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Quantifying the Benefits of Early Intervention in Wales: A Feasibility Study

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Quantifying the Benefits of Early Intervention in Wales: A Feasibility Study

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Contents

Summary	1
Introduction	2
Evidence on the Impact of Early Intervention	11
The Impact of Flying Start and Families First	20
Discussion and Options for Fuller Analysis	25
Devolution.....	27
References	28
Annex: Other Clearing Houses and Databases.....	31

Summary

- Wales has made early intervention a priority and provides a model of what can be achieved by a devolved administration which English regions and others might build on.
- The basic science of early intervention is well understood and existing evidence of what works suggests that initiatives in Wales, like Flying Start and Families First, will have substantial long term benefits, though their outcomes will vary between localities and will depend on the quality of implementation and effectiveness and continuity of the wider system of support for children and families.
- There is a risk that Wales will not gain all of the fiscal benefits of its spending on early intervention. In order to ensure that devolved administrations do not face significant disincentives to invest in early intervention, it is important that the Welsh Government, HM Treasury and others develop a better understanding of the flows of cost and benefits between administrations and across budgets.
- Producing rigorous assessments of the rate of return on early intervention is extremely challenging for at least three reasons:
 - Initiatives like Flying Start and Families First include diverse interventions with different delivery models, dosage and intended impacts. This will make it very difficult to specify a single, specific rate of return for early intervention in Wales;
 - They also have multiple fiscal, social and/or economic benefits which range from short term to very long-run effects spanning generations, which means there are lags between investment in early intervention and the realisation of its full benefits; and
 - Costs and benefits accrue to diverse agencies and levels of (national and local) government as well as to society as a whole and families and children themselves.
- These challenges are not unique to Wales and preliminary research indicates that it has been leading the way in meeting some aspects of the data and evidence requirements for effective service delivery and long-term evaluation. But estimating the rate of return on investment would require more detailed knowledge of local data and decisions. It would also be necessary to develop improved forecasts of population outcomes and a better understanding of how interventions achieve key outcomes.
- Work with localities would also help to facilitate learning about effective approaches to early interventions between places in Wales and with peers in other parts of the UK.

Introduction

Welsh Ministers asked the Public Policy Institute for Wales (PPIW) to provide independent advice on analysing the rate of return on the Welsh Government's investment in early intervention. The PPIW commissioned the Early Intervention Foundation (EIF) to undertake a rapid review to assess:

- What evidence (if any) is available from existing studies about the likely scale of these benefits?
- What information would be required to estimate the fiscal and social benefits that might reasonably be expected to result from the Welsh Government's investment in early intervention?
- How could an analysis of the scale, nature and distribution of fiscal benefits be conducted?
- What resources would be needed for this analysis?

There are also important questions about the timescale for achieving impacts and how much of the benefit is likely to accrue to the Welsh Government.

Context

There is a considerable body of work underway on early intervention in Wales and substantial local expertise. The report describes the key resources that the EIF and others are developing and using that could be used to assess the benefits of early intervention and points to gaps in these resources where new research would be required in order to answer the important questions set out above.

The question of impact is important and is being asked by councils and agencies across the UK. The EIF is working with a number of 'Pioneering Places' in England to support their early intervention activities. It is helping these Places share learning and enhance impact. This creates the opportunity to add to the evidence on what works at place level and to improve assessment of impact and cost-effectiveness.

Before setting out more detail on the further work that would be needed to estimate the rate of return requested, we first provide some background and wider context.

Table 1 below provides a summary of our definition of early intervention and how this relates to other terms like prevention and early action, with which we think our definition is aligned. Note that we have included a fourth category of late activity that is not preventive in purpose to make the scheme general.



Table 1. The EIF classification of spending and activity with children and young people.

Expenditure category ▶ Expenditure Characteristics ▼	Early Action		Late Action	
	Universal	Early Intervention	Late Prevention	Acute/Custodial
	Primary prevention	Secondary prevention	Tertiary prevention	
Early - expenditure on services provided before services become statutory or acute	✓	✓	✗	✗
Preventative - expenditure on services that prevent future social cost or personal harm or a decline in outcomes for an individual or population	✓	✓	✓	✗
Targeted – expenditure on services only available to individuals or populations with specific circumstances including statutory or acute need or an identified increased risk of poor outcomes	✗	✓	✓	✓

We define in the columns the four categories for classifying activity on children and families in this schema. Two are defined as early action, two as late action. The key issue in this model is the specification of what is early and what is late. We have defined an initial set of 12 such boundary events and conditions in our recent first estimate of annual fiscal late intervention expenditure (Chowdry, 2015): Entry into child protection; criminal justice system; unemployment or early parenthood are important examples. The same set would function well as the boundary conditions for first estimates of early intervention spending and could allow for local determination of priorities and further consultation.

Within early action, the technical definition of early intervention that we tend to hold to is as targeted activity, a category that is distinct from universal services available to all. We do not mean by this personalisation, but extra, targeted provision that is intended to prevent specific problems becoming entrenched, acute or irreversible.

Although we emphasise this aspect of our definition we do not see early intervention as operating in isolation from universal services. Sometimes the same team may be delivering

both but budget holders can make judgements about apportioning of time. However in our view too many places are unable to see this distinction clearly and this reduces the quality of commissioning which is why we think advice on how to measure and distinguish these activities is sought after by our Pioneering Places.

Within late action, we distinguish action that is still preventive in that it seeks to improve outcomes from activity that is custodial.

We indicate in the title row how this specification of early and late prevention relates to the notions of primary, secondary and tertiary prevention more common in the health literature.

The three following rows indicate how these terms relate to other commonly used terms. The ticks in the first row indicate that by “early” we mean before problems become entrenched or key transitions made, not “early” as in before a particular stage in early childhood. We focus on the phase of life of conception to early adulthood seeing early intervention as support for good and happy adult life.

Row two indicates that the first three categories of spend are all preventive, that is to say they prevent problems becoming acute or entrenched in the way defined. Early intervention as a general model for support for investment in children and families recognises that services and benefits for children and families that seek to support child development may be as much about flourishing as about prevention of problems. Use of the pupil premium to fund extra tuition for a high performing child from a low income family would be excluded if we defined terms solely on the basis of the negative end of outcomes. So, although we do not make this explicit in the table universal promotion such as through information for parents to support general child development would count in our schema in the first category.

Row three indicates that the last three categories are all forms of targeted action.

Early intervention is always part of a wider system of universal services and late activity, which might still be preventive. Early intervention and prevention more generally identifies the causes and symptoms of potential, emerging or escalating problems and/or identified needs - across a whole family, not only those specific to the child or children in the family – and puts in place extra, effective and timely interventions to all children and their families who need them.

There is a general recognition in the UK of the importance of early intervention and prevention. For example, the National Audit Office in its Early Action Landscape Review (NAO, 2013) concludes:

"A concerted shift away from reactive spending towards early action has the potential to result in better outcomes, reduce public spending over the long term and achieve greater value for money."

The EIF has been set up as part of a response to this challenge in England. It was established in July 2013 as an independent body with the purpose of fulfilling the purpose of the first Allen Review (Allen, 2011). Since then we have reviewed the evidence across a wide terrain to assess what works and what does not to advise local councils, central government and others about what this evidence says and how to improve it.

The Welsh Government has led a national set of reforms and initiatives to achieve a shift in spending from late intervention to early intervention and prevention. There is a considerable body of important work underway that indicates considerable national leadership on the issue.

The question of the distribution of impacts is given extra urgency by the current focus on devolution which might transform the balance of risk and rewards between local and national agencies. We need to understand levels of spending in different sectors of provision for children and families and how this functions in Wales in order to comment on the question of this balance between HM Treasury, Wales and Welsh localities.

Chowdry shows in a recent EIF report on Late Intervention Spending that in general English and Welsh local authorities bear the brunt of late intervention spending and have little control of the resources that might prevent its need (see EIF 2015a for the summary report and wider discussion and EIF 2015b for the technical note). Chowdry analysed the immediate and short-run fiscal costs of late intervention: the acute, statutory and essential benefits and services that are required when children and young people experience significant difficulties in life in terms of:

- Crime and anti-social behaviour;
- School absence and exclusion ;
- Child protection and safeguarding;
- Child injuries and mental health problems;
- Youth substance misuse; and
- Youth economic inactivity.

All of these experiences and transitions have elements of chance and accident, and are not always preventable (please see report for full list and further details). Chowdry's estimates show that local and national governments in England and Wales are spending nearly £17 billion per year on addressing the service demand implications of the difficulties identified. This is only the immediate fiscal cost in a single year and does not capture the longer term impact

of these experiences and transitions, impacts which can last into adult life and sometimes into the next generation. Nor does the estimate capture the wider social and economic costs. What these figures represent is merely the immediate, short-run impact on the taxpayer. The human and social costs are far greater. For example recent analysis undertaken by the Maternal Mental Health Alliance (Bauer et al., 2015) finds that failure to fully address mental health problems in pregnancy and following childbirth costs over £8 billion. This includes fiscal costs of services used as a result but also lost earnings and impacts on quality of life. These are important aspects of the social and economic cost of failure to achieve effective early intervention to prevent problems. However, the EIF's estimate of late intervention costs only includes the fiscal element so as to focus on potentially cashable savings and to provide assessment of costs in terms that are comparable to the spending that might be preventive.

The report also looks at where the short-run costs of late intervention in England and Wales currently fall. The £17 billion is spread across different public agencies at national and local level – from local authorities, the NHS, schools, welfare, police to the criminal justice system. Local authorities bear the largest share at £6.5 billion (39%), followed by welfare costs of £3.7 billion (22%) and NHS costs of £3 billion (18%). Police costs are £1.8bn (11%).

Exactly how these costs breakdown between the UK Government, Welsh Government, and Welsh Local Authorities is an issue requiring further work. The analysis could be drawn on to assess the more complicated disaggregation between Wales and HM Treasury that complicates the estimates for Wales and has not yet been properly assessed in these first estimates.

Early Intervention in Wales

The Welsh Government and Welsh local authorities have a broad range of early intervention programmes underway. Two specific national programmes that have been highlighted as a focus are Flying Start and Families First.

Flying Start - aims to improve outcomes for children in some of the most disadvantaged areas across Wales through four Flying Start entitlements to children under four years old and their families¹:

- Enhanced health visiting;
- Parenting support;
- Support for early language development;

¹ See e.g. GSR, (2013a) for more information

- Free, high quality, part-time childcare for two to three year olds. (Two and a half hours a day, five days a week for 39 weeks; at least 15 sessions of provision for the family during the school holidays.)

This is a complex intervention comprising four related but distinct elements with important interactions between them. All depend on the achievement of quality implementation to achieve impact.

Families First² - is a framework of reform, intended to improve the design and delivery of the services local authority areas provide to families. A key principle which the EIF strongly endorses is that local services should be commissioned and designed based on an assessment of local needs. In particular, Families First aims to “improve families’ experiences through offering support that meets the needs of whole families, rather than individuals within families, and by providing a means of co-ordinating the support families receive from different agencies.³”

Families First involves significant changes in the way authorities work, and requires cultural change, for example in redrawing roles and contracts, and engaging more broadly across sectors. There are five main elements:

- A Joint Assessment Family Framework (JAFF) to provide a comprehensive evaluation of families’ needs;
- A Team Around the Family approach to working with families (TAF);
- A strategic approach to commissioning family support services;
- Specific provision for families affected by disability;
- An action learning element, to ensure that local level learning is shared at local, regional, and national levels.

The year 2 evaluation reports⁴ that commissioned projects account for the bulk of spending on Families First; across authorities, 73% of the programme budget is used to fund projects. Where families receive support from more than one agency, the intention is that agencies will work together so that families receive a coherent package of support.

Wider context - These two programmes are part of a much broader portfolio of activity that also includes universal activity at lower levels of need and more specialist services at higher levels of need. Of particular relevance are:

² See e.g. GSR, (2013b)

³ GSR (2013b) p5

⁴ GSR (2014a) p11

- Wider policy for children aged 0-7 including the 10 year plan for the early years, childcare and play workforce (Welsh Government, 2014a); the Early Years Outcomes Framework (Welsh Government, 2014b); The Early Years Development and Assessment Framework and new approaches to inspection and regulation (Welsh Government, 2014c); the 3 and 4 year old statutory entitlement to a minimum of 10 hours a week childcare (Welsh Government, 2014d);
- Communities First: Funding for Lead Delivery Bodies within local authority areas (Communities First Clusters) to narrow the economic, education/skills and health gaps between the most deprived and less deprived areas in Wales; and
- Youth Progression and Engagement Framework 2013. Targeted provisions for those most in need of support, within a ‘whole system’ approach in which roles and responsibilities are more clearly defined and people work together more effectively.

More generally, other areas of policy and practice also impact substantially on family functioning and on children’s development in forms of early intervention:

- Intervention and prevention through the NHS and local and national health agencies;
- Youth work and prevention for at risk young people in the criminal justice system or for those engaging in crime and violence through policing, and Community Safety;
- Social care and the protection of vulnerable people, including those with Special Educational Needs or Disabilities;
- Social Services and Well-being (Wales) Act 2014; and
- Welfare reform, with substantial changes to benefit entitlements through Universal Credit, reforms to disability and the overall impact of an impact cap.

Beyond this, wider political, economic and social trends will play important roles in influencing outcomes achieved through impacting on family formation, relationships, employment and income and other aspects of the lives of children and families.

We highlight this wider context because early intervention does not operate in isolation from these wider policies and trends. If the aim of evaluation is to assess systems of support and impact on structural inequalities between areas then population level analysis is required and an understanding of context. The long-term impact of Flying Start and Families First will be the average difference between the outcomes of participants in these programmes and the outcomes they would have achieved in the absence of intervention (this latter level of outcomes being what is sometimes called the “counter-factual.”) This difference will depend on what services and supports recipients receive, what they would have received in the

absence of the programmes, on the services and supports that are available subsequently and the context in which they make their transitions to adulthood.

This interdependence is recognised by the Welsh Government's proposed Early Years Outcomes Framework (Welsh Government, 2014b), which includes a mapping of indicators across health, social care, community safety, welfare and education systems. It also has implications for evaluating and achieving impact, making it challenging to isolate the relative contribution of different interventions and compare their value.

This report focuses on these two programmes in particular because despite this complexity of context, between them Flying Start and Families First offer the possibility of improving the early development and well-being of many children and their families, going beyond what existing universal services can offer.

The combined system of targeted early years' support of Flying Start together with the Families First system reform to improve joint assessment and the degree to which services are integrated around family needs is a model that the EIF strongly supports. In a recent report (EIF, 2014a) we have set out the different ways in which the Pioneering Early Intervention Places in England are integrating services for early years. The report (EIF 2015b "Getting it right for families: a review of integrated systems and promising practice in early years") describes key aspects of these local systems and how some local areas are making progress in bringing together systems and services more effectively. Success depends on the quality of targeting, commissioning and frontline practice.

Diversity of participants and of local practice

A study of the Swansea TAF (Institute of Public Care, 2013) looked at the nature of presenting need for children who were assessed and received support through the Swansea Families First programme. 31 cases were randomly selected and examined. Understanding who the programme serves is an important precondition for assessing impact so this information is helpful in describing the programme and what it seeks to achieve, with what sorts of cases. The Swansea model is defined locally as being for "families with multiple problems or issues that are broader than one service can address, consistent with national policy and definitions in use in many other areas across the UK." It distinguishes three broad levels of risk/ as early, mid-range and complex. These terms describe an underlying continuum of likelihood of risk and need that the case studies below describe. The guidance states that:

"It is presently proposed that the TAF Coordinators complete all initial visits and conduct the first family meetings until it is mutually agreed that

professionals feel confident and competent to take on these functions themselves as part of the Family Contact role.”

The following case studies are taken from the Swansea study.

Fifteen of the 31 cases were judged to be “complex, requiring intensive family interventions, some bordering the need for children’s social care intervention.” An example is of a girl aged five in a family that presented the following needs:

- Mother suffers from depression;
- Inconsistent parenting;
- Very poor home / housing conditions;
- Child and sibling with speech and language difficulties;
- Poor child behaviour at home and school;
- Child hearing loss; and
- Child and sibling subject to different child abuse referrals.

Seven cases were judged to be ‘mid-range’ early intervention, including of a girl aged three:

- Long history of referrals to SSD including many from police regarding domestic violence;
- TAF referral from Flying Start; and
- Family issues include: domestic violence (previous partner), Mum’s unresolved grief and issues relating to sexual abuse, eating disorder, court proceedings, panic attacks, child’s aggression towards Mum, debt problems.

Another example is of a boy aged fifteen:

- School referred to TAF;
- Family struggling with child behaviour (ASD) and significant housing (overcrowding) issues;
- Child has self-esteem issues and is depressed; and
- Child also has learning disability.

Nine cases were judged to be ‘early’ Intervention in the sense of being far from the boundary of any statutory service intervention. An example is given of a girl aged eight:

- Referred to TAF by school;
- Issues include child aggressive behaviour towards Mum; and
- Mum struggling to establish appropriate routines and boundaries including at bed time.

These short case pictures indicate the range of issues arising in the JAFF process, differences in level but also type of need and the individual case-level realities that underpin discussion of average impact.

Evidence on the Impact of Early Intervention

The basic science of early intervention is well understood and is set out on the EIF website⁵. We know from the academic and scientific literature in Economics, Psychology and Biosciences that the nature of the interactions between children and parents and others are a key driver of children's development and hence outcomes, above and beyond any constraints of genetics or wider social context, although both play a role (see Annex 1). We know that average gaps in development between social class groups start early and widen through life in many countries (Ermisch, Jantti & Smeeding, 2012), driven by a multitude of factors (Shonkoff & Phillips, 2000). We also know from well-established evidence about effective practice that many of the contextual factors that impact on development are amenable to intervention. In particular, some forms of home visiting, therapy, childcare and other supports for children and families have been found to be effective (see section on EIF Guidebook below, Annex 2 for further resources, and WSIPP (2012) for a particularly important source for US data). UK provision is less well evaluated⁶ (see forthcoming EIF reports on parenting programmes; social and emotional learning; and the prevention of gang membership, and the updated EIF Guidebook (2015)). However, there are many examples of well evidenced and more innovative approaches being developed and applied.

It is important to make a distinction between the evidence that early intervention in general can be effective and that specific programmes are effective, or that the returns will be distributed in such a way as to benefit funders directly. The broad case that early intervention programmes and approaches can work is well made. We think attention must shift to issues of cost, implementation, system change and wider governance (see Brooks-Gunn (2003) for a summary of what works and what is required to make it effective).

⁵ https://gallery.mailchimp.com/c50045dae15bca50ed86d8908/files/Annex_The_evidence_on_the_benefits_of_EI.pdf

⁶ For the rigorous evaluation of impact it is important that studies include pre and post assessment using valid and reliable scales to measure outcomes, a reliable counterfactual (specification of what would have happened in the absence of intervention), and adequate sample size to ensure statistical power.

Parenting programmes and childcare

There are a growing number of important evaluations around the UK and Ireland. Incredible Years is an important example in having been developed and tested in the US and now further tested in the UK including in Wales (see e.g. Hutchings et al., 2007). It is one of the four well evidenced parenting programmes recommended in Flying Start, along with Handling Children's Behaviour, Parenting Positively and Parent Plus.

The childcare offer is an important part of the overall programme design. Again there is good evidence that high quality childcare can make important differences to early years development (e.g. Melhuish 2004; Ruhn & Waldfogel, 2011) but the impacts will depend on quality of implementation, workforce capability, take up, and the level of childcare that would have been available in the absence of the intervention.

System reform

Programmes describe structured and well bounded bundles of activity. System reform requires more sophisticated evaluation than programmes because they are often larger in scale and less closely linked to observable impacts with clearly defined populations. Yet, as with Families First, many of the questions asked by our Pioneering Places are about the impact of changes to how they assess and respond to risk, about how to identify appropriate recipients of what forms of early intervention. These are related questions that require evaluation at the level of a Place and few Places in England have undertaken such evaluation.

A useful example of emerging evidence on this sort of demand management system reform is in Cheshire West and Chester, which is delivering many of its early intervention services through an Integrated Early Support service which was introduced in October 2013.

The service brings together the work of over 20 different agencies and data systems into a single and coherent model. This includes a single 'front door' into services, a single assessment model, shared IT and co-located workers in seven multiagency locality teams. A menu of evidence based interventions is available for children and families; for more complex cases a range of different professionals act as the lead worker, developing a clear family plan that meets the needs of the particular family.

An independent evaluation is being commissioned to test the impact of this changed way of delivering early intervention. But early monitoring data (see EIF, 2015a) is showing a range of positive trends since the new system was put in place:

- 13% reduction in Children in Need;
- 23% reduction in inappropriate referrals to Children's Social Care;

- Increase in the proportion of family support cases managed below the statutory level;
- 54% reduction in violent offences among domestic violence perpetrators; and
- Estimated 20% reduction in demand on Cheshire Constabulary for a sample of people whose cases were managed through Integrated Early Support.

These are early findings from management information and not the results of robust evaluation but they indicate the range of ways in which improved assessment and referral might impact on population outcomes.

Existing resources

The EIF Guidebook

In the EIF's first assessment of the evidence published in the first iteration of our Early Intervention Guidebook⁷ in July 2014, we assessed the benefits of a set of programmes in terms of nine domains of outcome that represent a broad range of ways in which early intervention programmes can provide value either:

- indirectly by impacting on settings and early child development, or
- directly by impacting on the nature of transitions to adulthood in terms of measurable outcomes such as criminality, violence and abuse, neglect of children, poor attachment to the labour market or ill health.

This initial version of the Guidebook includes 50 programmes that span a continuum of strength of evidence, ranging from more formative evidence through to more established evidence with rigorous study designs including good measurement and clear comparison groups. However, although the general principle of effectiveness is well established the evidence on actual benefits achieved from the available portfolio of investments in Wales or England is much less well assessed. Nonetheless, there are now lots of evaluations underway which will add considerably to the evidence base over the next few years.

In July 2015 we updated the Guidebook with a further 50 or so programmes, based on three reviews of which the first, on the period from conception to age five, is particularly relevant to the assessment of impact of Flying Start. The other two reviews concern: social and emotional skills through middle-childhood and adolescence; and the prevention of gang membership and violence. The upgraded Guidebook also makes clearer what is known about the relative cost and scale of impact of these programmes.

⁷ <http://guidebook.eif.org.uk/>

An important challenge for early intervention is that the impact of, for example, home visiting programmes in the early years can be very long term and experienced across a broad range of outcomes. Family Nurse Partnership (FNP) (EIF, 2014a) and Incredible Years (IY) (EIF, 2014b) and other interventions have been evaluated using rich analysis of the resulting impact and cost benefit ratios, distinguishing social from fiscal returns (see Investing in Children data below). These programmes are exceptions rather than the rule. Most evaluations of effective programmes including those on the Guidebook have been short-term and haven't tested whether effects are sustained.

The evidence on system reform is at a relatively formative stage of development. An internal EIF review of the evidence on the benefits of integrating services by aligning activity around the family and reduce duplication across agencies found that most of the evidence is preliminary, lacks comparison groups, and is too short in duration to assess impact on children. As we set out in "Getting it right for families" (EIF, 2014a) there are important examples of what scientific evidence suggest should be effective, being tested in a number of the EIF Places, such as West Cheshire, Croydon or in Better Start Places such as Blackpool, Lambeth and Nottingham, but the substantial impacts of Place level system reform are not yet well assessed.

Investing in Children

Amongst the most important work undertaken to date in England on the benefits of early intervention programmes is the Investing in Children modelling carried out by the Social Research Unit in collaboration with the Washington State Institute for Public Policy (WSIPP), and partners in Greater Manchester, Birmingham and London. They adjusted the modelling carried out over many years in Washington State of the distribution of social and fiscal benefits of a set of well evaluated interventions to fit the circumstances and structures of English Councils to provide a range of estimates of the predicted benefits of early intervention in terms of both fiscal and social returns.

This approach follows six steps to calculate costs and benefits for a specified intervention or class of interventions (The Social Research Unit at Darlington, 2013).

1. Review of research literature to calculate the size of the potential impact on outcomes;
2. Estimate of the "links" between an indirect source of costable benefit such as a behaviour problem, and a downstream impact such as school completion;
3. Estimate of how much change in an outcome can realistically be achieved by an intervention at area level;
4. Estimate of the monetary values derived from these outcomes.

5. Adjusting for uncertainty; and
6. Production of cost-benefit figures, relating evaluated benefits to costs.

This work gives a good first approximation of the potential relative scale of the benefits of early interventions. Table 2 provides some example estimates for programmes in the 0-5 period that support parent child interactions in the service of improved social and emotional skills and language and communications.

Table 2. Cost-benefit data for selected interventions from Investing in Children

Intervention	Cost (£)	Benefits (£)	Benefit-cost ratio
Triple p system	118	596	5.05
Fast	230	697	3.03
Pcit	1,273	2,583	2.03
Family nurse partnership	7,562	14,694	1.94
Incredible years (parent training)	1,211	1,654	1.37
Parents as teachers	3,540	2,558	0.72
Strengthening families	730	472	0.65
Parent-child home programme	4,690	2,923	0.62

Source: Investing in Children. The Social Research Unit at Dartington

There are no direct parallels here to the health visiting component of Flying Start but the example of FNP is important as a well-established and carefully tested approach. It gives perhaps an upper bound in terms of impact because FNP is a targeted programme with a more specific recipient population than Flying Start and has well-structured training and supervision to ensure quality and achievable impact. The SRU modelling in 2013 (Investing in Children, 2013) necessarily drew on the US evidence on the effectiveness of the very similar US version of the programme known as Nurse Family Partnerships (Washington State Institute for Public Policy, 2012). At the time of writing the UK evaluation is still ongoing.

These benefits are derived by estimating the costed value of the impacts of the underlying activity. The underlying effect sizes specify the developmental pathways by which these benefits are derived. The *Investing in Children* results are derived from a meta-analysis of programme effects from the NFP trials in the US, which provided the following effect sizes⁸, which are the mean differences in the outcomes specified between those in receipt of the intervention and equivalent comparison groups who did not receive the intervention. The exact meaning of each number differs because the scales of each outcome differ but the reader can see the range of types of impact considered:

- Child abuse and neglect: -0.88*
- Crime: -0.70*
- Crime (mother): -0.26
- Disruptive behaviour disorder symptoms: -0.22*
- Employment (mother): 0.12
- High school graduation: 0.04
- High school graduation (mother): 0.10
- School grade repetition: 0.14
- Special Education: 0.29
- Public assistance (mother): -0.17
- Substance abuse (mother): -0.27
- Test scores: 0.13*.

The effects on crime and abuse and neglect wash out when corrections are made for the quality of the underlying evidence according to standard WSIPP procedures. The effect on test scores and disruptive behaviour appear to remain statistically significant even under correction for study quality.

This evidence from the US tells us that in the US Nurse Family Partnership on average delivers substantive improvements to academic achievement and to behaviour. Readers will have different views about the application of these effect sizes to Wales where maternity, early education and welfare systems provide a greater set of supports for low income mothers than is the case in the US. There are three general reasons why these effects must be treated with caution:

⁸ A random effects model is used to average across evaluations and provide standard errors. The asterisk below denotes statistical significance in this model at 5%.

1. The population of Wales is different than the population of the US in ways that will effect both the counterfactual and the nature of the impact;
2. Workforces are different with different skills sets and experience; and
3. The programme itself is not very compatible, being different in terms of specificity of recipient population, training and implementation.

We draw attention to these effect sizes rather to show the range and nature of possible impacts of an early years, high quality, carefully personalised home visiting programme.

It is interesting to see the variation in Table 2 between different types of similar intervention. The estimated cost-benefit ratio for parenting programmes ranges from 0.65 for Strengthening Families to 1.37 for Incredible Years to 5.05 for Triple P. Clearly there is no one size fits all that means that estimated returns from an evaluation of one programme of a specific type cannot be extrapolated to all programmes even of the same type.

It is important to remember that these estimates are derived from retrospective evaluation and that actual impacts depend on both local populations and local delivery. There are many examples of programmes that have been found in independent evaluation to have been effective but when rolled out have run into difficulty. A focus on expected costs and benefits is useful for appraisal of investments during commissioning but this does not take away the need to ensure effective implementation with ongoing monitoring and evaluation.

The *Investing in Children* modelling gives estimates which provide a calculation of the separate benefits to taxpayers, participants and others. This is very useful information for commissioners and policy makers but suffers from a number of limitations for the present purpose:

- It does not address the allocation of fiscal or social benefits between different public bodies (such as schools and health commissioners locally or between local and national agencies);
- It is only available for a small number of programmes, primarily those with a high level of evidence, and not representative of the breadth of existing early intervention practice in Wales; and
- For the case of Wales, it does not model the distinction between devolution within England from that within the UK nor take account of the Welsh policy context.

More generally, it takes early intervention programmes as the unit of analysis, rather than the Place or the local system – missing the interdependences between interventions and between interventions and the wider environment. Therefore, further modelling and analysis is required.

Furthermore, other sources are required for assessment of the benefits of other elements on Flying Start and Families First, in particular the support for early language development and childcare elements of Flying Start and the joint assessment and team around the family approach of Families First.

Early Language Development

A recent report on support for early parenting published by the EIF provides detailed analysis of the different sorts of activity that health visitors, children centres and other early years practitioners can undertake to support parent-child interactivity in the service of improved language and communication (Axford et al., 2015). This is a useful resource for assessing the likely impact of the early language development component of Flying Start. Information on the likely impact of early language development could be drawn from the Communication Trust What Works database, which is a useful source of data on the effectiveness of different types of support for speech, language and communication in childhood, recognising important differences in practice at different levels of need. The Better Communication Research Programme has developed the What Works database of evidenced interventions to support children's speech, language and communication, endorsed by the Royal College of Speech and Language Therapists. The database includes around 60 interventions that differ in terms of:

- Age range;
- Target group, according to types of communication need;
- Whether the intervention is at universal, targeted or specialist levels;
- Who the intervention is delivered by; and
- The level of evidence.

A meta-analysis of this is currently being carried out for the Education Endowment Fund.

None of the included programmes specify themselves as specifically play based but many use an element of play in their approach. An analysis of the Communications Trust database could shed light on the effectiveness of approaches like Language and Play to the extent that evaluated parallels exist and to draw further lessons for the future.

The New Economy Cost Benefit Analysis Guidance and Model

A third key resource is not a database of existing interventions, but a toolkit for forecasting the costs and benefits – across different public bodies – of potential future interventions. The New Economy Model is an important resource and the basis for HM Treasury's guidance for local partnerships in supporting public service transformation (Cabinet Office, 2014), now widely

used to demonstrate the potential scale of system reform benefits. It draws on a Cost Benefit Analysis (CBA) model that aims to identify the fiscal, economic, and social value of project outcomes, and specify which public agency sees this benefit.

We drew on this database, together with data on service demand in each Local Authority to obtain our estimate of short-run Late Intervention spend. It supports a model of the costs and benefits of interventions based on expected impact on a range of outcomes:

- Increased employment (reduced benefits payments and health impact);
- Improved skill levels;
- Mental health;
- A&E attendance;
- Reduced incidents of domestic violence;
- Reduced anti-social behaviour;
- Reduced incidents of crime (all crimes);
- Housing evictions;
- Reduced statutory homelessness;
- Reduced incidences of taking children into care;
- Reduced drug dependency;
- Reduced alcohol dependency;
- Reduced persistent truancy (<85% attendance at school);
- Reduced exclusion from school;
- Reduced hospital admissions;
- Residential Care Admissions (weeks);
- Improved well-being of individuals;
- Improved family well-being;
- Improved children's well-being; and
- Improved community well-being.

The model is available through the web and enables the user to estimate forecast public and private benefits based on reliable studies of the value or unit cost associated with the above outcomes and measures of service use, the probability of a positive impact and corrections for optimism bias and the reliability of the underpinning evidence.

Ultimately, as with all models, the quality of the forecast benefit is only as strong as the quality of the underpinning assumptions, in particular the achievability of the expected impacts, and assumptions about deadweight, and impact lag and drop off over time.

Related to this model an important source of information on the potential benefits of early intervention is the Unit Costs of Health and Social Care produced by the Personal Social Services Research Unit (PSSRU, 2012). This contains detailed unit cost estimates for a range of services such as care placements, NHS services, social work, mental health, and some family interventions. For each service, a range of costs are presented including building and land costs, salaries and overheads.

These two databases could be analysed in further work to assess costs of failing to intervene early in terms of that aspect which falls to Whitehall and those that fall to the Welsh Government and local Councils/ authorities. If this has not already been undertaken correction would have to be made for the specifics of Welsh spending. This analysis would enable greater clarity on the balance of risk and reward for early intervention between parts of Government, particularly if it was based on a calculation of the forecast costs of these outcomes for existing populations in Wales and sound estimation of the feasible impact of early intervention on these outcomes.

The Impact of Flying Start and Families First

Flying Start

A recent synthesis report usefully brings together recent findings from studies carried out by Ipsos MORI and SQW for the national evaluation of Flying Start (GSR, 2014b). Although we are aware of more recent management information on service provision through Flying Start and also providing indicative data on the outcomes of participants⁹, we are not aware of new evidence on evaluation of impact available at time of completion of this note.

The synthesis report draws on in-depth case studies of Flying Start in all 22 Welsh local authorities; a longitudinal impact survey collected from 2,116 families with children aged between two and four of whom 1,033 were parents in Flying Start areas and 1,083 were in selected comparison areas; and Qualitative in-depth interviews with 60 'high need' parents in five different local authorities. This summary is entirely indebted to the research carried out and summarised in these related reports.

This rich body of evidence enables an assessment as of 2012 of the broad rollout of services and processes intended to deliver long-term benefits for Flying Start areas and recipient families and children. The indications were positive at that time:

⁹ <http://wales.gov.uk/statistics-and-research/flying-start/?lang=en>

- Health visitor caseloads had been reduced. By the summer and autumn of 2012, 13 of the 22 local authorities reported that they had achieved and were maintaining the Flying Start target of a 1:110 health visitor caseload, markedly lower than in non-Flying Start areas where it was reported to be between 1:300 and 1:400. However, nine areas indicated that they struggled to achieve this. Survey findings also indicated an average of 4.6 more home visits to families in Flying Start areas than those in the non-Flying Start sample. The more recent management information indicates that Flying Start children (on the health visitor caseload) of all ages up to age 4 were visited an average of 6.4 times over two terms either by health visitors or members of the wider health team.
- Qualitative evidence and management information indicated that Flying Start has had a positive impact on the quality of childcare provision. Not surprisingly there was some way to go in achieving high attendance. Local authority case studies found that rates of registration varied from 98 per cent to 50 per cent of eligible families, with roughly 90% of those registered attending. The more recent management information finds that 95 % of children newly eligible for childcare in a Flying Start childcare setting received an offer during the term but cannot report take up of childcare places at this stage.
- Access to parenting programmes was reported qualitatively to be markedly greater in Flying Start areas than in other areas. Actual provision and take up varies between areas but on average there was not only a greater level of awareness and referral to parenting support but also higher take up. The survey found “12.5 per cent more Flying Start than matched comparison respondents attended at least one of these programmes¹⁰.”
- The extent of growth in Language and Play (LAP) activity may be less marked than that for each of the other entitlements. In general Flying Start sites have had more referrals and higher attendance (4.2 % more respondents in the Flying Start group reporting being referred to LAP and 13.2 % more reporting they have attended LAP (GSR, 2013a, p30, Table 5). However in six areas, practitioners suggested that there was no impact of Flying Start on provision or accessibility to LAP sessions.

Taken together, these findings indicate that rollout was proceeding well as of 2012. This assessment is based on how things stood at the point of the evaluation, and it may be expected that there has been further embedding of systems since then. There are likely to remain some barriers of access, take up and of diversity in the quality of provision as would

¹⁰ GSR (2013a) p28

be expected in a rollout of this scale but the programme has delivered a transformation in terms of provision.

In terms of ultimate impact on outcomes it is important to take seriously the observation of the evaluators that:

“integration takes time, since it involves the need, for example, to align different professional practices and to establish shared protocols for working with children and families. Furthermore, integration often requires significant changes to be made to operational systems, particularly in relation to accessing data.¹¹”

The rollout began in 2006/7. The survey described above was taken between June 2012 and January 2013. The findings from the survey cannot be extrapolated across all cohorts. It is premature to assess impact on outcomes for a programme that is intended for families with children from birth to under age four and for which the intended longer-term impact cannot be known until those children grow older.

It might be hoped that early indicators of impact on early development and parenting can be used to model likely long term benefits. However, because of barriers to data access that have since been resolved by action from the Welsh Government the evaluation design does not yet enable assessment based on pre and post data and so is prone to considerable error and uncertainty. Strides have been taken through the evaluation to create quasi-experimental control groups, forming comparisons with similar non-Flying Start areas but given the current lack of comparative, longitudinal data any such results should not be overstated and are themselves mixed and preliminary. The service use and output information indicates that the programme is likely to have benefits that theory and prior practice indicate may prove substantial but this is far from proven.

Families First

The Year 2 evaluation of FF rests on a wide body of data including but not limited to:

- Local authority progress reports;
- Local authority data relating to the outcomes of families who have benefitted from Families First;
- Online survey of 648 local stakeholders involved in the design and delivery of Families First;

¹¹ GSR (2014b) p12 para 54

- In-depth case study visits to seven local authorities; and
- In-depth case study visits to 23 families who have been part of the Families First programme.

The Year 2 evaluation published in June 2014 indicated firmly that the process of development to create a sustainable infrastructure of referral and support operating across local agencies is progressing well:

- All 22 local authorities were delivering JAFF/ TAF;
- Across all 22 local authorities, 4,673 families were referred to Families First for consideration of a JAFF, 2,187 JAFF assessments were completed, and 1,777 families agreed to sign a TAF action plan over the period April to December 2013; and
- 199 projects were commissioned in the period April-December 2013, and 159 in the period April 2012-March 2013, although these are not directly comparable because some commissioned projects may still be running.

Modelling the long-term impacts Families First is complicated because each case receives a personalised intervention designed to address of the specific issues of each case. The Swansea case study analysis indicates positive benefits from TAF work with cases such as those described above, where good prevention work is occurring with impact before social services must become involved. Even with positive initial impacts long term follow up over several years is required to claim long-term, lifetime benefits in a credible way but the formative evidence is promising.

Models of delivery are diverse and undergoing refinement:

- The design principles adopted within each local authority differ qualitatively in terms of degree of centralisation, governance and thresholds for support. These differences are not yet fully specified and mapped;
- As of June 2014, 65% of strategic staff responding to the stakeholder survey agreed that effective protocols for sharing information on individual families were in place to aid the delivery of JAFF and TAF;
- Most local authorities were still refining JAFF/TAF processes;
- Across all authorities, 69 Memoranda of Understanding⁷, across agencies have been agreed to define the roles of staff; and
- As of June 2014, two authorities had yet to roll out the JAFF framework across the whole authority, although this is no longer the case.

The evaluation also finds that “there is mixed progress in terms of the effectiveness in identifying unmet need and delivering a comprehensive package of family support. The commissioning of projects is based primarily around a desire to show an impact on population outcomes rather than focusing on early intervention/prevention: while these aspirations sometimes align, this may not always be the case.¹²”

The early self-reported assessment by families of progress is preliminary and subject to selection and reporting bias but nonetheless interesting; see Table 3 below.

Table 3: Proportion of families showing forward/ backward/ no movement in relation to the TAF action plan, by outcome area and domain

Outcome area/ Domain	% forwards	% no movement	% backwards
Outcome #1: working age people in low income families gain, and progress within, employment	29%	67%	4%
Training, skills employment and income	29%	67%	4%
Outcome #2: children, young people and families in or at risk of poverty achieve their potential	48%	47%	5%
Engagement with school / formal education	36%	59%	4%
Achievement and development	30%	67%	4%
Outcome #3: Children, young people and families are healthy and enjoy well-being	59%	34%	7%
Emotional health / wellbeing	45%	47%	8%
Physical health (child)	27%	70%	3%
Relationships and social lives	49%	46%	5%
Behaviour	52%	42%	6%
Outcome #4: Families are confident, nurturing, resilient and safe	54%	42%	4%
Parenting skills	40%	56%	4%
Parenting capacity	36%	60%	4%

¹² GSR (2014a), p11

Home environment	34%	63%	2%
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The evaluation report notes that the “hard” indicators of training, achievement, physical health and home environment prove harder to make progress on than the “soft” indicators of emotional health, relationships and behaviour.

Taken together these findings indicate that the Family First model has made good progress in establishing a credible infrastructure of early intervention and prevention that could have a substantive effect on outcomes across outcome areas. However, it is still early days in establishing a baseline in terms of population need. A programme of referral and support has been established but given the variability in the nature of this provision for different participants, it is early to evaluate the long-term impact. We have not yet been able to assess the degree to which it is aligned across health, police, local authorities and the voluntary sector.

Discussion and Options for Fuller Analysis

The questions which we have addressed in this report concern both the prospective modelling of likely impact and the findings from evaluation to date. A formal model of future impact requires a forecast of population outcomes in the absence of the interventions, together with the developmental improvements that are expected to result and the means by which these provide longer term benefits. This in turn requires a “theory of change.” The theory of change should include specification of the inputs, outputs and outcomes of the interventions and of the mechanism and implementation requirements by which these achieve the expected longer term impact.

Based on the evidence reviewed we would argue that the theory of change for the interventions themselves is on the whole strong founded as it is on evidence and a coherent programme of activity. However, we have not yet seen a formal model of how these interventions support immediate outcomes that will then translate into longer term benefits in terms of specific outcomes for specific populations through the period of childhood and adolescence.

As we have shown there are many types of benefits of early intervention. The benefits can be fiscal, social and/or economic and they can accrue to diverse agencies including different parts of national and local government, wider society and families and children themselves, over

diverse time periods ranging from the short term and immediate to the very long-run that spans generations.

Moreover, because the component interventions that comprise Families First and Flying Start are themselves diverse, operating according to diverse delivery models, with different dosage and intended impacts we are a long way from being able to specify a single, specific rate of return for early intervention in Wales.

These challenges are not unique to Wales. This preliminary research indicates that Wales is leading the way in many aspects of the sustainable data infrastructure required both to deliver effective services and to support long-term evaluation but further work would be useful to compare this with that in other places and share learning, particularly on four key strands of activity.

1. Improved forecasts of population outcomes

Evaluation is concerned with estimating the impact of a set of activities in making a difference relative to what would have been expected in the absence of intervention. It would be useful for future assessment of the rate of return for there to be more detailed modelling of the trends in outcomes for cohorts of young people in Wales and for this to be used to develop trajectories of what would be expected in the absence of early intervention.

2. More detailed modelling of life course pathways of impact

Modelling is required of how the actions supported by early intervention, in particular language and communication, social and emotional skills and physical development, impact on key outcomes of concern, whether social, fiscal or economic. This could be informed by analysis of existing longitudinal data from the UK cohort studies.

Some excellent evaluation has been undertaken which establishes that the rollout has been effective. It would be useful for further modelling to be done of the co-dependence of impact across elements of Flying Start and on the long-term outcomes expected.

3. Modelling the distribution of benefits

The better understanding of impact that might be achieved in this way enables modelling of the distribution of benefits between Government, agencies and the wider economy and society, building on the methods used in the EIF analysis of late spending (EIF, 2015b) and other sources.

4. Improving ongoing monitoring and evaluation

Modelling of the rate of return can always be improved by better evaluation but evaluation is often limited by the way interventions are rolled out. As the evaluation of Flying Start states (GSR, 2013a, p5): “The Flying Start programme was rolled out to the most disadvantaged areas in Wales, which means the comparison areas are relatively less disadvantaged.”

This is a necessary weakness in evaluation that follows from the way in which participants for the programme were selected. To some extent statistical techniques can be used to address resulting biases in estimation of impact but these cannot entirely resolve resulting concerns. It is important that the Welsh Government continue to work closely with evaluators to identify opportunities for policy designs that meet the needs of policy makers while also enabling robust evaluation with good comparison groups.

It would also be useful for there to be more transparent measurement of implementation quality.

Devolution

We conclude on the issue of devolution. The present focus on devolution in the UK presents tremendous opportunity for early intervention and prevention. The current UK system is unable to protect early intervention as a whole within national budgets. The Welsh case indicates what can be achieved on early intervention by a devolved administration and is a model others might build on. However, there is also risk resulting from scale. Nations such as Wales, or regions such as the North West of England will not capture all of the benefits of impacts on populations that move, pay taxes and receive benefits. There are always national externalities to early intervention within Wales or other regions and these require an appropriate balance of risk and reward between local and national governments to ensure that the disincentives to early intervention do not dominate the obvious logic of it.

It is urgent that the Welsh Government, HM Treasury and others develop better understanding of the flows of cost and benefit between and across budget lines to enable beneficial transformation to develop alongside devolution.

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Annex: other clearing houses and databases

In the first iteration of the EIF Guidebook we have summarised findings from a range of the most important international databanks on what works, sometimes known as Clearinghouses. This meant that we did not make original assessment but have summarized what is known in a single framework. In practice there are a great many programmes and interventions operating in the UK that have not been assessed by these Clearinghouses and it would be wrong to assume that they are all therefore ineffective. So over the next year we will be undertaking assessment of a wide range of programmes operating in England.

Nonetheless these Clearinghouses offer a rich body of evidence about effective Early Intervention. One of the most well-known resources is Blueprints for Healthy Youth Development (<http://www.blueprintsprograms.com/>). Programmes listed on this database, such as Functional Family Therapy (FFT), have been validated by multiple peer-reviewed studies adhering to the highest standards of evidence. This resource therefore highlights an ‘elite’ set of early years/early intervention practices for which the evidence base is the strongest.

Other important clearinghouses and evidence bodies with a strong focus on costs and benefits of interventions are:

- Washington State Institute for Public Policy (WSIPP). WSIPP’s mission is to carry out practical, non-partisan research—at legislative direction—on issues of importance to Washington State. <http://www.wsipp.wa.gov/>
- The Education Endowment Foundation (EEF). Exists to fund, develop and evaluate cost effective and replicable projects which address educational disadvantage. Information on What Works. Hosts the teaching and Learning toolkit which rates teaching practices in terms of scale of impact, quality of evidence and cost. <http://educationendowmentfoundation.org.uk/toolkit/>
- The Investing in Children website provides free and independent information on the costs and benefits of competing investment options in children’s services. It is aimed at commissioners and policy makers and combines information about what works with economic data. <http://dartington.org.uk/projects/investing-in-children/>
- The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE’s role is to improve outcomes for people using the NHS and other public health and social care services by: producing evidence based guidance and advice for health, public health and social care practitioners; developing quality standards and performance metrics for those

providing and commissioning health, public health and social care services; providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care. <https://www.nice.org.uk/>

- The Campbell Collaboration. An international research network that produces systematic reviews of the effects of social interventions in Crime & Justice, Education, International Development, and Social Welfare. Includes a section on “Better Evidence for Children and Youth”:
- Coalition for Evidence-Based Policy. What Works in Social Policy? Findings From Well-Conducted Randomized Controlled Trials including focus on early childhood: <http://evidencebasedprograms.org/about/early-childhood>
- What Works (Education) Clearing House. Evidence for What Works in Education. Reviews the research on the different programs, products, practices, and policies in education focusing on the results from high-quality research to answer the question “What works in education?” <http://ies.ed.gov/ncee/wwc/>
- RAND Promising Practices Network. Began in 1997 as a partnership between four state-level organizations that help public and private organizations improve the well-being of children and families. Due to funding constraints, the PPN project has concluded but an archive is available at: <http://www.promisingpractices.net/>
- Office of Adolescent Health (OAH). Supports and evaluates evidence-based teen pregnancy prevention (TPP) programs and implements the Pregnancy Assistance Fund. Includes database of evidence-based teenage pregnancy prevention programmes: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/
- Office of Justice Programs (CrimeSolutions.gov). CrimeSolutions.gov uses rigorous research to determine what works in criminal justice, juvenile justice, and crime victim services covering programmes and practices.
- National Registry for Evidenced-Based Programs and Policy. A searchable online registry of more than 330 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. <http://www.nrepp.samhsa.gov/>
- The California Evidence Based Clearinghouse for Child Welfare (CEBC) advances the effective implementation of evidence-based practices for children and families involved with the child welfare system.
- The Results First Clearinghouse Database. A one-stop online resource to provide policymakers with an easy way to find information on the effectiveness of various interventions as rated by eight US research clearinghouses.

<http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2014/09/results-first-clearinghouse-database>



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