

## Call for Evidence

### Independent Review on Early Intervention Delivery

In July this year the Government announced that Graham Allen MP had been appointed to lead an independent review into Early Intervention.

The review will focus on the following:

- The identification of best practice in the field of Early Intervention
- The dissemination and delivery of best practice

Over the coming months the Review team will be consulting with a range of Local Authorities, Early Intervention Experts, delivery organisations, and experts in the financial sector. The Review will also consider existing evidence on early intervention and finance, including ongoing work. The Review is due to report its findings in two stages. The first report will focus on best practice, dissemination and delivery, and will report early 2011; the second report will consider financial instruments and will report mid 2011. The Review formally reports to the Social Justice Cabinet Committee.

### Early Intervention: the definition

The review defines Early Intervention as those programmes which ensure that babies, children, and young people build the social and emotional bedrock to fulfil their potential and reduce dysfunction. This is a prerequisite to break the intergenerational cycle of disadvantage and underachievement.

We are focusing on those early interventions that have a clear evidence base and are properly assessed as improving outcomes for their target group in a cost effective way.

### Submit your evidence to the review

We want the Review to be informed by a wide range of views and evidence. You can submit your responses directly to [Clive.Senior@cabinet-office.x.gsi.gov.uk](mailto:Clive.Senior@cabinet-office.x.gsi.gov.uk) or to:

Graham Allen Review  
4<sup>th</sup> Floor, Cabinet Office  
Admiralty Arch, The Mall  
London SW1A 2WH

Given the tight timescale we have been set we would appreciate your thoughts as soon as possible and preferably by **Friday 5<sup>th</sup> November**.

Once submitted, your response will be sent to the Review team, and will be considered as part of the evidence review that will feed into the final report.

We anticipate receiving a large number of responses, and indeed have had many since the announcement which we will consider alongside new evidence. Given the quantity of material to be considered, it would help if you could structure your response and for illustrative purposes we have created a template, which lists our key questions. You can of course choose to answer all or some of the questions. We have asked for your email address should we wish to seek further information.

## Submit your evidence

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| <b>About you</b>   |
| Your name:<br><br>Kate Mulley  |
| Position and Organisation if applicable:<br><br>Head of Policy and Research<br>Action for Children<br><br>Action for Children is a children's charity that supports and speaks out for the UK's most vulnerable and neglected children and young people  |
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| <b>Questions - Early Intervention</b>  |
| <b>1. What are the likely causes of impairments to children's social and emotional capability? And how common are they across the population?</b>  |
| <p>Emotional wellbeing means having empathy, confidence and self awareness. This encompasses the ability to make and keep relationships; use and enjoy solitude; become aware of others and to empathise with them; play and learn; develop a sense of right and wrong; and face problems and setbacks and learn from them.</p> <p>Emotional wellbeing is key to successful adaptation to adult life and is far more than the absence of mental illness:</p> <ul style="list-style-type: none"><li>• 44% of those with emotional disorders fall significantly behind at school</li><li>• 35% of those with emotional disorders reported difficulty in making friends.</li><li>• Around a quarter of those with an emotional disorder are suicidal.</li></ul> <p>A survey of almost 8000 children and adolescents in Great Britain carried out by the Office for National Statistics (ONS, Green et al, 2005) showed that around one in ten children have a mental health disorder to clinically significant levels (as assessed by children, parent and teacher reports using ICD-10 criteria). Rates for disorders are higher in adolescents than younger children (11.5% compared with 7.7%). Across the 5 to 15 years age range there are overall slightly higher rates for disorders among boys compared to girls, with boys experiencing higher rates of conduct disorders, and girls experiencing higher rates of emotional disorders<sup>1</sup>.</p> <p>Research commissioned by Action for Children and undertaken by IPPR in 2007<sup>2</sup> showed that emotional wellbeing became four and a half times more important in determining social mobility of children born in 1970 compared with similar children born in 1958.</p> |

<sup>1</sup> Literature Review: *The Emotional Harm and Well-being of Children*, Action for Children 2007

<sup>2</sup> *Get happy: children and young people's emotional wellbeing*, Margo, J and Sodha, S (2007) Commissioned by Action for Children

Today there are around one million children who are at risk of intergenerational deprivation and neglect<sup>3</sup>. That means that from their first breath, these children risk repeating the same experiences as their parents: educational failure, mental and physical ill health, social isolation, drug and alcohol abuse, crime, financial hardship and early death.

In 2007 Action for Children commissioned three literature reviews looking at the prevalence of, and effective responses to:

- Emotional wellbeing
- Resilience
- Child neglect

Each of these reviews can be found on the research pages on our website at:

<http://www.actionforchildren.org.uk/content/180/Research>

The reviews summarise the existing evidence on prevalence, causes, and, effective solutions to encourage resilience, build emotional wellbeing and tackle neglect. Information about risk and protective factors is essential for knowing who to intervene with, which factors to target for intervention and at what stage in the developmental trajectory of children's lives to intervene.

**Common causes and impairments (child specific):**

Specific learning difficulties; communication difficulties; specific developmental delay; genetic influence; difficult temperament; physical illness especially if chronic and/or neurological; academic failure; and, low self-esteem.

**Common causes and impairments (family):**

Overt parental conflict; family breakdown; inconsistent or unclear discipline; hostile or rejecting relationships; failure to adapt to a child's changing needs; physical, sexual or emotional abuse; parental psychiatric diagnosis; parental criminality, substance misuse or personality disorder; and, death and loss – including loss of friendship.

**Common causes and impairments (community):**

Socio-economic disadvantage; homelessness; disaster; and, discrimination

However, balanced against these common causes there are protective factors. Children and families facing similar difficulties will be affected in very different ways. Commonly in research, these factors are described as 'resilience' and effective social programmes and interventions look to (where feasible) enhance these factors as well as addressing the underlying causes within the family.

**Resilience factors in the child:**

Secure early relationships; positive attitude, problem solving approach; good communication skills; higher intelligence; easy temperament when an infant; planner, belief in control; humour; religious faith and capacity to reflect

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<sup>3</sup> Estimate based on Oroyemi, P, Damioli, G, Barnes, M and Crosier, T (2009) *Understanding the risks of social exclusion across the life course: families with children*, Nat Cen/cabinet office; 4%-7% of children are caught up in 'long-term multiple disadvantage', these families are more likely than others to have four or more children.

<sup>4</sup> *Neglect: research evidence to inform practice*, Dr Patricia Moran, Action for Children Consultancy Services

**Resilience factors in the family:**

At least one good parent-child relationship; affection; clear, firm and consistent discipline; support for education; and, supportive long-term relationship/absence of severe discord, financial stability

**Resilience factors in the community:**

Wider social network; good housing; high standard of living; high morale school with positive policies for behaviour, attitudes and anti-bullying; and, range of positive port/leisure activities

Given the high prevalence of child neglect, and the continued difficulty in delivering effective interventions at the earliest possible stage, it is worthwhile looking specifically at what we know about the causes of neglect. It is generally acknowledged that there is no single cause of neglect and that it is most likely to result from a complex interplay of factors. At the individual and family level, it is possible to identify a number of characteristics of families that are associated with neglect.

A review by Evans (2002) lists the following characteristics of neglectful families, as evidenced by research:

- lone motherhood
- young mothers
- isolated mothers
- larger families, more pregnancies and unplanned pregnancies
- premature or very low birth weight baby
- low income families
- unemployed carers
- carers with low educational attainment
- relationships featuring domestic violence or high levels of conflict
- substance misusing parents or carers
- parental mental health problems, including maternal depression
- personal history of childhood maltreatment
- insecure attachment patterns in own childhood
- maternal low self-esteem
- families that are less cohesive and poorly organised, with little positive interactions between parents/carers and their children
- parents/carers lacking sensitivity or responsiveness towards their children

Characteristics such as these may well co-occur, hence a young mother with depression may be less responsive towards her child, and may be experiencing low self-esteem, isolation, unemployment and low income<sup>4</sup>. These factors raise the chances that neglect may occur, but cannot be used to predict the occurrence of neglect. For example, at the community or societal level, research shows that poverty is frequently associated with neglect (Crittenden, 1999). However, the majority of children raised in low income families are not subjected to neglect, and low income cannot be used as a predictor of neglect.

Interpersonal relationships play a significant role in maintaining family life, in gaining and keeping a job, and in obtaining help from others. Neglectful parents struggle to understand social relationships and the caring role. Relationships and attachment are important for understanding the causes of neglect. An individual's own experience of being parented establishes working models of relationships and self-esteem that in turn are likely to influence the individual's own approach to parenting. Childhood experiences of loss or separation, or of

inconsistent, cold or hostile parenting, are likely to result in disturbances in the way that an individual relates to others in childhood and also during adulthood in the form of an insecure attachment style. Research shows that neglectful mothers are more likely to have a history of unstable, hostile and non-nurturing childhoods (Stevenson, 1998), to have a history of disrupted or discordant relationships in adulthood (Horwath, 2007), and to be less responsive and sensitive to their own children (Crittenden, 1993). Insecure attachment style is also a predictive factor for maternal depression (Bifulco et al, 2003).

One of the features of research on neglect is the emphasis on mothers, rather than fathers. Neglect is often construed as a failure in mothering. In recent years there has been a move towards acknowledging the importance of fathers in the development and wellbeing of children and the potential benefits of intervening with fathers in order to improve outcomes for children.

## **2. Do we know how to improve children's social and emotional capabilities in a cost-effective way?**

The *Backing the Future*<sup>5</sup> report produced in partnership by Action for Children and nef (New Economics Foundation) provides the economic and social case for transforming the way we invest in the future of society through our children.

The report makes clear the need for a comprehensive investment programme in preventative services for children and young people that would both save spending on dealing with the impact of problems later, and deliver wider benefits to society.

To achieve lasting change, *Backing the Future* demonstrates why it is essential to address the impact of the structural factors affecting the circumstances of children's lives, such as poverty and inequality, together with psychological and social dimensions of their well-being. It goes on to show how this can be achieved and presents an economic model for how the UK Government could fund a transition to a more preventative system, therefore turning aspiration into reality.

The report details an economic analysis to identify the economic viability of shifting towards a more preventative approach to delivering children's services in the UK. At the national level, it analysed how much investment would be needed up front in good early intervention services targeted to improve outcomes for the most vulnerable and at-risk children. We then estimated the cost savings that would accrue and identified a financial mechanism to fund this transition.

Action for Children believes that evidence of the need for decisive action by national governments is compelling. When compared with our European neighbours, the UK comes bottom of the pile on almost every preventable social problem – crime, mental ill health, family breakdown, drug use, or obesity. Our analysis shows that the UK has to spend a third more in addressing the consequences of its social problems than the next most troubled nation. But the costs are not only economic. The prevalence of these social problems has a direct impact on how children experience their lives and on the cohesiveness of our communities. This means that the UK has some of the lowest levels of child well-being when compared with countries of similar economic wealth, and across social and psychological dimensions.

The macro economic analysis in *Backing the Future* demonstrates that investing more in

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<sup>5</sup> Backing the Future: why investing in children is good for us all, Action for Children and New Economics Foundation, 2009

children is necessary, economically viable and a better use of public money in the long run.

- The cost to the UK economy of continuing to address current levels of social problems will amount to almost £4 trillion over a 20 year period. This includes addressing problems such as crime, mental ill health, family breakdown, drug abuse and obesity.
- To make the investment, there is a strong case for raising the funds needed through a series of annual bond issues with 10-year maturities. Even after factoring in the transition costs from the system we have now to a more preventative approach returns to the UK economy would total £486 billion over 20 years. These savings are calculated on the basis of an investment of £620 billion to fund the transition and £394 billion to implement the bond scheme.
- The bond scheme is suggested as it allows the investment to be front-loaded, while delaying payments until the savings have been realised, making it an affordable way to fund the transition in the current economic climate. However it is only one possible option for raising the necessary investment. If other options are followed the potential savings could be between £486 billion and £880 billion, depending on the cost of implementing the chosen scheme

Bringing the cost-effective arguments for early intervention down to a more local level, within the research three SROI assessments on Action for Children services across the UK were carried out; a children's centre, a family support project and a family intervention project.

SROI is a rigorous measurement framework designed to help organisations or services to understand and manage the social and economic value they are creating. It is essentially a form of adjusted cost-benefit analysis that puts a value on some less tangible outcomes, such as improved family relationships. It considers the benefits that accrue from services to a range of stakeholders, like children, their families and their wider communities, as well as the state. SROI methodology involves the creation of an impact map in the first instance to describe how investment in a service affects key stakeholders. It then identifies appropriate outcome indicators and data sources to measure the costs and benefits of the investment.

The research findings reveal:

- For every £1 invested annually in Action for Children's targeted services designed to catch problems early and prevent problems from reoccurring, society benefits by between £7.60 and £9.20. This social value can be generated, for example, through improved family relationships.
- For every £1 invested in an Action for Children children's centre, a forecast social return to society of £4.60 is expected to be generated. Benefits are forecast to accrue to a range of stakeholders including children, parents, community, and the state.

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### **3. If we know how to improve children's capabilities in a cost effective way, why are we not doing so? What is the split between universal schemes and specific schemes?**

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There has been long-standing consensus among fellow charities, partners in local authorities and national governments across the UK that prevention is both intuitively and demonstrably better than cure. Yet a significant shift in investment from picking up the pieces to early intervention and prevention has not occurred; halted by blocks including a lack of economic

modelling, and, an understanding of how to commission and provide services specifically to promote well-being.

Key barriers currently stand in the way of progress. We believe these include inadequate policy tools (which restrict investment decisions being made beyond their narrow financial return), and poor measurement and evaluation frameworks which make it difficult to identify needs and gaps in services to make our investments count. In addition all the while significant amounts of children's services budgets are tied up in 'acute' services , it is difficult to break the cycle.

Delivering effective early intervention services on the ground will require:

- Roll-out of targeted interventions that have been evaluated and shown to work to provide a continuum of support to children and young people who need it most.
- Replacement of conventional cost-benefit analyses with techniques able to show the full public benefit of interventions, like SROI.
- Improved understanding of children and young people's needs as a basis to effective targeting of resources and commissioning
- Commissioning and de-commissioning children's services on the basis of value rather than cost, using innovative models and measurement techniques to ensure services deliver improvements in outcomes.

The *Backing the Future* report identifies six key service pathways to child well-being. These pathways help create the conditions for improving children's psychological and social well-being, and influencing positive outcomes over the longer term. They were found to have applicability in universal and targeted service settings:

- *Link up and link in* – where services build relationships based on stability and trust and link children into their wider community and 'core economy'.
- *Think family* – where services help improve the well-being of those in closest contact with children, as well as children themselves, and provide guidance and support when it is needed most.
- *Promote the positive* – where the promotion of positive emotions and experiences is pursued to help ensure happy childhoods and drive longer term positive outcomes.
- *Encourage action* – where children and young people are viewed as providers of services and activities, as well as recipients, and are encouraged to use their strengths in a practical way.
- *Factor in fun* – where services provide opportunities for play, enjoyment and fun to help boost children's happiness and stimulate their creativity and potential for learning.
- *Recognise children's wider world* – where services are aware of the complex interplay between children's external circumstances, such as poverty, with their overall sense of well-being.

We are aware that there must be a balance of targeted and universal services in a locality if we are to effectively deliver an early intervention response. It is important not to regard targeted programmes in isolation.

Targeted programmes will perform best within certain types of evaluation. This is largely

because the nearer you get to stopping something bad (and expensive) from happening, the better the cost-benefit ratio will appear. In contrast early interventions, which academic research shows will be more effective in bringing about lasting behavioural change will be, by their very nature less targeted and broader brush. We know from our own research evidence that what is needed as an optimum is a continuum of effective services.

Universal services are most effective at picking up on needs early, enabling early action as soon as problems have been identified. In addition, most targeted and intensive interventions have a drop off in effectiveness once the intervention has ended (for example as evidenced by the intensive fostering pilots). Instead of leaving vulnerable children and families stranded once programmes have ended, it is more effective to re-route these families into universal services such as support networks for parents. Family life is stressful and families will experience period flashpoints (especially at key transition stages) when it is important that they have access to approachable services early – before emerging problems escalate.

For example, the C4EO early intervention practice guide 'Grasping the nettle', published in October 2010, highlighted Action for Children's targeted family support as an effective model. We would like to highlight this approach here as it sets out the importance of developing a continuum of services in a local area:

*Action for Children's Intensive Family Support project aims to improve outcomes for vulnerable children and families through a continuum of services embedded in a universal service. The Exeter project was established as an exemplar of this approach.*

*The project is based on two children's centres and offers a wide menu of universal and targeted services alongside intensive case work provided by the project social workers. This range means staff can work to ensure families are offered, and take up access to services at different tiers of need. The team is led by a qualified social worker, and all staff have received extensive training, including in the Webster Stratton Incredible Years approach (see chapter 5), and the family workers team have also had training in attachment/bonding.*

*There is a service level agreement with the local authority's children's department enabling the centres to deal with referrals from the local authority in relation to children in need, looked after children and child protection. However, the universal nature of the project means that there is flexibility for the staff to construct service packages across the span of universal and targeted provision, in line with the needs of the whole family. For example, parents who might be finding their parenting role particularly challenging, or where there were safeguarding concerns identified, could be bridged into the universal parenting groups, in addition to receiving a tailored case work response. The resulting diversity of parent group membership was achieved without any apparent evidence of a sense of stigma for anyone. Group members interviewed as part of an independent evaluation characterised their parenting capacity in very similar terms.*

*The emphasis of the project is on bridging families into universal services, if they had previously only been in receipt of a targeted service. The converse is also true, in that staff are alert to the potential change(s) in the circumstances of a child or family. A striking feature of practice in the project is that the groups are open to and used by a range of families, including those with very complex needs and those with low level additional needs.*

*An independent evaluation<sup>6</sup> found that families using the centres had a high level of need upon entry to the service, which, following support, had led to positive outcomes for them."*

#### **4. What are the patterns of income and expenditure for late versus early intervention in general and are there proven rates of return for specific schemes?**

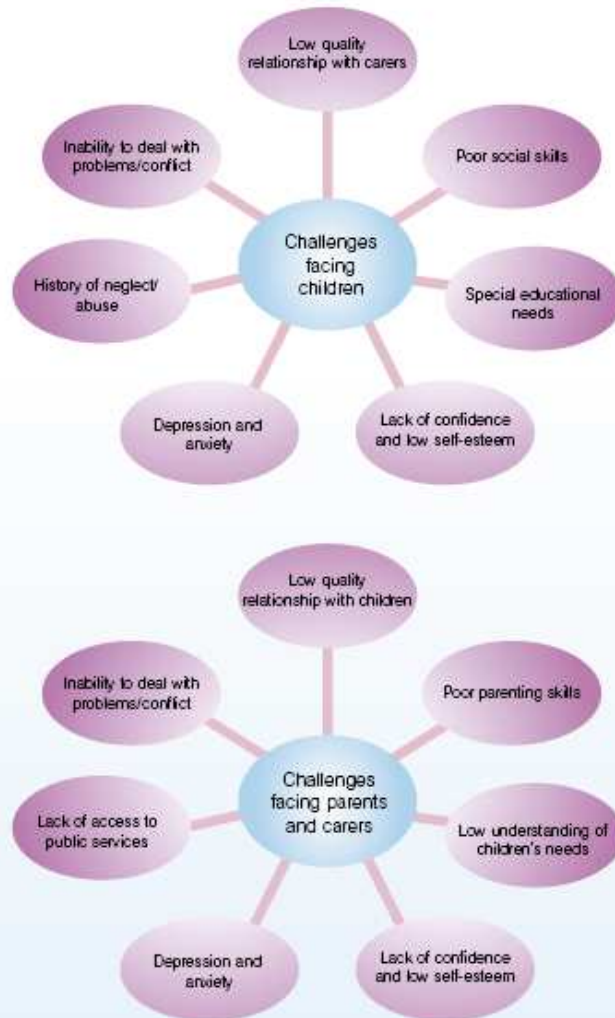
In addition all the while significant amounts of children's services budgets are tied up in 'acute' services, it is difficult to break the cycle.

Please see below more detailed data for the three SROI assessments of Action for Children services carried out for the *Backing the Future* project. These findings are indicative of the wider picture. Action for Children is currently training a cohort of our staff to undertake our own SROI evaluations. We will then look to roll-out a number of evaluations strategically across priority services.

Before going into the evaluations in detail, it is important to remember that undertaking a SROI evaluation is a time consuming process and we need to ensure that we are using our resources to best effect. We would welcome a conversation about where the review believes the gaps in the evidence are for particular schemes/interventions. We would then look to work with you to ensure that we are targeting this in-house resource most effectively.

We are also piloting the C4EO cost effectiveness tool in some of our services. This will necessitate a similar form of data collection as for a SROI evaluation. Again, we would welcome feedback from the review on the weight being given to different valuation models currently being put forward. A number are being piloted and all, if they are to be undertaken in any meaningful way, will be resource consuming. We therefore want to pool our understanding so that we use our limited resources to greatest effect. Fundamentally we are supportive of the SROI model given the transparency it promotes, and its concept of measuring value to significant stakeholders rather than just unit cost.

Figure 10. Challenges facing children and parents/carers in Action for Children SROI case studies



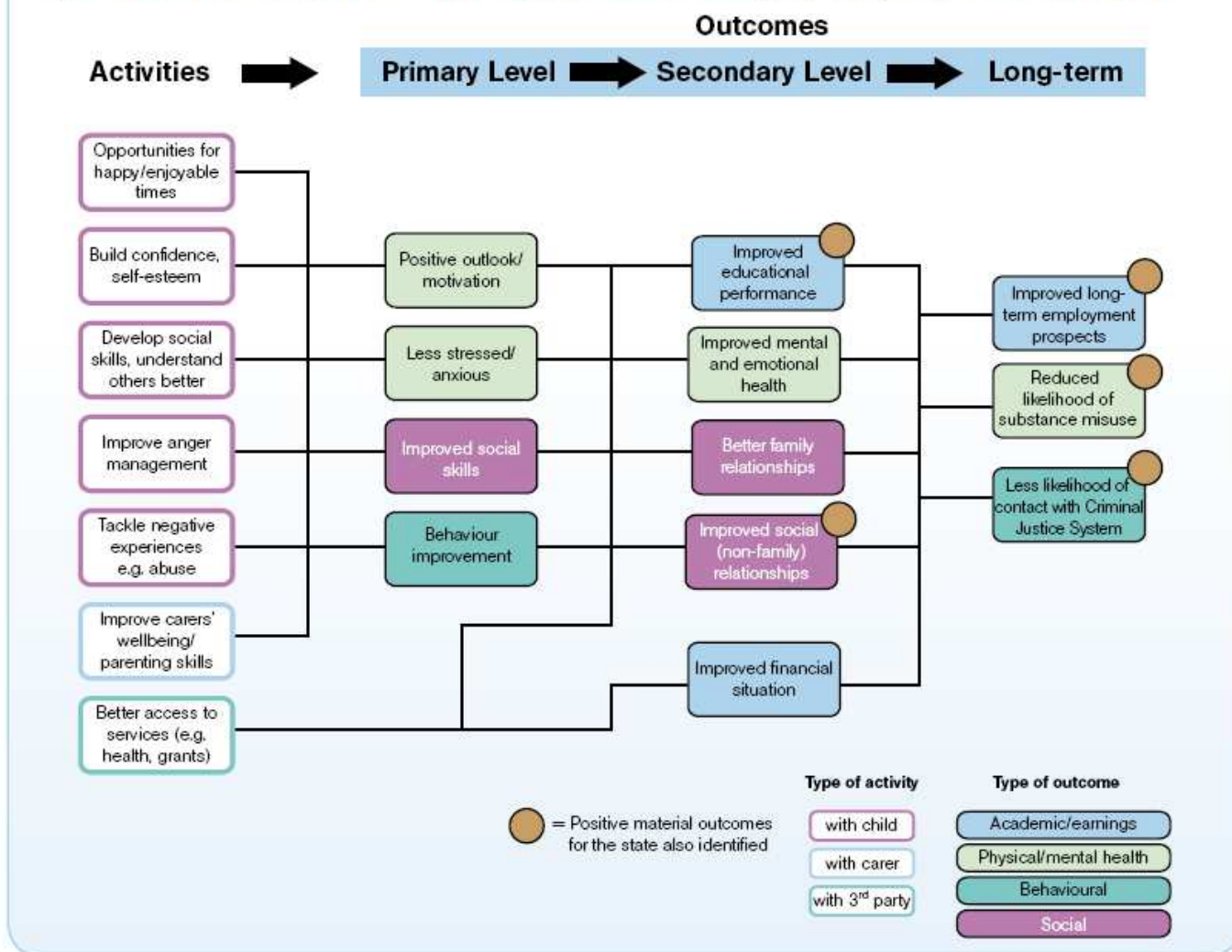
### **Action for Children's East Dunbartonshire Family Service**

Action for Children's East Dunbartonshire Family Service provides short-term, focused and flexible support for children, young people and families in crisis, referred by Social Services where there is a risk of a child being taken in to care.

### **Action for Children's Family Intervention Team/5+ Project, Caerphilly**

Early intervention service for children, young people and families with recently emerging emotional or behavioural problems

Figure 11. Child well-being as a driver of long-term outcomes: Caerphilly Family Intervention/5+ Project



### Action for Children's Wheatley Children's Centre, Doncaster

Preventative universal services, more specialised services for referred children and parenting courses

### Findings

When calculated by nef: all three of the SROI analyses demonstrated that the projects delivered substantial social value – as defined by non-financial benefits such as improved family relationships – for children, families, communities and for society (the state).

For every £1 invested in Caerphilly Family Intervention Project and East Dunbartonshire Family Service – targeted interventions designed to catch problems early and prevent problems from reoccurring – between £7.60 and £9.20 worth of social value is generated. Predictions for the Wheatley Children's Centre shows that this service is expected to generate £4.60 for every £1

invested.

In the Caerphilly Family Intervention Project and East Dunbartonshire Family Service, financial returns to the state were mainly generated through the reduction in costs associated with: increased tax revenue; decreased benefit payments; reduced costs of crime and antisocial behaviour; reduced health costs for children; and, reduction of other long term child costs.

#### **Who gained in the different services?**

In the case of Caerphilly Family Intervention Project, approximately 69% of the benefits to the state are gained through the reduced costs of crime and antisocial behaviour. Approximately 25% of the benefits are gained by the children's services and 6% by the health service. Increased tax revenues and decreased benefits contribute less than 0.2%.

In the case of East Dunbartonshire Family Service, approximately 93% of the benefits to the state come about through reduction in foster care costs. A further 4% are saved in other children's costs. 3% of savings are gained by Justice, with negligible proportions of the savings being gained by the health service or through increased tax revenues and decreased benefits payments.

The findings show that if a combined approach is adopted (improve children's external conditions while also enhancing psychological resources and social functioning) there are benefits to children, families, communities and government departments.

#### **5. What lessons can previous experience teach us about *what doesn't work*? What programmes have proved ineffective? What characteristics associated with previous programmes are ineffective? What other aspects of early intervention are ineffective?**

Interventions that are neither long nor intensive enough to establish resilience in families with highly complex problems are less likely to result in families managing after the intervention has ended.

Interventions that do not reflect the pressure points of family life i.e. are provided on a 9 to 5 basis without access to support outside the normal working day.

Beyond this, our thoughts on what does not work are largely structural, considering how we can design an effective system that allows impactful initiatives to be delivered as effectively as possible. For some years now, Action for Children has warned about the dangers of high levels of churn in children's social policy.

In 2008, we published research that shows that there have been over 400 different initiatives, strategies, funding streams, legislative acts and structural changes to services affecting children and young people over the past 21 years. This is equivalent to over 20 different changes faced by children's services for every year since 1987<sup>7</sup> with each new initiative lasting, on average, a little over two years. While we have supported many developments over the years, few would suggest that an environment of such uncertainty, with such a volume of change, is a healthy way of developing and maintaining support for some of the most vulnerable and marginalised children and families.

The report looked at a series of tensions within policy development for children:

### **Prevention versus acute services**

First is the balance between prevention and acute services. In fact, a balance is never struck: a pendulum swings regularly back and forth, so that a crisis or well-publicised tragedy draws money and services to the acute end of the spectrum, whereupon there is a recognition that the only way to reduce the need for (often hugely expensive) acute services is to shift funding into better preventive services, such as family support. An even stronger political imperative is to be seen to be prudent with public money. This has all too often made it an either/or decision – we can opt to drain the lake but some of those most in need may drown while we do it, or we can save the drowning but leave the lake. This is not a question of either prevention services – or – acute services. Of course we need both, but over time we need a gradual refocusing towards early intervention as this is the only way to achieve sustainable solutions.

### **Avoiding the quick fix and holding your nerve**

Another theme is the inability of successive governments to hold their nerve in the face of short-term political pressure. This is compounded by the difficulty policy makers have with acting on evidence when the ‘quick fix’ approach seems so much more appealing. Too much policy development has been characterised by impatience and a reluctance to wait for hard evidence.

### **Tension between generic and specialist services**

The tension between generic and specialist services is particularly relevant to family support and disabled children, who are disproportionately affected by the continual changes because they are relatively high users of services. And, unfortunately for them, there has been very little agreement about where the balance should rest between these two extremes, leading to continual change.

### **Short-term funding versus long-term planning**

Structures like the Comprehensive Spending Review, operating on a three-year cycle, should mean that people delivering services feel more financial stability today than in previous generations. Unfortunately, despite the rhetoric regarding longer contracts, this has not been delivered. This means that a children’s service has barely enough time to be set up and begin to deliver before its staff have to plan for reconfiguration or even closure. The security of long-term funding is key to developing high-quality services. Longer-term (five-year) contracts are essential to ensure cost effectiveness, the retention of staff, local/community service impact and delivery of payment by results.

**6. Are there interventions with a robust international evidence base that have been effectively applied in the UK? We are particularly interested in evidence which demonstrates both the effectiveness and cost-effectiveness of interventions. Programmes which can clearly and unambiguously demonstrate measurable benefits, which have a cashable value, will be particularly helpful.**

### **Delivery of targeted family support**

Action for Children commissioned Synergy Research and Consulting Ltd (led by Professor Jane Tunstall) to undertake a comprehensive review of the outcomes achieved by four Action for Children services through audit of files and capture of the views of service users, partners and Action for Children staff. The projects were drawn from two in England (Exeter and Bayswater), one in South Wales (Pontlottyn) and one in the North of Scotland, Moray<sup>8</sup>.

This research highlighted a number of positive outcomes for children achieved through intensive family support provision. It demonstrated that intensive family support services achieve the most

optimal impact when the following conditions were applied:

- Continuity of support when the 'intensive support' period has ended.
- The significance of the professional relationship as a vehicle for change with service users experiencing exclusion and disadvantage.
- Removing stigma - intensive service worked when provided from a universal service base. The researchers noted in these four services that there was not a concern amongst service users about feeling stigmatised even though the services offered a range of assistance geared towards those in need of targeted assistance with safe parenting. This is likely to link to the role of Action for Children as a voluntary sector provider of services.
- Early intervention - working with families at the early stage of problems had significant impact in terms of avoiding problems becoming entrenched and irreversible.
- Positive relationships - impact in terms of reducing early signs of neglect of children. It was in these cases where the use of professional relationship was noted by the researchers to have a significant impact as vulnerable parents and carers were able to use the comfort and security of such a relationship in order to develop self esteem and provide improved parenting.

### **Family Intervention Projects**

Action for Children has been at the forefront of providing FIPs for local authorities and partners since the development of this approach. The work of the Action for Children FIP in Dundee was indeed the pioneer of this approach leading to adoption as Government policy.

Recent research into all FIPs inclusive of those delivered by Action for Children has shown that the rate of families in which there were concerns about child protection declined from 23% to 13% (43% reduction). In addition, figures demonstrated reduced anti-social behaviours and improved retention of tenancies in respect of families receiving a service. These findings were those produced by the National Centre for Social Research and reported in '*Anti-social behaviour family intervention projects monitoring and evaluation*' (2009).

A three-year research study into the longer-term outcomes of families who had worked with intensive family support projects showed that of the 28 families who had significant needs and who were referred to the service and their progress evaluated, the researchers judged that for 20 families the project was a success.

The study by the Centre for Regional and Economic and Social Research (CRESR) in 2008 highlighted early success in terms of working with families where anti-social behaviour was an issue through an evaluation of the Action for Children Wakefield Families First service.

Our services seek to optimise the use of relationship with vulnerable young people and parents and carers to effect change. Research is clear that in cases of neglect and emotional well-being it is this which has most significant impact. Families referred to Action for Children FIPs have multiple and complex needs requiring high levels of intense support:

- Large families; 62% had 3 or more children
- Two thirds of families were headed by single women
- 47% were affected by interpersonal and or intergenerational violence

- 79% workers recorded concerns about the vulnerability of children

Cost analysis of FIPs have shown that the projects offered excellent value for money given their potential to reduce considerably short and long term costs of many agencies including those providing services relating to housing, criminal justice, policing, education and health.

Local authority care costs are disproportionately distributed towards children within the 10-15 age groups even though it is the younger age groups that are at greatest risk of serious harm. These young people are more likely to enter care for socially unacceptable behaviour and for family dysfunction/stress. There is already evidence of the cost effectiveness of Family Intervention Projects and Action for Children will be using the new tools from C4EO and DfE to demonstrate cost effectiveness routinely. We are finding the C4EO cost avoidance tool highly useful in measuring cost effectiveness, and are currently working with it across our portfolio of FIP services. Upon request we may be able to provide you with our initial findings from work done to date.

### **Draft report: the economic and social return of Action for Children's Family Intervention Project, Northamptonshire**

Please see the below a summary of the draft findings of an analysis of Action for Children's Family Intervention Project in Northamptonshire. The analysis has been carried to the standard approach to SROI as documented by the UK Government, Cabinet Office sponsored guide to SROI (The SROI Network, 2009). The final report has just been submitted to the SROI network assurance panel. The analysis was led by Tim Goodspeed. The primary research was undertaken by Kate Lee, and members of the FIP team. Tim and Kate are accredited SROI practitioners, accredited by the SROI Network.

The Northamptonshire FIP currently works with 29 of Northamptonshire's most vulnerable families (73 children) for an average of 40 hours a month. These families face multiple issues including; drug and alcohol abuse; anti-social behaviour; domestic violence; being at risk of losing their home; and children at risk of being taken in to care. The FIP team provide intensive, targeted support to the whole family to treat the causes and effects of these issues.

The report covers the period of September 2009 – August 2010 and following stakeholder consultation and analysis, estimates that for every £1 invested in Northamptonshire FIP activities, the likely social value created is approximately £4.28 but in the range of £3 to £6. This estimate is conservative and with longitudinal data, should be higher. Within this figure, the return on investment for the local authorities involved is £1.70: £1; this value being predominantly realised as resource reallocation.

The main (positive) changes identified as a direct result of the FIP are:

- Family life becomes more stable
- Family relationships improve
- Child protection issues are reduced
- Less children are taken into care
- Anti social behaviour and criminal behaviour is reduced, impacting positively on housing problems
- Improved school attendance and attainment

Perhaps the most obvious finding is that the FIP achieves its aim. As a result of intense whole

family intervention, the child can live a safer, happier and more stable life at home and avoid being taken into care. This analysis found plenty of evidence of these outcomes. It's important to understand though that these effects are not realised if the underlying causes are not dealt with first. So behind the 'child protection' headline lies a wealth of other outcomes that evidence how FIP's whole family, intensive support approach delivers deep, lasting impact.

### **Mentoring: Action for Children and Chance UK**

Chance UK's partnership with Action for Children is a unique example of an early intervention model whose effectiveness is backed by independent research is being adopted by organisations with widespread and local community links. The partnership is an efficient use of resources, and is a perfect example of how the voluntary sector can do more for less.

Early intervention work focuses resources on children and families displaying warning signs of problems with crime, homelessness and health in the future. It prevents these hugely expensive social issues taking root further down the line. The Chance UK / Action for Children partnership mentoring programme for children in Liverpool and surrounding area receives referrals from schools. The project's commissioners in Knowsley view the partnership and service as a model of excellence.

It costs £4,000 for the one year mentoring programme, but approximately £15,000 per year for a child in a PRU. By concentrating on children at risk of exclusion and ensuring they stay in mainstream education the programme can save £10k per child per year.

An external evaluation of the work of Chance UK has been undertaken by the Department Psychology at Goldsmiths University. The evaluation report n 2008 found that mentoring reduced behavioural difficulties for 98% of children, with 51% no longer classed as having a behavioural difficulty at the end of the mentoring year. In addition the researchers identified the following improvements:

#### Behaviour at school:

- 64% better anger management
- 62% more self control
- 59% improved frustration management
- 55% more able to cope with reprimand

#### Social skills:

- 59% increased confidence
- 45% better at sharing and turn-taking
- 11% of parents/carers felt the child had matured

#### Academic attainment:

- 82% more interested/questioning
- 73% improved concentration
- 55% more willing to take risks as a learner

### **7. What are the common characteristics and processes which facilitate effective and cost-effective early intervention policy?**

Given the growing number of programmes and interventions that have been evaluated over the past few years, and hence the growing national and international evidence base, Action for

Children would argue that early intervention is no longer a triumph of hope over adversity.

The common strands of effective practice, drawn from Action for Children's evidence base, are as follows:

- Use of relationships over time, particularly outreach to work successfully with the most vulnerable and excluded – to provide consistent and persistent relationships with the family.
- Commitment to both intensive and long-term support where necessary – enabling localities to develop an effective continuum of support.
- Flexibility to provide services to meet need through intensive contacts.
- Sound basis in safeguarding principles and procedures.
- Commitment to ensuring the achievement of qualitative outcomes over and above success in meeting timescales and other process measures.
- Planning on the basis of the richness of research in the field and on the quality of human experience expressed by service users.
- Stable staffing within services albeit contracts are often too short-term to guarantee services.

Early intervention requires us to value the importance of emotional well-being and the role of the relationship with a vulnerable service user. It is not a single answer but a collection of answers to meet needs effectively requiring a flexible and adaptive approach to service provision and outcomes.

#### **8. Are there promising programmes that have yet to be properly evaluated? What are the future evaluation plans and over what timescale might we expect results?**

##### **Action for Children's neglect intervention projects**

We are working with the University of Salford to identify the impact of approaches towards resolving the neglect of children in eight projects across the UK. This is an innovative longitudinal study which aims to measure impact over a period of four years by tracking outcomes for children while still receiving a service, at the end of service and via partner agencies further to the end of service. The final research report from the University of Salford will be produced in 2012 but the projects themselves have tracked impact with regard to those children who are affected by neglect. The first independent interim progress report from the University of Salford on outcomes being achieved was produced in July 2010 and is available on Action for Children's website: <http://www.actionforchildren.org.uk/content/180/Research>

These early results show encouraging signs in meeting the requirements of three Action for Children outcome indicators, namely that a child's emotional well-being is improved, that the risks to a child are known and that the child feels safe in their living environment.

##### **Youth Build**

Action for Children has developed services known as Youth Build in which vulnerable young people who might be homeless or leaving or recently left care are provided with support whilst undertaking apprenticeships in the building trade with these apprenticeships provided on the basis of employers knowing that the young people concerned are receiving such support. This approach enables young people to obtain initial employment when poor educational or criminal records or other history such as substance misuse might have prevented employers from

engaging them otherwise.

An independent evaluation of the Youth Build programme (2007) highlighted the successes of the programme:

- Up to 80% success rate across the three projects for helping young people move into employment following their involvement in the programme.
- High completion rates for the programme, with 32 of the 43 young people who entered the programme completing and moving into either construction or some other form of employment.
- Considerable savings of working with this cohort – for example, the annual cost for a male in a youth offenders' institution is estimated at £47,000.

A three-year longitudinal study of this work has been commissioned with the first year report due out at the end of October; the emerging findings from this work show that:

- The major strength of Youth Build is the offer of paid employment once the 6 week training has been completed, which attracts young people, keeps them engaged, and provides hope for the future, which raises their aspirations.
- Its balance of practical skills training, Personal Social Development and supported employment has proved a successful formula.
- The approach is not only helping young people to gain employment-related skills, but it is having significant positive impacts on young people's relationships, income, and risk management. In particular a number of young people are reporting that they are keeping out of trouble with the police because they know they now have something to lose.

### **Reduction in offending behaviour**

A number of Action for Children services focus on providing interventions to prevent young people from becoming involved in offending and anti-social behaviour before this has become a major issue for the young person and her or his family and community. There have been two significant recent evaluations of the effectiveness of Action for Children services that apply here (although we could not claim that these have a robust international evidence base – rather we believe the evaluations undertaken highlight them as promising practice):

The **Moving On** project for young offenders in Renfrewshire. An independent research evaluation by Families Outside and the Robertson Trust 2009 highlighted the positive impact achieved through the establishment of effective relationships with young people who did not have histories of using services well in the past.

The **Pinnacle Project** in South London was funded by the DCSF to evaluate the effectiveness of early intervention parenting programmes in diverting young black and minority ethnic boys from anti-social behaviour and crime in the South London boroughs of Lambeth and Lewisham. This service ran for three years until March 2009 when the funding available came to a planned end. The evaluation was carried out by the University of Salford in 2009; demonstrating the powerful impact of combined parenting programmes (run in line with the Strengthening Families, Strengthening Communities model) and individual casework for parents and group work for affected young people. The project's main aim was to provide interventions to boys and young men from minority ethnic groups who were on the edge of criminal activity, were underachieving in school and were at risk of social exclusion.

Pinnacle was an unusual service in that it managed to completely match the ethnicity of the young people involved with the ethnicity of the workers. The practitioners and parents involved

in the Pinnacle process commented positively on the impact of a black project group working with black boys. Although the matching of worker and user ethnicities may not be essential, in this research it was seen as very helpful in delivering positive outcomes. The most frequently reported impact of the project was in helping to achieve significant changes in child and adult behaviour and relationships. Inputs have helped to improve arrangements which had previously often included significant conflict within the home.

### **Short break services for disabled children and their families**

Short break services are provided to support families and disabled children. It is recognised that these services can prevent unnecessary long term residential placements, keep families together and thereby providing huge savings to the state.

We commissioned an evaluation into our short break services to ascertain the outcomes that our short break services achieve for the children and their families. The interim findings are as follows:

- Overall, the study presents a positive picture of the impact of Action for Children's short breaks on disabled children and their families. Of those outcomes, for which progress was recorded, 74% were recorded as having either improved or been achieved in the six month review period.
- Preliminary findings suggest that Action for Children are having the greatest impact on those children with the highest level of needs.
- Given the high levels of need identified for the children in the sample, improvements in outcomes, however small, are positive.
- The outcome, 'Views are sought, heard and contribute to decision making' had the highest percentage of recorded improvement.

The costs of these services and the individual savings they provide to the state will be explored further in phase 2 of the research due to be published in May 2011.

### **Children's Centres early intervention services**

Action for Children manages eight Children's Centres in the Norfolk area providing carefully targeted support to children and families in their locality in a range of accessible buildings with some flexibility in their opening hours. The rationale for this is to ensure every child gets the best start in life and to offer choice for parents on work/family life balance. An external evaluation of our Children's Centres in Norfolk suggests that each centre remains well positioned to deliver a preventative programme that is consistent with developing national and local priorities.

The main focus was on early prevention and the identification of difficulties before any difficulties reach the stage where services are required by law to intervene. Targeting the intervention at the early stage is designed to support the children and families psychosocial development by dealing with problems before they become more serious. This means the Children's Centres are placing emphasis on Level 1 and Level 2 for the four levels of prevention. These are:

**Level 1. Diversionary:** Focus is on addressing potential problems before they emerge or on neighbourhoods where there are known or likely stress factors.

**Level 2. Early Prevention:** Focus is on addressing the problems of identified individuals which have already become manifest and which require action to prevent them becoming worse or serious.

**Level 3. Later Prevention:** Focus is on addressing multiple, complex and long standing difficulties of identified individuals which require a customisation of services to meet the needs of those concerned.

**Level 4. Restorative Prevention:** Focus is on reducing the impact to intrusive intervention (e.g. dealing with young people who have been placed in care, those who have been permanently excluded from school etc).

These Children's Centres provide a variety of services: outreach, school-based and centre based with services tailored to their locality to support the most vulnerable families. All the Centres have developed to support families with young children in many ways including: health, education (children and parents), social opportunities and job advice and support. The Centres also work with families helping them increase confidence and self-esteem to be able to improve their parenting skills and ensure a better quality of family life. The Children's Centres forge a rich mix of multiagency partnership arrangements across the voluntary and statutory sectors, having partnering arrangements with Health Services in the community and through links, resource sharing or working together across the voluntary, community and statutory sectors.

Health Visitors and Midwives worked within the National Service Framework Standard because they supported parents with ante-natal and post-natal services carefully targeted to develop parenting skills to ensure that children were given a good start in life: breast-feeding, healthy eating and weaning and physical development through structured play provision. Education through the Foundation Stage Curriculum emphasised speech and language development through a range of services from Speech and Language Therapists, Project Workers and Family Support Workers encouraging the development of communication skills, social skills and a 'unique child-centred' approach

An external evaluation in 2009<sup>9</sup> found:

- During the eight months of the evaluation some of the children were still experiencing some adverse emotional and social difficulties over and above what is normative for their age. However, the majority scored within the 'normal need' range.
- By Time 3 (at the end of the evaluation period) there was a non-statistically significant decrease in the level of 'high need' scores since baseline. Each child continued to deal with a range of different and in some cases challenging issues. Some of the children have longstanding complex family focused problems.
- All the parents in the sample were satisfied with the services offered, particularly individual support, health and other specialist professional support, advice about access to work and the quality of the pre-school education.
- These results indicate the vital and important role that the integrated and linked statutory and non-statutory services offered through Children's Centres provide for the vulnerable families in the community. The access to Children's Centres '*accessible and affordable*' service has been extremely valuable at times of crisis and for day-to-day activities and

education.

**9. What could be done to test and promote these ideas nationally? How should we best communicate best practice?**

Promoting and testing ideas nationally requires several different strands:

**Stability**

Firstly, we need to learn from the mistakes of past short-sighted approaches. The impact and benefits of interventions will necessarily take time to be realised. We cannot afford to continue the cycle of rapid commissioning and decommissioning pilot schemes, with all the bureaucracy and waste this entails. Action for Children would urge against a new industry to collect and disseminate promising practice which is not cemented within a long term vision. We would like to see a true cross-party vision for children and young people that all the parties sign up to. We already know a lot about what works and do not need to continually re-invent the wheel. Rather we need to have courage in our convictions.

**Integrity**

When promoting promising practice and effective interventions, it will be important to build in safeguards to preserve the integrity of successful interventions. Otherwise, there is the inevitable desire to tamper with service models, either because of local circumstances or in the drive for efficiencies. Such moves can be counterproductive.

Action for Children, as pioneers of the Intensive Family Support model in our Dundee Families Project, is familiar with some of the pitfalls here. The Intensive Family Support model was developed in the USA and is founded in the twin principles of support and challenge. Its effectiveness is well evidenced. However, over the past few years when it was rolled out and commissioned by individual local authorities, some local areas adapted the model. For example, there were several local authorities who felt uncomfortable with introducing the challenge element to families even though the evidence shows that this was crucial to the effectiveness of the model. While we understand that service models will adapt over time, this needs to be undertaken in a systematic and deliberate way. Adaptations need to be logged, monitored and if perceived to be effective applied systematically to a new, revised model.

One important element of service integrity which it is all too easy to overlook is the vital and central role of the effective practitioner. Looking across all our evidence it is the role of the practitioner and their ability to form a stable and trusted relationship with vulnerable parents, young people and children – which stand out as the most crucial strand of effective practice. As we strive for greater efficiencies we will need to celebrate and safeguard this role.

**Area based solutions**

When looking at best practice, commissioners must remember that individual interventions do not exist in isolation. Rather they must base decisions on a sound understanding of local need, of the pathway for individual service users, and the interplay between the different services available in a locality.

As we know, intensive interventions can be extremely effective in facilitating behavioural change. But impact also typically drops off over time after the intervention has ended. However, this drop off can be mitigated by the availability of approachable, universal services in an area – children's centres for example. Local areas will increasingly need to bridge vulnerable families

between universal and targeted services. This will address the drop off in outcomes once an intensive intervention has ended. The universal reach will also ensure the earlier identification of emerging problems and easier referral.

### **Make room for innovation**

Promoting and testing effective programmes nationally must not be allowed to stifle innovation locally. We will increasingly need to look for new solutions and to nurture the new ideas that spring up from the grassroots.

Local innovations will not be able to meet the exacting standards of evidence being applied to the tried and tested programmes being rolled out nationally. So any new national systems/drivers must make space to celebrate promising practice and support small organisations in their journey to measure and demonstrate impact.

Standards of evidence required must be realistic and proportionate to the practice being developed. From our own experience we are constantly aware of the significant resource implications that undertaking external service evaluations entails. We simply cannot afford to develop a system which replaces bureaucratic performance indications for local authorities, with a similarly bureaucratic external validation regime. Providers must be required to understand and measure impact, but in a way which is both proportionate and supported.

### **Make use of existing structures and expertise**

In terms of the best structures to promote effective practice, again we would urge the review to undertake a stock take of what already exists and build on that. We already have a number of organisations working on cost effectiveness, early intervention and the sharing of best practice, the Local Government Group, the C4EO, Research in Practice, Project Oracle and the Dartington Social Research Unit to name but a few.

Whatever mechanism is developed it needs to take into account, and build on the expertise of service providers and not just service commissioners. This must include a more central role for the voluntary sector so that we can share our expertise and learning.

## **10. What could be done to nurture and develop ideas in the field of early intervention? Is there a role for a central body to test, approve and promote policy in this field? Are there organisations that have some or all of these functions already?**

As per our answer to question 9.

We do need a national drive to spread understanding of what works so that local areas do not keep inventing their own solutions. A lot of useful work has been undertaken over the past few years which need to be shared, for example Action for Children's *Backing the Future* project, the work of Research in Practice and the C4EO, and the learning from the Total Place pilots.

We already have a good understanding of what works in practice, supported by an expanding academic evidence base. What is now needed is greater support for local areas to bring the two together.

For example, the use of Social Return on Investment (SROI) evaluations has made a promising start. These evaluations encourage greater transparency and necessarily bring stakeholders together to agree priority objectives and outcomes. They also attempt measure value and impact rather than just unit cost. What is now needed is greater support to centralise existing

learning – both in terms of data collection requirements and the rationale behind some of the assumptions made when undertaking the calculations. Some work to standardise proxies and to understand issues such as displacement would be very welcome.

Without this it is hard to read across and compare the different evaluations. For example, with a service outcome such as improved health, evaluations currently have a choice of financial proxies to attach to choose from including the average annual cost of the NHS to individuals or the average annual cost of private health insurance. Both proxies are reasonable, but standardised measures will help not only to ensure greater consistency – but also to reduce some of the burden of undertaking these evaluations.

Voluntary sector organisations and other service providers need infrastructure support to help us to measure outcomes in a systematic way (see question 9).

We would like to see increasing support from the research community to enable providers to measure and understand impact in a practical way. Currently, there is still a gap between the extensive output data required by service commissioners, the outcomes data service providers are struggling to understand, and the sometimes rather removed academic narrative produced by the research community. Investment in independent evaluations is extremely expensive for small voluntary providers, who need greater guarantees of the return from this investment.

The design of the new Early Intervention Grant will be a crucial mechanism to pull together best practice. However, without a legislative mechanism to hold local authorities to account for delivering improved outcomes for children and young people, it will be hard to ensure that the Grant is used to best effect – or for its intended purposes.

#### **11. What new models of financing early intervention, or wider social policy, exist?**

Within our *Backing the Future* report we called on Government to raise the funds for targeted early interventions services through bonds using the savings from interventions to fund the cost of servicing and repaying the bond over its lifetime.

In addition, the benefits of using social impact bonds are becoming increasingly well known. A Social Impact Bond is a contract with the public sector in which a public sector entity commits to pay for any significant improvement in social outcomes for a defined population. On the back of this contract, non-government funding is raised from socially-motivated investors. Social Impact Bonds should be a mechanism to provide funding for early intervention services and could be used to help remove the risk of failure from the public sector.

Organisations such as Social Finance want to develop a market of Social Impact Bonds and are looking to build a series of projects and opening the market to private individuals. Seed financing from organisations such as Social Finance should be developed more to enable providers to deliver early intervention with local partners within a framework of agreed outcomes, measuring their impact to demonstrate effectiveness.

As such, Social Impact Bonds should be used to lever in new money to fund a shift towards effective, targeted early intervention services. However, they are not a replacement for funding to fulfil statutory functions and obligations. Rather they should be used to finance innovation and change.

But, the introduction of new financing mechanisms must be carefully monitored. The return on

investment must never become the rationale for the nature of the service which is offered. This is where the role of central and local government lies – in acting as a guardian to ensure that service users interests are at the heart of decisions made.

In order to enable the best providers to come forward introduction of payment by results must incorporate a front-loaded payment for delivery and bonuses for results achieved which are then reinvested. Within this framework rigorous criteria must be introduced to ensure that services are delivered to the intended target population.

## **12. What other instruments could be introduced to diversify funding of early intervention?**

As per question 11.

We would welcome the introduction of an Early Intervention Bonds to lever in private finance for targeted early intervention. Programmes should be evidence based, with promising interventions supported to undertake a stepped evaluation process.

In addition, Action for Children would like to see all the departments which benefit from early intervention asked to make a financial contribution. Too often effective interventions make saving outside of the scope of their funding department; for example with local children's services paying for programmes which reduce calls on local health, crime and youth justice services. We hope that the introduction of the new Community Budgets will build on the learning from Total Place to remove this disincentive from investing in effective interventions. We would also call for this cross-departmental working, and investment, to be replicated nationally.

## **13. What could be done to nurture and develop these financing ideas?**

There will need to be some source of independent guidance to help broker relationships between social finance organisations, commissioners and providers. As well as establishing boundaries and best practice this body should help channel the funds.

Whoever is commissioned to provide this role, they must be independent and have a high profile. People need to know where to go to if they have a good idea.

As well as nurturing and brokering arrangements with social finance organisations, more help is needed for service providers – especially when it comes to finding a proportionate and simple way of demonstrating impact and agreeing priority outcomes across local areas (please see question 10).

We would suggest that in demonstrating impact, providers are supported to use the range of tools which are already being developed. These must look at impact and outcomes (not just cost savings).

As noted previously we would recommend SROI as a useful tool. We would also support some standardisation in the use of financial proxies and the measurement of outcomes (such as the use of the Goodman's Strengths and Difficulties questionnaire). Providers, such as Action for Children will always measure impact according to local criteria and need, but on top of this would welcome a reduction and standardisation in the different monitoring arrangements currently demanded by commissioners.

## **14. What must government do and not do to enable non-government financing to assist Early Intervention?**

### **Action for Children recommends:**

#### **Spending on the most vulnerable**

It is important for central and local government to demonstrate that it is making rational decisions, not just taking easy choices, when making its cuts to public expenditure over the next three years.

We believe this is a once-in-a-generation opportunity to deliver efficiency to the economy by investing in early intervention services, which not only makes economic sense but will transform lives, especially for the most vulnerable.

#### **1. Local government held accountable to new early intervention outcomes framework**

The government must reform the statutory framework for children's services to ensure early intervention is on a par with child protection and children in care. In support of this the government must hold local authorities accountable for delivering the following outcomes for children:

- Improved emotional wellbeing (preventing neglect)
- Good health
- Attainment and education

#### **2. New funding arrangements**

New funding arrangements to promote and facilitate early intervention must be introduced, with the forthcoming Early Intervention Grant being deployed strategically to drive through evidenced early intervention initiatives for children, young people and families.

Central government must take a lead by developing a joined up approach to early intervention that works across departmental boundaries. Within this, Government departments that make savings from early intervention must be required to invest in early intervention services.

#### **3. Effective delivery**

Local authorities must offer long-term (five year) service contracts to ensure cost effectiveness, retention of staff, local/community service impact and delivery of payment by results.

In order to enable the best providers to come forward, introduction of payment by results must incorporate a front-loaded payment for delivery and bonuses for results achieved which are then reinvested.

Within this framework rigorous criteria must be introduced to ensure that services are delivered to the intended target population. Infrastructure support for providers and a standardisation of evaluation criteria and financial proxies are required to facilitate this process.

#### **4. Effective early intervention services available in every local area:**

- Children and family centres must be reconfigured to provide health and social care early intervention services. The new Community Budgets should be used as a lever to achieve this.

- GPs must deliver health visitor services through family support services (i.e. Children and Family Centres)
- Professionals (Health Visitors in Children's Centres, school nurses and GPs) should deliver Goodman's Strengths and Difficulties Questionnaire for children and young people at appropriate key points in their life