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# early intervention: informing local practice

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# Executive summary

The Local Government Association (LGA) commissioned the National Foundation for Educational Research (NFER) to carry out a review of early intervention approaches to inform the practice of local authorities (LAs). This study complements three other studies funded or supported by the LGA to help authorities to evidence impact and assess value for money (VfM). These studies are:

- *Developing a business case for early interventions and evaluating their value for money* (Durbin *et al.*, 2011)
- *Early intervention, using the Common Assessment Framework Process, and its cost effectiveness: Findings from LARC 3* (Easton *et al.*, 2011)
- *How to sustain and replicate effective practice* (Southcott and McCrone, 2011).

Building on the literature search returns for the *Developing a business case for early interventions and evaluating their value for money* project, NFER researchers reviewed published literature exploring the impact of early intervention on outcomes for children, young people and families. The literature reviewed is not an exhaustive list of all available evidence on early intervention approaches shown to improve outcomes for children, young people and families. However, it offers practitioners:

- a summary of examples of early intervention approaches shown to improve outcomes for children, young people and families
- further evidence of which early intervention approaches are likely to improve outcomes for children, young people and families
- information on the financial costs associated with offering early intervention provision and the costs associated with negative life outcomes (where evidence was available).

Collectively, these reports help create further understanding of early intervention approaches and will support authorities and local and national partners to improve service commissioning and delivery. Ultimately, this will help to improve outcomes for children, young people and families.

## Key findings

Overall, the evidence reviewed shows that the case for investing in early intervention approaches to improve outcomes for children, young people and families and to bring about cost savings in the longer term is widely accepted and supported. Investing early in the life of a problem, or when children are younger, can have greater benefits in the long term and is therefore likely to be most cost effective. It is the extent of potential cost savings that increasingly needs to be identified and evidenced to enable policy makers and local commissioners to make informed decisions.

There is, however, a paucity of UK-based evidence on the cost effectiveness of early intervention approaches. Until recently, UK-based researchers and evaluators have rarely been asked to consider value for money when evaluating the processes and impacts of programmes. Increasingly, however, the landscape is changing, with researchers being asked to consider value for money when carrying out evaluations, and local practitioners, LA officers and commissioners being required to evidence the value of interventions, both on outcomes for children, young people and families and also on local and national assets.

The literature reviewed for this study highlighted the need for evidence based programmes to be offered to those children, young people and families most in need in local areas. Evidence shows that, where early intervention programmes with a strong evidence base are introduced to the UK, fidelity to a programme's design is essential for desired outcomes to be achieved. Research also shows the need for a well

equipped workforce that is knowledgeable and skilful in identifying families in need. In addition, the workforce needs to be equipped to support families to access appropriate service provision and there is a role for practitioners across services to be aware of local provision in order to signpost appropriately.

Changes in policy and practice in national and local government are likely to further support the early intervention agenda in the future as supported by Allen (2011a and b) and Munro (2011), amongst others.

## Recommendations

Based on the evidence reviewed, we suggest the following recommendations:

- For desired outcomes to be achieved, policy makers, LA officers, commissioners and practitioners must ensure, when introducing, commissioning or delivering programmes of support, that fidelity to the programme's design is maintained.
- LA officers and practitioners should work with local families to develop a thorough understanding of the individual needs of different communities, as well as those shared across communities, so programmes can be targeted appropriately. This may also help empower and engage parents and families in early intervention programmes.
- Policy makers, national organisations and researchers need to improve the evidence base available to local and national decision makers; build on the availability of national cohort datasets to track outcomes longitudinally; and consider cost effectiveness, as well as impact on outcomes, when evaluating programmes.
- Policy makers, national organisations and LAs need to support the professional development of all practitioners working with children within universal and targeted settings. These practitioners require the skills and knowledge to be able to identify need appropriately and signpost families to suitable support services in order to help achieve the best outcomes for children and young people.

# 1 Introduction

Early intervention approaches aimed at improving outcomes for children, young people and families have been a priority for governments over recent years. The case for such interventions is usually made in the context of national policy. Given developments in the area and the current economic climate, service providers and commissioners need to be able to assess and evidence the impact of services and demonstrate value for money (VfM) in a local framework. This study, commissioned by the Local Government Association (LGA), complements three other studies funded or supported by the LGA to help local authorities (LAs) to evidence impact and assess VfM. These studies are:

- *Developing a business case for early interventions and evaluating their value for money* (Durbin *et al.*, 2011)
- *Early intervention, using the Common Assessment Framework Process, and its cost effectiveness: Findings from LARC 3* (Easton *et al.*, 2011)
- *How to sustain and replicate effective practice* (Southcott and McCrone, 2011).

The first of these studies offers guidance on:

- how to make or assess a business case for early interventions
- how to make an economic case for early interventions
- the key considerations in evaluating the value for money of early interventions
- definitions of key VfM terminology.

The guidance is designed to support LAs and their partners in their decision making and planning on early interventions. It is based on a review of the evidence base; a description of the measures and indicators used in assessing the long-term benefits of early interventions; and an audit of the approaches and

models used to measure the economic value of early interventions.

The *Early intervention, using the Common Assessment Framework Process, and its cost effectiveness: Findings from LARC3* study was the third round of work for the Local Authority Research Consortium (LARC) which has been supported by the LGA since inception in 2007. LARC was founded to support local authorities to develop integrated working through sector-led collaborative research projects. The consortium oversees and supports authorities' research within the context of its overall aim to explore integrated working and improve outcomes for children, young people and families. LARC adopts an innovative and creative approach to helping authorities develop capacity to conduct and engage in research. Each year, the consortium chooses a different focus for the research. LARC4 (carried out in 2011) focuses on Common Assessment Framework (CAF)/Team Around the Child (TAC) teams for families with high level and complex needs, exploring the interface between CAF/TAC and social care teams.

The third round of LARC (LARC3) explored early intervention using the CAF process and its cost effectiveness. Around 20 authorities developed, conducted, analysed and reported their own research project with support from NFER and Research in Practice (RiP) researchers. Each project, collectively making up 80 family case studies, gathered views from practitioners and families about a CAF episode. Views were sought on the successes and challenges of the process in improving family outcomes, but also on the time and costs associated with a CAF episode. For each case study, data was gathered on practitioners' time and costs of the assessment, TAC meetings and packages of support implemented. Using an adapted futurising methodology<sup>1</sup>, information was also collected from practitioners and families on the possible future outcomes (or 'scenarios') avoided by helping the family early. This methodology enabled the research team to explore the financial costs associated with the CAF



process and calculate potential savings made by intervening early. The findings from LARC3 have been of interest to national and local government agencies, children's service authorities and anyone with an interest in early intervention, the CAF process and cost effectiveness. The report:

- summarises the time and costs associated with 80 CAF episodes
- outlines the potential financial costs and negative outcomes avoided by offering early help to a family
- helps the readers' understanding of how to cost episodes of support for families.

The third study which complements this collection of research is *How to sustain and replicate effective practice*. The LGA commissioned NFER to examine how identified local authority effective practice examples have been, or could be, replicated and sustained, with a view to informing guidelines for future practice. Innovations in practice in local authority children's services face a number of key questions in the current organisational and economic environment. Among these is whether or not the longer-term benefits in terms of impact can be proven to outweigh the costs of implementing a programme or initiative. In this context, the main challenge facing authorities, while being mindful of cost effectiveness, is evidencing how practice can be sustained and replicated. Using examples of authorities' work that had been gathered through the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) validated practice programme, the study offers:

- effective practice examples that have been, or could be, replicated or sustained
- an outline of the facilitating factors that help sustain and replicate effective practice
- solutions to overcoming barriers associated with replicating and sustaining effective practice.

The current report should be looked at within the context of the above three studies. Collectively, the reports help create further understanding of early intervention approaches to support local authorities and their local and national partners and to improve service commissioning and delivery, which ultimately

improve outcomes for children, young people and families.

## 1.1 Background and aims

Building on the literature search returns for the *Developing a business case for early interventions and evaluating their value for money* project we reviewed published literature exploring the impact of early intervention on outcomes for children, young people and families. We considered UK appraisal, evaluation and research studies, and descriptive, evaluative and 'grey' literature reported since 1998; these are summarised in this report. The literature search parameters were determined by the *Developing a business case for early interventions and evaluating their value for money* project, which focused on available evidence on the approaches used to assess the economic benefits of undertaking early intervention activity. As a result the literature presented in this report is not an exhaustive list of all available evidence on early intervention approaches shown to improve outcomes for children, young people and families. This report:

- summarises examples of early intervention approaches shown to improve outcomes for children, young people and families
- provides local authority officers and commissioners with further evidence of which early intervention approaches are likely to improve outcomes for children, young people and families
- outlines the financial costs associated with offering early intervention provision and the costs associated with negative life outcomes, where evidence was available.

## 1.2 Policy context

During the time the research was being carried out, the policy agenda evolved under the direction of the Coalition Government, which commissioned a number of reviews<sup>3</sup> all of which are relevant to and support early intervention policies. Graham Allen, Labour MP, was tasked specifically with undertaking a review of early intervention. Two reports were published: the first, *Early intervention: The Next Steps* was published in

early 2011 (Allen, 2011a) and the second, *Early intervention: Smart Investment, Massive Savings* (Allen, 2011b) was published during the summer of the same year. Collectively, these reports explored early intervention approaches, examined funding arrangements, made recommendations for future policy and practice and suggested cost savings and cost effective practice for the children's services sector.

The literature examined for this study identified a number of complementary but slightly differing concepts of early intervention. Allen's emphasis focuses on offering help early in the lives of children. He argues that not giving children the right to appropriate support during their early years (birth to three years of age) can lead to 'many of the costly and damaging social problems in society' (Allen, 2011b, pp. v). His approach differs from that of others in that early intervention is also seen as offering help early in the life of a problem rather than after difficulties have manifested, regardless of age. Munro (2011) refers to

this as 'early help'. This report presents evidence to address both concepts of early intervention.

## Notes

- 1 Futurising methodologies seek to obtain the most reliable census of opinion by a group of experts about the future. They involve several rounds of individual questions about possible futures, interspersed with feedback from the results of each round. After each round, data is collated and presented back for review. A further round of review is conducted until one collective 'future' consensus is formed.
- 2 Dame Clare Tickell's (2011) Review of Early Years Foundation Stage, the Frank Field MP (2010) Review of Child Poverty and Life Chances; the Graham Allen MP Review of Early Intervention and Professor Eileen Munro's Review of Child Protection.

## 2 Findings

When looking for evidence of impact of early intervention approaches, much of the literature reviewed can be categorised into groups. These groupings form the reporting structure of this chapter and are outlined below:

- identifying need
- early years provision
- family and parenting support
- parental engagement in learning
- helping those with special educational needs
- preventing anti-social behaviour and reducing the risk of social exclusion
- preventing teenage pregnancy.

Throughout the chapter, case-study examples of early intervention approaches are provided, complemented by cost and anticipated cost-saving information where evidence was available. Indeed, this study shows that there is a lack of evidence proving the cost effectiveness of early intervention approaches in the UK.

### 2.1 Identifying need

Informed, high quality, multi-agency, holistic family assessments, supported by agencies working together to provide intervention and carry out collective reviews are critical to achieving positive outcomes for children, young people and families. The Allen (2011a and b) and Munro (2011) reviews and the SEN and Disability Green Paper (DfE, 2011) argue the need for holistic assessments of children and young people. Allen (2011 a and b) recommends that regular assessments of social and emotional development should be carried out before children start school and throughout their early years through a slightly adapted approach to existing provision (Healthy Child

Programme, health visiting development checks and early years practitioners reviewing development). Munro (2011) calls for greater local authority ownership of how needs are identified and how assessment processes are conducted. Importantly, she also argues that, where children and young people's needs do not meet the social care threshold, practitioners must be able to identify need and appropriate service provision to address those needs. Although some define help for families with high level needs as 'early intervention', Munro asserts the view that professionals working in universal settings need to be equipped with the knowledge and skills to make an assessment of need and to make appropriate referrals to local services. Equipping all parts of the workforce to support the early intervention agenda is also addressed in other reviews and is discussed in more detail below.

The SEN and Disability Green Paper (DfE, 2011) calls for the needs of children and young people with special educational needs (SEN) to be identified early and for suitable multi-agency provision to be put in place when a family needs it. Too often, the Green Paper argues, families struggle to get the help they need from the education, health and social services sectors. It is proposed that, by 2014, all children and young people with SEN will have a holistic single assessment and an 'Education, Health and Care Plan', which will support practitioners and families to work together to achieve the education, health, employment and independent-living ambitions of these children and young people.

The CAF (Common Assessment Framework), first introduced in 2006, as an assessment and planning framework supports the early intervention agenda through its holistic assessment and multi-agency approach. Although the assessments mentioned in the Allen (2011a and b) and Munro (2011) reviews and the SEN and Disability Green paper (DfE, 2011) include some specialist assessments, they start from a premise similar to that of the CAF and as outlined in the *Framework for the assessment of children in need and their families* (DH, 2000). The framework states that, to

appropriately identify a child's need, assessments should:

- be child centred
- involve the child, young person and family
- build on strengths as well as identifying difficulties
- adopt an inter-agency approach to assessment and provision of need
- be continuous processes rather than a one-off event<sup>3</sup>.

The *LARC2 Integrated children's services and the CAF process* (Easton *et al.*, 2010) research found that the CAF process helped improve outcomes for children, young people and families. Corroborating the principles outlined in the *Framework for the assessment of children in need and their families* (DH, 2000), LARC2 found five principles which supported the effective use of the CAF process when identifying children, young people's and families' need. The research found the following factors to be important:

- engage children, young people and families as equal partners in the process
- develop a better understanding of children and young people's needs, at the earliest possible stage
- ensure consistency of the lead professional support which helped families and professionals work better together
- ensure multi-agency working and information sharing; this improved understanding of need and service provision
- integrate all of the elements of the CAF process (holistic assessment, engagement with families, Lead Professional role, the TAC model and meetings, action planning and reviews). In combination, the strength of these different elements was reported to increase.

In August 2011, the Government announced a consultation on the future of the national e-CAF. This highlighted the uncertainty and inconsistency surrounding the future of, and the current use of, the CAF process in terms of both national policy and local

practice, with different services across and within authorities engaging with the process. Munro referred to the CAF in her final report (2011), noting that the non-mandatory status of the process has resulted in confusion about the place of the CAF, and the importance of shared responsibility of all services in helping families early. Further evidence collected for this study also showed that in some cases practitioners lack the knowledge, skills and willingness to initiate CAF assessments. In addition, the quality of a CAF assessment varied across and within LAs.

To support approaches to early intervention, some authorities have adopted multi-agency hubs and panels. Westminster City Council, for example, adopted a multi-agency panel approach to supporting families. Five Family Support Panels across the city assess all children under the age of twelve who have multiple needs and have had a CAF assessment. Each panel, comprising a range of local agencies including the third sector, reviews all cases two to three times to ensure appropriate support is being put in place and that progress is being made. Arrangements similar to those in Westminster are evident throughout England.

There are increasing examples of co-located or virtually located multi-agency hubs across the country to support early intervention and families with more complex needs. Recently Oxfordshire County Council has been developing co-located early intervention multi-agency hubs, which include social care workers and other partners, to better support the identification of needs and allocation of service provision. The seven hubs offer early intervention and specialist support to children, young people and families from birth to the transition into adulthood. Similarly, as a result of the numbers of children in need, those with a child protection plan and those in care, Devon County Council has set up the Multi-Agency Safeguarding Hub (MASH) model. A range of agencies involved in safeguarding children and young people operate across local authority boundaries, including the police and probation services, where responsibilities cross both Devon and Cornwall. In this context, previously families moving across LA boundaries worked with multiple agencies that lacked a unified relationship. Research found that the MASH model was reported to bring about a range of benefits including more informed decision making and more informed teams, an increase in early intervention and more efficient decision making (Golden *et al.*, 2011). Agencies working together to

support their community has been endorsed by the Coalition Government through the introduction of the Early Intervention places pilot. The pilot is funding 27 areas to support LA services and the third sector to initiate innovative early intervention approaches to support improvements in communities.

## 2.2 Early years provision

Research (Shore, 1997; Perry, 2002) showing that the most significant emotional development in a person's life takes place during the first 18 months is at the forefront of informing Allen's early intervention agenda (as also outlined in his *Early Intervention: The Next Steps* report (2011a)). It is well understood and accepted that offering help sooner rather than later can make a significant difference to outcomes for children, young people and families. The sooner a family or child receives support, the less harm is done to development (including brain development) and the impact on health and well-being throughout later life is improved. Generally, there is a 'multiplier effect' whereby the end result is disproportionately greater than the risk first identified. Interventions established to offer early help, regardless of age, tend to have lower delivery costs and reap the benefits for a number of years. The pay-offs of offering help early are not limited to financial service costs. Based on the evidence base presented by Allen and Duncan-Smith (2008), early intervention can also help to improve educational outcomes for children and young people, improve employability, increase earnings, and reduce negative behaviours such as anti-social behaviour and crime. Allen (2011a) argues that it is families experiencing intergenerational and multiple needs that need support early and need it early in the lives of their children (i.e. before the age of three).

## 2.3 Impact of the Healthy Child Programme and Family Nurse Partnerships programme

Building on the evidence presented in the Marmot Review of health inequalities (*Fair Society, Healthy Lives*, 2010), Allen supports the argument that pre-and post-natal care to all families will help to improve the life outcomes for children and young people. Marmot suggested that children under the age of three who are identified as requiring extra help should be given

home-visiting support. Allen supports this argument, calling for all children to have their social and emotional development reviewed at their two and two and a half year developmental reviews by health visitors.

The Coalition Government has demonstrated a commitment to supporting early intervention in the early years through its planned expansion of health visitor numbers. It is also expanding the Family Nurse Partnerships (FNP) programme and the Healthy Child Programme. Evidence shows a direct link between mothers' health and low socio-economic indicators. Research (Jenkins *et al.*, 2008) also shows that, for children to get the best start in life, mothers need to be healthy during pregnancy and post-birth. The Healthy Child Programme offers help to expectant mothers in pregnancy and continues to offer support to children and young people into adulthood. It promotes regular conversations between parents and practitioners at established intervals in a child's life until age 18. The structured programme enables reviews to be carried out at birth; at six to eight weeks; at each immunisation; at age one and two; at the start of school; and during transition between primary and secondary school to ensure appropriate support is available through to adulthood. Allen (2011a) endorses this model and suggests that FNPs and early years practitioners support the approach to ensure social and emotional development checks are carried out on all children. Building on the Healthy Child Programme, Allen wants parents, health professionals and early years practitioners to work together to promote understanding around the social and emotional development of 0 to three years olds. He believes this will support more children's 'readiness for school' at age four.

The FNP programme was introduced to the UK in 2007 after 30 years of development and success in the United States. The programme, which supports vulnerable first time mothers in early pregnancy until the child is aged two, is an intensive programme led by nurses within the home setting. It helps parents to develop routines and parenting skills to enable them to bring up a physically and emotionally healthy child. Fathers are also involved in visits and are reported to be positive about the programme. The reported benefits of the programme in the UK and the US are extensive. In the UK, over 6000 families have been involved in the programme which has been proven to improve

health and well-being of children and families in the short and long term<sup>4</sup>. It has helped to reduce the number of women smoking during pregnancy, increased breast feeding, enhanced mothers' future employment and education aspirations and has improved parental confidence. As a result of this evidence, the Coalition Government is committed to doubling FNPs across the country by 2015. It is hoped that the programme will help to break the patterns of inter-generational disadvantage evident in some communities in England. The cost savings associated with the programme in the US have been reported, with researchers finding that for every \$1 invested the cost saving to the public purse is \$5.

### **Reducing post-natal depression in mothers: research example**

Research was carried out during 2009 (Bauer *et al.*, 2011) into the effects of health visitor support on reducing post-natal depression in mothers. Interventions were put in place because health visitors were considered well placed to identify mothers suffering from depression. A preventative screening programme was implemented and a range of UK trials found that mothers who had received support were likely to recover fully from post-natal depression after three months. The combination of the screening and targeted intervention programmes was also found to be clinically effective for six to 12 months after the screening and intervention. Although the potential financial cost savings were not calculated, the authors argued that cost savings would be likely due to the children's emotional and cognitive development and the positive effects of the intervention on their behaviour in later life. Furthermore, the financial costs associated with depression over a lifetime are substantial (The Sainsbury Centre for Mental Health, 2003). The larger numbers of health visitors planned for 2015 and the expansion of FNP may enable more mothers with post-natal depression, regardless of socio-economic status, to be identified and offered support early.

## **2.4 Benefits of early years settings**

The benefits of the help offered to young children and families through children's centres have been reported through the National Evaluation of Sure Start Centres (DfE, 2010). The research found positive effects on children and families in Sure Start Local Programme (SSLP) areas compared to those in non-Sure Start Local Programme areas. They also found a small number of negative outcomes. The findings showed children had better physical health and a lower body mass index (BMI) than their peers in non-SSLP areas. Mothers were reported to provide more stimulating and less chaotic home environments; have greater levels of satisfaction; and implement less harsh discipline. On the negative side, however, mothers also reported more depressive symptoms and were less likely to attend parent-teacher meetings at school. Munro (2011) expanded on the benefits of children's centres in her report, arguing that the best early years settings are those that know their communities, work holistically around the family, and act as a hub for multi-agency teams whilst also offering access to specialist services.

Allen (2011a) strongly supports the view that early years settings need to be supported to offer greater early intervention approaches. Tickell (2011), Field (2010) and Allen (2011a) promote the need for a foundation stage of education. Allen, for example, argues that the foundation stage should be given the same status as primary and secondary provision to help ensure all children are given the opportunity to be 'ready for school' regardless of their family background or socio-economic status. He argues that all professionals who come into contact with young children must recognise the importance of children's development needs.

### **Supporting speech and language development: case-study example**

The Songs and Rhymes initiative introduced in Hampshire in 2005 was aimed at supporting parents to develop their child's speech and language development<sup>5</sup>. Headteachers in local schools had noticed children were starting school

with poor language skills. To support the speech and language development of children in the area, a club was introduced which promoted development through songs and rhymes involving both parents and children. Families were supported by school staff over eight one-hour sessions to develop speech and language skills. Reportedly, schools witnessed the benefits of the initiative and have subsequently funded the programme from their own budgets to support the clubs' sustainability. Managers and practitioners noted the greatest benefits for vulnerable children and those with SEN. All children, however, were reported to settle into school quicker and were more ready to learn. Relationships between staff and parents benefited, enabling open and honest dialogue that facilitated learning and the emotional development of children. Financial cost information associated with delivery of the initiative is not reported.

### **Multi-agency working in the early years: case-study example**

Lancashire County Council has created a partnership model where Heads of Midwifery, NHS Commissioners, Child and Adolescent Mental Health Services (CAMHS), health visitors and children's centres work together to support service delivery through a joined up approach (DCSF, 2010)<sup>6</sup>. This case study shows an example of the model Allen promotes in his reviews (2011a and b). New mothers register (or 'book') their pregnancy with a midwife who is based in a children's centre. Where additional needs are identified, a joined-up support approach is immediately available to the family. Other research (Kurtz *et al.*, 2005) shows that ante-natal attendance at children's centres improves access and a continuation of care post-birth.

## **2.5 Family and parenting support**

Most of the early intervention approaches reviewed for this study were within the parenting and family support

arena. For some time, parenting programmes have been rigorously researched and evidenced to ascertain their impact, effectiveness and more recently their cost effectiveness. As many of these programmes are rooted in America or Australia they have been subject to thorough research before being replicated in the UK. Ensuring fidelity to programmes has been essential for the desired outcomes to be replicated and sustained in other cultures.

Evidence shows that the availability of parenting programmes, which are generally introduced to parents of younger children (but are also available for parents of older children), have been on the increase for the past decade.

### **Parenting programme: case-study example**

An evaluation of the Incredible Years Parenting Programme, which was targeted at parents whose children were diagnosed with disruptive behaviour, was found to have positive benefits (Lindsay *et al.*, 2010). The research found that improved behaviour in children and young people was reported after parents had attended the programme. When the 12-week programme had finished, behaviour levels in children were reported to be below clinical levels of disruption. The research reported the cost of delivering the programme over six months to be less than £1500 per family. In contrast, the costs associated with someone aged 28 years who has a conduct disorder are over £60,000 (DCSF, 2010). The 2010 Personal Social Services Research Unit (PSSRU) dataset (Curtis, 2011) reported the set-up and delivery costs of the Incredible Years Parenting Programme for eight families to be around £2300 and, for 12 families, to be around £1500.

The Parenting Early Intervention Programme (PEIP) evaluation (Lindsay *et al.*, 2010) examined the effects of five parenting programmes during the past decade. The programmes included were:

- Incredible Years (see case example above)

- Triple P
- Strengthening Families, Strengthening Communities
- Strengthening Families programme 11 to 14
- Families and Schools Together (FAST).

The research shows that parenting programmes have demonstrated improved outcomes for parents and families. The reported benefits include: enhanced confidence; improved well-being; reduced laxness; and lesser tendency to overreact. Programmes have also been reported to help improve child behaviour. As a result of these short-term benefits, the evidence suggests that longer-term impacts are likely to continue into adulthood. It is early intervention approaches similar to these that Allen (2011a) believes will reduce the cyclical needs deprivation experienced by some families and communities.

Munro (2011) highlighted the need for volunteers to help parents to adopt models of good parenting. The research reviewed for the current study found evidence to suggest that Family Support Workers, or Parent Support Advisors, are a useful and effective resource for providing support to families (DCSF, 2010; Easton *et al.*, 2011). These support workers were reported to bring about wide benefits for children, young people and families, and school staff. Parent support advisors have the skills and knowledge to support families and make effective referrals to specialist services where young people and families need additional help. In some areas, advisors have been given a small budget specifically to support families experiencing financial difficulty. Funding can be used, for example, to provide bus fares for job interviews.

Other programmes of family support provide a more holistic approach to helping families. One example is the Early Excellence Centres pilot (Pascal *et al.*, 2001) which aimed to develop models of high quality, integrated, early services for young children and families. Families who received support through the centres had multiple stress factors and were often those that were hardest to reach. The research found that effective strategic leadership and management of the programme helped support improved outcomes for families. The reported benefits for families included:

- enhanced self-esteem and parents feeling more supported
- improved parenting skills
- parents feeling more able to access support, training and employment opportunities.

Evidence also showed that the pilots appeared to be cost effective because the programme is low cost to deliver, yet reaps benefits for a range of services for some years. Although no financial figures were attributed to this view, the research reported social, educational, health and employment services would benefit from this early intervention approach into the future.

There are a range of early intervention approaches available to support parents and families. Approaches include formal intervention programmes and less formal support through the use of volunteer workers. Providing help to families within the home and community settings appears to result in a range of short- and longer-term benefits for the family, community and practitioners. The recommendations reported in the Allen and Munro reviews suggest the Government needs to ensure resource is available to enable community-based help for those most in need. Allen (2011a) specifically calls for a 'Parenting Campaign' which he hopes will support the public, parents, health professionals and newly pregnant women in raising awareness of the importance of the development (physical, social and emotional) capabilities of children from birth to five years.

## 2.6 Parental engagement in learning

Many initiatives have been introduced to support parental engagement in learning and their children's school life. Some examples of successful approaches are reported here. Save the Children (2009) commissioned research to explore the impact of family and parenting programmes on children and young people's learning. Although the study found limited systematic evidence to identify specific interventions that were found to directly improve learning, the research reinforced wider beliefs that parental engagement in children's education helps improve achievement. Specifically, the research urged parents to



explicitly and directly support their children's learning in the home environment, as well as to take an interest in general school life. It was parental engagement in learning specifically that helped children to achieve better results.

### **Literacy and numeracy programmes: case-study examples**

Poor literacy and numeracy have costly outcomes for individuals and society. In monetised terms, poor literacy costs up to £64,000 for an individual over a lifetime. Poor numeracy costs a similar amount. Most of these costs are associated with lower tax revenue and increased likelihood of being in receipt of unemployment benefit payments. By comparison, early reading recovery support programmes and the Every Child Counts initiative each cost around £2500 per pupil (Every Child a Chance Trust, 2011).

### **Supporting parental engagement in school: case-study example**

The 'Achievement for all' project, introduced under the previous Government, aimed to support parents to attend and engage in school life and help identify additional needs. The programme enabled parents and school staff to have structured conversations when children were in Years 1, 5, 7 and 10; where appropriate, children and young people were also part of the conversations. The findings, as reported in 2010 (DCSF, 2010), were positive and showed improved parental engagement with school. The research showed further that it was important to have the right professionals within the school setting to talk to parents.

## **2.7 Helping those with special educational needs (SEN)**

The 2011 Green Paper on SEN and Disability (DfE, 2011) proposed a new approach to SEN and disability based on feedback from parents and professionals working in the area. For some time, parents and families have reported not receiving the level of support expected and not being able to access appropriate provision when needed.

Research, commissioned by the previous Government (Papps and Dyson, 2004), examined existing evidence to explore the optimal time to identify need and offer support for children and young people with SEN. The research looked specifically at children and young people on the autistic spectrum and at those at risk of developing SEN. It mapped the cost and benefits, both financial and personal/societal, with a view to developing a cost-benefit analysis approach in this arena. The research concluded that there was insufficient existing evidence to prove the financial benefits of specific interventions for children and young people with autistic spectrum disorder (ASD). On the whole, the authors concluded, this was due to the use of different impact assessment tools when evaluating the impact of specific interventions, a lack of data and the inability to replicate studies clinically.

The research study also explored the financial costs associated with supporting children and young people with ASD. It concluded that it is easier to identify delivery costs than the benefits of the intervention. Costs associated with supporting children and young people with ASD include, for example, identification and diagnosis, interventions costs, and the costs to the family having to implement an intervention. The study concluded that there is a need for further longitudinal research into the area internationally. The authors argue further that, in the UK specifically, more work is needed to explore the impact of interventions targeted at children and young people with ASD and those at risk of developing SEN. Overcoming the absence of data by linking large-scale datasets (for example, the Millennium Cohort Study, Youth Cohort Study and others) could support the UK research evidence base. This would help enable evaluators to assess whether specific interventions improve outcomes for children, young people and families in the short and longer term and whether, indeed, these are cost effective.

## 2.8 Preventing anti-social behaviour and reducing the risk of social exclusion

Research into behavioural problems in younger children, (those aged three to five) shows that poor behaviour in the early years is a strong predictor for persistent problems in adulthood (Bonin *et al.*, 2011). These problems include anti-social behaviour, criminality, poor relationships and substance misuse. Many early intervention and later intervention approaches are targeted at tackling anti-social behaviour in children and young people and reducing the risk of social exclusion in later life. A number of early intervention approaches aimed at tackling behaviour problems and social exclusion are reported here.

One such programme is 'On Track'. The national evaluation of On Track, which was conducted during the early and mid-part of the previous decade, tracked and monitored the impact of the programme on its participants (Dinos *et al.*, 2006). On Track was developed following the success of a similar programme, 'Fast Track', in the US. On Track was targeted at families who had children aged four to 12 who were perceived to be at risk of involvement in anti-social behaviour and youth crime in the future. Based on an ecological model of prevention that looked at risks and protective factors at different but interconnected levels, it adopted a holistic model of support to young people and families. It provided a universal and targeted service multi-agency approach to families through early year settings, schools and the community. Parenting support, home visits and support from health professionals were given to families. Specialist practitioners, such as speech and language therapists, also supported the programme. Benefits of the programme on families were reported in the following areas:

- parenting skills, including some 'softer' outcomes such as confidence, coping levels
- developing relationships within families
- supporting home–school interaction
- reducing risk factors and protective measure in young people.

Wider impacts were also reported and these included benefits to the community usually around a reduction in anti-social behaviour. The success of the programme was, at least in part, attributed to the multi-agency approach to working with families. The financial costs and benefits of the programme in the UK were not reported. That said, the US programme is believed to show cost savings in the longer term.

The research highlighted some interesting messages that practitioners should be mindful of when introducing new intervention approaches. Firstly, the name of the On Track programme was reported to stigmatise some families, yet encouraged others to attend. As with all of the interventions put in place for children, young people and families, there is a need to ensure the programme appeals to families with diverse experiences. This also builds on Munro's (2011) observation that some of the best early years settings are those that know their communities well and are able to target support appropriately. Secondly, the On Track evaluation found that even though the programme developed innovative ways to deliver multi-agency working, challenges remained when trying to engage all agencies. LARC research (Easton *et al.*, 2011) endorses this finding, showing that different agencies' levels of engagement in early intervention and multi-agency approaches vary within and across local authorities.

### Multi-agency working to prevent youth offending: Case-study example

Lewisham Borough Council developed a partnership model between local police, the Metropolitan Police and the Youth Offending Service (YOS) to tackle youth offending in the area. Where a young person was arrested for a low-level offence, the police referred the young person to a YOS worker where an assessment and action plan was implemented. The action plan was put in place to avoid further criminal behaviour in the future. Where necessary, and to ensure that all of the young person's needs were being met, other agencies were drawn on to support young people, for example, Connexions and mental health workers. The police and YOS were reported to value this model of working as

police were confident that, once an arrest had taken place, informed decisions about how best to support a young person to prevent further criminality would be made (DCSF, 2009). The economic benefits of this approach were not reported. However, preventing young people from entering the criminal justice system is likely to reduce costs to public services longer term.

Research evidence (Bonin *et al.*, 2011) shows further that conduct disorders in young people and adults are costly to individuals and society. Conduct disorder affects around five per cent of five- to ten-year-olds, with half of these developing an adult anti-social personality disorder. Anti-social personality disorders have long-term negative outcomes, including criminality, low educational attainment, parenthood at a young age, low levels of employment and substance misuse among others. Some parenting programmes have been shown to have positive effects on families with a child at risk of developing a conduct disorder. Furthermore, school-based social and emotional learning programmes aimed at preventing conduct disorder problems in later childhood have also been proven to have positive benefits on outcomes for children and young people. These programmes have helped children and young people recognise and manage their emotions and learn about relationships, resulting in improved social and emotional skills, attitudes, behaviour and academic performance (Bonin *et al.*, 2011). One programme (Beecham *et al.*, 2011) aimed at addressing conduct disorders in young children was reported to cost £130 per person (at 2009 prices). By contrast, the potential costs associated with an adult with conduct disorder can be as high as £150,000. Early intervention approaches to support the social and emotional development of children and young people are at the forefront of the Allen (2011a and b) and Munro (2011) review recommendations.

The Children's Fund Evaluation, carried out during the earlier part of the previous decade was developed by the previous Government to support wider strategies to strengthen communities and families and improve outcomes for children and young people (Edwards *et al.*, 2006). The Fund, which was targeted at five- to 13-year-olds who were at risk of social exclusion, provided access to positive activities clubs, play and specialist services, mentoring, counselling and therapeutic services. Holistic family packages of support were

provided through universal and targeted services, with a focus on targeted provision. Benefits of involvement in the programme were reported in the following areas:

- the programme reached a wide range of families
- children, young people and families valued responsive, tailored and non-judgemental support from practitioners
- families were more aware of other local services as a result of the programme
- it supported children, young people and families to achieve the five Every Child Matters outcomes.

The report presents some key messages for practitioners when designing and implementing programmes to support some of the most vulnerable in society. Key factors that supported the Children's Fund programme to achieve its desired outcomes included the following:

- ensuring strategic sign-up to the programme
- supporting, enabling and allowing managers to lead the project – Children's Fund Managers had the advantage of working with strategic leaders and families so they offered an informed perspective to influence local decisions
- ensuring partnership working takes place on the front line but also at strategic levels
- developing responsive approaches from universal settings
- developing working relationships between local authorities and the third sector within local communities
- empowering families so they feel able to engage in programmes targeted at them.

Furthermore, and as noted in the Munro review (2011), local areas must be able to identify and define hard-to-reach groups. It can be challenging for local authorities to identify and target interventions at different groups within their communities, especially where conflicting problems are evident. The Children's Fund evaluation team recommended that, in order to promote

engagement in service provision, a range of approaches are used not only to identify families but also to encourage them to accept support. The individual needs of communities must be considered and adapted depending on the specific target groups. The researchers highlighted that hard data alone is not sufficiently detailed to enable local areas to identify groups most at risk and target appropriate provision. Authors also argued that LAs must better understand the reasons why different groups choose not to participate in provision. Once these reasons are understood for each group as a unique entity, defining and supporting them should be the focus for developing service provision. A cost savings analysis of this programme was not the focus of the research study.

### **Supporting the social and emotional development of children and young people: Case-study examples**

The Social and Emotional Aspects of Learning (SEAL) programme is a whole school intensive approach to promoting the social and emotional development of children and young people; it has been endorsed by both Allen (2011) and Munro (2011). It focuses on developing skills that promote effective learning, positive behaviour, regular attendance at school and enhanced emotional well-being. The SEAL programme, which runs in primary and secondary schools, has benefited children and young people's emotional well-being and has supported improved engagement in learning (DCSF, 2008). Munro (2011) reported that for every £1 invested in social and emotional learning programmes, a saving of around £80 is reported.

Building on the SEAL programme, the Social and Emotional Aspects of Development initiative is run in early years settings for children aged 0-36 months. This programme supports parents to understand, enhance and promote their child's personal, social and emotional development. Research into the programme shows positive impacts on learning, well-being, achievement and economic circumstances for families (DCSF, 2008). The research reviewed for this study did not evidence the cost savings associated with this model.

### **Supporting children entitled to free school meals: Case-Study example**

Schools across Wigan, Greater Manchester, have supported children and young people to feel less stigmatised and socially excluded when claiming free schools meals (FSM). All children and young people at the school are provided with vouchers to pay for their school meals. This means that all children and young people 'pay' for their meals in the same way. We argue that such lateral approaches to reducing social exclusion should be encouraged and replicated elsewhere.

Interventions aimed at improving behaviour and reducing social exclusion in children and young people are targeted throughout the early years and into adolescence.

## **2.9 Preventing teenage pregnancy**

Reforms underway in the health system are likely to have an impact on early intervention approaches supporting children, young people and families in the future. The creation of local Health and Well-being Boards is intended to improve outcomes for children, young people and families. These boards will bring together elected members, representatives from local health, social care, children's services and education services and patients to better support families. Allen (2011a) argues that further changes in the health system, such as GPs moving towards a commissioning role, will benefit children, young people and families as they will support GPs and LAs to work together. He believes Health and Well-being Boards will promote and share good practice within local areas.

*Early Intervention: Securing good outcomes for all children and young people* (DCSF, 2010) reported examples of practice effective in reducing the numbers of teenage pregnancies. Although no one national programme exists, a range of interventions have been evaluated. The strategies have supported teenagers to access contraception, identify those most at risk of becoming teen parents, provide sexual health advice and offered specialist support to young people, and have reduced instances of teen pregnancies in some

authorities. One such example was given and is provided below.

### **Teenage Pregnancy Prevention Officers: Case-study example**

To reduce incidences of teenage pregnancies in the area, Stoke on Trent employed six Teenage Pregnancy Prevention Officers. These officers used a screening toolkit to identify young people at risk of becoming teen parents. Support was targeted at these young people through one-to-one support sessions and drop-in sessions available in school. Furthermore, support with housing and help for those not in education, employment or training was also provided. Data showed that, of more than 1000 young people working with the Teenage Pregnancy Prevention Officers, very few became pregnant despite being considered high risk at the start of the intervention. No evidence exists on the delivery costs and potential financial savings associated with this intervention.

To summarise this chapter, the research reviewed as part of this study showed that there is a paucity of evidence available on the cost effectiveness of early intervention approaches. Until recently, UK-based researchers and evaluators have mostly been required to assess the impacts of interventions on outcomes and have rarely been asked to consider value for money (VfM). Increasingly, however, researchers and evaluators are being asked to consider VfM when carrying out evaluations; this is to be welcomed.

The literature reviewed shows many examples of local practice which can lead to improved outcomes in the short and, in some instances, the longer term. As a result, this infers that by reducing the numbers of children, young people and families experiencing negative, and therefore costly, outcomes in the future, cost savings can be made. It is the extent of the cost savings that increasingly need to be identified to

enable local and national government policy makers and commissioners to make informed decisions. Work also needs to be done to use existing data and collect comparable and longitudinal data to find out which approaches work well and which offer good value for money.

Changes in policy and practice at national and local government level are likely to support the early intervention agenda in the future. The independent reviews mentioned throughout this chapter all highlight the need for evidence-based programmes to be offered to those children, young people and families most in need in local areas. Programmes must maintain fidelity to the programme design in order for desired outcomes to be achieved. The reviews also argue the need for a well equipped workforce that has the knowledge and skills to identify families in need and offer appropriate service provision.

### **Notes**

- 3 Ten principles are listed in the framework but these five are most relevant to this report.
- 4 FNP has long been evaluated in the US (for further details see: <http://www.nursefamilypartnership.org/Proven-Results/Published-research>). In the UK, the Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London has been commissioned to carry out evaluations of the programme. Their reports can be found at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118530](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530)
- 5 For further information about this programme, visit the Validated Local Practice example on the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) website at <http://www.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=43>
- 6 For further information about this programme, visit the Validated Local Practice example on the C4EO website at: <http://www.c4eo.org.uk/themes/safeguarding/vlpdetails.aspx?lpeid=84>

### 3 Conclusions and recommendations

The evidence presented in this report suggests the following conclusions.

- The case for investing in early intervention approaches to improve outcomes for children, young people and families and to bring about cost savings longer term is widely accepted and supported by evidence. More needs to be done to assess the cost effectiveness of early intervention programmes in the UK, however.
- Investing earlier in the life of a problem, or when children are younger, can have greater benefits longer term and is therefore likely to be most cost effective; more research needs to be done, however, to compare a variety of issues and interventions.
- Changes in policy and practice should support early intervention approaches in the future, but decisions about this are being made by local authorities against a backdrop of changes in budgets, staffing and a drive to focus on outcomes for the most vulnerable children, young people and families.
- Practitioners working with families across all universal and targeted services must be equipped with the knowledge and skills to be able to identify need and ensure appropriate service provision is provided to those in need.
- Where early intervention approaches with a strong evidence base are replicated from other countries, fidelity to the programme is important in ensuring the desired outcomes are achieved.
- More needs to be done to provide hard data and longitudinal evidence on the impact and cost effectiveness of interventions in the UK; increasingly, policy makers and commissioners of services are requiring such information.

Based on the evidence reviewed, the following section provides recommendations for different audiences.

#### **Policy makers and national organisations should:**

- Improve the research evidence base available to local and national decision makers, building on the availability of national cohort datasets to track outcomes longitudinally.
- Consider cost effectiveness as well as impact when commissioning programme evaluations; commissioners and researchers must develop the necessary skills to enable value for money assessments<sup>7</sup>.
- Ensure that, when new interventions with a strong evidence base are introduced to the UK, fidelity to the programme is maintained.
- Support the professional development of practitioners working with children, young people and families within universal or targeted settings; the workforce requires the skills and knowledge to be able to identify needs appropriately and offer, or make referrals to, suitable support services<sup>8</sup>.

#### **Local authority managers should:**

- Work with local families in hard-to-reach groups to ascertain why they choose to engage with or not to engage with programmes of support<sup>9</sup>. Having a good understanding of the different needs of their communities and why certain groups choose not to engage will support the targeting of provision accordingly.
- Promote parental empowerment when introducing or delivering programmes within areas; this can be achieved by engaging families and parents in programme delivery and set up<sup>10</sup>.
- Build on the relationships developed between third sector colleagues and families to promote families' engagement in service provision.

### **Practitioners should:**

- Ensure, when they deliver programmes of support, that fidelity to the programmes' design is maintained; for desired impacts to be achieved fidelity is crucial.
- Have a thorough understanding of their local communities; that is, an understanding of the individual needs of different communities as well as those shared across communities.

As previously noted, this report complements that of others supported by the LGA. These are:

- *Developing a business case for early interventions and evaluating their value for money* (Durbin *et al.*, 2011)
- *Early intervention, using the Common Assessment Framework Process, and its cost effectiveness: Findings from LARC 3* (Easton *et al.*, 2011)
- *How to sustain and replicate effective practice* (Southcott and McCrone, 2011).

Collectively, these reports help to create further understanding of early intervention approaches, and support local authorities and their local and national partners to improve service commissioning and delivery. Ultimately, therefore, they will help improve outcomes for children, young people and families.

### **Notes**

7 The *How to sustain and replicate effective practice* report (Southcott and McCrone, 2011) offers similar conclusions.

8 See the independent reviews of Allen (2011a and b), Munro (2011), Tickell (2011) and Field (2010).

9 This supports recommendations made by Munro (2011).

10 This supports recommendations made in the Allen Review (2011a).

# Appendix

## Local evidence for early intervention

This appendix provides a snap-shot of some of the issues facing LARC local authorities during 2010 and 2011 in gathering evidence to inform management decisions about early intervention services. It is presented here to provide up-to-date information on the difficulties facing LAs currently. Based on evidence collected by the research team at national events and from LA representatives during local authority research consortium (LARC) workshops, it outlines the challenges associated with early intervention facing LAs at the time. It is within this context that the LARC3 and forthcoming LARC4 research proved valuable to LAs that needed to evidence the value of early intervention and multi-agency approaches and their cost effectiveness. Although the policy context and, in many places, the organisational structures have changed, many of the underlying issues are still in the process of being addressed.

It has long been understood that providing support to children, young people and families earlier rather than later is most likely to achieve the greatest benefits. It has also been understood that, in intervening early, the benefits of investment by services at a specific point in time might not be realised until a number of years later. The benefits might also not in fact offer a cost saving to the particular service making the initial investment, but rather to other local services which reap the benefit. At the Director's Forum at Research in Practice (RiP) during the summer of 2010, for example, Professor Martin Knapp called for pragmatic, quick and well-communicated case studies to demonstrate the impact and costs of early intervention. At that time, Professor Knapp called for qualitative research that would explore outcomes as well as outputs. He offered caution, however, about generalising from such research.

During 2010 and 2011, LARC representatives revealed their experiences of the changes taking place within their authorities at the time. The LARC workshops enabled LA managers and practitioners to share and

discuss strategies to embed early intervention practice and multi-agency working in their areas. Inevitably challenges were reported; these included inconsistent use of the CAF process; inconsistent service engagement in early intervention approaches and the CAF process; and uncertainty surrounding threshold levels for statutory service interventions, particularly social care. In addition, during 2011, concerns were raised about the skills of practitioners to appropriately assess risk for children in families with the most complex needs.

The LARC research findings, it was reported by the participating LARC LAs, have and will support LAs to plan decisions and improve practice alongside wider developments. Specifically, participating LAs reported that their LARC findings would support a local review of youth provision and inform evaluations of early intervention approaches and/or new teams. LAs welcomed the opportunity to look at the CAF process in detail, identify key activities and attribute a time and costs to activities and interventions. The LARC4 research showed that, although the costs associated in supporting families with complex needs through the CAF process might be greater than for families with lower-level needs, so too are the potential costs saved by preventing the need for social care intervention. Interestingly, many of the case-study families that formed the LARC4 research could have had their needs identified much earlier and by universal practitioners. This supports the argument that more needs to be done to support practitioners in universal settings identify need and signpost families to support services in a timely way. Gathering the views of the CAF process from children, young people and families was perceived by LARC representatives as critical to improving CAF-related practice within local areas. A 'futures methodology' was employed to explore the potential negative outcomes and associated financial costs avoided by offering early help to a family. This research approach followed from Knapp's argument which called for qualitative in-depth case examples to identify impact on family outcomes as well as service costs and potential financial savings.



Throughout 2010 and 2011, LARC authority representatives reported CAF related developments that were taking place at the time. These included commitments to improve family engagement in the CAF process. A small number of authorities had formally implemented a holistic approach to reviewing CAF episodes. These authorities encouraged practitioners and families involved in an episode to explore what worked well and where improvements needed to be made. Reviewing the experience of service users and practitioners involved in a CAF episode provided authorities with invaluable insights that informed future practice. A small number of authorities had a formal 'distance travelled' model in place to measure the views and needs of families at the start of a CAF episode and reviewed these again at the end. The Strengths and Difficulties Questionnaire<sup>11</sup> was frequently used to support this process.

During the autumn of 2011, authority representatives reported further issues related to the CAF process. These included needing further information on the reasons for multi-episode cases (whereby a family is in a cyclical process of being re-referred into and out of service provision); the longer-term impact of CAF episodes and early intervention approaches on

children's outcomes; exploring whether CAF assessments and/or single service assessments result in the most appropriate support being provided to families; and the impact of 'family-CAF' approaches. In addition, LA representatives raised a desire for further research into the aspects of family support programmes that offer the greatest benefit; exploring Children Services and the interface with Adult Services; and examining gaps in professional skills, confidence and knowledge to gate-keep and assess risk. Authorities have grappled with these issues and challenges historically, as is evidenced throughout this report.

Continuing engagement with LARC authorities suggests a commitment to seek evidence to help authorities improve outcomes for children, young people and families and reduce the number of children and young people that need to receive statutory intervention.

## Notes

11 Further information can be found at:  
<http://www.sdqinfo.com/>

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### **Evaluation of the early adopter sector-led improvement programme pilots**

The findings from this review show that the case for investment in early intervention for children and families, bringing about cost savings in the longer term is widely accepted and supported. More needs to be done within the UK to identify and evidence the extent of potential cost savings

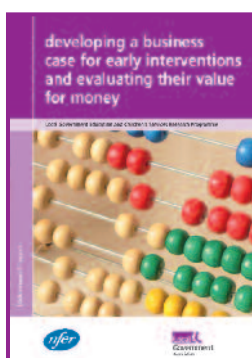
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### **Targeting children's centre services on the most needy families**

This report shows how children's centres and local authorities are focusing their services on the 'most needy' families. Drawing on a review of policy and research, together with case studies of work in six English local authorities, it features a concept map, practice examples and recommendations for policy-makers and practitioners.

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### **Developing a business case for early interventions and evaluating their value for money**

What constitutes a good business case for early interventions and how should it be assessed? This report offers guidance that will be of use to local authorities (LAs) and their partners in their decision-making and planning on early interventions, based on a review of the evidence base

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Within the context of the Graham Allen Reviews (Early intervention: The Next Steps and Early intervention: Smart Investment, Massive Saving) and Professor Eileen Munro's Review of Child Protection which argue the case for early help and early intervention, this report provides further evidence to show that investing in early intervention approaches improves outcomes and brings about cost savings. It provides information on early intervention approaches within early years, family and parenting support, parental engagement in learning, helping those with special educational needs and preventing anti-social behaviour and reducing the risk of social exclusion. It offers recommendations for policy makers, local authority officers, front line practitioners and researchers.