



SPENDING REVIEW 2021

The case for early intervention to support levelling up and Covid recovery

This year's Spending Review is an opportunity for government to set out its plans to achieve its ambitions to 'level up' and to support recovery from the Covid-19 pandemic.

Enabling children to thrive in the wake of the pandemic, particularly in places of the country that have been left behind, is a crucial part of levelling up and of Covid recovery. Indeed, the evidence shows that this investment will lead to large pay-offs, for children and families themselves, for local communities and for the wider economy. This briefing sets out how the government can do this.*

Investing in early intervention as a key part of levelling up

Supporting all children to reach their potential, regardless of where in the country they grow up, or the family circumstances they are born into, is key to the government achieving its aim for levelling up: that everyone should have the same opportunities to get on in life.

The levelling up agenda has started with a much-needed focus on physical infrastructure that will make a visible impact in local areas, by enabling places to bid to invest in transport, regeneration and town centre investment, and cultural investment. The Spending Review now provides an opportunity to broaden out the levelling up agenda, by enabling local places to invest in future generations.

Investing in children's development in the early years, through supporting parenting, the home learning environment and school readiness, in children and young people's resilience and mental health, and in support for the most vulnerable families, will ensure all children have an opportunity to get on in life, including in areas of the country that have been left behind.

At present, we know that wide and persistent gaps in children's development appear early, largely along socioeconomic lines, and that these gaps matter for a person's future outcomes and intergenerational outcomes. For example, we know that inequalities in the development of social and emotional skills open up early between disadvantaged children and their peers.

* We give a number of examples in this briefing of early intervention programmes with strong evidence. However, these are not the only programmes that are effective. More information about these and other programmes can be found on the EIF Guidebook, our free, searchable online database, at: [Guidebook.EIF.org.uk](https://www.earlyinterventionfoundation.org.uk/guidebook)



There is a higher prevalence of behavioural and emotional problems among disadvantaged children. Studies show that children from less well-off households have lower levels of self-control and emotional health.

These differences matter. Social and emotional skills in childhood are linked to adult mental health and life satisfaction, broader health outcomes, and socioeconomic and labour market outcomes. The link between these skills, employability and access to the top jobs means they must be a crucial part of attempts to level up employment opportunities. There is a robust case for increased national and local commitment to supporting children and young people's social and emotional development as part of levelling up.

We also know that there is a strong link between children's early language capabilities and social disadvantage. Evidence suggests that children from socially disadvantaged backgrounds are at disproportionate risk of language delay compared with those growing up in middle and higher-income households, with analysis of the Millennium Cohort Study finding that children from the most socially disadvantaged groups are twice as likely to experience language delay as their less disadvantaged peers. This risk cascades into other social, emotional and cognitive risks, which additionally disadvantage children at school, in the community, and ultimately in the workforce.¹

Local places can help to close the gap between the most disadvantaged children and their peers by investing in future generations as part of levelling up. This means investing in evidence-based services to support the most vulnerable families. For example, intensive home visiting between birth and age two has been shown to reduce income-related learning gaps, improve the quality of the home learning environment, and improve children's language development. We know that this type of investment pays off, for the economy as well as for local communities.²

Long-term benefits associated with effective early intervention include reductions in crime and increased life expectancy. The long-term pay-off will be particularly large where early intervention offers the potential for labour market gains, such as improvements in employment and earnings. The Department for Education has estimated that individuals with five or more good GCSEs as their highest qualification have lifetime productivity gains of £100,000 on average, compared to those with qualifications below this level. When compared with children with no qualifications, these gains are £260,000.³ There is also evidence that increasing children's academic performance could increase the long-term economic growth rate of the UK. Even small improvements in attainment, particularly for children at risk of the poorest academic outcomes, have the potential for large economic benefits.



Who are we?

The Early Intervention Foundation (EIF) is an independent research charity and What Works Centre established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Find out more at www EIF.org.uk

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Investing in early intervention as a key part of Covid recovery

The Covid-19 pandemic has had a profound impact on the lives of children, exacerbating existing gaps between the most disadvantaged children and their peers and leading to increasing numbers of children experiencing domestic abuse and poor mental health.

There is growing evidence that school closures during the pandemic had an impact on the learning outcomes of pupils. For example, the disadvantage gap for primary level maths has widened from 10% to 24% between autumn 2019 and autumn 2020.⁴ Schools with high levels of disadvantage experienced higher levels of learning loss than other schools, particularly at secondary level.⁵

The number of children experiencing mental health problems also increased during the pandemic, from one in nine in 2017 to one in six in 2020.⁶ The number of calls to the NSPCC Helpline about children experiencing domestic abuse rose by over 50%: the monthly average number of contacts between April and December 2020 was 53% higher than the pre-lockdown average.⁷ Covid-19 has exacerbated existing childhood adversities.

The Spending Review provides an opportunity to build back better following the pandemic, by addressing increasing inequalities and ensuring that children are at the heart of investment in the Covid recovery. This will ensure that this generation of children do not have to live with the knock-on effects of the pandemic for the rest of their lives. Investment in early intervention across a range of public services now can stop problems caused or made worse by Covid from getting even worse, and help children and families who are struggling recover from the effects of the pandemic.

Investing now will save money in the long term. We know that late intervention costs more. In 2016, EIF estimated the costs of late intervention for children and young people added up to at least £17 billion a year across England and Wales (£18.5 billion in today's prices). This includes the cost of children taken into care, the cost to the health system of youth drug and alcohol abuse, and the cost to the criminal justice system of youth offending.

Although it is difficult to estimate the precise value of the economic benefits of early intervention, there is a wide literature which shows plausibly that the pay-offs can be considerable. Pay-offs will be particularly large where early intervention leads to increases in employment and earnings. For example, there is strong evidence showing that cognitive and behavioural problems in childhood can lead to lower qualifications and lifetime earnings. One analysis using data from the British National Child Development Study suggests that people who have experienced either physical or mental health problems in childhood could earn around £400,000 less over their lifetime than those who have not.

There are also gains for public services, with early intervention leading to reductions in public service use and reduced demand on frontline practitioners. While there is a need to continue to invest in statutory and emergency services, better supporting children to avoid using these services altogether, through high-quality early intervention to address problems at an earlier stage, has the potential to reduce public spending on crisis interventions. Just a 1% reduction in the spend on late intervention would save nearly £200 million of public expenditure annually, money which could be better used to support children to avoid high-cost statutory services.

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How government should invest to support levelling-up and Covid recovery

What does this mean for where government should invest, in the Spending Review and beyond? We know that investing in high-quality, evidence-informed early intervention can lead to better outcomes from public spending. Schools, police, the NHS and local government all play a crucial role in the delivery of these services, and national government has a role to play in coordinating action to ensure the most vulnerable families are supported. Action to tackle child poverty is also vital, as services alone cannot support vulnerable and struggling families.

Schools

Schools are rightly working hard to address the loss of learning during the pandemic. However, learning doesn't happen in a vacuum. There is good evidence that children and young people's social and emotional development and mental health is linked to educational success, while emotional problems, including those related to problems at home, can negatively affect academic progress and reduce participation in the classroom.

Schools have a crucial role to play in supporting children and young people's social and emotional skills (for example, their ability to recognise and manage their emotions and to build positive relationships) and mental wellbeing, as part of helping them catch up after the impact of the pandemic. Teachers and other school staff are uniquely placed both to support pupils on a day-to-day basis and to identify children and young people who may need additional support with their mental health.

We also know that early intervention in a school setting can be very successful. For example, we know that the development of social and emotional skills in primary school makes a positive difference to children's long-term outcomes.⁸ We also know that universal and targeted prevention interventions in secondary school can play a significant role in the reduction of depression and anxiety symptoms in young people.⁹ Given that evidence shows that persistent depression during adolescence is associated with a significantly increased risk of depression and poorer education and employment outcomes during adulthood, it's crucial that prevention of and early support for emerging mental health problems is prioritised in schools.

To ensure the best outcomes for children in relation to mental health and wellbeing in schools, the focus should be on:

- **Ensuring that support for children and young people's social and emotional development and mental health is resourced as part of education recovery planning.**
- **Giving greater prominence to well-evidenced approaches to social and emotional learning within schools**, given the link between the development of good social and emotional skills and mental health, attainment, employment prospects and other outcomes.
- **Supporting schools to implement evidence-based interventions or approaches to social and emotional learning and to preventing mental health problems.** Examples include:
 - universal classroom-based interventions that teach a range of skills including emotional identification and regulation, effective communication, problem solving, conflict resolution and coping skills – for example, [PATHS](#)
 - targeted interventions that are designed for students at increased risk of developing mental health problems such as anxiety or depression – for example, the [Blues Programme](#).

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- **Implementing high-quality teacher training** (both before and after teachers are qualified) to equip teachers with the skills and knowledge they need to support young people's mental health and wellbeing. Professional development should focus on three core areas: readiness for change, specific skills-based training to support teachers in the delivery of universal interventions, and embedding practices within everyday teaching.
- **Ensuring that schools can access expert support delivered by external professionals**, such as **cognitive behavioural therapy**, for pupils who need extra help.
- **Ensuring that the latest evidence¹⁰ is used in national policymaking**, including in the implementation of the *Transforming Children & Young People's Mental Health* green paper, and particularly through the work of mental health support teams.

Policing

The police have a critical role to play in supporting levelling up and Covid recovery through early intervention. They are often the first service to identify children or families who need support, but the police may struggle to get a response from other services and can find themselves dealing with the same families again and again when problems escalate.

We know that early intervention can help to prevent many of the problems that the police deal with on a daily basis. Behavioural difficulties during childhood are strongly linked to later involvement in crime, but we know that the right support for parents or for the whole family can lead to sustained improvements in children's behaviour, and to reductions in crime.

The police deal with a broad range of social problems. It has been estimated that around 80% of police time is now spent supporting vulnerable people – responding to mental health crises, child protection concerns, or domestic abuse, for example.¹¹

Investment of police resources in early intervention makes sense, and is a crucial way in which the police can meet their statutory responsibility to 'prevent crime, harm and disorder'. Many police and crime commissioners and police forces already recognise this, and have funded diversionary projects for young people, mentoring, or employment and skills programmes.

The police can't prevent crime or vulnerability on their own, but they can make a significant contribution, through channelling the strong commitment to early intervention that already exists in policing into a shared endeavour with their local partners. This means the police going into partnership conversations with a clear sense of the outcomes they want to achieve for children and families, and bringing police resources to the table.

Nationally, it is critical that investment in early intervention by the police and Home Office is coordinated with other agencies or other government departments, so that it makes sense as part of a comprehensive landscape of support for children and families.

To ensure policing contributes to the best outcomes for children and young people, the focus should be on:

- **Ensuring the police are informed by the best available evidence about what works**, and that investment is directed towards these effective approaches, for example through using the evidence emerging from the Youth Endowment Fund.¹²
- **Joining up action on police-led early intervention with work led by local authorities and wider partners**, in order to put in place a comprehensive set of interventions locally to meet the needs of children and families.
- **Ensuring that police-led early intervention approaches are evaluated** in order to build our knowledge of what works best to prevent crime and youth violence. For example, training to help police officers understand the impacts of childhood trauma or adverse childhood experiences is being used increasingly widely, but has not been rigorously evaluated, and so we don't know if this approach has an impact on outcomes for children and young people.



NHS

A crucial aspect of levelling up is action to reduce health inequalities and to improve the social and economic circumstances that shape the conditions in which people are born, grow, live, work and age. Around 80% of people's health outcomes are related to wider preventable factors, such as smoking and diet.¹³ The social gradient that exists across many of the determinants of health is well documented, with poorer individuals in deprived areas experiencing worse health outcomes and shorter life expectancy than people who are better off.

As part of the recent restructure of Public Health England in response to the Covid recovery, the new Office for Health Promotion has been tasked with systematically tackling the top preventable risk factors causing death and ill health in the UK, by designing, implementing and tracking delivery of policy across government. For this to be successful, particularly during the reconfiguration of local services under the NHS Bill, the NHS, local authorities and public health will need to work together in local areas to prioritise and deliver effective prevention and early intervention that can reduce spending on ill health further down the line.

To achieve this will require focused action to put in place services and interventions that have been shown to reduce negative health outcomes. This includes action even before a child is born. For example, we know that smoking during pregnancy is associated with a wide variety of negative birth outcomes, including low birthweight, heart defects, diabetes and asthma.¹⁴ We also know that certain psychosocial interventions, such as counselling, cognitive behavioural therapy and some incentive-based programmes, can help mothers to reduce or quit smoking during pregnancy.¹⁵

The NHS has a role to play both in providing effective early intervention through NHS-commissioned services and in contributing to wider, non-NHS services that support outcomes known to improve the health of children and families.

Opportunities to prioritise early intervention within the NHS include delivering more of the evidence-based services that work to prevent poor child health and child and parent mental health outcomes, emphasising prevention within all services and care pathways. This should include focused action to support:

- **Preventing smoking during pregnancy**, for example through incentive-based smoking cessation schemes.
- **Supporting maternal mental health.** Problems at this stage can interfere with a mother's ability to respond sensitively to their child's needs and can affect all aspects of children's development. There is good evidence to support mental health assessment and screening during the perinatal period, combined with treating the symptoms. Examples include **cognitive behavioural therapy** and **psychodynamic therapy**, both of which have strong evidence of reducing symptoms of depression and anxiety in pregnant mothers and parents with young children.¹⁶
- **Supporting the parental relationship on the birth of a first child.** Examples include **Family Foundations**, which involves six co-parenting classes embedded in childbirth classes during the mother's last trimester and then resuming after the baby is born. This intervention has evidence showing improved child behaviour at ages 3 and 7.

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- **Supporting parenting: Family Check Up**, for example, is an intervention that is ideally delivered through GP surgeries.
- **Intensive home visiting** to support parenting in the early years. Some intensive home visiting programmes, such as **Family Nurse Partnership**, have been shown to improve highly vulnerable children's language and reading skills. **Child First** and **Parents as First Teachers** are two further examples of programmes with good evidence of supporting children's language development in the early years.
- **Work by the NHS alongside local partners to ensure evidence-based interventions**, such as community-based support for children's mental health, are available in a local area. **Incredible Years** and **Triple P** programmes have evidence of addressing child and adult mental health outcomes relevant to the NHS.
- **Ensuring children are a focus and a priority as part of new arrangements to move to integrated care systems.**

Local government

Increasing the availability of evidenced, well-targeted support for families is crucial to levelling up life chances and opportunities, and to helping families recover from the impacts of the Covid-19 pandemic. Local government has a unique role to play in working with local partners to coordinate services to create a system of support that can meet the needs of children and families.

Improving outcomes for children involves supporting families, by strengthening both relationships between parents and children and the relationship between parents themselves, as well as reducing family conflict and stress. Effective family support can improve family relationships and wellbeing and support children's development, leading to improvements in a range of important child outcomes, such as mental wellbeing, attainment, physical health, reduced crime and antisocial behaviour. Providing effective support to vulnerable families also has the potential to reduce the need for them to become involved with children's social care.

Practitioners often feel unable to access appropriate services for children and families. For example, we have found that schools often struggle to access support for vulnerable children¹⁷ and other practitioners feel they are forced to take a 'something is better than nothing' approach to referring children affected by domestic abuse to support.¹⁸

A well-targeted, evidence-informed family support offer, based on interventions which have been shown to make a positive difference to children's outcomes, must be at the centre of future policy. The Spending Review can support local places to invest in the best support possible for children and families over the next three years, and the Levelling Up white paper provides an opportunity to enable areas of the country that have been left behind to close the gap with more affluent places, by investing in evidence-based services to support the most vulnerable families.

There are a number of ways to improve the way local services are delivered – including by:

- **Supporting local areas to invest in what works to support children's early years development and school readiness, family relationships, children and young people's resilience and mental health, and services to support the most vulnerable families.** Examples include:
 - **Incredible Years Preschool**, which has very good evidence of a long-term positive effect on improving school achievement and a wide variety of child behavioural outcomes.

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- **Incredible Years School Aged Basic + Advance**, which are programmes supporting parenting and family relationships with good evidence of boosting school achievement and reducing crime, violence and antisocial behaviour.
- **Increasing the availability locally of specialist interventions for children in need** to tackle and prevent early adversity, especially supporting families where the unmet needs of parents, such as poor mental health, alcohol and drug misuse may adversely impact on the wellbeing of children. Examples include:
 - **Child-Parent Psychotherapy** (CPP, Lieberman model) and the **Parent-Child Game** (also known as **Helping the Noncompliant Child**), which have evidence of improving parenting behaviours and child outcomes when there is a known risk of child maltreatment.

Central government

One of the most important routes to levelling up life chances and supporting Covid recovery is action to tackle child poverty. The impact of poverty and economic disadvantage on family relationships¹⁹ and children's outcomes is well established. Evidence consistently shows associations between poverty and child maltreatment, adverse childhood experiences, worse physical health, low birth weight, mental health problems, decreased educational attainment and increased risky behaviours, including criminal behaviour in adolescence and adulthood.

Before the pandemic, the child poverty rate in the UK was at 31%,²⁰ and this is likely to have increased during the pandemic. Some regions have seen a particularly large growth in child poverty in the last five years, with rates in the North East of England, for example, having risen by over a third.

Effective support can help to mitigate the effects of poverty and disadvantage, but is not sufficient to prevent poor outcomes on its own.

- **To ensure the best outcomes for children and young people, central action to reduce poverty must be a focus in this year's Spending Review.**

There are also a number of other actions that central government can take to enable levelling up and Covid recovery, by improving the quality of support available to children and families – including by:

- **Developing the potential of Family Hubs** as a national mechanism to deliver support to vulnerable families and families looking for extra help. This would provide a single point of access or 'front door' which all families on a spectrum of need can access. For family hubs to make the most difference it is important they go beyond simply coordinating existing services and can also develop what is available locally for families.
- **Strengthening the Supporting Families Programme.** Practitioner skill is crucial to achieving improved outcomes for children and families, and a focus on developing key worker skills could strengthen the programme. This should be in combination with increasing access to more specialist support or evidence-based programmes likely to be needed by some of the families on the programme.
- **Establishing a new cross-government taskforce on family support.** Government is currently funding different types of family support through a range of different programmes and delivery chains. Achieving improved family support requires better alignment of the main government programmes in this space. A new cross-government taskforce on family support could help to coordinate the work of relevant departments and oversee delivery across relevant government programmes.
- **Developing the evidence on how best to support families where children are at risk of neglect or abuse.** The UK evidence base on how best to support children and families where there is a risk of child abuse and neglect remains too limited. The prospects for a child designated as in



need, on a child protection plan or taken into care are poor, yet there has not been the sustained focus or investment needed to build the evidence we need on how best to prevent these outcomes. More could be done to develop, pilot and trial new interventions to work out how best to prevent child maltreatment, and to support use of this evidence in local services.

- **Increasing the availability of early intervention approaches that have been shown to improve outcomes.** We know that there is sometimes a gap between what the evidence tells us and what is being delivered. To close this gap, we need to accelerate the local delivery of early interventions approaches that have previously been shown to improve outcomes.

Conclusion

The briefing has set out how the government can use this year's Spending Review as an opportunity to achieve its ambitions to level up and to support recovery from the Covid-19 pandemic. We have made a number of recommendations, and we conclude here by setting out six key early intervention approaches to support levelling up.

Six key early intervention approaches to support levelling up

1. **Intensive home visiting between birth and two years** – for example, through **Family Nurse Partnership**, **Parents As First Teachers** or **Child First** (shown to reduce income-related learning gaps).
2. **Supporting children's early language development** – for example, through the **Nuffield Early Language Programme** (shown to improve children's early language and preliteracy skills).
3. **Supporting first-time parents** – for example, through **Family Foundations**, which involves co-parenting classes during pregnancy and after birth (shown to improve child behaviour at ages 3 and 7).
4. **Parenting support** – for example, through **Incredible Years School Age Basic + Advance** (shown to improve the parent-child relationship, reduce parental use of negative discipline, and reduce child conduct problems at home and at school).
5. **School-based social and emotional learning programmes** – for example, through **PATHS** (shown to reduce aggression and conduct problems and improve emotional understanding and academic motivation).
6. **Secondary school mental health and behavioural interventions** – for example, through **MindOut**, **Learning Together** or the **Blues Programme** (shown to enhance social and emotional skills, and reduce depressive symptoms, aggressive behaviour and bullying perpetration).





Endnotes

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