Evidence-based early-years intervention: an enquiry by the Science and Technology Select Committee

Written evidence submitted by the Early Intervention Foundation (EIF)

8 December 2017

A. Introduction

1. The Early Intervention Foundation (EIF) was set up as an independent charity in 2013 to increase the availability of effective early intervention for families who need it the most. As a government What Works Centre, EIF accomplishes this through generating, disseminating and securing the adoption of evidence on programmes and practices that have been shown through rigorous evaluation to provide measurable benefits to children and their parents. EIF What Works reviews covering vulnerability in the early years include:
    - Early intervention in domestic violence and abuse (2014)[1]
    - What works to improve inter-parental relationships and improve outcomes for children (2016)[2]
    - Foundations for Life: What works to support parent-child interaction in the early years (2016)[3]
    - Improving the effectiveness of the child protection system (2017)[4]
    - Language as a child wellbeing indicator (2017)[5]
2. Although much of this work has focussed on the effectiveness of early intervention programmes, we are now beginning to consider how evidence can guide early intervention practice and local systems.
3. Our work in this territory makes clear that there is compelling evidence connecting early adversities to later negative adult outcomes. The reviews also highlight the crucial role early intervention can play in preventing childhood adversities and in helping children recover from the effects of early trauma.

[1] http://www.eif.org.uk/publication/early-intervention-in-domestic-violence-and-abuse/

[2] http://www.eif.org.uk/publication/what-works-to-enhance-inter-parental-relationships-and-improve-outcomes-for-children-3/

[3] http://www.eif.org.uk/publication/foundations-for-life-what-works-to-support-parent-child-interaction-in-the-early-years/

[4] http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview/

[5] http://www.eif.org.uk/publication/language-as-a-child-wellbeing-indicator/

4. In this submission, we provide a summary of what we know about adverse childhood experiences (ACEs), what we don't know about ACEs, the evidence for interventions to address childhood adversity, where the gaps in knowledge are, the extent to which policies reflect the evidence, the challenges of getting evidence used, and where our evidence and experience shows that there is a need for further action.

B. What we know about Adverse Childhood Experiences

5. Adverse Childhood Experiences (ACEs) are negative experiences and events occurring in childhood, incorporating six traditional categories of child abuse and neglect and six adverse family circumstances:

    - Physical abuse
    - Sexual abuse
    - Emotional abuse
    - Physical neglect
    - Emotional neglect
    - Witnessing violence involving a parent, sibling or peer
    - Substance misuse within household
    - Household mental illness
    - Parental separation or divorce
    - Incarcerated household member
    - Household crimes
    - Parental death

6. Multiple studies conducted across the globe, including in the UK, have confirmed a strong and graded association between the number of Adverse Childhood Experiences and the risk of chronic diseases and mental health problems in adulthood (Hughes et al., 2017). Specifically, studies have observed that four of more ACE categories during childhood is highly predictive of a wide variety of negative adult outcomes in comparison to no adverse childhood experiences. These negative outcomes include chronic and life-threatening diseases such as cancer and diabetes, substance misuse, intimate partner violence and a substantially increased risk of self-harm and suicide. These studies have further observed that ACEs are highly prevalent and that at least one quarter of the population have experienced four or more ACEs.

7. The consistent and robust findings from these studies highlight the profound and negative impact multiple childhood adversities can have throughout the lifespan. These findings have driven an important conversation about the importance of early intervention in preventing adversity and responding effectively to early trauma. In this respect, the ACEs research and framework can provide genuine value for improving practice through the creation of a simple and common language that can be used by the diverse workforces working with vulnerable families.

C. What we don't know about Adverse Childhood Experiences

8. There are however, limitations to the evidence base, which are not always fully understood by those trying to apply ACEs to their work with children. Limitations include not knowing the:

    - extent to which ACEs are associated with other negative adult outcomes, such as low academic achievement, increased unemployment and low income (Metzler et al., 2017).
    - biological and environmental mechanisms linking ACEs to specific negative physical and mental health outcomes (McCrory, De Brito & Viding, 2011).
    - impact of the timing and duration of ACEs. For example, do ACEs occurring in early childhood have a greater impact than those occurring at later points? While it is widely assumed that early adverse childhood experiences have greater impact than later experiences, this assumption has yet to be directly tested.
    - relative contribution of specific ACEs, or differing combinations of ACEs to negative outcomes. Although evidence clearly shows that ACEs occur in clusters, the current method of summing ACEs does not account for how various combinations are associated with differences in outcomes (Hughes et al., 2017).

9. In addition to this, and in our view one of the most important limitations, is that ACEs are not predictive at the individual level. While higher ACE scores are known to be associated with an increased risk of later-life adversities, their presence during childhood is not deterministic. The presence of ACEs (or lack thereof) is not sufficient for predicting who will experience adverse outcomes or who needs an intervention. The impacts of early life adversity, in their nature, intensity and persistence, may differ widely from person to person.

10. These limitations are not being understood and this had led to ACEs research being misapplied in practice. We have encountered the ACE framework currently being used inappropriately. We have real concerns that ACE 'scores' are being used in some areas to identify need and determine thresholds for prioritising who needs early intervention services. For example, some police forces are using ACE scores, in terms of the number of different categories of ACEs experienced, to assess need, and are then providing services on the basis of these scores.

11. ACE scores also provide very limited information about what support or type of intervention might be needed. This is because ACE scores are based primarily on retrospective knowledge and thus do not necessarily reflect an individual's current circumstances, needs or risks. For this reason, ACE scores should never be used as a replacement for careful assessment by a suitably skilled practitioner.
12. It is also important not to view ACEs as an exhaustive list of childhood adversities. Experiences such as poverty and family conflict are associated with negative childhood trajectories. For example, our own research has found that:

    - High levels of interparental conflict in the home, independent of parental divorce or separation, are *strongly* associated with an increased risk of child behavioural problems and academic difficulties in adolescence, and adverse health outcomes and relationship difficulties in later adulthood (Harold et al 2016).

- Low family income is strongly associated with language difficulties throughout childhood, which in turn predicts academic failure, unemployment, mental health and behavioural problems in adulthood (Law et al 2017).

13. We therefore have concerns that the focus on the ACEs identified in the original studies may unduly raise the prominence of certain factors and result in other factors important to children's wellbeing being overlooked. It is important that this debate and the policy responses that follow are broadened out to capture this wider set of childhood adversities, including but not limited to ACEs.

D. The evidence for interventions to address childhood adversity

14. There is now broad consensus that child abuse, neglect and other adversity in childhood is rarely due to a single cause. Rather, childhood adversity is more frequently determined by multiple risk factors existing at the level of the child, family, community and society.

15. The multifaceted nature of these risk factors indicates that single intervention strategies are likely to be inadequate for addressing complex family needs (Stagner and Lansing, 2009; Yoshikawa, Aber and Beardslee, 2012). Instead, comprehensive prevention 'systems' combining different types of support are viewed as necessary for reducing the occurrence of adverse childhood experiences in a way that is measurable and sustainable (O'Connell et al., 2009; SAMSHA, 2016; Wulczyn, 2009).

16. Table 1 (over) provides an overview of activities targeting the early years (for families with a child aged 5 or younger) identified by EIF as having good evidence of preventing or improving the negative outcomes associated with the Adverse Childhood Experiences categories in particular. While this list is by no means exhaustive, it is representative of the kinds of activities that have been shown to work.

Table 1: Prevention and intervention activities found to have good evidence of preventing or reducing negative outcomes associated with Adverse Childhood Experiences in the early years

Adverse childhood experience	**Prevention** (available to all families)	**Targeted-selective intervention** (preventative interventions made available to families on the basis of demographic risks)	**Targeted-indicated intervention** (interventions made available to families on the basis of pre-identified adversities)	**Edge of care** (interventions made available to families when child maltreatment has been confirmed)
Physical abuse		Family Nurse Partnership (FNP)	Child First Infant Parent Psychotherapy (IPP) Child Parent Psychotherapy (CPP) Incredible Years Preschool Parent-Child Interaction Therapy Triple-P Pathways	Treatment Foster Care Oregon-UK (TFCO-UK)
Emotional abuse		FNP	Child First IPP/CPP Incredible Years Preschool	TFCO-UK
Sexual abuse	No interventions identified			
Physical neglect		FNP	Child First IPP/CPP	TFCO-UK
Emotional neglect		FNP	Child First IPP/CPP	Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) TFCO-UK
Intimate partner violence		FNP	Intimate partner violence counselling integrated into routine antenatal care	
Parental substance misuse	No interventions identified			
Parental mental health problems	Maternal mental health screening during pregnancy and through early childhood.		Pharmaceutical interventions CBT and other forms of psychotherapy	
Parental separation or divorce	Family Foundations		New Beginnings	
Parental incarceration and household crimes	No interventions identified			

17. It is worth noting that our work thus far has identified relatively few interventions with good evidence of *preventing* childhood adversity from happening in the first place. An exception to this rule is the Family Foundations programme, which has good evidence of reducing couple conflict when offered to couples during the third trimester of the mother's first pregnancy. Two randomised control trials (RCTs) have observed reductions in interparental conflict in the first year following the programme, as well as improvements in children's behaviour at ages 3 and 7 (Feinberg et al., 2009; 2010; 2014).

18. Interventions with good evidence of reducing symptoms of trauma and the reoccurrence of abuse and neglect include the Lieberman model of Infant-Parent Psychotherapy (IPP). IPP is delivered by a therapist or social worker through weekly hour-long sessions for a period of a year or longer. These sessions can take place in the clinic or the family home and include joint play activities with the child. During these activities, the practitioner demonstrates sensitive responding and suggests positive explanations for the child's behaviour. Practitioners also help parents reflect on the ways in which childhood issues may impact their current relationship with their child through empathic, non-didactic therapeutic methods.

19. IPP has good evidence of improving the quality of the attachment relationship and reducing the reoccurrence of abuse and neglect when offered to mothers who are at risk of abusing their infants (Cicchetti, Rogosh and Toth, 2006). The version of the programme targeting children aged 3 to 5 (Child Parent Psychotherapy, or CPP) additionally has evidence of improving children's behaviour and parental symptoms of trauma when offered to victims of domestic violence (Lieberman, Ghosh Ippen and van Horn, 2006).

E. Where are the crucial gaps in our knowledge?

20. The evidence base for early intervention in the UK is still at an early stage. Our review of early years programmes assessed the strength of evidence for 75 interventions in the period from conception to age 5, and found that only a quarter of these could be classed as having good evidence of improving child outcomes.

21. Too little is known about what works to prevent and treat early childhood adversity (including but not limited to ACEs), and improving outcomes for these children will require a step change in the quantity and quality of UK research in this area. To make a sustained and substantive change will require an ambitious and long-term research strategy. This will need to include:

    - Further longitudinal work to understand how risk factors interact, the mechanisms via which adversity lead to poor outcomes, and which child-, family- and community-level factors protect children exposed to adversity.
    - The development of screening tools which will support the identification of those at risk, and those who have already experienced adversity.
    - A step change in the quality and quantity of evaluation of both programmes and practices designed to prevent abuse and neglect or support children who have been exposed to adversity.

22. EIF's reviews of the literature have also identified the following specific gaps in the evidence which should be prioritised in such a strategy:

    - **Preventing neglect:** Our review of the child protection system did not identify interventions with strong evidence of improving outcomes for children where neglect has been identified as the primary issue. This is a significant gap in the evidence base.
    - **Programmes for perpetrators of domestic abuse:** Existing programmes show limited effects in changing perpetrator behaviour. This is an area where new models are being developed, although evidence of effectiveness is at an early stage. There is also little evidence on 'whole-family approaches' to supporting families where there is domestic abuse but partners wish to stay together.
    - **Substance misuse:** The lack of evidence involving interventions for parents who misuse drugs and alcohol represents a serious gap in the evidence. More high-quality research is urgently required to understand the extent to which substance misuse interventions improve parenting behaviours and child outcomes.
    - **Multi-agency systems and delivery models:** Despite the proliferation of integrated approaches to supporting vulnerable families there is a significant gap in the evidence about which types of approaches are most effective. Our recent work has highlighted a lack of robust evaluation of the impact of multi-agency safeguarding hubs (MASH) and other integrated or multi-agency early intervention approaches.
    - **Direct practice:** The lack of evidence for aspects of social work practice is also notable. More could be done to specify the role of evidence in relation to direct work with families, so that professional judgment is underpinned and informed by evidence.

23. Nevertheless, improving the evidence base will only take us so far, and improving outcomes for children facing adversity requires that evidence to be skilfully translated into practice and delivery. A few key messages arise in this space:

    - **There are no simple solutions:** It is unlikely that any single intervention will be sufficient. Vulnerable parents often require access to a range of interventions, including intensive support able to address multiple issues.
    - **Addressing adversity for high-risk cases requires long-term, individualised support :** This is likely to be expensive and there is little evidence to suggest that less-intensive forms of parenting advice (for example, delivered through the web, TV or books) are sufficient for vulnerable families struggling with complex problems.
    - **Evidence-based programmes are not an easy fix:** They are only likely to deliver results if delivered carefully according to the programme requirements and if effort is made to ensure they are integrated with wider local service arrangements.
    - **Effective intervention requires a suitably qualified workforce:** A lack of suitably trained practitioners can be a barrier to delivering effective interventions. There is also some evidence that underskilled and undersupervised practitioners can make things worse for vulnerable families and even, in some cases, cause harm.

F. The extent to which local and national government policies for early years intervention reflect the evidence base, challenges in getting evidence used and opportunities for intervention

24. As stated previously, the evidence linking childhood adversity and negative adult outcomes does not tell us what level of priority these issues should receive in public policy terms relative to other important social issues, nor what works to improve outcomes for children who have experienced adversity. There is a strong moral and economic case for making a step-change in how we approach supporting highly vulnerable children. However, achieving this will require a sustained focus on addressing the multiple barriers to making best use of existing evidence and on addressing the significant gaps in the evidence base.

The extent to which local and national polices reflect the evidence base

25. There is a lack of effective targeted support to prevent adversity in childhood. Much government-funded activity on children currently and in recent years has focused on universal provision (such as childcare) and not on targeted interventions to prevent early adversity.

26. There are some exceptions to this, such as the current focus in DWP on using the evidence to test what works in reducing parental conflict among disadvantaged families. The Troubled Families programme is an important vehicle for reaching vulnerable families who may be at risk of exposing children to adverse experiences in early life. Much of the focus to date has been on making the system work for complex families rather than expanding the availability of evidence-based provision, although this may now be changing.

27. Locally, our work has highlighted areas where evidence-based programmes and practices exist but are underused. For example, our research has highlighted that local investment, commissioning and practice are often not well aligned with the existing evidence on effective early intervention. In our 2017 review of the child protection system, EIF found significant gaps between what is known to be effective from robust studies and what is delivered in local systems (Molloy et al 2017).

28. This work also highlighted the extent to which approaches which have not yet demonstrated effective impacts are often being widely delivered. Robust evaluation of these models and the extent to which they improve child and family outcomes is needed.

Challenges in disseminating, accessing and using evidence

29. The first five years at EIF have highlighted that there are significant challenges to the use and application of evidence in local systems.

30. We have found a lack of capacity to generate and apply evidence locally. Our research into effectiveness in the child protection system highlighted the lack of analytical capacity in local authorities as a significant obstacle to improving the use and application of evidence (Molloy et al 2017). Capacity to evaluate and monitor the impact of new approaches is difficult to find, yet even the best-evidenced approaches need ongoing monitoring and testing to check if services are delivering their intended outcomes. In addition, the capacity required to develop business cases making the for investment in new approaches is in short supply.

31. There is also a need to build research literacy among key audiences, to increase clarity about where evidence can play a role. In our work on child protection, social workers described being less influenced by research in undertaking direct work with families than in other activities, such as assessment. Research evidence was used to understand risks, strengths and family dynamics, but was not seen as able to inform 'what to do' and the specifics of work with families.

32. As we point out, the evidence base for early intervention is still at an early stage. On many issues the existing evidence is not yet able to inform decisions about what to deliver. For example, the strongest evidence is about programmes, but much of what people locally are interested in is wider systems and practice and how best to use their existing resources and workforces.

Opportunities for intervention

Action to promote or incentivise the use of evidence

33. Reducing the distance between the worlds of evidence and local decision-making will require a variety of bodies to work collaboratively to communicate and develop the evidence, to support local areas to use that evidence, and to develop 'evidence literacy'. As one of the government's What Works centres, we will continue to play this role, and the new What Works Centre for Children's Social Care provides an important opportunity to help build the central infrastructure to respond to some of these issues.

Action to increase effective support for families and children experiencing domestic abuse

34. Our work with local places and those involved in delivering services has highlighted numerous examples where opportunities for early intervention are missed. Through our work to support early intervention in policing we have heard how the police regularly identify children who witness domestic abuse but often struggle to ensure these children get support. For example, in Blackpool 47% of referrals to social care following domestic violence calls involving children lead to no further action. This is a pattern repeated in police forces across the country. The police make more referrals to children's social care than any other agency, but children's social care is struggling with the volume of demand. Work is needed to build wider capacity to support these children.

35. Our research has also highlighted a lack of confidence among the early intervention workforce (those working with children and families in roles such as family and parenting support or in settings such as children's centres or schools) in dealing with issues such as domestic abuse. This workforce does not have a distinct identity and incorporates a range of qualifications and skills. There is wide variation, for example, in the screening tools used and guidance provided on dealing with domestic violence and abuse, and no common approach to training across early intervention practitioners and the children's sector more generally.

G. Conclusion

36. We are pleased to see the committee undertaking an enquiry into early intervention and childhood adversity, and hope this will be a catalyst for a renewed focus by government on improving outcomes for vulnerable children.

37. The ACEs research and framework can provide genuine value for improving practice through the creation of a simple and common language that can be used by the diverse workforces working with vulnerable families. However, limitations to this framework are not always fully understood by those trying to apply ACEs to their work with children. This had led to ACEs research being misapplied in practice, and we have encountered the ACE framework currently being used inappropriately. It should not be used to identify need and determine thresholds for prioritising who needs early intervention services.

38. The UK evidence base is developing, and in our view more needs to be done to support the dissemination and adoption of evidence-based practices which have the best chance of improving outcomes for children and families. At the same time, a substantive change in outcomes will only be achieved if there is a sustained commitment to improving the evidence base on what works to support children facing adversity.

References

Asmussen, K, Feinstein, L. Martin, J. & Chowdry, H. (2016). Foundations for life: What works to support parent child interaction in the early years. *The Early Intervention Foundation*. http://www.eif.org.uk/publication/foundations-for-life-what-works-to-support-parent-child-interaction-in-the-early-years/

Barlow, J. and Schrader-McMillan, A. (2017). Improving the effectiveness of the child protection system. *The Early Intervention Foundation.*

Cicchetti, D., Rogosch, F.A., and Toth, S.L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions, Development and Psychopathology, 18, 623 – 649.

Feinberg, M.E., Kan, M.L., and Goslin, M.C. (2009). Enhancing coparenting, parenting and child self-regulation: Effects of Family Foundation 1 year after birth, *Prevention Science, 10*, 276 – 285.

Feinberg, M. E., Jones, D. E., Kan, M. L., & Goslin, M. C. (2010). Effects of family foundations on parents and children: 3.5 years after baseline. *Journal of Family Psychology*, *24*(5), 532.

Feinberg, M.E., Jones, D.E., Roettger, M.E., Hostettler, M. and Solmeyer, A. (2014). Long-Term Follow-up of a Randomized Trial of Family Foundations: Effects on Children's Emotional, Behavioral, and School Adjustment, *Journal of Family Psychology, 28*, 821 – 831.

Guy, J., Feinstein, L., & Griffiths, A. (2014). Early intervention in domestic violence and abuse. *The Early Intervention Foundation.*

Harold, G., Acquah, D., Sellers, R., Chowdry, H., & Feinstein, L. (2016). What works to enhance inter-parental relationships and improve outcomes for children. *Early Intervention Foundation.* http://www.eif.org.uk/publication/what-works-to-enhance-inter-parental-relationships-and-improve-outcomes-for-children-3/

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., ... & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, *2*(8), e356-e366.

Law, J., Charlton, J., & Asmussen, K. (2017). Language as a child wellbeing indicator. *The Early Intervention Foundation.*

Lieberman, A.F., Ghosh Ippen, C., and van Horn, P. (2006). Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial *Journal of the American Academy of Child and Adolescent Psychiatry, 45*, 913 – 918.

McCrory, E., De Brito, S. A., & Viding, E. (2011). The impact of childhood maltreatment: a review of neurobiological and genetic factors. *Frontiers in Psychiatry*, *2*.

Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: shifting the narrative. *Children and youth services review*, *72*, 141-149.

Molloy, D., Barton, S., and Brims, L (2017) Improving the effectiveness of the child protection system: an overview. *The Early Intervention Foundation.* http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview/

National Research Council. (2009). and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities [Internet]. O'Connell ME, Boat T, Warner KE, editors. *Preventing mental, emotional and behavioural disorders among young people: progress and possibilities. O'Connell ME, Boat T, Warner KE, editors. National Academic Press (US)*.

SAMSHA (2016). Adverse childhood experiences. Available at: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

Stagner, M. W., & Lansing, J. (2009). Progress toward a prevention perspective. *The Future of Children*, *19*(2), 19-38.

Wulczyn, F. (2009). Epidemiological Perspectives on Maltreatment Prevention, The Future of Children, 19, 39 - 66.

Yoshikawa H, Aber JL, Beardslee WR. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. American Psychologist. 67, 272–284