

What is the impact of family support/preventative services?

Evidence Summary

The Evidence Summaries have not been conducted or written as rapid reviews, systematic reviews or comprehensive literature reviews. Instead they were designed and written as brief notes intended to give the Independent Review of Children's Social Care a quick overview of some of the evidence on a particular topic or question. They are only being published for transparency and given their very limited scope, are not intended as a resource for wider purposes.

Introduction

This is a summary of the evidence on the impact of family support/preventative services by WWCS for the Care Review Team. It identifies specific interventions which have a strong evidence base and positive outcomes for children and families and talks more generally about cost benefit analysis. The evidence used in this summary focuses, where possible, on the English context.

When considering the questions posed, we note that there are not standard definitions of terms such as early help, preventative services or family support. Indeed, depending on the context these terms can mean very different things, this makes evaluating the evidence more difficult. Perhaps as a result of the lack of standard definitions there are variations in the services delivered under these terms and who they are delivered by. Understanding the multi-agency networks that are, or are not, involved in early help is important to answering the question of 'what works'. An issue that re-occurred in the writing of this note was comment around funding of these services, arguably, they have been among the first to lose funding during local authority budget cuts. Which raised the question, who is picking up the 'burden' resulting from reduced funding? For example, some schools now have washing machines to help parents with laundry. We conclude the summary with some recommendations.

Evidence

1. The impact of early help and preventative services in reducing the likelihood of needs escalating and further intervention?
2. What do we know about its impact on children's outcomes?
3. What cost benefit analysis has been done?

Much of the work in early help, preventive services and family support (almost in whichever way you choose to categorise them) aims to reduce risk and improve outcomes for children and families, often by enhancing child development and parenting capacity, which in turn would (in theory) reduce risk of escalation and the need for further intervention.

Circumstances which may negatively impact parenting behaviours include ongoing economic hardship, high levels of parental conflict, parental mental health problems and harmful drug and alcohol use. Interventions offered during a child's first year often target vulnerabilities which may arise



when a parent struggles to meet their child's needs. These are factors which are proven to negatively affect children's outcomes. The table below provides some examples¹.

Vulnerability	Intervention	Outcome
Low-birthweight Infants	'Cue-based' training aims to help parents understand their infant's feeding cues and maintain a quiet and alert state, e.g. MITP (Mother Infant Transaction Programme)	Good evidence of improving parental sensitivity and physical outcomes in low-birthweight infants
Breastfeeding	Individual breastfeeding advice, provided to mothers over the phone and in person in the weeks before and after childbirth.	Good evidence of increasing breastfeeding initiation and duration rates.
Attachment Security (A secure attachment during infancy is significantly associated with positive social and emotional development throughout the life-course, whereas an insecure attachment increases the risk of later mental health problems)	*Infant-Parent Psychotherapy: A psychodynamic therapeutic intervention aimed at helping mothers address issues in their past which may be interfering with their ability to respond sensitively to their child. >Child First: A year-long home visiting intervention offered to highly vulnerable families where there is a serious risk of attachment-related problems. Families receive IPP for a period of 12 months alongside ongoing key worker support and increased community engagement.	*IPP has good evidence of improving infant attachment security and rates of child maltreatment. IPP also has evidence of reducing symptoms of trauma in mothers and children who have experienced domestic abuse >Child First has evidence of supporting children's language development and reducing referrals to child protection services.
Early Language	Programmes such as Family Nurse Partnership, Child First and Parents as First Teachers deliver intensive home visiting interventions.	There is good evidence these support children's language development in the early years.

¹ Asmussen, D. and Brims, L., 2018. *What works to enhance the effectiveness of the Healthy Child Programme: An evidence update*. Early Intervention Foundation, pp.1-17.



The bullet-points below detail a selection of early intervention programmes, and their observed outcomes.

FNP (Family Nurse Partnership)

- FNP has been the subject of four decades of international research, including randomised controlled trials in the US, the Netherlands and in England.
- Despite the longevity of research into FNP, the English RCTI found no effect for the majority of outcomes considered, including those related to children's social care such as, being registered as a child in need, receiving child protection plans, entering care. The treatment arm did find some positive effect in school readiness, strengthened when adjusted for birth month.
- Two major studies in England, Building Blocks 0-2, published in 2015 and Building Blocks 2-6, published in 2021, have found that FNP improved children's level of schools readiness, increased reading scores, and improved writing scores for boys and children of young mothers who were not in employment, education or training. It was also found to improve attachment security in the short term, children's early language development and even reduce the risk of preventable death in early adulthood².

Healthy Child Programme

- The Healthy Child Programme 0–5 (HCP 0–5) is an evidence-based framework for the delivery of public health services to families with a child between conception and age 5. This is a universal prevention and early intervention programme and forms an integral part of Public Health England's priority to support healthy pregnancy, ensure children's early development and readiness for school, and reduce health inequalities in young children³.
- It aims to help parents develop a bond with their child, protect them from disease through screening and immunisation, and identify problems in children's development that may relate to neglect or other causes. The programme also focuses on identifying children at risk of problems later in life and parents with mental health or other problems that may need further assistance⁴.
- One of the findings from evaluation of this programme is that universal mental health screening reduces symptoms of depression in mothers who are not clinically depressed in the absence of any further provision, as well as in clinically depressed mothers when leading to additional effective treatment.

PUP (Parents Under Pressure)

- PuP is a programme for parents who face multiple adversities, including dependence on psychoactive drugs or alcohol. This contains 12 modules delivered over 20 weeks, including one-to-one sessions with the PUP therapist at family's home and additional support, e.g., housing or legal advice, based on family needs.

² Fnp.nhs.uk. 2021. *The Family Nurse Partnership* |. [online] Available at: <<https://fnp.nhs.uk/our-impact/evidence/>> [Accessed 21 April 2021].

³ Early Intervention Foundation (2021) *What works to enhance the effectiveness of the Healthy Child Programme: An evidence update*. [online] Available at: <<https://www.eif.org.uk/report/what-works-to-enhance-the-effectiveness-of-the-healthy-child-programme-an-evidence-update>> [Accessed 21 April 2021].

⁴ House of Commons Briefing Paper, *Early Intervention* (2019) T. Powell. p:18.



- A pragmatic, multi-centre randomised control trial which compared PuP with Treatment as Usual (TUA) in the UK. Child abuse potential was significantly improved in those receiving the PuP program while those in TAU showed a deterioration across time in both intent-to-treat and per-protocol analyses. (There was significant recovery/improvement in 30.6% of the PuP group as compared with 10.3% of the YUA group, and deterioration in 3% compared with 18%.)
- The probability that the intervention was cost-effective was approximately 51.8% if decision makers are willing to pay £1000 for a unit improvement in the primary outcome, increasing to 98.0% at a £20,000 cost effective threshold for this measure.⁵

MIO (Mothering from Inside Out)

- MIO is a 12-week mentalization-based individual therapy designed to address psychological deficits commonly associated with chronic substance use that also interfere with the capacity to parent young children. Eighty-seven mothers caring for a child between 11 and 60 months of age were randomly assigned to receive 12 sessions of MIO versus 12 sessions of parent education (PE).
- In comparison with PE mothers, MIO mothers demonstrated a higher capacity for reflective functioning and representational coherence at posttreatment and 3-month follow-up. At 12-month follow-up, compared to PE cohorts, MIO mothers demonstrated greater sensitivity and their children showed greater involvement⁶.

Sure Start

- The IFS evaluation of Sure Start found that the health benefits from the Sure Start programme could offset 6% of the overall cost. Notably that Sure Start helps children in the most disadvantaged areas most, more specifically regarding benefits to children's health such as reduction in hospitalisation. At its peak in 2009–10, Sure Start accounted for today's equivalent of £1.8 billion of public spending, around a third of overall spending on programmes for the under-5s. But in the decade since, the context has been one of funding cuts, consolidation and centre closures, with funding falling by two-thirds to £600 million in 2017–18.⁷ More research is needed as to the potential benefits of Sure Start, for example, on demand for social services in particular.

Triple P

- A well-known and researched school of thought is to use parenting interventions to enhance child outcomes. The Triple-P Parenting Programme is a system involving five different levels of intervention, ranging from very low intensity to high intensity. It comprises a multi-level

⁵ Barlow, J., et al. (2019). *A Randomized Controlled Trial and Economic Evaluation of the Parents Under Pressure Program for Parents in Substance Abuse Treatment*. *Drug and Alcohol Dependence*. 194:184–94.

⁶ Suchman, N. et al., (2017). *Mothering From the Inside Out: Results of a second randomized clinical trial testing a mentalization-based intervention for mothers in addiction treatment*. *Development and Psychopathology*, 29(2), pp.617-636.

⁷ Ginja, R., Farquharson, C., Conti, G. and Cattan, S. (2019). *The health effects of Sure Start*. [online] Institute for Fiscal Studies. Available at: <https://www.ifs.org.uk/publications/14139#:~:text=New%20evaluation%20finds%20Sure%20Start,for%20children%20in%20poorer%20neighbourhoods&text=Five%20years%20later%2C%20the%2010,initiative%20into%20a%20universal%20service> [Accessed 21 Apr. 2021].



system of support to prevent and treat social, emotional and behavioural problems in children by enhancing parent knowledge, skills and confidence

- Triple-P can act as a common pathway to improve both short-term and long-term social, emotional and behavioural (SEB) outcomes in children.
- The intervention can improve broader parenting outcomes including parenting practices, parenting confidence, parental relationships and parental adjustment. Further research into the pathways that foster change across the child and parent outcomes is needed.⁸

Incredible Years

- Another well known parenting programme, Incredible Years aims to improve parenting skills and promote children's academic, social and emotional skills as well as reduce their disruptive behaviours. The high strength evidence for the Incredible Years intervention showed benefits for attention deficit hyperactivity disorder symptoms and some aspects of parenting.
- It was found to have the strongest effect on children with the most severe disruptive behaviours.⁹

Web-based Parenting Programmes

- A systematic review examined 11 studies looking at the efficacy of web-based parenting programmes, the majority of the research was conducted in the US, which potentially limits how much we can extrapolate to the English context.¹⁰
- However, this review suggests that web-based parenting programmes are a promising way of improving parenting.
- It suggests that the web-based parenting programmes are more effective for specific problems, such as, a programme for parents whose children had suffered a traumatic brain injury, rather than parenting more broadly.
- A medium effect size was found across parental outcomes including cognitive, behavioural and attitudinal outcomes. A medium effect size was found for children's outcomes, particularly in relation to behavioural measures.
- For example, Infant Net was a web-based parenting intervention delivered to 40 mothers and infants in Oregon, USA. It was developed from an existing intervention PALs, and modified for internet use. Infant Net was designed as an early intervention model, for low income families, to improve parenting behaviours and the child's social and emotional development. The research found that there was better engagement and higher completion rates, with the web-based programme than with standard home-visit programmes. It also showed a positive effect on an infants' social engagement with their mother.¹¹

⁸ Sanders, M., Kirby, J., Tellegen, C. and Day, J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Child Psychology Review*, 34, 337-357.

⁹ Gardner, Frances., and Leijten, Patty., and Mann, Joanna., and Landau, Sabine., and Harris, Victoria., and Beecham, Jennifer., and Bonin, Eva-Maria., and Hutchings, Judy., and Scott, Stephen. (2017). Could scale-up of parenting programmes improve child disruptive behaviour and reduce social inequalities? Using individual participant data meta-analysis to establish for whom programmes are effective and cost effective. *Public Health Research*. 5:10.

¹⁰ Nieuwboer, C. C., Fukkink, R. G., & Hermanns, J. M. (2013). Online programs as tools to improve parenting: A meta-analytic review. *Children and Youth Services Review*, 35(11), 1823-1829

¹¹ What Works for Children's Social Care. (2020). *Web-based Parenting Programmes - What Works for Children's Social Care*. [online] Available at: <https://whatworks-csc.org.uk/evidence/evidence-store/intervention/web-based-parenting-programmes/> [Accessed 23 Apr. 2021].



In short, these interventions tackle some of the issues that can result in larger or more persistent problems in childhood and into adulthood, for example addressing physical, cognitive, behavioural, social & emotional development or enhancing parenting skills and capacity to support healthy development. The EIF argue that intensive interventions can reduce the pressure on CSC but in the long term, rather than the short term due to the resourcing these interventions require; some can even offer a cost-effective alternative to placing children into care.¹²

Cost-Benefit:

There are many difficulties in producing robust estimates of how the cost of early intervention compares to the long-term benefit to society. This necessitates reliable estimates of complex calculations such as the potential impact of an intervention and changes in earnings over a lifetime. However, there is a compelling argument that investing early leads to cumulative benefits¹³. For example reducing service use in the long-term, as well as equipping children and young people with valuable skills for their future. However, robust evidence of this is difficult to find due to the relatively short term follow up typically found. In those cases where longer term follow up is present - Sure Start and FNP, for example, the cost-benefit is likely to be unfavourable, even where the interventions themselves were effective.

A report by the English County Councils' Network found that spending on preventative and early intervention services by county authorities dropped by £172 m since 2015/16 and this will be reflected in authorities across England.¹⁴ Arguably this has reduced access to services that would be providing early help or intervention and preventative services. The Commons Science and Technology Committee report, *Evidence-based early intervention* (November 2018), highlighted the potential for effective early intervention to improve outcomes and to save money, with the cost of 'late intervention' estimated to be at least £16.6 billion each year in England and Wales. Public Health England state that: "evidence shows that prevention and early intervention represent good value for money. Well-chosen interventions implemented at scale, help avoid poor health, reduce the growth in demand on public services, and support economic growth"¹⁵. A 2009 study by the New Economics Foundation, *Backing the Future*, proposed a programme of early intervention that it argued could deliver cumulative savings of between £486 billion and £880 billion over 20 years.¹⁶

The EIF state that the estimated annual cost of late intervention is around £17billion.¹⁷

Estimated Annual Cost of Late Intervention	
Local Government	£6,431m
NHS	£3,697m
Police	£1,624m
Welfare	£2,667m

¹² Early Intervention Foundation. (2018). *Realising the potential of early intervention*.

¹³ Ibid.

¹⁴ County Councils Network. 2020. *Recovering from COVID-19: Supporting children and families*. County Councils Network; London:

¹⁵ Powell, T., 2021. *Early Intervention*. Briefing Paper Number 7647. London: House of Commons Library, p.3.

¹⁶ New Economics Foundation and Action for Children, *Backing the Future: why investing in children is good for all of us*, September 2009

¹⁷ Early Intervention Foundation. (2018). *Realising the potential of early intervention*.



Justice	£1,510m
Education	£655m

Conclusion & Recommendations

Early help cannot be a one-stop-shop, we can show, to an extent, that it works and is effective at the point of delivery but people's lives do not stop after the 'help' or provision of service ends, life continues on and help is still needed. The evidence as it stands does not provide a strong case for early intervention alone solving problems, and the less targeted nature of most early intervention often does not yield positive cost benefit.

Early Help and Prevention are vital services in a complex matrix of multi-agency working that could be continuous if necessary. Research and thought are needed on how to define the terms, early help, family support, preventative services due to the different meanings, values and contexts ascribed by different sectors and services (e.g. health, policing, education, CSC). In defining these terms it will allow clarity in what the goals of early help and prevention services are; what do we need or want them to be achieving? To do so is an important step on the road to robust measurement and evaluation of the impact and outcomes that can be offered.

There is a sense in much of the literature around early help and preventative services that there is a need for more funding, for services, for interventions and for research. Arguments are often made that funding things like early help services will save costs in the future. For example, 'If further investment was directed towards the early years and 'getting it right the first time' then some of the remedial costs later in life (for example, in relation to truancy, teenage pregnancy, anti-social behaviour or crime) could be alleviated.'¹⁸ Indeed, there is some evidence that early intervention can go some way to narrow the gap in outcomes between socioeconomic groups in England.

The EIF highlight the following barriers to early intervention: Funding; Short-termism; Fragmented responsibility; Not delivering what works; Gaps in our understanding of what works or is likely to work.¹⁹ Robust research that looks at the affects and/or impact and specifically for whom and how, the benefits or detriments of universal versus targeted interventions; and the role of multi-agency working in early help and prevention, understanding how sectors like health, policing and education can all work in tandem to provide and protect, where each can play a useful role rather than acting in silos. Naturally there also needs to be further consideration of cost benefit analyses.

¹⁸ Greater London Authority Economics, 2011. *Early years intervention to address health inequalities in London - the economic case*. London: GLA Economics, p.5.

¹⁹ Early Intervention Foundation. (2018). *Realising the potential of early intervention*.



Additional material added - 14 May 2021

Impact of early help on CSC

Mellow Babies/Parenting

- Mellow Parenting is a programme designed to improve attachment and address parental issues as well as developing better parent-child relationships. It has a number of variants, including Mellow Fathers and Mellow Babies.
- Some evidence suggests that Mellow Babies can contribute to a de-escalation of a family's involvement with child protection services²⁰ This was based on a study using a pre-post intervention design and a relatively small sample, not a robust evaluation design.

Sure Start (*See main body of Evidence Summary for more on Sure Start*)

- Some research has identified the possibility that Sure Start has contributed to a rise in entry into care for children aged 0-4 by actually identifying more children at risk of harm than would otherwise have been identified. This suggests that Sure Start (or other early help) works by identifying those at risk of harm.²¹ Indeed, the same paper finds that higher levels of Sure Start provision decreases entry to care rates for older children, aged 5-9.

Family Nurse Partnership (*See main body of Evidence Summary for more on FNP*)

- The Family Nurse Partnership programme (FNP) did not reduce the number of children who were referred to social services, were registered as in need of additional support, were given a child protection plan or entered care. There was no difference between the two groups of children in how many attended an emergency department or were admitted for an injury or ingestion, or how long they stayed in hospital.²² This was based on a large scale, rigorous randomised trial.

A 2011 Ofsted report²³ investigating how services successfully prevent young people from entering care in 11 Local Authorities in England found that the interventions which proved the most impactful were heavily dependent on the professionals involved. In addition to the qualities of the professionals involved, the most successful services were those which incorporated explicit and clearly stated models and methods of intervention, including a repertoire of tools for professionals to use. They include family intervention programmes (FIP), family group conferencing (FGC) or multisystemic therapy (MST). The report found that it was the clarity of the model, rather than the model itself, which seemed to support this success. However, the survey did not find evidence that any one particular model was more effective than others. Interventions were seen as successful if the young person had

²⁰ Raouna A, Malcolm R, Ibrahim R, MacBeth A (2021) Promoting sensitive parenting in 'at-risk' mothers and fathers: A UK outcome study of Mellow Babies, a group-based early intervention program for parents and their babies. PLoS ONE 16(2): e0245226. <https://doi.org/10.1371/journal.pone.0245226>

²¹ Anderberg, Dan; Olympiou, Christina (2020) : Children's Social Care and Early Intervention Policy in England, CESifo Working Paper, No. 8205, Center for Economic Studies and ifo Institute (CESifo), Munich

²² Robling, M., Lugg-Widger, F., Cannings-John, R., Sanders, J., Angel, L., Channon, S., Fitzsimmons, D., Hood, K., Kenkre, J., Moody, G., Owen-Jones, E., Pockett, R., Segrott, J. and Slater, T. (2021). The Family Nurse Partnership to reduce maltreatment and improve child health and development in young children: the BB:2-6 routine data-linkage follow-up to earlier RCT. *Public Health Research*, [online] 9(2), pp.1-160. Available at: <https://www.journalslibrary.nihr.ac.uk/phr/phr09020#/abstract> [Accessed 13 May 2021].

²³ Edging away from care -how services successfully prevent young people entering care. (2011). [online] . Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419169/Edging_away_from_care_-_how_services_successfully_prevent_young_people_entering_care.pdf.



stayed living at home. Other outcomes identified related to: improved behaviour including anger control, offending or anti-social behaviour; improved school attendance and attainment; improved family and peer relationships; raised confidence and self-esteem; increased aspirations and employability; improved physical living conditions; improved mental and physical health; a lessening of risk to the young person's safety and well-being. As a result of the support provided none of the young people who contributed to the survey had entered care. To note this was a small sample including 43 families, and professionals, with no counterfactual analysis.

The interventions presented below target specific outcomes such as maltreatment or parental mental health, however, as highlighted in the original summary and in the research, children and families who are in need of early help services are not homogeneous and neither are the interventions available, they may target one specific outcome, or a number of outcomes, or take a border more holistic approach.

Maltreatment/Abuse/Neglect

- Studies reviewed in 2011 showed that the home visit and programmes with multiple elements proved to be the most effective to prevent maltreatment and neglect (Davies & Ward, 2011).
- The majority of home-visit interventions are designed to support children and families who are living in adverse circumstances and at greater risk for children to be taken into care.
- WHO Europe's review (2013) of the evidence of effective targeted programmes to prevent child maltreatment found that home visiting and parenting programmes showed strong evidence in reducing risk factors for child maltreatment and some evidence regarding their effectiveness in preventing it²⁴.
- Barlow et al. also found that a home visit intervention using the Family Partnership Model may have the potential to improve parenting and increase the identification of infants at risk of abuse and neglect in vulnerable families.²⁵ It is worth noting that this study is dated and differences were only identified for maternal sensitivity ($p < 0.04$) and infant cooperativeness ($p < 0.02$).
- A systematic review looking at the effect of home visit programmes on children's emotional and behavioural problems and stressful experiences, suggests that while these interventions may offer some short term improvements for children in these target outcomes, it is not possible to conclude on the long term efficacy of these interventions, as a considerable group of children are placed in out of home care in the year after case closure.²⁶

Parenting

- Hope et al. (2021)²⁷ used modelling to simulate the population impact of the scale-up of seven parenting skills interventions to reduce inequalities and population prevalence of children's mental health problems using data from the Millenium Cohort Study.

²⁴ Gray, J. (2017). Implications of Children's Services Policy on Child Abuse and Neglect in England. In *The Wiley Handbook of What Works in Child Maltreatment* (eds L. Dixon, D.F. Perkins, C. Hamilton-Giachritsis and L.A. Craig). <https://doi.org/10.1002/9781118976111.ch8>

²⁵ Barlow, J., Davis, H., McIntosh, E., Jarrett, P., Mockford, C. and Stewart-Brown, S. (2007). Role of home visiting in improving parenting and health in families at risk of abuse and neglect: results of a multicentre randomised controlled trial and economic evaluation. *Archives of Disease in Childhood*, 92(3), pp.229–233.

²⁶ Arjen van Assen, A.G., Jana Knot-Dickscheit, J., Wendy Post, W.J. and Hans Grietens, H. (2020). Home-visiting interventions for families with complex and multiple problems: A systematic review and meta-analysis of out-of-home placement and child outcomes. *Children and Youth Services Review*, [online] 114, p.104994. Available at: <https://www.sciencedirect.com/science/article/pii/S0190740919314331> [Accessed 14 May 2021].

²⁷ Hope, S., Pearce, A., Cortina-Borja, M., Chittleborough, C., Barlow, J., & Law, C. (2021). Modelling the potential for parenting skills interventions to reduce inequalities and population prevalence of children's mental health problems: Evidence from the Millennium Cohort Study. *SSM - Population Health*, 100817. <https://doi.org/10.1016/j.ssmph.2021.100817>



- They found that: “By simulating implementation of parenting programmes, we show that universal non-intensive and targeted intensive approaches have the potential to reduce child MHP at population level, and to reduce but not eliminate inequalities, with important implications for future policy and practice”.

Domestic Abuse:

- In 2021 authors reported on an evaluation of a consortium of specialised services, *Safer Together*, which covered eight organisations providing refuge, helpline(s), outreach and domestic violence advocacy services across the North West England aimed at women and children who were assessed as just below the threshold for a child protection order. It found that children, mothers and service providers reported both a perceived need for early help, and a positive impact from domestic violence early help services on child health and emotional wellbeing²⁸.
- Findings on the positive impact for children are supported by the interviews with mothers and staff, who noted changes in children's and young people's self-confidence, physical health, risk-taking, school attendance, school work, behaviour, relationships and ability to talk with their mothers.

Substance/Alcohol Misuse

- Using a mixed methods approach Option 2, an intensive family preservation service for families with serious child protection concerns related to parental misuse of drugs or alcohol. A small sample size, the evaluation found most parents had considerably reduced their drug and alcohol use following being involved in the programme. Families that had received the Option 2 service seemed to do better than those who had not.²⁹

Mental Health

- Mellow Parenting, as mentioned above, has been shown to have a positive effect on parental mental health. Although this is not currently based on high strength evidence. Along with other attachment focussed programmes like Incredible Years there is a suggestion that benefits are shared between parents and children.³⁰

Cost Benefit Analysis

A recent systematic review was commissioned by What Works for Children's Social Care into the prevalence of economic evaluations and cost benefit analyses in children's services.³¹ This review identified economic evaluations of children's social care interventions and synthesized evidence of the methods adopted, and the cost-effectiveness reported.

Twenty studies were identified that carried out full economic evaluations. Almost half of these were evaluated in the UK context covering; parenting interventions, home-based social workers (for young

²⁸ McCarry, M., Radford, L., & Baker, V. (2021). What Helps? Mothers' and Children's Experiences of Community-Based Early Intervention Programmes for Domestic Violence. *Child Abuse Review*, 30(2), 114-129. <https://doi.org/10.1002/car.2671>

²⁹ Forrester, D., Holland, S., Williams, A., and Copello, A. (2016). Helping families where parents misuse drugs or alcohol? A mixed methods comparative evaluation of an intensive family preservation service. *Child & Family Social Work*, 21: 65–75. doi: 10.1111/cfs.12111.

³⁰ What Works for Children's Social Care. (2020). *Mellow Parenting - What Works for Children's Social Care*. [online] Available at: <https://whatworks-csc.org.uk/evidence/evidence-store/intervention/mellow-parenting/> [Accessed 14 May 2021].

³¹ El-Banna, A., Petrou, S., Yiu, H.H.E., Daher, S., Forrester, D., Scourfield, J., Wilkins, D., Evans, R., Turley, R. and Wallace, S. (2021). Systematic review of economic evaluations of children's social care interventions. *Children and Youth Services Review*, 121, p.105864.



people who had self poisoned), family therapy and multisystemic therapy. Among those evaluated in the UK was the Parents under Pressure (PUP) programme, which was found to be cost effective. Incredible Years evaluated in the UK was also found to be cost effective. *See main body of Evidence Summary for more on PUP and IY.*

As highlighted in that systematic review there is a large gap in the evidence when it comes to cost effectiveness or cost benefit analysis in children's social care. Such evaluations are rare and as such the evidence base on cost benefit analysis in children's social care is extremely limited.

The Evidence Base

To provide this update, a number of searches were conducted using some of the the following search terms: [early intervention deescalation in children's social care] [" UK] [" England] [early intervention decrease escalation in children's social care] [early intervention decrease entry to children's social care] [" England] [early help decrease entry to children's social care] [impact evaluation early help children's social care] [" England] [effectiveness of early intervention children's social care] [" England] [cost benefit analysis in children's social care] [" England] [cost benefit analysis in early intervention children's social care England].

This does not represent a systematic search but it should offer a sense of how the evidence is being identified. When conducting these searches, the majority of them did not yield results specific to children's social care. What we did find mainly focuses on the individual factors regarding child development and parenting capacity rather than on children's social care entry or deescalation specifically. The factors that much of the existing research base considers include, parental alcohol dependence or substance misuse; parental mental health (particularly focused on maternal MH); domestic abuse; child behaviour, academic skills or other life skills; and psychological resilience of parents, among other factors, looking for reductions in neglect or abuse. Further to this the interventions that are the most effective appear to be the ones that are highly tailored to their target treatment group.

There is a large evidence base of early help, particularly around parenting interventions, such as PUP or Incredible Years. However, there is an opposingly small evidence base on early help interventions that specifically target children's social care. There are some very good evaluations of interventions such as parenting programmes using robust methods. High quality evaluations give the best estimate of causal effect, which allows for recommendations for further work or reproduction. Whereas, low quality evaluations do not allow us to make recommendations of how to move forward.

Of relevance to this is the booklet produced by WWCS on the Innovation Programme interventions, a number of them concern early help, for example, Partners in Practice in Lincolnshire and their Future4Me element (integrating Youth Offending Service with the Early Help Team and working with adolescents at risk of offending); the impact evaluation was of medium quality. Similarly Achieving For Children (AFC) Partners In Practice (PIP) Programme, which included developing a Strengthening Families Plus Team to provide additional support to Early Help and Statutory Services in Parenting, the medium strength evaluation found a positive cost benefit effect.



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- <https://whatworks-csc.org.uk/evidence/evidence-store/intervention/foster-and-kinship-care-support/>
- <https://onlinelibrary.wiley.com/doi/pdf/10.1002/car.2671>
- <https://www.sciencedirect.com/science/article/pii/S0145213417300042#>
- <https://academic.oup.com/bjsw/article-abstract/47/3/793/2622314>
- <https://academic.oup.com/bjsw/article-abstract/38/8/1536/1670745>
- https://www.researchgate.net/profile/Helen-Stalford/publication/330735849_The_price_is_right_s_Cost_benefit_analysis_and_the_resourcing_of_children%27s_services/links/5cac8d694585158cc21a57dd/The-price-is-rights-Cost-benefit-analysis-and-the-resourcing-of-childrens-services.pdf
 - a “rights based approach” to CBA - theoretical and critical rather than offering insight helpful to this context.
- https://www.researchgate.net/profile/Karen-Clarke-13/publication/235225281_Childhood_parenting_and_early_intervention_A_critical_examination_of_the_Sure_Start_national_programme/links/543d380e0cf25d6b1ad71949/Childhood-parenting-and-early-intervention-A-critical-examination-of-the-Sure-Start-national-programme.pdf
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