MAKING SENSE OF EARLY INTERVENTION

THE CENTRE FOR SOCIAL JUSTICE

A framework for professionals

This briefing paper provides a framework for early intervention for professionals taking crucial commissioning and funding decisions at the local authority level. It distils key common threads from the plethora of recent reports on the pressing need for this approach.

Most significantly, it addresses emerging misconceptions about how an authority- or borough-wide early intervention strategy should be delivered and, in particular, challenges an overly 'programmatic' approach. The assumption that the goals of early intervention can be achieved simply through funding a narrow range of programmes, however well-evidenced these may be, is problematic. Although the recent Government-commissioned Allen report specified 19 programmes that fitted certain rather narrow 'effectiveness criteria', the report explicitly states, on several occasions, that these were not intended to constitute an exhaustive list.[1] They do not prescribe what local authorities can confidently fund.

It is vital for local authority commissioners to understand the criteria which drove the development of the report's shortlist of 19 programmes, and their applicability to business rather than social investment. Without minimising in any way the importance of an evidence-based approach to public spending decisions (indeed we published our report *Outcome-Based Government* in January addressing exactly this), we argue here that broader and more appropriate selection criteria should be applied when designing a local early intervention strategy.[2] Local authorities adopting a near-exclusive 'programmatic' approach are likely to fail to achieve their desired outcomes, realise the potential of early intervention and, most importantly, transform the life-chances of children and families.

A framework for early intervention

During the past 18 months there has been a steady stream of reports and studies on the issue of prevention, through early intervention. Government-sponsored reports include the Marmot Review on health inequalities;[3] *Grasping the Nettle: early intervention for children, families and communities;*[4] *International experience of early intervention for children, young people and their families;*[5] *The Foundation Years: preventing poor children becoming poor adults;*[6] *Early Intervention: The Next Steps;*[7] The Scottish Parliament's *Finance Committee Report on preventative spending;*[8] *Joining the Dots;*[9] and Dame Clare Tickell's report on the Early Years Foundation Stage.[10] These follow on from Centre for Social Justice reports, *Breakthrough Britain: The Next Generation*[11] and *Early Intervention: Good Parents, Great Kids, Better Citizens,*[12] and Action for Children's *Backing the Future*[13] and *Deprivation and Risk: the case for Early Intervention.*[14]

What is striking about these publications is the consistency of their conclusions. Based on their recommendations, distilled in the analysis set out in this paper below, an effective framework for early intervention would contain the following six elements:

1. A commitment to prevention;
2. Priority focus on the early years;
3. Continuing early intervention in later years;
4. A multi-agency systems approach;
5. High quality of workforce;
6. Investment in programmes that work.

1. A commitment to prevention

The findings and recommendations of this year's Allen Review echo those of many other recent publications in their overarching emphasis on the need to focus on prevention rather than reaction. To quote a very small selection of comments from some of these reports:

> 'The approach we are recommending aims for prevention by Early Intervention: prevention of ill-preparedness for school and other learning environments; prevention of the adoption of the violent behaviour that makes toddlers anti-social, school children unmanageable and ends up with young people languishing in prison; prevention of the physical and mental problems which will perpetuate the cycle of dysfunction; and prevention of the development of callousness that allows fatal beatings and stabbings on residential streets.'[15]
>
> Rt Hon Iain Duncan Smith MP and Graham Allen MP, *Early Intervention: Good Parents, Great Kids, Better Citizens*; perhaps the single most influential publication on this issue and often referred to as the 'pink book'.
>
> 'There is empirical evidence stacked from the floor to the sky that backs up our taking a different approach to preventive spending and investment in the early years.'[16]
>
> Labour MSP and former Scottish Health Minister Tom McCabe, summarising the six months of expert evidence presented to the Scottish Parliament's Finance Committee on the merits of preventive policies.
>
> 'Prevention is always better than cure. That is a simple truth which we should apply widely in our thinking and practice…it is a 'no brainer' with which few would disagree.'[17]
>
> Susan Deacon, *Joining the Dots*, report commissioned by the Scottish Government
>
> 'This Report calls for a paradigm shift away from the failed policies of late reaction…to a new approach of investment in primary prevention.'[18]
>
> Graham Allen MP, *Early Intervention: The Next Steps*

2. Priority focus on the early years

Citing the examples of Sweden and the Netherlands, the Allen Review emphasises that the call for a commitment to prevention goes hand in hand with a need to prioritise investment in the earliest years of a child's life: *'A shift to a primary prevention strategy in the UK is essential to underpin all other recommendations in this Report. We shall continue to waste billions of pounds unless and until we base all relevant policy on the premise that all children should have the best start in life'*.[19]

The Allen Review also points to the advice of the OECD: *'There is little or no obvious rationale for why so many Governments place the weight of their spending on late childhood…spending on young children is more likely to generate more positive changes than spending on older ones and, indeed, is likely to be fairer to more disadvantaged children.'*[20]

In *Early Intervention: Good Parents, Great Kids, Better Citizens*, the authors emphasise the crucial nature of early *years* intervention. In his introduction Graham Allen MP refers to Sweden's 60-year history of attention to pre-natal and early years care, and his conviction that:

> *'…if we could equip the parents or parent to optimise (usually) maternal responsiveness and their impact on their 0-3 year-old children, we would be laying secure and strong foundations for all of the work that the public sector did thereafter…* ***Crucially, it would enable public expenditure to become developmental and not just remedial*** *[their emphasis].'*[21]

Professor Eileen Munro, Dame Claire Tickell and Frank Field MP all make the point 'the earlier the better'. In *The Foundation Years: preventing poor children becoming poor adults* Frank Field MP recommends that the Government gradually moves its funding to the early years, especially for the most disadvantaged children, and that both national and local government should give greater prominence to the earliest years of life, typically from pregnancy to age five. He says *'Later interventions to help poorly performing children can be effective but, in general, the most effective and cost-effective way to help and support young families is in the earliest years of a child's life.'*[22]

All of these conclusions continue the thrust of advice contained in the Marmot Review *Fair Society, Healthy Lives*, which calls for a second revolution in the early years to increase the proportion of overall expenditure allocated there, starting in pregnancy.

Finally, all of the aforementioned conclusions chime with those of Nobel Prize winning economist, James Heckman. He emphasises that any programme seeking to reduce social inequalities between children must focus on the crucial role of skill formation, but success in life requires more than basic intellectual skills. Just as important are 'life skills' such as conscientiousness, perseverance, motivation, sociability (the ability to cooperate with others), attention, self-regulation and anger management, self-esteem, and ability to defer gratification. The critical period for such skills formation is in the pre-school years.[23,24]

Case study: Mellow Parenting

This programme helps parents-to-be and new parents at risk of being unable to nurture their children to bond with their babies.

Alana and Isla

Alana was referred to Mellow Parenting by a voluntary sector organisation supporting women with substance abuse problems. She was 20 weeks pregnant with her fourth child. The oldest was 17, leading quite a turbulent life, already in trouble with the police, and the youngest aged three. The older children had been in and out of care for brief periods earlier in their lives.

Alana attended every session of the six week Mellow Bumps group except one when she had to go to court to support her son. She was astonished by the DVD of new born babies' interaction with their fathers showing the social responsiveness of babies right from the start, asking 'Why did no-one ever tell me this before?'. She used no drugs or alcohol during the course and got a lot from the self-care/relaxation parts of the programme.

After a difficult labour, attended by a very unsympathetic midwife who remembered her from a previous delivery and treated her with obvious disdain, she was able to stay very positive about her relationship with her new baby, Isla: 'When I held my baby in my arms for the first time, I felt as though I already knew her'. Isla was born at term at a good birth weight.

Alana and Isla went on to attend a 14 week Mellow Babies group where their relationship was clearly well attuned and sensitive and Isla was a lively, playful baby.

Alana feels so passionate about how her life has changed that she has spoken at a national infant mental health conference and spoken to parenting commissioners about the importance of good infant mental health services.

3. Continuing early intervention in later years

A number of the reports also make the point that focus on the early years, while crucial, is not in itself sufficient. Graham Allen MP recommends '*a policy approach designed to build the essential social and emotional bedrock in children aged 0-3 and to ensure that children aged 0-18 can become the excellent parents of tomorrow.*'[25] The Field Review acknowledges that while it focussed on the early years, '*important changes can and do take place later in children's lives and…investment in the early years will not be fully effective unless it is followed up with high quality services for those who need them most later in childhood.*'[26]

There is extensive evidence from the international literature of interventions at later ages making a significant contribution to children's lives. The Allen Review identifies over 50 American school-age programmes with Randomised Control Trial (RCT) evidence of effectiveness. There are also many effective UK programmes not included in the Allen list, some of which are shown as case studies in this paper.

Case study: Action for Children, East Dunbartonshire Family Support

This service helps families who have reached crisis point find ways to prevent children and young people from being taken into care.

At age 12 Paul was placed on the child protection register then taken into care following concerns about his parents' drinking. His challenging and demanding behaviour was starting to get him into serious trouble but his parents did not accept or understand that their drinking was the problem. Sessions were held two to three times a week with Action for Children's East Dunbartonshire Family Support service to help them realise the negative impact their drinking was having and the risks to their children. When asked to think about when they thought they were performing well as parents, '*This was the real light-bulb moment,*' recalled one member of staff, '*They both realised that they did not parent as they described when under the influence of alcohol.*'

From this point the parents began to work with addiction services to reduce their reliance on alcohol. Home life improved and the children returned home, with further support from Action for Children staff to help develop consistency in their parenting and to cope without resorting to alcohol. The family drew up a contract laying down what they expected from each other and how that was going to be achieved. Paul has stability for the first time in his life. '*I feel included and my family is happier,*' he said. '*Working with Action for Children got me home. I will grow up knowing I am in a safe place.*'

Delivering positive outcomes for children, young people and families requires organisations like Action for Children to work with various partners and networks such as child and adolescent mental health services, school attendance officers and educational psychologists, the police, addictions teams and medical teams. Almost all of the significant cost savings its work generates are due to a reduction in foster care and other children's services-related costs.

4. A multi-agency systems approach

There is broad consensus that the most effective means for delivering early intervention is a *multi-agency systems approach*. Frank Field MP says '*Early years services for children and parents must be more effectively integrated and coordinated.*'[27] Dame Claire Tickell advises that '*Only through professionals working together in this collaborative way, can the full benefits of early intervention be achieved.*'[28]

These calls echo the advice of previous reports such as Lord Laming's piece in 2009, *The Protection of Children in England: A Progress Report,* which states that '*much more needs to be done to ensure that…services are as effective as possible at working together to achieve positive outcomes for children*'.[29]

Case study: Chance UK

Chance UK provides mentoring and, with many other local partners, a wide range of other support to vulnerable children and their families.

Thomas, ten, was abandoned by his father at age seven when his father went on holiday to his native Angola and simply never returned. Any hope that he might return was dashed when his dad started a new family. Thomas's sadness about his dad leaving had turned into suicidal thoughts, very low self-

esteem and uncontrolled aggression against both other pupils and teachers in school. He became easily 'wound up' and easily led by more confident children; his school work suffered. Excluded from school for threatening to stab another pupil, he was heading for a place in a Primary Pupil Referral Unit. On referral to Chance UK his teacher expressed concern that Thomas would become a target for the gangs who were prevalent in the area.

Thomas' mum was unable to support her children with their loss as she was devastated herself. The family suffered financially and she found their reduced circumstances difficult to cope with. She felt that the other children were being badly affected by Thomas. This was a whole family likely to sink without some focused intervention.

Chance UK matched Thomas with Jamie, a journalist in his late twenties keen on football, drama and music but, most importantly, he was a positive male role model. They both took part in Chance UK group sessions that helped Jamie see how Thomas was with other children and gave him the opportunity to remind Thomas how to cope when he got angry. These were skills he then could practise in between sessions with his siblings and other children in school.

In the meantime the Chance UK parent worker helped ease the family poverty by applying for grants for a new cooker and sorting out benefits. Many families are unaware of what they are entitled to and are forced to borrow from loan sharks whose exorbitant interest rates lead to them spiralling even further into poverty and depression.

Thomas was experiencing less pressure at home and less trouble at school. With the help of his mentor, his self-esteem grew. Over the year he began to better manage his anger and by the end of the mentoring year he had been nominated by his class to represent them on the school council – he had moved from being easily led to leading.

Children have to get help when they need it, when the distress first starts to show and before the pattern of disruptive behaviour defines the child. It's about agencies working together in a way that meets their unique needs.

Frank Field MP and Graham Allen MP cite examples of good multi-agency working in locations such as the Highland Region (see case study below), Islington, Manchester and Wandsworth, as do the individual case studies included here.

Case Study: The Highland experience[30]

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

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

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

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

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

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

Results

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

5. High quality of workforce

The Graham Allen MP and Rt Hon Iain Duncan Smith MP publication *Early Intervention: Good Parents, Great Kids, Better Citizens*, calls for '*specialised programmes of training for all professionals whose work impacts upon children (which grounds them in the neuroscience involved in the very early years)*'.[31]

Graham Allen MP reinforces that proposal in his 2011 Review, recommending '*that we improve workforce capability of those working with the 0-5s…by establishing a Workforce Development strategy led by the Departments for Education and Health with input from across government, to ensure that we are developing for the future enough suitably qualified candidates who wish to work with the 0-5s*'.[32] He points out that the UK Effective Provision of Pre-School Education study has shown the strong relationship between the quality of early childcare and outcomes, especially for disadvantaged groups.[33]

The reports by Frank Field MP, Dame Claire Tickell and Professor Eileen Munro also stress the importance of raising the quality of the early-years workforce.[34] Dame Tickell states '*The importance of a strong, well-qualified early years' workforce was a consistent theme throughout my review. I believe that there should continue to be a level 3 and a graduate ambition, and have made recommendations to that end.*'[35]

6. Investment in programmes that work

Both Frank Field and Graham Allen point to the importance of increasing the proportion of spend which is directed to evidence-based programmes. Frank Field states '*Local Authorities should ensure use of services which have a strong evidence base, and that new services are robustly*

evaluated' and Graham Allen recommends that '*a greater proportion of any new public and private expenditure should be spent on proven Early Intervention policies rather than on unproven ones*'.[36]

Selection methodology for programmes

It is clear that there is an impressive level of consensus about where our focus needs to be and what needs to be changed in our delivery. However, a similar consensus is less apparent in where investment would best be made: on which programmes and approaches are most deserving of funding. Many local authorities have recently begun to focus their expenditure more or less exclusively on the Allen Review's 19 top tier programmes, treating the endorsement they are given in the report as a 'top down' directive when, with this Government's emphasis on local decision making, this was not the intention. We have heard of existing interventions, both early years and school age, previously endorsed by commissioners because of their proven track record now being discontinued because they are not on the list of 19 'approved' programmes. Many have been cited by reviewers as having unimpeachable evidence of effectiveness. If the commissioners were to read and absorb the full Allen Review they would be unlikely to take this extreme position because they would discover Graham Allen himself emphasises the weakness of relying too much on the methodology proposed:

> *'We particularly recognise its weaknesses regarding the early years programmes… We need to* ***look again*** *[our emphasis] at how any methodology makes its assessment so that we do not write off or miss out on outstanding early years programmes, particularly those that address critical ante- and perinatal issues, such as Foetal Alcohol Spectrum Disorder, domestic violence in pregnancy, postnatal depression, breastfeeding, secure attachment, parental sensitivity and attunement, where we currently have a lack of provision.'*[37]

The first three of these are known major risk factors for poor child social and emotional outcomes. The remainder are primary factors in producing good child health and emotional outcomes. Many existing interventions to address such critical early years factors as these (and other early intervention programmes for older-aged children) have a good evidence base – some have good RCT evidence – but were disqualified by the very rigid requirements of the methodology employed in the Review.

The key point of this paper is that by taking up Allen's own challenge to 'look again' at the methodology and how programmes are evaluated for effectiveness using 'gold standard' measures, the narrowness of the criteria leading to the 'shortlist' of 19 programmes has become clear. Such narrow criteria do not take account of other vital outcomes that also need to be delivered to achieve the level of social change required.

Case study: The Place2Be

The Place2Be offers schools-based counselling and therapy, and constantly monitors and evaluates their work (submitting outcomes data to the Clinical Outcomes Research Consortium)

Lennox is an eleven year old boy referred for The Place2Be counselling when he was nine. His class teacher was concerned about his behaviour in school: aggression, frequent absence from school, poor

concentration, low self-esteem and inability to take responsibility for his actions. This was a child who was heading for exclusion but needed the adults around him to see beyond the acting out and work together to transform his situation.

Lennox is the eldest of eight children whose mother is separated from Lennox's dad (the father of six of the children). Social services are involved due to domestic violence and all the children are subject to a child protection plan. Lennox is actually the main carer and his absence from school was discovered to be related to a lack of clean clothes and his mum's need for him to do the shopping, cooking, changing and helping to get younger siblings to sleep. He'd been sent to live with his grandmother who sold and used drugs – at this time his behaviour got worse and it was discovered that he travelled alone on two buses for an hour each morning – just getting to school was a major achievement.

The goals of the counselling were to offer Lennox a secure and reliable attachment with a counsellor, structure, consistency and containment. He was allowed to play and was given 'space' for himself – at the time he found other children intrusive and oppressive.

The school project manager worked with his estranged father who was given parent counselling and support: although he wanted custody of his son he felt overwhelmed and intimidated by the responsibility. After several sessions of counselling he felt able to arrange for Lennox to live with him. His mum is now receiving support from social services.

Lennox was offered Place2Talk and a six week therapy group to support his transition to secondary school and he can now survive in school. But this needed intensive, multi-component and multi-level interventions that took account of the complexity of a child's risk factors.

If Lennox had been permanently excluded as a result of his 'acting out' and aggression towards other children, the cost to society could have been in excess of £64,000. Clearly the cost of long term and enduring mental health problems could be considerably more. In contrast the cost of a year's Place2Be one-to -one counselling is £954. The Parent service costs £22 an hour and a Place2Talk session costs, on average, £6.

Limitations of RCTs

First, exclusive reliance on RCTs as the sole criterion for programme specification is actually considered by some of the most qualified authorities in the field to be unsound.

James Heckman makes the following observations:

> *'An uncritical reliance on evidence from randomised control trials is not good science. Experiments can answer a limited number of relevant questions. They do not illuminate the mechanisms producing the effects that are presented. They do not inform their relevance to other environments or to related programs. Most pernicious they promote the fallacy of searching under the streetlight: what is not studied by a randomised trial is not considered worthy of attention even if a large body of hard science and common sense suggests otherwise. Used in this way, the appeal to experiments as the gold standard or the only standard is an excuse for not thinking hard or doing hard science.'*[38]

In evaluating candidate programmes, the focus in the Allen Review is on their *effectiveness* which, on the face of it, sounds reasonable. However, effectiveness is only one of three important measures in the hierarchy of evidence. It is the most widely used and accepted

because its roots lie firmly in the medical field in which the measures were mainly developed and where RCTs are generally accepted to be one of the most reliable means of establishing whether or not an intervention works.

Dr David Evans in his review of research methodologies explains the matter as follows:

> *'A limitation of current hierarchies is that most focus solely on effectiveness. Effectiveness is concerned with whether an intervention works as intended. While this is obviously vital, the scope of any evaluation should be broader. For example, it is also important to know whether the intervention is appropriate for its recipient…A third dimension of evidence relates to its feasibility, and so involves issues concerning the impact it would have on an organization or provider, and the resources required to ensure its successful implementation…*
>
> *Evidence on effectiveness, appropriateness and feasibility provides a sounder base for evaluating healthcare interventions, in that it acknowledges the many factors that can have an impact on success. This highlights the range of dimensions that evidence should address before healthcare interventions can be adequately appraised'.*[39]

Evans then goes on to point out that, irrespective of the effectiveness of an intervention, if it cannot be adequately implemented, or is of low relevance, its value is questionable, and he concludes: *'The risk with available hierarchies is that, because of their single focus on effectiveness, research methods that generate valid information on the appropriateness or feasibility of an intervention may be seen to produce lower level evidence'.*[40]

Even in relation to the effectiveness measure, RCTs are just one possible method of identifying suitable programmes, as Sir Michael Rawlins (Chair of the National Institute for Health and Clinical Excellence (NICE) since its inception in 1999) makes clear.

In his critique of the rigid RCT approach, Sir Michael outlines its inherent shortcomings and argues that observational studies also have their place. He says that, with care in the interpretation of their results, these can provide an important source of evidence about both the benefits and harms of therapeutic interventions. Such studies include historical controlled trials and case-control studies.

Sir Michael rejects the trend to grade various kinds of clinical trials and studies on scales of merit, which he says has come to dominate the development of some aspects of clinical decision-making (and which is fundamental to the method used to select the programmes promoted in the Allen Review), commenting: *'Hierarchies attempt to replace judgement with an over-simplistic, pseudo-quantitative, assessment of the quality of the available evidence*'.[41]

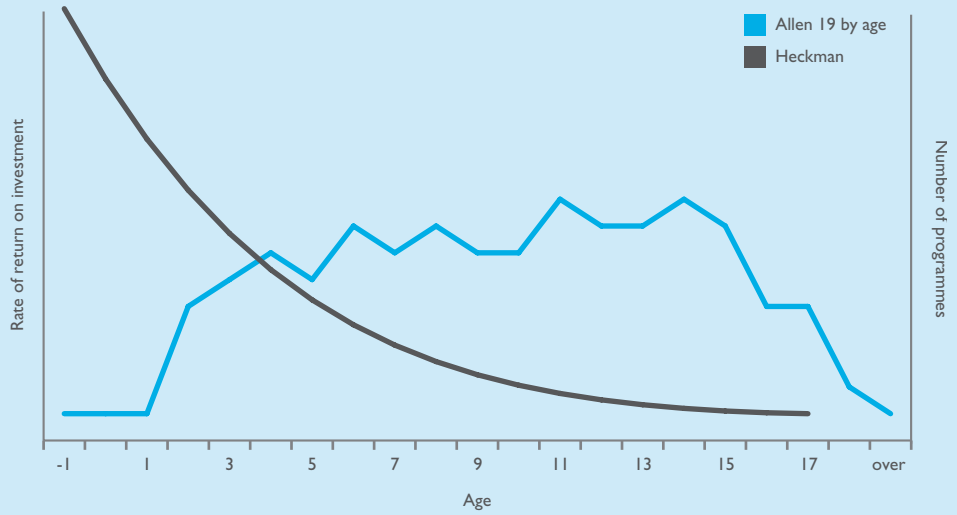
He believes that arguments about the relative importance of different kinds of evidence are an unnecessary distraction. What is needed instead, he says, is for '*investigators to continue to develop and improve their methodologies; for decision-makers to avoid adopting entrenched positions about the nature of evidence; and for both to accept that the interpretation of evidence requires judgement'*.[42]

Those arguing against undue reliance on RCTs are certainly not, at the same time, mandating an evidence-light or evidence-free approach. They emphasise instead that there are many soundly evidence-based programmes and approaches to be called upon, some of which have RCTs but not to the exhaustively rigid standards applied in the methodology contained in the Allen Review.

We welcome the principle of adopting an evidence-based approach to intervention and do not question whether the 19 programmes proposed are likely to be highly effective, within their specific areas; it is simply that if these are the only interventions that are available, their concerted effort will not be sufficient to achieve the goals of early intervention. Moreover their exclusive adoption would, by definition, rule out many successful existing evidence-based programmes for the whole 0-18 age group.

Allen's 19 programmes: age of impact

A quantitative analysis of the ages targeted by these programmes shows how, if they were the only means employed in an early intervention approach, the profile would run counter to that promoted by James Heckman, whose studies have made such a compelling economic argument for intervening early in life. The graph below shows the contrast. The Heckman curve to which Allen himself refers shows that investment early in life produces better returns, while the age profile of the 19 programmes is skewed towards the teenage years.[43]



Source: Quantitative analysis of ages targeted by Allen's 19 programmes

Because the evaluation process employed was one- rather than three-dimensional (reiterating Evans above, it only looked, rather narrowly, at effectiveness), there are no programmes in the Review's 'top list' to address such crucial issues as the impact of alcohol, tobacco or stress in pregnancy; breastfeeding; and good relationships between mother, father and baby – not to mention the many sound, evidence-based programmes for those aged five years old and over. Although these might be considered 'softer' outcomes than those delivered by the 19 programmes, Graham Allen himself emphasises their fundamental importance.

We need a range of evidence for a range of outcomes

The importance of accepting other types of evidence and avoiding the complete demotion of judgement have to be borne in mind while reading the Allen Review. Otherwise it appears unworkably contradictory that one document can strongly and convincingly recommend a) leaning towards a holistic approach to early intervention that takes account of the need for shifts in delivery culture, inter-agency working and staff skill levels and b) focusing on the earliest months and years of life while at the same time risking damage to both of these causes by c) seemingly mandating a programmatic emphasis and d) promoting investment in a narrow range of programmes, many of which focus on the teenage years.

Without this more nuanced understanding, the 19 specific programmes promoted as 'safe' for investment could seem to run counter to the general recommendations within the Review. For instance, they identify 'Safe Dates' and 'Safer Choices' (pregnancy prevention programmes), as well as various other proven programmes addressing depression, alcohol addiction and obesity for teenagers as priority areas for investment. As such they would appear to challenge the Review's stated goal of promoting the social and emotional bedrock of young children, although it is important to appreciate that they are intended to shape the next generation of parents.

Attracting investment through narrow success criteria

It is also important to be aware that the effectiveness measures employed in the Allen Review were selected primarily to identify proven programmes that would attract private equity finance. Such programmes would need to have very tightly defined outcomes and to guarantee short-term financial returns on investment. These factors militate against working at earlier ages where 'hard' outcomes are unlikely to be measured in short timescales. However, a methodology suitable for the specific needs of private finance and targeted mainly at more easily established outcomes in older children should not be misapplied to investment decisions concerning broader and deeper social objectives such as reducing social inequality and establishing the social and emotional bedrock in young children.

It is important for local authority commissioners to understand the narrow criteria driving the development of the shortlist of 19 programmes and their applicability to business rather than social investment. Without minimising in any way the importance of an evidence-based approach to public spending decisions, broader and more appropriate selection criteria should be applied to prevention and intervention, particularly in earlier years.

Conclusion: the way forward

A great deal of solid, illuminating groundwork has been done and now action must be taken that will achieve the best possible outcomes for children and society. This requires a focus beyond specific programmes to an overall approach that favours preventing harm before it is done to children, and intervening as early as possible when it is clear they are being failed – or are at risk of it.

As was outlined at the beginning of this paper, a successful framework for action will also include:

- Radically more collaborative and effective cross-agency working;
- A transformation in the training and status of professionals at the point of delivery.

Rather than the 'silo working' which often means children and families do not get the bespoke and co-ordinated help they need, which can be exacerbated by an overly programmatic approach, we need the kind of all-encompassing and pervasive early intervention culture promoted by the many authors whose work we have cited. Instead of poorly-paid and inadequately-trained professionals who are rigidly controlled by procedures and reporting systems that can take 80 per cent of their time, we need to shift back to high status, well-trained and rewarded professionals who are trusted to use sound judgement and work together for greater overall benefit.

There is already much good practice to recognise and build on in many boroughs and local authority areas. Partnerships have been well-honed through years of developing evidence-led programmes and approaches. Commissioners can and should be confident to maintain their funding of local providers who have been delivering transformative early intervention outcomes long before this paradigm gained such wide acceptance. Indeed these pioneers laid the foundation on which the many authors we have cited could build their case. As is so often apparent, it is such local projects that are making the difference to children, families and society.

Endnotes

1 Allen G, *Early Intervention: The Next Steps*, Cabinet Office: London, 2011

2 Centre for Social Justice, *Outcome-based Government*, London: Centre for Social Justice, 2011

3 Marmot M, *Fair Society, Healthy Lives: Strategic Review of health inequalities in England post-2010*, London: The Marmot Review, 2010

4 C4EO, *Grasping the Nettle: early intervention for children, families and communities*, London, 2010

5 WAVE Trust, *International experience of early intervention for children, young people and their families*, Croydon, 2010

6 Field F, *The Foundation Years: preventing poor children becoming poor adults*, London: The Stationery Office, 2010

7 Allen G, *Early Intervention: The Next Steps*, London: The Stationery Office, 2011

8 The Scottish Parliament, *Finance Committee Report on preventative spending*¸ Edinburgh, Scotland, 2011

9 Deacon S, *Joining the dots: A better start for Scotland's children*, Edinburgh: The Scottish Government, 2011

10 Tickell C, *The Early Years: Foundations for life, health and learning*, London: The Stationery Office, 2011

11 Centre for Social Justice, *Breakthrough Britain: The Next Generation*, London: Centre for Social Justice, 2008

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

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

14 Action For Children, *Deprivation and Risk: the case for Early Intervention*, London, 2010

15 Allen G and Duncan Smith I, *Early Intervention: Good Parents, Great Kids, Better Citizens*, London: Centre for Social Justice and the Smith Institute, 2008, p28

16 The Scottish Parliament, *Finance Committee Report on preventative spending*¸ Edinburgh, Scotland, 2001

17 Deacon S, *Joining the dots: A better start for Scotland's children*, Edinburgh: The Scottish Government, 2011

18 Allen G, *Early Intervention: The Next Steps*, London: The Stationery Office, 2011, p26

19 Ibid

20 Organisation for Economic Co-operation and Development, *Doing Better for Children*, Paris: OECD, 2009, p94

21 Allen G and Duncan Smith I, *Early Intervention: Good Parents, Great Kids, Better Citizens*, London: Centre for Social Justice and the Smith Institute, 2008, p17

22 Field F, *The Foundation Years: preventing poor children becoming poor adults*, London: The Stationery Office, 2010, p5

23 Heckman J, *The American Family in Black and White: A Post-Racial Strategy for Improving Skills to Promote Equality*, IZA Discussion Paper Series No 5495, Bonn, Germany: Institute for the Study of Labour, 2011

24 Cunha F and Heckman J, *The Technology of Skill Formation*, IZA Discussion Paper Series No 2550, Bonn, Germany: Institute for the Study of Labour, 2007

25 Allen G, *Early Intervention: The Next Steps*, London: The Stationery Office, 2011, p xvii

26 Field F, *The Foundation Years: preventing poor children becoming poor adults*, London: The Stationery Office, 2010, p7

27 Ibid, p85

28 Tickell C, *The Early Years: Foundations for life, health and learning*, London: The Stationery Office, 2011, p25

29 Laming H, *The Protection of Children in England: A Progress Report*, London: The Stationery Office, 2009

30 Allen G, *Early Intervention: The Next Steps*, London: The Stationery Office, 2011, p93

31 Allen G and Duncan Smith I, *Early Intervention: Good Parents, Great Kids, Better Citizens*, London: Centre for Social Justice and the Smith Institute, 2008, p97

32 Allen G, *Early Intervention: The Next Steps*, London: The Stationery Office, 2011, pxix

33 Department for Education and Schools, *The Effective Provision of Pre-School Education Project: Final Report*, London: The Stationery Office, 2004

34 Munro E, *The Munro Review of Child Protection Part One: A systems analysis*, London: The Stationery Office, 2011

35 Tickell C, *The Early Years: Foundations for life, health and learning*, London: The Stationery Office, 2011, p7

36 Field F, *The Foundation Years: preventing poor children becoming poor adults*, London: The Stationery Office, 2010, p8; and Allen G, *Early Intervention: The Next Steps*, London: The Stationery Office, 2011, p xx

37 Allen G, *Early Intervention: The Next Steps,* London: The Stationery Office, 2011, p70

38 Personal correspondence

39 Evans D, *Review of Research Methodologies, Hierarchy of evidence: a framework for ranking evidence evaluating healthcare interventions* in 'Journal of Clinical Nursing' 2003; 12: 77–84 Blackwell Publishing Ltd, Oxford, 2003, p79

40 Ibid

41 Rawlins M, Harveian Oration, De Testimonio: On the evidence for decisions about the use of therapeutic interventions, delivered 16 October at the Royal College of Physicians, London, 2008, p34 [accessed via: http://bookshop.rcplondon.ac.uk/contents/pub262-9bc950aa-00e6-4266-8e80-e4bc63a25262.pdf (30/06/2011)]

42 Ibid

43 Allen G and Duncan Smith I, *Early Intervention: Good Parents, Great Kids, Better Citizens*, London: Centre for Social Justice and the Smith Institute, 2008, p48

About the Centre for Social Justice

The Centre for Social Justice (CSJ) aims to put social justice at the heart of British politics.

Our policy development is rooted in the wisdom of those working to tackle Britain's deepest social problems and the experience of those whose lives have been affected by poverty. Our Working Groups are non-partisan, comprising prominent academics, practitioners and policy makers who have expertise in the relevant fields. We consult nationally and internationally, especially with charities and social enterprises, who are the champions of the welfare society.

In addition to policy development, the CSJ has built an alliance of poverty fighting organisations that reverse social breakdown and transform communities.

We believe that the surest way the Government can reverse social breakdown and poverty is to enable such individuals, communities and voluntary groups to help themselves.

The CSJ was founded by Iain Duncan Smith in 2004, as the fulfilment of a promise made to Janice Dobbie, whose son had recently died from a drug overdose just after he was released from prison.

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