

## **The National Society for the Prevention of Cruelty to Children (NSPCC)**

### **Evidence to the independent review of the delivery of early interventions intended to fulfil potential and reduce dysfunction in the lives of children and young people.**

**November 2010**

The NSPCC welcomes the opportunity to present evidence to this review. The emphases upon the identification, dissemination and delivery of best practice resonate with the NSPCC's overall strategy, about which we would welcome opportunity for continued dialogue.

Our strategy focuses on the most important issues threatening the safety and wellbeing of the United Kingdom's children. We use the skills of our own researchers and commission the expertise of others where appropriate to formulate and explore innovative and effective child protection practice.

We seek to ensure that the programmes, projects and services we develop are designed and delivered to meet the well evidenced needs of children who have been harmed and those at risk of harm; are thoroughly evaluated, and thus attractive to service commissioners, whom we will encourage to replicate the work; and sufficiently robust to influence policy and practice. Our services will thus contribute to the body of evidence of best child protection practice, and in this way help to protect many more children than we can reach solely through our own services.

### **Defining early intervention**

The attention afforded early intervention is important and timely, but what it means is not always clear. The term is variously used to refer to intervention:

- *early in the life course;*
- *prior to the onset of a problem;* and
- *as early as possible after the identification of risk.*

There is a need for greater clarity and consistency about how these concepts relate both to one another and to the concepts of 'prevention' and 'protection'. This review needs a lexicon common with that of Eileen Munro's review of frontline child protection practice, just as her review requires a vocabulary consistent with that of this review. Without this there is a risk that the policy framework will remain blurred and it will be hard for local communities to develop integrated and seamless services.

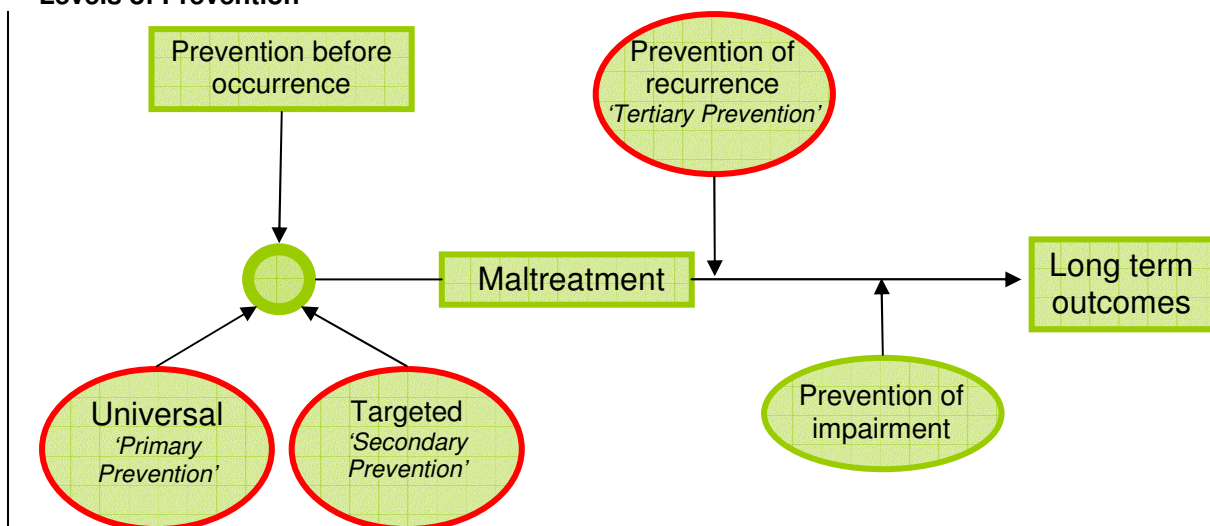
Increasing evidence suggests that a focus on the early years is particularly important. Yet as Sir Michael Marmot's recent review of health inequalities<sup>1</sup> clearly demonstrated, current patterns of public investment are heavily skewed towards interventions later in childhood rather than in the early years.

We understand early intervention to encompass primary, secondary and tertiary prevention of abuse and maltreatment (or other poor outcomes). Primary prevention, activity at the universal level of provision, requires the policy push, and to some extent the paradigm shift, that this review can provide.

---

<sup>1</sup> Michael Marmot 2010. 'Fair Society, Healthy Lives' Department of health

## Levels of Prevention<sup>2</sup>



**Primary prevention** services must include critical information and advice to help parents manage the stresses involved in the transition to parenthood. There is good evidence to show that both antenatal education and subsequent hospital-based education programmes can play a significant role in promoting positive models of parenting and providing constructive coping strategies.<sup>3</sup>

**Secondary prevention** services are targeted at particular families thought to be at elevated risk before maltreatment has occurred. For example, the Family Nurse Partnership home visiting programme for young mothers and their babies, discussed below, has a strong evidence base. We welcome the recent announcement of its expansion.<sup>4</sup>

**Tertiary prevention** is concerned with preventing the recurrence of abuse and with minimising harm. For example, the New Orleans Intervention Model, discussed below, provides tailored family support rooted in an assessment of the nature and quality of parent-child attachment.

Effective secondary and tertiary services are characterised by promptness: a speedy response once a problem is engendered or a risk identified.

## Questions

### 1. What are the likely causes of impairments to children's social and emotional capability and how common are they across the population?

The likely causes of impairments to children's social and emotional capability include the physical, emotional, sexual abuse and neglect of children, adult mental ill health, adult misuse of alcohol and other substances, and domestic violence.

Aligning 'adult services' to address stresses on parenting capacity implicit in mental distress, substance misuse, and domestic violence would go a long way towards improving the quality of parenting and better supporting children.

There is a significant tranche of research identifying the emotional, psychological and physical consequences of sexual abuse perpetrated against children and young people, including its detrimental impact on brain development.<sup>5</sup>

<sup>2</sup> McMillan, H et al (2009) Intervention to prevent child maltreatment and associated impairment. *Lancet* 373:250-66

<sup>3</sup> Health Organisation (2007) Preventing Child Maltreatment in Europe. A Public Health Approach

<sup>4</sup> [www.literacytrust.org.uk/news/2716](http://www.literacytrust.org.uk/news/2716)

<sup>5</sup> Briere, J. & Scott, C. (2006). Principles of trauma therapy: a guide to symptoms, evaluation, and treatment. London: Sage; Finkelhor, D. and A. Browne (1985). "The traumatic impact of child sexual abuse: A conceptualization." *American Journal of Orthopsychiatry*; *Cosentino, Meyer-Bahlburg et al. 1995; Trickett, Noll et*

With respect to this, and more pertinently to the more widespread manifestations of all child abuse and neglect, the early identification of need, including assessment of family resources and risks, is critical to efforts to prevent maltreatment. Currently in the UK, there is no rigorously validated and consistently applied model for pre-birth risk assessment. Opportunities to prevent poor parenting and abuse are thus being missed at this very early stage. When assessing parenting capacity it is critical that the wider family context, including parental factors such as mental illness, substance abuse and domestic abuse are taken into consideration.<sup>6</sup>

Once a baby has been born and a risk of harm has been identified, assessment decisions need to be made swiftly and sensitively so that secure attachment formations are not disrupted.<sup>7</sup> There is, however, constantly voiced concern about delays in decision-making by social work agencies and courts to which Professor Munro's review and the Review of Family Justice would best be attentive.

Parents who do lose custody of their children through care proceedings and who may then grieve for several years are often not supported adequately when this occurs. We would emphasise that loss of custody should be thought of as a trigger for targeted preventive services, because many parents will have further children; without the right intervention they are likely to go on to repeat their abusive patterns of parenting.

Domestic violence between adults can negatively affect children's wellbeing and their life chances. In the NSPCC's last national study of the prevalence of child abuse and neglect, 26 per cent of children and young people reported experiencing physical violence between parents during their childhood.<sup>8</sup> . The economic cost of domestic violence to the state is hard to calculate, given the long term damage associated with it, but it has been conservatively estimated to be £23 billion per year in England and Wales<sup>9</sup> .

## **2. Do we know how to improve children's social and emotional capabilities in a cost-effective way?**

There is strong evidence demonstrating that parenting interventions are effective in reducing harsh parenting, improving positive parenting skills and reducing child problem behaviour. Parenting programmes, including those that are group-based, are increasingly being recognised as being a cost-effective way both of intervening to improve parenting<sup>10</sup> .

---

*al.* 2001 Cosentino, C. E., H. F. L. Meyer-Bahlburg, et al. (1995). "Sexual behaviour problems and psychopathology symptoms in sexually abused girls." *Journal of the American Academy of Child and Adolescent Psychiatry*; Caffaro-Rouget, A., R. A. Reuben, et al. (1989). "The impact of child sexual abuse on victim's adjustment." *Annals of Sex Research*; Kendall-Tackett, K. A., L. M. Williams, et al. (1993). "Impact of sexual abuse on children: A review and synthesis of recent empirical studies." *Psychological Bulletin*

<sup>6</sup> Cleaver, H et al (1999) *Children's Needs – Parenting Capacity: the impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. London: TSO

<sup>7</sup> Seneviratne, G. (2006) *Parenting: mentally ill mothers and babies*. In O'Keane, V (Ed) *Psychiatric Disorders in Pregnancy*

<sup>8</sup> Cawson P, Wattam C, Booker S, Kelly G. *Child Maltreatment in the United Kingdom: a Study of the Prevalence of Child Abuse and Neglect*. London: NSPCC, 2000. The most recent figures will be available in January 2011, when the NSPCC's most recent study of the prevalence of child maltreatment and victimisation will be published.

<sup>9</sup> Walby S, Allen J. *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*. London: Home Office Development and Statistics Directorate, 2004.

<sup>10</sup> NICE. *Parent-training/education programmes in the management of children with conduct disorders*. London: National Institute for Health and Clinical Excellence

Research over the last twenty years<sup>11</sup> has indicated that parental reflective functioning or mentalization plays a crucial role in the development of a range of healthy adaptations in both parent and child. The reflective approach<sup>12</sup> encourages parents to understand behaviours in the light of emotional states in themselves and their babies. Enhanced reflective capacities have been shown to promote secure attachment. Parents who are reflective are able to think about their children in terms of their internal experience rather than their behaviour; nurturing attachment, and preventing maltreatment.

Family therapy can prevent the recurrence of abuse and lead to better outcomes for children because it concentrates on the interactions between all family members, as well as the mental health of each family member.<sup>13</sup>

There is evidence demonstrating that Cognitive Behavioural Therapy (CBT) with children who have been sexually abused improves their social and emotional skills and wellbeing.<sup>14</sup>

However, there has been less research evaluating the efficacy of other forms of therapeutic support. CBT is cost-effective, time-limited and focused. Other therapies, requiring longer interventions for children who are more deeply traumatised, are more expensive but nevertheless a valid investment both on ethical grounds and when weighed against the cost of subsequent health services for adults who have not received the help they need to recover from abuse during their childhood. Social Return on Investment Analysis is a useful tool; calculating costs of intervention set against those of not intervening.

### **3. If we know how to improve children's capabilities in a cost effective way, why are we not doing so? What is the split between universal schemes and specific schemes?**

The spread of services across different tiers of prevention varies between different areas of the country. It is for local areas to determine the appropriate spread of services in light of local analyses of needs, but this should be, and needs to be, guided by a progressive principle if it is to impel action.

For example, public and professional attitudes to domestic violence, and its relationship with child abuse and neglect, illustrate well the human capacity to both know something and yet not know it if it is too uncomfortable and requires action.

One study<sup>15</sup> found that the rates of child abuse and neglect are 15 times higher than the national average where domestic violence is a factor. In three out of five cases of maltreatment, domestic violence is also a concern. Children who live in households where their mothers are abused by partners or ex-partners are significantly affected and experience considerable distress. Domestic violence affects parenting abilities. It jeopardises developmental progress, the acquisition of skills

---

<sup>11</sup> Bateman, A. W., & Fonagy, P. (2004), *Psychotherapy for Borderline Personality Disorders: Mentalization Based Treatment*. Oxford: Oxford University Press.

Carter, S., Osofsky, J., & Hann, D. (1991), Speaking for the baby: A therapeutic intervention with adolescent mothers and their infants. *Infant Mental Health Journal*, 12:291–301.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002), *Affect Regulation, Mentalization, and the Development of the Self*. New York:

<sup>12</sup> Saddler, L, Slade, A & Mayes, L (2006) Minding the baby: a mentalisation-based parenting programme. In Fonagy

<sup>13</sup> Carr A. The effectiveness of family therapy and systemic interventions for adult-focused problems. *Journal of Family Therapy* 2009;31(1):46-74

<sup>14</sup> NICE (2005). The management of PTSD in adults and children in primary and secondary care: National Clinical Practice Guideline Number 26. London. National Institute for Clinical excellence 2005

<sup>15</sup> Buckley H, Holt S, Whelan S. Listen to me! Children's experiences of domestic violence. *Child Abuse Review* 2007;16:296-31

and talents, impels cyclical distress and adversity, and disrupts family functioning and the home environment.

Yet very often, it feels that the public and professionals blame the mother, for not nurturing the child as she should, for staying in a violent relationship and for allowing contact between the child and the perpetrator.

Another study of 200 abused women showed that 60 per cent had left the family home because they were afraid the perpetrator would kill the child.<sup>16</sup> For abused women the risks of depression are increased three-fold, the risks of drug abuse nine-fold, alcohol abuse fifteen-fold, and suicide attempts five-fold. Sixteen per cent of homelessness 'acceptances' are due to domestic violence.<sup>17</sup> The impact of living with the abuse may be compounded by the woman's coping responses which may entail some use of alcohol or drugs to manage the impact of the relationship difficulties.

Research tells us that the adverse consequences for children decline if the protective adult is safe and free from fear of further violence.<sup>18</sup>

Domestic violence is a major risk factor for children, yet studies continue to show that it is both vastly underreported<sup>19</sup> and under-recorded.<sup>20</sup>

We hope that the Coalition Government's work to develop a strategy to tackle violence against women will help to change this. We urge this review of early intervention to make the case for this strategy also to address the impact of domestic violence on children.

In contrast, the sexual abuse of children and young people has yet to prompt an integrated strategic approach from government to prevent its occurrence, promote the treatment of sexually abused children and young people, and to manage those who perpetrate it. Nor has there been any consideration of adopting and embedding such a strategy within a public health approach to the prevention of sexual abuse.

Targeted assessment and treatment is needed alongside a broader population-wide public health initiative, including for children who sexually harm others. This is an important aspect of early intervention, as it can help to address both the problems they are experiencing and help prevent further harm to others.

#### **4. What are the patterns of income and expenditure for late versus early intervention in general and are there proven rates of return for specific schemes?**

Further 'social return on investment' analysis of rates of return for specific interventions should be integral to any strategy targeting assessment and treatment offered to the victims of abuse. The more widely drawn 'Total Place' initiative might prove a useful launch pad for such work.

---

<sup>16</sup> Humphreys C, Thiara R. *Routes to Safety: Protection issues facing abused women and children and the role of outreach service*. Bristol: Women's Aid Federation England, 2002.

<sup>17</sup> Women and Equality Unit. *Increasing Safe Accommodation Choices*. London: TSO, 2003.

<sup>18</sup> Hester M, Pearson C, Harwin N. *Making an Impact. Children and Domestic Violence. A Reader*. 2nd Edition ed. London: Jessica Kingsley, 2007.

<sup>19</sup> HMCPSI, HMIC. *Violence at Home*. London: TSO, 2004.

<sup>20</sup> Povey E, Coleman K, Kaiza P, Hoare C, Jansson K. *Home Office Statistical Bulletin: Crime in England and Wales 2006/07. Supplementary Volume 2 to Crime in England and Wales 2006/07*. London: TSO, 2008.

'Total Place'<sup>21</sup> looks at how a 'whole area' approach to public services can lead to better services at less cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level, as well as across Whitehall.

There are 13 pilot areas participating in the scheme, each area ensuring a diverse mix of economic, geographical and demographic profiles. These pilots present a real opportunity to redesign the way public services are planned and delivered.

For example, we would emphasise to local authorities how important it is to 'think parent' when commissioning services to meet the needs of adults experiencing mental ill-health, the effects of alcohol and other toxins and the blows of partners, as investment in these services impacts positively on the parenting received by, and thus the wellbeing of, children and young people. This model may better instil such thinking than is presently apparent.

Family Nurse Partnerships, discussed below, have been shown to provide a cost-effective return on early intervention expenditure

### **5. What lessons can previous experience teach us about *what doesn't work*? What programmes have proved ineffective? What characteristics associated with previous programmes are ineffective? What other aspects of early intervention are ineffective?**

First, those that do not address the principles underpinning effective interventions recently advanced by Jane Barlow of the University of Warwick.<sup>22</sup>

#### **'Programme design and content**

- Theory driven
- Of sufficient dosage and intensity
- Comprehensive
- Actively engaging

#### **'Programme relevance**

- Developmentally appropriate
- Appropriately timed
- Socio-culturally relevant

#### **'Programme implementation**

- Delivered by well qualified, trained and supportive staff
- Focused on fostering good relationships

#### **'Programme assessment and quality assurance**

- Well documented
- Committed to evaluation and refinement.'

Secondly, in looking to the costs and consequences of child maltreatment in any systematic way, it is necessary to review evaluations of the effectiveness of interventions, and in doing this to be mindful that a programme developed to be delivered in a particular way, to a particular population, by specific staff, and shown in a particular context to be effective, may not similarly succeed if any of those factors differ.

---

<sup>21</sup> [www.localleadership.gov.uk/totalplace/](http://www.localleadership.gov.uk/totalplace/)

<sup>22</sup> 1] Barlow, J (2009) Safeguarding children from emotional maltreatment. Small et al (2009) Evidence informed programme improvement [2] based on criteria of California Evidence Clearing House

**6. Are there interventions with a robust international evidence base that have been effectively applied in the UK? We are particularly interested in evidence which demonstrates both the effectiveness and cost-effectiveness of interventions. Programmes which can clearly and unambiguously demonstrate measurable benefits, which have a cashable value, will be particularly helpful.**

Projects meeting the criteria established by Professor Barlow referenced above, include:

**The Nurse Family Partnership (NFP) programme** developed by Professor David Olds in the United States, which has been rigorously evaluated over the course of almost thirty years.<sup>23</sup>

Known as the Family Nurse Partnership (FNP) Programme in the UK, it is an intensive structured home visiting programme targeted at vulnerable first-time young mothers and their families. The programme aims to: improve health outcomes for mothers and babies; promote competent and responsible parenting; and improve parents' economic self-sufficiency by helping them to plan for the future, including subsequent pregnancies and finding work.

The programme is delivered by nurses who visit the family from early in pregnancy until the child's second birthday.

Not all home visiting programmes are effective, but NFP has been recognised as the home visiting programme demonstrating the best evidence of preventing child maltreatment.<sup>24</sup>

The American programme has achieved the following outcomes across three separate randomised control trials:

- improvements in women's pre-natal health
- reductions in children's injuries
- fewer subsequent pregnancies
- greater intervals between births
- increases in fathers' involvement
- increases in employment
- reductions in welfare and food stamps
- improvements in school readiness

Follow-up studies of the children at age 15 have shown that, compared to the control group, children visited by family nurses had:

- 48% fewer substantiated cases of child abuse and neglect,
- 59% fewer arrests;
- 90% fewer adjudications as a 'person in need of supervision for incorrigible behaviour'

There is good economic evidence that the programme, delivers high rates of return for investment.<sup>25</sup>

**Child-Parent Psychotherapy<sup>26</sup>**, developed by Professor Alicia Lieberman in San Francisco, which has been positively evaluated in work with three-five year-old children and their mothers who had

---

<sup>23</sup> Olds, D. (2006) The Nurse Family Partnership: An Evidence-Based Preventive Intervention, *Pediatrics*

<sup>24</sup> MacMillan, H.L. et al (2009) Interventions to prevent child maltreatment and associated impairment. *Lancet* 373: 250-66

<sup>25</sup> Aos, S (2001) The comparative costs and benefits of programs to reduce crime. A review of research findings with implications for Washington State.

<sup>26</sup> Lieberman, AF (2006) Child-parent psychotherapy: 6 month follow-up of a randomised controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45:913-18

experienced marital violence, where the perpetrator was no longer living at home. This therapy is aimed at improving the parent-child relationship, at helping both parent and child better modulate their feelings, and at helping the parent understand the child's experience so that she can become more effectively protective. The intervention consists of weekly joint child-parent sessions interspersed with individual sessions for mothers over the course of a year. Children in the intervention group had significant reductions in post traumatic stress after the intervention and there was also a significant reduction in children's behaviour problems. Stress symptoms were also reduced for the mothers. These positive outcomes for both mothers and children remained significant at six-month follow-up.

**The New Orleans Intervention Model (NOIM)**, developed by Professor Charles Zeanah. In this model, every child found by the courts to have been maltreated receives a detailed assessment of each of their attachment relationships and interventions are provided to address the needs identified. There is a time limit of 15 months when a decision has to be made by the courts regarding a permanent placement for the child. The decision is informed by the attachment assessments and outcomes of any interventions.

An evaluation has shown that since the introduction of the programme, there is an increased freeing for adoption but that, for those children who do go back to their birth families, there is a significant reduction in maltreatment both for those children and for subsequent siblings.<sup>27</sup> A seven-year follow-up of 80 children who received the intervention has shown that on virtually all mental health measures, graduates of the New Orleans Intervention, whether adopted or rehabilitated, are similar to the general population.

This intervention has shown considerable promise in an overseas setting, but further evaluation is required to determine whether this approach could fit with UK systems. The NSPCC is considering the future use of this model.

## **7. What are the common characteristics and processes which facilitate effective and cost-effective early intervention policy?**

The following imperative is advanced by Centre for Excellence and Outcomes in Children's and Young People's Services (C4EO) as one of twelve 'Golden Threads' of best practice<sup>28</sup>:

"Ensuring as much stability and continuity as possible in the relationships between trusted adults with children and parents; managing those transitions that are unavoidable with care and recognising the importance of supporting relationships."<sup>29</sup>

To this we would add the importance of:

- early and ongoing consultation with service users, particularly children and young people;
- early engagement with providers of services;
- clarity and shared understanding of the issues to be addressed;
- rigorously evaluated pathfinder projects which are then rolled out and subject to further evaluation;
- a strong focus on 'social return on investment' cost-benefit analyses;
- an openness to learning from other sectors.

---

<sup>27</sup> Zeanah, Larrieu, Heller, & et al., 2001.

<sup>28</sup> [www.c4eo.org.uk/.../files/ntg\\_final\\_guidance\\_year\\_1\\_section\\_3.pdf](http://www.c4eo.org.uk/.../files/ntg_final_guidance_year_1_section_3.pdf)

<sup>29</sup> C4EO op cit

**8. Are there promising programmes that have yet to be properly evaluated and what are the future evaluation plans and over what timescale might we expect results?**

Among the programmes the NSPCC is currently considering for evaluation are:

**The Graded Care Profile (GCP) scale.**<sup>30</sup> This is a practical tool to give an objective measure of the care of children across all areas of need. Other scales in this field at best indicate whether the care environment is neglectful or not by comparing a score in a case with a reference score worked on a sample. In a given case, care could be bad in one area, not so bad or even good in another. This scale was developed by O.P. Srivastava to provide a profile of care on a direct categorical grade. This is important from the point of view of objectivity because the ill-effects of bad care in one area may be offset by good care in another area. It thus enables more effective targeting of early interventions.

**Video Interaction Guidance**, originally developed in the Netherlands, is being used in several NSPCC sites. This is a promising approach which aims to promote mindfulness and sensitive care-giving by helping parents to identify their own patterns of interaction and reinforce positive aspects of parenting. Video Interaction Guidance involves taking a short video of the parent/child/family undertaking an activity. It could be a bedtime routine or playing a game. The trained practitioner then takes the video to edit and distils 2/3 minutes of film to highlight what the parent does well. This is often very difficult in the beginning and relies heavily upon the skill of the worker. The film is then fed back to the parent/ family. This process involves the use of reflection to see what works and discussion and exploration to promote the positive behaviour to be repeated. A research review of 29 family programmes using video feedback concludes that “family programmes that include video feedback achieve the intended dual level effect: parents improve their interaction skills which in turn help in the development of their children”.<sup>31</sup>

We also plan to continue providing and will evaluate the following services over the next three to five years:

- Therapeutic interventions with children who have been sexually abused
- The treatment of children and young people displaying harmful sexual behaviour.

To these we are considering adding:

- Assessment and treatment of adults not in the criminal justice system who pose a sexual risk to children

However, these are targeted services. Effective early intervention would best be rooted in a national strategy that develops drives and evaluates a public health approach to the prevention of child maltreatment.

**9. What could be done to test and promote these ideas nationally? How should we best communicate best practice?**

See our response to question 10 below.

**10. What could be done to nurture and develop ideas in the field of early intervention? Is there a role for a central body to test, approve and promote policy in this field? Are there organisations that have some or all of these functions already?**

---

<sup>30</sup> Srivastava & Polnay(1997), Taylor & Daniel (2005).

<sup>31</sup> Fukkink, 2008

We see great value in the functions of supporting and developing an evidential base, reviewing the quality of evidence and thus better informing commissioners of services. At a time of fiscal challenge a perspective on the longer term social and economic outcomes of interventions is essential. As children's and young people's plans and Children's Trusts will not necessarily be in place to plan effectively and co-ordinate provision, it is all the more important that locally determined priorities should be informed by a central source, providing robust evidence of effective and cost-effective early interventions.

If there were to be a central body as such it could also administer a small fund, perhaps in partnership with Trust Funders, to help innovative thinkers lacking resources to develop new programmes of innovation and generate the necessary evidence to satisfy professional and academic communities, and commissioners of services, of their worth.

We note that the National Institute for Health and Clinical Excellence (NICE) performs some of these functions. It has, for example, produced guidance on the effectiveness of cognitive behavioural therapy-based parenting programmes in reducing conduct disorder in children<sup>32</sup>, and improving the social and emotional skills, and wellbeing, of abused children<sup>33</sup>, as referenced in the answer to question 2 above.

#### **11. What new models of financing early intervention, or wider social policy, exist?**

There is potential for an independent body, such as that suggested in the question above, to engage with the private and social enterprise sectors, in the first instance large private sector employers, and high profile social entrepreneurs, about developing a focus to their corporate social responsibility strategies towards the delivery of cost-effective early intervention.

#### **12. What other instruments could be introduced to diversify funding of early intervention?**

Although possibly constrained and challenged by the disbanding of regional government offices, there should remain scope to further develop consortia and regional investment in early intervention. Some dedicated demonstration projects could be established in a few key areas to test different models on a small scale.

#### **13. What could be done to nurture and develop these financing ideas?**

There is a policy tension that government needs first to resolve, between a disinclination to regulate and direct, and an equally voiced reluctance to employ the 'soft levers' of influence through guidance.

The essential tasks – gathering information, gaining knowledge, communicating ideas – could fall to a cross-sector body designed for this purpose. However, this would have to be advocated in the face of a policy drive to reduce the number of existing non-departmental public bodies.

#### **14. What must government do and not do to enable non-government financing to assist Early Intervention?**

First, government must use the evidence submitted to this review to make a cogent and compelling business case and communicate this effectively to relevant agencies across all sectors.

Second, it could establish a focused cross-sector funding body, to drive, evaluate and refine a coherent strategy arising from this review.

---

<sup>32</sup> <http://www.nice.org.uk/usingguidance/commissioningguides/cognitivebehaviouraltherapyservice/cbt.jsp>

<sup>33</sup> <http://guidance.nice.org.uk/CG89>

Third, it should engage strategically with social enterprises, the voluntary sector and community organisations – observed by Lord Laming to be “[the] eyes and ears especially of ‘hard to reach’ children and therefore [those] particularly most in need ...”<sup>34</sup> - to focus the delivery of existing services, and develop new services to fulfil the objectives of the strategy.

Finally, an early intervention strategy would benefit from attentiveness to the specific though not comprehensive ‘Areas for Action for all those with responsibility for policy and practice’ developed by the Centre for Excellence and Outcomes in Children’s and Young People’s Services<sup>35</sup> quoted below:

‘There should be a major effort to increase breastfeeding rates, promoting the mental and physical benefits to the baby, which go on into later life; emphasising the positive aspects for mothers, and countering negative perceptions.

‘Parents’ and professionals’ awareness of the importance of language skills and child development generally need to be more actively promoted. The forthcoming National Year of Speech, Language and Communication<sup>36</sup>[, if taken forward by the current administration,] could be made a key focus, upon which further progress can be built. Existing health checks at age two should include a specific emphasis on language development, to detect early signs of possible delay.

‘Workforce development plans need to ensure that everyone working with children and families, especially disadvantaged groups, receives adequate training on language development, engaging and working with parents, and the value and uses of research and data [particularly to analyse need, for early identification].

‘Opportunities should be explored to make best use of skilled, but scarce, specialist staff (notably speech and language therapists) through training and support for other practitioners to ensure early identification of potential difficulties, offering more widespread and sustained support in meeting needs.

‘Opportunities should be created to promote the use of trained peer support (including local parents) working alongside professionals – to convey positive influences from their own experience and encourage local families’ full use of advice and practical help from local services and agencies.

‘Positive parenting should be publicly celebrated, alongside recognition that most parents need some support at some time. Systematic support should be encouraged nationally, but with particular emphasis on meeting the needs of the most disadvantaged. Parents should be engaged as early and as positively as possible, ideally before their babies are born, with helpful information from the outset about the importance of their role, and the local services available.

‘Further progress is needed to ensure that in every local area there is a continuum of support for the many families whose needs vary over time, with children’s centres and schools at its heart. Children’s centres should be strongly encouraged to develop effective outreach strategies to draw in isolated and ‘hard to reach’ families.

‘In order to consolidate use of the Common Assessment Framework (CAF), Professor Eileen Munro’s[parallel] review into frontline child protection practice should impel rapid progress in making it the standard mechanism for conducting assessments and accessing additional support for both children and families.’

The Centre for Excellence’s ideas are pertinent and helpful, but piecemeal, as much early intervention has been to date. While each recommendation is of virtue, the choice of each ahead of others lacks rationale, and as a whole the list lacks coherence.

---

<sup>34</sup> The **Victoria Climbié** Inquiry, **Report** of an Inquiry by Lord Laming, Cm. 5730, January 2003 ... [www.publications.parliament.uk/pa/cm200203/.../570.pdf](http://www.publications.parliament.uk/pa/cm200203/.../570.pdf) -

<sup>35</sup> [www.c4eo.org.uk/.../early\\_intervention\\_grasping\\_the\\_nettle\\_executive\\_summary.pdf](http://www.c4eo.org.uk/.../early_intervention_grasping_the_nettle_executive_summary.pdf)

<sup>36</sup> [www.dcsf.gov.uk/slcnaaction/](http://www.dcsf.gov.uk/slcnaaction/)

**It is our recommendation that government will use the evidence submitted to this review to make a cogent and compelling ethical and business case for an early intervention strategy that encompasses both universal and targeted services, and communicates this effectively to relevant agencies across all sectors.**

For further information please contact;

**Alan Coombe**

**Policy Advisor**

**020 7825 2865**

**[alan.coombe@nspcc.org.uk](mailto:alan.coombe@nspcc.org.uk)**

*Patron: Her Majesty The Queen    Chairman: Mark Wood    Chief Executive: Andrew Flanagan  
Founded in 1884. Incorporated by Royal Charter. Registered charity number 216401. Scottish registered charity  
number SC037717*

