Welcome, introduction and purpose

Mark Rogers, Chief Executive, Birmingham City Council

#EIFFreeYears
@theEIFoundation
eif.org.uk
Progress to date on evidence and implementation

Carey Oppenheim, Chief Executive, Early Intervention Foundation

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Starting the journey in 2011
• Growing research on case for early intervention drawing on research from – psychology, economics, neuroscience and social research.

• Strong evidence for a number of specific programmes implemented internationally esp. in the US - Family Nurse Partnership introduced in UK

• Lack of evidence for programmes in UK context

• Activity in local areas: Sure Start Children’s centres, childcare, school based activity, early intervention grant, parenting programmes, Family Intervention Project, Troubled Families, health visitors commitment

• The Early Intervention Foundation created in 2013 with all-party support
Planting the seeds

• 20 Early Intervention Pioneering Places

• Key evidence reviews on:
  • The Best Start At Home
  • Social and Emotional Learning – Skills for Life and Work
  • High risk: Domestic Violence, Gang and Youth Violence

• Guidebook of programmes – based on ratings made by others

• Costs of late intervention
The Early Intervention Foundation

An independent charity and a ‘What Works’ Centre: we support effective early intervention for children so every child can fulfil their potential. Focus on:

• Children with signals of risk

• Most effective responses

• Cashable savings/effective use of resources

Early Intervention: targeted support to children with signals of risk before problems become entrenched and costly
How do we work?

- Test & learn
- Generate knowledge & evidence
- Communicate & disseminate
- Secure Adoption

Pioneering places
Better Start areas
Additional areas
Police leaders
Foundations of Life, What Works to support parent child interaction in the early years

- Represents the next stage in the Allen Review
- Creating foundations for a UK evidence base for Early Intervention
- Use EIF’s own ratings, approach, cost scale
- Drawing on expertise of partners
- Focus on relationships – parent and child and parent and parent
Foundations for Life: What Works to support parent-child interaction in the early years

- A period of momentous change
- A baby grows into a child who can walk, talk and relate to others
- Parents and carers help lay the foundations for a child’s life chances and life skills
- 3 primary outcomes: attachment, behavioural, cognitive development
- Report provides insight into the overall research underpinning these outcomes
- Assessed the evidence of 75 programmes available in the UK
What works to enhance the inter-parental relationships and improve outcomes for children? University of Sussex, DWP, EIF

- How parents relate to each other as a couple is a primary influence on children’s mental health and long-term life chances.

- Children exposed to frequent, intense and poorly resolved inter-parental conflict are at risk of a range of negative outcomes: mental health, attainment, social and emotional skills.

- Parenting interventions in the presence of frequent, severe and unresolved inter-parental conflict – without addressing that conflict – are unlikely to be successful in improving child outcomes.

- Assessed evidence and cost scale of 15 interventions in the UK.
A more sophisticated understanding of evidence and implementation

• What works for whom, when, where
• Big Lottery - Better Start – example of new funding to test and learn
• Developing a UK evidence base, focus on an evidence journey
• Invest not only in evidenced based programmes, but also innovation where there are gaps
• Implementation is as important as evidence
• Whole system approaches balancing universal Healthy Child Programme, targeted and specialist services
• Champions for early intervention across services
• Monitoring and evaluation as you go along
• Bringing together the insights from 2 reviews: one focused on parent child relationship, the other on the relationship *between* parents  
• A family focused approach to tackle inter-generational disadvantage  
• The first event in a major programme of workshops, events, exchanges to support good commissioning – evaluating impact  
• Creating a new partnership between national government, local commissioners and developers to generate greater knowledge about What Works  
• Drawing on our and your knowledge of how you turn knowledge into practice and make a difference to children and family lives
Keynote address

Jane Ellison MP,
Parliamentary Under Secretary of State for Public Health

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Using evidence to change services: opportunities and challenges over the next 5 years

Mark Rogers, Chief Executive, Birmingham City Council

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Professor Leon Feinstein, Director of Evidence, Early Intervention Foundation

Dr Kirsten Asmussen, Evidence Analyst, Early Intervention Foundation

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Action to deliver cashable savings

Late intervention costs

- Youth economic inactivity: £3.7bn (22%)
- Crime and anti-social behaviour: £5.2bn (31%)
- Child protection and safeguarding: £6bn (36%)
- School absence and exclusion: £680m (4%)
- Child injuries and mental health problems: £610m (4%)
- Youth substance misuse: £450m (3%)

The EIF Guidebook

What outcomes do you want to improve?

- The family and the home
- Positive early child development
- Support children's mental health & well-being
- Prevent child maltreatment
- Enhance school achievement & employment
- Prevent crime, violence & antisocial behaviour
- Prevent substance misuse
- Prevent risky sexual behaviour & teen pregnancy
- Prevent obesity & promote healthy physical development

SEE ALL PROGRAMMES
Why parent-child interactions?

- Parents and carers provide the context for child development and so support and shape it.

- Learning and development within these three domains takes place through interactions between parent or carer and child.

- These dynamic interactions have important impacts on life chances.
3 ASPECTS OF COMMISSIONING

- Strength of evidence
- Cost benefit analysis
- Implementation
What works for whom, when...

- Preschool
- Toddlerhood
- Infancy
- Perinatal
- Antenatal

- Specialist
- Targeted-Indicated
- Targeted-Selective
- Universal
Evidence Panel

PROFESSOR JANE BARLOW, UNIVERSITY OF WARWICK

DANIEL P. FARRINGTON, O.B.E., UNIVERSITY OF CAMBRIDGE

PROFESSOR GORDON HAROLD, UNIVERSITY OF SUSSEX

PROFESSOR VIVETTE GLOVER, IMPERIAL COLLEGE LONDON

PROFESSOR STEPHEN SCOTT, KING’S COLLEGE LONDON

PROFESSOR ANN PHOENIX, INSTITUTE OF EDUCATION

NICK AXFORD, SOCIAL RESEARCH UNIT

DR SHIRLEY WOODS-GALLAGHER, GREATER MANCHESTER PUBLIC SERVICE REFORM
The EIF strength of evidence rating

Effectiveness
Evidence from at least two high-quality evaluations* demonstrating positive impacts across populations and environments lasting a year or longer. This evidence may include significant adaptations to meet the needs of different target populations.

Efficacy
Evidence from at least one rigorously conducted evaluation* demonstrating a statistically significant positive impact on at least one child outcome.

Preliminary Evidence
Evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample using validated instruments.

Logic Model
Key elements of the logic model are being confirmed and verified in relation to practice and the underpinning scientific evidence. Testing of impact is underway but evidence of impact at Level 2 not yet achieved.

No Effect
A finding of no effect on measured child outcomes in a high quality impact evaluation.* The next step is to return to the verification and confirmation of the logic model.

*High quality evaluations do not need to be randomised control trials if a relevant and robust counter-factual can be provided in other ways.
## EIF intervention cost rating scale

<table>
<thead>
<tr>
<th>Description of cost to set-up and deliver</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicative Range (Estimated unit cost range per child participant)</td>
<td>Low cost</td>
<td>Medium cost</td>
<td>High cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;£100</td>
<td>£100-£499</td>
<td>£500-£999</td>
<td>£1,000-£2,000</td>
<td>&gt;£2,000</td>
<td></td>
</tr>
</tbody>
</table>

**This is not a rating of market prices/fees.**

The rating summarises a wide variety of data about how resource-intensive a programme is to deliver. This can include market prices, but will also take into account a programme’s training, implementation and staffing requirements, as well as the length of intervention dose and the size of the treatment unit.
A Programme Report

**Programme Description**

**Brief Description** – Based on the version of the programme evaluated in its best evidence.

<table>
<thead>
<tr>
<th>Primary outcome domain:</th>
<th>Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delivery Model:</strong></td>
<td>Group</td>
</tr>
<tr>
<td><strong>Child Age:</strong></td>
<td>Infancy, Toddlerhood</td>
</tr>
<tr>
<td><strong>Level of Need:</strong></td>
<td>Universal</td>
</tr>
</tbody>
</table>

**Full Description** - Based on information agreed with the programme developer, this section describes the programme more generally in terms of recommended or typical implementation.

**Example programme description**

**Ratings Summary**

<table>
<thead>
<tr>
<th>Strength of Evidence of Child Outcomes</th>
<th>3</th>
</tr>
</thead>
</table>

**Programme Costs**

<table>
<thead>
<tr>
<th>Programme Costs</th>
<th>1</th>
</tr>
</thead>
</table>

**Implementation Summary**

Based on information provided by the programme developer, this section describes the programme more generally in terms of recommended or typical implementation.

**Example text**

**In Detail**

<table>
<thead>
<tr>
<th>Level of need</th>
<th>Low need</th>
<th>Moderate need</th>
<th>High need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
<th>Universal</th>
<th>Targeted: Selective</th>
<th>Targeted: Indicated</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Programme requirements**

<table>
<thead>
<tr>
<th>Format</th>
<th>Example format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sessions</td>
<td>15 sessions of 3 hours duration each</td>
</tr>
<tr>
<td>Number of practitioners required</td>
<td>2</td>
</tr>
</tbody>
</table>

**Practitioner requirements**

<table>
<thead>
<tr>
<th>Job Title of Practitioner – 1st</th>
<th>Family support worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualification Level – 1st</td>
<td>Recommended QCF 2</td>
</tr>
<tr>
<td>Programme training – 1st</td>
<td>32 hours</td>
</tr>
</tbody>
</table>

**Supervision requirements**

<table>
<thead>
<tr>
<th>Number of supervisors</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of supervisor – 1st</td>
<td>Host-agency supervisor providing case-management supervision</td>
</tr>
<tr>
<td>Qualification level – 1st</td>
<td>Recommended QCF 6</td>
</tr>
</tbody>
</table>

**Host agency requirements**

<table>
<thead>
<tr>
<th>Licensing fee</th>
<th>No</th>
</tr>
</thead>
</table>
Headline findings 1

There are a range of effective and proven programmes, differing by approach and rationale.
Headline findings 2

Overall, the evidence is strongest for programmes that target based on early signals of risk in child development.
Available programmes which focus on children’s behavioural development tend to have better evidence of effectiveness than those focused on attachment or cognitive development
Headline findings 4

Although the case for early intervention is very well made, the overall evidence base for the programmes available now in the UK needs further development

Professor Leon Feinstein, Director of Evidence, Early Intervention Foundation

Dr Kirsten Asmussen, Evidence Analyst, Early Intervention Foundation

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**Attachment Security**

The majority of parents are able to support attachment security in their children. A minority will struggle. Factors that interfere with parents’ ability to respond sensitively to their child include:

- Infant behaviours elicit a response from caregivers
- Sensitive parenting increases supports a secure attachment relationship
- A child’s secure attachment fosters positive expectations of him or herself and others
- Children are more likely to mature into adults who foster attachment security with their own children

Social Disadvantage
Single Parenthood
Unwanted pregnancy

Age
Relationships problems
Mental health

Early Years, Parenting and Relationships Conference, 12 July 2016
Attachment Security

- Specialist
- Targeted-Indicated
- Targeted-Selective
- Universal

11
12
5
Attachment Security

- Specialist
- Targeted-Indicated
- Targeted-Selective
- Universal

3
1
1
Attachment Security

- Specialist
- Targeted-Indicated
- Targeted-Selective
- Universal
Attachment Security

There is a high need for Targeted-Selective and Targeted-Indicated interventions that support infant and children’s early attachment relationship starting during the perinatal period and infancy.

5 interventions with good or established evidence were identified:

- 3 Targeted-Indicated Child/parent psychotherapy
- 1 Targeted-Selective (Family Nurse Partnership)
- 1 Universal (Family Foundations)

Programmes with no effect suggest that programmes are likely to be more effective for highly vulnerable families if offered for a longer period of time to most vulnerable families.

Effective programmes tend to be **high cost**, but can provide **high impact** – including increased attachment security, reduced risk of child maltreatment and improved parental mental health.
Behavioural self-regulation

Noncompliant behaviour in the early years
Behavioural self-regulation

The majority of parents will learn how to manage their child’s non-compliant behaviour

Some will struggle. Factors that increase the likelihood of non-compliant behaviour include:

- Child temperament
- Language delays
- Coercive parenting behaviours

Interventions that aim to improve children’s behaviour therefore aim to teach parents effective strategies for replacing coercive parenting behaviours
Young children behave in aggressive and non-compliant ways.

Parents reinforce these behaviours through coercive cycles.

Parents learn effective strategies for encouraging compliant behaviour.

Children’s behaviour improves, children can be regulate their own behaviour.
Behavioural self-regulation

Specialist

Targeted-Indicated

Targeted-Selective

Universal

11

12

4
Behavioural self-regulation

- Specialist
- Targeted-Indicated
- Targeted-Selective
- Universal

Early Years, Parenting and Relationships Conference, 12 July 2016
Behavioural self-regulation

- Universal
- Targeted-Selective
- Targeted-Indicated
- Specialist

7 1
2
2
Behavioural self-regulation

There is a high need for Targeted-Indicated interventions that help parents manage difficult child behaviour

10 interventions with good or established evidence were identified

• 8 were available at the Targeted-Indicated level. One of these programmes had good evidence of improving children’s behaviour for ten years or longer
• 2 were available at the Targeted-Selective 1
• 2 Universal interventions had evidence of no effect on any measured EIF child outcome

Non-compliant behaviour problems may be difficult to prevent. This may be because not all children will remain non-compliant and parents likely need to practice effective strategies

Effective programmes tend to be low to low-medium cost. These programmes appear to have good short term impact, but longer term impact remains unknown.
Cognitive development

All children have a cognitive ‘zone’ in which they can learn new concepts.

Parents support or scaffold learning within this zone through the simplification of tasks.

Effective parental scaffolding improves children’s understanding, language and executive functions.

These skills better prepare children for school and future learning.
The majority of middle and upper middle-income families are able to provide their children with a suitably rich learning environment – no intervention is needed.

A strong and persistent exists between lower and middle-income families in children’s early learning.

Language delays are also apparent in children in lower, middle and upper middle income families.
Cognitive development

- Universal
- Targeted-Selective
- Targeted-Indicated
- Specialist

5
12
3
Cognitive development

- Universal
- Targeted-Selective
- Targeted-Indicated
- Specialist
3 home visiting interventions also had evidence of improving early learning outcomes.
Cognitive development

There is a high need for Targeted-Selective interventions to support the early learning of children living in disadvantaged community

There is a high need for Targeted-Indicated interventions for children who demonstrate early speech difficulties

2 interventions with good evidence were identified. Both were Targeted-Selective interventions for children living in disadvantaged communities.

Both interventions made use of home visiting lasting a year or longer. Three other home visiting interventions were also identified with good evidence of support children’s early language.

Effective programmes tend to be medium to high cost. Evaluation evidence involving programmes developed in the United States also suggest they have the potential to provide high impacts in the short and long term.
Key messages

The evidence and cost of 75 interventions were assessed. 17 interventions were identified as evidence-based.

This represents a range of interventions with good evidence of supporting young children’s attachment security, behavioural self-regulation and early cognitive development.

There is already **good choice** of effective Targeted-Indicated interventions addressing children’s noncompliant behaviour. There is good evidence to suggest that if offered at age 2.5 or later, they may reduce the likelihood of persistent non-compliant behaviour. These programme are low cost.

There is **less choice** of programmes addressing children’s attachment security. More research is necessary to develop more programmes, especially in families where maternal mental health is an issue. These programmes are likely to be **high cost**.

There is **less choice** of evidence-based interventions that support children’s early learning through parent child interaction. This represents a huge gap where more development is necessary. These programmes should be offered in addition to centre-based programmes and are likely to be **medium to high cost**.