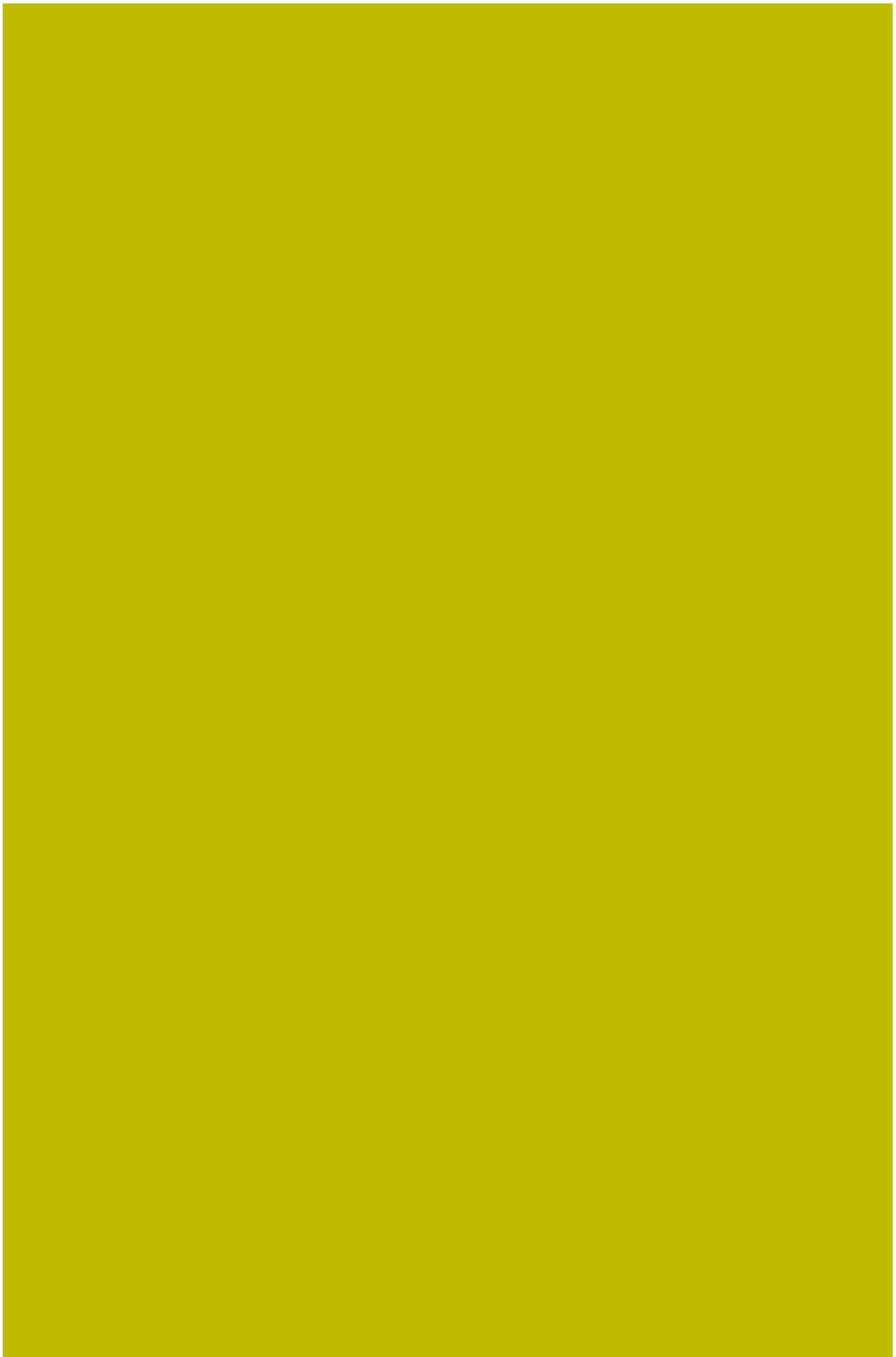
The images on the front cover illustrate the negative impact of neglect on the developing brain. The CT scan on the left is from a healthy 3-year-old child with an average head size (50th percentile). The image on the right is from a series of three 3-year-old children following severe sensory-deprivation neglect in early childhood. The child's brain is significantly smaller than average and has abnormal development of cortex (cortical atrophy) and other abnormalities suggesting abnormal development of the brain.

From studies conducted by researchers from the Child Trauma Academy ([www.childtrauma.org](http://www.childtrauma.org)) led by Bruce D Perry, MD, PhD.

Perry BD (2002) Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture. *Brain and Mind*, 3: 79–100.

# Contents

Letter to the Prime Minister	v
The core message on Early Intervention	vii
Foreword	ix
Executive summary	xiii
Full list of recommendations	xvii
<b>Part 1: Introduction</b>	<b>I</b>
Chapter 1 Early Intervention: providing the social and emotional bedrock for all children	3
Chapter 2 Using our brains	13
Chapter 3 Early Intervention: good for people	23
Chapter 4 Early Intervention: good for the economy	31
<b>Part 2: The Way Forward</b>	<b>41</b>
Chapter 5 Moving on	45
Chapter 6 The programmes: a new methodology, robust evidence and backing what works	67
Chapter 7 The Places: pioneers for a new way	83
Chapter 8 The Early Intervention Foundation: bringing programmes and resources to places	99
Chapter 9 Making it happen: strong leadership across the parties	109
Chapter 10 Financing Early Intervention	113
<b>Annexes</b>	
Annex A What they say about Early Intervention	117
Annex B Programmes and how they were selected	119
Annex C Standards of evidence criteria	136
Annex D Evidence of programme cost-effectiveness	138
Annex E Evidence-based practice databases	145
Annex F Consultation	148
Annex G Guide to creating a system-ready evidence-based programme	155



# Letter to the Prime Minister

Rt Hon David Cameron MP  
10 Downing Street  
London  
SW1A 2AA

19 January 2011

Dear Prime Minister

I have completed the Review of Early Intervention requested by the Government last June and am delivering it ahead of time. I hope it will be helpful that there are no requests for legislation and no requests for immediate public spending. Should you accept and act upon the recommendations, not only will the life chances of so many children be enhanced but I would also expect considerable dividends to be paid to the taxpayer and government on a recurring basis.

This Report therefore makes the following recommendations:

1. The cross-party co-operation that has characterised this issue should continue and be actively developed. All parties should publicly accept the core message of Early Intervention, appended, acknowledge that the culture of late intervention is both expensive and ineffective, and ensure that Early Intervention plays a more central part in UK policy and practice.
2. All parties should commit to the central objective of Early Intervention to provide a **social and emotional bedrock** for the current and future generations of babies, children and young people by helping them and their parents (or other main caregivers) before problems arise.
3. With the encouragement of the Government, the best and most rigorously proven **Early Intervention programmes** should be pulled together using the best methodology and science available, to promote their wider use.
4. The Government should encourage 15 local **Early Intervention Places** to pioneer the programmes.
5. The Government should promote an independent **Early Intervention Foundation**, independently funded, to motivate those in the Early Intervention sector; prove the programmes above, work with pioneering Places above and raise additional long-term finance for Early Intervention from non-governmental sources.

6. The Government should take further the existing policies in this field to make sure that all children have the social and emotional capability to be 'school ready' at five, including:
  - a. a long-term plan to give all vulnerable first-time mothers who meet the criteria and want it, access to Family Nurse Partnerships;
  - b. working up a national parenting campaign as part of the Big Society;
  - c. high-quality, benchmarked pre-school education for 2-, 3- and 4-year-olds as part of a 0–5 Foundation Stage;
  - d. a cross-party review to plan progress towards a quality paternity and maternity settlement; and
  - e. a more coherent series of assessments for the 0–5s to detect and resolve social and emotional difficulties before they become intractable.

A full list of the recommendations can be found on pages xvii to xxi.

Finally, to exploit the tremendous political and financial momentum behind Early Intervention, I strongly recommend that the Cabinet Social Justice Committee swiftly issues a timetable enabling those recommendations which are accepted to go ahead without delay.

I will publish a further report, which will be delivered to you before the summer recess, exploring the use of new private sector financial instruments to fund the local roll-out of proven Early Intervention programmes to Early Intervention Places via the Early Intervention Foundation. This is a tremendous opportunity for this and future governments to take a long-term view on tackling causes rather than symptoms, reducing dysfunction and creating essential social investments with good rates of return. Countless children, who would otherwise underachieve, will be able to meet their potential and in turn become fully rounded citizens and, above all, excellent parents if the right decisions are taken now.

Good wishes in the judgements you must make.

A handwritten signature in black ink that reads "Graham Allen". The signature is fluid and cursive, with the first letter of each name being significantly larger and more stylized.

**Graham Allen MP**  
**The Early Intervention Review Team**

# The core message on Early Intervention

Early Intervention is an approach which offers our country a real opportunity to make lasting improvements in the lives of our children, to forestall many persistent social problems and end their transmission from one generation to the next, and to make long-term savings in public spending. It covers a range of tried and tested policies for the first three years of children's lives to give them the essential social and emotional security they need for the rest of their lives. It also includes a range of well-established policies for when they are older which leave children ready to face the challenges of each stage of childhood and of passage into adulthood – especially the challenge of becoming good parents to their own children.

In spite of its merits, which have achieved increasing recognition by national and local government and the voluntary sector, the provision of successful evidence-based Early Intervention programmes remains persistently patchy and dogged by institutional and financial obstacles. In consequence, there remains an overwhelming bias in favour of existing policies of late intervention at a time when social problems are well-entrenched – even though these policies are known to be expensive and of limited success. Strong leadership by **all** political parties is required to overcome this bias and achieve a cultural shift to Early Intervention. A move to successful Early Intervention requires new thinking about the relationship between central government and local providers. It also needs authoritative evidence about which forms of Early Intervention are most successful, and about their impact.

**The Early Intervention Review Team, 2011**



## Foreword



In July 2010 the Prime Minister asked me to lead a review on Early Intervention. I was glad to accept. I have a long-standing personal interest in policies to break the cycle of deprivation and dysfunction from generation to generation. I have witnessed this phenomenon repeatedly as MP for Nottingham North – the area in which I was born and grew up. This is one of the most deprived constituencies in the UK, and it has been heartbreaking to see so many children's lives and potential wasted, all the more so for knowing that this could have been prevented by small investments in the early years of those lives. Getting this wrong has impacts way beyond the individual and family concerned: every taxpayer pays the cost of low educational achievement, poor work aspirations, drink and drug misuse, teenage pregnancy, criminality and unfulfilled lifetimes on benefits. But it is not just about money – important as this is, especially now – it is about social disruption, fractured lives, broken families and sheer human waste.

Early Intervention is the answer: a range of well-tested programmes, low in cost, high in results, can have a lasting impact on all children, especially the most vulnerable. If we intervene early enough, we can give children a vital social and emotional foundation which will help to keep them happy, healthy and achieving throughout their lives and, above all, equip them to raise children of their own, who will also enjoy higher levels of well-being.

In 2005 I became Chair of One Nottingham, the local strategic partnership for my city. Over the next four years we set out to fulfil this promise with a shared vision of Nottingham as an 'Early Intervention City', with 16 interventions to break

the 0–18 cycle of dysfunction. Nottingham has coped heroically on meagre funds and incredible personal and partnership commitment. But my experience convinced me that our country needed a more focused national effort. Both in Nottingham and elsewhere we were still tackling the symptoms of social problems and ignoring the causes. Huge budgets were absorbed by remedial or palliative policies and few resources were spent on preventive policies.

People of all parties had reached the same conclusion. In 2008 the Rt Hon Iain Duncan Smith MP and I co-wrote the book *Early Intervention: Good Parents, Great Kids, Better Citizens*, setting out the stall for cross-party action on inter-generational change and feeling our way towards a national strategy.

Three years later, it is clear that our country can take the next steps necessary to gain the full benefits of an Early Intervention approach. Much excellent work has been done, at both local and national level, but new and additional lines of attack are needed.

That is the purpose of this Report and no one need fear its proposals. They will not threaten any effective policies which are now in place, nor provide any excuse or rationale for cutbacks. Instead, they offer sharper tools to measure and expand the rewards of Early Intervention, to improve the execution and impact of successful policies, to make more effective use of current public expenditure and to achieve lasting cost savings in later years. The proposals will take Early Intervention to a new and higher level.

I hope readers will find no words of blame in this Report. Everywhere I have encountered hard work, commitment, inspiration and tenacity in the cause of Early Intervention. Ministers of successive governments and officials, local councils and the voluntary sector have put huge efforts into finding new ways to give children a better start in life. So, too, have those in the frontline – teachers, police officers, health workers and so many others, often without recognition, who go the extra mile every working day. Above all, mothers and carers – not least in low-income families – do the best they can in tremendously difficult circumstances, often without the tiny amount of help that would make all the difference.

One great merit of Early Intervention is that it can help so many families under stress to fulfil their mission of giving children a secure and loving space in which to grow up. It can keep families together and save many children from the trauma of break-up and removal. When all is said and done, enabling every child to develop social and emotional capability is nothing less than what most parents routinely do for their own children.

This Report is dedicated to all those now toiling in the vineyard of Early Intervention. I hope that they especially will benefit from its new ideas. If acted on, these ideas would make a huge difference to this generation of children and all those which follow. They will also produce considerable and recurring savings for the nation.

I agreed to undertake this Report on the basis that it would be part of the continuing **cross-party** effort to promote a culture of early rather than late intervention, to build the basic components of success rather than throwing more money into the chasm of failure. If we are to make a change across the generations, it cannot be the property of one party; it requires all voices, all governments, a whole nation, to continue the attack on the causes of dysfunction and to help all our babies, children and young people to have a decent chance in life.

It is the most important task of a society to make sure that the next generation is equipped to meet the challenges it will face. Without exception, all three political parties and their leaders have been unfailingly generous and open-minded as this Report has taken shape. None of them is bound

by it, yet all of them understand its message. The current government and the ones that come after it, of whatever political colour, must carry Early Intervention still further until real inter-generational change has been achieved.

I decided early on that this review would issue two reports. This is the first. It sets out the rationale for Early Intervention: to create the essential social and emotional bedrock for all children to reap the social, individual and economic rewards. It identifies where we can build on existing government programmes, and then discovers the best proven ones; and it describes the rigorous methodology and institutional arrangements, independent of government, required to make a much-needed step change in the way in which our society invests in its human potential. Although this Report recapitulates some of the argument and evidence from the book by Iain Duncan Smith and me, it contains abundant new evidence and analysis. For bringing all of this together in a few short months, I am deeply indebted to a small review team of officials and outside experts from the UK and abroad. As always in such reports, any credit must be shared with them but any errors are mine alone.

A second report, to be published by summer, will detail the new funding options needed to resource Early Intervention. It will dovetail with this Report, as it must, for policy and funding are inseparable.

All who care about realising the potential of our babies, children and young people need to work together and take the pathway to a long-term Early Intervention culture in the UK. That pathway is mapped in this Report.

**Graham Allen MP**  
January 2011

## A note on style

Many programmes and policies across the world have been given the title and kudos of 'early intervention'. Not all of them deserve this status. In this Report, I wish to reserve the term Early Intervention for the general approaches and the specific policies and programmes which are known to produce the benefits described here for children aged 0–3 and for older children up to 18 who will become the better parents of tomorrow. For that reason, I have generally turned it into a proper name, with capital letters. In some contexts I use 'early intervention' in its everyday general sense, without capitals. **GA**



# Executive summary

## Introduction

In this first report I use the term Early Intervention to refer to the general approaches, and the specific policies and programmes, which help to give children aged 0–3 the social and emotional bedrock they need to reach their full potential; and to those which help older children become the good parents of tomorrow.

The rationale is simple: many of the costly and damaging social problems in society are created because we are not giving children the right type of support in their earliest years, when they should achieve their most rapid development. If we do not provide that help early enough, then it is often too late. Here are just a few illustrations from the literature:

- A child's development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.
- Some 54 per cent of the incidence of depression in women and 58 per cent of suicide attempts by women have been attributed to adverse childhood experiences, according to a study in the US.
- An authoritative study of boys assessed by nurses at age 3 as being 'at risk' found that they had two and a half times as many criminal convictions as the group deemed not to be at risk at age 21. Moreover, in the at-risk group, 55 per cent of the convictions were for violent offences, compared to 18 per cent for those who were deemed not to be at risk.

## Using our brains

Chapter 2 describes crucial areas of brain development in the first years of life, and suggests why these years may be so predictive of future outcomes. A key finding is that babies are born with 25 per cent of their brains developed, and there is then a rapid period of development so that by the age of 3 their brains are 80 per cent developed.

In that period, neglect, the wrong type of parenting and other adverse experiences can have a profound effect on how children are emotionally 'wired'. This will deeply influence their future responses to events and their ability to empathise with other people.

This is not to say that development stops at age 3 – far from it; but the research indicates that we need to intervene early to make sure that our children get the best possible start in life. We need to keep supporting them throughout childhood in ways which help them reach the key milestones of social and emotional development.

## The social and economic benefits of intervening early

Chapters 3 and 4 explore the social and economic benefits of Early Intervention.

Early Intervention to promote social and emotional development can significantly improve mental and physical health, educational attainment and employment opportunities. Early Intervention can also help to prevent criminal behaviour (especially violent behaviour), drug and alcohol misuse and teenage pregnancy.

What parents do is more important than who they are. Especially in a child's earliest years, the right kind of parenting is a bigger influence on their future than wealth, class, education or any other common social factor.

The economic benefits of Early Intervention are clear, and consistently demonstrate good returns on investment. One example whose benefits have been well documented in research is the Nurse Family Partnership in the US. This programme supports at-risk teenage mothers to foster emotional attunement and confident, non-violent parenting. By the time the children concerned are 15, the programme is estimated to have provided benefits, in the form of reduced welfare and criminal justice expenditures, higher tax revenues, and improved physical and mental health, of up to five times greater than its cost.

Intervening later is more costly, and often cannot achieve the results that Early Intervention is able to deliver. However, there is currently very little expenditure on Early Intervention in comparison to later interventions. We need to redress this imbalance.

### Early Intervention delivery – moving on

Chapter 5 explores the key themes of the first half of the Report in the context of current policy and practice. It looks at how we can build on the good things that are already going on, while keeping in mind the Government's stance on public expenditure and its policy agendas of decentralisation, localism and the creation of the Big Society.

It makes a number of recommendations that are broadly aimed at making children genuinely ready for school (the meaning of which is defined in the chapter) as part of a new 0–5 Foundation Stage.

In particular, it addresses the following issues:

- increasing awareness of what Early Intervention can achieve within central government and local areas and among parents;
- increasing the effectiveness of staff such as teachers, social workers, nurses and doctors, and of existing policies and infrastructure;

- providing parents with the information and support they need to help their children;
- providing the data and measurement tools that we need to help identify those in need and to track progress; and
- creating the right financial freedoms for local areas to pool budgets and work across agencies to tackle shared problems.

### Effective programmes

Chapter 6 identifies the most effective Early Intervention programmes and presents the calculations which have been made of their cost-effectiveness. It lists 72 programmes which fulfil this criterion, with 19 in the top category.

It uses rigorous standards of evidence, highlighting programmes on a scale, according to the strength of evidence. This is intended to be a useful tool for private, public and third sector commissioners looking at how they should best spend their money.

However, the list is not final, and never should be. The report makes clear that it must be constantly reviewed and expanded. To this end, it recommends an independent Early Intervention Foundation (described more fully below) to increase the evidence available in the UK of successful Early Intervention and to provide further examples.

This list is especially important because it will underpin a second report examining alternative funding options for Early Intervention. This report will recognise that the Government is not in a position to make new large-scale spending commitments. However, it will express the conviction that the economic and social returns of Early Intervention are so great that we must develop models by which mainstream private as well as public investors can invest in the future of society.

### Early Intervention Places

Chapter 7 acknowledges the importance of local rather than central institutions in providing the best universal and targeted Early Intervention services.

The chief executives of 26 local authorities have already agreed in principle (if the Government so wishes) to sign up to putting Early Intervention at the heart of their strategies and to start to implement some of the recommendations from this Report. I would suggest that 15 of them should form the first group of Early Intervention Places. Some third sector bodies might also join this approach.

Some of the 26 local authority areas concerned are also Community Budget Areas, which means that they are able to pool the resources from different finance streams to make it easier to tackle multi-agency issues, such as families with multiple problems, where Early Intervention could have a profound impact.

I have already had discussions with ministers indicating that several departments would wish to pursue Early Intervention agendas in partnership with specific local areas.

### An Early Intervention Foundation

If local communities are to lead this pioneering effort and operate the programmes described, they must be able to act free of central government control or interference, and also to raise money from the private sector. That is the key message of Chapter 8, which emphasises that this effort is to be organised independently of Whitehall. Central government should champion, not control, the expansion of Early Intervention.

The prime recommendation of this Report is the creation of a new, independent Early Intervention Foundation. This concept is described in Chapter 8. This Foundation would be created in the first instance through private, philanthropic, ethical and local funding and it would be run by its initial funders, independently of central government. I have discussed this proposal with many witnesses and others interested in the field (including the 10 eminent experts in the field quoted in the Report) and it is clear that the will and the resources are available to establish this Foundation quickly, if central government allows.

The Foundation would undertake work with four broad ambitions:

- to encourage the spread of Early Intervention;
- to improve, develop and disseminate the evidence base of what works, utilising rigorous methodologies;
- to provide independent and trusted monitoring of the effectiveness of programmes; and
- to act as an honest broker between financial investors, local authorities and deliverers to make the most of alternative funding mechanisms to provide the necessary investment that Early Intervention deserves.

### Final thoughts

We need to work together, effectively, to reap the benefits that Early Intervention can bring; and this will require working differently, to higher standards, and with focused activity and a vigorous institutional champion. Many contributors to the Report are excited by the potential for a real breakthrough on Early Intervention, but there is also apprehension that it could be delayed and suffocated. In Chapter 9 the Report indicates some of the actions we need to take to make these recommendations happen. Chapter 10 anticipates my second report on alternative funding mechanisms, which will be published in the spring. This is an exciting venture which, with active Treasury, City and voluntary help, will produce new ways to finance and facilitate the essential change in culture from late to Early Intervention.



# Full list of recommendations

To build on the present political and financial momentum of Early Intervention, my recommendations below create **no requests for new legislation** and **no requests for immediate additional public expenditure**.

## Top three recommendations

I recommend that the **19 ‘top programmes’** identified in my Report should be supported and work undertaken with local areas to explore how they might be expanded to demonstrate our commitment to Early Intervention. However, I also recommend that this list of 19 should not be regarded as exhaustive or complete: all 19 should be reviewed and reassessed by the new Early Intervention Foundation (proposed below) before a ‘living list’ is evolved.

I recommend that Early Intervention should build on the strength of its local base by establishing **15 local Early Intervention Places** to spearhead its development. These should be run by local authorities and the voluntary sector, who are already the main initiators and innovators of Early Intervention.

I recommend the establishment of an independent **Early Intervention Foundation** to support local people, communities and agencies, with initial emphasis on the 15 Early Intervention Places.

I recommend that the Foundation should:

- support local people, communities and agencies, with initial emphasis on the 15 Early Intervention Places;
- be led and funded by non-central government sources, including local authorities, ethical and philanthropic trusts, foundations and charities as well as private investors who have already expressed an interest in this;
- lead and motivate the expansion of Early Intervention;
- evaluate Early Intervention policies based on a rigorous methodology and a strong evidence base, and encourage others to do the same; and
- develop the capacity to attract private and public investment to Early Intervention.

The Government should champion and encourage this concept. Whitehall should neither control nor isolate the Foundation but welcome it and engage with it as a source of complementary activity and advice.

## Chapter 1

1. I recommend that the nation should be made aware of the enormous benefits to individuals, families and society of Early Intervention – a policy approach designed to build the essential **social and emotional bedrock** in children aged 0–3 and to ensure that children aged 0–18 can become the excellent parents of tomorrow.

## Chapter 2

2. I recommend that the nation should recognise that influencing social and emotional capability becomes harder and more expensive the later it is attempted, and more likely to fail.

## Chapter 3

3. I recommend a rebalancing of the current culture of 'late reaction' to social problems towards an **Early Intervention culture**, based on the premise of giving all children the social and emotional bedrock they need to achieve and to pre-empt those problems.

4. Within that context, I recommend an essential shift to a **primary prevention strategy** which offers substantial social and financial benefits.

5. I recommend proper **co-ordination** of the machinery of government to put Early Intervention at the heart of **departmental strategies**, including those seeking to raise educational achievement and employability, improve social mobility, reduce crime, support parents and improve mental and physical health.

## Chapter 4

6. Since waiting for problems to take root before reacting costs the taxpayer billions of pounds, I recommend that we should exploit the potential for **massive savings in public expenditure** through an Early Intervention approach.

## Chapter 5

7. I recommend that the United Kingdom should adopt the concept of the **foundation years from 0 to 5** (including pregnancy), and give it at least the same status and recognition as primary or secondary stages. Its prime objective should be to produce high levels of **'school readiness'** for all children regardless of family income. To support this recommendation, it is important that everyone with responsibilities for child development, particularly parents, understands how the 0–18 health and educational cycle is continuous from birth and does not start on entry to primary school. It would therefore be helpful to clarify some of the jargon around school years. I therefore recommend that the Government

should number all year groups from birth, not from the start of primary school.

8. Since a successful Early Intervention approach requires sustainability and a long-term view, I recommend that consideration should be given to creating a lasting, stable settlement between central and local government within a **published framework or codification of the local/central relationship**. I further recommend that, if developed, this settlement should be agreed by all political parties, and adhered to whichever of them are in power in central or local government.

9. I recommend that the Department of Health and the Department for Education should work together with other partners and interests to produce within 18 months a seamless **Foundation Years Plan** from pregnancy to 5 years of age, which should be widely understood and disseminated in order to make the 0–5 foundation years a reality. I recommend that this Plan is endorsed by Parliament.

10. I believe that under the Government's proposed **new arrangements for local health services**, a great opportunity exists to localise Early Intervention, and I recommend that one of the reorganisation's key themes should be a focus on antenatal education/preparation for parenthood, and on social and emotional development for the under-3s. I recommend that:

- **GP consortia** and local authorities should work together to commission evidence-based preventive Early Interventions, especially in pregnancy and the first years of life;
- the proposed new local **health and well-being boards** should, as part of their proposed role in developing and overseeing local health and well-being strategies, create integrated Early Intervention approaches, share best practice and have the freedom to tie into the institutional arrangements for Early Intervention recommended below; and
- in establishing the new directors of public health (jointly appointed by the Public Health Service and local authorities), there is strong accountability for improving social and emotional capability as a central aspect of children's health.

11. I recommend that, building on the anticipated cross-government consultation paper for a system of flexible parental leave which enables parents to take more of their entitlement, the Government should form a broad-based cross-party group to explore over the long term what is the appropriate level of **maternity and paternity support** for all parents and babies in light of international evidence and resources available.

12. I recommend that the success of **Family Nurse Partnership** should be taken further, with the aspiration that every vulnerable first-time young mother who meets the criteria and wants to join Family Nurse Partnership should be able to access it, and that discussions should take place with all relevant interests on how to ensure sustained local commissioning, leadership and finance. I anticipate that this would be one of the first programmes to be funded through one of the additional funding mechanisms now under consideration, which will be outlined in my second Report.

13. I recommend that future expansion of Early Intervention programmes should favour those which combine strong evidence bases with impact on crucial stages in the development of social and emotional bedrock in children, and that the present national network of **children's centres** should use such approaches, including evidence-based evaluation systems, to identify and meet the needs of vulnerable children and families. This could include programmes such as Family Nurse Partnership. I support the proposal in the Schools White Paper that the remit of the National College for Leadership of Schools and Children's Services should be extended to provide training for children's centre leaders, and recommend that this should include training on social and emotional development and evidence-based Early Intervention approaches.

14. I recommend that a meeting between the Local Government Association and departmental ministers should be convened to agree solutions to local **data-sharing** problems.

15. I recommend that all children should have **regular assessment** of their development from birth up to and including 5, focusing on social and emotional development, so that they can be put on the path to 'school readiness' which many – not

least from low-income households – would benefit from. Accountability is confused and divided, policy is incomplete and there is an unnecessary separation between the Healthy Child Programme reviews and the Early Years Foundation Stage assessments. It is timely that several external reviews are taking place. Providing they result in a regular and coherent series of assessments, the Government should act swiftly to ensure that the 0–5s are helped at the earliest and most cost-effective point in their lives to develop the social and emotional bedrock upon which they can thrive.

16. I recommend that we improve **workforce capability** of those working with the 0–5s. We should:

- increase graduate-led, or even postgraduate, pre-school leadership;
- ensure that all early years settings employ someone with Early Years Professional Status (EYPS) on site; and
- establish a Workforce Development strategy led by the Departments for Education and Health with input from across government, to ensure that we are developing for the future enough suitably qualified candidates who wish to work with the 0–5s.

In the interim, I recommend that all key professionals are made aware of the importance of building on the social and emotional capabilities of babies and children, and of promoting and supporting good parenting, through refocused training initially and then as an integral part of continuing professional development. I would like to see some refocused training and development work starting in 2011/12 with roll-out from 2012/13.

17. I recommend a new **National Parenting Campaign** as the Crown Jewel of the Big Society project, pursued with enough passion and vitality to make it irresistible even to the most jaundiced. I recommend the creation of a broad-based alliance of interested groups, charities and foundations to ensure that the public, parents, health professionals and, especially, newly pregnant women are aware of the importance of developing social and emotional capability in the first years of life, and understand the best ways of encouraging

good later outcomes for their children. Whitehall departments should participate in this initiative but not control or dominate it. For this reason, I propose that it should be funded and directed from outside central government. In the interim, I recommend that specific recommendations on parenting should be published as a response to the ongoing consultation by the Department of Health on proposals on information for patients, service users, carers and the public.

## Chapter 6

18. I recommend that a greater proportion of any **new public and private expenditure should be spent on proven Early Intervention policies** rather than on unproven ones.

19. I recommend that a **new rigorous methodology for evaluating** and assessing Early Intervention programmes should be instituted and developed for the UK, aimed at identifying the best, most effective programmes to help our babies, children and young people.

20. I recommend that the **19 'top programmes'** identified in my Report should be supported and expanded to demonstrate our commitment to Early Intervention. However, I also recommend that this list of 19 should not be regarded as exhaustive or complete: all should be reviewed and reassessed by the new Early Intervention Foundation (proposed below) before a 'living list' is evolved.

21. I recommend that a growing number of excellent well-regarded UK programmes should be assisted in **joining the list** as proven programmes able to help our children the most.

## Chapter 7

22. I recommend that Early Intervention should build on the strength of its local base by establishing **15 local Early Intervention Places** to spearhead its development. These should be run by local authorities and the voluntary sector, who are already the main initiators and innovators of Early Intervention.

23. I recommend that, where helpful, the Places could voluntarily **link to government departments** where Early Intervention agendas overlap: positive

preliminary discussions have already taken place with several departments to explore this.

## Chapter 8

24. I recommend the establishment of an independent **Early Intervention Foundation** to support local people, communities and agencies, with initial emphasis on the 15 Early Intervention Places.

25. I recommend that the Foundation should be **led and funded by non-central government sources**, including local authorities, ethical and philanthropic trusts, foundations and charities as well as private investors who have already expressed an interest in this. The Government should champion and encourage this concept. Whitehall should neither control nor isolate the Foundation but welcome it and engage with it as a source of complementary activity and advice.

26. I recommend that the Foundation should be given the following **roles**:

- to lead and motivate the expansion of Early Intervention with initial emphasis on the 15 Early Intervention Places;
- to evaluate Early Intervention policies on the basis of a rigorous methodology and a strong evidence base, and encourage others to do the same;
- to advise the 15 Places and other local authorities and organisations; and
- to develop the capacity to attract private and public investment to Early Intervention.

27. I recommend the **immediate creation of a 'shadow' Early Intervention Foundation** including those quoted in Annex A to bring these proposals to fruition over the next few months.

## Chapter 9

28. I recommend that **all political parties** should work together on the Early Intervention agenda. Even before the publication of this Report I wrote to all party leaders to ask that they continue to work – together where possible – on Early Intervention policies in the future in a way which builds on the recommendations of this Report.

29. I recommend that the Cabinet Social Justice Committee should resolve the issue of future **cross-government co-ordination** on Early Intervention policy immediately on presentation of this Report.

30. As soon as ministers resolve their approach, I recommend that the commitment across government to Early Intervention should be given the strongest and most active leadership by the Permanent Secretaries Committee, especially on how to join up departmental thinking and delivery on Early Intervention, and in particular how to get buy-in from local authorities.

31. I recommend that the successful interaction begun by the review with local government should be continued and developed, especially by giving **local government** a leading role in the Early Intervention Foundation.

32. I recommend the establishment of a **transition team** to secure swift implementation of any of the key recommendations accepted by the Cabinet Committee.

## Chapter 10

33. A further report on the **Financing of Early Intervention** is being prepared by my team and I recommend that the Cabinet Social Justice Committee should ensure that the team is properly resourced and staffed to enable the report to be presented before the Parliamentary summer recess.



# Part 1: Introduction

1. This first half of the Report sets the scene for the policy proposals in Part 2. It outlines the concepts and philosophy of Early Intervention and why we need to do more to rebalance the dominant culture of late intervention with the more effective and less expensive culture of Early Intervention. This entails direct help for children, parents and caregivers in coping with their immediate circumstances, but it also means preparing the same children to become the most effective parents they can be.

2. In Chapter 2, I examine the phenomenal growth of children's brains in the first years of life, and show how this creates exceptional opportunities, especially for mothers, to provide children with the social and emotional foundations that are the key to personal development and achievement and the best single way to tackle inter-generational dysfunction.

3. Enabling infants to become rounded, capable people results in great and lasting social benefits through a lifetime that includes happiness and security in childhood, achievement in education, readiness for productive work and, above all, successful parenthood. This argument is made in Chapter 3. But all too often we fail to achieve this, and many children never develop the social and emotional faculties that they need in life. If we continue to fail, we will only perpetuate the cycle of wasted potential, low achievement, drink and drug misuse, unintended teenage pregnancy,

low work aspirations, antisocial behaviour and lifetimes on benefits, which now typifies millions of lives and is repeated through succeeding generations.

4. In Chapter 4, I explore the massive structural deficit of failure, which dwarfs any public expenditure cuts and yet which we continue to pay without question. Billions of pounds are paid out year after year, indeed decade after decade, often without the faintest acquaintance with an evidence base – although, ironically, advocates of prevention are constantly exhorted to improve their evidence base. Success or failure in early childhood also has profound economic consequences. Socially and emotionally capable people are more productive, better educated, tax-paying citizens helping our nation to compete in the global economy, and make fewer demands on public expenditure. Socially and emotionally incapable people are far less likely to be productive taxpayers and far more likely to be a cost to public funds in benefits, health care, social work and policing and criminal justice.

5. I hope to demonstrate by the end of this first half of the Report that Early Intervention not only works as a concept but also that it makes evident social and economic sense. Only then would it be right to ask the British government and British people to take Early Intervention to the next level.



# Chapter 1

## Early Intervention: providing the social and emotional bedrock for all children

*What you see consistently are children at a very early age starting school already behind. That's why I've said that I'm going to put billions of dollars into early childhood education... Every dollar that we spend in early childhood education, we get \$10 back in reduced dropout rates, improved reading scores. That's the kind of commitment we have to make early on.*

*Barack Obama*

### Introduction

1. Early Intervention enables every baby, child and young person to acquire the social and emotional foundations upon which our success as human beings depends. Most parents give this to their children, and often by instinct and common sense alone, but all of our children deserve nothing less. A child who is rounded, capable and sociable has a great chance in life. Those denied these qualities have a bad start and few of them recover. During their lifetimes they can impose heavy penalties on themselves and generate major costs, financial and social, for their families, local communities and the national economy. In our book in 2008 Iain Duncan Smith and I outlined the essential philosophy of Early Intervention as a means to forestall bad outcomes for children and society, and I do not repeat this here.

2. However, it is important to set the scene in this introduction. The message remains the same: there are no quick fixes, no magic bullet, just a long-term programme of hard work. I am asking all parties and all governments, this one and its successors, to settle on a sustained policy, generation after generation, for our children. If we can do this we

will not only improve current society but also offer that which succeeds it a new and better level of health and well-being by building this into the early lives of its youngest members.

### Early and late intervention

3. There are now two competing cultures: the dominant one – of late intervention – and the growing one – of Early Intervention. I explore in later chapters how we can bring these two into better balance. It is not an either/or – we **must** continue to swat the mosquitoes but we can drain the swamp too. The bleak truth is that decades of expensive late intervention have failed. Major social problems have got worse not better: despite heroic frontline efforts tackling the **symptoms**, their **causes** often remain unaddressed. Little or no value for money can be demonstrated for the billions of pounds spent on current late intervention programmes and little prospect of value from the billions set aside fatalistically for such programmes in the future. It is quite right to be asked to give a strong evidence base for Early Intervention programmes (and we do this in this Report) but the default position of

spending billions of pounds over decades on late intervention should be subject to the same challenge.

4. The central problem for all developed countries, especially ours, is that intervention happens too late, when health, social and behavioural problems have become deeply entrenched in children's and young people's lives. Delayed intervention increases the cost of providing a remedy for these problems and reduces the likelihood of actually achieving one. More often than not, delayed intervention results only in expensive palliative measures that fail to address problems at their source. It is time to recognise that the prevailing culture of late intervention is expensive and ineffective.

5. However, there is another way. I make clear in Chapter 6 that the right type of Early Intervention programmes, those that build social and emotional capabilities, have resulted in significant and sustainable improvements in health, behaviour and social and economic outcomes. They offer immediate rewards to individuals and local communities and the prospect of lasting gains to society and the economy. Because of the huge costs of late intervention it does not take long for the right Early Intervention programmes to more than pay back their costs many times over – even on the most conservative estimates of savings, which I have insisted on throughout this Report. The costs of Early Intervention are, anyway, far lower than those required for late intervention programmes. To give only one example, an independent cost–benefit analysis of life skills training estimated it could provide a 25-fold return on its initial, relatively small, investment.<sup>1</sup>

6. Other investments, such as early years education, have lower rates of return, but, nonetheless, have previously generated substantial savings, particularly when expressed in terms of each individual benefiting. For example, the same cost–benefit analysis found on average early years education for 3- to 4-year-olds in low-income families had a benefit to cost ratio of 2.36 to 1 in the US. Based on current exchange rates, this corresponds to a net benefit per individual of notably more than £6,000.

7. The clear evidence of strong returns from Early Intervention is central to my proposed investment strategy. I return to it in later chapters and will explore it in depth in my second report.

### Opportune time for change

8. More and more eminent thinkers, policy makers and practitioners are acknowledging the importance of Early Intervention in children's lives. Teachers, health workers, police officers and parents tell the same story. My team and I have examined hundreds of submissions to this Report. We have scanned the major reviews of social problems published over the last three years. Almost without exception, they mention the need for Early Intervention (as is illustrated in the boxes throughout this chapter).

9. The intellectual climate is now highly supportive of an Early Intervention approach and the political climate has shifted favourably in the last few years. When Iain Duncan Smith and I published our book in 2008, all of the current leaders of the major UK political parties gave generous and flattering endorsements to the concepts of Early Intervention that we set out.<sup>2</sup>

10. Our society now has a once-and-for-all opportunity to capture the immense potential rewards from Early Intervention. Many programmes with established success are ready for broader implementation; others are starting up and need help to thrive and be tested. In Chapters 6 to 8 of this Report I show how this help can be provided.

### Part of the Big Society

11. There is also much scope for experiment and innovation in Early Intervention, and for engaging the energy and creativity of volunteers. To coin a phrase, Early Intervention is a Big Society project, which could unite public and private sectors behind achievable goals. Of course, the large public sector institutions will take the lion's share of resources but my proposal in Chapter 8 for an Early Intervention Foundation, offering independent and impartial advice, has already elicited substantial interest from non-government sources.

12. I have much sympathy with the present government's general ambition to give more scope to local decision making and voluntary engagement in public life; indeed, I argue later that this should go much further and be safeguarded from repeal. However, no one is confusing localism with atomisation, and it is essential that, where appropriate, local authorities work together and share costs and learning. To achieve a significant change in the provision of Early Intervention, local areas need to identify the most productive Early Intervention policies and to develop shared goals so that they can benefit from the economies of scale that arise from working together.

### Financial involvement

13. In these times of fiscal constraint, this country needs to be more imaginative about creating new mechanisms to fund investments in Early Intervention – and I mean investments. Underlying all the thinking in this Report is the belief that Early Intervention is a means to achieve lasting gains in the human capital of our country. It would improve our international competitiveness and raise our long-term Gross Domestic Product. In the last few years I have been delighted to see more and more financial experts offering ideas for the financing of Early Intervention. Their contribution is crucial. My two reports will, therefore, seek to establish new opportunities for investment in Early Intervention that would appeal both to hard-headed private investors, seeking a worthwhile rate of return, and to ethical and philanthropic investors seeking to put something back into society.

14. Supplementing but not replacing government finance, such new investment would help to finance a better society for the future, one that will become less unequal and that will benefit us all socially and financially, rich and poor alike, in the longer term. At the Prime Minister's direction, work has begun to create additional statistical measures of national well-being.<sup>3</sup> Early Intervention has a major contribution to make in this field, and I believe strongly that such measures should be a benchmark for the social and emotional development of young children – both as an indicator of national well-being and as an agent for its improvement. I make proposals for this in Chapter 5 of this Report.

### Real and effective Early Intervention

15. The rewards of Early Intervention arise from establishing a healthy social and emotional development in infancy. There is abundant evidence, much of it cited in this Report, to suggest that the first three years of life create the foundation in learning how to express emotion and to understand and respond to the emotions of others. Lessons learnt in this period can last a lifetime, and prepare an individual to progress physically, mentally and emotionally at every stage of life – especially in becoming a good parent. That is not to say that we do not develop socially and emotionally after this stage. However, lessons not learnt in this formative period become harder and harder to learn later in life, and the longer the delay the more it sets up the individual to fail in later life – especially as a parent. Early Intervention is a long-term strategy that works across and affects successive generations. We hold in each of us not only the genetic makeup of those who come later but also the keys to their development as social and emotional beings. Early Intervention breaks the all too common cycle in which people who grow up with dysfunctional behaviours and lifestyles transmit them to their children, who, in turn, transmit them to their grandchildren. Early Intervention offers a real chance to break this destructive pattern and of raising children to become good parents and carers in turn. Breaking the inter-generational cycle of dysfunction and underachievement is the greatest prize that Early Intervention can offer.

### Brain growth

16. Early Intervention is not a new discovery. It is an old adage that prevention is better than cure. The philosophy is enshrined in old folk wisdoms – an ounce of prevention is better than a pound of cure; a stitch in time saves nine; a good beginning makes a good ending. The classic public health definition of 'primary prevention' refers to interventions that ward off the initial onset of a disorder, ie intervening before damage takes place in a way that avoids the later costs in both human and financial terms of handling the consequences of the symptoms of that damage. Primary prevention that develops a social and emotional underpinning largely takes place before birth and

in the first three years thereafter; before a child's social and emotional responses become set.

17. The early years are far and away the greatest period of growth in the human brain. It has been estimated that the connections or synapses in a baby's brain grow 20-fold, from having perhaps 10 trillion at birth to 200 trillion at age 3.<sup>4</sup> For a baby, this is an explosive process of learning from the environment. The early years are a very sensitive period when it is much easier to help the developing social and emotional structure of the infant brain, and after which the basic architecture is formed for life.<sup>5</sup> However, it is not impossible for the brain to develop later, but it becomes significantly harder, particularly in terms of emotional capabilities, which are largely set in the first 18 months of life.

### 0–3s or 0–18s?

18. It is parents and carers who are the key agents to provide what makes a healthy child between the ages of 0 and 3. However, to fulfil their roles, parents and carers must themselves benefit from policies across the age range 0–18 which significantly strengthen the ability of babies, children and young people to raise their future children with the social and emotional capabilities that are the right of every child. These policies are also interventions, which break damaging cycles and prevent the transmission of social and emotional underdevelopment through successive generations. So I do not accept the false choice that Early Intervention is either 0–3 alone or 0–18 alone. It must be both.

19. Similarly, even remedial programmes can find a place in Early Intervention if they are helping create better future parents. Interventions for these older children, which attack the inter-generational nature of poor social and emotional capabilities, are also a legitimate strategic target in a strategy of prevention. This is why Early Intervention encompasses 0–18 programmes which enable children to grow into young people with the social and emotional competences they need to learn and to make effective choices about life. Only by acquiring these competences themselves will they be able to transmit them to their own children.

20. Through Early Intervention the next and succeeding generations could be prepared and made ready for school, for work, for parenthood and for life itself – and a virtuous circle would replace the current vicious circle of failure. Such a strategy would also call for particular attention to be paid to children in care, young offenders and the children of offenders, because their levels of risk are very much higher than those of other children and young people of their age.

21. However, I must make clear that fidelity to the concept of Early Intervention cannot be stretched to include every social intervention policy currently on offer, nor can it be used as an automatic defence against the threat of public expenditure cuts. As I make clear in Chapters 6 to 8, some Early Intervention programmes are more true to the original approach than others, and have a much greater record of proven success.

22. To reiterate: Early Intervention may be most effective before the age of 3, but we also need to address those aged 0–18 so they can become the most effective parents possible for the next generation of 0–3s. The 0–18 cycle needs to be addressed over and over again until the repetition of dysfunction from one generation to another is finally broken.

23. In Chapter 2, I present in more depth the scientific evidence that supports the success of Early Intervention mechanisms and the benchmarks that demonstrate achievement. However, I think it helpful now to outline in general the social and emotional capabilities which I believe to be a bulwark against the cycle of dysfunction. They are set out in Box 1.1.

**Box 1.1: Bedrock capabilities**

**Social capabilities** – a child will engage in give-and-take exchanges with an adult; will engage with other children; will demonstrate the ability to get along with others; will understand and respond to the emotions of others; will develop a sense of belonging to a larger community through social interactions and relationships, and will have an awareness of their relationship to others in a group; and will develop the ability to interact co-operatively with others.

**Emotional capabilities** – a child has secure attachment; is able to experience, recognise and express a variety of emotions, and to recognise and empathise with those emotions in others; will manage their internal states and feelings, as well as stimulation from the outside world; will develop strategies to control emotions and behaviours; will manage their behaviours; and will recognise their ability to do things.

24. By building these capabilities we enable children to be happily engaged with others and with society, and to learn, to develop fully, to attain and to achieve. These skills are such critical building blocks that most people would assume that they are common to all of us. Yet for many they are absent or underdeveloped. This has inevitable consequences for the individual and society. Building their essential social and emotional capabilities means children are less likely to adopt antisocial or violent behaviour throughout life. It means fewer disruptive toddlers, fewer unmanageable school children, fewer young people engaging in crime and antisocial behaviour. Early Intervention can forestall the physical and mental health problems that commonly perpetuate a cycle of dysfunction.

25. Indeed, evidence and experience from our country and overseas suggest that Early Intervention that develops social and emotional capability can reduce truancy, antisocial behaviour, crime, health problems, welfare dependency, the

need for statutory social care, underattainment, exclusion from school and the need for educational alternative provision. All of these problems impose enormous and continuing costs on local and national government and on wider society. Many of these costs show up in public accounts but others are invisible, although no less real to their victims. For example, one disruptive child at school can exhaust the attention and energy of teachers and reduce the quality of education for other pupils. Fear of crime can trap people in their homes. Perhaps worst of all, poor outcomes for young people often impact on their own parenting capacity as they take on responsibility for our next generation of children. In reducing common social problems, Early Intervention offers both immediate rewards for society and the prospect of long-term gains. In our book in 2008 Iain Duncan Smith and I cited some of the evidence to support that assertion; since then, that evidence has grown greater and stronger.

**Adverse childhood experiences**

26. Much academic literature clearly demonstrates that adverse childhood experiences can have a detrimental influence on a number of outcomes. The California Adverse Childhood Experiences Study<sup>6</sup> was one of the largest investigations ever on links between childhood maltreatment and later life health and well-being. As many as 17,000 participants had comprehensive physical examinations and provided detailed information on childhood abuse, neglect and family dysfunction. The study found that adults who had adverse childhoods showed higher levels of violence and antisocial behaviour,<sup>7</sup> adult mental health problems,<sup>8</sup> school underperformance and lower IQs,<sup>9</sup> economic underperformance<sup>10</sup> and poor physical health. These led to high expenditure on health support, social welfare, justice and prisons; and lower wealth creation. The scientific rationale for Early Intervention is overwhelming.

**The inter-generational cycle**

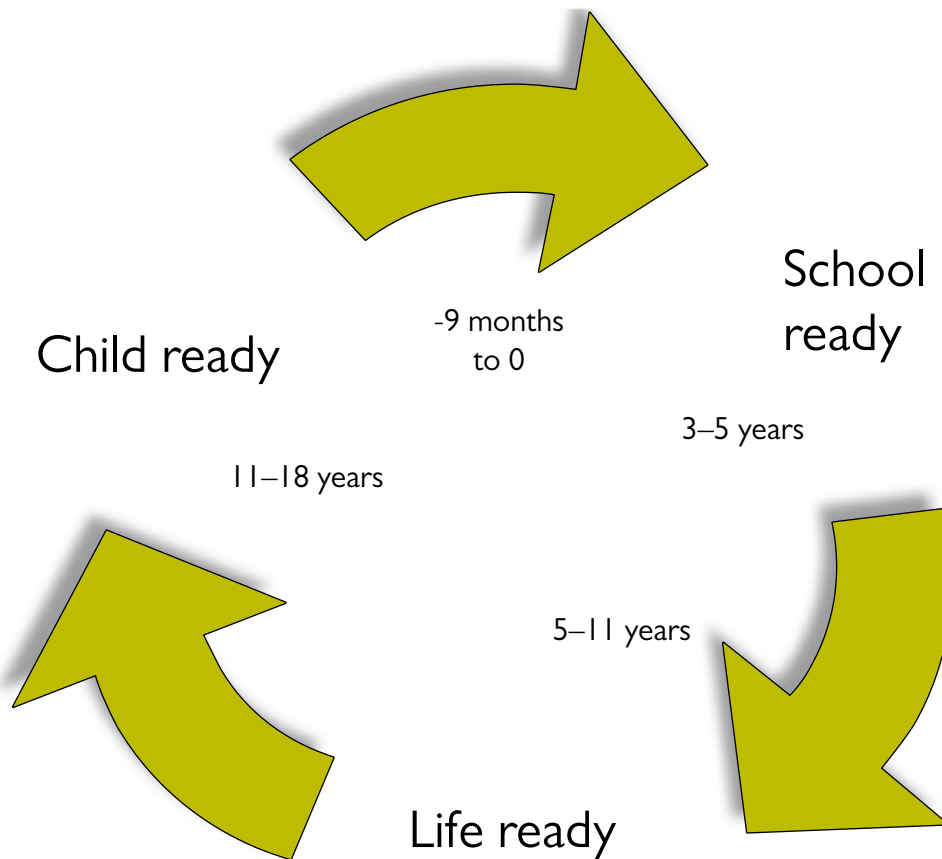
27. Largely remedial public funding, invested over generations, and repeated shifts in public policy have done little to affect a fundamental problem:

children who grow up in dysfunctional families are more likely to create such families themselves.

28. The alternative to the inter-generational cycle of dysfunction is to use Early Intervention to create a virtuous circle. At every key point in life there are Early Intervention measures, which when used together form a circle that will break such cycles, illustrated in Figure 1.1. In Chapter 7, I will identify specific cost-effective programmes that have been proven to work at each stage.

29. Only by ensuring that children have this basic foundation of social and emotional skills will we be able to ensure that they are school ready, life ready and child ready, as defined in Box 1.2.

Figure 1.1: A virtuous circle



**Box 1.2: Social and emotional bedrock**

**School ready** – having the social and emotional foundation skills to progress in speech, perception, ability to understand numbers and quantities, motor skills, attitude to work, concentration, memory and social conduct; having the ability to engage positively and without aggression with other children and the ability to respond appropriately to requests from teachers.

**Life ready** – having the social and emotional capability to enter the labour market; understanding the importance and the social, health and emotional benefits of entering work, the impacts of drug and alcohol misuse, crime and domestic and other violence.

**Child ready** – understanding what it is like to build and sustain a relationship, to have a family and to look after a small child; understanding how babies grow and develop and how parents can best promote this development.

**How this Report proceeds**

30. In Chapter 6, I include a virtuous circle of interventions covering a generation aged from 0 to 18 and on to the next generation. They all have a strong evidence base to suggest their ability to arrest passing dysfunction and disadvantage from one generation to the next.

31. However, I recognise that it is not enough to clarify how Early Intervention works. I also need to address the financial and institutional barriers that have checked, even blocked, its progress on the ground. I have already suggested that Early Intervention has to compete with established budgets for unavoidable 'late intervention' programmes. But it also has to overcome the institutional interests of established agencies that deliver these programmes, often with specific targets. In Chapters 3 to 5, I explore these economic and structural problems.

32. In Chapters 6, 7 and 8, I suggest what is needed to create the right institutional arrangements to ensure that central government, local authorities, the voluntary sector, and parents and carers work together to achieve better outcomes for our children and society.

**Box 1.3: National policy changes**

Recent policy changes at national level provide an ideal opportunity for local authorities and other policy makers to make a step change in how they approach and join up early intervention provision at local level.

For example, a Pupil Premium to support disadvantaged children was announced in July 2010.

The Comprehensive Spending Review, published in October 2010, also announced:

- an Early Intervention Grant to support children at greatest risk of multiple disadvantage;
- community-based budgets to allow local areas to pool resources to support families with multiple problems;
- all disadvantaged 2-year-olds to be given 15 hours per week of free education; and
- a recruitment drive to create a further 4,200 health visitor posts.

### Recommendation

I recommend that the nation should be made aware of the enormous benefits to individuals, families and society of Early Intervention – a policy approach designed to build the essential **social and emotional bedrock** in children aged 0–3 and to ensure that children aged 0–18 can become the excellent parents of tomorrow.

### Notes

- 1 Aos S, Lieb R, Mayfield J, Miller M and Pennucci A (2004) *Benefits and Costs of Prevention and Early Intervention Programs for Youth*. Olympia: Washington State Institute for Public Policy.
- 2 Allen G and Duncan Smith I (2008) *Early Intervention: Good Parents, Great Kids, Better Citizens*. London: Centre for Social Justice and the Smith Institute.
- 3 Office for National Statistics, Measuring national well-being (25 November 2010).
- 4 Huttenlocher PR (1984) Synapse elimination and plasticity in developing human cerebral cortex. *American Journal of Mental Deficiency* 88(5): 488–96; Huttenlocher PR and Dabholkar AS (1997) Regional differences in synaptogenesis in human cerebral cortex. *Journal of Comparative Neurology* 387: 167–78.
- 5 National Scientific Council on the Developing Child (2004) *Young children develop in an environment of relationships*. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).
- 6 Anda RF, Felitti VJ, Walker J, Whitfield CL, Bremner JD, Perry BD, Dube SR, Giles WH (2006) The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience* 256(3): 174–86.
- 7 Hosking GDC and Walsh IR (2005) *The WAVE Report 2005: Violence and what to do about it*. Croydon: WAVE Trust.
- 8 Anda RF, Felitti VJ, Walker J, Whitfield CL, Bremner JD, Perry BD, Dube SR and Giles WH (2006) The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience* 256(3): 174–86.
- 9 Perry BD (1995) Incubated in terror: neurodevelopmental factors in the cycle of violence. In Osofsky JD (Ed.) *Children, Youth and Violence: Searching for Solutions*. New York: Guilford Press; Perry BD (2001) The neurodevelopmental impact of violence in childhood. In Schetky D and Benedek E (Eds) *Textbook of Child and Adolescent Forensic Psychiatry*. Washington, DC: American Psychiatric Press.
- 10 Sinclair A (2007) *0–5: How Small Children Make a Big Difference*. Provocation Series 3, No 1. London: The Work Foundation.





## Chapter 2

# Using our brains

*A lack of appropriate experiences can lead to alterations in genetic plans. Moreover, although the brain retains the capacity to adapt and change throughout life, this capacity decreases with age.<sup>1</sup>*

*Thus, building more advanced cognitive, social, and emotional skills on a weak initial foundation of brain architecture is far more difficult and less effective than getting things right from the beginning.<sup>2</sup>*

### Introduction

1. This chapter sums up the science behind early intervention, highlighting the influence on children's social and emotional development of the antenatal, early years and later years environments. For a broader look at this topic see *Early Intervention: Good Parents, Great Kids, Better Citizens*.<sup>3</sup>

2. Science illustrates that well-meant attempts to understand and tackle social problems have often failed because they have taken little account of the fact that children's early experiences lay the foundation for their future development. This is a fundamental issue: the way people respond to situations is rooted in their early years, a time when they rarely have contact with social service agencies unless there are very significant problems in their lives, which often result from parental mistreatment.

3. Our responses to situations are not pre-set at birth. The nature/nurture debate has moved on, as was demonstrated in *Early Intervention: Good Parents, Great Kids, Better Citizens*. To establish the right environment for those aged 0–3 years old is to seize the earliest, best and

most inexpensive chance to have an impact on a child's development and, therefore, improve social capability and emotional capacity.

### The innate drive to social and emotional health

4. Children are born with an instinct to engage socially and emotionally, especially with their mothers. They communicate with the voice, face and hands. They express a curiosity about both the world and their need for comfort and security. There is evidence that complex dynamic social emotions, including pride, shyness and showing off, are felt and expressed by infants, with a powerful effect on others.<sup>4</sup>

5. The emotions in the exchanges between mother and baby have been tested by observing what happens when the response to a baby's interest is blocked or fails. For example, if a mother holds her face still for a minute during face-to-face play with her 2-month-old, the infant turns away and shows distress.<sup>5</sup> A similar pattern of anxiety and sadness appears when the mother presents the uncommunicative manner of simulated depression. Real postnatal depression

interferes with the infant's communication and cognition skills and, if it persists, is accompanied by limited cognitive development in later months.<sup>6</sup> An unhappy, unresponsive adult carer limits a baby's ability to develop their social and emotional capabilities.



### Early experiences determine brain architecture

6. A baby's early experiences are influential in determining the course of their future emotional, intellectual and physical development. Children develop in an environment of relationships that usually begin within their family. From early infancy, they naturally reach out to create bonds, and they develop best when caring adults respond in warm, stimulating and consistent ways. This secure attachment with those close to them leads to the development of empathy, trust and well-being. In contrast, an impoverished, neglectful, or abusive environment often results in a child who doesn't develop empathy, learn how to regulate their emotions or develop social skills, and this can lead to an increased risk of mental health problems, relationship difficulties, antisocial behaviour and aggression.

7. While almost all parents want to do the best they can for their child, many find this very difficult, especially when there is interplay in the family between such factors as poverty, mental ill health (including postnatal depression), addiction and violence.

8. The importance of the quality of relationships in this early period is described by the Harvard Center on the Developing Child:

'Just as in the construction of a house, certain parts of the formative structure of the brain need to happen in a sequence and need to be adequate to support the long-term developmental blueprint. And just as a lack of the right materials can result in blueprints that change, the lack of appropriate experiences can lead to alterations in genetic plans. Moreover, although the brain retains the capacity to adapt and change throughout life, this capacity decreases with age.

'The exceptionally strong influence of early experience on brain architecture makes the early years of life a period of both great opportunity and great vulnerability for brain development. An early, growth-promoting environment, with adequate nutrients, free of toxins, and filled with social interactions with an attentive caregiver, prepares the architecture of the developing brain to function optimally in a healthy environment. Conversely, an adverse early environment, one that is inadequately supplied with nutrients, contains toxins, or is deprived of appropriate sensory, social, or emotional stimulation, results in faulty brain circuitry. Once established, a weak foundation can have detrimental effects on further brain development, even if a healthy environment is restored at a later age.<sup>7</sup>

### Secure attachment

9. Deep, long-lasting, emotional attachment influences mind, body, emotions, relationships and values,<sup>8</sup> and has a positive effect on self-esteem, independence, the ability to make both temporary and enduring relationships, empathy, compassion, and resiliency.

10. People who are comfortable with others, willing to depend on them and value (and are comfortable with) intimacy are said to have secure attachment. People who have doubts about others, cannot make relationships, shy from intimacy and aren't very trusting are said to have avoidant attachment. Those who want to get close to others but have apprehensions about rejection are said to have anxious attachment.

11. Research has long shown that people with an insecure attachment are more likely to have

social and emotional difficulties. For example, some forms of insecure attachment are associated with significantly elevated levels of perpetrating domestic violence,<sup>9</sup> higher levels of alcohol and substance misuse, and having multiple sexual partners.<sup>10</sup>

12. Recent research also shows insecure attachment is linked to a higher risk for a number of health conditions, including strokes, heart attacks and high blood pressure, and suffering pain, for example from headaches and arthritis.<sup>11</sup> Secure attachment was not linked to any health problems that have been studied.

13. Huntstinger and Luekhen showed that people with secure attachment show more healthy behaviours such as taking exercise, not smoking, not using substances and alcohol, and driving at ordinary speed.<sup>12</sup>

### The role of the mother's mental state

14. Sensitive and responsive care, and the psychological availability of the carer, result in secure attachment. Research shows that adults who are best able to reflect upon their own experiences coherently, and who can best understand the motivations guiding the behaviour of their parents and themselves, are the most likely to have babies who are securely attached.<sup>13</sup>

15. In looking at the incidence of impairments to the development of social and emotional capability, we must, therefore, look for factors that reduce the ability of parents, and especially mothers (as they tend to be the main caregivers), to respond sensitively to the needs of their babies.

### Causes of impairments to children's social and emotional development

16. Some submissions to this Report drew attention to the parental behaviour predictive of later childhood problems. A children's centre in Tower Hamlets observed that two-thirds of its current (2010) caseload exhibit some or all of the following:

- poor bonding;
- social isolation;

- negative behaviour management;
- poor parenting skills;
- postnatal depression of the mother; and
- lack of stimulation of the child.

17. There is wide consensus that warm, attentive, stimulating parenting strongly supports children's social, emotional and physical development.

When the environment is impoverished, neglectful or abusive, this often results in a child who doesn't develop empathy, learn how to regulate their emotions or develop social skills, and this can lead to an increased risk of mental health problems, relationship difficulties, antisocial behaviour and aggression.

18. Parents who are neglectful or depressed (or suffering other mental disorders), or who are drunk, drugged or violent, will have impaired capacity to provide this social and emotional stability, and will create the likelihood that adverse experiences might have a negative impact on their children's development as they mature. Although poor parenting practices can cause damage to children of all ages, the worst and deepest damage is done to children when their brains are being formed during their earliest months and years. The most serious damage takes place before birth and during the first 18 months of life when formation of the part of the brain governing emotional development has been identified to be taking place. The antenatal period is as important as infancy to the outcome for a child because maternal behaviour has such strong impacts on the developing foetus. As well as the danger of Fetal Alcohol Spectrum Disorder, which is the leading known cause of intellectual disability in the Western world,<sup>14</sup> prenatal exposure to alcohol has been associated with developmental delays and behavioural problems. Psychosocial stress during pregnancy has been linked to increased risk for attention deficit hyperactivity disorder, schizophrenia and social abnormalities.

## Importance of mental health

19. Research now shows that mental health problems often have their roots in early childhood and, happily, there are methods, based on evidence, to make a big difference in this area.

20. To quote the Royal College of Psychiatrists:

‘There is no health without mental health ... vast evidence that mental illness is associated with a greater risk of physical illness – and physical illness in turn increases the risk of mental illness. It’s clear that strategies to improve the health of the nation will only be effective if they address mental health and wellbeing as well.

‘Tackling mental health problems early in life will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation. Overall, it will increase life expectancy, economic productivity, social functioning and quality of life. It will also have benefits across the generations.’<sup>15</sup>

## Causes of mental disorder

21. There is wide consensus that complex disorders such as mental illnesses are based on the interaction of numerous genetic and environmental factors. Compelling evidence suggests that adverse childhood experiences – abuse, neglect, loss of a parent, or drug and/or alcohol addiction in the home – are major risk factors for the development of mood and anxiety disorders (as well as physical disorders and drug/alcohol/tobacco consumption).

## The importance of the infant brain

22. Flexibility in sculpting the infant brain has enormous survival value, enabling infants to adapt to environment.<sup>16</sup> Different parts of the brain (governing, for example, sight, hearing, etc) develop in different sensitive windows of time. The estimated prime window for emotional development is up to 18 months, by which time the foundation of this has been shaped by the way in which the prime carer interacts with the child. (However, emotional development, especially emotion regulation, takes place throughout

childhood, and there is a further reorganisation during early adolescence.) Studies show maternal depression is a prime factor in determining behavioural problems for many children<sup>17</sup> and impedes brain development.<sup>18</sup> Infants of severely depressed mothers show reduced left lobe activity (associated with being happy, joyful and interested) and increased right lobe activity (associated with negative feelings).<sup>19</sup> These emotional deficits are harder to overcome once the sensitive window has passed.

23. Studies have also found a link between low maternal responsiveness at 10–12 months to aggression, non-compliance and temper tantrums at 18 months; lower compliance, attention-getting and hitting at 2 years of age; problems with other children at 3; coercive behaviour at 4; and fighting and stealing when the child is 6.<sup>20</sup> Low maternal responsiveness at 18 months did not seem to have this effect,<sup>21</sup> consistent with the hypothesis that windows for development make the timing of deprivation – that period when it takes place – significant.

## Infant trauma

24. If the predominant early experience is fear and stress, the neurochemical responses to those experiences become the primary architects of the brain. Trauma elevates stress hormones, such as cortisol.<sup>22</sup> One result is significantly fewer synapses (or connections). Specialists viewing CAT scans of the key emotional areas in the brains of abused or neglected children have likened the experience to looking at a black hole. In extreme cases the brains of abused children are significantly smaller than the norm, and the limbic system (which governs the emotions) may be 20–30 per cent smaller and contain fewer synapses.

25. High cortisol levels during the vulnerable years of 0–3 increase activity in the brain structure that is involved in vigilance and arousal (the locus coeruleus, responsible for hair-trigger alert), as one might expect in a child under the permanent threat of sudden violence.<sup>23</sup> For such a child the slightest stress unleashes a new surge of stress hormones, causing hyperactivity, anxiety and impulsive behaviour.

26. The peak age for child abuse in the UK is 0–1,<sup>24</sup> during precisely the period when the infant brain is most vulnerable, and when the social and emotional bedrock is being put in place – or not.

### Attunement and empathy: keys to healthy emotional development and non-violence

27. Schore has spoken of ‘the child’s first relationship, the one with the mother, acts as a template ... [that] permanently moulds the individual’s capacity to enter into all later emotional relationships’.<sup>25</sup>

28. To attune to a child means responding to their emotional needs, resulting in the child’s sense of being understood, cared for and valued. Empathy begins with the sense of oneness with the other created in this process of attunement. The quality of empathy – the ability to feel for and with another – is not only key to building sound emotional stability, it is also a key inhibitor of the development of a propensity to violence. Conversely, empathy fails to develop when prime carers fail to attune to infants in the first 18 months of life. Absence of such parental attunement, combined with harsh discipline, is a recipe for violent, antisocial offspring. Empathy is influenced very early in life by observed parental reactions to another’s suffering. Even in their first year, children already show signs of whether their reaction to the suffering of another is empathy, indifference or downright hostility.

### Lack of attunement – starting down the road to dysfunction

29. Sadly, for many parents attunement either does not come ‘naturally’ (because they did not receive the benefit of it themselves), or is disrupted by postnatal depression, domestic violence or other severe stresses. If a child does not experience attunement, their development is retarded, and they may lack empathy altogether.

30. The presence or absence of the sound foundation of emotional development has significant implications for levels of physical, emotional and mental health, individual achievement and violent crime. A baby who is healthily attached to their carer can regulate their

emotions as they grow older because the cortex, which exercises rational thought and control, has developed properly. Conversely, when the life of a child has been badly impacted, the cortex is underdeveloped – and the damaged child lacks an ‘emotional guardian’. The negative outcomes can include depression and other mental disorders, and committing violence and child abuse in later life – thereby perpetuating the negative family cycle.

31. Much of the focus of this chapter has been on social and emotional development and the early years. This is not to say that we cannot amend attitudes and abilities later in life. However, as has been pointed out in Chapter 1, influencing social and emotional capability becomes much harder and more expensive the later it is attempted.

32. The brain does retain some degree of plasticity throughout life, although at a much lower level, and, of course, knowledge, skills and opportunities can militate against some negative effects.

### Summary

33. The case, then, is for early intervention programmes as a means to help **all** children acquire the social and emotional foundation they need. Most children acquire such a foundation at home, but many do not. Intervening early to help that group helps all children to develop and achieve. In this chapter we have attempted to present the overwhelming scientific evidence that the first years of a child’s life are essential to the development of their brain and, especially, their social and emotional capabilities. This development depends vitally on a baby’s formation of a close and trusting bond with at least one main carer. Failure to develop such a bond can have dire lifelong consequences, both for individuals and societies. Unless and until we recognise the way major problems are formed early in people’s lives, no amount of well-intentioned policy or initiatives will succeed in reducing them.

**Box 2.1: Experience from the Netherlands**

Kraamzorg is a universal postnatal service provided in the Netherlands (through a compulsory health insurance system) in the first eight to ten days after the birth of a baby. Kraamzorg aims to aid the recovery of the mother and provide her with advice and assistance to care for her newborn.

The National Guidelines for Postnatal Care categorise kraamzorg in three levels. Basic level support covers:

- care for mother and baby;
- regular health checks (for example, that stitches are clean and healing, the uterus is shrinking);
- advice and instruction (hygiene, feeding, etc);
- ensuring hygiene levels are high;
- basic household chores which directly relate to the care of mother and baby; and
- support to integrate the newborn into the family.

For more needy families a more comprehensive level of support is provided. In this case, care may extend to looking after other members of the household (such as other children) and additional household tasks not directly associated with the mother and newborn.

While the maternity nurse is looking after the mother she keeps a special diary called a *kraamdossier* to make notes about the health and progress of the mother and baby. This book is used for reference by the doctor, district midwife, health clinic staff and others.

When the nurse is due to leave she informs the district nurse at the health clinic, who will then be responsible for continuing help and support. The health clinic is responsible for providing routine healthcare and checking the development of children from birth until they start primary school at the age of 4.

**The consultatiebureau (mother and well-baby clinic)**

Following support after birth, there is a well-established network of clinics where families can have their babies' growth and development monitored, and receive advice on issues concerning feeding, sleeping, growth and stimulation, or any problems which may arise. Approximately 97 per cent of families make use of this service.

**Recommendation**

I recommend that the nation should recognise that influencing social and emotional capability becomes harder and more expensive the later it is attempted, and more likely to fail.

## Notes

- 1 Derived from Keuroghlian AS and Knudsen EI (2007) Adaptive auditory plasticity in developing and adult animals. *Progress in Neurobiology* 82: 109–21; Buonomano DV and Merzenich MM (1998) Cortical plasticity: from synapses to maps. *Annual Review of Neuroscience* 21: 149–86; Karmarkar UR and Dan Y (2006) Experience-dependent plasticity in the adult visual cortex. *Neuron* 52: 577–85.
- 2 Derived from Knudsen EI, Heckman JJ, Cameron JL and Shonkoff JP (2006) Economic, neurobiological, and behavioral perspectives on building America's future workforce. *Proceedings of the National Academy of Sciences, USA* 103: 10155–62.
- 3 Allen G and Duncan Smith I (2008) *Early Intervention: Good Parents, Great Kids, Better Citizens*. London: Centre for Social Justice and Smith Institute.
- 4 Murray L and Trevarthen C (1985) Emotional regulations of interactions between two-month-olds and their mothers. In Field TM and Fox NA (Eds) *Social Perception in Infants*. Norwood, NJ: Ablex. pp177–97; Trevarthen C (1998) The concept and foundations of infant intersubjectivity. In Braten S (Ed.) *Intersubjective Communication and Emotion in Early Ontogeny*. Cambridge: Cambridge University Press. pp15–46.
- 5 Tronick E, Als H, Adamson L, Wise S and Brazelton TB (1978) The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of Child Psychiatry* 17: 1–13.
- 6 Murray L and Cooper P (Eds) (1997) *Postpartum Depression and Child Development*. New York, NY: Guilford Press; Tronick EZ and Weinberg MK (1997) Depressed mothers and infants: failure to form dyadic states of consciousness. In Murray L and Cooper P (Eds) *Post Partum Depression and Child Development*. New York, NY: Guilford Press. pp54–81.
- 7 Keuroghlian AS and Knudsen EI (2007) Adaptive auditory plasticity in developing and adult animals. *Progress in Neurobiology* 82: 109–21; Buonomano DV and Merzenich MM (1998) Cortical plasticity: from synapses to maps. *Annual Review of Neuroscience* 21: 149–86; Karmarkar UR and Dan Y (2006) Experience-dependent plasticity in the adult visual cortex. *Neuron* 52: 577–85.
- 8 Levy TM (Ed.) (2000) *Handbook of Attachment Interventions*. San Diego, CA: Academic Press.
- 9 Dutton DG and Corvo K (2006) Transforming a flawed policy: a call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior* 11(5): 457–83.
- 10 Walsh A (1992) Drug use and sexual behavior: users, experimenters, and abstainers. *Journal of Social Psychology* 132(5): 691–93; Brennan KA and Shaver P (1995) Dimensions of adult attachment, affect regulation, and romantic relationship functioning. *Personality and Social Psychology Bulletin* 21: 267–84.
- 11 McWilliams LA and Bailey SJ (2010) Associations between adult attachment ratings and health conditions: evidence from the National Comorbidity Survey Replication. *Health Psychology* 29(4): 446–53.
- 12 Huntsinger ET and Luecken LJ (2004) Attachment relationships and health behavior: the mediational role of self-esteem. *Psychology & Health* 19(4): 515–26.
- 13 Fonagy P, Steele M, Steele H, et al. (1991) The capacity for understanding mental states: the reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal* 12(3): 201–18; Bosquet M and Egeland B (2001) Associations among maternal depressive symptomatology, state of mind and parent and child behaviors: implications for attachment-based interventions. *Attachment and Human Development* 3(2): 173–99.
- 14 Abel EL and Sokol RJ (1986) Fetal alcohol syndrome is now leading cause of mental retardation. *Lancet* 2(8517): 1222; Abel EL and Sokol RJ (1987) Incidence of fetal alcohol syndrome and economic impact of FAS-related anomalies. *Drug and Alcohol Dependency* 19(1): 51–70.
- 15 Royal College of Psychiatrists (2010) *No Health without Public Health: The Case for Action*. Parliamentary briefing.
- 16 Shore R (1997) *Rethinking the Brain: New Insights into Early Development*. New York, NY: Families and Work Institute.
- 17 Shaw DS, Gilliom M, Ingoldsby EM and Nagin DS (2003) Trajectories leading to school-age conduct problems. *Developmental Psychology* 39(2): 189–200.
- 18 Ounce of Prevention Fund (1996) *How Early Experiences Affect Brain Development*. Chicago, IL: Ounce of Prevention Fund. p5.
- 19 Dawson G, Hessler D and Frey K (1994) Social influences on early developing biological and behavioural systems related to risk for affective disorder. *Development and Psychopathology* 6: 759–79.
- 20 Shaw DS and Winslow EB (1997) Precursors and correlates of antisocial behaviour from infancy to preschool. In Stoff DM, Breiling J and Maser JD (Eds) *Handbook of Antisocial Behaviour*. New York, NY: Wiley. pp148–158.
- 21 Martin J (1981) A longitudinal study of the consequences of early mother-infant interaction: a microanalytic approach. *Monographs of the Society for Research in Child Development* 46: 485–505.

- 22 Gunnar MR and Donzella B (2002) Social regulation of the cortisol levels in early human development. *Psychoneuroendocrinology* 27(1–2): 199–220.
- 23 Eisler R and Levine DS (2002) Nurture, nature and caring: we are not prisoners of our genes. *Brain and Mind* 3: 9–52; Perry BD, Pollard RA, Blakley TL, Baker WL and Vigilante D (1995) Childhood trauma, the neurobiology of adaptation and ‘use-dependent’ development of the brain: how ‘states’ become ‘traits’. *Infant Mental Health Journal* 16(4): 271–91.
- 24 Department for Children, Schools and Families (2009) *Referrals, Assessments and Children and Young People who are the Subject of a Child Protection Plan, England – Year Ending 31 March 2009*. Tables 3B, 3C and 4A. Available at: [www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/index.shtml](http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/index.shtml); Data Unit Wales (2009) Gwion: Data Unit Wales Dissemination Tool. Available at: <http://dissemination.dataunitwales.gov.uk>. Select: Personal Social Services (PSS)>Children>Performance management (PM1)>Children and Young Persons on the Child Protection Register.
- 25 Schore AN (2000) Attachment and the regulation of the right brain. *Attachment and Human Development* 2(1): 23–47.





## Chapter 3

# Early Intervention: good for people

*If I had the choice between a thousand extra health visitors and a thousand extra police officers I'd choose a thousand health visitors every time.*

*Detective Chief Superintendent John Carnochan,  
Strathclyde Violence Reduction Unit*

1. Chapters 1 and 2 established that a child who is set from the beginning on a positive pathway through nourishing and nurturing in early life is more likely to have an interest in life and learning, to treat their fellows well and to grow to be an adult who contributes both socially and financially to society.

2. This chapter looks at the importance of early development to subsequent outcomes and the contribution that Early Intervention can make to positive outcomes. We briefly set out the benefits of intervening earlier rather than later, and the evidence that demonstrates whether or not we are achieving effective Early Intervention policies.

### How much can society benefit from Early Intervention?

3. In previous chapters, and in *Early Intervention: Good Parents, Great Kids, Better Citizens*, we have illustrated the negative influence of adverse experiences on the infant brain and the subsequent negative effects in terms of crime (especially violent crime), poor examination results, higher rates of teenage pregnancy, lower

rates of employment, higher rates of depression and suicide and substance misuse.<sup>1</sup>

4. The findings from a number of studies suggest that early experiences are important even after we allow for those other factors that we know are important determinants of life chances. For example, the Effective Provision of Pre-School Education project highlights just why we need more focus on the early years. A study produced by the project concludes that the quality of a child's relationships and learning experiences in the family have more influence on future achievement than innate ability, material circumstances or the quality of pre-school and school provision, and that what parents do is more important than who they are.<sup>2</sup> This conclusion was backed up in a comprehensive review on the evidence of parenting<sup>3</sup> and by Waldfogal and Washbrook,<sup>4</sup> who also concluded that parenting behaviours play a significant role even after controlling for a varied set of demographic characteristics.

5. The importance of getting things right in the early years is also well documented from research conducted as part of the Millennium Cohort Study.

A child's development score at just 22 months can serve as an accurate predictor of educational outcomes when they are 26. These studies illustrate just how important Early Intervention is for future achievement and why the Government has been right to invest more in better quality provision for younger children. Early Intervention needs to be at the heart of education, work and social mobility policies.

6. To take another example, the California Adverse Childhood Experiences Study (previously cited in Chapter 1) estimated that 54 per cent of current depression and 58 per cent of suicide attempts in women can be attributed to adverse childhood experiences.<sup>5</sup> Poor maternal mental health is subsequently linked to poorer outcomes. Early Intervention will have a positive effect on the mental health of the nation and must therefore be at the heart of mental health strategies.

7. However, the positive effects of Early Intervention are even more wide-reaching. Farrington and others<sup>6</sup> found that aggressive behaviour at the age of 8 is a predictor of the following when the subject is aged 30: criminal behaviour, arrests, convictions, traffic offences (especially drunk driving), spouse abuse and punitive treatment of their own children. The Dunedin Study<sup>7</sup> explores this further, noting that those boys assessed by nurses at the age of 3 as being 'at risk' had two and a half times as many criminal convictions as the group deemed not to be at risk at age 21. In addition, 55 per cent of the offences committed were violent for the at-risk group, as opposed to 18 per cent for those not at risk. Early Intervention will have a positive effect on reducing crime and therefore must be at the heart of crime strategies.

### Early Intervention helping the next generation

8. The necessary focus on the early years should not distract from the fact that there are, of course, important things that we need to do for our older children, especially when the first opportunities have been missed, to ensure that we break the cycle of dysfunction being passed from one generation to the next.

9. A recent review of the literature on brain development<sup>8</sup> agreed that the early years of the brain's development were foundational, but nevertheless made a case for continued support throughout life. Neurological and biological changes in adolescence mean that teenagers become more interested in sensation-seeking (with a link to substance misuse and sexual desire), and the most frequently used neural pathways are strengthened while the less frequently used die off. These findings underscore the importance of close and careful nurturing of teenagers – in particular by parents – through experience and opportunity.

10. A number of programmes are suitable for this age group and will help develop better parenting for the next generation.

11. We look in more depth at the programmes and systems that have been shown to work throughout this Report, but particularly in Chapter 6 where we focus on those programmes for which there is strong evidence.

12. The range of interventions is wide and varied – some are universal and some highly targeted. We can help our children by building better attunement and developing their empathy; by showing interest in them and using rich and positive language; by supporting maternal mental health; and by discouraging substance misuse. To take just one example, it is possible to engage vulnerable parents in order to improve the home learning environment<sup>9</sup> which should not be seen as the responsibility of the mother alone. Children whose fathers are involved in their learning do better at school and have better mental health, even after other factors such as fathers' socio-economic status and education have been taken out of the equation.<sup>10</sup>

### The benefits of early versus late intervention

13. As the next chapter illustrates, people who have had adverse early childhood experiences can end up costing society millions of pounds through their lifetimes, both in direct spending to cope with their problems and behaviours and in the indirect loss of output and tax revenues from themselves and those they affect.

14. It is more cost-effective to tackle problems earlier, because it is easier to succeed and because if we tackle them later they are likely to escalate and intensify. If a child has one or two early adverse experiences this increases the risk that they will have more of them. This is known as the 'accentuation principle'.<sup>11</sup>

15. In 1995 Caprara and Rutter drew attention to the impact on vulnerability of adverse early life experiences.<sup>12</sup> They found that almost all psychosocial adversities tend to have their greatest impact on those who are already psychologically vulnerable; moreover, their effect is to increase or accentuate those pre-existing predispositions or characteristics.

16. However, the converse is also true. James Heckman, the Nobel Prize-winning economist, explains the much higher financial return from investment in children in the earliest years of their lives as due to the principle that 'learning begets learning' and also 'good behaviour begets good behaviour'.<sup>13</sup> A virtuous circle is established, instead of a vicious downward spiral.

17. The wisdom of stepping in before downward spirals begin is well recognised in the field of health. A policy statement by a recent US Surgeon General said:

'Preventing an illness from occurring is inherently better than having to treat the illness after its onset.'<sup>14</sup>

18. This statement refers to the classic public health definition of primary prevention which wards off the initial onset of a disorder.

19. Early Intervention is both inherently better and inherently cheaper than late intervention. Unfortunately, policy practices in the UK over the past half century or more have not recognised the sound principles of this strategy. Almost without exception, UK policies for the care of children in the social, emotional and mental health spheres are based on the principle of waiting until matters go seriously wrong, and then intervening with too little, too late. Even in physical health, where some primary prevention takes place, many of the early life causes of later ill health are ignored or neglected.

## Are we achieving successful Early Intervention?

20. The NSPCC estimates that 13 per cent of children have suffered some form of abuse while 2 per cent suffer some form of neglect during childhood.<sup>15</sup>

21. There were 603,700 referrals to children's social services in 2009–10. Yet a survey in 2009 of two London boroughs showed that 80 per cent of referrals to children's services were not even investigated. This ratio is probably not untypical of many local authorities.

22. But even when action is triggered, is it effective? One London borough's experience suggests not. Croydon's primary care trust and local authority carried out a joint assessment of the total public spending in the borough.<sup>16</sup> They found that parents often did not feel that all their needs had been heard or met. Even the best provision did not address needs in a systematic manner. Liaison between agencies was inadequate, and attention was focused on 'delivering services' and not on meeting families' needs. Staff commented that there was insufficient time to listen (especially to pick up mental ill health issues); that the people who need services the most often do not or cannot gain access to them; and that systems are too reactive and do not effectively anticipate problems in families. One manager stated: 'You can't believe the level of unidentified need coming into children's centres.' Early warning signs in children and families received no response.

23. The Croydon assessment also found that engagement with services was often ad hoc and 'dependent on luck'. There were large gaps – sometimes of years – between noticing problems, referral and intervention. The assessment showed that money was directed towards services and not solutions. Funding was allocated to budgets on the basis of historic levels, not on the basis of what would make a difference.

24. The assessment identified the biggest weakness of the traditional (and typical) systems as being a significant gap between what was needed and what was offered in preventive services and Early Intervention up to age 3. What early years services there were had little or no continuity of

care or continuity of relationship built into them. Most contacts with children and families served a very narrow purpose (for example babies were merely weighed and measured, with no attention to their wider needs). Services tended to focus on provision rather than problem-solving, were often focused on one area of need, and were not tenacious enough with families who were chaotic or not coping. One manager, having analysed where money was being spent in the borough, commented: 'We found it nearly impossible in most cases to link investment to outputs, let alone outcomes.'

### Box 3.1: Evidence from the World Health Organization

The United Nations Office on Drugs and Crime and the World Health Organization (WHO) have set up a Global Initiative on Primary Prevention of Substance Abuse, declaring that the primary prevention approach – acting before young people begin using substances – is key for responding to substance use among young people.

The WHO strategy on chronic respiratory diseases is founded on a platform which includes primary prevention to reduce the level of exposure of individuals and populations to common risk factors.

In 1998 the WHO called for a global commitment to primary prevention of mental illness, stressing that this was not just a matter for medical professionals, but that vital preventive work can also be carried out by lawmakers, government departments, police, administrators, voluntary organisations and many others.

The 2005 WHO report on violence and health<sup>17</sup> recognised the importance of primary prevention, stating that these strategies were often more cost-effective than paying the costs of responding to violence.

### The alternative

25. Current approaches are neither timely nor effective. This Report calls for a paradigm shift away from the failed policies of late reaction, which have produced the catalogue of problems outlined in Chapters 1 and 2, to a new approach of investment in primary prevention.

26. Sweden's recent experience offers some relevant lessons. Sweden applies the principle of primary prevention widely in its approach to early years. In the last 20 to 30 years, Sweden has recognised the value of prevention and Early Intervention programmes and increased investment in them.

27. Other countries are following Sweden. The Netherlands recently adopted a primary prevention strategy with its policy 'Every Opportunity for Every Child'. This specifically states that evidence from Sweden and other countries shows that offering support to all young parents as an integral part of youth healthcare reduces the incidence of child abuse. The Dutch policy statement, which puts great emphasis on protecting children and supporting parents in the first four years of a child's life, says that prevention is the goal of all interventions.

28. As far back as 1998 the WHO recognised that with the right social and emotional bedrock established at the beginning of their lives children are much more easily steered to a positive path for the rest of their lives.<sup>18</sup>

29. A shift to a primary prevention strategy in the UK is essential to underpin all other recommendations in this report. We shall continue to waste billions of pounds unless and until we base all relevant policy on the premise that all children should have the best start in life. Giving them their essential social and emotional foundations is not only right in principle, as recognition of their basic human and legal rights, but also makes the best possible economic sense for the country as a whole. Such an approach is increasingly gaining popularity and indeed the present Government has announced a variety of policies that recognise the importance of Early Intervention, albeit sometimes with few resources.

30. In Chapter 5 we further explore the policies that will be required for our services to shift to an Early Intervention strategy.

### Recommendations

I recommend a rebalancing of the current culture of 'late reaction' to social problems towards an **Early Intervention culture**, based on the premise of giving all children the social and emotional bedrock they need to achieve and to pre-empt those problems.

Within that context, I recommend an essential shift to a **primary prevention strategy** which offers substantial social and financial benefits.

I recommend proper **co-ordination** of the machinery of government to put Early Intervention at the heart of **departmental strategies**, including those seeking to raise educational achievement and employability, improve social mobility, reduce crime, support parents and improve mental and physical health.

**Box 3.2: Croydon Total Place**

Croydon Council and NHS Croydon used their Total Place pilot to undertake an innovative deep dive review **into the journey from conception to age 7 both from the perspective of their services and from that of families**. As a result they have generated significant breakthroughs in their shared understanding of the problems and challenges inherent in their children and families system. They have also identified opportunities to support families more effectively and key places where they can obtain much better value for taxpayers' money.

Their vision for the future, which includes a significant shift in investment and activity towards prevention and Early Intervention work, includes:

- geographically based Family Engagement Partnership Teams, focused on shared outcomes for families from conception for the first 3 years;
- an Early Years Academy for integrated training and delivering evidence-based interventions; and
- the Croydon Family Space web service.

In this model, Preparation for Parenthood and Find Me Early approaches will transform the way services respond. For example, Family Engagement Partnerships will recognise the wider needs and vulnerabilities of mothers, who would be directed to social networks for support. Early warning signs such as missed appointments would be followed up. Particular care would be taken with the most vulnerable parents, such as teenagers in particular, with the Family Nurse Partnership. The system would be set up with the capacity to spot early and respond quickly to needs in areas such as attachment, motor skills, emotional and behavioural issues, speech and language, maternal mental ill health and domestic conflict. Appropriate services would be available for referral; identification and response would take place long before children were believed to be at risk. Any gaps in childhood development before a child starts school would be addressed.

## Notes

- 1 Lanius R, Vermetten E and Pain C (Eds) (2008) *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic*. Cambridge: Cambridge University Press; Allen G and Duncan Smith I (2008) *Early Intervention: Good Parents, Great Kids, Better Citizens*. London: Centre for Social Justice and Smith Institute.
- 2 Sylva K, Melhuish E, Sammons P, Siraj-Blatchford I and Taggart B (2004) *The Effective Provision of Pre-school Education (EPPE) Project: Final Report. Findings from Pre-school to the End of Key Stage 1*. London: Department for Education and Skills.
- 3 Desforges C and Abouchaar A (2003) *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustment: A Literature Review*. Department for Education and Skills Research Report 433.
- 4 Waldfogal J and Washbrook E (2009) Income-related Gaps in School Readiness in the US and UK. APPAM Fall Research Conference.
- 5 Anda RF, Felitti VJ, Walker J, Whitfield CL, Bremner JD, Perry BD, Dube SR and Giles WH (2006) The enduring effects of abuse and related adverse experiences in childhood: a convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience* 256:174–86.
- 6 Farrington D, Coid J, Harnett L, Jolliffe D, Soteriou N, Turner R and West D (2006) *Criminal Careers up to Age 50 and Life Success up to Age 48: Findings from the Cambridge Study in Delinquent Development*. Home Office Research Study 299.
- 7 Dunedin Multidisciplinary Health and Development Study, an ongoing longitudinal study which began in April 1972. See: <http://dunedinstudy.otago.ac.nz> See in particular: Dunedin Multidisciplinary Health and Development Study (1996) *From Child to Adult: The Dunedin Multidisciplinary Health and Development Study*. Auckland: Oxford University Press. This gives details of assessments up to the age of 21.
- 8 Heckman JJ and Masterov DV (2007) The productivity argument for investing in young children. *Review of Agricultural Economics* 29(3): 446–93.
- 9 Evangelou M, Sylva K, Edwards A and Smith T (2008) *Supporting Parents in Promoting Early Learning: The Evaluation of the Early Learning Partnership Project (ELPP)*. Department for Children, Schools and Families Research Report 039.
- 10 Flouri E and Buchanan A (2001) Father time. *Community Care* 4–10 October: 42.
- 11 Elder Jr GH and Caspi A (1990) Studying lives in a changing society: sociological and personological explorations. In Rabin AI, Zucker RA and Frank F (Eds) *Studying Persons and Lives*. New York: Springer. pp201–47.
- 12 Caprara GV and Rutter M (1995) Individual development and social change. In Rutter M and Smith DJ (Eds) *Psychosocial Disorders in Young People: Time Trends and Their Causes*. Chichester: Wiley.
- 13 Heckman JJ and Masterov DV (2007) The productivity argument for investing in young children. *Review of Agricultural Economics* 29(3): 446–93.
- 14 United States Public Health Service, Office of the Surgeon General (1999) *Mental Health: A Report of the Surgeon General*. Washington, DC: National Institute of Mental Health. Available at: [www.surgeongeneral.gov/library/mentalhealth/chapter2/sec5.html](http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec5.html)
- 15 Cawson P, Wattam C, Brooker S and Kelly G (2000) *Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect*. London: NSPCC.
- 16 NHS Croydon and Croydon Council (2010) *Child: Family: Place: Radical Efficiency to Improve Outcomes for Young Children*.
- 17 WHO (2005) Global efforts to prevent violence: World Health Organization reports significant progress. Available at: [www.who.int/mediacentre/news/releases/2005/pr52/en/](http://www.who.int/mediacentre/news/releases/2005/pr52/en/)
- 18 Wilkinson R and Marmot M (Eds) (1998) *Social Determination of Health: The Solid Facts*. World Health Organization.



## Chapter 4

# Early Intervention: good for the economy

*Right here in Birmingham, there are two notorious gang families who have cost taxpayers £37 million. What an appalling waste. It doesn't have to be this way. Council spending on Early Intervention for children and families can deliver £10 of savings for every pound spent. Investing money to address the causes of social breakdown is far more effective than subsidising the symptoms. So we'll allow councils to pool the budgets across the public sector – social services, care, housing and health improvement – and reward councils for delivering results and preventing social breakdown.*

*Rt Hon Eric Pickles MP, Secretary of State for Communities and Local Government, speech to the Conservative Party conference, 3 October 2010*

1. The earlier chapters showed that there are large social benefits to intervening early, for example in terms of improvements in behaviour, reduction in violent crime, higher educational attainment, better employment opportunities and more responsible parenting of the next generation. They also demonstrated that failure to intervene early can create more problems later on, which are more expensive to cope with, and difficult, or impossible, to remedy.

2. This chapter moves on to look at the economics of Early Intervention, specifically to examine what we are spending now and the economic case for spending more. We then discuss how we can evaluate whether specific programmes are effective.

### Low spending on Early Intervention

3. Current levels of UK expenditure on Early Intervention are low. Indeed, national estimates<sup>1</sup> have put prevention spending at 4 per cent of total health spending. Within this, primary prevention accounted for just 1.4 per cent of total health spending.

4. At the local level, a recent HM Treasury report on the Total Place pilot area studies<sup>2</sup> noted that, while 'individuals and families with complex needs impose significant costs on areas, but in most cases they are currently not tackled through targeted, or preventive activities.'<sup>3</sup> A recent detailed analysis by NHS North West found prevention was just 4 per cent of its total spending.<sup>4</sup> In their joint Total Place report, Croydon's primary care trust (PCT) and local authority commented: 'despite a growing consensus in the UK that prevention is demonstrably better than cure, "...a significant shift in investment from picking up the pieces to

early intervention and prevention has not occurred ...".<sup>5</sup> They went on to describe a pattern which seems typical of local authorities across Britain – of systems which are too reactive, of problems not effectively anticipated, and of interventions which take place too late and with too little effect. Budgets are largely allocated on a historic basis, not by reference to what would achieve the best outcomes. Systems are designed to deliver services, not to change outcomes. The Croydon authorities concluded in their joint report that one of the biggest flaws in their existing systems was 'a significant gap in prevention and Early Intervention up to age 3'.

5. Indeed, the Organisation for Economic Co-operation and Development (OECD) has recently reported that 'country spending profiles examined are not consistent with the theory and evidence on child well-being. In contrast there is little or no obvious rationale for why so many Governments place the weight of their spending on late childhood.'<sup>6</sup>

6. The OECD goes on to argue that spending on young children is more likely to generate more positive changes than spending on older ones and, indeed, is likely to be fairer to more disadvantaged children. But it notes that, in the UK, for every £100 spent on early childhood (0–5 years), £135 is spent on middle childhood (6–11 years) and £148 is spent on late childhood (12–17 years).

7. This is not a cost-effective way of treating society's problems. We acknowledge, of course, that some services will remain important in later life, but we must start to invest resources much earlier in life. Our second report will look at some alternative funding options, which could give society the opportunity to provide new support to those grappling with acute social problems and use saved resources from endless, expensive later intervention programmes (which typically are less effective) towards investing more in cheaper, more effective Early Intervention programmes.

### The economic case for Early Intervention

8. There is a wealth of evidence that Early Intervention policies can offer excellent returns for both individuals and local communities, which can

be sustained and multiplied on a larger scale. In this section we describe the economic case for Early Intervention in more detail.

9. To determine whether Early Intervention strategies and programmes are more economically beneficial, whether to the taxpayer or private investor, one must take into account the following factors:

- The current and projected costs of the problems which the chosen Early Intervention programmes are intended to address.
- The current and projected costs of the existing programmes which are directed at the problems.
- The probability that these problems will diminish or disappear if existing programmes continue, or in the absence of any intervention whatsoever.
- The projected costs of Early Intervention programmes as replacements for existing programmes, including practical costs associated with integrating new forms of intervention into current public, private and voluntary structures.
- The probable impact of Early Intervention programmes on the problems concerned.
- The projected cost of the problems remaining after Early Intervention programmes have been implemented.

10. Put another way, it is necessary to make economic comparisons between three scenarios: doing nothing at all, continuing with existing policies and replacing those policies with Early Intervention policies. Using in each case the likeliest assumptions about outcomes, each scenario offers a different mix of costs or savings. If the Early Intervention scenario offers a better savings than either of the others, it represents a worthwhile investment. A growing body of evidence suggests that this is precisely the case. Studies based on highly conservative estimates of the impact of Early Intervention policies have suggested that they can generate excellent returns on the investments required to establish them.

## The returns on investment

11. The returns from intervening early have been well documented.<sup>7</sup> We have not had time in this Report to create new analyses, but we can present some examples of the returns that have been reported from a selection of well-regarded studies.

12. For example, an evaluation by the RAND Corporation of the Nurse Family Partnership (a programme targeted to support 'at-risk' families by supporting parental behaviour to foster emotional attunement and confident, non-violent parenting) estimated that the programme provided savings for high-risk families by the time children were aged 15. These savings (over five times greater than the cost of the programme) came in the form of reduced welfare and criminal justice expenditures and higher tax revenues, and improved physical and mental health.<sup>8</sup>

13. An independent review has placed the average economic benefits of early education programmes for low-income 3- and 4-year-olds at close to two and a half times the initial investment: these benefits take the form of improved educational attainment, reduced crime and fewer instances of child abuse and neglect.<sup>9</sup> Within this overall figure, there is substantial variation, and reviews of individual early education programmes have noted benefit-to-cost ratios as high as 17:1.<sup>10</sup>

14. Returns have also been demonstrated in smaller projects, as such projects adapt to the fact that they need to be more cost-effective than others in order to attract investment. For example, a joint venture by PCTs and 12 children's centres in Blackpool led to an increase in breastfeeding rates of 16 per cent, with an estimated return of £1.56 for every £1 invested, and estimated savings to the Department of Health of £57,700 over a two-year period.<sup>11</sup>

15. Some of the largest returns have been seen in improving children's ability to communicate, something central to any child's social development. It has been estimated that the benefits associated with the introduction of the literacy hour in the UK, even after controlling for a range of other factors, outstrip the costs by a ratio of between 27:1 and 70:1.<sup>12</sup>

16. In addition, different areas are doing their own evaluative work. For example, the City of Westminster has a Family Recovery programme to assist persistent problem families. It costs around £19,500 per family. Early estimates suggest that costs of just over £40,000 per family are avoided in the year during which the family participates in the programme.<sup>13</sup>

17. The costs and benefits for any given policy are highly specific to the environment in which they are implemented. Demographics, labour market conditions and local infrastructure are but three examples of important contextual factors that can significantly change the costs and benefits of programmes.

18. Recognising this has led pioneering areas such as Croydon, Birmingham and Manchester to develop their own appraisal models – combining high-quality research on the impact of their Early Intervention policies with relevant local data to allow better decisions on the most cost-effective mix of children's and young people's services in their area.

19. Despite the difficulties in generalising cost-effectiveness from one area to another, the overarching message is that these programmes have positive returns. To spurn them risks adding new and substantial costs to society, as we demonstrate in the next section.

## How much would it cost society to do nothing?

20. Some commentators have tried to quantify the total costs of inaction. For example, Action for Children and the New Economics Foundation have estimated that without their proposed additional early investment the economy could miss out on returns of £486 billion over 20 years.<sup>14</sup> That is £24 billion a year – equivalent to around one-fifth of projected health spending for 2010–11.<sup>15</sup>

21. The examples below look in more detail at some of the costs associated with inaction:

- The productivity loss to the state as a result of youth unemployment is estimated at £10 million every day.<sup>16</sup> The average cost of an individual spending a lifetime on benefits is £430,000, not including the loss of tax revenue.<sup>17</sup>

- The cost of youth crime in 2009 alone has been estimated by the National Audit Office at £8.5–11 billion.<sup>18</sup>
- The costs associated with mental health problems in the UK are estimated at £105.2 billion.<sup>19</sup>

22. The total cost of drug misuse in the UK is estimated at £77.7 billion.<sup>20</sup> However, as Sir Paul Ennals, Chief Executive of the National Children's Bureau, argues: 'If you have a young man in drug rehabilitation it costs £250,000 a year, but the cost of family support that makes it less likely that he needs it costs only a fraction of that.'<sup>21</sup>

23. The current total cost of children in care is estimated at £2.9 billion.<sup>22</sup> About half of this is spent on children who have been abused – dealing with a problem after it has become acute and costly rather than preventing it from happening.

24. Underpinning these aggregate costs are examples which show the costs associated with particular high-risk individuals, which can become much higher over time without effective intervention. Research from the London School of Economics<sup>23</sup> found that by the age of 28 the cumulative costs of public services were 10 times higher for individuals with conduct disorder compared with those with no problems.

25. This is not a full and thorough cost–benefit analysis on the costs of inaction, but it gives a strong indication that there are many savings to be made.

26. We can ill afford to waste not only so much money, but also our children's prospects. This problem is not going to go away without action. And, as the following section illustrates, dysfunctional behaviour is, if anything, on the increase.

### Why the problem will not go away without intervention

27. There is evidence that many of the problems Early Intervention seeks to address are worsening. For example, in England there is a strong upward trend in special educational needs. The proportion of the school roll noted as being 'without statement' – those who have special needs but

have not been statemented – increased from 15.7 per cent in 2005 to 18.2 per cent in 2010.<sup>24</sup>

28. Reviews of UK adolescent mental health have revealed worsening mental health problems among young people. Emotional problems, such as depression and anxiety, have been rising since the mid 1980s and conduct disorder has risen since the mid 1970s.<sup>25</sup> By comparison, the Netherlands and other countries did not experience such increases over the same periods.

29. The deteriorating state of adolescents' mental health would matter in any society at any time, but it matters more given our ageing population and the need for us to have an active workforce for the future.

## Practical issues

### Realising the benefits

30. There is another key point to be made about the potential benefits from Early Intervention programmes. One cannot achieve significant cost reductions on prisons or care homes simply by reducing the numbers in existing facilities. The real savings arise only through reducing the numbers to a point at which some prisons and care homes can be closed altogether. On current trajectories, our country will not be able to close any such facilities and instead will have to build more of them. Eliminating the need for such new facilities should be factored into the potential savings from Early Intervention.

31. A major additional complication is that successful Early Intervention programmes bring savings to many different agencies. Without pooled budgets, and agreement from those that save from Early Intervention that they will pay some of the cost, it becomes very difficult to win the economic case in some circles.

32. We hope that community budgets and the Early Intervention Grant will begin to address some of the issues concerning the need to pool and integrate different budgets which are aimed at alleviating the same problems or assisting the same individuals. However, Early Intervention programmes will not gather any momentum unless the areas which pay for them realise

savings from them. This means going further than community-based budgets. It entails ensuring that local areas and providers are incentivised by receiving a share of central government savings, for example on benefits or prisons. We return to this recommendation in Chapter 5.

### Moving to a better way to spend resources

33. A range of problems, described as ‘government’ and ‘market failures’ by economists, such as (to use the somewhat inelegant phraseology) institutional fault lines, perverse incentives, misaligned targets and poor data-sharing practices, have historically blocked Early Intervention. In future, we must break down these barriers to attract decent investment and, in the case of data sharing, thereby enable the effective and early targeting of services. Localism and community budgets have an important role to play here, as discussed further in Chapter 5.

### Success and failure

34. We need to use those programmes shown to be effective, innovate to create better ones and measure outcomes. Our ultimate test is whether our society can do for our social and emotional health what we have done for our physical health. The huge improvements in the physical health of children over the last century show us what is possible. Infant mortality has reduced 24-fold<sup>26</sup> and today’s survival rates from most life-threatening childhood illnesses would have been unimaginable even 25 years ago.

35. However, the general good progress with respect to physical health and education has not been mirrored in children’s mental health, including in their behaviour and emotions. Rutter and Smith’s<sup>27</sup> analysis of research and administrative data makes a compelling case for a decline in child mental health over the last century.

### How do we know ‘what works’?

36. As expenditure on public sector services has grown there has been a growing interest in what is effective and ineffective. This can be a contentious area, with much dispute over what counts as reliable evidence. In recent years, however, there has been a growing consensus in the scientific

community about how to measure effectiveness reliably. Agreed standards have been adopted by health systems around the world, and by education, youth justice and social care systems in some parts of the world.

37. This Report has used standards of evidence agreed by leading scientists in North America and Europe. These, rather than opinion or advocacy, have guided our view on ‘what works’. They are based on standards of evidence prepared for the Greater London Authority by the Social Research Unit at Dartington. These standards (described in Annex C) rate policies, programmes and practices on four dimensions. Further discussion of these standards is contained in Chapter 6.

38. As also will be seen in Chapter 6, there are many programmes and policies that meet the standards of evidence as adopted by this Report. They are catalogued on 21 databases of effective intervention summarised in Annex E. As will be seen, very few of these have been adopted in the UK.

39. Where they exist, several high-quality evaluations will be brought together in systematic reviews that give a sense of the range of effect sizes of – or the possible outcomes which can be said to have resulted from – similar approaches across different settings. Such meta-analysis, to use the scientific term, is useful in that it gives an indication of the risk that a proven model will not deliver the intended effects. Systematic reviews can thus increase the confidence in decisions made by purchasers and commissioners of public services.

### Costs and benefits

40. As the quality of evaluation has improved over the last quarter century, so has the quality of cost–benefit analysis that translates the costs and impact of a policy or programme into a financial metric.

41. Several groups, both public and private, are working to improve the standards in this field. For example, the MacArthur Foundation has set up a centre at the University of Washington<sup>28</sup> in the US that is aiming to set standards for cost–benefit analysis to improve the precision of estimates. The Institute of Medicine recently

published a report on ways to better link cost–benefit analysis methods to effective public policy decision making.<sup>29</sup> In the UK, HM Treasury updates its Green Book,<sup>30</sup> which provides guidance in this area for the public sector.

42. Think tanks, and policy, research and academic institutes, such as the Washington State Institute for Public Policy, have developed models that can be adapted and used internationally for a variety of policy areas. The Social Research Unit at Dartington is translating the Washington model for use in the UK. Many of the estimates used in this Report come from this work.

### What does success look like?

43. There is now a lot of confidence in the evidence about what does and does not work. But there is no silver bullet. As Chapter 6 demonstrates, there are many routes to better outcomes for children who are supported by public services, even within the Early Intervention focus of this Report.

44. For example, there is the potential to make small gains with lots of children. There is a class of proven Early Intervention programmes that operate in Sure Start children’s centres and primary schools that improve children’s social and emotional regulation. One class per week over two years produces children who are better able to moderate their emotional responses to, for example, relationships with other children and adults, or to academic challenges in schools. The direct results are significant improvements in emotional well-being and behaviour. The indirect result is improvements in educational performance, because happier better-behaved children learn more.

45. Another route to success is to seek big gains with a small, targeted high-risk group. The Family Nurse Partnership is a proven Early Intervention model for children born to teenage mothers. It is one of the few illustrations of an evidence-based Early Intervention programme which is well delivered in the UK. It reaches over 6,000 families, a number that will more than double in the next four years. However, there is potential to expand further, and there are

approximately 30,000 new families each year who could benefit from the programme.

46. This Report does not favour one approach over another. Our approach is to give local government and other purchasers of children’s services reliable information about ‘what works’, when and how it does, and about the costs and benefits of evidence-based Early Intervention programmes. We hope, therefore, that scarce resources will be invested more wisely and lead to better outcomes for children.

47. However, to ensure that we are managing to improve outcomes for children, and making the most of the economic benefits of Early Intervention, we need better evaluation of existing programmes. We especially need an agreed and robust set of measures that determine the degree to which a child has the social and emotional bedrock needed to break the cycle of dysfunction. Such measures are suggested in the recent report of the Rt Hon Frank Field MP.<sup>31</sup> Meanwhile, the forthcoming Tickell Review of the Early Years Foundation Stage is looking in more detail at the practicality of an early years development check at ages 24–36 months and/or the age of 5, and Dame Clare Tickell will be making recommendations on this. Professor Eileen Munro’s review of child protection<sup>32</sup> is also looking at performance and data issues and is considering what measures, including those relating to Early Intervention, could and should be used to help drive continuously learning and adapting organisations. The next chapter will explore this issue, and make more specific and detailed recommendations to secure major improvements in Early Intervention provision.

### Recommendation

Since waiting for problems to take root before reacting costs the taxpayer billions of pounds, I recommend that we should exploit the potential for **massive savings in public expenditure** through an Early Intervention approach.

#### Box 4.1: Brighter Futures

Birmingham City Council started its Brighter Futures programme in 2009. This transformational programme aims to measurably improve the physical health, behaviour and emotional health, literacy and numeracy, job skills and social literacy of Birmingham's children. It is described as a 'system change for Early Intervention'.

With an approach that brings together all partners, it aims to develop integrated children's services, focused on outcomes, which will:

- make the city a leader in investing resources to prevent problems emerging in children's lives;
- contain the increasing cost of services to children and young people, which is occurring nationally because of rising demand;
- enable and support the expansion of integrated working practices across the city, develop leadership and increase the accuracy and currency of data.

The programme includes:

- **The development of systems and processes to support intelligent analysis of need** in order to inform the design of services, and their commissioning, delivery and evaluation.
- **Improved service efficiency, integration and localisation**, both within the council and across partner agencies, allowing resources to shift towards preventive services and to support the implementation of improvements to services.

- **Mechanisms to support the cultural shift to services which are focused on prevention and Early Intervention**, while improving current services to children and young people with complex needs and continuing to deliver services within the council's corporate parenting and safeguarding responsibilities.
- **Identification of synergies with partners** and in particular the transition from children's to adult services.

Four pilot services for parents have been launched to date. These have access to cost-effective prevention and Early Intervention programmes, from pre-birth to adolescence, that have an emphasis on targeted support for children in need. Programmes include the Family Nurse Partnership service for teenage parents.

All services and programmes are being independently evaluated, with a view to expanding them across the city, while bringing to an end services which fail to achieve the same, or sufficiently cost-effective, results.

## Notes

- 1 Butterfield R, Henderson J, Scott R (2009) *Public Health and Prevention Expenditure in England: Health England Report 4*. Health England, piii, p13.
- 2 Total Place was an initiative that looked at how taking a whole area approach could lead to better services at less cost.
- 3 HM Treasury and Department for Communities and Local Government (2010) *Total Place: A Whole Area Approach to Public Services*. p17.
- 4 Hussey R (2010) *Measurement Investment in Prevention*. Manchester: North West Strategic Health Authority.
- 5 NHS Croydon and Croydon Council (2010) *Child: Family: Place: Radical Efficiency to Improve Outcomes for Young Children*. p33.
- 6 Organisation for Economic Co-operation and Development (2009) *Doing Better for Children*. Paris: OECD. p94.
- 7 Allen G and Duncan Smith I (2008) *Early Intervention: Good Parents, Great Kids, Better Citizens*. London: Centre for Social Justice and Smith Institute.
- 8 Karoly LA, Kilburn MR, Cannon JS (2005) *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND Corporation.
- 9 Aos S, Lieb R, Mayfield J, Miller M and Pennucci A (2004) *Benefits and Costs of Prevention and Early Intervention Programs for Youth*. Document No. 04-07-3901. Olympia, WA: Washington State Institute for Public Policy.
- 10 Lynch R (2005) *Early Childhood Investment Yields Big Payoff*. San Francisco, CA: WestEd.
- 11 C4EO (2010) *Grasping the Nettle: Early Intervention for Children, Families and Communities*. p27.
- 12 Machin S and McNally S (2007) The literacy hour. *Journal of Public Economics* 92: 1441–62.
- 13 Local Government Leadership and Westminster City Council (2010) *Repairing Broken Families and Rescuing Fractured Communities: Lessons from the Frontline*.
- 14 Action for Children and New Economics Foundation (2009) *Backing the Future: Why Investing in Children is Good for Us All*.
- 15 HM Treasury (2010) *Budget 2010*. p5
- 16 The Prince's Trust (2007) *The Cost of Exclusion: Counting the Cost of Youth Disadvantage in the UK*.
- 17 Allen G and Duncan Smith I (2008) *Early Intervention: Good Parents, Great Kids, Better Citizens*. London: Centre for Social Justice and Smith Institute. p33.
- 18 Comptroller and Auditor General of the National Audit Office (2010) *The Youth Justice System in England and Wales: Reducing Offending by Young People*. HC 663. p4.
- 19 Centre for Mental Health (2010) *The Economic and Social Costs of Mental Health Problems in 2009/10*.
- 20 Action for Children and New Economics Foundation (2009) *Backing the Future: Why Investing in Children is Good for Us All*.
- 21 Speaking at the launch of 'Early Intervention City' in Nottingham, 2008.
- 22 Department for Education (2011) *Outturn Data Archive: Outturn Summary 2009–10*. Available at: [www.education.gov.uk/childrenandyoungpeople/strategy/financeandfunding/section251/archive/a0071834/outturn-data-archive](http://www.education.gov.uk/childrenandyoungpeople/strategy/financeandfunding/section251/archive/a0071834/outturn-data-archive)
- 23 Scott S, Knapp M, Henderson J and Maughan B (2001) Financial cost of social exclusion: follow up study of antisocial children into adulthood. *British Medical Journal* 323: 1–5.
- 24 Department for Education (2010) *Special Educational Needs in England, January 2010*. Statistical First Release.
- 25 The Nuffield Foundation (2004) *Time Trends in Adolescent Mental Well-being*. Seminar on Children and Families.
- 26 Calculation based upon Table IX of the Text volume of the Registrar General's *Statistical Review* for the years 1938 and 1939 (published in 1947) and summing births and deaths for the years 2005–9, given in Table 1 on the ONS website: [www.statistics.gov.uk/statbase/Product.asp?vlnk=6305](http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6305)
- 27 Rutter M and Smith DJ (1995) Towards causal explanations of time trends in psychosocial disorders of youth. In Rutter M and Smith DJ (Eds) *Psychosocial Disorders in Young People: Time Trends and their Causes*. Chichester: Wiley.
- 28 The MacArthur Foundation. See: [www.macfound.org/site/c.1kLXJ8MQKrH/b.947545/k.D8C1/Domestic\\_Grantmaking\\_Policy\\_Research\\_Recent\\_Grants.htm](http://www.macfound.org/site/c.1kLXJ8MQKrH/b.947545/k.D8C1/Domestic_Grantmaking_Policy_Research_Recent_Grants.htm)
- 29 Institute of Medicine of the National Academies (2009) *Benefit–Cost Analysis for Early Childhood Interventions*. Workshop Summary. Available at: [www.iom.edu/Reports/2009/Benefit-Cost-Analysis-for-Early-Childhood-Interventions.aspx](http://www.iom.edu/Reports/2009/Benefit-Cost-Analysis-for-Early-Childhood-Interventions.aspx)
- 30 HM Treasury (2003) *The Green Book*. Available at: [www.hm-treasury.gov.uk/data\\_greenbook\\_index.htm](http://www.hm-treasury.gov.uk/data_greenbook_index.htm)
- 31 Field F (2010) *The Foundation Years: Preventing Poor Children Becoming Poor Adults*. The report of the Independent Review on Poverty and Life Chances. London: HM Government.
- 32 Munro E (2010) *The Munro Review of Child Protection – Part One: A Systems Analysis*. Available at: [www.education.gov.uk/munroreview/firstreport.shtml](http://www.education.gov.uk/munroreview/firstreport.shtml)





## Part 2: The Way Forward

1. Part 1 of the Report revealed that there are still too many children with inadequate social and emotional capabilities, and that this affects how they develop through all the stages of their lives, including mental well-being, education, employment and family. Such problems are not confined to individuals and their families; they may have devastating effects on the wider society in terms of crime and social disruption and fragmentation generally. There are additional costs in childhood for health, education, social work and criminal justice agencies. In adult life, the number of productive workers available to hard-pressed employers is reduced, dependency on the state is generated and there is only a life of misery for those most affected. It is evident that impairments are concentrated (but not exclusively) in poor families, and disadvantage most those children born into families whose parents themselves lacked a social and emotional bedrock.

2. The Report shows that despite important initiatives such as Sure Start children's centres, major investments in last decade have not paid the expected dividends in terms of children's well-being. My analysis revealed that the importance of the early years, especially for those afflicted by inter-generational deprivation, is still not fully appreciated. Public sector investments tend to be skewed to a time when it is too late to have much hope of success.

3. The review came across many examples of high-quality Early Intervention that worked throughout childhood. Early Intervention reaps the greatest benefit in the first years of life, but there are also opportunities to help create excellent parents for future generations by continuing to

build a social and emotional bedrock up to the age of 18 and by responding to, say, the first signs of reading difficulty in primary school, or the first glimmer of antisocial behaviour in secondary school, or the first indications of relationship problems in early adulthood.

4. My analysis has left me in no doubt of the economic benefits associated with high-quality Early Intervention. Moreover, at a time of great strain on public finances, there is good reason to believe that private as well as public investors can see the economic possibilities represented by Early Intervention, and the second report of my review will explore how these opportunities can be realised.

5. In Part 2 of this Report I examine how a number of pre-existing efforts by government can be transformed by taking them one step further, not by means of unlimited resources or legal obligation, which have not exactly done the trick in recent decades; instead, I suggest using well worn practices – an effective plan, synthesis not silo, freeing up local talent, training and motivating the workforce, expanding what works, accurately assessing progress in order to assist it and bringing in allies to fight for a cause.

6. I cannot claim that my Report uncovers new ground. Much of what is said here has been said before. So why have we not responded accordingly? In the last chapter of Part 1, I set out some of the obstacles that stand in the way of the implementation of effective Early Intervention policies and practices.

7. This analysis has led me to the following conclusions, which I set out more fully in Part 2.

We need more Early Intervention to pre-empt problems and to respond to the first signs of risk to healthy child development. Our goal should be for society – families, communities and public, voluntary and private sector agencies – to provide children with the social and emotional foundations needed for a productive life. Although intervention is cheaper and more effective when done at the earliest opportunity, we can also help the next generation by assisting the social and emotional development of future parents, from conception to birth, from birth to primary school, during the secondary school years and into early adulthood.

8. I have concluded that there are much greater opportunities to intervene early to help children to be ready for school (for primary school), ready for work (as they leave secondary school or university) and ready for life (to become loving and nurturing parents themselves). I have concluded that any additional investment should be concentrated on Early Intervention in the early years and on Early Intervention at all prior stages of child development – before birth, before primary school, before secondary school and before higher education and work.

9. As in all aspects of life, the quality of Early Intervention matters. For that reason I am promoting evidence-based Early Intervention, such as that represented in a series of Early Intervention programmes described in the following chapter.

10. It is also plain to me that communities and local agencies cannot rely on only one type of Early Intervention. A combination of financially sustainable approaches is needed. I am, therefore, recommending Early Intervention is focused on places that will demonstrate what can be achieved (see Chapter 7). In the second report, I will set out how these places can be supported with new kinds of funding.

11. However, in conclusion, I strongly believe that neither my Report nor government can tell those leading the expansion of Early Intervention activity what to do. Central direction has been tried and found wanting. I want to support local people to make local decisions based on the best independent investment, policy, practice and other advice from a new Early Intervention Foundation, as described in Chapter 8.

12. But first, what can we do better than we do now?





## Chapter 5

### Moving on

*If we are to give every child the chance to live a happy and successful life we need to act while they are in the early years. Dealing with the problems of educational failure, family breakdown and other symptoms of the broken society is a priority for a future Conservative Government.*

*Rt Hon David Cameron MP, 2008*

*Early intervention programmes with a proven impact will be promoted. Our radical Total Place agenda will take this further, giving local areas additional freedom to achieve better services and more savings, cutting bureaucracy and management costs, while placing a greater emphasis on early intervention.*

*Labour Party manifesto, April 2010*

*We will improve discipline by early intervention to tackle the poor basic education of those children who are otherwise most likely to misbehave and become demotivated.*

*Liberal Democrat Party manifesto, April 2010*

#### Introduction

1. All parties are committed to giving priority to Early Intervention, as the quotations above testify. In this Report I have demonstrated why Early Intervention is important for people and good for the economy and deserves the support of those of all parties. In this chapter I look at how existing policies, briefly reviewed in Chapter 3, can be taken further as and when resources permit, and be given the political and administrative encouragement they need. I then examine some of the obstacles to implementing

the key recommendations of Chapters 6 to 8 of this Report.

2. As I have already shown, recent governments have taken some excellent preliminary action on Early Intervention. My intention in this section is to see if these can be taken a little further to reshape provision fundamentally in the direction of Early Intervention and to come up with a practical set of recommendations which recognise the current public expenditure constraints and make reference to the work of other current reviews of major social issues.

## The foundation years

3. To shift policy to earlier intervention and prevention we need to ensure wider recognition that pregnancy and the first few years are essential to building a good foundation for life, reducing inequalities and promoting social mobility. It is for this reason that I support the recommendation in the *Independent Review on Poverty and Life Chances*, by the Rt Hon Frank Field MP, that local and national government should give greater identity to the foundation years, that is the period from pregnancy to the age of 5.<sup>1</sup>

### Recommendation

I recommend that the United Kingdom should adopt the concept of the **foundation years from 0 to 5** (including pregnancy), and give it at least the same status and recognition as primary or secondary stages. Its prime objective should be to produce high levels of **'school readiness'** for all children regardless of family income. To support this recommendation, it is important that everyone with responsibilities for child development, particularly parents, understands how the 0–18 health and educational cycle is continuous from birth and does not start on entry to primary school. It would therefore be helpful to clarify some of the jargon around school years. I therefore recommend that the Government should number all year groups from birth, not from the start of primary school.

## Greater local financial freedom

### Building on the Early Intervention Grant and community budgets

4. To achieve real change, local areas will need to work together – formally or informally – to endorse, plan and fund an organisational and cultural shift towards Early Intervention from all those engaged in local service provision. The contribution of parents and carers and the voluntary and community sector is also

very important. This must match and support the change in national priorities towards Early Intervention.

5. The Government has recently announced the creation of community budget areas, where budgets from a range of relevant sources (including the Early Intervention Grant) will be able to be pooled to create a single budget to provide integrated services for families with multiple problems. We welcome this development and have been keeping in touch with its progress. It was intended largely to address the needs of exactly those families who would benefit from early intervention. As Chapter 7 will illustrate, a number of community budget areas have also agreed to be Early Intervention Places. This is an excellent start.

6. However, this measure alone will not solve the major issues that we have addressed in Chapters 1 and 2, although the Early Intervention Grant does provide an incredibly powerful symbol. However, in these times of financial constraint, the community budget will be subject to many demands. I hope Chapters 6, 7 and 8 in particular can inform decisions around the use of the Early Intervention Grant in those areas with community budgets on how best to spend limited resources, and help directors of services make a case for reallocating spending away from historical allocations. We would hope that the Government would back us on this aim.

7. The Government has also made money available for disadvantaged children in school through the Pupil Premium and the Higher Education Endowment Funds. We believe that this money should be spent on activities and programmes that are shown to be cost-effective in improving children's lives and tackling inequalities, and that is exactly what the programmes identified in Chapter 6 in this Report will achieve.

8. The Department for Communities and Local Government needs to continue to examine how to develop with local authorities the incentives to provide effective, connected Early Intervention services. Their benefits accrue to many agencies, some of them national. Therefore, we need to ensure that we reward local authorities whose early intervention strategies result in lower costs to national government so that they can continue

to invest in this area. This entails effectively tracking the success of programmes and providing payment by results where appropriate.

9. Going with the grain of current government policy, I believe that central government needs to provide local government with more freedom and flexibility to use its income, whether locally generated or received from central government, in order that Early Intervention can develop in the best interests of children and young people in their communities.

10. The introduction of the Early Intervention Grant, alongside the proposals in the Public Health White Paper, *Healthy Lives, Healthy People*,<sup>2</sup> the Munro Review and the introduction of community budgets, gives local areas a real opportunity to increase the effectiveness (including cost-effectiveness), connection and integration of services for children and families. But these are only small steps in a long journey to greater local freedom. This is relevant to the wide range of services that provide support to these children and families. These include maternity and community child and health services (such as health visitors, midwives), GPs, children's social care and parenting. This would achieve successful outcomes in health, development and education (including early years education) and achieve successful transitions through the education system.

11. In line with these developments, my second report will make proposals on how the Treasury, working with central government departments and local authority finance professionals, can devise a way in which the future savings that arise from Early Intervention can be used to increase investment in Early Intervention services. I accept that this will require considerable ingenuity and imagination, because the savings in future expenditure from Early Intervention will accrue to many different areas or agencies and not necessarily the one making the initial investment. But the same thing can be said of many other capital investments which are routinely made in the public sector. For example, when a local authority invests in a major road improvement scheme, it provides benefits to traffic from other areas and (by reducing stress and accidents) it reduces future expenditures for the police and the NHS. I strongly

believe that the returns from Early Intervention, even on conservative estimates, will be big enough and clear enough to provide a more-than-adequate return on the initial investment required, if the way can be found to release them. An independent Early Intervention Foundation, which I recommend below, could ultimately take a new look at local and central government financial processes, and provide robust estimates of the expected accruals to different bodies from particular Early Intervention systems and programmes, and independent monitoring of programme effectiveness.

12. It was obvious from the visits of the review team and from all the evidence received that the devolved settlement has had a profoundly stimulating and creative impact on Early Intervention work in Northern Ireland, Wales and Scotland which I would hope to see replicated in a more empowered English local government.

13. However, having spoken at length to many local authorities during the period of this review, their biggest fear is that the new freedoms granted by central government could just as easily be taken away from them should government change its mind or its political complexion. This would be a serious blow to Early Intervention, which depends on sustainability and taking a long-term view; **after all, Early Intervention affects generations yet unborn**. I would, therefore, hope that there could be some stability in the settlement of powers between local and central government. Perhaps the best way forward would be for the settlement to be agreed between the two and given some authority as a code with some statutory safeguards. There could be many other advantages from such a settlement, but this Report must be limited to Early Intervention.

### Recommendation

Since a successful Early Intervention approach requires sustainability and a long-term view, I recommend that consideration should be given to creating a lasting, stable settlement between central and local government within a **published framework or codification of the local/central relationship**. I further recommend that, if developed, this settlement should be agreed by all political parties, and adhered to whichever of them are in power in central or local government.

14. My second report on the use and sources of alternative funding mechanisms will provide further recommendations in the area of the financial relationship of the centre and the localities.

### Making the most of changes to the health services

15. The proposed changes to local health services may present opportunities for health to play an even more important role in Early Intervention than it does now. It should also be the cue for much more integrated working between health and education at national level, where it was apparent even in drafting this Report that there was room for improvement. The transitions between health and education are not always immediately clear, and whatever ministerial co-ordination proposals for Early Intervention are adopted (see Chapter 9), this must be one of the first areas to be addressed. If the 0–5 foundation years are to become a reality, a plan of action with widespread support and dissemination has to be agreed between the education and health departments. It should set out the vision for the 0–5s, the problems and how to address them, the curriculum for the 0–5s and – possibly the greatest challenge of all – it should be readable by constituents on my council estates and by MPs. Finally, it should be presented jointly by the Secretaries of State for scrutiny by the House Select Committees and then formally endorsed by Parliament and subject to an annual progress report to Parliament.

### Recommendation

I recommend that the Department of Health and the Department for Education should work together with other partners and interests to produce within 18 months a seamless **Foundation Years Plan** from pregnancy to 5 years of age, which should be widely understood and disseminated in order to make the 0–5 foundation years a reality. I recommend that this Plan is endorsed by Parliament.

16. For many children up to the age of 3, contact with health professionals will be their only contact with officials. The local health service can make a real difference. Health services, working with partners, have a critical role to play in Early Intervention, especially during pregnancy and up to when a child is 5 years of age, when families and children need clinical as well as psycho-social and educational interventions and support from health and early years professionals. However, the change in the numbers of health visitors, variations in coverage of the Healthy Child Programme and variation in the levels of provision of antenatal education and preparation for parenthood suggest that there is more that can be done to ensure there is universal provision in pregnancy and early childhood.

17. Pregnancy and the postnatal period are key times for early interventions. It is when expectant mothers are motivated to learn and want to do the best for their child. In the 2010 survey of women's experiences of maternity services, the Care Quality Commission found that 38 per cent of women reported not being offered any antenatal classes.<sup>3</sup> Health and early years services need to do more to ensure that expectant mothers and fathers are offered high-quality community-based preparation for parenthood that includes learning about the needs of babies during pregnancy and early life and how to make the successful transition to parenthood.

18. The Healthy Child Programme is the universal public health programme providing regular health and development reviews, screening tests, immunisations, health promotion and parenting support from pregnancy to 19 years of age. In the important first years of life, the Healthy Child Programme is led and provided by health visiting teams, ensuring that all children and families receive support from health professionals as well as more targeted support for those who need it through universal and specialist services. The expansion of the number of health visitors is key because for many families in the early years of life the health visitor is their main contact with children's services. I encourage the health system to develop strong universal public health through the Healthy Child Programme and to increase the focus of pregnancy and early years on disadvantaged families, as outlined in *Healthy Lives, Healthy People*.

19. The priority should be to equip health visitors, those established and those to be recruited, and their teams with an understanding of the impact of early childhood development and proven ways of working with families on the promotion of strong social and emotional capability in children.

20. I welcome the Government's commitment to recruit 4,200 new health visitors by 2015 and to double the capacity of the Family Nurse Partnership (FNP) programme. The expansion of the health visiting service, supported by the FNP, will mean increased capacity to support mothers and families where mental health issues may have a detrimental impact on the child. I hope that the new mental health strategy will reflect the need to further support maternal mental health.

21. Health professionals (in particular, GPs, midwives and health visitors) play a key role in supporting child development and in referring mothers and children who might need additional help to more targeted support.

22. I suggest that this is done by ensuring that there are clear public health outcomes for children in the early years related to the Healthy Child Programme and health visiting as well as the FNP. As the arrangements proposed in the Public Health White Paper develop, health and well-being boards and directors of public health will

be well placed to focus on children's public health outcomes and promote strong contributions from all local partners, both within the health field and from other organisations working to achieve the same outcomes.

23. Under the new organisational arrangements for health it is important that the focus on antenatal education and preparation for parenthood, health visiting and the FNP is not lost in the redistribution of functions that always accompanies such a change. GP consortia and local authorities will need to work together to commission evidence-based preventive early interventions, especially in pregnancy and the first years of life.

24. The proposed new health and well-being boards will allow local authorities to take a strategic approach to promote integration of health, adult social care and children's services. They could be an appropriate body to lead integrated Early Intervention strategies at local level.

25. The Department of Health and NHS should also further strengthen the leadership role of directors of public health for improving early childhood development as the arrangements set out in the Public Health White Paper develop. Measures should include a review at 2–2.5 years to look at development and health and readiness for school. Progress here should inform the joint strategic needs assessments. These will be drawn up by GP consortia, local authorities, police forces and other organisations under the arrangements for the new health and well-being boards; these measures should include improving the social and emotional capability of children. Directors of public health will have a key role in ensuring that these assessments support the health and well-being boards to promote a new high-level consensus on local priorities for early childhood development between consortia, local authorities, their elected members and other key partners. This should lead to agreed actions and future joint working through the proposed joint health and well-being boards.<sup>4</sup>

## Recommendations

I believe that under the Government's proposed **new arrangements for local health services**, a great opportunity exists to localise Early Intervention, and I recommend that one of the reorganisation's key themes should be a focus on antenatal education/preparation for parenthood, and on social and emotional development for the under-3s. I recommend that:

- **GP consortia** and local authorities should work together to commission evidence-based preventive Early Interventions, especially in pregnancy and the first years of life;
- the proposed new local **health and well-being boards** should, as part of their proposed role in developing and overseeing local health and well-being strategies, create integrated Early Intervention approaches, share best practice and have the freedom to tie into the institutional arrangements for Early Intervention recommended below; and
- in establishing the new directors of public health (jointly appointed by the Public Health Service and local authorities), there is strong accountability for improving social and emotional capability as a central aspect of children's health.

## Better parental leave arrangements

26. It may be that the earlier the intervention the more effective and long lasting it can be, but public spending does not reflect this truism, as spending is focused higher up the spectrum of need, once problems have already escalated. Intervention is then more costly. The earlier the intervention the less need for more intensive and more expensive interventions later and costs that accrue to the welfare and criminal justice systems. This imbalance must be redressed.

27. The quality of a child's relationships and learning experiences in the family has more

influence on future achievement than innate ability, material circumstances or the quality of pre-school and school provision. Therefore, parents need to have time for those positive experiences with their children, and this means that we need to consider a move to a more generous and flexible maternity and paternity benefit system, and flexible working practices.

28. Currently in the UK all female employees are entitled to 52 weeks of maternity leave. In the first six weeks women are entitled to 90 per cent of their pay. However, after that many are paid only the statutory minimum of £124.88 per week for the remaining 39 weeks of paid leave. Of course, some employers are more generous, but the fact is that many women cannot afford to take the full year off work, and the average length of maternity leave is only six months.<sup>5</sup>

29. In Sweden, working parents are entitled to share 16 months of parental leave and at least two months need to be taken by the minority parent – the one taking the least of the 16 months (usually the father) – to encourage his or her involvement in child rearing. The first 390 days are paid at approximately 80 per cent of previous income. There is also the flexibility to go back to work part-time, and top up income with the benefit. The cost is shared between the employer and the state.

30. It is clear that moving towards a more generous system would be unacceptably expensive at the moment. However, given the exceptional and lasting importance of the first period of any child's life, and the huge savings resulting from getting this right, I am convinced that parental leave arrangements should be a top priority for the redistribution of existing spending or new public expenditure in more favourable times. I suggest that serious consideration is given to the proposals, to be consulted on this spring in an inter-departmental government consultation paper, for a system of flexible parental leave which enables parents to take more of their entitlement. However, thinking further ahead, I recommend the formation of a broad-based all-party review to examine options and cost benefits to move the UK towards Swedish standards of parental leave, as resources allow, within a realistic timescale.

### Recommendation

I recommend that, building on the anticipated cross-government consultation paper for a system of flexible parental leave which enables parents to take more of their entitlement, the Government should form a broad-based cross-party group to explore over the long term what is the appropriate level of **maternity and paternity support** for all parents and babies in light of international evidence and resources available.

### Expansion of Family Nurse Partnerships

31. In the US the Nurse Family Partnership is the example which Early Intervention models are judged by. It benefits those children born to first-time mothers with low psychological resources, in particular teenage mothers living in poverty. The programme has 30 years of evidence to back it up in the US and has been implemented successfully in England over the last four years, where it is called the Family Nurse Partnership programme. The FNP is a preventive programme of structured home visiting for young first-time mothers, provided by specially trained nurses, from early pregnancy until their child is 2 years of age. The FNP offers high-intensity support through home visits, using methods to build self-efficacy and promote attachment and positive parenting with practical activities that change behaviour and tackle the emotional problems that prevent some mothers and fathers caring well for their children. It has been particularly successful in connecting with those most disaffected with and distrustful of services.

32. The potential benefits of this programme could be reaped by agencies responsible for health (better antenatal health, better mental health and fewer hospital attendances), safeguarding (prevention of child maltreatment), youth justice (less offending) and education (better school performance and less school dropout). There are also gains for the Department for Work and Pensions (more parents in work) and the Ministry

of Justice (reduced demand on court, prison and probation services).

33. I will now summarise evidence from the US. Estimates about the sums saved are conservative as they do not include all the benefits.

- Savings of between \$17,000 and \$34,000 per child by the time they reach the age of 15, or \$3–5 for every \$1 invested, with greatest gains for high-risk groups.<sup>6</sup>
- The costs of the programme are recovered by the time children reach age 4, due to reduced health service use and reduced welfare use and increased earnings of the mother (savings increase as children get older).
- Identified as the most cost-effective child welfare and home visiting programme in a study by the Washington State Institute for Public Policy.
- The largest cost savings are due to reductions in welfare use (mother), increased earnings and increased tax revenue (mother), and less involvement with criminal justice (mother and child).
- Recently published US evidence suggests that the Nurse Family Partnership saves the government substantial amounts in welfare payments alone, with \$12,300 saved for each family from the time when the child is born to their reaching 12 years old. (Early findings from the formative evaluation in England are encouraging<sup>7</sup> but it is too early to know what the impact and cost benefits of the FNP are in this country compared with universal services. For this reason a large-scale trial to evaluate the FNP in England is being undertaken.)

34. It is a tribute to the programme that even in a time of public expenditure constraint the Government recently announced plans to double the number of places so that at least 13,000 families can benefit at any one time by 2015. In the longer term, the FNP could be established as a core Early Intervention programme for vulnerable first-time young mothers in this country alongside universal health visiting and other Early Intervention programmes. This will rely on the evaluation of the impacts of the programme

through the research trial, overcoming barriers to an explanation, and ensuring sustainability and momentum in the next four years.

35. The FNP is one of the strongest and most innovative programmes around. If the FNP is found to be cost-effective, our aspiration should be to offer it to all vulnerable first-time young mothers as it could produce quantifiable social and economic benefits from increased investment.

36. In the longer term, funding for expansion of the FNP could come from other sources as well as the public purse and be assisted by the institutional arrangements outlined in Chapters 6, 7 and 8, and the deployment of the new financial instruments which I expect to propose in my second report this summer. If my key recommendations are accepted, I propose that the Early Intervention Foundation would open up preliminary discussions with the Department of Health about how a pragmatic expansion could take place and how non-government investment could be attracted to the venture.

37. Finally, the FNP does not exist in isolation but exists within universal early intervention and prevention services supporting health visitors and Sure Start children's centres. These wider services and the professionals who work in them can learn from the FNP, in particular how it engages marginalised groups, effects behaviour change and offers a model of supervision. It is important that the FNP National Unit works with local FNP sites to explore opportunities to share the learning with health visitors and the centres.

### Recommendation

I recommend that the success of **Family Nurse Partnership** should be taken further, with the aspiration that every vulnerable first-time young mother who meets the criteria and wants to join Family Nurse Partnership should be able to access it, and that discussions should take place with all relevant interests on how to ensure sustained local commissioning, leadership and finance. I anticipate that this would be one of the first programmes to be funded through one of the additional funding mechanisms now under consideration, which will be outlined in my second Report.

### Making the most of Sure Start children's centres

38. The development of children's centres, aimed at children under 5 and their families, has enabled integrated services to be developed in new and innovative ways, flexibly and in response to local need. The integrated working between professionals which the centres have encouraged, particularly by midwives and health visitors, can enable vulnerable families to start to make use of services that they would otherwise find hard to reach. Although children's centres are a relatively recent concept, many are already successfully using evidence-based programmes (for example, Triple P and Webster-Stratton Incredible Years programmes).<sup>8</sup> The Government's focus on increasing the use of programmes based on evidence in children's centres, and paying providers, in part, by the results they achieve, should help to ensure that more families are supported by services which have proven their effectiveness.

39. It is encouraging to note the Government's recent statement that there is enough money in the Early Intervention Grant to maintain the existing network of children's centres.<sup>9</sup>

40. I believe that centres should be in a strong position to provide an environment focused on children and families, where services of proven worth, such as those described in Chapter 6, which best meet their needs, can be joined together on their behalf. Health services are key to centres in engaging vulnerable families as well as offering the full range of Early Intervention services.

41. Local areas will be best placed to understand the most appropriate model to ensure that parents, children and young people can have the services they require. This must include provision that reaches those parents, children and young people and families in the greatest need, particularly those who have limited current access to what they need.

42. Greater freedom and less central prescription are a real opportunity for local authorities to think long term and focus on what works. The community budget programme is a good first step to achieving this.

### Recommendation

I recommend that future expansion of Early Intervention programmes should favour those which combine strong evidence bases with impact on crucial stages in the development of social and emotional bedrock in children, and that the present national network of **children's centres** should use such approaches, including evidence-based evaluation systems, to identify and meet the needs of vulnerable children and families. This could include programmes such as Family Nurse Partnership. I support the proposal in the Schools White Paper that the remit of the National College for Leadership of Schools and Children's Services should be extended to provide training for children's centre leaders, and recommend that this should include training on social and emotional development and evidence-based Early Intervention approaches.

### Assessing social and emotional progress

43. Of all the many important recommendations in this Report, this one, along with the one on an Early Intervention Foundation, is the most important to me.

44. Just as we can barely believe that tiny children were once sent up chimneys, I believe that in years to come future generations will be aghast that we let children enter school when they were not school ready, and subjected them to 11 or more humiliating and underachieving years – which then cost the taxpayer billions to pick up the broken pieces. Now we have a much cheaper and more effective alternative, to intervene early to provide children and families with the support they need to overcome barriers and succeed in life. To do that the Department of Health and the Department for Education – who do so much excellent work separately – must work much more closely together on the assessment of 0–5-year-olds and have a single strategy for it.

45. The Department for Education has a strong evidence base for its focus on introducing new support for the early years by retaining a universal offer, while also ensuring that services and opportunities reach those in greatest need.<sup>10</sup> The new entitlement for disadvantaged 2-year-olds to 15 hours of free early education a week should be a tremendous boost to help children to develop their social and emotional capability especially if this is not happening at home. The Government will be consulting on the definition of disadvantage and has already confirmed that funding is sufficient to reach 20 per cent of 2-year-olds. This is likely to improve take-up of nursery education at age 3 – and therefore educational attainment at school. Many authorities that took part in the pilot scheme felt that joining up this offer with services for family support and health was particularly valuable in improving wider outcomes for families. However, the key question here is learning and development support for young children and the workforce. Warehousing young children with low-quality early years provision will be a criminal waste of this unrepeatable opportunity to help the 2-year-olds who would benefit most. We discuss the workforce later; it is vital that the

support young children receive for their learning and development helps to build the social and emotional bedrock of this age group.

46. Ensuring that as many children as possible meet key milestones in the early years is the central purpose of intervention in those years.

47. It is possible to wait until just before school begins and have a booster programme, but a far better approach is to help children to achieve milestones as they grow, giving a little extra help as it is needed rather than just before school. Therefore regular and effective assessment of 0–5-year-olds is crucial. Assessment to gauge attainment and school readiness earlier, and to identify and provide support to those who are not school ready, is needed.

### Identifying those who need help

48. Universal services provided by GPs, hospitals, midwives, health visiting teams, children's centres, nurseries, schools, housing organisations and the police have all been shown to be effective in raising standards of physical health and/or educational attainment. However, they should now be more clearly charged with responsibility for improving standards of social and emotional well-being, and to recognise specifically the importance of the early years. In short, these agencies should all be working together to make sure that children are school ready.

49. We need to explore further how we could use the evidence-based universal Healthy Child Programme schedule of health and development checks from pregnancy onwards more effectively. Led by health visitors in collaboration with children's centres and GPs, the Healthy Child Programme should identify those children and families needing additional input to be school ready. All the responsible agencies should work towards improving school readiness, and where they cannot achieve this, they should swiftly refer those needing particular help to appropriate specialised services.

50. Local authorities with their health partners also have a key role to play in promoting and brokering integrated working at a local level and in ensuring that there is open access to universal

services and that children and families at risk who may not present themselves through universal services are identified.

51. To ease identification and targeting we strongly support the recent recommendation by the Rt Hon Frank Field MP that local authorities should be able to pool data and track the children most in need in their areas.<sup>11</sup> The life chances of our children and indeed their children should not be sacrificed by the 'computer says no' mentality that so often hinders local data sharing. For this to work the Government should review legislation that prevents local authorities, and others such as the police, using existing data to identify and support families who are most in need. This should make it easier for local authorities to use data for this purpose and provide a template for successful data sharing which respects data privacy issues. This has been a source of local frustration for many years. In order to bring this issue to a head I recommend that after thorough preparation local and central government meet to bottom out the problem, sweep away the excuses and mythology and seek to put data tracking on a more certain and rational footing so that our children can benefit from the earliest appropriate intervention.

52. It would also be useful to keep track of actual success or failure to prepare children to be life ready and child ready. If we truly seek to break inter-generational cycles of dysfunction we must know the number of children whose life chances are being improved by Early Intervention policies. Such measures will also inform future policy making regarding the efficacy of early intervention programmes.

### Recommendation

I recommend that a meeting between the Local Government Association and departmental ministers should be convened to agree solutions to local **data-sharing** problems.

53. This Report supports the recommendations made by the Rt Hon Frank Field MP<sup>12</sup> in relation to his set of national Life Chances Indicators. These were:

- cognitive development at age 3 – language and communication development, problem-solving skills and school readiness – suggested measures are the British Ability Scales (in particular the naming vocabulary and picture similarities sub-scales) and the Bracken School Readiness Assessment;
- behavioural, social and emotional development at age 3 – emotional health, behavioural and conduct problems, hyperactivity, peer relationships and positive behaviour – suggested measures are the Strengths and Difficulties Questionnaire for 3–4-year-olds; and
- physical development at age 3 – body mass index (BMI) and general health of the child – suggested measures are height and weight to calculate BMI and parental rating of child's general health.

54. I believe that these checks must be carried out before the first year of school and that they should form one part of an integrated health and education assessment linked to the Healthy Child Programme health and development review at 2–2.5 years.

55. We have made the strongest representations on this to the forthcoming review of the Early Years Foundation Stage curriculum by Dame Clare Tickell and would support any of her proposals which ensure that support for young children's learning and development and development checks for this age group foster the development of social and emotional capability and ensure a child's readiness for school. The Tickell review is looking in more detail at the assessment of young children, and will be making recommendations on this. There is a wonderful opportunity here to link the assessment carried out by early years practitioners to those of the health visitor's 2–2.5-year review which is part of the Healthy Child Programme. This will avoid duplication and waste of resources and result in a seamless set of regular assessments covering the social and emotional development of all 0–5-year-olds.

56. I also welcome the commitment in the Department of Health's *Healthy Lives, Healthy People: Transparency in Outcomes* consultation to reflect the findings of the Frank Field review in the Public Health Outcomes Framework, where appropriate. The Public Health Outcomes Framework<sup>13</sup> will provide a context for public health activity across the whole of the public health system. The current plan is that it will include a set of indicators based on nationally collated and analysed data relating to public health (thereby minimising the burden on local authorities). The consultation closes on 31 March 2011.

57. So, in conclusion, although I strongly recommend the universal implementation of the Healthy Child Programme schedule of health and developmental reviews including assessment of social skills and emotional development, attachment and wider family relationships at 2–2.5 years, it is not enough. The Healthy Child Programme should be linked more closely to the Early Years Foundation Stage, with its valuable emphasis on assessing a child's readiness for school. This more integrated programme of reviews for all children should explore the opportunities for national measures based on those being developed by the Rt Hon Frank Field MP and the Department of Health, and local assessment as being delivered through the health visitor review, and the opportunities for joining this up with the early years assessment as being explored by Dame Clare Tickell as part of her review. The Department for Education and Department of Health should work together, with local authorities and health services, to test the feasibility of such measures and early assessment.

### Recommendation

I recommend that all children should have **regular assessment** of their development from birth up to and including 5, focusing on social and emotional development, so that they can be put on the path to 'school readiness' which many – not least from low-income households – would benefit from. Accountability is confused and divided, policy is incomplete and there is an unnecessary separation between the Healthy Child Programme reviews and the Early Years Foundation Stage assessments. It is timely that several external reviews are taking place. Providing they result in a regular and coherent series of assessments, the Government should act swiftly to ensure that the 0–5s are helped at the earliest and most cost-effective point in their lives to develop the social and emotional bedrock upon which they can thrive.

### The quality of the workforce

58. Children's centres and other early years settings have already worked hard to provide more user-friendly and integrated services that reach disadvantaged communities with no ready access to the services they need. My review team saw examples of children's centres already engaging with evidence-based programmes (for example, the FNP, Healthy Child Programme and structured parenting programmes). Some more established children's centres are increasingly focusing on well-evidenced approaches, taking a 'practitioner researcher' approach, in which staff continually reflect on the impact of their work.

59. However, I am not confident that every children's centre is doing this yet. Similarly, significant work has been carried out by the Children's Workforce Development Council to develop the early years workforce.

60. Workforce development will remain critical – in early education for example, evidence clearly shows that quality matters to child outcomes and narrowing the gap in learning and development.<sup>14</sup> Children's centre leaders and staff (particularly those working in early education and in outreach and family support) need to be well qualified and well supervised, and to have opportunities to develop skills that enable them to use evidence-based approaches. The UK Effective Provision of Pre-School Education study<sup>15</sup> has shown the strong relationship between the quality of early childcare and outcomes, and all this especially more so for disadvantaged groups. Several studies, for example, show that the early interventions proposed are disproportionately more effective for socially disadvantaged groups.

61. The pre-school provision being extended to 2- as well as 3- and 4-year-olds must be used to improve the social and emotional capabilities of these children. We must, therefore, ensure that all those working with children are adequately trained and I am aware that standards currently need to be raised.

62. The quality of the workforce is often an issue for specific programmes as well. Trained nurses, midwives and health visitors are needed for the FNP, and attempts to use less qualified staff have resulted in weaker improvements.

63. A workforce development framework could establish training and salary structures which recognise the challenge and importance of early years staff and especially staff engaging with multi-problem families. Training in parent engagement would also be appropriate.

64. I believe also that we need to ensure we have a large enough workforce for the future to provide the programmes and offer childcare provision. We need to find a way to make the vocation attractive to more highly qualified candidates and we need to be encouraging schools, colleges and universities to be teaching and developing resources for the future.

## Recommendations

I recommend that we improve **workforce capability** of those working with the 0–5s. We should:

- increase graduate-led, or even postgraduate, pre-school leadership;
- ensure that all early years settings employ someone with Early Years Professional Status (EYPS) on site; and
- establish a Workforce Development strategy led by the Departments for Education and Health with input from across government, to ensure that we are developing for the future enough suitably qualified candidates who wish to work with the 0–5s.

In the interim, I recommend that all key professionals are made aware of the importance of building on the social and emotional capabilities of babies and children, and of promoting and supporting good parenting, through refocused training initially and then as an integral part of continuing professional development. I would like to see some refocused training and development work starting in 2011/12 with roll-out from 2012/13.

## A national parenting campaign

65. We are seeking to change the culture around parenting and the way in which parents interact with babies, children and young people. We have to place the role of the parent at the heart of what we do. As illustrated in the earlier chapters, we know that the early home learning environment is the single biggest influence on a child's development – more important than material circumstances or parental income, occupation or education. Indeed, the quality of a child's relationships and learning experiences in the family has more influence on achievement than innate ability, material circumstances or the quality of pre-school and school provision.<sup>16</sup>

66. Many parents have a strong desire to do the best for their children but many, especially in low-income groups, are ill-informed or poorly motivated on how to achieve this. In my experience as the Chair of the teenage pregnancy task force in Nottingham I have often heard the phrase 'babies don't come with a handbook'. All parents need to know how to recognise and respond to a baby's cues, attune with infants and stimulate them from the very start, and how to foster empathy. They all need to be aware of the sensitive period for emotional development in the earliest 18 months and the particular need during that period to avoid stress, domestic violence, physical abuse and neglect. They need to appreciate the importance of frequent talking with a baby, and all the things that would make a difference such as looking, smiling, and engaging. Parents in particular need to know whom to turn to for help and where to find them, and how to foster a positive home-learning environment, as well as the usual physical information about breastfeeding and avoiding smoking, toxic substances and stress.

67. It is true that there is now a plethora of material; however, much of it is not in the popular form required or accessible through mass media, and parents can find it hard to know what information to trust. But they do not turn to official government sources for such information; they look to family and friends and to professionals who have built a trusted relationship with them.

68. The content of the Healthy Child Programme, which should guide the work of health visitors with new families, is underpinned by the latest research evidence. The 2009 revisions to the programme emphasised the importance of parenting support, especially in helping new parents to provide sensitive parenting attuned to their developing baby's emotional and social needs. The Common Core for the Children's Workforce, which was updated by the Children's Workforce Development Council in 2010, emphasises the importance of this knowledge and the skills that workers, such as those in children's centres, need to engage effectively with parents and families.

69. Yet too few of those thinking of embarking on parenthood understand how to build the social and emotional capability of a baby or small child, and awareness among the wider public is virtually non-existent. I therefore propose that interested groups, the media, retailers, employers, charities and foundations should come together to consider what they can do – at national and local level – to complement the work of professionals working directly with parents and families. Action might include: raising awareness of the importance and responsibility of effective parenting among those considering starting a family; helping the general public to understand the importance of developing social and emotional capability in the early years and what communities can do to support young families; enabling employers to appreciate the value of giving parents – both mothers and fathers – access to flexible working opportunities so that they have time to parent effectively; and helping businesses to understand the impact on families of the way they design and promote products and services. We do not propose that this should be government funded but the Government should facilitate the initial bringing together of interested parties to gauge interest and commitment. This is a Big Society commitment – we all need to work together to improve our future society and this commitment should be backed by relevant experts, voluntary sector and charitable organisations, and other interested parties.

### Recommendation

I recommend a new **National Parenting Campaign** as the Crown Jewel of the Big Society project, pursued with enough passion and vitality to make it irresistible even to the most jaundiced. I recommend the creation of a broad-based alliance of interested groups, charities and foundations to ensure that the public, parents, health professionals and, especially, newly pregnant women are aware of the importance of developing social and emotional capability in the first years of life, and understand the best ways of encouraging good later outcomes for their children. Whitehall departments should participate in this initiative but not control or dominate it. For this reason, I propose that it should be funded and directed from outside central government. In the interim, I recommend that specific recommendations on parenting should be published as a response to the ongoing consultation by the Department of Health on proposals on information for patients, service users, carers and the public.

### Breaking down the barriers to provision

70. In the second half of this chapter I prepare the ground for the key recommendations in Chapters 6, 7, and 8 and examine some of the difficulties to be overcome in moving to the next stage of Early Intervention.

71. The obstacles **can** be overcome. Some areas are already leading the way, and throughout this Report I have provided examples of areas that have put Early Intervention at the heart of their strategies. It is important that we build on this local leadership and, as Chapter 7 demonstrates, even at this very early stage 26 areas have signed the expression of interest to pioneer developments in Early Intervention.

72. However, local authorities and communities still have some way to go. Even in my home city of Nottingham, which has done more than most to focus on Early Intervention, only a third of the

teenage mothers who could benefit from the FNP receive that support.

73. What have been the obstacles to Early Intervention and how can these be overcome?

### Political and financial barriers

74. Encouraging greater financial investment in Early Intervention is a crucial part of this Report, and will form the focus of the second part of my review later this year, as I have stated. There are a number of barriers to greater investment, which we will be considering.

75. There is clear evidence supporting the economic benefits of Early Intervention, and this should provide a strong basis for attracting investment from the private sector. However, there are several reasons why this is not currently being achieved in any significant way. These include a lack of obvious product to invest in, a lack of clear metrics on which to base financial returns, and a lack of confidence and understanding about the risks involved.

76. Additionally, the political cycle makes it harder to design a mechanism that will produce returns over the longer period required for Early Intervention policies to take effect. To be effective, financial instruments must protect their investors' money over a long period from the instability of central and local government accounting arrangements, subject as they are to changes in political priorities.

77. As such, external investment has largely been limited to ad hoc donations rather than larger-scale sustainable investments. This will be considered in full in the next part of the Report, including consideration of the different types of mechanisms that could be attractive to investors.

78. Politicians and other policy makers will want proof that their investment has generated the savings to budgets. Some areas have started to deal with this problem, for example Birmingham where the results of rigorous evaluations are tied to models that allow purchasing agencies to realise economic benefits, and similarly in Peterborough, where social investment bonds are being piloted. But more options are needed to reap fully the benefits of Early Intervention for children's

well-being and for society generally. We need, too, to find more ways for departments and agencies to pool their budgets and share the returns on these programmes.

79. There are also financial disincentives for voluntary sector providers. Evidence-based Early Intervention policies and programmes, such as those described in the next chapter, take many years to develop, often more than 10 years and sometimes as many as 20. There is no obvious incentive for a voluntary organisation to spend significant periods of time and resources developing a proven model by properly understanding the causes of impairments to children's health and development, rigorously evaluating their practice and establishing procedures to ensure it can be provided consistently at scale, when central and local government will readily commission services and products that do not meet any of these standards.

80. Too few innovative programmes are in a position where they can be applied more widely. Many programmes start on a relatively small scale, often on a trial basis, with well-trained staff who understand the programme and the theory that underpins it. Providing such programmes on a larger scale is more difficult. More staff are needed and they can need high levels of training and motivation to keep the programme running with fidelity. Venture philanthropists could do more to help small programmes become better suited to wider adoption.

### Choosing the right programme

81. Many examples of attempted early interventions were submitted to my review. We set standards of evidence to decide which to recommend for future investment.

82. The general absence of robust evaluation and comparative data has greatly handicapped the progress of evidence-based Early Intervention in the UK. Without robust information with which to make comparisons, budget holders and potential investors face the problems of equivalence and accountability for outcomes.

83. The problem of equivalence refers to the way in which commissioners of Early Intervention services must choose from ill-matched options.

For example, in the last decade a host of parenting programmes have emerged in the UK, but the National Academy of Parenting Practitioners – which closed in April this year – has accredited just 18<sup>17</sup> with far fewer meeting the more exacting standards applied by this review. Without clear standards of evidence, purchasers of children's services have no clear way of making the right decision, which means that he who shouts loudest frequently gets the most attention.

### Finding out about what works

84. Another obstacle standing in the way of those who want to implement Early Interventions which are both cost-effective and based on evidence, is the limited adoption by policy makers of knowledge about 'what works'. There are now over 20 online sources of information about effective policy and practice for children in the areas of health, education, social care and youth justice (see Annex E). There are also two internationally recognised repositories that bring together systematic reviews of evidence (the Cochrane Collaboration for healthcare and the Campbell Collaboration for education, crime and justice, and social welfare). The Annie E Casey Foundation and the Social Development Research Group in the US have collaborated with the Social Research Unit in the UK to bring these sources together in a single accessible database for policy makers and practitioners, to be available from summer 2011.

85. Each of the above sources applies clear standards of evidence but are little known to commissioners of children's services in central or local government in the UK. When major policy decisions are based on evidence, these are often restricted to departmental silos. For example, there is extensive use of information from the Cochrane Collaboration by health commissioners and practitioners but there is little use of similar sources to look into other aspects of children's development.

86. Executives who make major investment decisions on human development have limited access to reliable information about effective Early Intervention, but the situation is much worse for practitioners. It is rare for university training programmes to include modules about

understanding standards of evidence and working out differences between effective and ineffective interventions. This gap is seldom rectified in the workplace. Professional magazines do not cover the literature about evidence, and it is given scant regard in many academic journals.

### The tension between proof and innovation

87. Running through this lack of attention to information about effective policy and practice is a tension between using proven models and the need to nurture innovation, especially at the local level. There is a strong history of inventiveness in services for children in the UK. Many of the staples of today's provision – for example, foster and residential care for highly disadvantaged children – were originated and developed by strong partnerships between the voluntary and statutory sectors. In the previous administration, several hundred pilots aimed at improving child well-being were sponsored by the then Department for Children, Schools and Families alone. The Centre for Excellence in Outcomes has specialised in cataloguing this innovation around the country and identifying practice that has the greatest potential to improve children's well-being.

88. However, very little UK innovation is subjected to high-quality evaluation or is prepared in such a way that it can be consistently provided in several places around the country to make such evaluation possible. Most of the policies and programmes that meet this test are international, with the majority from the US, Scandinavia and Australasia. That often raises an obvious question for purchasers of children's services and practitioners: 'Why would we use something that has been shown to work in Utah when we can invent something that suits our local needs?'

### Implementation

89. A further barrier to improving Early Intervention in a cost-effective way is variable and often poor implementation. There is now a strong body of evidence demonstrating that programmes provided with low fidelity to the design of their originators generally fail to achieve their intended results. As will be seen in the following chapter, at least a dozen internationally recognised Early Intervention programmes have now been tried in

the UK but hardly any have been provided to the standards required by the programme developer. The competing demands on providers have led to cuts in the essential components of these programmes, particularly reducing the training requirements or not checking that practitioners have the required skills.

90. Such behaviour is partly explained by the low volume of technical support available from those in the UK who develop programmes or by a shortage of specialists to advise children's services on how to get the most from the proven models they use.

91. However, there are examples of evidence-based Early Intervention programmes being provided with fidelity in the UK. There are now more than 6,000 FNPs in England and the number is expected to reach 7,000 by April 2011. This has been helped by the quality and coherence of the programme (its materials and training programme), the licensing requirements, the commitment of local organisations and family nurses and the leadership and support of the implementation team at the Department of Health. Judy Hutchings at the University of Bangor has introduced the Incredible Years parenting programme into Welsh early years services, again with personal determination and the close support of the programme developer. Birmingham has managed the strong implementation of FNP, Incredible Years, PATHS and Triple P. This is partly due to the significant financial incentives built into the Brighter Futures programme (all savings are reinvested in Early Intervention) and partly due to the technical support Birmingham received from external providers.

92. The success of these initiatives has been largely obscured by the existence of many far less successful programmes, some supported by significant central and local government funds, that have taken and badly reassembled components from several evidence-based Early Intervention programmes or that have required no checks on the quality of their implementation.

### Rigorous innovation and evaluation

93. A final barrier to the routine use of high-quality Early Intervention has been the lack of investment in Early Intervention and prevention science in the UK. It is no accident that the majority of proven models have emerged from the US where the investment in primary research and applied sciences is far greater than in the UK. There are significant financial incentives for US scientists to seek a career developing and proving ideas to improve the lives of children and other family members. The major science funders, such as the National Institute for Health, federal government departments, such as the Department of Education, and state governments, routinely invest in experiments where the implementation is extensive. Even highly political initiatives, such as encouraging sexual abstinence in adolescence or moving families from low-income to medium-income neighbourhoods, are routinely and rigorously evaluated. No such initiatives exist in the UK. The chasm between the academic and the practitioner must be bridged so that science can provide answers for Early Intervention.

94. A significant opportunity exists here. Most UK innovation starts and ends within the health, education, social care and youth justice systems that have the resources to provide services. But, as has been shown, these ideas typically lack rigorous evaluation and implementation checks. Most US innovation starts, and too much of it ends, outside the large-scale systems that can sustain the proven results at scale, also resulting in lower than anticipated levels of impact. The UK has an exceptional opportunity to provide existing and develop new evidence-based Early Intervention programmes within mainstream children's services and so reap the full potential of improvements in methodology.

95. Given the barriers to expansion, in terms of accounting, staffing and management, we need to ensure that programme and system managers have access to advice and the funding to redesign systems for expanding operations from the public or business sector where relevant. It is possible that this sort of advice could be provided by, or secured through, the Early Intervention Foundation.

96. There is now strong and improving evidence that certain programmes provide positive outcomes for children, young people, families and communities. But too many agencies and professionals are not aware of this evidence or do not use it.

## Conclusion

97. I have made a number of specific suggestions, building on existing commitments to Early Intervention, which different bodies can take forward. But we also need increase the scale of Early Intervention so that it is available across the UK. This means ensuring that we know and use the best programmes, that we have a real focus on a small number of local areas to increase the reach of the strategy, and that we create an independent institution to help central and local government take it to the next level.

98. The following three chapters of this Report build on some of the themes that have emerged from this chapter:

- Chapter 6 covers the best programmes available now, to guide the choice of commissioners and help them achieve best value for money;
- Chapter 7 focuses on engaging those local areas which will become Early Intervention Places, and help them to lead by example; and
- Chapter 8 focuses on the institutional arrangements needed to create a significant change in the provision of Early Intervention, and to make evaluation, dissemination and sustainable financing a reality.

### Box 5.1: Early Intervention in Manchester

Manchester local authority and its partners have a strong prevention and early intervention strategy, which includes a focus on investment in prevention and early intervention in the following areas:

- A core universal offer of highly evidence-based interventions that have been subjected to longitudinal outcome evaluation and randomised control trials has been selected to work with parents and children from birth to 5 years.
- Manchester has endeavoured to create a single care pathway for parents and children from pregnancy onwards, to ensure that families do not slip through the net.
- It has established an assertive outreach model to complement the suite of evidence-based parenting programmes and family support models, to ensure that there is better engagement with potentially vulnerable families.
- Critically, Manchester ensures that practitioners delivering evidence-based interventions follow treatment and programme model fidelity of the interventions, with strict evaluation and clinical supervision in place. Any deviation from the original intervention model would jeopardise any outcome impact and financial assumptions about savings that can be made by using these interventions.
- It uses evidence-based approaches to identify and develop the most effective interventions to support children and young people in developing the personal skills and emotional intelligence needed to thrive in all circumstances.
- There is a Learning Transformation Programme to ensure that all learning settings provide a broad educational experience which meets the needs of children and young people in Manchester.

The strategy builds on some long-standing Early Intervention initiatives, such as the Children and Parents Service (CAPS).

- CAPS is a multi-agency partnership between local health services, Early Years and Play, and Family Action (formerly the Family Welfare Association).
- CAPS is jointly commissioned by CAMHS, Sure Start, Extended Schools, Pathfinder (Department for Education), the Think Family Grant and the Area Based Grant.
- Partnership working has led to the successful provision of delivery plans, including core offer requirements on parenting support, and is in line with Manchester's parenting strategy and Think Family strategy.
- CAPS is committed to the delivery of evidence-based early interventions and has an excellent track record for evidencing its effectiveness in improving child outcomes.

## Notes

- 1 Field F (2010) *The Foundation Years: Preventing Poor Children Becoming Poor Adults*. The report of the Independent Review on Poverty and Life Chances. London: HM Government.
- 2 HM Government (2010) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*.
- 3 [www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/maternityservices.cfm](http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/maternityservices.cfm)
- 4 Department of Health (2010) *Liberating the NHS: Legislative Framework and Next Steps*.
- 5 La Valle I, Clery E and Huerta MC (2008) *Maternity Rights and Mothers' Employment Decisions*. Department for Work and Pensions Research Report 496.
- 6 Aos S, Lieb R, Mayfield J, Miller M and Pennucci A (2004) *Benefits and Costs of Prevention and Early Intervention Programs for Youth*. Document No. 04-07-3901. Olympia, WA: Washington State Institute for Public Policy; Karoly LA, Kilburn MR and Cannon JS (2005) *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND Corporation.
- 7 Barnes J, Ball M, Meadows P, McLeish J, Belsky J and the FNP Implementation Research Team (2008) *Nurse-Family Partnership: First Year Pilot Sites Implementation in England. Pregnancy and the Post-partum Period*. Research Report DCSF-RW051. London: DCSF; Barnes J, Ball M, Meadows P, Belsky J and the FNP Implementation Research Team (2009) *Nurse-Family Partnership Programme: Second Year Pilot Sites Implementation in England. The Infancy Period*. Research Report DCSF-RR166. London: DCSF; Barnes J (2010) *The Family-Nurse Partnership Programme in England: Wave 1 Implementation in Toddlerhood and a Comparison between Waves 1 and 2a – Implementation in Pregnancy and Infancy*.
- 8 [www.triplep.net](http://www.triplep.net); [www.incredibleyears.com](http://www.incredibleyears.com)
- 9 [www.education.gov.uk/inthenews/inthenews/a0070450/written-ministerial-statement-by-the-secretary-of-state-for-education-on-schools-financial-settlement-education-spending](http://www.education.gov.uk/inthenews/inthenews/a0070450/written-ministerial-statement-by-the-secretary-of-state-for-education-on-schools-financial-settlement-education-spending)
- 10 Department for Education (2010) *Business Plan*. The evidence pack is available at: <http://media.education.gov.uk/assets/files/pdf/e/early%20years%20evidence%20pack.pdf>
- 11 Field F (2010) *The Foundation Years: Preventing Poor Children Becoming Poor Adults*. The report of the Independent Review on Poverty and Life Chances. London: HM Government.
- 12 Field F (2010) *The Foundation Years: Preventing Poor Children Becoming Poor Adults*. The report of the Independent Review on Poverty and Life Chances. London: HM Government.
- 13 Department of Health (2010) *Healthy Lives, Healthy People: Transparency in Outcomes – Proposals for a Public Health Outcomes Framework*. A Consultation Document.
- 14 Sylva K, Melhuish E, Sammons P, Siraj-Blatchford I and Taggart B (2004) *The Effective Provision of Pre-school Education (EPPE) Project: Final Report. Findings from Pre-School to the End of Key Stage 1*. London: Department for Education and Skills.
- 15 Sylva K, Melhuish E, Sammons P, Siraj-Blatchford I and Taggart B (2004) *The Effective Provision of Pre-school Education (EPPE) Project: Final Report*. A longitudinal study funded by the Department for Education and Skills, 1997–2004.
- 16 Sylva K, Melhuish E, Sammons P, Siraj-Blatchford I and Taggart B (2004) *The Effective Provision of Pre-school Education (EPPE) Project: Final Report. Findings from Pre-School to the End of Key Stage 1*. London: Department for Education and Skills.
- 17 Scott S (2010) Making Early Intervention Work. Evidence submission to the Allen review, 25 October.





## Chapter 6

# The programmes: a new methodology, robust evidence and backing what works

### Introduction: a new rigour

1. One of my primary recommendations is that a greater proportion of any new public and private expenditure be spent on proven Early Intervention policies.

2. I emphasise the word 'new,' because I want no one reading this Report to fear for the future of existing schemes. My proposal is that any new extra funding should be used to expand programmes that have been proven to work. In this chapter I suggest which Early Intervention policies, programmes and practices should have the first claim on such funding.

3. I asked my review team to identify the most promising Early Interventions that could be applied in the UK. Consistent with definitions in earlier chapters, they looked for interventions that could be applied before the development of impairment to a child's well-being or at an early stage of its onset, interventions which either pre-empt the problem or tackle it before it becomes entrenched and resistant to change. In examining the evidence, the review team took into account my conclusion that the most effective Early Intervention occurs early in a child's life, but that there are also several opportunities to continue social and emotional development or to intervene early in primary and secondary school, and even in the years leading up to adulthood.

4. So in examining the evidence, the review team was mindful of the benefits of this developmental perspective. They divided their work into Early Intervention that could be applied to all children and that which targeted specific groups or problems. These two sections are further divided

by age 0–5, 5–11 and 11–18. I have sub-divided this section in this way because of a strong belief in 'prior attainment', ie preparation for the next stage. Rather than blaming teachers and others for some failure or other we need to ensure that responsibility is taken upstream, so that measures are in place before the problem arises, not after. This is classic Early Intervention action. I define the stages as follows:

- **0–5: Readiness for primary school.** This concept is similar to the 'foundation stage', which we strongly support, in the Rt Hon Frank Field's recent review of poverty.<sup>1</sup> By intervening early, during the time from conception to the age of 5, we make children ready to meet all the challenges and use all the opportunities for development when they enter primary school.
- **5–11: Readiness for secondary school.** We continue the social and emotional development already well-established by activity and intervening early during the primary school years.
- **11–18: Readiness for life.** We continue to develop the child and young person's social and emotional skills into the teenage years and where necessary intervening before problems get entrenched. In many places, such as my constituency where 16 is the standard school leaving age, special outreach provision will be needed. We make children ready to take responsibility and achieve in adult life, especially if they become parents.

5. This framework structures the findings presented in this chapter:

6. As I have made clear in previous chapters, UK children are behind their peers in other advanced nations in many established measures of child development. I asked my team to focus on Early Intervention proposals to reduce the risk of social and emotional difficulty, because progress in these areas provides the foundation for progress in most other aspects of life.

7. I started with the ambition that for all children and for targeted groups we should have at least one programme that we felt was proven for every age group.

8. An immediate problem for the team responding to my request was the fact that there have been thousands of responses to the problems. All are well-meaning, but too many have been reactive, waiting until problems are visible to hard-pressed child protection, child welfare or juvenile justice systems. Too few of the Early Intervention programmes currently being tried in the UK have been rigorously evaluated, making it difficult for the public sector and impossible for the private sector to invest with any confidence.

9. In order to sift through the mountain of evidence on Early Intervention, I asked my review team to devise clear standards of evidence against which each potential policy, programme or practice could be assessed. I wanted to arrive at a situation where it was clear how the assessment was made, and for readers to be able to apply the criteria themselves and come to similar conclusions.

10. The selected standards, described below and in more detail in Annex C, were then applied to the many thousands of examples of Early Intervention that exist internationally. The result was a list of Early Intervention programmes endorsed by many experts from around the world as reliable ways to provide the social and emotional bedrock for children that I seek. I stress once again that this is a work in progress: the list is not final, and other programmes can become included in the 'most proven' category if they meet the criteria.

11. Once these evidence-based Early Intervention programmes had been selected, I asked the team to gather available information on costs and benefits, to help potential investors make sensible decisions when building an Early Intervention portfolio.

12. This chapter describes the standards used to select evidence-based Early Intervention programmes. I then describe, at each developmental stage, the kinds of Early Intervention that will begin to improve the well-being of UK children. I recognise that it will not be enough to list those proven approaches that currently make the grade, and in the concluding section I suggest how these approaches can be enhanced.

### Standards of evidence

13. The review team began with standards of evidence prepared for the Greater London Authority by the Social Research Unit (SRU) at Dartington. In order to get more expert contributions, the SRU further developed the standards with the help of leading experts in the field of Early Intervention at the Annie E. Casey Foundation, the Social Development Research Group at the University of Washington, the Blueprints for Violence Prevention Group at the University of Colorado, Johns Hopkins University and Child Trends (all in the US), as well as the Institute for Effective Education at the University of York in the UK.

14. The same group of experts, including Delbert Elliott, David Hawkins, Kristin Moore and Bob Slavin and their staff, were then involved in coding each potential programme against the standards.

15. Programmes were selected using these standards.

16. The standards have four dimensions:

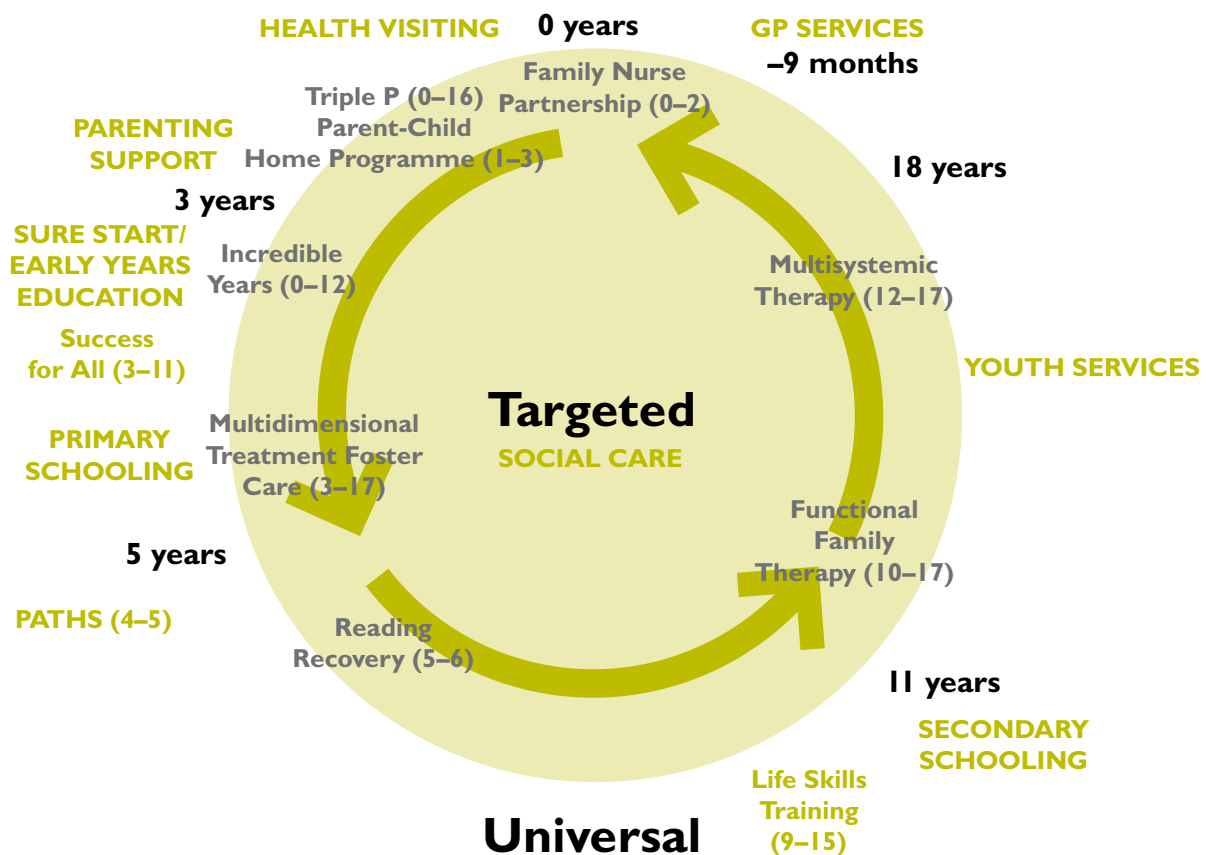
- **Evaluation quality** – favouring those Early Interventions that have been evaluated to a very high standard using the most robust evaluation methods, such as randomised controlled trials or quasi-experimental techniques, and ideally summarised in systematic reviews.
- **Impact** – favouring those Early Interventions that have a positive impact on children’s health and development and particularly their social and emotional competences.
- **Intervention specificity** – favouring those Early Interventions that are clear about what they are intending to achieve, for whom, why, how and where. Much of the evaluation literature has shown clarity on this dimension to be a key characteristic of successful interventions. It is also an essential ingredient to the economic appraisal of programmes.

- **System readiness** – favouring those Early Interventions that can be effectively integrated in the wider public service infrastructure and are supported by a strategy for ensuring that potential economic benefits can be realised.

17. Further explanation of the process taken to select our list, and a list of the programmes selected, are included in Annex B.

18. The figure below shows how some of the most robustly assessed interventions map across age ranges, target groups and types of provision. This does not purport to show a holistic system of early interventions, but demonstrates many interventions with proven impact are available, and in many cases have already been woven into the public service infrastructure of the UK.

Figure 6.1: Effective intervention examples by age



19. Given the right pathway, many excellent current UK programmes could swiftly meet these criteria and become part of the highest 'proven' group.

### Evidence-based Early Intervention programmes

20. Having set out how I selected evidence-based Early Intervention programmes, I can now give public and private investors examples of those that can provide the social and emotional bedrock that children need to become productive citizens. These programmes have great potential to produce future savings in public expenditure, and additional future public revenues, which could be used to guarantee a healthy return on investment. Some examples of the returns some of our proven interventions are estimated to achieve, and assessments of cost-effectiveness, are included in Annex D.

21. I have divided these examples into two sets. The first set represents Early Intervention for all children: policies and programmes that seek to improve outcomes for the entire child population. Many of the examples given can be thought of as a public health approach providing children with the equivalent of a social and emotional inoculation through programmes familiar in the UK such as the Social and Emotional Aspect of Learning (SEAL), Promoting Alternative Thinking Strategies (PATHS), personal, social, health and economic (PSHE) education and 11–16 Life Skills.

22. The second set represents targeted Early Intervention for children in need, as defined in the Children Act 1989, whose health and development are impaired or likely to become impaired without additional support. I view this as essential in breaking the cycle of deprivation that is holding back children in the most deprived communities. Targeted evidence-based Early Intervention at all stages of a child's development, but especially during the first three years of life, will help 0–18s to become the good parents of tomorrow.

23. We understand that more work is required on the methodology. We particularly recognise its weaknesses regarding the early years programmes. This is because there are fewer identified programmes in this critical conception to age 5

group than there are school-age programmes. That is, in part, a reflection of the difficulty of evaluating early years programmes which have multiple beneficiaries over long timespans. We need to look again at how any methodology makes its assessment so that we do not write off or miss out on outstanding early years programmes, particularly those that address critical ante- and perinatal issues, such as Fetal Alcohol Spectrum Disorder, domestic violence in pregnancy, postnatal depression, breastfeeding, secure attachment, parental sensitivity and attunement, where we currently have a lack of provision. That work will then go forward into the Early Intervention Foundation ready for early recommendation as effective interventions.

### Evidence-based interventions for all children

24. Most children develop excellent social and emotional capabilities through the families which nurture them. Some do not and this is more (but not exclusively) likely to happen to children in low-income households with only one permanent caregiver. These children, and their caregivers, need help at the right time. Early Intervention offers the hope of social and emotional stability for every child, even in difficult circumstances.

25. The review team's examination of the evidence revealed a class of public health Early Intervention programmes that produce improvements in the social and emotional well-being of all children. An important factor in the success of these programmes is the way in which children in a group try to be like one another in attitudes and behaviour. This means that as the well-being of the average child improves, so does the well-being of those with impairments. These programmes are provided in the community or in schools. Because they apply to every child they do not carry any of the stigmas sometimes associated with interventions that pull out children for special help.

### 0–5: Readiness for school: programmes provided from conception to entry to primary school

26. A strong evidence base assembled over many years shows how Early Intervention can better support children from conception to school. Pre-school teaching for children of 2, 3 and 4 years of

age has already been highlighted in this area. There is also good evidence that Sure Start children's centres contribute to improvements in child well-being in the early years in the communities in which they are provided.<sup>2</sup>

27. The Welsh Assembly and Birmingham City Council have demonstrated how children's centres are a valuable neutral context in which to offer advice or evidence-based programmes on parenting or relationships.

28. It is known that the availability of free or low-cost quality childcare that allows parents to go to work, thus increasing household income, also makes a difference. For example, the Effective Provision of Pre-school Education<sup>3</sup> study found benefits of high-quality pre-schooling for children's intellectual, social and behavioural development at school entry, at the end of Key Stage 1 (age 7) and at Key Stage 2 (age 11).

29. The evidence on cost–benefit for this kind of provision is mixed. There is significant capital outlay to provide Sure Start-type provision and to find and train staff to work within such services. When children's centres are initially being set up the costs are greater than the short-term benefits. However, once the initial outlay is discounted – there is now a children's centre for every community in England, as there are secondary schools – the challenge becomes how to reap the greatest benefit to children and from additional investments from the existing resource. For example, the Welsh Assembly Government has embedded the Incredible Years parenting programme into every children's centre. This additional programme targets children showing the early signs of conduct disorder and produces strong returns on investment.

30. Reliable cost–benefit information on Incredible Years in children's centres in the UK is being collected by the University of Bangor for Wales and the SRU for Birmingham.<sup>4</sup>

31. From the information available at this stage of my review, I can say that providing Incredible Years to the 150 or so 3-year-olds at risk of a conduct disorder in a London borough with a child population of 35,000 would cost roughly £780,000 per year. As most experts appreciate, most of

those 150 children at risk of a conduct disorder in their third year of life will, throughout childhood, be calling on child protection, special education, foster care and youth justice provisions. The figure of £780,000 is equivalent to the cost of later taking about 20 children into foster care for one year. Put another way, if Incredible Years ensures that 21 of the 150 children do not require foster care it pays for itself, before one takes account of any other improved outcomes.

### *5–11: Readiness for secondary school: programmes provided in the primary school years*

32. Early Intervention continues to be effective through the primary school years. There are many programmes that respond to early signs of failure in reading and writing skills, some of which are reviewed below. Another class of Early Intervention programme, generally but not exclusively provided in school, targets children's social and emotional regulation.

33. As explained in Chapter 2, the infant brain learns to regulate emotions and behaviour in the context of threat, disappointment and general discomfort. Put simply, when a child cannot understand a school problem or is pushed by a fellow pupil in the playground their brain must process the challenge and decide how to react. When regulation is poor the response tends to be counter-productive, for example giving up on the school problem or hitting out at the pupil in the playground. When regulation is strong, better emotional and behavioural reactions follow.

34. A class of social and emotional regulation programmes, summarised on the Collaborative for Academic, Social and Emotional Learning website, exposes children to a series of routines that improve the brain's regulation of emotions.<sup>5</sup> Put plainly, these routines gradually increase the milliseconds between stimulus and reaction, meaning that children have more time to think of an appropriate response.

35. Joseph Durlak and colleagues at Loyola University of Chicago systematically reviewed the evidence from more than 500 rigorous evaluations of social and emotional regulation programmes involving more than 200,000 primary school children.<sup>6</sup> They found significant effects on

children's emotions and ordinary behaviours such as lying, stealing, cheating and not paying attention. Although most social and emotional regulation programmes do not target academic performance, on average they produce improvements in reading and writing equivalent to taking a class from the 50th percentile to the 61st percentile. Happier, better-behaved children learn more.

36. The experience of implementing social and emotional regulation programmes in the UK has been mixed. There are good examples in Northern Ireland, Birmingham and Norfolk of implementing PATHS with fidelity. PATHS is a curriculum, supported by schoolwide activities, that is provided in one hour's worth of lessons each week. Early results from experimental evaluations of these programmes are promising, and information about the cost–benefit will come from the Birmingham trial.

37. The SEAL programme is an amalgam of several evidence-based approaches provided nationwide. The variable provision of SEAL possibly accounts for the less optimistic findings reported by Neil Humphrey, Ann Lendrum and Michael Wigelsworth at the University of Manchester.<sup>7</sup> Nonetheless, the SEAL initiative has given schools permission to invest in evidence-based social and emotional programmes, and early results from Northern Ireland and Birmingham are promising. If SEAL meets the criteria above there is no reason it cannot be one of the proven programmes.

38. The rigorous evaluation of PATHS in Birmingham was in the process of being reported as the first stage of my Report went to press. The early results demonstrate significant reductions in conduct disorders consistent with the Durlak research quoted above. If this evidence-based Early Intervention programme were provided to every child aged 5 to 7 in primary schools in a northern city with a child population of 160,000, the cost would be about £800,000 a year, the equivalent of taking about 22 children into foster care for one year. In the second part of my Report I will be able to offer sophisticated cost–benefit analyses on programmes such as PATHS. However, if the results of Joseph Durlak and Birmingham can be replicated, I find it inconceivable that this

Early Intervention would fail to keep fewer than 22 children out of state care. Again, this takes no account of other improved outcomes which would reduce the need for high-cost reactive provision.

### *11–18: Readiness for life: programmes provided in the secondary school years*

39. The review led me to understand that the social and emotional foundations built in babies, pre-school children and at primary level should be reinforced during the secondary school years. There are evidence-based Early Intervention programmes for adolescents, helping them to make and sustain relationships and to make sensible decisions about their future lives. Evidence-based programmes in this category typically take the form of additions or amendments to school curricula. These can last from a few weeks to several years, and are sometimes supplemented by activities for parents and changes to the school environment. All target known risk factors which strongly feature in UK society.

40. Age-appropriate social and emotional skills help young people to make good choices in life. They may teach young people what it means to make and sustain relationships and to have a baby. The right assertiveness skills can help them to resist pressure from others of their own age and fashionable influences and so not to behave stupidly and destructively. They can also build adolescents' self-confidence and help them to manage their emotions positively, because individuals often act up when they are unhappy or confused.

41. Other current approaches are based on providing reliable information about, for example, the consequences of drug misuse or risk of infection for sexually transmitted infections, with the aim of curbing favourable or careless attitudes towards risky behaviours. Changing beliefs about what is considered acceptable or normal behaviour is another approach that is particularly powerful in adolescence: it is easier to say 'no' to doing something if you do not believe that your peers are doing it. Lastly, many programmes place a strong emphasis on building communication skills, so that young people can express how they are feeling and not become estranged from potential

prosocial figures in their lives, especially their parents.<sup>8</sup>

42. Unfortunately, there has been a tendency for UK schools to develop their own substance misuse and life skills programmes rather than use proven models such as Life Skills Training (LST), which are known to improve outcomes for children.

43. LST is currently provided to about 20 per cent of adolescents in schools in the US. It prevents the initiation of tobacco, alcohol and marijuana use, and other gateway drugs, during adolescence. The curriculum comprises 30 lessons provided by classroom teachers in schools over a three-year period. The classes reduce individual vulnerability and foster resistance to the social influences such as media, family and friends known to contribute to the use of gateway drugs.

44. Accordingly, LST helps young people to develop self-management skills, including decision making and coping with anxiety, and social skills, including communication. Several rigorous evaluations have shown that LST cuts tobacco, alcohol and marijuana use by between 50 and 75 per cent.<sup>9</sup> Results are sustained for about six years, meaning that there is also decreased use of inhalants, narcotics and hallucinogens that are more common in late adolescence. The cost of providing LST to every child aged 11 to 13 in a large county with 200,000 children would be less than £2 million a year.

45. Steve Aos from the Washington State Institute for Public Policy reliably informs me that £1 spent on LST will generate more than £25 of savings. His work with the SRU at Dartington and UK local authorities will validate this figure by the time the second part of my Report is complete. But even on extremely conservative and restrictive assumptions, which reduce Steve Aos's figure by a factor of four, LST in a large county would still generate savings to education, social care and youth justice agencies of about £8 million a year.

### Targeted Early Interventions

46. Early Intervention also works by targeting children showing early signs of impairments to health and development, including mental health disorders. Typically, these programmes use a measurement instrument to screen families

who may be having difficulty. For example, the Incredible Years programme in Birmingham children's centres is provided to mothers of children aged 3 and 4 who score highly on a 25-item measure developed in the UK called the Strengths and Difficulties Questionnaire. This rapid reporting by mothers reliably picks out children who are showing early signs of a conduct disorder, significant emotional problems or hyperactivity.

47. Using scientifically validated tools allows practitioners to approach families and offer them the help they need before their problems get out of hand. It stands in contrast to waiting for problems to accumulate until families knock on the door of hard-pressed local services, which generally find that problems are deep rooted and can only be expensively mitigated and managed rather than resolved.

48. Early Intervention can be targeted at just about every problem that now requires a response from modern health, policing and children's services agencies: behavioural and emotional problems, failure to perform well in school, poor parenting (including child protection challenges and major dysfunction in relationships) and antisocial behaviour (including crime). It is worth repeating that breaking the cycle of dysfunctional behaviour not only helps the individual child but also stops the replication of dysfunction in succeeding generations.

### 0–5: *Readiness for school*: programmes provided from conception to primary school entry

49. Targeted Early Intervention in the early years tends to mix a focus on deep structures in parent-child relationships, such as attachment and coercive parenting, with attention to practical problems of income or support with reading and writing. The importance of attachment has been stressed in earlier chapters. The bonding of an infant to their mother and other family members provides the security to meet the challenges throughout childhood and into adulthood. Early Intervention programmes such as the Family Nurse Partnership (FNP) build attachment. Coercive parenting refers to the process whereby parents give as much or more attention to their child's negative behaviour as they do to their child's positive behaviour.

Such attention, much sought after by all children, especially in infancy, has the opposite effect from that sought by the parent, because it rewards poor behaviour. Several Early Intervention programmes such as Incredible Years teach parents how to avoid coercive parenting and reward positive behaviour instead.

50. Programmes such as Parent-Child Home align these ideas with help for parents to get their children ready for school. The programme uses trained para-professionals to work with families who have not had access to educational and economic opportunities. The para-professionals stress the importance of parent-child interaction and verbal stimulation of the infant brain. Like many targeted evidence-based programmes, Parent-Child Home stresses the value of 'modelling' – demonstrating to parents how to play with their child and enjoy their development – rather than teaching skills in class.

51. One of the leading evidence-based Early Intervention programmes in the world is the Nurse Family Partnership, provided in the UK as the FNP. This programme focuses on first-time vulnerable (often teenage) mothers. A trained health visitor is given additional skills in order to provide expectant mothers with the deep support to form strong attachments with their child and to avoid damaging parenting techniques. The intervention also provides practical support, getting mothers back into work and giving them the insight and the skills to delay subsequent pregnancies. This increases household income and boosts parental aspirations.

52. During the preparation of the Report, the Government announced that the FNP would be expanded from 6,000 vulnerable mothers to more than 13,000, a development I wholeheartedly welcome.

53. I repeat from Chapter 5 my recommendation that this programme should be offered to **all** the parents meeting the criteria used by the FNP – approximately 30,000 a year. My confidence in this assertion is backed by personal discussions with the founder of the FNP, Professor David Olds. I am also convinced by the quality of the evidence base, including the largest worldwide trial currently under way in the UK; by the significant economic

benefits reported by the Washington State Institute for Public Policy; and by the fact that the benefits are felt at different developmental stages. In the early years, they appear as better mother-child relationships; in the primary school years as better school performance; in secondary school as reduced antisocial behaviour and better emotional health; and in adulthood as reduced likelihood of teenage pregnancy in the next generation.

#### *5-11: Readiness for secondary school: programmes provided in the primary school years*

54. Running across the categories of Early Intervention described in this chapter are programmes that target children who are showing, or are likely to show, the first signs of struggling with school-related tasks, especially core challenges with reading and writing. All too frequently the field of education has been stuck between contrasting ideological standpoints, masking the availability of evidence-based approaches to tackle basic problems faced by a minority of school children.

55. I believe that given the right assistance several excellent UK programmes could meet our criteria to be 'proven'. The most pervasive programme, still little taken up in the UK, is Success for All, developed at Johns Hopkins University in the US and supported by the Institute of Effective Education at the University of York.<sup>10</sup> Success for All starts from the premise that, in the absence of an organic disability, every child should be able to read. The programme screens out primary school pupils who are struggling readers and facilitates a range of interventions that prevent the student giving up on basic English skills. (The programme has been adapted for pre-school settings also.) The intensity of the intervention is gauged to ensure that all participants quickly rise to a level at which they can benefit from ordinary high-quality classroom instruction.

56. Results from a series of high-quality evaluations show that, compared with control groups, Success for All schools have higher achievement, with better reading achievement (including among English language learners) and fewer students assigned to special education or having to repeat grades.<sup>11</sup> In a series of studies

involving more than 6,000 students over 10 years, students in Success for All schools were on average a full grade level ahead of those in similar control schools by fifth grade (end of primary school), a difference that was maintained into early adolescence even though the intervention was finished.<sup>12</sup>

### *11–18: Readiness for life: programmes provided in the secondary school years*

57. In recent years, a range of Early Intervention programmes, for which there is evidence of efficacy, has emerged as a genuine alternative to unproven and potentially damaging traditional responses to adolescent difficulty, such as taking children into foster or residential care. Behaviour modification techniques that reward desisting from bad conduct and the display of good actions are usually at the core of these interventions. However, the huge physical and developmental transitions of adolescence generally require much attention to relationships alongside practical support to keep the young person in question engaged in ordinary life, going to school, engaged in other activities and beginning to think about work and further education. Effective interventions usually target parents as well as children.

58. Screening for Early Intervention in adolescence generally picks out young people with significant problems. Some evidence-based programmes in this category, such as Multidimensional Treatment Foster Care, currently being trialled in the UK, involve placement away from home for short periods.

59. Functional Family Therapy (FFT), currently being trialled in Brighton, focuses on young people aged 11–18 years who display the early symptoms of repeated criminal behaviour, including violence. The programme is rooted in evidence that family conflict, poor family management practices, academic failure and parental drug use and crime are among the risk factors that produce antisocial behaviour. FFT builds protective factors such as parent–child bonding, positive communication and skills to resist antisocial influences. As its name suggests, FFT is aimed at parents as well as their adolescent children. A qualified social worker

is given further training to provide 30 hours of treatment involving both parents and the young person, with a focus on re-framing relationship difficulties – stopping blaming interactions, among other elements, that are driving the child's antisocial behaviour. This highly structured and closely supervised training is supplemented by other support, such as job training and help with learning difficulties.

60. Multiple evaluations have shown that FFT, provided with fidelity, reduces criminal recidivism, out-of-home placement or referral of other adolescents in the family for extra help from children's services by between 25 per cent and 55 per cent.<sup>13</sup> The programme is also proven to prevent adolescents with behaviour or drug use disorders from entering more restrictive and higher-cost services.

61. A typical London borough with 35,000 children might expect to have 500 children in foster care, mostly adolescents. The cost of these foster placements will be about £18 million a year. Providing FFT as an alternative to foster care for 100 of these children would cost about £200,000, an annual saving of about £3.5 million. The economic benefits of foster care are not reported. But I am confident from the information already at hand<sup>14</sup> that each 100 FFT places would generate savings to the Exchequer of about £425,000, and Steve Aos at the Washington State Institute for Public Policy would calculate nearer £1.5 million.

62. I realise that in a series of examples I have suggested that programmes can save money by reducing the need for foster care. I do not wish to disparage foster care, still less the foster parents who are providing an essential service for society. But the fact remains that fostering is an expensive option and it is also true that many fostering services, whether local authority, independent or voluntary, are now under great pressure. It makes every kind of financial and social sense to reduce the number of children in need of foster care.

### How I envisage this list of programmes being used

63. This list of programmes has been assembled quickly. It is the product of the work by some of the world's leading experts in Early Intervention and evidence-based programmes. But I do not see it as the last word. On the contrary, I see it as the first word.

64. There is sufficient evidence here for communities and local authorities that wish to begin the process of improving Early Intervention, particularly the places that I describe in more depth in the next chapter, to begin to select and implement programmes from the list. But I also wish the list to be developed in several ways. In Chapter 9, I recommend the establishment of an independent Early Intervention Foundation. I see the Foundation taking a lead role in the following proposed developments.

#### Box 6.1: Compiling our 'top list' of programmes

We have come up with our top 19 programmes. However, we would be able to increase or reduce this list, or tailor it in other ways, depending on the criteria used. Using only cost–benefit or outcomes criteria would produce different lists, or we could produce an 'already in use in the UK' list. We could, for example, make a list of 15 using the top five in each of the 0–5, 5–11 and 11–16 age groups. These are decisions we must leave to the Early Intervention Foundation.

### Validating standards

65. I recommend that the Early Intervention Foundation should re-validate the standards of evidence used to select programmes for my review. This process will involve further consultation with central and local government purchasers of children's services, local providers of services, including the voluntary sector, and scientists. My hope is that there will be broad agreement around a high standard of evidence for Early Intervention. Our children deserve nothing less.

### Charting the route from innovation to evidence

66. Readers will have noticed that many of the programmes selected by the review team have their origins outside the UK, mostly in the US. This does not reflect any lack of innovation in the field of Early Intervention in this country. On the contrary, during the review and in the preparation of my book with Iain Duncan Smith,<sup>15</sup> I have been constantly impressed with the potential for voluntary and statutory organisations to develop ingenious ideas to help our children. But we have lagged behind other countries in the rigorous development and testing of those ideas.

67. Annex G comprises a diagram taken from the Greater London Authority's Standards of Evidence document. It describes the steps involved in moving from an original idea to intervene early to improve children's social and emotional capacity. It shows how greater attention to questions of intervention specificity being clearer about who will be served, for how long, at what cost and with what objective will lead to a stronger Early Intervention. It sets out how agencies can better evaluate their ideas at successive stages of development, with the goal of eventually improving beyond reasonable doubt the benefits to children and to public finances of their policy, programme or practice. It describes the steps needed to make a good idea ready for wider implementation, so that once proven it can be routinely provided by education, social care, health and youth justice agencies.

68. The SRU at Dartington has been commissioned to prepare a longer publication that will guide Early Intervention innovators to the highest standards of evidence described in this Report. I welcome this publication and would like to see it developed by the Early Intervention Foundation. I recommend that Foundation funds are put aside to help prove the most promising, but as yet untested, of UK Early Intervention programmes.

69. My ambition is that, in five years' time, the list of evidence-based Early Intervention programmes supported by the new Foundation will number as many UK-born contributions as those developed overseas.

### Box 6.2: From lower leagues to the 'premiership': promoting innovation

There is ever broader acceptance of the benefits of high standards of proof. Now that resources are scarce, and if we are to achieve my ambition of additional public and private investment in Early Intervention, it is necessary to have in place the highest degree of certainty on programme effectiveness. I am mindful, however, that the rich seam of UK innovation, including some I have sponsored in my own city of Nottingham, should feel inspired, not inhibited, by higher standards.

As I describe later, one of the roles of the new Early Intervention Foundation described in Chapter 8 will be to assist UK agencies to navigate the route from good idea to proven model. What would be involved? I have thought about this in the context of one programme from Nottingham in which I was personally involved and greatly value, the city's 11–16 Life Skills programme. This programme is designed to strengthen the social and emotional capabilities of teenagers and is up and running in all of Nottingham's secondary schools. It synthesises the best in PSHE, sex and relationship education, Secondary SEAL and other programmes, and helped form the proposals in the last Children's Bill, which fell with the advent of the 2010 general election.

- The starting point for further developing this excellent programme will be to improve its **intervention specificity**. We need to be clearer about what my colleagues on the Nottingham Life Skills Programme are intending to achieve, for whom, why, how and where. Getting this clearer will help the collection of specific information about costs, which later will support the analysis of costs and benefits that will be required. We would strongly advise that all new programmes build in adequate evaluation costs from the outset.

- The second stage will be to test the programme with a more rigorous **evaluation**. Like many UK Early Intervention programmes, Nottingham Life Skills has been evaluated many times, always with promising results, but it will need to use a method, such as randomised controlled trial, to meet the standards of evidence used in my review, devised by internationally renowned practitioners such as Delbert Elliott and Steve Aos.
- This evaluation would produce the specific estimate of **impact** on children's social and emotional health that is fundamental to the kind of economic analysis required for public and private sectors to feel confident about investing. What the Nottingham Life Skills programme currently lacks, in common with many other excellent UK-designed Early Intervention programmes, is an 'effect size', which the economists can plug into their models used in advising investors about where to get the best return of their scarce resources.
- The final stage of work will be to ensure that the programme is '**system ready**', meaning that it can be provided routinely by statutory agencies with the support of local voluntary organisations. Unlike our colleagues in the US who have excelled in high-quality evaluation but struggle to prepare products that can be provided systematically, my colleagues in Nottingham and elsewhere in the UK will excel at this task.

**Box 6.2: From lower leagues to the ‘premiership’: promoting innovation (continued)**

Given the considerable development work already completed, I would expect Nottingham 11–16 Life Skills not only to continue to do excellent work but, also with the support of the Early Intervention Foundation described in Chapter 10 to meet all the high standards of evidence that I advocate within three years – a blink of an eye in the period of the inter-generational change we are trying to achieve. During my scrutiny for this Report I have come across dozens of excellent UK innovations ready to make this important journey. I am convinced that within five years the UK, if motivated by an independent foundation, can become the focal point of evidence-based Early Intervention in the world.

**Information on cost–benefit**

70. Many of the programmes in the list developed by my review produce substantial economic benefits to local authorities, to central government and to individuals. However, the metrics for assessing costs and benefits remain varied, and have deterred me from publishing too much information in this first stage of my Report. In some cases, there is no information at all.

71. I have been fortunate enough to work closely with Birmingham and Manchester City Councils together with the Greater London Authority who are funding a project to translate the Washington State Institute for Public Policy economic model for use in the UK. Once complete, this open source software will allow any provider of a properly evaluated Early Intervention programme to calculate the costs and benefits of the approach. I do not see this model as the only way to calculate costs and benefits, but I am impressed by the conservative nature of its estimates and its relevance to day-to-day investment decisions by local and central government (and later private) investors in Early Intervention. I am excited by the way the model has been used by government in the US to inform major policy decisions.

72. I recommend that the Early Intervention Foundation should apply this econometric model in order to calculate the costs and benefits of every Early Intervention programme that passes the re-validated standards of evidence. This reliable economic information will be invaluable not least to the places identified in the next chapter who may wish to build a portfolio of Early Intervention.

**Implementation**

73. More or less every expert I talked to during the preparation of my review reminded me of the penalties of failure to implement these evidence-based Early Intervention programmes with fidelity to the design of their originators. This typically results in the loss of all their potential impact, economic gains as well as child well-being. The UK has a poor track record in fidelity of implementation.

74. I have been impressed by the work of Jane Barlow at the University of Warwick in cataloguing the features of effectively implemented programmes. She talks about good programme design and content, including making sure it has sufficient dosage and intensity. This refers to the timing and socio-cultural relevance of programmes. She points out the need for well-qualified, trained and supportive staff who can foster good relationships with children and families. There is also a need for continuous programme assessment and quality assurance.

75. My charge to the independent Early Intervention Foundation will be to provide support for the rigorous implementation of evidence-based Early Intervention programmes.

**Summary**

76. Much of what has been said above appears technical in nature. However, its motivation is simple: to ensure that many more of our nation's children grow up with the social and emotional bedrock that will enable them to be the great parents and better citizens of tomorrow. Using rigorous methodology and clear criteria has moved this from a well-meaning aspiration to a tough practical policy. This gives us the prospect not only of taking proven policies to scale but also of having the strength of evidence to attract private as well as public financing.

77. If our country is to take this to the next level we need experienced and willing local organisations to pioneer it. I turn to that in the next chapter.

### Recommendations

I recommend that a greater proportion of any **new public and private expenditure should be spent on proven Early Intervention policies** rather than on unproven ones.

I recommend that a **new rigorous methodology for evaluating** and assessing Early Intervention programmes should be instituted and developed for the UK, aimed at identifying the best, most effective programmes to help our babies, children and young people.

I recommend that the **19 'top programmes'** identified in my Report should be supported and expanded to demonstrate our commitment to Early Intervention. However, I also recommend that this list of 19 should not be regarded as exhaustive or complete: all should be reviewed and reassessed by the new Early Intervention Foundation (proposed below) before a 'living list' is evolved.

I recommend that a growing number of excellent well-regarded UK programmes should be assisted in **joining the list** as proven programmes able to help our children the most.

### Notes

- 1 Field F (2010) *The Foundation Years: Preventing Poor Children Becoming Poor Adults*. The report of the Independent Review on Poverty and Life Chances. London: HM Government.
- 2 Sylva K, Melhuish E, Sammons P, Siraj-Blatchford I and Taggart B (2004) *The Effective Provision of Pre-school Education (EPPE) Project: Final Report*. London: Department for Education and Skills.
- 3 Sylva K, Melhuish E, Sammons P, Siraj-Blatchford I and Taggart B (2004) *The Effective Provision of Pre-School Education (EPPE) Project: Final Report from the Primary Phase: Pre-school, School and Family Influences on Children's Development During Key Stage 2 (Age 7–11)*. Department for Education and Skills Research Report 061.
- 4 Implementation of Birmingham's Brighter Futures Strategy. See: Birmingham City Council (2007) *The Brighter Futures Strategy*. Birmingham: Birmingham City Council.
- 5 [www.casel.org](http://www.casel.org). See also: CASEL (2003) *Safe and Sound: An Educational Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs*. Chicago, IL: Collaborative for Academic, Social and Emotional Learning.
- 6 Payton J, Weissberg RP, Durlak JA, Dymnicki AB, Taylor RD, Schellinger KB and Pachan M (2008) *The Positive Impact of Social and Emotional Learning for Kindergarten to Eighth-Grade Students: Findings from Three Scientific Reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.
- 7 Humphrey N, Lendrum A and Wigelsworth M (2010) *Social and Emotional Aspects of Learning (SEAL) Programme in Secondary Schools: National Evaluation*. Department for Education Research Report 049.
- 8 For example: Eisen M, Zellman GL, Massett HA and Murray DM (2002) Evaluating the lion's-quest "skills for adolescence" drug education program: first-year behavioral outcomes. *Addictive Behaviors* 27: 619–32; Foshee VA, Linder GF, Bauman KE, Langwick SA, Arriaga XB, Heath JL, McMahon PM and Bangdiwala S (1996) The Safe Dates project: theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine* 12(Suppl. 2): 39–47; Coyle, KK, Kirby D, Parcel G, Basen-Engquist K, Banspach S, Rugg D and Weil M (1996) Safer Choices: a multi-component school-based HIV/STD and pregnancy prevention program for adolescents. *Journal of School Health* 66(3): 89–94; Werch CE, Anzalone DM, Brokiewicz LM, Felker J, Carlson JM and Castellon-Vogel EA (1996) An intervention for preventing alcohol use among inner-city middle school students. *Archives of Family Medicine* 5(3): 146–52.

- 9 Many of the evaluations of Life Skills Training are summarised in Botvin GJ, Mihalic SF and Grottpeter JK (1998) *Life Skills Training: Blueprints for Violence Prevention, Book Five*. In Elliot DS (Ed.) *Blueprints for Violence Prevention*. Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado. See also: Botvin GJ (1989) *The Effectiveness of a Multicomponent Skills Training Approach to Substance Abuse Prevention*. Final Report Contract #C001531. New York: Cornell University Medical College, Laboratory of Health Behavior Research; Botvin GJ, Baker E, Dusenbury L, Tortu S and Botvin EM (1990) Preventing adolescent drug abuse through a multimodal cognitive-behavioral approach: results of a 3-year study. *Journal of Consulting and Clinical Psychology* 58: 437–46; Botvin GJ, Baker E, Dusenbury L, Botvin EM and Diaz T (1995) Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *JAMA: The Journal of the American Medical Association* 273: 1106–12.
- 10 [www.successforall.org.uk](http://www.successforall.org.uk)
- 11 Borman G, Slavin RE, Cheung A, Chamberlain A, Madden NA and Chambers B (2007) Final reading outcomes of the national randomized field trial of Success for All. *American Educational Research Journal* 44(3): 701–31; Borman GD and Hewes GM (2003) The long-term effects and cost-effectiveness of Success for All. *Educational Evaluation and Policy Analysis* 24: 243–67.
- 12 Borman GD and Hewes GM (2003) The long-term effects and cost-effectiveness of Success for All. *Educational Evaluation and Policy Analysis* 24: 243–67.
- 13 Many of the evaluations of Functional Family Therapy are summarised in Alexander J, Barton C, Gordon D, Grottpeter J, Hansson K, Harrison R, Mears S, Mihalic S, Parsons B, Pugh C, Schulman S, Waldron H and Sexton T (1998) *Functional Family Therapy: Blueprints for Violence Prevention, Book Three*. In Elliot DS (Ed.) *Blueprints for Violence Prevention*. Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado. See also: Alexander JF and Parsons BV (1973) Short term behavioral intervention with delinquent families: impact on family process and recidivism. *Journal of Abnormal Psychology* 81: 219–25; Barton C, Alexander JF, Waldron H, Turner CW and Warburton J (1985) Generalizing treatment effects of Functional Family Therapy: three replications. *American Journal of Family Therapy* 13:16–26; Friedman AS (1989) Family therapy vs. parent groups: effects on adolescent drug abusers. *American Journal of Family Therapy* 17: 335–47.
- 14 Social Research Unit (forthcoming) UK translation of Washington State Institute of Public Policy (WISP) Economic Model. Dartington: Social Research Unit.
- 15 Allen G and Duncan Smith I (2008) *Early Intervention: Good Parents, Great Kids, Better Citizens*. London: Centre for Social Justice and Smith Institute.





## Chapter 7

# The Places: pioneers for a new way

*We to-day's procession heading, we the route for travel clearing,  
Pioneers! O pioneers!*

*Walt Whitman 1819–92*

### Introduction

1. This chapter links the best Early Intervention programmes, described in the previous chapter, with the most effective public agencies, local authorities and voluntary groups. The last 15 years have seen many individual steps towards improved Early Intervention but, nationally, we are still some way from achieving either the scale or the balance of provision needed. This chapter reviews some of the stronger initiatives in specific places and examines ways in which the UK can use them to shift towards an Early Intervention culture. Local authorities have been incredible innovators in this field and, working with partners, they must be, with full political and official backing, the vehicle for the advance of Early Intervention. In this chapter I look at some of the excellent local innovation and suggest ways in which we can build on this progress. This country now has a patchy understanding of the benefits of Early Intervention and, with it, patchy provision. We now have a real opportunity to move to consistent Early Intervention approaches and strategies implemented on the basis of solid evidence of their impact, cost savings and other benefits, and in so doing to add still more to the evidence base.

### Developments since 2000

2. Early Intervention has received considerable investment since the turn of the new century. This is well illustrated by the Sure Start children's centres in disadvantaged communities in England and the family intervention services which are now part of the provision of almost all local authorities in England. As I described in the last chapter, evaluations demonstrate benefits in several areas of children's pre-school development and children's centres provide an excellent context for evidence-based Early Intervention programmes.

3. However, criticisms can also be levelled against national investments in Early Intervention over the last decades. There has been much change and it has proved hard to distinguish success from failure. The scale and number of initiatives have been associated with a variable quality of implementation. As I indicated at the end of the previous chapter, it is now well known that lack of fidelity – sticking rigorously to the discipline and measures of a programme – significantly erodes the impact of evidence-based Early Intervention. Moreover, the periods allocated for funding have generally been too short, with the result that attempts to support programme implementation, such as the National Academy for Parenting Practitioners (NAPP), have been short-lived.

The NAPP closed, after three years, in April 2010. In sum, public expenditure has **not** been spent strategically, has **not** developed a core of successful Early Intervention policy and, above all, has **not** arrested the decline in the social and emotional development of UK children during recent decades.

4. A change of government allows senior political leaders a rare opportunity to take a new approach, with a fundamental rebalancing to Early Intervention. As I made clear in my book with Iain Duncan Smith, I view this commitment as a cross-party one.<sup>1</sup> I recognise the potential to build on foundations laid by the previous administration. It is also clear that in the future, without threatening any existing programmes, a number of new initiatives – not the plethora we have had in the past – would allow better implementation, more rapid learning and a sharper focus on successful Early Intervention. The balance between centrally directed and locally directed initiatives also requires review. Local people, organisations and systems are best placed to assess the needs of local children and families and draw on a choice of proven programmes. Advice on assessment, the merits of different types of investment and evaluation options could still be provided centrally, but Whitehall could find advantages in not performing this role itself.

### Local innovation

5. I took evidence from local agencies and authorities in England, Wales, Scotland and Northern Ireland. The short timescales did not permit a comprehensive assessment of local innovation, nor is it the role of the Report to describe all the interesting initiatives that have come to the notice of the review team. The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) has been cataloguing and validating emerging good practice across the country and is a more reliable source of interesting local initiatives. I have restricted myself in this section to a handful of the many hundreds of examples I could have included.

6. A number of local authorities have been finding ways of better screening, assessing and

identifying families with children showing the first signs of impaired health and development. There are several examples of this approach to Early Intervention in the capital. The Tower Hamlets Social Inclusion Panel, with representatives from health, police, social and pupil services, decides on packages of support to be offered to the 80 most troubled children and young people each year. Selected cases are assigned a lead professional from within the panel to co-ordinate an integrated package of services. In Wandsworth, multi-agency panels, backed up by strong data on local need, serve a similar purpose, as do information hubs in Kingston upon Thames. Croydon is using its involvement in the community budgets initiative – described below – to achieve more accurate identification of early social and emotional vulnerabilities in children who come to the attention of health and social care agencies and schools. Croydon plans to extend screening to detect problems with attachment, motor skills and speech and language difficulties, as well as emotional and behavioural issues. Away from London, in East Sussex, disadvantaged communities and families in Hastings and Rother are served by integrated health and Sure Start children's centres with joint leadership across the NHS and local authority. The Family Nurse Partnership is a core programme within their mainstream services with a strong voice for local parents through innovative Sure Start children's centre provision.

7. A second set of initiatives is focusing on the most damaged families within a jurisdiction, with the goal of giving a better chance to the next generation of children. One of the strongest examples is the Dundee Intensive Family Support project, developed by Action for Children. This model has also been adopted in England, where there are now around 300 projects providing support for families with multiple problems. Families are given enduring and intensive support, including individual and couple therapy, parenting support and specialist support for problems like substance misuse. The Family Recovery Programme in Westminster is an example of this kind of project and co-ordinates a range of interventions for the highest-risk families.

### Box 7.1: Family Recovery Programme, Westminster

Westminster City Council's Family Recovery Programme (FRP) focuses on treating the root causes of social breakdown rather than dealing only with its symptoms. This 'whole family' approach to intervention recognises the inter-relationship of the causes and effects of social breakdown. For instance, it recognises that poor housing and parental drug misuse are likely to lead to poor health and a lack of educational achievement for children. The programme has developed an innovative 'cost-avoidance' methodology. With the council as the lead partner, the FRP brings together a number of public services, as well as national and local voluntary groups, to share resources, intelligence and expertise and provide a single focus for dealing with the deep-rooted problems suffered by the individual families concerned. The expertise provided by the 'team around the family' (TAF) comprises:

- adult mental health;
- adult substance misuse;
- neighbourhood and youth policing;
- antisocial behaviour teams;
- housing advice;
- debt, budgeting and benefits advice;
- intensive outreach work to engage hard-to-reach families;
- parenting and life skills;
- domestic violence (separate specialists in perpetrators and victims);
- education;
- child health;
- information analysis; and
- preparation for and access to training, volunteering and work.

The TAF receives referrals from a wide range of statutory and non-statutory organisations. It acts as a single unit, based in one location, and reports directly to a single operational head. TAF members share information from their respective services in a unique way, overcoming agency barriers to provide coherent and consistent action. Integrated support is provided early to young siblings. The TAF seeks a family's consent prior to intervention – except in cases where crime and children's safeguarding are of critical importance and thus override data protection legislation – in a clear and commonsense way. It sets clear and achievable goals and is honest about the consequences for those individuals who fail radically to improve their behaviour.

8. Several local authorities and voluntary organisations have made contributions through the rigorous implementation of evidence-based programmes described in the previous chapter. Birmingham has introduced programmes across all stages of child development, including the Family Nurse Partnership, Incredible Years, Promoting Alternative Thinking Strategies (PATHS) and Triple P. Brighton has led the way with Functional Family Therapy as an alternative to foster care and youth justice provision. Save the Children is promoting Families and Schools Together (FAST), an Early Intervention evidence-based programme partly developed and fully tested in the UK.<sup>2</sup> This programme supports parents of children aged 3–5 and builds community support for families. The benefits are measured in terms of children's social and emotional well-being and readiness for school. Save the Children selected FAST because of its robust evidence base<sup>3</sup> and because of its potential to close the early years achievement gap and to remedy the lack of voluntary, first-engagement family services in the UK. Save the Children is now

working with a range of local authorities to model different ways in which FAST can be more widely implemented and sustained within their spectrum of local services. The aim is to establish 400 new FAST groups by 2014.

9. Other local authorities have sought a comprehensive approach to the problem of Early Intervention. One Nottingham is the local strategic planning partnership that brings together public, private, community and voluntary sector representatives in Nottingham. It has succeeded in putting Early Intervention at the heart of all its services. With Birmingham and Wales, Nottingham has been at the forefront of attempts to rebalance public expenditure towards Early Intervention with the goal of decreasing future demand for costly specialist services and thus enabling them to focus on the most difficult cases.

10. Nottingham City has developed an innovative Early Intervention approach over a number of years and was designated an Early Intervention City in April 2008.

### Box 7.2: Early Intervention approach, Nottingham

'Our aim is to break the inter-generational nature of under-achievement 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.'

Ian Curryer, Director of Children's Services, Nottingham City

#### Early Intervention

This Early Intervention approach is focusing on:

- tackling inter-generational issues;
- those activities that, if delivered effectively, can reduce the number of specialist interventions;
- bringing partner resources together;
- targeting work at those individuals or families who are **very likely** to have difficulties without effective intervention (subtly different to prevention which is targeted at those individuals/families who **might** have difficulties);
- providing a coherent service to children, young people and families; and
- shifting resources to tackle the complex causes of problems, rather than just treating the symptoms.

Early effective support is given priority through:

- establishing a small number of critical, evidence-based Early Interventions for specific stages in childhood, making them sustainable and using them as a blueprint for service development;
- shifting greater resources into prevention and Early Intervention and exploring the cost and benefits of specific interventions;
- reducing the demand for specialist interventions;
- equipping the workforce to 'think family' and intervene early; and
- identifying early those children and young people who are at risk.

There are 16 Early Intervention projects and programmes in place across the city, all of which are now being evaluated.

#### Partnership working

Partnership working and **ownership by all relevant agencies and departments within the city** are key principles underpinning the Early Intervention programme. The programme is supported by One Nottingham, the local strategic partnership, and its partners, and is championed by the city council.

11. Another set of initiatives, which I will explore in my second report, has taken into account the financial opportunities associated with Early Intervention. Birmingham City Council has used prudential borrowing of £40.7 million to support capital elements of its programme of evidence-based Early Intervention programmes. On conservative assumptions, this investment is estimated to generate £101 million in future benefits. As evidence evolves about benefits, the money is returned for further investment in prevention and Early Intervention. Birmingham has begun to repay the loans used to establish its Brighter Futures programme.<sup>4</sup> Manchester is developing community budgets to support public sector reform, including cross-agency Early Intervention for highly vulnerable families. The budgets are replenished from the efficiencies created by implementing interventions that are proven to work. Cost-benefit analysis is used to ensure that investments are made by the agencies that are set to benefit. The end results are better

support for children in their early years and for vulnerable families, reduced unemployment and breaking cycles of offending.

12. The charity Social Finance has been working with the Ministry of Justice to create financial instruments to bind relationships between funders and providers of services. The Peterborough Prison pilot offers great potential as a model. Investors are rewarded when better outcomes – reduced recidivism – are translated into savings to the state through reduced casework for police, courts and probation and lower demand for prison places.

13. There is much promise in these and other local innovations in Early Intervention across the UK. However, our review also found weaknesses. First, even the most comprehensive of programmes, such as in Birmingham, Nottingham and Wales, are reaching just a small proportion of potential beneficiaries. Too many resources remain reserved for addressing problems that

Figure 7.1: Nottingham’s Early Intervention model: by age, intervention and aim



have already been allowed to escalate rather than intervening to resolve them earlier, when intervention could have been less intensive and therefore more economical. Hitherto, central government has been very good at letting wholly avoidable problems develop, ignoring them until they become chronic or publicly embarrassing and then hurriedly imposing a statutory duty on others to tackle them.

14. A second and analogous problem is that Early Intervention tends to be established on the edges of mainstream systems and supported by temporary public funding streams. It is not always given a stable footing.

15. Third, with notable exceptions including Birmingham, Brighton and Wales, the quality of evaluation is variable. Without adequate evaluation, good local practice is not identified and does not get recognised as excellent practice, like the evidence-based programmes described in the previous chapter.

16. A fourth and linked problem is poor communication about innovation across local settings. There is no common standard to determine what does and does not work. This makes it difficult for one locality to learn from another. It also promotes unhelpful competition, as several localities apply similar ideas with varying degrees of quality and no shared learning. Constant reinvention of the wheel is an expensive and wasteful activity, however satisfying to the inventors.

17. I have concluded, therefore, that much greater value should be accorded to local innovation, coupled with the support that will help to take good ideas to the highest standard and also allow respectful cessation of unsuccessful initiatives. I am struck by the automatic optimistic assumption that because Early Intervention is a rational strategy **every** local development in Early Intervention would be a success, although in every other walk of life people are prepared to accept that triumph is often the product of many defeats. Using the rhetoric and concept of Early Intervention is a necessary precondition for success. However, if we want to enhance local innovation to produce national success we must have clear standards, better evaluation and improved dissemination of what works and what does not work.

## Central government support

18. We have reached a moment where often brilliant local innovation on Early Intervention needs to link more effectively with excellent central government developments. The present government has made several welcome commitments to local communities, authorities and voluntary organisations to enhance Early Intervention. An additional 4,200 health visitors, combined with improved recruitment, retention and training, will better prepare and extend the reach of support for children in the first years of life. This investment reflects a recognition of health visitors' special ability to help children get a better start in life and to enable families to get better access to other services.

19. This development goes hand in hand with the expansion of the evidence-based Early Intervention programme, the Family Nurse Partnership, which I described in the previous chapter. The Government is committed to doubling the number of disadvantaged first-time young mothers who are able to benefit from the Family Nurse Partnership at any one time by 2015.

20. The current national programme to provide free early education to 20,000 disadvantaged 2-year-olds is to be extended to reach all disadvantaged 2-year-olds (around 130,000) from 2013. Families will receive 15 hours of free, high-quality early learning and care over 38 weeks of the year. Once their children reach 3 years of age they will be able to access the 15 hours of universal free early education that is available for every 3- and 4-year-old to support their development and readiness for school. While local authorities will decide with their communities on the right provision needed in each area, Sure Start children's centres will be asked to play a key role in encouraging the most disadvantaged 2-year-olds to take up 15 hours of free early education each week. They will also be encouraged to identify and support those families in the greatest need. A fair and effective methodology for incentivising effectiveness through payment by results is also being developed by the Department for Education. Other policy changes will help target these early years resources towards the neediest families.

21. The Early Intervention Grant, worth about £2 billion by 2014, will promote cost-effective Early Intervention and prevention across England. The grant is intended to fund a wide range of Early Intervention strategies that support vulnerable children and families, including those which tackle alcohol misuse, teenage pregnancy and antisocial behaviour and improve mental health support and crime prevention. It is also a tremendously important indicator that central government is taking Early Intervention seriously and for the first time has allocated a specific tranche of public expenditure towards it.

22. The Pupil Premium, worth £2.5 billion by 2014–15, provides additional funding to schools for each deprived pupil in the country. The aim is to improve the attainment of students from deprived backgrounds by giving schools more funding to provide the right individual support for each pupil. I believe there is an opportunity for schools to consider the benefits of using some of this funding to build pupils' social and emotional competences as an important part of helping them to make the best of the learning opportunities open to them and, in the context of my review, to develop skills that equip them for life.

23. The new Families with Multiple Problems Programme, announced by the Prime Minister on 10 December 2010, is designed to turn around the lives of the most troubled families. As well as providing new money for a number of areas through the Early Intervention Grant, the programme also provides a further opportunity to use proven Early Intervention approaches and programmes to help families with problems.

24. The Government is also devolving control of public spending to 16 local areas via its community budgets initiative. The aim is to give local public service partnerships, such as health, justice, education, social work and other services (including those provided by voluntary and community organisations), more freedom to work together more effectively, help improve outcomes and reduce duplication and waste. The idea is to focus several funding streams, programmes and efforts on locally agreed outcomes. These should include the improved social and emotional development of children. The intention is for

community budgets to be available to all areas by 2013–14.

25. The recent review of NHS services for children and young people by Professor Sir Ian Kennedy stressed the importance of Early Intervention, including in mental health, to improve lives in the long term, as well as to improve cost-effectiveness.<sup>5</sup>

26. Preventing problems before they become a crisis could potentially save **billions** of pounds for the NHS and the educational system. The Government has pledged to support the extension of psychological therapies and to invest in mental health liaison and diversion services in police stations and courts.

27. I also hope that new policies and strategies being developed by the Home Office and the Ministry of Justice – including the new crime strategy and the Ministry of Justice Green Paper *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders* – will enable criminal justice services to be key partners in Early Intervention at a local level and help embed a culture of Early Intervention in all public services.

### The opportunity

28. I welcome the continued support for Early Intervention by the present Government. A great opportunity now exists. Value can be added by connecting central and local initiatives in localities. I see additional health visitors, the FNP and Sure Start children's centres as a series of opportunities for a child born into a risky situation and a poor outcome. Instead of one-off programmes I propose a strategy for forging connections across government initiatives.

29. I propose, in a limited number of areas, an advantageous co-operation between government initiatives and local needs. In the past, local authorities and voluntary organisations have tended to grab as much of the central pie as they could. In an era when resources will be scarcer, greater benefit will be achieved by investing in initiatives best suited to local circumstances.

### Box 7.3: The Melton experience

Melton Borough Council has introduced an approach that has resulted in different thinking about how to solve problems, better working among agencies and better tackling of the root causes of issues and problems. In particular, it has sought to create a culture and mindset of preventing failure by investing resources in Early Intervention.

It has moved away from traditional structures and introduced ones that cross administrative and departmental boundaries and that use collective knowledge to develop solutions to complex problems faced by people and places. Within these structures staff have been placed in teams that focus on helping people to overcome disadvantage. This is a similar approach to that deployed by Sure Start.

For example, Melton was worried by levels of crime and antisocial behaviour. It decided to gain a deeper understanding of the individuals involved. It found the following:

- The cost of re-offending in Melton was calculated at £4.5 million a year.
- Young people were committing crime and acting antisocially when they should have been in school. This was financially costly to the local community.
- Many families living in chaotic conditions, often in council properties, had children who were displaying worrying symptoms from a very young age.
- National research highlighted that a single problem family could cost £250,000–£350,000 a year.
- Detailed research into one of Melton's own problem families verified that different agencies were spending huge resources on families such as these without making things any better.
- Offenders usually had similarity in their profiles, including low literacy and numerical skills, truanting or exclusion from school and mental and physical health problems, and were more likely to be unemployed.

Melton wanted to focus on tackling the root causes, which meant going further back to ensure that it was intervening at the earliest possible stage to prevent children from growing up in a way that was shown to lead almost inevitably to a life of crime and state dependency. Melton is already undertaking joined-up preventive work at the 22-weeks pregnancy stage, targeted at individuals and families deemed to be at high risk of experiencing poor outcomes.

### The proposal

30. I have concluded that much more could be made of existing local and national Early Intervention initiatives. In the previous chapter I reviewed the international literature, revealing in a short period of scrutiny 72 evidence-based Early Intervention policies which could reliably improve the lives of children and families. From these I have selected 19 with a high degree of confidence over their expected returns as the best targets for new investment. The UK has high levels of innovation in this area but few of those innovations are rigorously evaluated or implemented more

widely so that they become a routine part of local public services. In the UK, innovation tends to be piecemeal, and this is a great disadvantage when it comes to changing the balance between early and late intervention. For this reason I propose greater clarity around defining best programmes for the future.

31. I recommend that a small number of localities – in the form of a local authority, or a neighbourhood, or a series of neighbourhoods served by a several voluntary organisations – become focal points for innovation in Early Intervention. I call these **Early Intervention**

**Places.** The precise selection procedure for Early Intervention Places can be decided by ministers in consultation with representatives of local government and the voluntary sector, as well as the new Early Intervention Foundation I describe in the following chapter. My initial thinking was that about one in 10 local authorities in England (15 in all) would show themselves to be best placed, in terms of both innovation and experience, to promote and implement Early Intervention locally.

32. In my consultations with local authorities and leaders of the voluntary sector for this Report, I informally asked if any would like to be an Early Intervention Place. Even without full knowledge of the commitments involved, 26 came forward, such is the local demand for greater development in this important area. Those areas that would like to be Early Intervention Places are listed in Box 7.4.

33. These 26 areas are already discussing with me a number of practical issues, including commitments:

- to adopt Early Intervention as a strategic priority and to secure buy-in with their partners to work together on Early Intervention 0–18, but with

a particular focus on effective interventions in place for the prenatal stage to age 3;

- to implement the Early Intervention approaches recommended in the Report;
- to commission work on the kind of programmes that meet the needs of their communities;
- to implement Early Intervention programmes with fidelity; and
- to introduce best practice in monitoring and evaluating progress.

34. This preliminary discussion has already begun but it will not be highly productive unless the thinking in this Report is accepted by the Government.

35. I would like all local areas to make the same commitments in due course, and so the 15 areas selected as pioneers should not be seen as a definitive list. My proposal for an initial 15 simply recognises the importance of leading by example when trying to change collective behaviour.

#### **Box 7.4: The 26 areas that have expressed an interest in becoming an Early Intervention Place**

Birmingham	Hounslow
Blackpool	Islington
Bradford	Royal Borough of Kingston upon Thames
Brighton and Hove	Lambeth
Croydon	Lancashire
East Sussex	Nottingham
Gateshead	Portsmouth
Gloucestershire	Somerset
Greater Manchester	Staffordshire
Haringey	Stoke-on-Trent
Harrow	Wakefield
Hertfordshire	Warrington
Hull	Westminster

36. I recognise that effecting change across the UK requires many local areas to reconsider their strategy and priorities. This is difficult to ask of local leaders at any time, but is particularly difficult in the current climate of significant funding pressures on local authorities and their partners. Although I am in touch with colleagues throughout the UK I will make no specific recommendations regarding Northern Ireland, Wales and Scotland until requested. However, it was obvious from the visits of the review team and from all the evidence

received that the devolved settlement has had a profoundly stimulating and creative impact on Early Intervention work, which I would hope to see replicated in a more empowered English local government. The Highland Region in Scotland, for example, has adopted a very successful Early Intervention approach.

37. I believe that the case for change has been made strongly in the previous chapters and that now is the time to seize this new way. With

### **Box 7.5: The Highland experience**

The streamlined rapid reaction model of Early Intervention being followed by Highland Region in Scotland has been running for 10 years. The goal was to get things right for children the first time they were identified as being at risk, so that they did not appear again later. This was judged to be more cost-effective than the previous local authority model, where resource constraints were judged to prevent adequate intervention.

A number of principles were adopted to enable this shift to happen:

- management of risk;
- integrated children's services and co-operative working with other agencies;
- streamlining processes of response and reaction to risk; and
- social work being structured differently (for example, a social worker placed in each school).

To improve risk management, Highland Region re-examined its business processes, changed how agencies organised themselves to assess and manage risk, and introduced streamlined systems to improve reaction.

The introduction of integrated children's services began with studying the typical pathway of a child through their life and their potential contact with outside agencies. The Highland Region identified the earliest point in this pathway at which intervention could ensure the best long-term outcome and then developed practices that were more effective.

The core principle is that Early Intervention must be immediate to stop matters escalating. A child's plan meeting is convened and attended by decision makers from each of the agencies with an interest in that family, the child and their parents. No matter who triggers this (school, health services, police) they must work in an integrated manner with other agencies and ensure a fast response to need.

### **Results**

Senior staff in Highland Region have highlighted that methods of working that have allowed reaction at the critical point have led to much improved statistics in the areas of child protection, persistent offending and substance misuse, and to improved outcomes for looked-after children. Social workers spend no more than 25 per cent of their time on bureaucracy and paperwork. In 2009 the General Secretary of UNISON reported that the corresponding figure for England was 80 per cent.

the support of local leaders, professionals and practitioners, the change recommended by the Report is demanding but achievable.

38. I also believe that the support available to local areas to help with this change needs the same scale of improvement as that expected from local areas themselves, and I address that issue in the next chapter.

39. I recommend that the 15 Places be encouraged to find new ways to optimise local and national innovation. I believe that they could be helped, first by the review team and then by the Early Intervention Foundation proposed in the next chapter, to develop in detail some of the many excellent ideas already included in this review, in particular making use of the new financial flexibility offered by the Early Intervention Grant. Partners in eight of the listed Places are also developing plans for community budgets to support families with multiple problems. Working on broader early intervention practices and partnerships could support this work and further enhance local activities to tackle problems which have a significant cost to society. Accordingly, I have provisionally agreed with the Secretary of State for Communities and Local Government that where areas choose to pursue an interest in becoming an Early Prevention Place alongside their community budget plans, it should be possible to create an overlap between the two initiatives.

40. In addition, I have talked to the Department of Health and the Secretary of State for Justice. The Department of Health has offered to support an Early Intervention Place which is focused on health. This would make the best use of the new arrangements for public health to enhance Early Intervention at a local level. Positive discussions continue with ministers at the Ministry of Justice, who agree that criminal justice services should be key partners in Early Intervention. Here I envisage support for a Place with an emphasis on justice, to help demonstrate how criminal justice services can be key partners in Early Intervention. I am keen to develop this twinning of Places with other departments as the Places concept firms up.

41. I recommend that the Early Intervention Places be encouraged to find new ways to optimise local and national innovation. I envisage that

first the review team and then the independent Foundation recommended in Chapter 8 could advise and agree with the Early Intervention Places the detail of some of the many recommendations they made to me. Several of these stand out:

- allowing social enterprises that wish to provide Family Nurse Partnerships to use funds from local authority and health budgets because the benefits will be experienced by local authority social care services, through fewer children in foster care and in the child protection system;
- children's services working with health services and other partners sharing accountability for all of the resources going into a local area with all of the people living in that area, with the goal of using evidence-based Early Interventions to achieve better outcomes for children from existing or even reduced revenue streams;
- making available to private and public donors access to the emerging cost–benefit and benefit realisation technology being tested in Birmingham, in Manchester and by Social Finance so that they can secure a return on their charitable investments;
- sharing costs of set-up, implementation, monitoring and evaluation between voluntary and private providers of Early Intervention, which would allow them to improve the spread and the efficiency of services which have been jointly developed; and
- enhancing the role of local partnerships as providers and funders for Early Intervention. If my recommendations are accepted I would look for some Early Intervention Places to be voluntary bodies or local strategic partnerships or similar forms of organisation.

42. It is self-evident that there is widespread and genuine excitement at local level in exploring some of these self-starting ideas if local authorities and their partners can be released to do so. The Report recommends that the 15 local authorities (or neighbourhoods within those local authorities) who wish to be given the status of Early Intervention Places, with permission to work together and with the Foundation outlined in Chapter 8.

43. The Report also supports exploring a changed relationship between central and local services (to allow for NHS inclusion) for Early Intervention. There has been a legacy of centrally directed initiatives. There is an understandable desire to return power to local people, communities and agencies. However, many of the local people contributing to this Report asked for guidance on issues such as evidence-based programmes, cost-benefit analysis, evaluation and independent financing. An effective relationship between central and local services should support local people in meeting local needs. For example, the Early Intervention Grant rightly respects local choice. But local people would value some guidance in the way of access to evidence on what works and how to realise the financial benefits of effective Early Intervention. I recommend that a new relationship between the 15 Early Intervention Places and central government is drawn up by the review team, working closely with its local and central partners.

44. I would like the initial Early Intervention Places to become focal points for the other 127 local authorities in the UK. Better dissemination of innovation, success and failure will be invaluable to the natural spread of Early Intervention in the country. In place of directing localities to invest in Early Intervention, the objective will be to offer advice and to encourage early adopters of proven programmes by demonstrating improved outcomes, cost savings, high rates of return, consumer satisfaction and local innovation achieved in the Early Intervention Places.

45. At least 26 local authorities or consortia of local organisations, including health services, have shown an interest in becoming Early Intervention Places. My initial analysis shows that most have strong political commitment, a good track record of innovation, an understanding of the need to improve the evidence and use of new financial technologies, and the willingness to share results of their work, whether successful or not. These bodies are ready to move forward. They and the review team will conclude these arrangements as soon as government accepts this recommendation.

46. With proven cost-effective programmes available and a group of local organisations capable

of choosing how to provide them, we need now to turn to the structure of support that both will require to motivate and optimise their success – the Early Intervention Foundation.

### Recommendations

I recommend that Early Intervention should build on the strength of its local base by establishing **15 local Early Intervention Places** to spearhead its development. These should be run by local authorities and the voluntary sector, who are already the main initiators and innovators of Early Intervention.

I recommend that, where helpful, the Places could voluntarily **link to government departments** where Early Intervention agendas overlap: positive preliminary discussions have already taken place with several departments to explore this.

## Notes

- 1 Allen G and Duncan Smith I (2008) *Early Intervention: Good Parents, Great Kids, Better Citizens*. London: Centre for Social Justice and Smith Institute.
- 2 McDonald L (2010) Save the Children Launch with FAST UK (Families and Schools Together). Presentation at FAST Programme Launch, Save the Children Headquarters, Farringdon, London, 14 May.
- 3 For example, McDonald L and Frey H (1999) Families and Schools Together: Building Relationships. *OJJDP Bulletin* November. McDonald L, Moberg PD, Brown R, Rodriguez-Espiricueta I, Flores NI, Burke MP and Coover G (2006) After-school multifamily groups: a randomized trial involving low-income, urban, Latino children. *Children and Schools* 18: 25–34; Kratochwill TR, McDonald L, Levin JR, Scalia PA and Coover G (2009) Families and schools together: an experimental study of multi-family support groups for children at risk. *Journal of School Psychology* 47: 245–265.
- 4 Birmingham City Council (2007) *The Brighter Futures Strategy*. Birmingham: Birmingham City Council; Birmingham City Council (2009) *A Brighter Future for Children and Young People: The Birmingham Strategy – The Story So Far*. Birmingham: Birmingham City Council.
- 5 Kennedy I (2010) *Getting it Right for Children and Young People: Overcoming Cultural Barriers into the NHS so as to Meet their Needs*. A review by Professor Sir Ian Kennedy. London: Department of Health.





## Chapter 8

# The Early Intervention Foundation: bringing programmes and resources to places

*There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to conduct than to initiate a new order of things. For the reformer has enemies in all who profit by the old order and only lukewarm defenders in all those who profit by the new order.*

*Machiavelli, The Prince*

### Introduction

1. Early Intervention must now take the next steps from concept to reality. It needs to grow from an activity in a few isolated areas to a universal one, with a strong base rooted in the philosophy of Early Intervention and enjoying the authority and respect to spread not only that philosophy but the best practice of Early Intervention. It will need the strongest political support from government and all parties, but will equally benefit from institutional arrangements that are independent of government. It will need to be credible with private and public investors, national and local public services, private and voluntary and community sector providers and bring together capital with programmes that are based on evidence.

2. However, the institutional arrangements I propose must be additions to mainstream funding, not replacements for it. However successful they prove, they can never provide the lion's share of resources required for successful Early Intervention; this will always be reliant on mainstream funding. An independent institution testing programmes, helping local authorities and building coalitions with investors can only be a challenging and revitalising partner for the centre.

Whitehall will still control the policy of Early Intervention but if an additional source of advice, co-operation, methodology and even funding is available, the impact upon central provision will be healthy. It will have a positive and invigorating effect upon centralised programmes, which will have much to gain by collaborating with independent partners.

3. I have made the case that too much money is spent once impairments to children's health and development have fully formed and become resistant to change. An overwhelming body of evidence now points towards the benefits of intervening early, before problems become out of hand. This means better intervention particularly with those aged 0–3, but also with the 0–18s, especially in primary schools and early adolescence. At the latter stage, intervention should do more than react to the first manifestations of school failure and antisocial behaviour. It should also equip the 0–18s to make effective choices about their lives and, above all, to become good parents, thus breaking the transfer of dysfunction from one generation to the next.

4. The evidence base outlined in the first three chapters has long pointed towards the benefits of

Early Intervention for child well-being and then for fulfilling adult lives, particularly for society's most vulnerable. It is now supplemented by a strong economic case, outlined in Chapter 4. Effective Early Intervention can produce significant financial returns, as the product of lower demands on local and national public services, both in childhood and adult life, and greater output and tax receipts from successful people of working age.

5. As Chapter 6 records, there are now many hundreds of Early Intervention programmes and 19 of them have been demonstrated, to the highest scientific standards, to improve child outcomes. Many of these programmes are also supported by evidence about their economic worth. Emerging technology has brought nearer the day when one can make a precise calculation of the economic returns of effective Early Intervention programmes. Preparation for that day must start immediately.

6. The international evidence base is supplemented by strong national and local innovation in the UK. The last decade has seen a major, if uneven, advance in Early Intervention provision. This has been supported by all political parties and headlined by initiatives such as Sure Start children's centres and the Family Nurse Partnership. This has sponsored much local innovation, promoted by entrepreneurial organisations and individuals in communities that see the need for long-term change, including major initiatives highlighted throughout this Report, particularly in Birmingham, Nottingham, Northern Ireland and Wales. The present government has maintained support for Early Intervention and has shown itself to be open to adjusting the balance between centrally sponsored and locally sponsored innovation. This chapter supports the Government's aim of allowing more local innovation to flourish, by proposing a new independent institution to act as its promoter, ally and champion.

7. However, the recent increase in early years provision has not yet improved outcomes. The well-being of children in the UK continues to lag well behind that in other rich nations. In earlier chapters, I charted some of the obstacles to Early Intervention. In total, Early Intervention remains

a tiny part of total central and local government expenditure on children and, despite some notable exceptions, it accounts for only a small part of total voluntary sector provision. In the UK, support for Early Intervention, while growing, is small-scale. It is often dependent on ad hoc spending and not sustained by being part of mainstream funding, and it is usually poorly evaluated. Almost all statutory provisions from Whitehall take the form of fire-fighting reactions to problems; few are about Early Intervention and pre-emption. Our political and official structures reinforce this tendency and it will take a brave decision to set out on a new path. Although our centralised nation leads most others in its ability to innovate within large-scale systems, its lack of sustained interest in rebalancing early and late intervention and the paucity of rigorous, high-quality evaluation means that few UK developments feature on international databases of good practice. Moreover, the lack of high-quality evaluation has made it unnecessarily difficult to estimate accurately the economic returns of Early Intervention. Time and again those who gave evidence to the review commented that they promoted Early Intervention because it was right rather than because it had central government endorsement and sustained resourcing.

8. The lack of clear standards of evidence ensures that he who shouts loudest gets the most business, not he who achieves most. There is little independent support for local innovators in the UK to help them to test their wares, or prove their impact, or demonstrate economic returns, or implement ideas more widely. There is poor dissemination of local successes and no attention to failure. Knowing what does not work is as important as what does, but learning from mistakes is not a part of new initiatives. Commissioners of programmes have no source of independent advice on what works, for whom, when and why, and this makes it difficult for them to have confidence in new approaches. As yet, only a handful of local authorities are using information which offers cost-benefit analysis to select between competing investment options, a particular handicap to Early Intervention programmes that produce the greatest returns. When central and local government does invest in proven approaches, there can be a lackadaisical

approach to fidelity – staying true to the programme – meaning that intended effects are often lost.

9. I make three broad recommendations in response to the lack of progress. First, I believe that proven Early Intervention models such as those described in Chapter 6 should become more available in the UK. I recommend that alongside this development greater support should be given to local innovators to reach higher standards of evidence, which will help to get more UK models onto international databases of proven practice.

10. Second, I recommend the creation of Early Intervention Places to make a coherent start on Early Intervention, encouraging 15 localities to make the most of central and local initiatives. This would involve the use of central government initiatives in the 15 sites, greater flexibility for those in the Places to innovate and evaluate, and better dissemination support so that local areas can learn from each other. At the heart of these recommendations is a commitment to localism, to support local innovation, and for central government to be the national advocate, encouraging and enabling local people rather than controlling their activities. However, my review team also heard many calls from local people and agencies for high-quality central advice to avoid expensive replication of provision. Localities do need additional support to help them to make optimal decisions from the many options now available to them. There is clearly a thirst for such an alternative or additional offer. The following quotations are typical of the comments made by contributors to the evidence sessions I held for the review:

‘We need help to explain the importance of Early Intervention. It isn’t recognised by all the right people locally, including political leaders.’

‘There are problems with the way Early Intervention initiatives or programmes are implemented. All of the good ideas and enthusiasm at the beginning of a project needs to be sustained as it is taken to scale. We have a poor track record in this.’

‘Guidance on which programmes are going to give us the best result given our local needs would be welcome. As commissioners we are bombarded with directives from central government and requests for business from private and voluntary organisations. More support to make better decisions would help us a lot.’

‘It is difficult to join up services that are funded through different government funding streams, for example health and education.’

11. To meet these frequent comments from contributors, my third broad recommendation is to establish an Early Intervention Foundation to support local people, communities and agencies, with initial emphasis on the 15 Early Intervention Places. It would also tie in to the potential of raising capital from private and other investors, which I will examine further in my second report. An additional responsibility of the Foundation would be to help local agencies make the best use of central government initiatives. This chapter sets out the potential contribution of the Foundation. It also makes suggestions about its governance.

### The objective

12. I recommend that the Foundation be charged with establishing demonstrable improvements in the social and emotional bedrock of children in the 15 Early Intervention Places. In addition, it should be able to sell its services to the many other local authorities that are already showing an interest in the proposal. I believe that pump-priming funding could be sought potentially from local government, foundations and private investors. Central government would provide the strongest possible political support (always on an all-party basis) but initial central government financial help, while always welcome, may not be essential. Indeed, there is a strong argument that it will be much easier for the Foundation to attract private and non-governmental investment capital if it is seen to be independent (rather than an arm) of central government. I describe below how this could work. My aspiration aim is for the Early Intervention Foundation to become self-funding as quickly as possible. My second report will consider the appropriate models for achieving this.

13. Given the current financial climate, I recognise that it would be very difficult, if not impossible, for such a venture to be taken on by government, although even in better economic times there are several compelling reasons to keep it independent. There are a number of potential non-government investors. While the funding and finance options explored in my second report will look at continuing investment, initial capital from local government, philanthropists and social enterprises is already a possibility. Many investors are keen to do something positive for society and support a foundation which could help them to develop the people and workforce of the future.

14. The review team will therefore aim to build on the existing momentum in seeking private and non-governmental investment. My second report will define more precisely the scope of the Foundation, set out the best non-government options for its initial funding and identify potential new sources of future investment.

### Purpose and general functions of the Foundation

15. The Foundation would have the following purpose and general functions:

- **Leadership and motivation**

It would work across all sectors and throughout the UK to champion the importance and impact of Early Intervention and to promote the need for sustainable policies, strategies and arrangements for Early Intervention.

- **Strategies**

It would expand and improve the provision of Early Intervention across the UK.

- **Locally focused**

It would work with local authorities, other local services and their partners to support the continuing development of the evidence for Early Intervention set out in this Report.

It would maintain and enhance a database of cost-effective local programmes.

It would develop robust outcomes monitoring and evaluation arrangements on behalf of localities in order to provide independent

reassurance to government and investors in Early Intervention that outcomes have been achieved and financial savings realised.

- **Funding**

It would encourage new investment to provide Early Intervention.

It would act as a trusted source of information for philanthropists wishing to provide funding in this area.

It would actively market effective Early Intervention policies to local authorities and funders.

### Benefits to local areas

16. There are several areas of advice and support that could help to optimise Early Intervention in local areas, many of which were highlighted in the responses to the review. These areas are set out below, and indicate where the Foundation could best offer support to those providing Early Intervention:

- **Reliable evidence on the Early Intervention policies and programmes which are most likely to improve outcomes for children and young people and produce economic savings**

This includes defining and communicating clear standards of evidence, with robust methodologies for measuring the cost–benefit analysis and effectiveness of programmes. The Foundation could maintain and develop databases and directories of effective programmes, policies, relevant research and evaluation as a core part of its library of evidence. The Foundation would be responsible for disseminating evidence to providers.

I have drawn heavily in the earlier sections of this Report on standards of evidence developed by the Greater London Authority in collaboration with the Social Research Unit (SRU) at Dartington and later validated by an international panel of experts. I recommend that the Foundation, when established, should undertake further independent consultation on these and other viable options, and make any necessary alterations before publishing a set of national standards to guide future investment decisions.

I also drew on a database of effective Early Intervention policies and programmes being prepared by the Institute for Effective Education at the University of York; the Blueprints for Violence Prevention Group at the University of Colorado in Boulder, Missouri, US; the SRU at Dartington; and the Social Development Research Group at the University of Washington. I recommend that the Foundation supports a UK panel of independent experts to validate a comprehensive list of effective policies and programmes and update it regularly, in consultation with an appropriate international development team.

The Foundation should draw on existing expertise in the evaluation of programmes provided by various institutions, such as the Centre for Evidence-Based Intervention at Oxford University and the National Academy for Parenting Research at King's College London (NAPR). Both institutions include researchers with first-hand expertise in undertaking high-quality evaluations, and staff with experience as practitioners. The NAPR has developed a commissioning toolkit to help commissioners choose effective parenting programmes, including those developed by the voluntary sector.

Local authorities such as Birmingham, Manchester and the Greater London Authority are funding the SRU at Dartington to translate an econometric model developed by the Washington State Institute for Public Policy for use in the UK. The product of this work will be freely available 'open source' software that can be used by public and private sector investors to calculate the risks and benefits of competing investment options. I recommend that the Foundation should consider relevant methodologies such as this, which could be made available to local providers such as the Early Intervention Places identified earlier. The Foundation should provide a hub of expertise for this type of methodology.

I recommend that the Foundation should provide publications, tools and advice aimed at changing the balance between UK and non-UK contributions to the database of

proven Early Intervention policies and practices. The Foundation should also be charged with improving the quality of dissemination in the field of Early Intervention.

- **Implementation of programmes**

This includes access to relevant tools, and development of necessary skills to help local providers to provide Early Intervention programmes. The problem of poor fidelity of implementation is now well understood by local agencies and central government, but few of the tools available to address this issue are either known or used. I recommend that the Foundation bring together the manuals, training and coaching materials that are required to get the best from evidence-based Early Intervention programmes and find efficient mechanisms to make them available to the purchasers of these interventions, including the Early Intervention Places. Part of this task will involve working with programme developers and connecting them to local commissioners. This would include supporting local areas to implement models in a consistent manner, replicating and adhering to the original model. The Foundation could also support the wider use of promising initiatives, helping to turn them into models, which are evaluated and based on evidence. It could also advise on the professional development of the Early Intervention workforce and how its members acquire the skills which they need. Part of the role of the Foundation would be to ensure consistent methodologies (including application of consistent measures of well-being).

- **Tools to estimate need and demand**

My colleague the Rt Hon Frank Field MP has recommended the development of a measure of the well-being of children in the first five years of life, on the basis that it is difficult to recover from developmental deficits at this stage of life.<sup>1</sup> I wholeheartedly support this recommendation. My review team encountered many tools that not only measure well-being in the early years but also at later stages of development. Unfortunately, good measures may be crowded out by the volume of other information demanded of local authorities, and from private and public providers. I recommend

that the Foundation be charged with taking an independent view on the minimum data requirements on local agencies and to switch the emphasis from central monitoring of local action to information that will help local agencies to make optimal decisions about whom to help, when and how. The quality of evaluation of Early Intervention in the UK has fallen behind international standards. New technology has emerged that allows precise estimates of the impact of policies and programmes on local children, producing the information necessary to calculate costs and benefits. I recommend that the Foundation support the wider implementation of these replication evaluation methods in those 15 Early Intervention Places that wish it.

- **Facilitating greater investment in evidence-based Early Intervention, including attracting private sector investors**

The Foundation could help to bring together investors with robust Early Intervention programmes that require additional funding.

The Foundation could help support investment in its role as an advocate for Early Intervention, helping to demonstrate the benefits of the approach to investors. It could operate as an intermediary between central government, local government and funders and Early Intervention programmes, helping to provide the evidence of what should best be done at local level, and promoting more effective co-ordination of resources. It could encourage investment, for instance by helping to spread risk across a wide range of programmes through a more co-ordinated approach, direct resources to approved schemes and manage the interface between investors and commissioners and providers. This will be considered in more detail in my second report.

Although its financial role will be a primary focus of the Foundation, its structure should prevent any possible conflict of interest between this and its role of evaluation. That means considering how best to separate decisions on the effectiveness of specific programmes from decisions on finance. The second report will also need to explore how the finance arm of the

Foundation should best be structured to comply with state aid, accounting, regulatory and other relevant considerations.

- **Greater co-ordination and brokering of improved working across organisations**

The Foundation could help to bring together providers of Early Intervention, helping to overcome organisation boundaries through a shared purpose. Through greater co-ordination, the Foundation could help to stimulate a growing market of providers. It could also help to oversee and advise on relevant links with other parts of the system, including programmes for adults.

## Functions

17. As I stated earlier, the Foundation will provide leadership and motivation. It does not need to undertake all the activities required for Early Intervention. If there is an existing institution which has proved its ability to meet the expectations of the Foundation and the needs of stakeholders, it may choose to continue to commission activities from that institution. For example, there are a number of organisations that carry out some activities in Early Intervention where I expect the Foundation to lead. They include the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), the National Institute for Health and Clinical Excellence, the Social Care Institute for Excellence and (for the time being) the Children's Workforce Development Council, although all of these organisations have a much broader remit than Early Intervention. The Foundation would work with these organisations to either ensure appropriate priority is given to Early Intervention in their work or commission activities from them where they are best placed to provide them. Similarly, when gaps are identified, the Foundation may choose to seek other providers of the services needed when that is the most effective option. This approach should help the Foundation to be relevant to all parts of the UK and to all stakeholders, and allow existing expertise and experience to be maintained and improved. To give one example, central government and all commissioners of public services are increasingly looking at payment by results as a model for contracts. The key to success

in these contracts, whether they are just outcome contracts funded in a traditional manner or social impact contracts, funded by the issuing of a bond or other financial product, is what the contract will provide, including the clear identification of the outcomes and results to be achieved that will trigger payment. Equally important will be the measurement of those outcomes. It has been suggested during our review<sup>2</sup> that an important role for an independent foundation could be to provide the honest broker role for commissioners, providers and investors in relation to both defining and measuring outcomes across the public sector. (Additional support for this view came from Clay Yeager who spoke to the review in December 2010. He has provided such measurement and outcomes from the private sector in several parts of North America, including Pennsylvania and Florida.) This would allow the Foundation to develop its role as a centre of expertise and good practice in the fields of Early Intervention and outcome-based projects.

## Governance

18. Governance arrangements should reflect the requirements of funders and other stakeholders and, as I have already suggested, the governance arrangements will need to ensure that there is effective separation between the financial and other arms of the Foundation, to avoid any conflict of interest.

19. I believe that sectors outside central government are best placed to create the Foundation in a short time, ideally in the form of a social enterprise. Much of the technology provided by the Foundation could be made available to other bodies within the UK but the Foundation would remain responsible for using this technology to generate economic returns for the 15 Early Intervention Places and private investors.

20. A board of directors would include representation from investors, local users and independent experts. I recommend that government be given an observer role.

## Funding

21. I strongly believe that the Foundation should be independent of government and self-funding.

Given the rapidly changing economic context in which local agencies are operating, I would like the Foundation to be operational this year in order to provide at least some of its services to the Early Intervention Places and other investors by the summer of 2011. I anticipate a small, efficient organisation that finances itself from demand for its services.

22. A detailed business plan would be drawn up by the partners that form the independent Foundation. In addition, the Foundation would be encouraged to seek other finance from national funders that will respect its independent status.

23. I have begun to explore private and philanthropic sources to pump-prime the new enterprise, and a number of significant individuals and organisations have already welcomed the progress made so far.

## Summary

24. The application of Early Intervention policies in our country is patchy in geography and uneven in quality. They are not evaluated to any common standards and little effort is made to identify the policies which work best, to learn from success and failure, or to disseminate best practice.

I believe that the Early Intervention Foundation, as described above, could remedy all of these problems. I believe that its establishment is fundamental to the success of Early Intervention programmes and their expansion. It could provide the rigour and expertise which could inform existing policy, encourage innovation and entice private as well as public investors to provide sustainable funding for the right Early Intervention programmes.

25. The creation of such a Foundation requires foresight and boldness from the Government. There will be many vested interests keen to keep the status quo. However, the conjunction of factors – a new government, economic restraint, a financial community eager to make a contribution, a burst of energy from localism and the willingness of a group of local authorities and entrepreneurs willing to make it happen – offer the perfect moment to make the significant change that Early Intervention needs. I recommend the creation of a shadow Early Intervention Foundation to bring these proposals to fruition.

## Recommendations

I recommend the establishment of an independent **Early Intervention Foundation** to support local people, communities and agencies, with initial emphasis on the 15 Early Intervention Places.

I recommend that the Foundation should be **led and funded by non-central government sources**, including local authorities, ethical and philanthropic trusts, foundations and charities as well as private investors who have already expressed an interest in this. The Government should champion and encourage this concept. Whitehall should neither control nor isolate the Foundation but welcome it and engage with it as a source of complementary activity and advice.

I recommend that the Foundation should be given the following **roles**:

- to lead and motivate the expansion of Early Intervention with initial emphasis on the 15 Early Intervention Places;
- to evaluate Early Intervention policies on the basis of a rigorous methodology and a strong evidence base, and encourage others to do the same;
- to advise the 15 Places and other local authorities and organisations; and
- to develop the capacity to attract private and public investment to Early Intervention.

I recommend the **immediate creation of a 'shadow' Early Intervention Foundation** including those quoted in Annex A to bring these proposals to fruition over the next few months.

## Notes

- 1 Field F (2010) *The Foundation Years: Preventing Poor Children Becoming Poor Adults*. The report of the Independent Review on Poverty and Life Chances. London: HM Government.
- 2 Charlesworth I, *The Social Investment Business*.





## Chapter 9

# Making it happen: strong leadership across the parties

*I believe that this Report has demonstrated a compelling case for a rebalancing of the present expensive and largely ineffective system of late intervention towards Early Intervention, which offers a real prospect of lasting success and savings. The current imbalance is so great that almost certainly this transition can be achieved only in incremental stages. Nonetheless, it will still entail a significant cultural change. That cannot be achieved by purely administrative means. It requires clear vision and committed leadership across the political class. Strong leadership at a national and local level is the single most critical factor in extending Early Intervention to all those who would benefit. I hope this leadership will be most obviously demonstrated by the response to the recommendations of this Report.*

1. At a national level, such leadership must be based on increasing recognition of the benefits across generations and cost-effectiveness of Early Intervention, building on the steps already taken by this Government and its predecessor. All governments henceforward need to make sure that the appropriate policies and incentives are in place to help local political or community leaders to implement and maintain sustainable Early Intervention strategies and programmes for their communities.

2. As I have argued repeatedly, change to affect different generations has to span many electoral cycles and cannot be the property of any one political party. This will require ongoing cross-party support. When Iain Duncan Smith and I published

our book in 2008<sup>1</sup> all of the then leaders of the major UK parties gave public support to its vision of Early Intervention. I am grateful that the same is true for this Report. Even in the UK's fevered political and media environment a space exists for politicians of all parties to commit themselves to a common goal. If they cannot do this when the goal is the well-being of our children, what hope is there for our political system?

3. Even before the publication of this Report I had written to all party leaders to ask that they continue to work together on Early Intervention policies in the future in a way which builds on the recommendations of this Report.

### Recommendation

I recommend that **all political parties** should work together on the Early Intervention agenda. Even before the publication of this Report I wrote to all party leaders to ask that they continue to work – together where possible – on Early Intervention policies in the future in a way which builds on the recommendations of this Report.

one way or another at the outset. That would be a tremendously encouraging signal for everyone who wants to get on with the essential job of implementing Early Intervention.

### Recommendation

I recommend that the Cabinet Social Justice Committee should resolve the issue of future **cross-government co-ordination** on Early Intervention policy immediately on presentation of this Report.

### Clear political responsibility

4. Ministers throughout government have been encouraging and positive as our work has progressed. Our ultimate line of account is to the Cabinet Social Justice Committee. This has worked well for our Report. However, if this more nimble and swift Early Intervention strategy is to be implemented it needs an equally adept response from government. The traditional remedy for all policy ills is to propose a new minister for the subject. I do not suggest that. The Prime Minister is best placed to make that judgement. The vital task is to ensure effective co-ordination between ministers and to get departments to operate outside their silos. That is the only hope of success for a cross-cutting policy such as Early Intervention. It is crucial to get the machinery right, especially when investments by one department improve the outcomes of other departments. There is a plethora of reviews and official committees that need not only co-ordination but also ownership, energy and direction from the top. Early Intervention will depend on establishing lines of accountability which are well designed and sustainable. One responsible minister is a possibility, but so, too, is a triumvirate of Cabinet Office, Education and Health ministers, and other forms of responsibility and accountability for Early Intervention are imaginable and defensible.

5. From my perspective the most obvious solution would be for the Deputy Prime Minister, who is already taking a lead on social mobility, to have the role of motivating the government-wide effort on Early Intervention through the Cabinet Office. The key point is to resolve this issue in

### A new relationship between Whitehall and local providers

6. The officials of our strongly centralised state in Whitehall also have a key role to play, beyond working more fluently across departmental borders. They are sometimes perceived on the ground – rightly or wrongly – as having over-prescribed and over-targeted local activity. With Early Intervention, they now have a unique opportunity to recognise that their best contribution is to be seen to be supporting ideas and actions outside of their control. Early Intervention goes with the flow of the present Government's strategy of decentralisation and localism, and my main recommendations require local government and voluntary sector ownership. The large departments will still command 99 per cent of the budget and expenditure on the issues addressed by Early Intervention and they can only gain from the external policy evaluation and intellectual challenge from the proposed independent Early Intervention Foundation. In administrative terms, Whitehall is the equivalent of Tesco: it will not be harmed by planning permission for the Foundation's corner shop. Through the course of my review I have met many Permanent Secretaries and Directors-General to discuss Early Intervention and am encouraged by their genuine desire to move it forward. It leads me to believe that they will take an imaginative and sympathetic approach to establishing the right relationships with local government, the voluntary sector and the Early Intervention Foundation.

### Recommendation

As soon as ministers resolve their approach, I recommend that the commitment across government to Early Intervention should be given the strongest and most active leadership by the Permanent Secretaries Committee, especially on how to join up departmental thinking and delivery on Early Intervention, and in particular how to get buy-in from local authorities.

### Local providers: accountability and advice

7. Local government elected leaders and senior officials already have a clear responsibility, with transparent accountability, for improving outcomes for children and young people. I believe that they should enhance this by measuring their progress against the indicators recommended in the Report of the readiness of children and young people for school, work and life. However, the imposition of some top-down local Early Intervention plan should be resisted. It is strategically important that the next steps for Early Intervention should be taken by a coalition of the willing, enthusiasts who want to pursue it because they see the long-term benefits. Of course, many local authorities and voluntary organisations want to learn from the best, perhaps by forming their own local action plan, but I do not believe that central government is the best location for that advice. Instead, I believe that they will be better served by independent advice from the sources I propose in this Report, especially the Early Intervention Foundation.

### Recommendation

I recommend that the successful interaction begun by the review with local government should be continued and developed, especially by giving **local government** a leading role in the Early Intervention Foundation.

### Momentum

8. It is not normal for policy reviews to address the issue of momentum. But every reader of this Report interested in politics will understand why I do so now. There are brief windows in political life when a big idea has the chance to capture the imagination and support of the general public and the official machine. At such times, that big idea needs momentum, not delay. Early Intervention is now in that moment. In the few brief weeks I have had to conduct this review it has become evident to me that political and financial circumstances have converged to create a perfect opportunity to make a qualitative leap forward for Early Intervention. **In order to capture that opportunity and generate real momentum for Early Intervention I have deliberately made recommendations which require no new primary legislation and no additional public expenditure.** If the Government supports my proposals – and has the political will to step back and give greater freedom to local providers – they could be implemented swiftly.

9. Few people, if any, would wish to park these proposals – for to do so would waste a unique opportunity – and it is necessary to move forward smartly. For this purpose, assuming that my key proposals in Chapters 6, 7 and 8 are agreed by the Cabinet Social Justice Committee, there needs to be a transition team to effect their implementation. This team would be based around the review team but be able to draw on whatever specialist help is required. Since my key proposals call for action outside Whitehall I believe that such a transition team should have a majority of non-governmental – and potential Early Intervention Foundation – members.

### Recommendation

I recommend the establishment of **a transition team** to secure swift implementation of any of the key recommendations accepted by the Cabinet Committee.

### Note

I Allen G and Duncan Smith I (2008) *Early Intervention: Good Parents, Great Kids, Better Citizens*. London: Centre for Social Justice and the Smith Institute.



## Chapter 10

# Financing Early Intervention

1. The completion of this first Report is not the end of the story. Not only must it be acted upon, but if its key recommendations are accepted they will also need to be supported by greater finance for Early Intervention. That is why the review team is staying together and is already preparing its second report on Early Intervention funding and finance. I have already set out my belief that the expansion of Early Intervention can be better achieved if it is championed by a new Early Intervention Foundation. In my view, this could be largely achieved through non-government sources, although the government would always be welcome as an investor. The next task is to examine how we can achieve this and to investigate the full range of financial mechanisms that could attract external investment. This part of the review will have the help of the Treasury and the expert advice of the City and financial community. In addition, there are many ethical and philanthropic institutions that have already made pertinent contributions. Many readers of this Report are already working with the review team, but it still welcomes ideas and contributions from all sources, and can be contacted at [EIFinancingAllenReview@cabinet-office.x.gsi.gov.uk](mailto:EIFinancingAllenReview@cabinet-office.x.gsi.gov.uk) or

Independent Review on Early Intervention  
Room 4.6  
Cabinet Office  
Strategy Unit  
Admiralty Arch  
North Entrance  
The Mall  
London SW1A 2WH

2. I hope that this Report has established its central case: there is massive saving to be made by helping babies, children and young people to make the best of themselves rather than cost society and the taxpayer billions of pounds for want of a modest investment. The next task is to discover the best way to use that massive potential saving to drive up-front investment in Early Intervention policies. We need to be able to measure it, put a price on it, and ring-fence it so that the gain can be repaid to public and private investors, and if we can achieve this, many of those investors would almost certainly reinvest some or all of their gain in yet more Early Intervention.

3. This Report has already shown that there is a set of strong programmes, with compelling evidence of effectiveness, which would be able to produce returns and develop confidence in Early Intervention investments. The broad-based independent Foundation recommended in Chapter 8 would be able to advise and to help to develop Early Intervention. There is no shortage of potential instruments to finance Early Intervention, including local authority and other bonds, equity-based products, payment-by-results organisations and high street retail products. The review team will examine them all, and consider how the proposed Foundation could best support them.

4. That work starts in earnest today: I hope that all readers will help to make it a success.

### Recommendation

A further report on the **Financing of Early Intervention** is being prepared by my team and I recommend that the Cabinet Social Justice Committee should ensure that the team is properly resourced and staffed to enable the report to be presented before the Parliamentary summer recess.





## Annex A

# What they say about Early Intervention

'Local government will be delighted if a locally-driven Institution of the type floated in the Allen Report is given the job of breaking through on Early Intervention. Rigorous evidence based policies and strong methodologies, faithfully implemented are the key to combining localised decision making with the most effective programmes around. At a time of scarce public resources it's even more important that we implement evidence based programmes proved to work and tackle the causes of social problems rather than always be forced to deal with their consequences.

'I would urge government to look further into the Allen Report and enable us to build an independent centre to take this work forward.'

*Stephen Hughes, Chief Executive, Birmingham City Council*

**'The Big Lottery Fund shares Graham Allen's ambition for excellent early intervention to improve outcomes for children and families. Knowing what works, funding it effectively, and influencing and supporting practitioners on the ground, are all crucial components for success.**

**'As a funder, BIG supports many civil society organisations that reach out to and deliver services for families, who could benefit from opportunities for their practice to be shared more widely and validated, as well as opportunities to learn from best practice elsewhere. We therefore look forward to studying the proposals that emerge from Graham Allen's review and considering how best we as a funder can support early intervention that works.'**

***Peter Wanless, Chief Executive, The Big Lottery Fund***

*'If Early Intervention is to go to the next level, the Private Equity Foundation believes that an institution independent of central government which can identify the best proven interventions, facilitate their delivery by local providers and attract private funders by demonstrating the quality, effectiveness and results of these programmes and policies would be critical. We would be keen to play our part in transforming the ideas in the first Allen report into action and contributing ideas to the second report on different forms of non-government financing of Early Intervention.'*

*Charlie Green, Trustee, Private Equity Foundation*

'It's already an exciting time for City involvement in Early Intervention and similar programmes. The Allen review proposals open up more possibilities to develop this relationship even further.'

*Jim O'Neill, Chairman, Goldman Sachs Asset Management*

**'I welcome the idea of the development of an independent intermediary institution linking the communities of finance, local government and evidence-based early intervention policies, whether built on and with existing intermediaries or established separately if necessary. I would be very happy to be involved in discussions in this area should government give approval in principle to the idea going ahead, given its alignment with our focus on social investment in the development of the Big Society.'**

*Lord Wei, government adviser on the Big Society*

*'The Allen Report opens up the possibility for City investment schemes to flow into tried and tested Early Intervention programmes forging the link between attractive rates of return for investors and serious benefits for individuals and their families. We need to make the step up from individual philanthropy to sustained private income streams. An Early Intervention Foundation could be the vehicle to make this happen and I hope Government will allow those who wish to take this further, to do so.'*

*Chris Robinson, Chief Executive, The Mayor's Fund for London*

'An independent Foundation separate from central government, created and led by local councils, private investment and charitable and ethical partners, could impartially evaluate and make freely available the most cost-effective early intervention policies, help put them into practice and explore new resources from non-government funding. Graham's review recommendations demand a serious appraisal and an urgent response.'

*Sir Howard Bernstein, Chief Executive, Manchester City Council*

**'Early Intervention must take the next steps forward. We would consider working with others to help get an institution off the ground that could act as a broker between the different interests in early intervention, commissioners, investors and deliverers to develop policies and models of intervention, as well as defining and measuring outcomes. Good work is being done in this area by government and others. It now needs to be given additional clout and an extra dimension.'**

***Ian Charlesworth, Commercial Director, The Social Investment Business***

*'The police service has much to gain from capable parenting. Raising socially and emotionally capable babies, children and young people is important, since this will inevitably mean fewer offenders in later life. Should an Early Intervention Foundation be agreed by the Government we would want to be closely involved with local authority and other partners to help maximise its value.'*

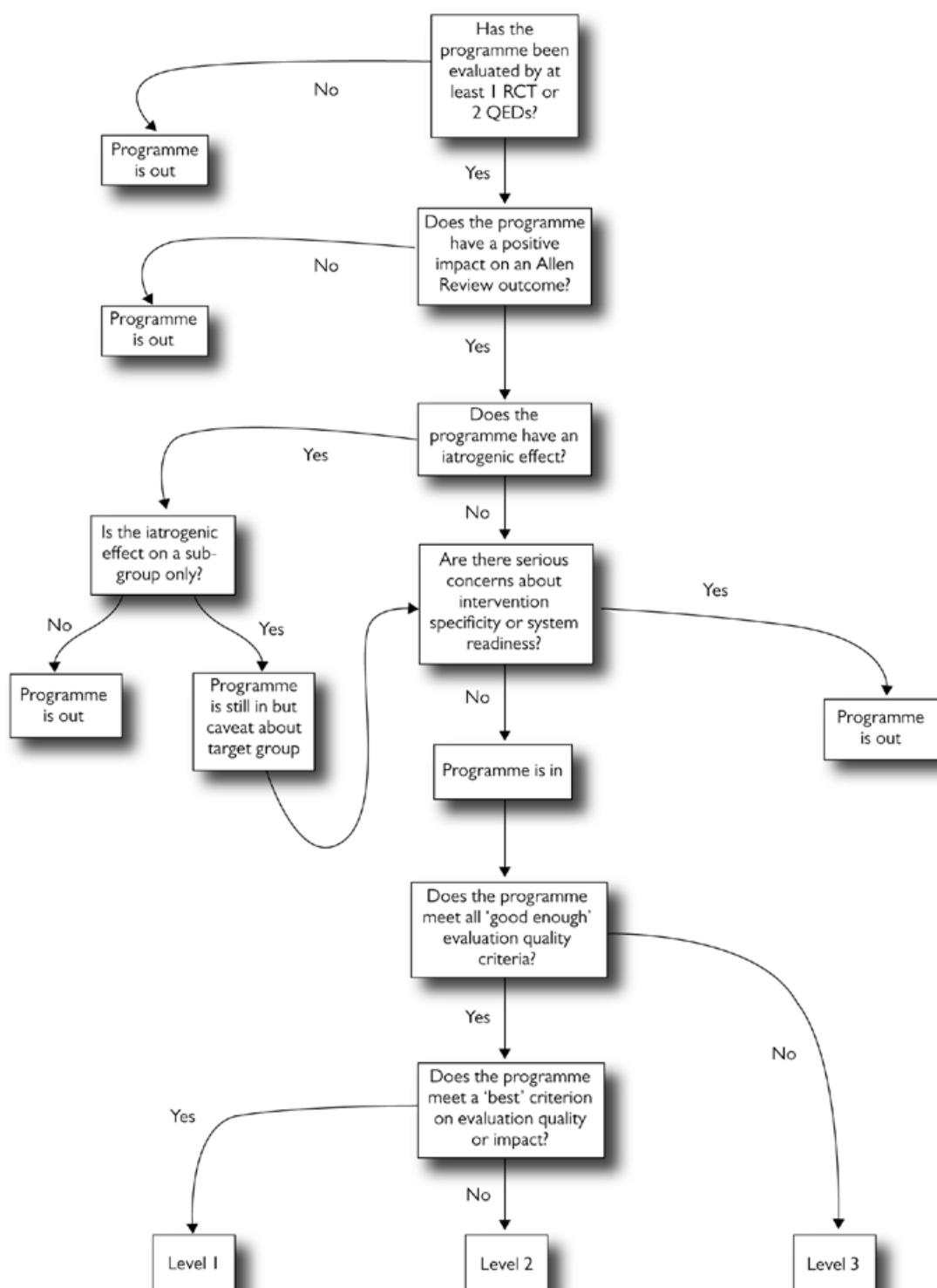
*Ian McPherson QPM, Assistant Commissioner, Metropolitan Police Service*

## Annex B

# Programmes and how they were selected

The process by which evidence-based interventions were selected, and allocated to the three levels, is set out in Figure B.1 below.

Figure B.1: How programmes were selected and allocated to levels



The three levels of evidence are defined as follows, starting with the highest standard.

### Level 1

All of the Level 2 criteria must apply plus:

- programme gets a 'best' on evaluation quality and/or impact criteria. In the case of evaluation quality this means that any of the 'best' criteria must apply, while in the case of impact criteria both of the 'best' criteria must apply.

### Level 2

All of the Level 3 criteria must apply plus:

- programme meets all evaluation quality criteria.

### Level 3

All of the following must apply:

- programme has one randomised controlled trial (RCT) or two quasi-experimental designs (QEDs);
- programme has a positive impact on an Allen Review outcome;
- programme has no iatrogenic effect; and
- there are no obvious concerns about intervention specificity or system readiness.

The criteria used to inform this work are listed in Annex C of this Report. They are based on the standards developed by the Social Research Unit for the Greater London Authority's Project Oracle. These were further developed with the help of leading experts in the field of Early Intervention at the the Annie E. Casey Foundation, the Social Development Research Group at the University of Washington and the Blueprints for Violence Prevention Group in the United States as well as the Institute for Effective Education in the UK.

The institutions and individuals involved in review of the criteria, and coding of programmes against these standards, are listed below.

## The panel used to inform selection

### Lead individuals

Delbert Elliott  
(University of Colorado, Boulder, and developer of the Blueprints for Violence Prevention database)

David Hawkins  
(Social Development Research Group, University of Washington, US, and developer of the *Prevention Strategies Guide* that is part of Communities that Care)

Michael Little  
(The Social Research Unit, Dartington, UK)

Kristen Moore  
(Child Trends, Washington, US, and Developer of the LINKS database)

Robert Slavin  
(Success for All, Johns Hopkins University, US, and developer of the Best Evidence Encyclopaedia)

### Reviewers

Nick Axford  
Gretchen Bjornstad  
Frances Kemp  
Michaela Santen  
(The Social Research Unit, Dartington, UK)

Nicole Eisenberg  
Andrew Woolley  
(Social Development Research Group, University of Washington, US)

Abigail Fagan  
(University of North Carolina, US)

Tawana Bandy  
Jordan Khan  
Mary Terzian  
(Child Trends, US)

Bette Chambers  
(Success for All, US)

## Selected programmes by level

The following programmes have been assigned to levels 1, 2 or 3 based on the process described above. Further summaries of programmes, their target group and the broad outcomes areas are included below.

### Level 1 (19 interventions)

- Curiosity Corner (as part of Success for All)
- Early Literacy and Learning Model (ELLM)
- Functional Family Therapy (FFT)
- Incredible Years
- Let's Begin with the Letter People
- Life Skills Training (LST)
- Lions Quest Skills for Adolescence
- Multidimensional Treatment Foster Care (MTFC)
- Multisystemic Therapy (MST)
- Nurse Family Partnership (NFP)
- Parent–Child Home Program
- Project Towards No Drug Abuse (Project TND)
- Promoting Alternative Thinking Strategies (PATHS)
- Reading Recovery
- Ready, Set, Leap!
- Safe Dates
- Safer Choices
- Start Taking Alcohol Risks Seriously (STARS) for Families
- Success for All

### Level 2 (3 interventions)

- Bright Beginnings
- Parent–Child Interaction Therapy (PCIT)
- Schools and Families Educating Children (SAFE Children)

### Level 3 (50 interventions)

- Adolescent Transitions Program
- Adolescents Coping with Depression
- All Stars
- AI's Pals

- Brain Power
- Breakthrough to Literacy
- Brief Strategic Family Therapy
- Bright Bodies
- Career Beginnings
- Caring Schools Communities
- Carrera Pregnancy Prevention (effect on girls only)<sup>1</sup>
- CASASTART
- CATCH
- Community Mothers
- Cooperative Integrated Reading and Composition
- Coping Power
- Dare to be You
- Direct Instruction
- Even Start
- First Step to Success
- Good Behavior Game
- Guiding Good Choices
- Healthy Families America
- Healthy Families New York
- High/Scope Perry Pre-School
- Homebuilders
- I Can Problem Solve
- Olweus Bullying Program
- PALS
- Parenting Wisely
- Parents as Teachers
- Planet Health
- Positive Action
- Power Teaching Mathematics
- Power Teaching Mathematics (STAD)
- Project SPARK
- Quick Reads
- Read 180
- Reducing the Risk
- Roots of Empathy
- Shapedown
- Stop Now and Plan (SNAP)
- TAI Math

- Targeted Reading Intervention
- Teen Outreach
- The Reading Edge
- Together Learning Choices (TLC)
- Triple P
- Varying Maternal Involvement in a Weight Loss Program
- Youth AIDS Prevention Project

### Selected programmes by developmental stage and target group

Table B.1 shows where these programmes fit in terms of the developmental stage they apply to (rows) and target group (columns). Programmes are listed in alphabetical order within each cell.

Some programmes cut across different developmental stages (indicated by square brackets). For example, Al's Pals appears in 'Conception to school/Interventions for all children' but also in 'Primary school years/Interventions for all children'.

<b>Table B.1: Interventions by developmental stage and target group</b>		
	<b>Interventions for all children</b>	<b>Interventions for children in need</b>
<b>Conception to school</b>	[Al's Pals] [Breakthrough to Literacy] Bright Beginnings Curiosity Corner [I Can Problem Solve] [Incredible Years] Let's Begin with the Letter People Parents as Teachers Ready, Set, Leap! [Success for All] [Triple P]	[Brief Strategic Family Therapy] Community Mothers Dare to be You Direct Instruction Early Literacy and Learning Model (ELLM) <sup>2</sup> [Even Start <sup>3</sup> ] Healthy Families America Healthy Families New York High/Scope Perry Pre-School [Incredible Years] [Multidimensional Treatment Foster Care (MTFC)] Nurse Family Partnership Parent–Child Home Program <sup>4</sup> [Parent–Child Interaction Therapy (PCIT)] [Triple P]

Table B.1: Interventions by developmental stage and target group ( <i>continued</i> )		
	Interventions for all children	Interventions for children in need
Primary school years	[AI's Pals] Brain Power [Breakthrough to Literacy] Caring Schools Communities [CASASTART] CATCH Cooperative Integrated Reading and Composition Good Behavior Game [Guiding Good Choices] [I Can Problem Solve] [Incredible Years] [Olweus Bullying Program] PALS [Planet Health] [Positive Action] [Power Teaching Mathematics (STAD)] Project SPARK Promoting Alternative Thinking Strategies (PATHS) Quick Reads [Roots of Empathy] [Success for All] TAI Math The Reading Edge [Triple P]	[Brief Strategic Family Therapy] [Bright Bodies] [Coping Power] [Direct Instruction] [Even Start] First Step to Success [Homebuilders] [Incredible Years] [MTFC] [PCIT] Reading Recovery Schools and Families Educating Children (SAFE Children) <sup>5</sup> Stop Now and Plan (SNAP) Targeted Reading Intervention [Triple P]

<b>Table B.1: Interventions by developmental stage and target group (continued)</b>		
	<b>Interventions for all children</b>	<b>Interventions for children in need</b>
<b>Secondary school years</b>	Adolescent Transitions Program All Stars [CASASTART] [Guiding Good Choices] [Incredible Years] Life Skills Training Lions Quest Skills for Adolescence [Olweus Bullying Program] [Planet Health] [Positive Action] [Power Teaching Mathematics (STAD)] Reducing the Risk [Roots of Empathy] Safe Dates Safer Choices STARS for Families [Success for All] Teen Outreach [Triple P] Youth AIDS Prevention Project	Adolescents Coping with Depression [Brief Strategic Family Therapy] [Bright Bodies] Career Beginnings Carrera Pregnancy Prevention [Coping Power] Functional Family Therapy (FFT) [Homebuilders] [Incredible Years] [MTFC] Multisystemic Therapy (MST) Parenting Wisely Project Towards No Drug Abuse (Project TND) Read 180 Shapedown Together Learning Choices (TLC) [Triple P] Varying Maternal Involvement in a Weight Loss Program

## Level 1 programme overviews

The following provides brief descriptions of the Level 1 programmes.

### Early Literacy and Learning Model (ELLM)

[www.unf.edu/dept/fie/ellm-plus-home.html](http://www.unf.edu/dept/fie/ellm-plus-home.html)

ELLM is a US literacy-focused curriculum and support system designed for young children from low-income families. The ELLM programme includes curriculum and literacy building blocks, assessment for instructional improvement, professional development for literacy coaches and teachers, family involvement, and collaborative partnerships. The ELLM curriculum and support system is designed to enhance existing classroom curricula by specifically focusing on children's early literacy skills and knowledge. The ELLM curriculum materials include: a set of literacy performance standards; monthly literacy packets; targeted instructional strategies; resource guides for teachers; a book-lending library; and literacy calendars. ELLM requires a two-hour block of daily literacy and language instruction. Trained literacy coaches provide instructional support to pre-school teachers who use the curriculum.

### Functional Family Therapy (FFT)

[www.fftinc.com/](http://www.fftinc.com/)

FFT is a structured family-based intervention that works to enhance protective factors and reduce risk factors in the family. FFT has three phases. The first phase is designed to motivate the family towards change; the second phase teaches the family how to change a specific critical problem identified in the first phase; and the final phase helps the family to generalise their problem-solving skills. A randomised controlled trial of Functional Family Therapy is currently under way in Brighton as part of the SAFE Project.

### Incredible Years

[www.incredibleyears.com/Program/incredible-years-series-overview.pdf](http://www.incredibleyears.com/Program/incredible-years-series-overview.pdf)

The Incredible Years parent-training intervention is a series of programmes focused on strengthening parenting competences (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and

emotional competences and reduce conduct problems. The parent programmes are grouped according to age: Babies & Toddlers (0–3 years); BASIC Early Childhood (3–6 years); BASIC School-Age (6–12 years); and ADVANCED (6–12 years). Incredible Years has been widely delivered across the UK, including delivery with a focus on the disadvantaged through Welsh Early Years Services and a 0–12 programme being delivered through Manchester's Children and Parents Service.

### Let's Begin with the Letter People

[www.abramsllearningtrends.com/lets\\_begin\\_with\\_letter\\_people.aspx](http://www.abramsllearningtrends.com/lets_begin_with_letter_people.aspx)

Let's Begin with the Letter People is designed to enhance early language and literacy skills. The programme targets many areas of language development, including building letter knowledge, phonological awareness, language and motivation to read, development of vocabulary, and receptive and expressive language development.

### Life Skills Training (LST)

[www.lifeskillstraining.com/](http://www.lifeskillstraining.com/)

LST is a school-based classroom intervention to prevent and reduce the use of tobacco, alcohol and marijuana. Teachers deliver the programme to middle/junior high school students in 30 sessions over three years. Students in the programme are taught general self-management and social skills and skills related to avoiding drug use.

### Lions Quest Skills for Adolescence

[www.lions-quest.org/](http://www.lions-quest.org/)

Lions Quest Skills for Adolescence is a school-wide programme designed for middle school students (grades 6–8). It was designed to promote good citizenship skills, core character values and social-emotional skills and to discourage the use of drugs, alcohol and violence. The programme includes a classroom curriculum, school-wide practices to create a positive school climate, parent and family involvement, and community involvement. The curriculum may vary in scope and intensity, lasting from nine weeks to three years. The lessons use co-operative group learning exercises and classroom management techniques to improve classroom climate.

**Multidimensional Treatment Foster Care (MTFC)**

[www.mtfc.com/index.html](http://www.mtfc.com/index.html)

MTFC (versus regular group care) is an alternative to group or residential treatment, incarceration and hospitalisation for adolescents exhibiting chronic antisocial behaviour, emotional disturbance and delinquency. Community families are recruited, trained and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school and in the community. MTFC emphasises clear and consistent limits with follow-through on consequences, positive reinforcement for appropriate behaviour, a relationship with a mentoring adult, and separation from delinquent peers. MTFC is being trialled by randomised controlled trial and quasi-experimental study in the UK as part of the Care Placements Evaluation.

**Multisystemic Therapy (MST)**

[www.mstservices.com/](http://www.mstservices.com/)

MST is an intervention for young people that focuses on improving the family's capacity to overcome the known causes of delinquency. Its goals are to promote parents' ability to monitor and discipline their children and replace deviant peer relationships with pro-social friendships. Trained MST therapists, working in teams consisting of one PhD clinician and three or four clinicians with master's degrees, have a caseload of four to six families. The intervention typically lasts between three and six months. The first randomised controlled trial of MST in the UK, run by the Brandon Centre in partnership with Camden and Haringey Youth Offending Services.

**Nurse Family Partnership/Family Nurse Partnership**

[www.nursefamilypartnership.org/](http://www.nursefamilypartnership.org/)

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118530](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530)

Nurse Family Partnership provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth. The programme was developed by Dr David Olds. The goal is to promote the child's development and provide support and instructive parenting skills to the parents. The programme is designed to serve

low-income, at-risk pregnant women bearing their first child. It is being delivered in the UK as Family Nurse Partnership. The Department of Health is currently undertaking a number of randomised controlled trials across the UK.

**Parent–Child Home Program**

[www.parent-child.org/](http://www.parent-child.org/)

The Parent–Child Home Program promotes parent–child interaction and positive parenting to enhance children's cognitive and social-emotional development. It prepares children for academic success and strengthens families through intensive home visiting. Twice-weekly home visits are designed to stimulate the parent–child verbal interaction, reading and educational play critical to early childhood brain development. Each week the home visitors bring a new book or educational toy that remains with the families permanently. Using the book or toy, home visitors model for parents and children reading, conversation and play activities that stimulate quality verbal interaction and age-appropriate developmental expectations. The Parent–Child Home Program has been implemented in Ireland, Bermuda, Canada and the US.

**Promoting Alternative Thinking Strategies (PATHS)**

[www.channing-bete.com/prevention-programs/paths/](http://www.channing-bete.com/prevention-programs/paths/)

The PATHS curriculum facilitates the development of self-control, self-esteem, emotional awareness and interpersonal problem-solving skills, with an increased vocabulary and understanding of emotions. The programme also focuses on improving empathy and promoting an understanding of attributional processes and a better understanding of the effects of behaviours. It links with the current PSHE curriculum and works positively to promote whole-school behaviour policies.

**Project Towards No Drug Abuse (Project TND)**

[tnd.usc.edu/](http://tnd.usc.edu/)

Project TND is funded by the US National Institute on Drug Abuse as a drug misuse intervention and prevention programme for high school-age young people. This school-based programme: teaches skills, such as healthy coping

and self-control; educates students about myths and misleading information that encourage drug misuse, and motivates change; warns of chemical dependency and other negative consequences; and provides cessation strategies for those already using drugs. Finally, it encourages young people to use positive decision-making skills, to continue to discuss drug misuse with peers, and to commit to not using drugs.

### **Reading Recovery**

[readingrecovery.ioe.ac.uk/](http://readingrecovery.ioe.ac.uk/)

Reading Recovery is an early intervention tutoring programme for pupils aged 6 and 7 who are experiencing difficulty in their beginning reading instruction. The programme provides the lowest-achieving readers (lowest 20 per cent) with supplemental tutoring in addition to their normal reading classes. Pupils participating in Reading Recovery receive daily 30-minute one-to-one lessons for 12–20 weeks with a specially trained teacher. The lessons include assessment, reading known stories, reading a story that was read once the day before, writing a story, working with a cut-up sentence, and reading a new book. Reading recovery is a key plank of 'Every Child a Reader'.

### **Ready, Set, Leap!**

[www.leapfrog.com/school/](http://www.leapfrog.com/school/)

Ready, Set, Leap! is a pre-school curriculum that focuses on early reading skills, such as phonemic awareness, letter knowledge and letter–sound correspondence, using multi-sensory technology that incorporates touch, sight and sound. Teachers may adopt either a theme-based or a literature-based teaching approach, and for each approach, the curriculum provides lesson plans, learning objectives and assessment tools.

### **Safe Dates**

[www.hazelden.org/web/public/safedates.page](http://www.hazelden.org/web/public/safedates.page)

Safe Dates is designed to stop or prevent the initiation of emotional, physical and sexual abuse on dates or between individuals involved in a dating relationship. Intended for male and female eighth- and ninth-grade students, the goals of the programme include: changing adolescent dating violence and gender-role norms; improving peer help-giving and dating conflict-resolution

skills; promoting victim and perpetrator beliefs in the need for help and seeking help through the community resources that provide it; and decreasing dating abuse victimisation and perpetration. Safe Dates consists of five components: a nine-session curriculum, a play script, a poster contest, parent materials, and a teacher training outline.

### **Safer Choices**

[www.advocatesforyouth.org/index.php?option=com\\_content&task=view&id=1128&Itemid=177](http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=1128&Itemid=177)

Safer Choices is a two-year, school-based, HIV/STI and teen pregnancy prevention programme with the primary goal of reducing unprotected sexual intercourse by encouraging abstinence and, among students who report having sex, encouraging condom use. Based on social cognitive theory, social influences theory, and models of social change, Safer Choices is a high school programme that includes: a school health protection council; the curriculum; peer club or team to sponsor school-wide activities; parenting education; and links between schools and community-based services. In some schools, programmes also incorporate an HIV-positive speaker. The programme is delivered in 20 sequential sessions. Parents receive a newsletter and participate in some student–parent homework assignments. School–community links centre on activities to enhance students' familiarity with and access to support services in the community. Each year of the programme, schools implement activities across all five components.

### **Start Taking Alcohol Risks Seriously (STARS) for Families**

[wch.uhs.wisc.edu/13-Eval/Tools/Resources/Model%20Programs/STARs.pdf](http://wch.uhs.wisc.edu/13-Eval/Tools/Resources/Model%20Programs/STARs.pdf)

Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion programme for preventing alcohol use among at-risk middle and junior high school young people (11–14 years old). The goal of STARS for Families is to have all young people postpone alcohol use until adulthood. STARS for Families matches media-related, interpersonal and environmental prevention strategies to each child's specific stages of alcohol

initiation, stages of readiness for change, and specific risk and protective factors. This innovative programme has been shown to result in avoidance of, or reductions in, alcohol use among participating young people.

**Success for all (including Curiosity Corner)**

[www.successforall.net/index.htm](http://www.successforall.net/index.htm)

[www.successforall.org.uk/](http://www.successforall.org.uk/)

Success for All is a school reform programme that focuses on promoting early reading success among educationally at-risk students. It was developed by Robert Slavin, Nancy Madden and colleagues at the request of the Baltimore City Public School System, and was piloted in one Baltimore elementary school during the 1987–88 school year. The programme is currently working with over 200 schools in the UK.

**Notes**

1. The evaluation found no effect on boys' attitudes or behaviour regarding pregnancy prevention.
2. For children from low-income families.
3. Under-8s from low-income families.
4. Children aged 1–3 from low-income families.
5. Targeted at first grade (US) children in inner-city neighbourhoods.

Table B.2: Selected programmes against key criteria<sup>1</sup>

Key: Shaded programme meets this criterion  
 Blank programme does not meet this criterion, or there is a question mark about whether it does  
 – programme was not assessed against this criterion<sup>2</sup>

Programme	Evaluation quality (Good enough)														Evaluation quality (Best)			Impact (Good enough)		Impact (Best)			
	A1	A1a	A1b	A1c	A1d	A1e	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	B1	B3	B4	B5	
<b>LEVEL 1</b>																							
Curiosity Corner																							
Early Literacy and Learning Model (ELLM)																							
Functional Family Therapy (FFT)																							
Incredible Years																							
Let's Begin with the Letter People																							
Life Skills Training (LST)																							
Lion's Quest Skills for Adolescence																							
Multidimensional Treatment Foster Care (MTFC)																							
Multisystemic Therapy (MST)																							

1 This table shows how the selected programmes were rated against the criteria referred to in Figure B.1. The criteria in question are listed at the end of this table for ease. 'Serious concerns' about intervention specificity or system readiness was a judgement based on the ratings (rather than a simple calculation), and so does not appear in this table.

2 Some programmes were only assessed against the criteria A1, B1 and B3.











## Evaluation quality

### Good enough

A1. One randomised controlled trial or two quasi-experimental evaluations (initial quasi-experimental evaluation and a replication) with the following characteristics:<sup>3</sup>

A1a. Assignment to the intervention is at a level appropriate to the intervention.

A1b. There is use of measurement instruments that are appropriate for the intervention population of focus and desired outcomes.

A1c. Analysis is based on 'intent to treat'.

A1d. There are appropriate statistical analyses.

A1e. Analyses of baseline differences indicate equivalence between intervention and comparison groups.

A2. There is a minimum of one long-term follow-up (at least six months following completion of the intervention) on at least one outcome measure indicating whether results are sustained over time.

A3. There is a clear statement of the demographic characteristics of the population with whom the intervention was tested.

A4. There is documentation regarding what participants received in the intervention and counterfactual conditions.

A5. There is no evidence of significant differential attrition.

A6. Outcome measures are not dependent on the unique content of the intervention.

A7. Outcome measures reflect relevant outcomes.

A8. Outcome measures are not rated solely by the person or people delivering the intervention.

### Best

A9. There are two RCTs or one RCT and one QED evaluation (in which analysis and controls rule out plausible threats to internal validity).

A10. The evaluation results indicate the extent to which fidelity of implementation affects the impact of the intervention.

A11. Dose-response analysis is reported.

A12. Where possible or appropriate there is analysis of the impact on sub-groups (e.g. do the results hold up for different age groups, boys and girls, ethnic minority groups?).

A13. There is verification of the theoretical rationale underpinning the intervention, provided by mediator analysis showing that effects are taking place for the reasons expected.

### Impact

B1. There is a positive impact on a relevant outcome.<sup>4</sup>

B3. There is an absence of iatrogenic effects for intervention participants. (This includes all sub-groups and important outcomes.)

B4. If two or more RCTs or at least one RCT and one QED have been conducted, and they meet the methodological criteria stipulated in section A (see criterion A9), there is evidence of a positive effect (criterion B1) and an absence of iatrogenic effects (criterion B3) from a majority of the studies.

B5. There is evidence of a positive dose-response relationship that meets the methodological standard stated in A11.

3 For the purposes of this Report this criterion (A1) was relaxed so that there only needs to be evidence of one RCT or two QEDs, not evidence that they meet the criteria A1a–A1e.

4 For the purposes of this Report this criterion (B1) was relaxed so that evidence of a positive impact does not have to be established by a 'a majority of studies complying with the "good enough" evaluation quality criteria set out in section A' (as stated in the guidance); rather, there only needs to be evidence of a positive impact from at least one RCT or two QEDs (cf. A1).

# Annex C

## Standards of evidence criteria<sup>1</sup>

### A. Evaluation quality

#### Good enough

A1. One randomised controlled trial (RCT) **or** two quasi-experimental design (QED) evaluations (initial quasi-experimental evaluation and a replication) with the following characteristics (see A1a–A1e):

A1a. Assignment to the intervention is at a level appropriate to the intervention.

A1b. There is use of measurement instruments that are appropriate for the intervention population of focus and desired outcomes.

A1c. Analysis is based on ‘intent to treat’.

A1d. There are appropriate statistical analyses.

A1e. Analyses of baseline differences indicate equivalence between intervention and comparison groups.

A2. There is a minimum of one long-term follow-up (at least six months following completion of the intervention) on at least one outcome measure indicating whether results are sustained over time.

A3. There is a clear statement of the demographic characteristics of the population with whom the intervention was tested.

A4. There is documentation regarding what participants received in the intervention and counterfactual conditions.

A5. There is no evidence of significant differential attrition.

A6. Outcome measures are not dependent on the unique content of the intervention.

A7. Outcome measures reflect relevant outcomes.

Requires evidence that one or more of the outcome measures reflects one or more relevant outcomes.

A8. Outcome measures are not rated solely by the person or people delivering the intervention.

#### Best

A9. There are two RCTs **or** one RCT and one QED evaluation (in which analysis and controls rule out plausible threats to internal validity).

Requires evidence that at least two RCTs or one RCT and one QED evaluation were conducted on the intervention in question and, critically, that they meet the methodological requirements spelled out in all ‘good enough’ evaluation quality criteria (A1–A8).

A10. The evaluation results indicate the extent to which fidelity of implementation affects the impact of the intervention.

A11. Dose-response analysis is reported.

A12. Where possible or appropriate there is analysis of the impact on sub-groups (e.g. do the results hold up for different age groups, boys and girls, ethnic minority groups?).

A13. There is verification of the theoretical rationale underpinning the intervention, provided by mediator analysis showing that effects are taking place for the reasons expected.

## B. Impact

### Good enough

B1. There is a positive impact on a relevant outcome.

Requires evidence that in a majority of studies complying with the 'good enough' evaluation quality criteria set out in section A, programme group participants did better relative to the control group participants on a relevant outcome, and that the difference is statistically significant.

B2. There is a positive and statistically significant effect size, with analysis done at the level of assignment (or, if not, with appropriate correction made).

or

There is a reported sample size weighted mean effect size of 0.2, with a sample size of more than 500 individuals across all studies.

B3. There is an absence of iatrogenic effects for intervention participants. (This includes all sub-groups and important outcomes.)

### Best

B4. If two or more RCTs or at least one RCT and one QED evaluation have been conducted, and they meet the methodological criteria stipulated in section A (see criterion A9), there is evidence of a positive effect (criterion B1) and an absence of iatrogenic effects (criterion B3) from a majority of the studies.

B5. There is evidence of a positive dose-response relationship that meets the methodological standard stated in A11.

## C. Intervention specificity

### Good enough

C1. The intended population of focus is clearly defined.

C2. Outcomes of the intervention are clearly specified and meet one of the relevant outcomes.

C3. The risk and promotive factors that the intervention seeks to change are identified, using

the intervention's logic model or theory explaining why the intervention may lead to better outcomes.

C4. There is documentation about what the intervention comprises.

### Best

C5. There is a research base summarising the prior empirical evidence to support the causal mechanisms (risk and protective factors) that underlie the change in outcomes being sought.

## D. System readiness

### Good enough

D1. There are explicit processes for ensuring that the intervention gets to the right people.

D2. There are training materials and implementation procedures.

D3. There is a manual(s) detailing the intervention.

D4. There is reported information on the financial resources required to deliver the intervention.

D5. There is reported information on the human resources required to deliver the intervention.

D6. The intervention that was evaluated is still available.

### Best

D7. The intervention is currently being widely disseminated.

D8. The intervention has been tested in 'real world' conditions.

D9. Technical support is available to help implement the intervention in new settings.

D10. Absolute financial investment is stated.

D11. There is a fidelity protocol or assessment checklist to accompany the intervention.

## Note

I More detailed explanations of these standards exist for those completing programme reviews: they are available from Nick Axford at the Social Research Unit, Dartington (naxford@dartington.org.uk).

## Annex D

### Evidence of programme cost-effectiveness

Programme	Description	Age of children involved	Measured examples of impact, outcomes and cost-effectiveness
Nurse Family Partnership (NFP)/ Family Nurse Partnership	Intensive home visiting programme administered by health professionals. It is delivered to first-time mothers.	0–2 years	<p>NFP has consistently delivered positive economic returns over 30 years of rigorous research. Benefit-to-cost ratios of studies examined fall in the range of around 3:1 to 5:1. Some example impacts from the US evaluation include:</p> <p><b>Age 2</b></p> <ul style="list-style-type: none"> <li>– nurse-visited children seen in emergency departments 32% less often than the control group;</li> </ul> <p><b>Age 4</b></p> <ul style="list-style-type: none"> <li>– this effect on emergency treatment endured (on average 1 visit per child to emergency room vs 1.5 for the control group);</li> </ul> <p><b>Age 15</b></p> <ul style="list-style-type: none"> <li>– greater effects on reports of child abuse than at age 4 (0.29 verified reports vs 0.54 for the control group);</li> <li>– fewer subsequent pregnancies (1.5 vs 2.2 for the control group);</li> <li>– fewer months on welfare (average of 60 months per child vs 90 months for the control group); and</li> <li>– fewer arrests (average of 0.16 per child vs 0.9 for the control group).</li> </ul>

Programme	Description	Age of children involved	Measured examples of impact, outcomes and cost-effectiveness
Triple P	Multi-tiered parenting programme with universal to highly targeted elements.	0–16 years	<p>One of two parenting interventions identified by the National Institute for Health and Clinical Excellence (NICE) as cost-effective in reducing conduct disorder. The large lifetime costs associated with conduct disorder, estimated to average £75,000 in milder cases to £225,000 in extreme ones, suggest that even a low success rate would constitute good value for money.</p> <p>Measured outcomes from Triple P include:</p> <ul style="list-style-type: none"> <li>– significantly lower levels of conduct problems; and</li> <li>– noted clinical changes on behaviour scale (33% vs 13% of children with problems).</li> </ul>
Incredible Years	Parenting programme for those with children at risk of conduct disorder.	0–12 years	<p>One of two parenting interventions identified by NICE as cost-effective in reducing conduct disorder. The large lifetime costs associated with conduct disorder, estimated to average £75,000 in milder cases to £225,000 in extreme ones, suggest that even a low success rate would constitute good value for money.</p> <p>Evaluation outcomes include:</p> <ul style="list-style-type: none"> <li>– significantly reduced antisocial and hyperactive behaviour in children;</li> <li>– reduction in parenting stress and improvement in parenting competences; and</li> <li>– positive effects on child behaviour and parenting.</li> </ul>
Parent–child interaction therapy	A parent–child intervention designed to improving the quality of the parent–child relationship and change interaction patterns.	2–7 years	<p>A review of parent–child interaction therapy found it to have a benefit-to-cost ratio of around 3.5:1. Improvements noted include:</p> <ul style="list-style-type: none"> <li>– improved child behaviour;</li> <li>– reduced parental stress; and</li> <li>– reduced abuse and neglect.</li> </ul>

Programme	Description	Age of children involved	Measured examples of impact, outcomes and cost-effectiveness
Success for All	A range of programmes in the US which foster school readiness and early literacy and numeracy development.	3–11 years	<p>An economic evaluation that found Success for All cost the same to deliver as the control group through reduced need for remedial schooling. For low-achieving students Success for All was found to be notably cheaper – \$2,600 less per student – than the standard educational approach.</p> <p>Some example impacts include:</p> <ul style="list-style-type: none"> <li>– better attainment;</li> <li>– fewer special education placements; and</li> <li>– less frequent grade retentions.</li> </ul>
Multi-dimensional treatment foster care (MDTFC)	A fostering programme in which families are recruited, trained and closely supervised to provide adolescents with treatment and intensive supervision at home, in school, and in the community.	3–16 years	<p>A US economic appraisal of MDTFC found a benefit-to-cost ratio of around 11:1.</p> <p>The potential savings from rolling out eight adolescent units of MDTFC for five years have been estimated at £213,500,000 after seven years, provided assumptions on take-up and other factors are met.</p> <p>The latest annual report on MDTFC in England found statistically significant differences for:</p> <ul style="list-style-type: none"> <li>– offending</li> <li>– self-harm</li> <li>– sexual behaviour problems</li> <li>– absconding</li> <li>– fire setting.</li> </ul>
Promoting Alternative Thinking Strategies (PATHS)	A primary school curriculum designed to develop self-control, self-esteem, emotional awareness and interpersonal problem-solving skills.	4–6 years	<p>PATHS is a relatively low-cost programme, estimated in the US at \$15–45. Evaluations of PATHS have found positive impacts in terms of:</p> <ul style="list-style-type: none"> <li>– reducing sadness and depression;</li> <li>– lower peer aggression and disruptive behaviour; and</li> <li>– improved classroom atmosphere.</li> </ul>

Programme	Description	Age of children involved	Measured examples of impact, outcomes and cost-effectiveness
Reading Recovery	A school-based, short-term intervention designed for children who are the lowest literacy achievers after their first year of school.	5–6 years	The benefit-to-cost ratio of delivering Reading Recovery, as part of the Every Child a Reader campaign, has been estimated in the range of around 15:1 to 17:1 over the period 2006–39. This estimate is based on a range of outcomes, including special educational needs provision, crime and health costs.
Life Skills Training (LST)	A school-based intervention aimed at developing social skills in order to prevent alcohol and substance misuse, behavioural problems and risky sexual behaviour.	9–15 years	A US economic appraisal of LST estimated the benefit-to-cost ratio at 25:1. A review of alcohol interventions by NICE noted the impact of LST on long-term drinking behaviour.  Noted outcomes include reductions in the use of tobacco, drugs and alcohol.
Functional Family Therapy (FFT)	A structured family-based intervention that works to enhance protective factors and reduce risk factors in the family. It is aimed at young people displaying antisocial behaviour and/or offending.	10–17 years	FFT has been estimated to have a benefit-to-cost ratio of around 7.5:1 to 13:1. Clinical trials have demonstrated impacts in terms of: <ul style="list-style-type: none"> <li>– treating adolescents with conduct disorder, oppositional defiant disorder or disruptive behaviour disorder</li> <li>– treating adolescents with alcohol and other drug misuse disorders, and who are delinquent and/or violent;</li> <li>– reducing crime; and</li> <li>– reducing likelihood of entry into the care system.</li> </ul>

Programme	Description	Age of children involved	Measured examples of impact, outcomes and cost-effectiveness
Multisystemic therapy (MST)	A youth intervention that focuses on improving the family's capacity to overcome the known causes of delinquency.	12–17 years	<p>The benefit-to-cost ratio of MST has been estimated at around 2.5:1. Noted outcomes from evaluations include:</p> <ul style="list-style-type: none"> <li>– reductions of 25–70% in long-term rates of rearrest;</li> <li>– reductions of 47–64% in out-of-home placements;</li> <li>– improvements in family functioning; and</li> <li>– decreased mental health problems for serious juvenile offenders.</li> </ul>

## References

### Nurse Family Partnership/Family Nurse Partnership

Department for Children, Schools and Families (2007) *Cost–Benefit Analysis of Interventions with Parents*. Research Report DCSF-RW008.

### Triple P

Department for Children, Schools and Families (2007) *Cost–Benefit Analysis of Interventions with Parents*. Research Report DCSF-RW008.

<http://guidance.nice.org.uk/TA102/Guidance/>

Centre for Mental Health (2009), *Chance of a Lifetime: Preventing Early Conduct Problems and Reducing Crime*.

### Incredible Years

Department for Children, Schools and Families (2007) *Cost–Benefit Analysis of Interventions with Parents*. Research Report DCSF-RW008.

<http://guidance.nice.org.uk/TA102/Guidance/>

Centre for Mental Health (2009) *Chance of a Lifetime: Preventing Early Conduct Problems and Reducing Crime*.

### Parent–child interaction therapy

Aos S, Lieb R, Mayfield J, Miller M and Pennucci A (2004) *Benefits and Costs of Prevention and Early Intervention Programs for Youth*. Olympia: Washington State Institute for Public Policy. Document No. 04-07-3901.

Goldfine ME, Wagner SM, Branstetter SA and McNeil CB (2008) Parent–child interaction therapy: An examination of cost-effectiveness. *Journal of Early and Intensive Behavioral Intervention* 5(1): 119–132.

### Success for All

Borman GD and Hewes GM (2001) *The Long-Term Effects and Cost-Effectiveness of Success for All*. CRESPAR Technical Report 53. Baltimore: Center for Research on the Education of Students Placed At Risk, Johns Hopkins University.

Borman GD and Hewes GM (2002) The long-term effects and cost-effectiveness of Success for All. *Educational Evaluation and Policy Analysis* 24(4): 243–266.

### Multi-dimensional treatment foster care

MTFCE National Implementation Team (2010) *Multidimensional Treatment Foster Care in England: Annual Project Report 2010*. Available at: [www.mtfce.org.uk/reports/MTFCE%206th%20Annual%20Progress%20Report%202010%20Final2.pdf](http://www.mtfce.org.uk/reports/MTFCE%206th%20Annual%20Progress%20Report%202010%20Final2.pdf)

### Promoting Alternative Thinking Strategies

[www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html](http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html)

### Schools and Families Educating Children (SAFE Children)

Tolan P, Gorman-Smith D, Henry D and Schoeny M (2009) The benefits of booster interventions: evidence from a family-focused prevention program. *Prevention Science* 10(4): 287–297.

### Reading Recovery

KPMG Foundation (2006) *The Long Term Costs of Literacy Difficulties*. Available at: [www.kpmg.co.uk/pubs/ECR2006.pdf](http://www.kpmg.co.uk/pubs/ECR2006.pdf)

### Life Skills Training

Aos S, Lieb R, Mayfield J, Miller M and Pennucci A (2004) *Benefits and Costs of Prevention and Early Intervention Programs for Youth*. Olympia: Washington State Institute for Public Policy. Document No. 04-07-3901.

Jones L, James M, Jefferson T, Lushey C, Morleo M, Stokes E, Sumnall H, Witty K and Bellis M (2007) *A Review of the Effectiveness and Cost-Effectiveness of Interventions Delivered in Primary and Secondary Schools to Prevent and/or Reduce Alcohol Use by Young People under 18 Years Old: Final Report*. London: NICE.

### Functional Family Therapy

Aos S, Lieb R, Mayfield J, Miller M and Pennucci A  
(2004) *Benefits and Costs of Prevention and  
Early Intervention Programs for Youth*. Olympia:  
Washington State Institute for Public Policy.  
Document No. 04-07-3901.

[www.colorado.edu/cspv/blueprints/  
modelprograms/FFT.html](http://www.colorado.edu/cspv/blueprints/modelprograms/FFT.html)

### Multisystemic therapy

Aos S, Lieb R, Mayfield J, Miller M and Pennucci A  
(2004) *Benefits and Costs of Prevention and  
Early Intervention Programs for Youth*. Olympia:  
Washington State Institute for Public Policy.  
Document No. 04-07-3901.

[www.colorado.edu/cspv/blueprints/  
modelprograms/MST.html](http://www.colorado.edu/cspv/blueprints/modelprograms/MST.html)

## Annex E

### Evidence-based practice databases

Database name	Web address	Type of programmes covered
BEE (Best Evidence Encyclopedia)	<a href="http://www.bestevidence.org/">www.bestevidence.org/</a>	Educational programme including math and reading programmes, comprehensive school reform programmes and early childhood education programmes
California Evidence-Based Clearinghouse for Child Welfare	<a href="http://www.cebc4cw.org/">www.cebc4cw.org/</a>	Child welfare programmes
CASEL Safe and Sound	<a href="http://www.casel.org/programs/selecting.php">www.casel.org/programs/selecting.php</a>	Programmes that support children's social and emotional learning
CDC Prevention Strategies	<a href="http://www.cdc.gov/prc/prevention-strategies/index.htm">www.cdc.gov/prc/prevention-strategies/index.htm</a>	Community health
Center for the Study and Prevention of Violence, Blueprints for Violence Prevention	<a href="http://www.colorado.edu/cspv/blueprints/">www.colorado.edu/cspv/blueprints/</a>	Violence, drug and crime prevention programmes
Child Trends LINKS Database	<a href="http://www.childtrends.org/Links/">www.childtrends.org/Links/</a>	Out-of-school time programmes that work to enhance children's development
Coalition for Evidence-Based Policy	<a href="http://evidencebasedprograms.org/wordpress/">http://evidencebasedprograms.org/wordpress/</a>	Broad range of programmes from early childhood to employment and welfare

Database name	Web address	Type of programmes covered
Communities That Care	<a href="http://depts.washington.edu/sdrg/DASAMeet4-07.pdf">http://depts.washington.edu/sdrg/DASAMeet4-07.pdf</a> <a href="http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/CTC%20Prevention%20Strategies%20Guide%20_pdf.pdf">http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/CTC%20Prevention%20Strategies%20Guide%20_pdf.pdf</a>	Programmes that address at least one risk or protective factor associated with substance misuse, delinquency, teenage pregnancy, school drop-out or violence
Department of Health and Human Services – Pregnancy Prevention Research Evidence Review	<a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/index.html">www.hhs.gov/ophs/oah/prevention/research/programs/index.html</a>	Teenage pregnancy prevention
Evidence-Based Program Directory on FindYouthinfo.gov	<a href="http://findyouthinfo.gov/DefaultSearch.aspx?sc=Pr">http://findyouthinfo.gov/DefaultSearch.aspx?sc=Pr</a>	Youth programmes
Evidence for Policy and Practice Information and Co-ordinating Centre, at the Social Science Research Unit, Institute of Education, University of London	<a href="http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=185">http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=185</a>	Includes databases on health and education
Institute of Education Sciences What Works Clearinghouse	<a href="http://ies.ed.gov/ncee/wwc/">http://ies.ed.gov/ncee/wwc/</a>	Education programmes
Mathematica Policy Research publications	<a href="http://www.mathematica-mpr.com/publications">www.mathematica-mpr.com/publications</a>	Employment programmes
National Institute on Drug Abuse – examples of research-based drug abuse prevention programs	<a href="http://www.nida.nih.gov/Prevention/examples.html">www.nida.nih.gov/Prevention/examples.html</a>	Programmes that prevent drug use for youth
National Registry of Evidence-based Programs and Practices	<a href="http://www.nrepp.samhsa.gov/">www.nrepp.samhsa.gov/</a>	Interventions for the prevention and treatment of mental and substance use disorders
Office of Juvenile Justice and Delinquency Prevention – Model Programs Guide	<a href="http://www.ojjdp.gov/mpg/Default.aspx">www.ojjdp.gov/mpg/Default.aspx</a>	A comprehensive database of youth programmes

Database name	Web address	Type of programmes covered
Office of the Surgeon General	<a href="http://www.surgeongeneral.gov/library/youthviolence/toc.html">www.surgeongeneral.gov/library/youthviolence/toc.html</a>	Prevention and early intervention with youth violence
Out-of-school time program evaluation and research database	<a href="http://www.hfrp.org/out-of-school-time/ost-database-bibliography/database">www.hfrp.org/out-of-school-time/ost-database-bibliography/database</a>	Out-of-school time programmes
Partnership for Results	<a href="http://www.partnershipforresults.org/programs.html">www.partnershipforresults.org/programs.html</a>	School-based and after-school programmes for children and families
Penn State Prevention Research Center's EPIS Center	<a href="http://www.episcenter.psu.edu/?q=ebp">www.episcenter.psu.edu/?q=ebp</a>	Delinquency, violence, and substance misuse and promotion of positive youth development
Promising Practices Network	<a href="http://www.promisingpractices.net/programs.asp">www.promisingpractices.net/programs.asp</a>	Programmes shown to have outcomes for children, including some family support and parent education programmes
Strengthening America's Families	<a href="http://www.strengtheningfamilies.org">www.strengtheningfamilies.org</a>	Effective family programmes for preventing juvenile delinquency
Wisconsin Clearinghouse for Prevention Resources	<a href="http://wch.uhs.wisc.edu/01-Prevention/01-Prev-EvidenceBased-matrix.html">http://wch.uhs.wisc.edu/01-Prevention/01-Prev-EvidenceBased-matrix.html</a>	Prevention programmes for youth

# Annex F

## Consultation

### Formal responses to the review's call for evidence were received from:

4Children

a4e

Action for Children

Action in Rural Sussex

Adams, Dr Cheryll

Addaction

Adur & Worthing Council

Alder Hey Children's NHS Foundation Trust

Anna Freud Centre

Antidote

Association of Child Psychotherapists

Auditory Processing Disorder in the UK

Balbernie, Robin

Bangor University

Barnardo's

Barrington-Amat, Madeline

Bath & North East Somerset Council

Bath & North East Somerset PCT

Beatbullying

Betsi Cadwaladr University Health Board,  
Wales NHS

Birmingham City Council

Birmingham Community NHS Trust

Blackpool Council

Booktrust

Bottomley, Peter, MP

Bristol Community Family Trust

Bromley Children Project

Brook

Care for the Family

Catch 22

Centre for Confidence & Well-being

Centre for Excellence and Outcomes in Children  
and Young People's Services (C4EO)

Chance UK

Child Accident Prevention Trust

Child Action North West

Child Maintenance & Enforcement Commission

Child Safety Education Coalition

Children & Parents Service Early Intervention  
Manchester

Children & Young People's Mental Health Coalition

Children are Unbeatable! Alliance

Children England

Children North East Fathers Plus

Children our Ultimate Investment UK

Children's Centre Committee

Children's Communication Coalition

Children's Rights Alliance for England	Greater London Authority
City of Bradford Metropolitan District Council	Greater Manchester Residuary Body
City of Westminster	Greenhouse
City Year London	Hemel East Ring of Extended Schools
Communication Trust	Hemming, John, MP
Concateno TrichoTech	Homerton Hospital NHS Trust
Connexions	Home-Start UK
Consortium for Emotional Well-being in Schools	HT Counselling
Consumer Financial Education Body	I CAN
ContinU Trust	ICE
Coram	Imperial College London
Credit Action	Impetus Trust
Department for Education	Incredible Years Inc, Seattle
Devon County Council	Independent Commission on Youth Crime & Anti-Social Behaviour
Dialogics Ltd	Institute of Education
Dollywood Foundation UK	Interest Group for Parenting and Family Support
Early Intervention & Prevention	Janet Coppola
Early Years	King's College London
Economic & Social Research Council	Kirklees Council
Eileen Murphy Consultants & Associates	Korda, Sue
Elizabeth Jarman	L&Q Housing Association
End Violence Against Women Coalition	Learning South West
Enthusiasm Trust	Leeds City Council
Families in Difficulties	Leslie, Chris, MP
Family Action	LexiaUK Ltd
Family & Parenting Institute	Libby Colman
Family Care	Links UK
Family Education Development Trust	London Borough of Barking & Dagenham
Family Links	London Borough of Barnet
Family Nurse Partnership	London Borough of Croydon
Family Planning Association	London Borough of Enfield
Family Rights Group	London Borough of Hounslow
Gosport Voluntary Action	London Borough of Islington
Government Office for the North West	

London Borough of Lambeth  
London Borough of Redbridge  
London Borough of Tower Hamlets  
London School of Economics  
London Youth  
MAB Consulting  
Manchester City Council  
Maypole Children's Centre  
Mencap  
Mental Health Network  
Mentor Foundation UK  
Mentoring and Befriending Foundation  
Metropolitan Police  
Ministry of Justice  
Montessori St Nicholas  
National Academy for Parenting Research  
National Association for People Abused in Childhood  
National Association of Independent Schools & Non-Maintained Special Schools  
National Childminding Association  
National Children's Bureau  
National College for Leadership of Schools and Children's Services  
National Day Nurseries Association  
National Mental Health Development Unit  
National Portage Association  
National Society for the Protection of Children  
National Strategies  
Netmums  
Newcastle City Council  
Newcastle PCT  
NHS Croydon  
NHS Grampian  
NHS Great Yarmouth and Waveney  
NHS Nottingham City  
NHS South of Tyne and Wear Community Health Services  
NHS Walsall Community Health  
Norfolk Community Health & Care NHS Trust  
North Lancashire NHS Trust  
Northumberland Care Trust NHS  
Nottingham City Council  
Nottinghamshire County Council  
Nottinghamshire Domestic Violence Forum  
Oadby & Wigston Borough Councils  
O'Donnell, Su  
Ofsted  
One Plus One  
One to One Coaches  
Oxford Brookes University  
Oxford University  
Oxfordshire County Council  
Parent Infant Clinic and School of Infant Mental Health  
Parenting UK  
Parentline Plus  
Parents as First Teachers  
Parents 1st  
Partnership for Children  
Peach  
Pen Pych Community Primary School  
Pre-School Learning Alliance  
Preventing Youth Offending Project  
Private Equity Foundation  
PSHE Association  
Puzzle Centre

Recro Consulting	Teenage Pregnancy Independent Advisory Group
Relate	The British Education Support Trust
Rochdale Metropolitan Borough Council Youth Service	The British Psychological Society
Rose Hill Children's Centre	The Caspari Foundation
RoSPA	The Centre for Mental Health
Royal College of Psychiatrists	The Children's Society
Royal College of Speech & Language Therapists	The Deighton Centre
Royal National Institute of Blind People	The Dove Service
Ruane, Chris, MP	The Learning Trust
Save the Children	The Lighthouse Group
School Food Trust	The Ministry of Parenting Community Interest Company
School-Home Support	The Nurture Group Network
Sense	The Pillars of Parenting
Services for Children & Young People	The Place2Be
Shropshire County Council	The Pupil Parent Partnership
Shropshire County PCT	The School & Family Works Ltd
Signs for Success	THRIVE ftc Associate: Early Years
Sing and Grow UK	Together for Children
Sloane Court Clinic	Tower Hamlets Children's Centre
Solihull CAMHS	Training and Development Agency
Somerset County Council	Trelya
South London & Maudsley NHS Foundation Trust	Trevarthen, Prof Colwyn
South Lowestoft Children's Centres	Unite the Union
South Tyneside PCT	University of Glasgow
Southwark PCT	University of London
Staffordshire County Council	University of New South Wales
St Giles Trust	University of Northampton
Suffolk County Council	University of Nottingham
Swindon Borough Council	University of Warwick
Tameside & Glossop Early Attachment Service	University of Wolverhampton
Tavistock & Portman NHS Trust	U-Too Community Business Ltd
Tavistock Centre for Couple Relationships	Video Interaction Guidance
Teenage Pregnancy & Young Parents Services	Volunteer Centre Sutton

Wakefield District PCT

Warwick University

Warwickshire County Council

Washington State University

West Midlands Fire Service

Westminster City Council

Wirral Borough Council

Wyre Forest & Hagley Project

YMCA Training

Young Minds

Young Mums and Dads To Be

Young People in Focus

Youth Access

Youth Justice Board

**List of organisations or people who spoke to Graham Allen or the review team during the preparation of this report**

Action for Children

Action for Employment (A4E)

Afasic (Unlocking speech and language)

Aimhigher

Aldridge, Conrad

Aos, Steve

ARK

Balbernie, Robin

Ball, Katy, Nottingham City Council

Bell, David, Permanent Secretary, Department for Education

Bernstein, Sir Howard, Chief Executive, Manchester City Council

Bichard, Lord Michael

Billingham, Kate, Project Director, Family Nurse Partnership and Healthy Child Programme

Birmingham City Council

Blackpool Council

Burns, Dr Harry, Chief Medical Officer for Scotland

C4EO

Cabinet Office

Callan, Samantha, Chairman, Early Years Commission, Centre for Social Justice

Calvocoressi, Francesca, CAMHS Lanarkshire NHS

Carnochan, Det Ch Supt John, Violence Reduction Unit of Scotland

Catch 22

Central London Connexions Partnership Board

Centre for Social Justice

Chance UK

Child Poverty Unit

Chinn, Sir Trevor, CVO, Chairman, Mayor's Fund for London

Clarke, Rt Hon Kenneth, QC, MP, Lord Chancellor, Secretary of State for Justice

Clegg, Rt Hon Nick, MP, Deputy Prime Minister

Cuthbert, Chris, Head of Strategy and Development, Leader for Under 1s, National Society for the Prevention of Cruelty to Children

Davies, Christine, CBE, Director, C4EO

Demos

Department for Communities and Local Government

Department for Education

Department for Work and Pensions

Department of Health

Duncan Smith, Rt Hon Iain, MP, Secretary of State for Work and Pensions

Early Intervention Foundation

Early Intervention Inquiry

Elliott, Delbert

Family and Parenting Institute

Field, Frank, MP

Frank Field Review Team

Gloucestershire County Council

Goldsworthy, Julia, Special Adviser to the Chief Secretary to the Treasury

Greater London Authority

Greening, Justine, MP, Economic Secretary to the Treasury, HM Treasury

Gross, Jean, Communication Champion

Harrison, Rupert, Special Adviser to the Chancellor of the Exchequer

Hawkins, David

Heywood, Jeremy, Permanent Secretary, Prime Minister's Office

Hilton, Steve, Director of Strategy, Prime Minister's Office

HM Treasury

Home Office

Hopkins, Cheryl

Hughes, Stephen, Chief Executive, Birmingham City Council

Hurd, Nick, MP, Parliamentary Secretary (Minister for Civil Society), Cabinet Office

Hyland, Jane, Co-ordinator, Nottingham 11-16 Life Skills Programme

ICE

Impetus

Jeffery, Tom, Director-General, Children, Young People and Families, Department for Education

Kennedy, Sir Ian, Getting it Right for Children and Young People Review

Kerslake, Sir Bob, Permanent Secretary, Department for Communities and Local Government

King's College London

Layard, Professor Richard, London School of Economics

Leicester City Council

London Borough of Croydon

London Borough of Harrow

London Borough of Tower Hamlets

London Borough of Wandsworth

London School of Economics

Loughton, Tim, MP, Parliamentary Under-Secretary of State (Children and Families), Department for Education

Manchester City Council

Marmot, Professor Sir Michael, Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review)

May, Rt Hon Theresa, MP, Secretary of State for the Home Department

McCarthy, Patrick, President and Chief Executive Officer, Annie E Casey Foundation

McCluskey, Karyn, Violence Reduction Unit of Scotland

McPherson, Ian, QPM, Assistant Commissioner, Metropolitan Police Service, and Association of Chief Police Officers national lead for Children and Young People

Miliband, Rt Hon Ed, MP, Leader of the Opposition

Miller, Maria, MP, Parliamentary Under-Secretary of State (Minister for Disabled People), Department for Work and Pensions

Milton, Anne, MP, Parliamentary Under-Secretary of State (Public Health), Department of Health

Ministry of Justice

Montessori Centre International

Montessori St Nicholas

Moore, Kristin

Moseley, Joyce, Chief Executive, Catch 22

Mulgan, Geoff, Chief Executive, The Young Foundation

Munro, Professor Eileen, Munro Review of Child Protection

Munro Review

National Day Nurseries Association

National Society for the Protection of Children

New Economics Foundation

Nottingham City Council

O'Connor, Denis, CBE, Her Majesty's Chief Inspector of Constabulary

O'Donnell, Sir Gus, Cabinet Secretary, Head of the Home Civil Service

Office of First Minister and Deputy First Minister for Northern Ireland

Olds, Professor David, University of Colorado

Ortiz, Abel

O'Shaughnessy, James, Head of Policy Unit, Prime Minister's Office

Participle

Pickles, Rt Hon Eric, MP, Secretary of State for Communities and Local Government

Play England

Portman Early Childhood Centre (Open EYE)

Pro Bono Economics

Recro Consulting

Review of Early Years Foundation Stage

Roberts, Annchris, Scottish Government

Royal Borough of Kingston upon Thames

Royal College of Speech and Language Therapists

Scotland Office

Shribman, Sheila, National Clinical Director for Children, Young People and Maternity Services, Department of Health

Sinclair, Alan, Work Foundation

Social and Emotional Aspects of Learning

Social Investment for Early Intervention

Sodha, Sonia, Adviser to the Leader of the Opposition

Staffordshire County Council

Steiner Waldorf/Royal National Institute for Blind People

Stephen, Jim, Scottish Government

Stephenson, Sir Paul, Commissioner of the Metropolitan Police Service

Supporting Delivery Group

Sutton Trust

Svanberg, Dr Per O, OBE

Teather, Sarah, MP, Minister of State (Children and Families), Department for Education

Teens and Toddlers

The Communication Council

The Communication Trust

The Highland Council

The Mayor's Fund for London

The Social Research Unit, Dartington

The Young Foundation

Tickell, Dame Clare, Review of Early Years Foundation Stage

Tremblay, Professor Richard

University College London

University of Colorado

Wales Office

Wave Trust

Wei, Lord Nathanael Ming-Yan

Westminster City Council

Yeagar, Clay

Zeedyk, Dr Suzanne M, University of Dundee

**Graham Allen and the review team are also grateful for the help and support of members of the review's reference group, including:**

Boswell, Caroline, Greater London Authority

Cattermole, Isobel, Tower Hamlets Council

Rowe, Sally, Staffordshire Council and Association of Directors of Children's Services

Stepien, Dwywnwen, Croydon Council

Taylor, Michael, Metropolitan Police

and representatives from government departments in England, the Scottish Government, the Welsh Assembly Government and the Office of the First Minister, Northern Ireland Executive.

# Annex G

## Guide to creating a system-ready evidence-based programme

