



EARLY
INTERVENTION
FOUNDATION

REALISING ^{THE} POTENTIAL ^{OF} EARLY INTERVENTION

October 2018



**All children deserve
the best possible
start in life.**

**Not all children get this.
Early intervention can help
to create the supportive
environment that children
and young people need if
they are to thrive.**

Too many children are facing challenges or disadvantages that can affect their development and threaten their future life chances, health and happiness.

- Four million children in the UK are living in poverty, and the Institute for Fiscal Studies expects this to rise to five million by 2020.¹
- Nearly a third of children are overweight or obese.²
- The number of children permanently excluded from school rose by more than 1,000 between 2016 and 2017.³
- While national prevalence statistics are catching up with the headlines, there is a widely held view among professionals and academics that more and more children are experiencing mental health problems such as anxiety, depression and conduct disorders.
- Youth violence is also a pressing concern. Homicide, knife crime and gun crime rates have risen significantly since 2014, and these increases have been marked by a shift towards younger victims and perpetrators.⁴

While early intervention cannot solve all of these problems, it can substantially improve children's lives if it is delivered to a high standard to the children or families who need it the most.

We have a good understanding of the risks that can threaten children's development. These risk factors exist at multiple levels, from the individual child, the family and the community, through to society as whole, and they interact with each other in complex ways.

We know that poverty and economic disadvantage have a particularly negative impact. Income-related learning gaps can be seen in children's cognitive or social and emotional skills by the time children are two or three years old. These gaps persist and grow throughout primary and secondary school. And they can have a negative impact on outcomes later in life, such as mental health, relationship quality, entry into the workforce and future earnings.

But these outcomes are not set in stone. Experiencing challenges or disadvantages early in life need not dictate a child's wellbeing and opportunities as they grow up.

1. What is early intervention?

Early intervention means identifying and providing early support to children and young people who are at risk of poor outcomes, such as mental health problems, poor academic attainment, or involvement in crime or antisocial behaviour. Effective early intervention works to prevent problems occurring, or to tackle them head-on before they get worse.

It can take many different forms, from home visiting to support vulnerable parents, to activities to support children's early language development, to school-based programmes to improve children's social and emotional skills, to family therapy to improve children's behavioural development. This support is more intensive or additional to the help that is typically available through universal services such as schools and GPs.

Early intervention is not just about what happens in the early years. While the years before a child starts school are a particularly important stage of development, problems can arise at any stage. Effective interventions can improve children's life chances at any point during childhood and adolescence.

Rigorous evaluation and testing of early intervention programmes and approaches tells us which forms of support have been effective at improving child outcomes. This is what we mean when we talk about the importance of *effective* early intervention: on balance, families and children who receive interventions shown through rigorous testing to have improved outcomes are more likely to benefit, and to a greater degree, than those who receive other services.

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Childhood and adolescence are periods of rapid development which lay the foundations for happy, healthy and productive adult lives.

Most parents and caregivers can confidently support their children's development, but some experience challenges that can make this task more difficult. Factors such as poor mental health, economic stress or ongoing conflict in a relationship all influence parents' ability to provide a nurturing environment for their child.

Early intervention can offer these children and young people the support they need to reach their full potential.

There are a range of early intervention programmes and practices which have good evidence of improving outcomes for children, either by working directly with children themselves or by helping parents or practitioners to support children's development.

Early intervention has been shown to deliver wide-ranging improvements in a variety of important child outcomes, including increases in mental wellbeing, school achievement and physical health, and reduced youth crime and antisocial behaviour.

In so doing, it can generate a range of benefits, not only for children and families, but also for communities and society as a whole.

2. How do we know which children can benefit from early intervention?

We have a good understanding of the risk factors that can threaten children's development, limit their future social and economic opportunities, and increase the likelihood of mental and physical health problems, criminal involvement, substance misuse, or exploitation or abuse in later life. This helps us to identify the children and young people who are likely to benefit from early intervention.

These risk factors exist at different levels and interact in complex ways. Some, such as the effects of a premature birth, occur at the level of the individual child. Others work at the family level, or at the level of the local community or society as a whole.

Some of these risk factors are particularly pervasive, impacting upon a child's development in a multitude of ways over a long time. Poverty and economic stress, for instance, can impact significantly on parents' ability to provide the calm, consistent, nurturing environment that best supports children's development. Other factors known to negatively influence children's development over time include genetically determined cognitive and physical disabilities, ongoing conflict between parents, violence in the community and limited employment opportunities.

These risk factors are not deterministic or predictive at an individual level: they cannot tell us exactly which child or young person will need help. But they can help us to identify children who are vulnerable and who may need extra support.

Studies show that early intervention works best when it is made available to children experiencing particular risks. Children and families may be identified for additional support because they have certain characteristics known to increase the likelihood of poor developmental outcomes, or because they are exhibiting early signs of specific problems.

On the other hand, protective factors are the characteristics or conditions of individuals, families, communities and society that can mitigate these risks. In many cases, risk and protective factors are two sides of the same coin: for example, poor parental mental health may pose a risk to a child's healthy development, while good parental mental health may provide a protective factor against other negative child outcomes, such as behavioural problems or poor academic attainment.

Early intervention works to reduce the risk factors and increase the protective factors in a child's life.

Targeted early intervention

Early intervention may be targeted towards children and families on a 'selective' or 'indicated' basis:

Targeted selective interventions are offered to children or families based on demographic risks, such as low family income, single parenthood or adolescent parenthood.

Although children growing up in these circumstances may not be experiencing any specific problems, interventions offered to children or families because of these risks have the potential to prevent more serious problems from arising.

Targeted indicated interventions are for children or families identified or assessed by practitioners as having a specific or diagnosed problem which requires more intensive support.

In this case, early intervention has the potential to address these problems and stop them getting worse.

FIGURE 1: RISK FACTORS OCCURRING IN A CHILD'S LIFE



What about ACEs?

Research into adverse childhood experiences (ACEs) has furthered our understanding of the long-term impact of multiple risk factors within a child's home environment. ACEs include abuse or neglect, exposure to domestic violence, parental substance misuse and parental mental health problems. Studies have confirmed a strong association between the number of ACEs and the risk of mental health problems, chronic diseases, involvement in crime and other poor outcomes in later life. They also indicate that ACEs are highly prevalent: at least a quarter of the population have experienced four or more adverse experiences during childhood.

However, ACEs are not predictive at an individual level, and cannot tell us who might need early intervention or other support. An ACE score is retrospective, and because the impacts of early life adversity differ widely from person to person, it does not necessarily reflect a person's current situation, needs or risks. ACEs should not be used in isolation to determine who should receive early intervention, and an ACE score is not a substitute for careful assessment of current needs.

3. Where can early intervention have the greatest impact?

Early intervention can strengthen parents' and caregivers' capacity to support children's development. It can help children to develop the skills they need to live happy, healthy and successful lives, and work to reduce the negative impacts of economic disadvantage.

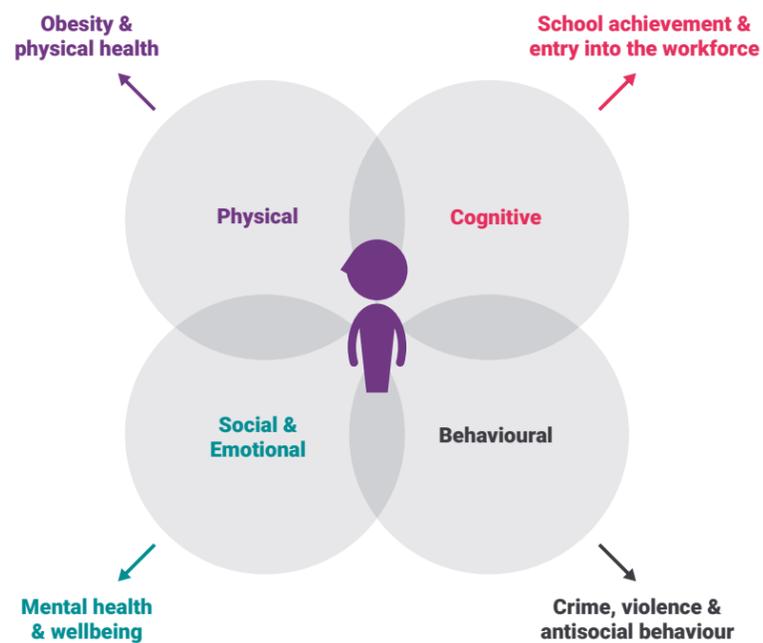
While early intervention can have wide-ranging benefits, it is not a panacea. We will continue to need policies and initiatives that aim to reduce the extent to which disadvantaged children fall behind in the first place or to support social mobility. Similarly, universal services and support will remain vital, not least because they provide a means to identify children and families in need of extra support.

Early intervention to support four key domains of children's development

There are now a substantial number of early intervention approaches which have good evidence of improving children's outcomes when they are offered in response to identified risks. Early intervention approaches can support the four key domains of children's development: physical, cognitive, behavioural, and social and emotional.

Studies consistently show that short-term improvements within these four areas of child development can lead to benefits throughout childhood and later life. Long-term benefits associated with effective early intervention include increased income and employment opportunities, reductions in crime and increased life expectancy.

FIGURE 2:
FOUR KEY DOMAINS OF CHILD DEVELOPMENT AND RELATED OUTCOMES



1 EARLY INTERVENTION TO SUPPORT Physical development

Physical development involves children's physical health, maturation and the presence or absence of a physical disability. Children's physical wellbeing provides the basis for positive development across all other psychological and intellectual domains.

What are the factors associated with physical development?

Although many physical characteristics are genetically determined, much of children's health and maturation is influenced by their environment and by the actions of their parents and caregivers. Parenting behaviours are, in turn, influenced by parents' knowledge and attitudes about their own and their children's health and nutrition. This is informed by their own upbringing as well as the advice that is available through universal services.

How can early intervention support children's physical development?

There are a range of early intervention activities that have been shown to have a positive impact on birth outcomes and reductions in infectious diseases. These activities include financial incentives to help mothers give up smoking during pregnancy and lactation support to increase breastfeeding initiation and duration.

2 EARLY INTERVENTION TO SUPPORT Cognitive development

Cognitive development includes children's acquisition of speech and language skills, the ability to read and write, numeracy capabilities and logical problem-solving. Children's cognitive development is highly associated with success in school and entry into the workforce. It is also associated with self-esteem and mental wellbeing throughout childhood and adolescence, as well as a variety of physical health outcomes during adulthood.

What are the factors associated with cognitive development?

Children's cognitive development is initially determined by the quality of the antenatal environment and birth experiences. High levels of intrauterine toxins, maternal stress and low birth weight are all consistently shown to be associated with cognitive problems as children develop.

As children grow older, the environment plays an increasingly important role in shaping children's cognitive development. In the early years, parents primarily determine what their children learn and how they learn it through the quality of learning materials they provide and their ability to respond to their child's unique learning needs.

Once children enter school, teachers, peers and the educational environment play a critical role in determining children's cognitive development and academic success. While the school curriculum dictates what children learn, teachers and peers are particularly influential in motivating children to learn.

Studies consistently show that family income and neighbourhood poverty are highly associated with the quality of children's learning and academic achievement throughout children's development. During the early years, family income and parental education strongly influence parents' ability to create a stimulating home learning environment that is responsive to a child's learning needs. Once children enter school, neighbourhood poverty is strongly associated with the quality of children's education and the values of their peer group.

How can early intervention support children's cognitive development?

Enriching educational experiences support children's cognitive development at all ages, although studies show that interventions addressing income-related achievement gaps need to start early, preferably during the child's first year. Examples of early intervention programmes with good evidence of improving children's early language development and other cognitive outcomes include **Parents as First Teachers** and **Family Nurse Partnership**. Both programmes provide parents with opportunities to learn and practise new teaching skills through home visiting support lasting at least a year.

Studies show that enriching childcare and early years education also have the potential to reduce income-related gaps in children's early learning, especially when offered alongside support to parents.

Reading Recovery is an example of a programme with good evidence of improving the reading skills of children who struggle when they begin reading. However, studies also show that these benefits will only be sustained if children continue to receive an enriching education throughout primary and secondary school. This education should include additional interventions to meet a diverse range of learning needs.

3

EARLY INTERVENTION TO SUPPORT Behavioural development

Behavioural development involves children's ability to monitor and regulate their own behaviour, their attention and their impulses. Children's self-regulatory skills are highly associated with their ability to form positive relationships with others, as well as their success in school. Behavioural difficulties during childhood are highly predictive of children's involvement in criminal activity during the teenage years and adulthood.

What are the factors associated with children's behavioural development?

Behavioural problems are associated with a variety of temperament and attention-based difficulties that may have their basis in genetic processes. However, child behavioural problems are also strongly associated with various parenting behaviours, including responses to child aggression and noncompliance that are either too lax or too punitive. The use of physical punishment in early childhood is especially associated with conduct problems when children are older.

Behavioural problems in later childhood are also associated with factors related to the community and society, including school policies such as responses to bullying, crime in the community, including gang activity and youth violence, and legal responses to antisocial behaviour and youth offending.

How can early intervention support children's behavioural development?

Aggressive and non-compliant behaviours are common during toddlerhood. While most children outgrow these problems, some families benefit from extra support if problems persist from the age of two onwards. Programmes with good evidence of reducing problematic behaviour during the early years include **Group Triple P, Empowering Parents/Empowering Communities** and **Incredible Years Basic Preschool**. These programmes have short-term evidence of reducing child behavioural problems during preschool and primary school. The Incredible Years programme also has good evidence of these benefits lasting into adolescence, when it has been offered to families identified as having difficulties with their preschool child's behaviour. Programmes targeting children's behaviour are frequently delivered to small groups of parents by trained and supervised practitioners for a period of 10 weeks or longer.

During adolescence, behavioural problems are often more entrenched and so require more intensive interventions, especially if the young person has committed an offence. Examples of intensive family interventions with good evidence of reducing recidivism in youth offenders include **Multisystemic Therapy, Functional Family Therapy** and **Treatment Foster Care Oregon Adolescent**. Although UK evaluations have found the benefits to be mixed, these programmes have good evidence of reducing criminal behaviour and improving children's mental wellbeing. All of these programmes are delivered on a weekly basis to individual families for a period of six months or longer, by practitioners with a master's-level qualification in social work or clinical psychology.

4

EARLY INTERVENTION TO SUPPORT Social & emotional development

Social and emotional development is the process by which children acquire the knowledge and skills to understand and manage their emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. Social and emotional development is highly associated with children's ability to form positive relationships with others and with a reduced risk of depression and other poor mental health outcomes.

What are the factors associated with children's social and emotional development?

Social and emotional skills are initially nurtured through a secure attachment relationship. Parents and caregivers foster attachment security through parenting behaviours that are predictable, sensitive and responsive to the child's needs. Feelings of attachment security allow children to develop positive expectations of themselves and others.

The majority of parents implicitly understand how to support their child's attachment security. However, a significant minority (approximately 15%) struggle. Circumstances that interfere with parents' ability to support their child's attachment security include high levels of stress created by economic or relationship difficulties, mental health problems, or attachment insecurity in their own childhoods.

Other factors associated with children's social and emotional wellbeing include their genetic make-up (such as temperament) and gender. For example, studies consistently show that girls are at greater risk of internalising problems, such as symptoms of anxiety or depression, while boys are at greater risk of externalising problems, such as aggressive or violent behaviour.

>> 3. Where can early intervention have the greatest impact?

For more information on programmes with evidence of improving child outcomes, including those mentioned in this section, visit the EIF Guidebook, at guidebook.EIF.org.uk

Studies further observe that social and emotional problems are more likely when children experience traumatic events either in the home (such as witnessing domestic violence or experiencing maltreatment), at school (being a victim of bullying) or the community (witnessing or being a victim of street crime).

How can early intervention support children’s social and emotional development?

During the early years, interventions working with parents who are at risk of having attachment difficulties with their child have good evidence of improving child attachment security in the short term and increasing children’s pro-social behaviour at school over time. Examples of programmes with good evidence of improving children’s attachment security during the early years include **Infant Parent Psychotherapy**, **Child Parent Psychotherapy** and **Family Nurse Partnership**. The most effective programmes work with families individually for a period of a year or longer, through home visiting or individual therapy sessions.

The development of social and emotional skills during the primary school years lays the foundation for later skill development. Skills learned in primary school act as building blocks for more complex skills learned throughout secondary school. A number of school-based programmes now have good evidence of improving children’s social and emotional skills in the short term, and reducing the likelihood of substance misuse, antisocial behaviour and mental health problems in adolescence. Examples include the **Good Behaviour Game**, **PATHS** and **FRIENDS for Life**. These programmes involve curriculum-based content delivered by teachers to entire classrooms. Whole-school programmes, such as **Positive Action**, deliver curriculum content within the context of a supportive whole school ethos and engagement with the family and community partnerships.

During adolescence, young people’s school and peer groups continue to contribute to their social and emotional wellbeing, but this is also a time when many mental health problems first become apparent. School-based programmes with good evidence of supporting young people’s general wellbeing include **Advanced LifeSkills Training** and **FRIENDS for Youth**. Family-based programmes with evidence of reducing specific mental health symptoms include **Trauma-Focused Cognitive Behavioural Therapy** and **Group Teen Triple P**.

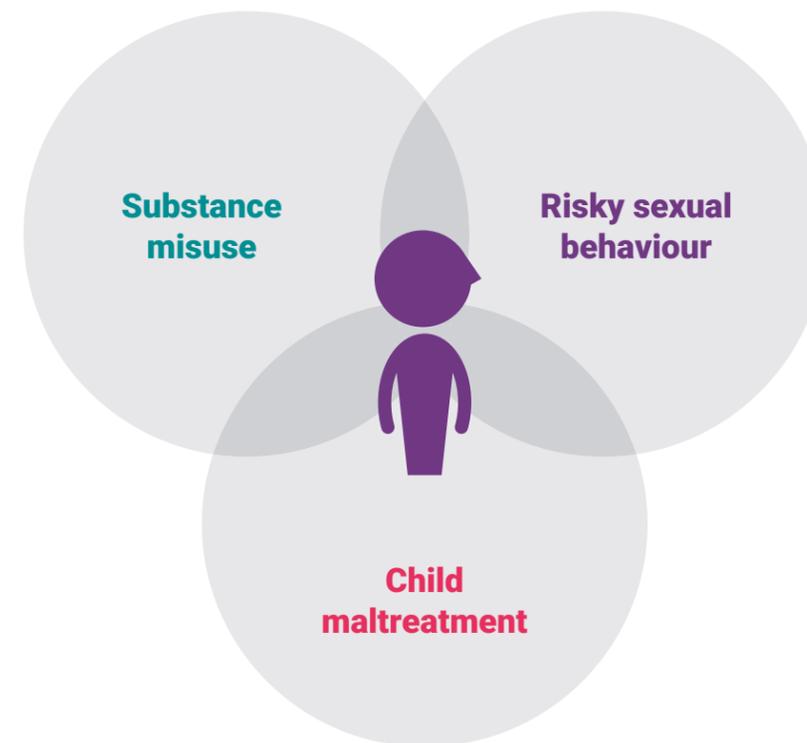
>> 3. Where can early intervention have the greatest impact?

Early intervention to tackle three major threats to children’s development

Early intervention can also work to target particular threats to children’s development, which can lead to adverse outcomes during adolescence and in adulthood.

Three areas in particular are strongly associated with adverse outcomes in academic studies – engaging in substance misuse or risky sexual behaviour, and being a victim of child maltreatment – and there are a range of well-evidenced early intervention programmes that seek to address these risks.

FIGURE 3:
THREE MAJOR THREATS TO
CHILD DEVELOPMENT



1

EARLY INTERVENTION TO TACKLE THE RISK OF Substance misuse

Experimenting with drugs or alcohol is common during the teenage years, but studies show that heavy use of alcohol, drugs or tobacco may significantly interfere with children's school achievement and lead to addiction problems and criminal activity in adulthood. Substance misuse outcomes typically targeted by early intervention include the age at which children first experiment with substances, their frequency of use, and the extent to which their use of substances contributes to other adverse outcomes, such as accidents, arrests, truancy, severe addiction problems and other mental health disorders.

What are the factors associated with adolescent substance misuse?

A variety of factors are associated with substance use during the teenage years, including the availability of drugs at school and in the community, the perceived acceptability of alcohol and drug use at home and at school, children's awareness of the risks associated with substance misuse and knowledge of strategies for resisting peer pressure, the extent to which children are experiencing problems at home, and the degree to which parents monitor their children's activities.

How can early intervention reduce substance misuse during the teenage years?

A number of early intervention programmes have been developed to increase children's awareness of these risks and reduce the acceptability of drug, alcohol and tobacco use. Most of these programmes are delivered by teachers in schools, providing information about the risks associated with substance use alongside strategies for resisting peer pressure and making healthier life choices. Evidence shows that, when these programmes are offered to young people from the age of 11 onwards, rates of drug, alcohol and cigarette use goes down. Examples of programmes with particularly strong evidence include **Advanced LifeSkills Training**, **Lions Quest** and **Positive Action**.

Programmes that aim to support children's social and emotional development during the primary school years, such as the **Good Behaviour Game**, also have good evidence of reducing teenage substance misuse.

2

EARLY INTERVENTION TO TACKLE THE RISK OF Risky sexual behaviour

Studies consistently show that early sexual activity or unsafe sexual practices significantly increase the risk of serious infectious diseases, unplanned pregnancies and reduced satisfaction in romantic relationships in adulthood. Interventions targeting risky sexual behaviour focus on the age at which children first engage in sex, their use of protection, frequency of sexual activity, number of sexual partners, the presence and frequency of sexually transmitted infections, and the number of pregnancies.

What are the factors associated with risky sexual behaviours?

Having sex at an early age and engaging in unsafe sex are associated with many of the same factors associated with other behaviours that expose teenagers to risk, including substance misuse. These factors include a lack of knowledge about the risks associated with sexual behaviours, the belief that it 'won't happen to me', a lack of parental monitoring, poor communication between parents and children about sex and healthy sexual behaviours, and being raised in a family with very permissive attitudes about sexual behaviours.

How can early intervention reduce risky sexual behaviour during the teenage years?

Early intervention programmes targeting risky sexual behaviour typically aim to increase teenager's knowledge about the risks, to raise the age at which teenagers first engage in sex, and to increase use of safe sex practices. Early intervention activities that target these behaviours may be embedded in programmes that target other behaviours, including substance misuse, or as part of sex education in schools. **Positive Action** and **Advanced LifeSkills Training** are substance misuse programmes that also have evidence of increasing adolescent reports of safe sex practices.

Studies also consistently suggest that classroom-based curriculums that increase children's understanding of the reproductive risks associated with sexual activity raise the age at which children engage in sexual activities.

3

EARLY INTERVENTION TO TACKLE THE RISK OF Child maltreatment

There is strong and consistent evidence showing that experiences of maltreatment during childhood dramatically increase the likelihood of mental and physical health problems in adulthood. Early intervention may aim to reduce a child's experience of physical, emotional or sexual abuse or neglect, or their witnessing of domestic violence. It may also aim to reduce the risk factors associated with the occurrence of child maltreatment, or to address symptoms of trauma.

What factors increase the risk of child maltreatment?

Child maltreatment is rarely the product of one single factor. It is more likely to stem from the complex interplay of multiple factors at the level of the child, family, community and society.

Child-level factors include the presence of a disability or birth complications. At the family level, factors include the parents' own experiences of abuse, misattribution of the child's behaviour, inaccurate expectations of child development, ongoing parental physical or mental health problems, teenage parenthood, a history of couple or family violence, poor conflict resolution skills, parental substance misuse, and high levels of ongoing stress, including economic stress.

>> 3. Where can early intervention have the greatest impact?

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Community-level factors include poor housing, high levels of community violence and crime, school responses to drug and alcohol use, the availability of drugs and alcohol in the community, and the density of establishments selling alcohol. Lastly, at the society level, factors include the laws governing the availability and price of alcohol, legal responses to drug and alcohol use and misuse, and economic factors that lead to financial stress.

How can early intervention reduce children's risk of maltreatment?

Studies show that many of these factors are likely to be present when severe maltreatment occurs. The most effective strategies for preventing and responding to child maltreatment are therefore often multifaceted and individualised, requiring delivery by one or more highly trained and qualified practitioners. Programmes with good evidence of reducing the risk of child maltreatment in families where there are known parenting risks (such as severe mental health problems or a childhood history of maltreatment or trauma) include **Infant-Parent Psychotherapy** or **Child-Parent Psychotherapy (Lieberman model)**. This approach offers therapy to parents for a minimum of a year to help them work through feelings of trauma to develop effective strategies for supporting their children's development and implementing child discipline.

There is also evidence to support the use of interventions that aim to improve children's resilience and reduce symptoms of trauma in children who have experienced severe forms of abuse. Examples of such programmes include **Multisystemic Child Abuse and Neglect (MST-CAN)**, which provides parents and children intensive family therapy for a period of six months or longer. MST-CAN has good evidence of reducing the symptoms of trauma associated with child maltreatment, as well as reducing child maltreatment risk.

The intensity of many effective responses to child maltreatment has caused some to question whether these interventions should, in fact, be considered a form of late intervention. Indeed, many of these interventions are only made available to families when their children are on the verge of going into care and are often very costly. These activities nevertheless perform a preventative function by reducing the risk of further maltreatment and decreasing the need for ongoing care. Thus, despite their intensity, they can provide a cost-effective alternative to more traditional forms of social care, and may therefore be seen as a form of early intervention.

>> 3. Where can early intervention have the greatest impact?

Can early intervention reduce pressure on social care by reducing child maltreatment?

Early intervention has the potential to reduce pressure on children's social care, but this is in the long term, rather than the short term.

There are early intervention programmes that have been shown to reduce child maltreatment either by addressing the risk factors associated with this (such as adult substance misuse, teenage pregnancy and domestic violence) or by providing intensive support for vulnerable families through early help. While these intensive interventions are not cheap, requiring delivery by trained professionals for at least six months to over a year, they offer a cost-effective alternative to placing children into care. Long-term benefits are most likely to occur when effective interventions are offered as part of an integrated package of support within a local system with clear leadership and a culture which supports this objective.

Early intervention is unlikely, however, to reduce pressure on the social care system in the short term. This is because the needs of these children are often so entrenched that many early intervention activities are not sufficient to reverse negative trajectories within a short period of time. Less intensive forms of early intervention, such as light-touch parenting support, will often not be suitable for families where there is risk of child maltreatment, especially when parents are struggling with complex issues that limit their capacity to benefit from this kind of intervention.

The question of what impact early intervention or early help can have on children's social care demand is one which urgently requires further attention. More work is needed to test the impact of a more sophisticated early help offer that includes more of the approaches that have been shown to be effective for families with complex needs. While numerous studies have tested the effectiveness of individual interventions in terms of reducing child maltreatment, relatively few have explicitly tested the extent to which a wider whole-system, place-based focus on early intervention can reduce pressure on the care system over time.

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4. How early intervention works for society and the economy

Leaving problems unresolved in childhood doesn't only impact on the lives of individuals and families – it also impacts on society and the economy, by undermining the wellbeing of communities and reducing people's opportunities to live positive and successful lives. Acting early to support children at risk of poor outcomes can build healthier, happier and more productive communities, and produce a range of economic benefits that significantly outweigh the costs of intervening.

Well-chosen interventions implemented at a sufficient scale can help to reduce significant social problems, such as poor health, to stem increasing demand on public services, and to support economic growth.

Breaking the cycle

The evidence clearly demonstrates that leaving issues in childhood unresolved has pervasive negative consequences for children's later life outcomes.

For example, reducing behavioural problems in childhood will result in children being less disruptive at school and requiring less additional support from teaching staff. This has the potential to lead to improvements in school attainment and lifetime earnings, both for the child who receives the early intervention support, and for their peers, who are less badly disrupted at school. It may reduce the likelihood of children being excluded from school and referred to high-cost pupil referral units, and the likelihood that they will engage in criminal activity, thereby reducing the burden on the police and youth justice system. It may also lead to children engaging less in other risky behaviour, such as alcohol or drug abuse, which can have knock-on consequences in terms of the cost of health provision and improvements in their lifetime wellbeing.

In short, preventing issues like this from arising in the first place, or working to reduce their impact on people's lives, has the potential to lead to significant social and economic benefits, and – over the long term – to help build communities that are better-off, more resilient, and more supportive places for children and young people to grow up in.

How do we know early intervention provides value for money?

Producing robust estimates of how the costs of intervening compare with the long-term benefits to society is difficult. It requires reliable estimates of the potential impacts of a preventative activity, evidence for how long these effects will last, and estimates of how this will relate to changes in societal costs and benefits, such as use of public services and changes in earnings over individuals' later lives.

Despite this, there is a compelling argument that the costs of intervening early are often likely to pay off to society in overall economic terms. There are good grounds to believe that investing earlier rather than later will lead to cumulative benefits – that is, skills acquired earlier in childhood will lead to greater additional gains as children get older.

Although producing robust estimates of the pay-offs to society from investing in individual programmes is not straightforward, there is a wide literature showing that they can be considerable. In addition, the economic and societal benefits that arise from early intervention are wide-ranging and the value of the benefits to society are often far greater than the costs of intervening.

Recognising the economic benefits of early intervention

Benefits from early intervention accrue to the whole of society and the wider economy, not just to public services and government bodies.

The long-term 'pay-off' to society may be particularly large where early intervention offers the potential for labour market gains, such as improvements in employment and earnings. For example, there is strong evidence showing that cognitive and behavioural problems lead to lower qualifications and life-time 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.⁵

Even small improvements in attainment, particularly for children at risk of the poorest academic outcomes, have the potential for large economic pay-offs. The Department for Education has previously estimated that individuals who achieve five or more good GCSEs (as their highest qualification) have lifetime productivity gains worth around £100,000 on average, compared to those with qualifications below this level.⁶ When compared to children with no qualifications, the returns on having five or more good GCSEs increase significantly, to around £260,000. Crucially, these returns are widely shared: these figures reflect overall gains in productivity, including increases in earnings and employment that benefit the individual as well as the effects of increases in tax revenue and associated benefits to employers.

Even if early intervention were only to have a small impact on improving long-term skills and growth, the net effects could still be huge. The work of Eric Hanushek and Ludger Woessmann has shown that if UK students' performance (according to the international PISA assessment) increased to that of pupils in Finland, the long-term economic growth rate in the UK could increase by around half of one percentage point, boosting the 2.2% long-term growth rate forecast by the Office for Budget Responsibility for the UK by almost a quarter.⁷

These wider long-term benefits that accrue to the whole of society have the potential to provide the biggest pay-offs. They are critical to understanding the value of early intervention and why it should be prioritised.

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How early intervention delivers benefits to public services

Well-targeted and implemented early intervention can lead to reductions in public service use and reduce demands on frontline practitioners. On the other hand, leaving problems unresolved can create additional costs to the state by increasing the amount of extra support a person may require over the course of their life and the demands placed on public services.

FIGURE 4:
INTERVENING LATE COSTS THE PUBLIC SECTOR £17 BILLION ANNUALLY



Source: EIF (2016) *The cost of late intervention: EIF analysis 2016*. 2016/17 prices.

EIF has previously estimated that the costs of late intervention for children and young people add up to £17 billion a year across England and Wales (in 2016/17 prices).

These estimates capture the resource pressures on acute, statutory services that are required when children and young people experience difficulties, many of which might have been prevented. This includes, for example, the costs of children taken into care, the costs to the health system of youth alcohol and drug misuse, and the costs to the criminal justice system of youth offending. It is not possible to say from these numbers how much the public sector could feasibly save from investing more in early preventive services. However, this clearly shows that considerable resources are wasted within the public sector in tackling issues that could have been dealt with sooner, and where the long-term outcomes for society could have been improved.

Reductions in service use and demand could free up the time of managers and frontline practitioners to engage in other vital activity. It would allow practitioners to spend more time supporting the most vulnerable children, and potentially help local areas to cope with the constrained budgets they face.

Can early intervention deliver cashable savings?

Early intervention can lead to reductions in public service use. However, in many cases this will not lead to ‘cashable savings’ – that is, to immediate reductions in what local providers, commissioners or central government need to spend on providing services. Simply reducing local demand will not lead to immediate reductions in the amount of money required to run services at the local level.

Cash savings are most likely to occur when services are bought from the private sector, such as places in residential children’s homes, or when funding is directly linked to the number of people claiming welfare benefits. However, this captures only a small proportion of early intervention activity. In many other instances, cash savings are unlikely to arise from early intervention activities.

Arguments for early intervention that rest solely on short-term cashable savings miss the bigger picture and the reasons why investment is critical and the societal benefits large. While reducing service use may not always lead to money being taken out of the system, it does allow for better management of existing pressures and demands on public services, and for frontline practitioners to focus on the most vital work.

Understanding the savings paradox

It might seem intuitive that reducing demand on public services will lead to financial or ‘cashable’ savings. However, because of the way in which public services are funded and operated, the reality is that this is often not the case.

For example, an intervention that improves children’s behaviour, leading to fewer school exclusions and children in pupil referral units, would not generate immediate, cashable savings. The pupil referral unit would remain open and employ the same number of staff, in which case its costs are unlikely to change. It is only if an intervention leads to such sizable reductions in demand that the local commissioner is able to reduce the number of pupil referral units they provide that direct financial benefits would be realised.

This calculus is repeated across the public sector. In order for direct financial savings to occur, changes in demand need to be sizeable and sustained; newly freed-up capacity must not be immediately spent in meeting previously unmet demand; and commissioners must take the decision to remove costs out of the system, for example by decommissioning services. Often, this does not happen.

“While reducing service use may not always lead to money being taken out of the system, it does allow for better management of existing pressures and demands on public services.

5. Building a system that supports early intervention

The case for early intervention is strong, but we have a long way to go before effective early intervention is available to every child or family who needs it. Many local authorities and their partners, such as schools and the police, have been trying to prioritise early intervention for some years now. There have been some successes, but many challenges too. Part of the reason is that the current system is not designed in a way that fully enables early intervention. Fundamental changes are required.

Successful delivery of early intervention depends on making a long-term investment, coordinated across all agencies with an interest. This task is thwarted by a siloed system biased towards short-term spending in response to immediate pressures.

There are five particularly intransigent barriers to implementing effective early intervention at scale which must be overcome if the potential of early intervention is to be realised.

Barrier 1: Funding

Providing effective early intervention services requires long-term investment at a level that is sufficient to enable the commissioning and implementation of high-quality interventions by skilled and experienced professionals to meet a range of child and family needs.

While the government has protected or increased funding for important areas such as early years childcare, troubled families and children's mental health, this must be viewed within a context of significant reductions in overall funding for local services. Constraints on public spending mean that local authorities are facing ongoing real-term cuts in funding at a time when demand for their services is rising: the Local Government Association predicts that children's services departments in England will face a £3 billion funding gap by 2025.⁸

This leaves little space for early intervention, as councils inevitably prioritise immediate pressures and statutory duties over discretionary services with longer-term benefits, such as early intervention. Spending on early intervention is difficult to measure and track over time, but Action for Children, the National Children's Bureau, and the Children's Society have estimated that investment will have declined by as much as 72% between 2010 and 2020.⁹

Short-term funding cycles exacerbate the problem. It is very difficult for national policy-makers to make long-term investment cases without strong political backing. Locally it can be difficult for service

leaders to deliver on a long-term strategy where this requires investing in services in a coordinated way across relevant agencies. Services for children or families are typically commissioned for between one and three years, which allows little time to embed a new service or to demonstrate positive impact.

“We need to change the rules of the game when it comes to how government spending operates if we are going to start to invest at the levels needed.”

Lastly, the siloed nature of government finances at both national and local level limits the incentive for politicians, policy-makers and service leaders to invest their own budgets in early intervention. Put simply, the long-term benefits of early intervention are unlikely to accrue to the department or agency that has made the initial investment. Investing to improve the home learning environment and the academic attainment of disadvantaged children, for example, may lead to higher employment, higher tax contributions and reductions in the welfare bill – all of which will benefit the Department for Work and Pensions, HM Revenue and Customs and society as a whole, but not the local authority that invested in the intervention to begin with.

We need to change the rules of the game when it comes to how government spending operates in relation to prevention services if we are going to start to invest at the levels needed to realise the potential of early intervention and improve outcomes for children and young people.

Barrier 2: Short-termism

It has always been the case that electoral cycles incentivise politicians to focus on taking action that can deliver short-term results, to address acute problems of high public concern. Within Whitehall this inevitably focuses the minds of policy-makers on responding to specific ministerial and departmental priorities, often driven by a need to achieve such 'quick wins'. While this is a perennial concern, it is exacerbated by high levels of political instability and the process of exiting the European Union, which is absorbing significant political attention and energy.

This focus on the near term can mean too little attention is paid to the scientific evidence about what matters for child development and the complex, interrelated risk factors that it is influenced by. Policy-makers are often required to develop seemingly attractive but unproven initiatives to tackle the issues of the day. Such policies or initiatives may be designed in haste, without proper engagement with the evidence or coordination with other departments and agencies. The reality is that these approaches are unlikely to deliver sustainable improvements or to make the best use of available resources.

Small, short-term, single-issue funding pots from national government can be especially unhelpful, by comparison with the advantages of long-term, strategic funding. Such narrowly defined funding pots can absorb significant local resources in the process of developing bids and setting up services which may need to be withdrawn when the funding ends in a few years' time.

“Small, short-term, single-issue funding pots from national government can be especially unhelpful, by comparison with the advantages of long-term, strategic funding.”

Barrier 3: Fragmented responsibility

The fragmentation of policy responsibility for children across numerous Whitehall departments is a longstanding problem. Arguably, given the breadth of issues which impinge on children’s and families’ lives, this fragmentation is inevitable. Nonetheless, the current lack of an effective means for working around it is problematic.

In the current landscape, the Department for Education leads on schools and children’s social care, and shares early years policy with the Department of Health and Social Care, while the Department for Work and Pensions leads on tackling damaging parental conflict.

The Ministry for Housing, Communities and Local Government runs the Troubled Families programme, while the Home Office takes the lead on issues such as knife crime, child sexual exploitation and domestic abuse. This fragmented policy landscape works against the careful application of the evidence in forming policy and initiatives. There is a clear need for a renewed effort to coordinate the work of all these departments and their agencies, and to establish a strong national voice and leadership for children’s policy.

At a local level, early intervention can be undermined by the fact that its benefits often do not accrue to those who invest in it. The decision to invest will often rest in the hands of a single agency or local government department that,

because the benefits of early intervention tend to be long-term and widely shared, may not directly benefit from that investment. Despite successive attempts to address these problems through national initiatives, many would agree that the fundamental problems remain.

Barrier 4: Not delivering what works

Not all early intervention is effective, but where we have good evidence of approaches that have been shown to be effective for different groups of children and young people we should be using this evidence. Yet there is often a significant gap between what the evidence tells us is effective and what we know is actually being commissioned and delivered for children and families.

This gap between evidence and practice exists for a range of reasons. Commissioning and delivering effective early intervention or early help is not easy. It can be difficult to identify the right intervention, one which meets the needs of the local population and fits with the skills and capacity of the local workforce. Where families’ needs are more complex, many of the targeted and intensive programmes that have been shown to be effective require experienced and highly

“There is a clear need for a renewed effort to coordinate the work of all the relevant departments and their agencies, and to establish a strong national voice and leadership for children’s policy.”

qualified practitioners, who may not be available in a particular area. Sometimes programmes developed in other countries do not perform well in the UK. Lastly, it is unlikely that any single intervention will be sufficient on its own, and so there are important questions to be answered as to how the impact of individual programmes can be reinforced by the wider system.

Even when we have good evidence that a programme can work, how it is delivered plays a very significant part in whether or not it produces the expected results. The impact of an evidence-based programme commissioned at a local level may be disappointing if it is not well implemented, but high-quality implementation takes time and can be resource-intensive.

In other cases, results may be disappointing because the intervention is simply the wrong one for the children or families involved. Evidence-based interventions will only improve outcomes if they are carefully matched to a child’s age and to the specific needs of a family, which must be appropriately assessed. For example, low-intensity parenting advice or family support is unlikely to make much difference for highly vulnerable children or families who have other serious problems that are affecting their parenting.

Effective early intervention also needs to be delivered by a suitably qualified workforce. A lack of suitably trained practitioners can be a barrier to delivering effective interventions. Several studies have even shown that underskilled and undersupervised practitioners can make things worse for vulnerable children or families.

Nevertheless, while there are understandable reasons for not applying the evidence, we must continue to try. Indeed, at a time of such scarce resources, it is impossible to justify any other approach. On balance, children and families who receive interventions that have been shown through robust evaluation to improve outcomes are more likely to benefit, and to a greater degree, than those who receive services which have not been tested.

Barrier 5: Gaps in our understanding of what works or is likely to work

Overall, the evidence base relating to early intervention in the UK is still at an early stage. The strongest evidence is from the evaluations of individual early intervention programmes: formalised and highly repeatable packages of activity designed to tackle specific issues among specific groups. But even here, there are some significant gaps in our understanding of what works. We know far too little about how to work with parents with substance misuse problems, for example: while a variety of interventions exist, the quality of their evidence is moderate and very few studies have considered the impact of these interventions on outcomes for children, outside of the risk of child maltreatment.

“There is often a significant gap between what the evidence tells us is effective and what we know is actually being commissioned and delivered for children and families.”

There are other areas where our understanding of specific risks is far ahead of our understanding of how to tackle them – for example, relating to parental conflict. We now know that frequent, intense and poorly resolved conflict between parents, regardless of whether they are still in a relationship or not, can have a negative impact on children, and particularly their mental health. However, the evidence about how to intervene effectively is still at an early stage. A growing number of interventions are being developed and tested, but many have not yet collected evidence on how they improve outcomes for children, as opposed to outcomes for the parents or couple.

“Substantially expanding the evidence base for early intervention requires national oversight to guide, coordinate and enable a range of new activity designed to fill critical gaps.”

Of course, early intervention programmes are only one part of what is needed to develop an effective local early intervention or early help offer. We also need to understand much more about effective practice among the various groups of practitioners that constitute the early intervention workforce, and about what is most effective in building a wider system to support effective early intervention, such as culture, leadership, vision and partnership working.

Substantially expanding the evidence base for early intervention requires national oversight to guide, coordinate and enable a range of new activity designed to fill critical gaps. While commissioning new trials and national studies will play an important part, focus should also be given to increasing the capacity and capability

for evaluation among those who are delivering early intervention at the local level. There is too much early intervention activity that has not yet been well tested or evaluated. While this is not surprising, as developing evidence of impact takes time, we need to build capability within local services to generate high-quality evidence. The routine use of this evidence should become part of ‘business as usual’ in local authorities and other commissioning bodies. Ultimately, it is only through supporting capacity locally to evaluate what is being delivered that we can achieve the step-change in the quantity and quality of evaluation of early intervention in the UK that we need to start filling crucial gaps in the evidence base.



6. Realising the potential of early intervention

Early intervention is as pertinent to major societal concerns today – including widening health and social inequalities, mental health problems among children and young people, and declining social mobility – as it ever was. Yet the way ahead is not yet secure or mapped out.

If we are going to realise the potential of early intervention to improve the lives of children and families across the UK, we must get to grips with the scale of the challenge and the level of political priority and commitment required. We need clear leadership and concerted effort at both the national and local level to improve the design and delivery of services and to expand the evidence on what works to improve outcomes for children and families.

“We need to recognise that supporting children and families with complex problems requires a resource-intensive, long-term response.”

This cannot be done without resources. There are no quick fixes here. When it comes to tackling complex social problems, the reality is that small, time-limited pots of funding are unlikely to make a dent. If we are serious about improving outcomes for vulnerable children, then we need to recognise that supporting children and families with complex problems requires a resource-intensive, long-term response.

There are resources already in the system. The various ways in which money flows from national to local areas for preventative or early intervention activity should be reviewed to see what is known

about the impact this money has and the scope to redirect funding to things which are more likely to be effective. Public money must be spent in ways that are more likely to improve the lives of children and young people, and which build our understanding of what works.

The role of national politicians and policy-makers

National politicians and policy-makers must put early intervention centre-stage, and commit to testing its potential in a way that is bold, meaningful and focused on the long term. This requires planning over timescales much longer than parliamentary cycles. Government must take a long-term approach for early intervention, with a concerted plan over a 25-year timeframe, as they have done in other policy areas, such as the environment and housing.

This demands political leadership, new ways of working, and new and sufficient investment. Four actions at the national government level would lay the foundations for significant progress over the decades ahead.

NATIONAL ACTION 1

Establish a new long-term investment fund to test the impact of a whole-system approach to early intervention in a small number of places

Much of the evidence of ‘what works’ in early intervention rests on studies that test the impact of individual programmes, rather than the combined effects of a more comprehensive, place-based early intervention strategy. A vital next step, therefore, is to test the population-level impact of delivering effective early intervention approaches across childhood and adolescence in a small number of local areas.

A new long-term fund is needed to enable up to five local areas to put in place high-quality interventions to support children’s physical, cognitive, behavioural, and social and emotional development, and to address the key risks to child development.

By focusing on local places, this approach has the potential to achieve the level of coordination between services and with the local community that is needed to deliver effective early intervention. This investment should also cover funding for wider system changes, such as workforce or community development, new ways of working between different agencies, or creating the kind of leadership and governance arrangements that are needed to ensure the whole system is focused on effective early intervention.

Accompanied by high-quality, long-term impact monitoring and evaluation, this new long-term investment fund would enable us to understand for the first time what effective early intervention can achieve when all of the necessary conditions are in place in an area. It would allow us to take a huge and vitally important step forward, from recognising the *theoretical potential* of early intervention to possessing actual *empirical evidence* about the impact of place-wide, high-quality, evidence-based support on long-term, population-level outcomes.

“This long-term investment would enable us to understand for the first time what effective early intervention can achieve when all of the necessary conditions are in place.”

NATIONAL ACTION 2

Establish a new What Works Acceleration Fund to support a wider set of places across England to deliver effective early intervention

We know that there is a gap between what the evidence tells us about what works in early intervention, and what is often being delivered across the country. To begin to close this gap, we need to accelerate the local delivery of early intervention approaches that have previously been shown to improve children’s outcomes.

A new fund is required to enable local areas to bid for the resources and expert support they need to identify, commission and implement evidence-based interventions closely matched to their local priorities, such as boosting school attainment, supporting good mental health and wellbeing or reducing crime and antisocial behaviour. Places should also be supported to apply the evidence to develop and reshape their local early help offer, so that they are providing effective support able to meet different levels of child and family need, ranging from early support through to intensive longer-term support for families with more complex problems.

NATIONAL ACTION 3

Create an independent expert panel to advise government on a long-term early intervention research strategy to fill significant gaps in our current knowledge

The evidence base for early intervention in England is still at an early stage, and there are crucial gaps in our knowledge about how to effectively support some children and their families. An ambitious multidisciplinary research programme is needed if we are to push forward our knowledge on the fundamentals of child development, the role of key risk and protective factors, and how to improve outcomes for children, young people and their families. An independent expert panel should be convened to advise both national government and other research funders, such as research councils, on the scope of a long-term early intervention research strategy, and on how this strategy should be funded from both within and outside government.

This research strategy would set out the next steps towards addressing some of the most pressing gaps in the evidence; the development, piloting and trialling

of new interventions where needed; and understanding more about what works in relation to areas such as workforce practice and the systems needed to deliver an effective early intervention offer. It would

“An ambitious multi-disciplinary research programme is needed if we are to push forward our knowledge.

also explore the most effective ways to make sure evidence reaches its intended audiences and is used. This type of ‘knowledge mobilisation’ activity is as important as the generation of new evidence, but it is often neglected and underfunded.

The expert panel would consider how to reduce the distance between ‘what works’ evidence designed to evaluate impact and the data that is used locally to build business cases and monitor delivery. This would include looking at how to equip those delivering early intervention to generate evidence that is both rigorous and useful in informing local decisions, and how to ensure that those working in evaluation and research develop tools that are relevant, useful and accessible for busy commissioners, managers and practitioners. We need more flexible ways of testing new approaches that are capable of generating results quickly, in addition to more traditional methods such as trials.

NATIONAL ACTION 4

Set up a new cross-government taskforce on early intervention to coordinate the work of relevant Whitehall departments and to oversee the delivery of these commitments

Responsibility for children, young people and families is currently fragmented across multiple government departments and agencies. A cross-government taskforce would drive coordinated use of resources across government, with the objective of increasing the availability of effective early intervention. It would be responsible for ensuring the effective delivery of the long-term investment fund, the What Works Acceleration Fund, and for responding to and securing funding for recommendations from the expert panel. This taskforce should be led by a senior cabinet minister with responsibility for securing and maintaining the contribution of relevant departments with a significant interest in children at risk of experiencing poor outcomes.

The role of local politicians and local system leaders

Many in children’s services and wider local partnerships have been advocating for early intervention for years, and many continue to do so even in the face of increasing financial pressures and rising demand for services. Some local leaders have prioritised early intervention and are satisfied they have seen the results of this; others feel that focusing on early intervention has not delivered the improvements they had hoped for.

Despite the current challenges, there are important steps that elected members and local service leaders can take to help advance this agenda.

LOCAL ACTION 1

Agree a clear vision that is founded on the benefits of effective early intervention to local communities and the local economy

Councils that are spending more on early help and preventative services tend to do so primarily because of political or strategic commitment to this agenda. The improvements in children’s lives that early intervention can deliver are all crucial to local government’s interest in supporting thriving local communities. Local leadership around early intervention can be powerful.

The viability of early intervention at the local level rests in part on the need for local leaders to articulate a clear, long-term vision and to set out a strategy that is achievable. This should not be founded on the promise of achieving short-term savings, and should be realistic about the likelihood of reducing pressure on children’s social care. A compelling vision which puts children and families at its heart, which mobilises the local partnership around the philosophy of early intervention, and which reflects the wider benefits of effective early intervention to local communities and the local economy, must be the cornerstone.

It is in local places where much of the potential to achieve the level of coordination needed to deliver early intervention across childhood and adolescence lies. Local leaders, within and outside of local

authority structures, have a vital part to play in ensuring that essential agencies and services are communicating, planning and working together effectively.

LOCAL ACTION 2

Foster a culture of evidence-based decision-making and practice

Local investment, commissioning and practice are not always well aligned with the evidence on effective early intervention. Local leaders need to ensure that evidence-based decision-making is an integral part of the vision and culture they create in their area, and at the centre of any review of non-statutory spend.

Local leaders want to know how they can make the biggest difference, and for whom. Getting this right is more important than ever when resources are scarce. We simply cannot afford to be delivering interventions that do not stand a good chance of making a difference.

“Local strategies should not be founded on the promise of achieving short-term savings, and should be realistic about the likelihood of reducing pressure on children’s social care.”

Decisions must carefully weigh up different types of evidence and information, including data about the needs of the local population, the impact and cost of early intervention approaches, and the likely fit between any new intervention and the wider system. While evidence is not the only consideration in deciding what to do, it matters. Put simply, children and families who receive interventions that have been shown to improve outcomes are more likely to benefit than those who receive interventions that have not.

Today, we know there are a good number of evidence-based programmes which work to support children’s development and to address the key risks to it, which are designed to meet a range of needs, and which are available in this country. These should be commissioned more widely.

This isn’t always easy: introducing evidence-based interventions into a new context is not straightforward, and it takes time and careful planning. Commissioning and implementation of evidence-based programmes must go hand-in-hand with changes in the wider system if early intervention is going to demonstrate its potential at the local level. In many cases, it will be local service leaders who have the broad perspective required to play this system-shaping role.

At the same time, there is an urgent need to reduce the amount of early intervention activity that has not been rigorously tested and where little is known about whether it can improve outcomes for children or families. With this goal in mind, both local politicians and service leaders can play a key role in championing the monitoring and evaluation of local services.

“We simply cannot afford to be delivering interventions that do not stand a good chance of making a difference.”

This report is based on EIF’s work over the past five years, and the wide established literature on early intervention. All of EIF’s reports are available at www EIF.org.uk

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Early intervention needs to be put in its rightful place at the heart of our approach to supporting children and families.

Early intervention is not a panacea for all of society's problems, nor is it a financial coping strategy for local or central government.

It is a vital way of providing children with the skills and resilience they need to succeed in life, and of mitigating the negative impacts of poverty and other forms of disadvantage.

The recommendations set out in this report will enable us to test the potential of early intervention. We have discussed the theoretical potential of early intervention for long enough. We must act if we are to move beyond the theory, to build solid empirical evidence of early intervention's impact across childhood and adolescence.

This is an issue behind which we can unite to work across political divides. The case for taking action, at national and local level, is strong.

The success of the country depends on supporting all children to reach their potential.

If anything is worthy of long-term planning, surely it is this.

Who are we?

At the Early Intervention Foundation (EIF) we champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

We are an independent charity and a member of the government's What Works network.



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EIF is a registered charity (1152605) and a company limited by guarantee (8066785).