

Supporting and strengthening families through provision of early help

A Rapid Review of Evidence

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Foreword

Providing help to someone as early as possible is a natural human reaction. If a child we care about needs our help, we don't wait. We provide that help as soon as we can. The statutory guidance in Working Together just reinforces what we instinctively know: "providing early help is more effective in promoting the welfare of children than reacting later". Despite the logic, despite the guidance, and despite the huge rise in child protection proceedings and looked after children, we have so far failed to make the water-tight case for early help.

In practice, early help has become a description of the earliest part of the safeguarding system rather than a focused, preventative tier of support and intervention. There are widespread and significant reductions in resources and increasing and confusing thresholds to access support, as well as challenging historical messaging, such as 'Troubled Families', which can be perceived as placing the blame for challenges with families rather than acknowledging the broader context.

In order to enable this tier of dedicated practitioners to fulfil the ambitions of early help we must strengthen the training and support for this workforce including recognising, holding and managing risk. Building on learning from the pockets of good practice, where early conversations, strength-based practice, and effective, evidence-based interventions with families, lead to positive change, supporting families to build resilience and know where to find help.

This rapid review explores why the formal evidence for early help continues to be difficult to demonstrate and helps us to understand why, despite the clear logic, it may be unfair to expect a definitive case with clear links to improved outcomes

The lack of a common definition of early help, wide variation in the thresholds for accessing support between local areas and huge year-on-year cuts over the past decade have added to the instability of the services provided and the families who are able to access them. Building firm conclusions on such shifting sands is a hazardous business.

Furthermore, the very aims of early help, to empower families and communities to help themselves, do not lend themselves well to simple evaluation. The complexity of the factors at play mean that identifying a straight line between cause and effect is challenging. Attempting to prove that intervention prevented something else from happening, possibly years later, is several orders of magnitude more complex again.

If we fail to engage with these arguments, we will continue to make major policy and practice decisions on the basis of what has been easiest to measure, rather than what will make the biggest difference over the longer-term. Our research also points to emerging evidence that shows early help can make a difference on a population level, but we must give these new findings time to mature.

The Independent Review of Children's Social Care provides an immediate opportunity to clearly define early help; to set out the outcomes it seeks to achieve; and to make the case for rigorous evaluation based on a more nuanced understanding. It will then be for the Department for Education and the Treasury to make the leap required to properly support and resource it.

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1. Introduction

In January 2021, the Government announced a review into children's social care. In response, the National Children's Bureau (NCB) sought to undertake a scoping review to explore the academic and grey literature to better understand the state of the evidence base in relation to the delivery and effectiveness of early help, and to make some recommendations for the review.



2. Background and policy context

There were 583 per 10,000 children classified as children-in-need, 97 per 10,000 children on child protection plans and 90 per 10,000 children looked after during the year to March 31st, 2020 (DfE, 2020). These annual figures understate the level of involvement of children over their lifetime. In England a set of cohort studies of children followed until their fifth birthday showed that 22.5% of children were referred to children's social care before their fifth birthday; 17.0% had required a social work assessment; 14.3% had been a child in need and 11.1% had been in need because of concerns about abuse or neglect (Bilson and Martin, 2017). The numbers formally investigated had risen by over a third from 4.7% of children who became 5 in 2012 to 6.4% or one in every 16 children who became 5 in 2017 (Bilson and Munro, 2019).

There has been a huge growth in Section 47 assessments over the past decade and increases in the numbers of CLA. The majority of the increase in section 47 has been in investigations that have not led to child protection plans which have almost tripled in the last 10 year with an increase from 50% to 67% of investigations not leading to a child protection plan (DfE 2020), Where a child protection plan has been made this growth has been on the basis of identified cases of neglect and emotional abuse (Hood et al. 2019; DfE 2020). The Association of the Directors of Children's Services (2018) have predicted further increases in social care

referrals, children on CPPs, and the numbers of CLA by 2023. However, this analysis was conducted before the onset of the coronavirus pandemic, where rates of CLA increased by 6% in comparison to the same period last year (DfE, 2021a). Therefore, there are likely to be even greater increases in referrals, CPP, and CLA in the coming months and years than originally predicted by the ADCS (2018). In addition to the overall numbers of children within children's services, the Local Government Association (2019) highlighted that the complexity of CPP or CLA cases had also increased.

From 2010/11 to 2018/19 the ways in which local authorities spent money shifted. More specifically, local authorities reduced spending on early intervention and non-statutory services such as children's centres and family support (44% decrease), whilst increasing spending on late intervention and statutory services, such as safeguarding and CLA (29% increase; Action for Children et al., 2020). The Institute of Fiscal Studies have likewise estimated that spending on early help saw a 60% cut in real terms between 2010 and 2017 (Kelly et al., 2018). Local Authorities perceive the value of early help, and perceive it as central to their statutory mission of supporting families, but do not perceive that they have the resources to sustain it (ADCS 2021). These effects have been compounded by public sector cuts elsewhere in the system, which have disproportionately impacted the most deprived local areas (May et al. 2020), youth services (YMCA 2020), and families facing other challenges such as precarious employment or mental health difficulties.

Before their fifth birthday

- 22.5%** children were referred to children's social care
- 17%** had required a social work assessment
- 14.3%** had been a child in need
- 11.1%** had been in need because of concerns about abuse or neglect

(From a recent study by Bilson and Martin, 2017)

2.1. Defining 'early help'

In appraising evidence about the effectiveness of early help, a challenge for us – and a potential obstacle for the review – is the loose language frequently used. There are substantial differences in the conceptualisation and scope of the term depending on whether this is considered in an operational context, as in the services included under local authority 'early help offers'; in a research study context, where scope can vary depending on theories of

change or data availability (in observational studies); or in a theoretical or conceptual context, such as in the consideration of service design or human development. This loose interchangeability has important consequences when the aim is to use any one context to inform the others.

Though often treated as equivalents, our impression is that, in England, the following terms are often used and fit within a broader conceptual framework of early help, as a form of support that can 'fill a gap or bolster what an individual or family has, in order to resolve or alleviate problems', to strengthen families existing forms of informal social support (Frost, Abbott, & Race, 2015: 8), or, more generally, to provide support for families with varied needs prior to Section 17 involvement (Lucas & Archard, 2020):

'Early help' is a form of service-provision prior to Section 17 involvement, used by Working Together (DfE 2018), and implies a focus on intervention before a challenge facing a family escalates to the point where statutory CSC services are required (Lucas & Archard 2020). As such, its definition has predominantly been an operational one: it differs depending on what it is services are doing and what they are calling 'early help'. Following the Munro Review of Child Protection (Munro, 2011), EH has become the preferred term for a range of services provided to children with additional and (increasingly) complex needs, which fall below the threshold for referral to CSC. However, its philosophical basis is rooted in the 1971 reorganisation of personal social services based on recommendations from the Seebohm report and later reaffirmation in the Children Act 1989, that "new local authority departments would be a community-based and family-orientated service which would be available to all ... [which] will enable the greatest number of individuals to act reciprocally, giving and receiving service for the wellbeing of the whole community." (Seebohm, 1968). White, et al. (2014) note that these services were intended to be universal in nature, with a focus on the family and community. In this sense, early

help in its original conception was arguably more closely aligned with ideas around family support than with the later concept of 'early intervention' (see below). In the decades following the Seebohm report, and perhaps especially in the past ten years, the structure and ethos of both early help and also statutory social work have shifted towards a more individualised and targeted approach (Jones, 2020).

'Preventative services' is a term similar to early help that is often used in public health policy; its use usually connotes more attention to proactive avoidance of potential problems than reactive assistance to alleviate problems that have already emerged. For example, a preventative approach may emphasise reducing poverty or improving access to education, and such services may not therefore now always come under the remit of children's services despite having ramifications for children's social care. For instance, preventative services could include housing support or welfare rights advice to support income maximisation, both of which can reduce rates of child abuse and neglect (Bywaters, et al. 2016). 'Preventative services' is also sometimes used as a more general, catch-all, term when forms of support cannot be more precisely disaggregated (for example, in observational studies that use general service expenditure but cannot identify what specific services are funded); when comparing differing approaches to prevention (for example, see White, et al. 2014); or to draw parallels with services that have similar functions but are positioned outside of children's social care (and for which the term 'early help' may be inappropriate).

'Early intervention' is a term that is often used interchangeably with 'early help', but has important differences in its historic development and associated evidence-base and approach. The history of research on early intervention is heavily informed by neuroscientific studies on the effects of

(often quite severe) neglect, attachment styles, and, later, Adverse Childhood Experiences, on the development of babies' brains; such studies have garnered much political capital in both the UK and the USA, perhaps most notably in the publication of the Allen Reports in 2011 (Featherstone, et al. 2018: 46–65; Allen, 2011a, 2011b). The interventions that stem from this literature have often been accompanied by economic evaluations. In this way, early intervention has come to be characterised by an individualised focus on the early life of the child, manualised therapies or programmes, and screening tools. It therefore differs greatly from the conceptualisation of community- and family-based early help in the Seebom report. With the advent of a more individualistic, risk-based paradigm of child welfare, early intervention has become incorporated within, and arguably now is central to, the current operational definition of early help.

'Family support' is a term often used to refer to community- and family-based practical and relational support which focuses on safeguarding children by supporting families, with a strong focus the social needs of families and how they are related to poverty and inequality (Frost, Abbott, & Race, 2015; Dolan, Canavan, & Pinkerton, 2006). While there is not space to fully explore the complexities of family support, which draws upon theories of social capital, human development, and multidimensional poverty (Frost, Abbott & Race, 2015), Cutrona (2000) identifies four specific types of family support in practice and three associated qualities: concrete support, which can relate to practical acts of support such as childcare provision or financial assistance; emotional support, the availability of empathetic relationships; advice support, which as its primary function provides comfort, reassurance, and confidence (and secondarily, may provide useful instruction); and esteem support, which reaffirms the strengths of families and maintains dignity in adverse circumstances like poverty. These types of family support hinge on three qualities:

closeness, the sense that support is accessible and responsive; reciprocity, the sense that support is exchanged between parties and does not carry the stigma of debt or dependence; and durability, the knowledge that support is available, and will continue to be available, from long-established rather than transient relationships.

2.2. The nature of early help

There are additional tensions in defining what is meant by early help that should also be explored as important background. Firstly, there is an ambiguity in whether 'early' means 'early in the child's life', 'early in the development of difficulties', or both. The two facets are not always aligned. In specific instances, the assumption that intervention earlier in a child's development will be more effective has been supported, such as for children growing up outside of family-based care (e.g. van IJzendoorn et al. 2021). However there is less convincing evidence for the notion that 'the earlier the better' holds true for interventions aimed at children in family-based care. This is a commonly-made assumption, often based on statements citing single studies or culturally and politically impactful artefacts like the Perry brain images (Featherstone, et al. 2018), not the results of meta-analytic research examining effects across multiple studies. Indeed, earlier may not always be better: meta-analytic research has found that parenting interventions are more effective when children are older than 6 months (Bakermans-Kranenburg et al. 2003). Contrary to the assumptions of early intervention, in a landmark meta-analysis Facompré and colleagues (2018) found that attachment-based interventions were actually more effective with older children. Another meta-analysis found that children's age did not moderate the effectiveness of the Incredible Years intervention (Gardner et al. 2019).

Further, if 'earliness' does matter, there are clearly important distinctions between the ways it can be achieved. While targeted

services with defined lengths of engagement, including many forms of early intervention such as parenting programmes, may be sought out by some parents, the onus is typically on local services to, in some scenarios, ration finite access to these services in order to ensure they are provided to those most in need, or, in other scenarios, actively identify families that may require early help and then convince or coerce them to accept it. Such a relationship between services and families may undermine the benefits of acting early. By contrast, other forms of early help, such as family support or universal provision, stress that the responsibility of services is to create the conditions where families are better able to seek out informal or formal support early in the emergence of any needs. Though this too has potential downsides given its reliance on families' and communities' capacity to recognise potential issues. How 'earliness' is created in practice matters. It is probably reasonable to assume that some families may benefit more from the former approach, while others would benefit more from the latter.

Secondly, the nature of early help means that it is delivered both formally and informally, depending on how it is conceptualised, the way it is delivered, and what the needs and characteristics of a family might be. Some services may create early help offers that are based on more formal interventions, those delivered by social workers, trained practitioners, or specialist services. However, the predominant form of support that families rely on is informal, and emerges indirectly from community relationships and universal welfare provision (Frost, Abbott, & Race, 2015; Featherstone, et al. 2018); often, these are very 'ordinary' forms of support: help applying for benefits, support with childcare, help managing disputes, or even just the availability of someone to talk to or somewhere to go to meet with others (White, et al. 2014; Thoburn, et al. 2013). Informal support and local authority services may seem incompatible because of the formal nature of children's services. However, services can be structured in such a way that they indirectly strengthen informal support provision.

For example, Jack and Gill (2010) highlight the effectiveness of community-based social workers that incorporate community-

development approaches. A five-year evaluation of one such project (Canklow Estate Project in Rotherham, Eastham 1990) found that, by strengthening the existing informal support structures and providing an additional range of activities that could help families develop relationships and access community resources, community-based practice achieved a dramatic reduction in the numbers of children in care, the numbers of children on supervision orders, and the numbers of children on the child protection register (which reduced to close to zero). This was achieved by working 'in partnership with local people to establish play schemes, youth clubs, women's groups and adult education classes on the estate' (Jack & Gill, 2010: 83-84). In addition, this kind of community development helped alleviate the mistrust between parents and social workers, likely improving relationships with child protection social workers in the future and increasing the odds of parents seeking out support earlier in the future.

This is of critical importance in the context of an evidence review. Establishing the effects of informal family support and community-based provision as forms of early help is several orders of magnitude more complicated than evaluating a formal, manualised, and individual-focused intervention (Webb, under review). The mechanisms that can lead to lower rates of intervention and improved outcomes for children and families are opaque in informal support because of the aggregate and community-led form of delivery; the necessary complexity and changing nature of the support provided; the introduction of reciprocity and the breakdown of the simplistic 'support-giver' and 'support-receiver' dynamic; and the diverse and continuing numbers of outcomes that are not likely possible to operationalise or collect data on systematically as support networks grow and change (Stewart-Brown, 2011). This can lead to an absence of evidence that is often interpreted as a mark against many forms of potentially effective early help that fall closer on the definitional scale to family support.

One important study for understanding the nature of 'early help' was conducted by Lucas and Archard (2020), who carried out a study of early help services in England using information obtained from an FOI request to local authorities. The data obtained was

incomplete due to varying levels of response but provide a useful picture of provision. Rates of early help provision varied considerably from 7.8% to 0.33% of the local child population. In a large majority (90%) of local authorities, the number of children receiving early help services was lower than the number receiving statutory services. Although local authorities differed in how they categorised referrals and identified the needs of children and young people, the most common reasons for providing early help were 'child behavioural issues', 'parenting issues' and 'child emotional wellbeing'. It is extremely notable that the local authorities did not mention poverty or housing as factors. These may have been excluded as reasons for helping families, or may have been included but not registered as legitimate points for mentioning in paperwork. Either conclusion is concerning, and suggests that the reasons given for early help in response to the FOI may well not align with the perceived concerns families had in seeking early help.

The most common practice model for early help in the Lucas and Archard study was the 'common assessment framework' (CAF), which is similar to that used in statutory social work assessments. There was considerable diversity of provision, with some local authorities using a central early help hub to refer cases to specialised teams and others asking referrers to undertake the lead practitioner role themselves. The authors note the prevalence of targeting and assessment-driven processes in how early help services engage children and families, as well as the connection to local thresholds and the need to manage demand for statutory children's services.

2.3 Shifting operational definitions

Before discussing who may benefit from early help and how it is assessed, we must also raise the challenge that is incurred by the 'shifting' operational definition of the concept of early help. On the one hand, the fact that early help is defined by its collective implementation in practice is helpful for avoiding misrepresentation and ensuring discussions about services are not excessively abstract. On the other, the failure of a strong definition of what constitutes early help also

introduces problems with knowledge synthesis and severe limitations on guidance related to service design. It becomes very easy, as service delivery changes as a result of multiple external political and financial pressures (Featherstone, et al. 2018; Hood, et al. 2020), for the delivery of 'early help' to head in one direction or another away from its more balanced philosophical and theoretical underpinnings, as a diverse collective of social support services driven by ecological understandings of human development (Bronfenbrenner, 1992; Frost, Abbott & Race, 2015), and towards a system dominated by either 'early intervention', 'family support', or 'prevention'.

Indeed, the importance of diversity as a feature of effective early help services has largely gone unacknowledged in considerations of design, with a greater focus on identifying and consolidating investment in 'the best' intervention or service for a given targeted population. Indeed, the drive towards standardisation and manualisation goes against the recommendations of the Munro Review, which emphasised the need for 'requisite variety' in a child-centred system. How different services work together to support families and populations as a whole has received less attention. While 'early intervention' may be what is most needed by some families, 'family support' may be what is most needed by others. These two forms of early help will have very different evidence-bases and this fact demands caution in drawing conclusions from large collections of studies, as we discuss in section 3.3. The interchangeable and blurred names and boundaries between related forms of early help, which differ meaningfully in terms of practice, theory, and 'evaluability' (Stewart-Brown, 2011), may falsely suggest they are, themselves, interchangeable, or that there is no necessary balance that should be struck between them (Frost, Abbot & Race, 2015).

In terms of the groups that might benefit from early help, there is some variance in relevant policy. The revised 'Working together to safeguard children' guidance further emphasised identified particular groups of children and young people who may benefit from early help including children with a disability or special education needs, young carers, those who show signs of anti-social or

criminal behaviour, those who frequently go missing from home, those at risk of modern slavery, trafficking, or exploitation, those at risk of radicalisation, those with substance misuse problems, those children and young people in family circumstances with substance abuse, parental health issues, domestic violence, and/or a parent in custody (HM Government, 2018). These identified groups of families are broad and include children and families in challenging circumstances, as well those facing emerging problems that could escalate. However, the list of groups fails to include consideration of families facing socioeconomic circumstances including destitution and homelessness, in contrast to Ofsted (2015) discussed below.

2.4 The role of Ofsted

It is the responsibility of Ofsted to inspect local authorities' social care services, and since 2012, Ofsted has included early help provision within the scope of inspections. Reviews are carried out under the following four themes and graded against each one:

1. The impact of leaders on social work practice with children and families
2. The experiences and progress of children who need help and protection
3. The experiences and progress of children in care and care leavers
4. Overall effectiveness

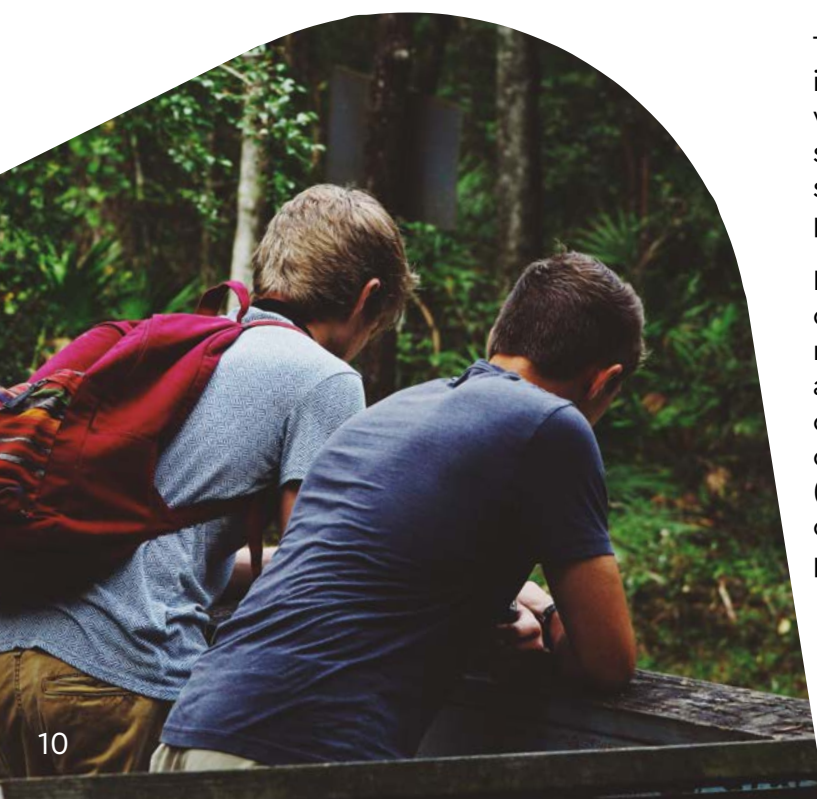
Early help is one of six factors considered under the first theme. While it is helpful to have its inclusion within the framework, the overall Ofsted rating may not enable the drawing of firm conclusions around a local authority's early help provision, because they are not individually graded on it. Nor is there any data collected systematically about early help by the DfE – a massive gap for understanding its impact.

In a review of early help responsibilities, Ofsted (2015) reported that these inspections demonstrated that a wide range of professionals were involved in early help support for families. This piece of research reviewed 56 early help cases to show that families referred to early help services had a variety of needs, including parental difficulty in managing children's behaviour, learning disabilities (child or parent), parental or child isolation, low-level parental mental or physical ill-health, vulnerable parents, bereavement, parental alcohol misuse, family financial difficulties, housing difficulties and risk of school exclusion. This shows the range of circumstances where early help has been utilised, in line with the list of groups identified by the safeguarding guidance (HM Government, 2018). Whilst inspectors concluded that thresholds were appropriately considered in the majority of cases, they did note that opportunities to intervene earlier with families were missed in nearly half of cases due to delays in information-sharing and delays in service provision following assessment (Ofsted, 2015).

2.5 Aim of the current research

The rising number of children with social care intervention and the inequalities in life outcomes warrants further exploration into how to better support children and families' needs to both safeguard children and strengthen families, preventing the escalation of needs.

In line with the aims of the wider review into children's social care, the aim of this rapid review of the evidence is to explore the available evidence base on early help and its cost effectiveness to better understand how children and family's needs are being supported (or not) to strengthen families and prevent cases from escalating to child protection or care proceedings.



3. Methods

3.1 Design

Within the current study, a rapid review of the evidence was conducted, also known as a rapid evidence assessment. This methodology has been defined as "as a tool for getting on top of the available research evidence on a policy issue, as comprehensively as possible, within the constraints of a given timetable" (Government Social Research Unit, 2008). Rapid reviews provide a balanced assessment of the available evidence in relation to the research questions.

3.2 Research questions and scope

In order to address the aims of this rapid review, the following databases were searched in January 2021 to find relevant literature within children's social care: Google scholar, Social Care Institute for Excellence (SCIE) database, Early Intervention Foundation Guidebook, House of Commons Parliamentary papers, Web of Science, JSTOR, and other databases within the field of social studies. Key search terms were informed by each of the aims of the rapid review. Key search terms included:

'early intervention' AND 'children's social care' OR 'children in care' OR 'looked after children' OR 'early help' OR 'children in need'.

Local authority early help evaluations were found using a combination of early help evaluation and name of local authority. Specific programmes were searched using the name of the programme and UK.

In addition to database searches, literature published by the Government, key Voluntary and Community Sector (VCS) organisations, and funding organisations was searched. The search covered 'grey' items (materials and research produced by organisations outside of the traditional commercial or academic publishing and distribution channels) as well as those published formally. The inclusion and exclusion criteria adopted in the current search are outlined in Table 1.

Where we knew of in press or forthcoming relevant papers, for instance on the basis of prior conference presentations, we sought these directly from the authors.

A broad approach to the evidence was adopted, encompassing both qualitative and quantitative literature (including experimental, quasi-experimental, correlational studies, and other reviews).

Within the current study, a rapid review of the evidence was conducted, also known as a rapid evidence assessment. This methodology has been defined as "as a tool for getting on top of the available research evidence on a policy issue, as comprehensively as possible, within the constraints of a given timetable" (Government Social Research Unit, 2008). Rapid reviews provide a balanced assessment of the available evidence in relation to the research questions.



Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Published in the United Kingdom (with a preference for England only)	Published outside of the UK (or focusing on only Scotland, Wales, or Northern Ireland)
Published since 2000 (including pre-print where available)	Publication pre-2000

3.3 Limitations

Whilst this rapid review aimed to explore the breadth of the available literature, the scale of the review was limited by the timescale; for example, a more thorough systematic review would be expected to take at least a year to rigorously and systematically appraise the evidence. As a result, rapid reviews may not be as comprehensive, increasing the risk of bias and the omission of some evidence. Nevertheless, it was decided that a rapid evidence assessment was the most pragmatic approach.

A disadvantage of taking early help as a focus is that very unlike programmes (e.g. Sure Start and Triple P) are put together in the same category. This is a significant limitation of our review, and should be kept in mind. A comprehensive review would be in a position to draw more effective distinctions between targeted early help dealing with complex needs (casework) and more universal provision which operate on a public health model. Whilst we are not able to draw this distinction here to our satisfaction, we feel that it is an important one for the review to consider in their reflections on early help. As discussed in considering in section 2, we believe the problem of a lack of distinction between forms of early help runs deeper than the information available in published research, and a far more extensive review and interrogation of the concept would be required to fully appreciate the complexity of evidence.

We must also acknowledge the fundamental difficulties with assessing evidence associated with early help. It should be acknowledged and

understood that early help, as understood both in practice and theory, has historically been comprised of many different services and forms of implementation that conform to research study designs to differing degrees (Stewart-Brown, 2011). Studies that evaluate the effects of short-term, individualised, and manualised forms of support with clearly defined and measurable outcomes greatly outnumber studies that engage with long-term, community-led, and flexible forms of support with large numbers of envisaged outcomes. This is far more likely to be a consequence of the difficulty associated with designing studies for the latter than it is to be a consequence of limited impact. Stated simply, it is far easier to design and conduct studies that evaluate the effect of a 10-week parenting programme than it is to design a study that assess a community-led family support service; this is especially true when it comes to the ability to identify counterfactuals that can establish causality. This is reflected in the availability of evidence.

4. Findings: What impact do early intervention services have on supporting and strengthening families?

In January 2021, the Government announced a review into children's social care. In response, the National Children's Bureau (NCB) sought to undertake a scoping review to explore the academic and grey literature to better understand the state of the evidence base in relation to the delivery and effectiveness of early help, and to make some recommendations for the review.

4.1. Evaluations of local early help offers

Whilst searching the local early help evaluations in all 152 local authorities in England was beyond the scope of the current review, in searching the grey literature, a number of reports were found that reported on local evaluations. Whilst not a representative overview of the local evaluations across the country, a selection of these early help evaluations have been described below to highlight the heterogeneity and variation in local practice and evaluation methods. A more systematic account, albeit with limited information, is available in Lucas and Archard's (2020) study based on FoI requests.

As illustrated in the case studies below, there is variation in the nature of early help services, the methods by which they are evaluated (quantitative or qualitative), the number and type of participants involved in the evaluations (children, families, and professionals), the outcome measures, the length of follow-up, and the relative objectivity or subjectivity of the evaluator conducting the research (internally or externally commissioned). As such, drawing conclusions from this body of evidence is challenging and speculative at best.



4.2 Impact of early help service provision

A limited number of observational studies have been conducted on the more general relationship between expenditure per child on early help services and rates of intervention. This is often due to poor quality of spending data and instability of spending categorisation between local authorities and over time. These aggregate studies, however, can be valuable in providing a holistic and systemic assessment of Early Help when considering the difficulties associated with assessing some forms of support. The National Audit Office (2016, 2019) have previously reported that they found no evidence of an association between spending and children's services quality or child protection plan rates. However, subsequent evidence, using more up-to-date statistical approaches, has identified relationship between spending on preventative services (including family support and early help) and Ofsted judgements (Webb, Bennett & Bywaters, in preparation); rates of Children in Need (Webb, under review); and rates of 16–17 year olds starting periods in care (Bennett, et al., under review).

Webb, Bennett, and Bywaters (in preparation) analysed 374 Ofsted judgements between 2010 and 2020 and found that each additional £100 per child spent on preventative support was associated with around a 1.7 times increase in the odds of a 'Good' or 'Outstanding' Ofsted judgement, after controlling for child protection social work spending and levels of deprivation. Child protection (safeguarding) social work spending was not associated with Ofsted judgements. Each increase in decile of Local Authority deprivation was associated with a 16 per cent decrease in the odds of a positive inspection.

Webb (under review) found that, after controlling for local authority threshold variation over time and deprivation, each 1 per cent increase in early help expenditure per child in a given year (around £3.15) was associated with a 0.11 per cent decrease in Children in Need rate the following year (around 0.4 per 10,000).

However, he warns that this effectiveness appears to have been waning over the decade, possibly as a consequence of excess underfunding creating inadequate availability of support for children with more universal needs or because of an undue focus on a limited number of programmes (those with randomised controlled trial evaluations) that have displaced the availability of some forms of support, such as children's centres or youth centres, over the decade.

Bennett, et al. (under review) found that each £100 decrease in early help services spending per young person aged 13 and over in a given year between 2011 and 2019 was associated with a 1.9 per 10,000 increase in Children Looked After rate for 16 to 17 year olds the following year. They estimate that these spending cuts can account for 1 in 25 of all 16–17 year old entries into care over the decade. This age group has had the largest increase in entries into care over the entire decade, more than doubling from 26 per 10,000 in 2011 to 53 per 10,000 in 2019, compared to an average increase from 23 to 27 per 10,000 for all children. The researchers found no effect for 1–4 year olds, but note that rates of care entry have been falling for this group over the decade (from 22 CLA per 10,000 to 20 CLA per 10,000).



Case Study: Externally commissioned local evaluations of early help programmes

The Family Innovation Fund was launched in Essex to provide early help for families and covered various types of support including parenting support, support for young people who demonstrate risky behaviours, coaching and mentoring support, and counselling services. Over the two-year evaluation, 11,000 individuals were involved with this early help service. Of these, over 90% experienced increases in resilience levels. The main areas of improvement for children and young people were an increased ability to manage feelings, increases in emotional wellbeing, more positive relationships, and improvements at school. Likewise, parents learned strategies to better cope with their children's behaviour, which led to improved relationships across the family and parents feeling less alone and more confident. These improvements across resilience and socio-emotional dimensions were sustained for 6–12 months after receiving support, suggesting the long-term effects of early intervention. Whilst not all families went on to achieve these positive outcomes that reduced their risks of social care intervention, only a fifth of participants went on to access specialist support or statutory social care services.

(Essex County Council & OPM Group, 2017)

The Slough Home Start early intervention project was an extension of Slough's early help offer for families with 0–3 year olds. Across the 18 month project, there were more referrals than the initial target (60% higher), which shows the demand for early help. Across a sub-set of the families involved in the evaluation, there was a significant decrease in the number of re-referrals of families; only 7% of families were re-referred after early help. There was also a slight reduction (4%) in referrals to statutory social care services, whilst 60% of professionals agreed that early help had de-escalated situations. However, professionals did highlight the difficulty in acknowledging whether these impacts were directly due to early help. Nevertheless, there was a view that early help services enabled children and families to cope more effectively and 81% felt that early help had led to improved outcomes such as improvements in parenting skills, parental

wellbeing, children's wellbeing, and overall family management. Whilst this evaluation indicated largely positive improvements, the sample (particularly of families) was small and only four families contributed qualitative data. This reliance on professionals' views of improvements may not reflect families' experiences, and therefore research should have service-users at the heart of any impact evaluation.

(Bernstock et al., 2019)

The London Borough of Lambeth used audits of a sample of case notes to find that early help support was outcomes focused and effective for the 21 families that were referred to the pilot scheme in a 5-month period. It was reported that families had accessed a wide range of timely services to meet their needs and professionals were able to signpost them to the most appropriate support. Nevertheless, no families contributed to this research and there was no follow up to ascertain if families took up the support that was offered through the early help programme.

(Sali, Connelly, & Prabatani, 2019)

Case Study: Internally commissioned local evaluations of early help programmes

Shropshire Council evaluated the effectiveness of their early help offer. From an analysis of a small sub-set of children with both pre and post-early help data, it was found that children demonstrated improvements in feeling accepted, valued, responsible, part of their community, happy, healthy, and safe. Parents demonstrated similar improvements across the same dimensions. Overall, families experienced improvements in 95% of cases, but there were notable improvements in relationships (91%), self-esteem and emotional wellbeing (85%), adopting healthy lifestyles (76%), community engagement (69%), learning and development (56%), and safeguarding (35%). These findings suggest the wide-range of outcomes that families who participate in early help may experience, suggesting their positive effects on families' lives.

(Shropshire Council, 2015)

Leicestershire County Council conducted a qualitative analysis with families who had participated in early help interventions. It was found that families had positive experiences with early help services and felt more self-sufficient and optimistic about the future at the end of the interventions. These outcomes were also observed by early help workers in cases of most significant changes, where they viewed parents as more confident, upbeat, and positive after early help programmes. Within this analysis, nine clusters of families were identified from nearly 1,000 families; families that made the most progress were those with SEND needs, adults requiring support, and families with low levels of domestic abuse. Whilst positive outcomes were found generally, this suggests that early help may be more helpful for certain types of families with specific presenting issues.

(Forster, 2018a, 2018b)



Case Study: Department of Education's Innovation Fund evaluation

As a part of the Department for Education's innovation fund, Lincolnshire County Council conducted an impact evaluation of its early help service. As early help was available to all eligible children and families within the local authority, there was not an eligible control group or population to compare against. As such, they employed an interrupted time series design. Through the adoption of this complex statistical analysis, it was found that there was no significant impact of early help on the number of referrals to children's social care. Despite this, there were implications that early help services had a stabilising effect on referral rates.

Prior to the introduction of Lincolnshire's early help offer, referral numbers were quite variable, whereas this variation decreased after early help was introduced; this may have positive effects on capacity and resource availability within children's social care. However, the researchers noted the relatively short time-scale within the research and more time may need to elapse to fully understand the extent of any impacts of early help on social care referral rates.

(Whitley, Wooldridge, Cutmore, & MacLeod, 2020)



At a population level, this growing body of evidence suggests that sustained investment in early help and preventative services over time can be an effective mechanism for reducing rates of care and keeping children safely in their families. All emerging papers highlight the need for better-quality and more fine-grained population data, along with methodological advancements, to further our understanding of population dynamics within populations in contact with children's social care services and our ability to adjust, post-hoc, for local heterogeneity in ways that existing studies have not been able to do. Nonetheless, this new evidence suggests that local early help offers are achieving their aims of enabling high-quality services, preventing or remedying risks to health or development, and reducing entries into care, especially for groups of children who have seen the most precipitous rise in care rates in the past decade.

4.3 Evaluations of common early help models and interventions

In contrast to the heterogeneity in local early help approaches, there are some early help programmes that local authorities may adopt that are more standardised and structured. Therefore, they have been subjected to evaluations across multiple pilot sites, which makes a further contribution to the evidence base in terms of the effectiveness of early help. As mentioned in the Limitations (3.3) above, this group ranges from targeted early help dealing with complex needs (casework) and more universal provision which operate on a public health model, which are difficult to distinguish in a rapid review but would likely benefit from differential consideration since some provision may relate more to early help below the Section 17 threshold, some more to Section 17 provision, and some to both.

Something to highlight is that evaluations which focus on programmes, as those outlined here, do not include policy interventions which prevent poor outcomes for children by building the infrastructure for family life: ensuring that families have sufficient resources to meet their children's basic needs for food, shelter, warmth, clothing and stimulation. This requires not only a level of income and quality

and affordability of housing, but also security and predictability in resources. Evidence from the Joseph Rowntree Foundation (Fitzpatrick et al., 2020) found that more than a million households, containing 550,000 children were destitute at some point during 2019, an increase of 23% in the previous two years alone. 'Destitution' is defined as the circumstances facing people who cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and keep clean. International evidence has demonstrated that small increases in the incomes of families living in poverty have a measurable effect on rates of child abuse and neglect (Bywaters et al., 2016), and on children's educational and health outcomes more broadly (Cooper & Stewart, 2013, 2020). At the same time, evidence from the UK suggests that addressing families' basic resource needs has not been a priority for children's social care services (Morris et al., 2018).

HeadStart

HeadStart was funded by the Big Lottery Fund as an early help service for adolescents with, or at risk of, developing mental health issues in six



local authorities in England.

Qualitative research with 63 adolescents across the six sites identified the range of positive changes that HeadStart programmes had promoted (Stapley & Deighton, 2018). Over 90% of adolescents described improvement in their emotional wellbeing after HeadStart; they reported that had someone to talk to and turn to for advice, and this had helped them to learn emotional regulation strategies to help them to better manage negative feelings (Stapley & Deighton, 2018). In turn, this impacted upon their self-confidence and interpersonal relationships. However, other participants did not feel that HeadStart was relevant to them and reported limited impacts of the intervention.

Further research into the various interventions under the HeadStart umbrella in each local authority have also been conducted. In an evaluation of Newham's BounceBack intervention for primary school pupils, it was found that there were significant improvements in children's emotional and behavioural difficulties, self-esteem, and problem-solving in a sample of over 200 children (Villie & Gill, 2019). There were also benefits for facilitating a sense of belonging, improving children's emotional literacy, increasing self-awareness, developing self-confidence and self-esteem, and facilitating empathy (Villie & Gill, 2019). Whilst this research provides a strong indication of change, the lack of control group is problematic for attributing change to HeadStart.

In contrast, a quantitative evaluation of HeadStart in Kent demonstrated no significant difference in the wellbeing of participating adolescents over the course of the intervention (Collins, 2020). Moreover, when the sample of participating adolescents was matched with non-HeadStart adolescents (matched on the basis of gender and baseline wellbeing score), there were also no significant differences in the change in wellbeing score. Interestingly, when this matched sample was compared for school attendance, the intervention group showed a greater reduction in attendance in comparison to the control group. However, many of the reasons for non-attendance may have related to the referral to early help initially (Collins, 2020). Moreover, the researchers expressed caution when interpreting these results due to

the small sample sizes and recommended future analyses to include the larger cohort of children and adolescents. None of these evaluations studied the impact on children's social care interventions.

Sure Start

Sure Start is a programme designed for parents and children under the age of 4 years living in disadvantaged areas, delivering a wide range of support with the aim improving outcomes for young children and their families and reduce inequalities for families in greatest need in relation to: child development and school readiness, parenting aspirations and parenting skills, and child and family health and life chances (DfE, 2013). Initially, this model encompassed a range of different services based on local demand and need, with the aim of tackling child poverty and exclusion (Tunstall et al., 2005). For an overview of the origins of Sure Start, see Clarke (2006), and for an examination of the policy changes over the course of Sure Start local programmes set up in the most disadvantaged areas to universal Sure Start centres, see Lewis (2011). Subsequently, major cuts in funding have had a very significant impact on the service model and the range of provision available, with hundreds of centres closing (Action For Children 2020).

Given the focus on meeting local need, Sure Start local programmes lack a specified blueprint or curriculum (unlike the remaining interventions included in this section: Strengthening Families, Strengthening Communities, Incredible Years, and Triple P Parenting). Therefore, the offer varied considerably, creating challenges when researchers sought to explore the effectiveness of Sure Start programmes (Rutter, 2006). Set against this context, the Government "effectively ruled out a randomised control trial" (Melhuish, Belsky & Barnes, 2010, p. 159). Instead, a series of quasi-experimental design studies have been conducted to explore Sure Start's effectiveness, leading to mixed results.

Belsky, Melhuish, Barnes, Leyland and Romaniuk (2006) sought to evaluate the effects of Sure Start using a quasi-experimental cross sectional study in 150 deprived areas in England. In comparison to a control group (50 similarly

deprived areas without Sure Start), it was found that there were beneficial effects for non-teenage mothers, improving their parenting and improving their children's social functioning. Nevertheless, there appeared to be negative effects for teenage mothers, children of single parents, and children of parents who did not work. Therefore, Belsky et al. (2006) concluded that Sure Start was most beneficial to "relatively less socially deprived parents" (p. 3), but had adverse effects on the most disadvantaged in deprived areas, suggesting that even within deprived areas there is considerable variation in who the support may be most appropriate for. Indeed, there was a suggestion that the more socially deprived parents may find the additional attention of professionals at Sure Start centres more stressful and intrusive, rather than supportive, contributing to the pattern of findings observed by Belsky et al. (2006). Concern has been expressed that this research took place too early in the Sure Start programme, before Centres had become fully established, for findings to be valid.

The National Evaluation of Sure Start (Melhuish, Belsky, & Leyland, 2010) conducted an impact evaluation, following up with 7000 5 year olds and their families in 150 Sure Start areas who were initially studied when the children were 9 months and 3 years old. These families were compared against a comparison group (based on families living in similarly deprived areas) involved in the Millennium Cohort Study. The research highlighted that children growing up in areas with Sure Start has lower BMIs and better physical health than those in the control group. Additionally, there were significant differences for maternal wellbeing and family functioning, with families in Sure Start areas having more cognitively stimulating home learning environments for their children and less chaotic home environments. Mothers in Sure Start areas also reported greater life satisfaction and reduced engagement in harsh disciplinary practices (Melhuish, Belsky, & Leyland, 2010). However, there were also some negative effects found in Sure Start areas; mothers were more likely to report depressive symptoms and were less likely to visit their child school for parent-teacher meetings. However, it should be noted that the evaluation utilised a control group from a different longitudinal study with results

collected by a different team and two-year gap between the Sure Start and comparison data. Thus, the study was limited in its ability to afford strong causal inferences about the impact of Sure Start. Nevertheless, the research did demonstrate more positive effects than negative effects of Sure Start programmes, especially in terms of children's health and development.

Melhuish, Belsky, and Leyland (2012) also went on to continue to follow up with 5000 7 year olds and their families and compared this Sure Start population with families living in similarly disadvantaged areas involved in the Millennium Cohort Study. Similar results to the 5 year old study, where it was observed that mothers in Sure Start areas engaged in less harsh disciplinary practices and provided a more stimulating home learning environment for their children, in comparison to the control group. Mothers of boys specifically also reported less chaotic home environments in comparison to the control group (Melhuish, Belsky, & Leyland, 2012). Furthermore, the most disadvantaged households in Sure start areas (young parents and workless households) reported higher life satisfaction than the control group. This finding is in stark contrast to earlier work, which suggested adverse effects for the most disadvantaged parents (Belsky et al., 2006). Therefore, over the course of the Sure Start programme development, this suggests that it has become more effective in supporting the most deprived and hard to reach families, leading to more positive findings.

Most recently, the Institute of Fiscal Studies explored the health effects of Sure Start (Cattan, Conti, Farquharson, & Ginja, 2019), focusing on one of the primary outcomes as specified by the statutory guidance (DfE, 2013). Using national datasets, this allowed exploration of the entire cohort of Sure Start participants from its inception, through to its peak in 2009/10, and enabled exploration of longer-term outcomes after families stop using Sure Start support, when children start primary school. The research found that Sure Start reduced the likelihood of hospitalisation among children of primary school age, peaking at an 18% reduction by age 11, which is the equivalent of averting 5,500 hospitalisations of 11 years olds annually. In looking at these patterns in more detail, it was observed that the decrease in hospitalisations

was related to a reduction in infections in younger age groups and a reduction in injuries for older age groups. In addition to age-related patterns, the most deprived areas demonstrated the largest benefits in terms of reductions in hospitalisations, compared to more affluent areas. Therefore, Sure Start centres may be most effective in supporting families in more deprived areas, as originally intended (Cattan et al., 2019).

Strengthening Families, Strengthening Communities

The Race Equality Foundation, a charitable community organisation focused on promoting race equality, designed the Strengthening Families, Strengthening Communities programme for families with children aged 0–18 years (based on the original programme developed in the United States in the early 1990s). The programme adopts an evidence-based approach to promote protective factors associated with good parenting and better outcomes for children

The Race Equality Foundation has conducted a series of evaluations of this programme in the UK. In 2004/2005, 445 course summary reports were completed by or for individual participants both pre and post intervention. The sample was diverse in terms of the ethnicity of the parents (32% Black or Black British, 23% Asian or Asian British), the majority were female (11% male involvement), over a third of participants were single parents (38%), and two-third of the sample had a household income under £10,000 per year (Wilding & Barton, 2007). Therefore, the intervention programme successfully targeted groups highlighted by the 'Working together to safeguard children' guidance (HM Government, 2018). In terms of outcomes, the intervention summary report forms highlighted that participants learned new techniques to help with their children (in particular, positive discipline techniques and alternatives to smacking), had improved their communication skills, and led to increases in feelings of calmness and parental confidence (Wilding & Barton, 2007). Therefore, the intervention successfully engaged hard-to-reach and/or vulnerable populations and equipped participants with the skills to improve their parenting (Wilding & Barton, 2007).

Wilding and Barton (2009) went onto evaluate the programme from 2005/6 to 2006/7, which had a larger sample than the previous evaluation. Indeed, 897 participants completed both the pre and post-intervention questionnaire. The demographics of the sample were similar to 2004/2005, showing a continued focus on deprived and/or marginalised communities. Participants rated the course very highly and nearly all participants would recommend the course to friends and family, suggesting the acceptability of the Strengthening Families, Strengthening Communities intervention (Wilding & Barton, 2009). In terms of outcomes, participants demonstrated increases in family activities and discussions, the use of positive discipline and communication strategies, and decreases in negative discipline and communication strategies. Taken together, these findings show a positive impact on parents and, subsequently, their children.

The Strengthening Families, Strengthening Communities programme was also evaluated from 2007–2009 (Karlsen, 2013a) and from 2009–2010 (Karlsen, 2013b). These evaluations showed that parents continued to rate the intervention very highly and stated that they would recommend it to friends and family (Karlsen, 2013a, 2013b). In terms of outcomes, there was a significant increase in positive parenting techniques, positive parent-child communication, and responses to child behaviour. There were also significant decreases in negative discipline and communication strategies, such as yelling, shouting, threatening, criticising, hitting, and/or smacking (Karlsen, 2013a, 2013b). For example, there was an 18% reduction in the number of parents who said that they always, usually, or sometimes shouted at their child(ren) after participation in the programme (Karlsen, 2013b). Similarly, there was a 25% increase in parents' confidence in their ability to manage their anger and a 25% increase in their ability to manage their child's behaviour (Karlsen, 2013b). Taken together, the four evaluations suggest that the Strengthening Families, Strengthening Communities programme had a positive impact on the lives of the parents and children who completed the programme.

Whilst the Race Equality Foundation has

conducted multiple evaluations, there are some limitations that should be noted. Firstly, across all evaluations there was no control group to compare against, and therefore we cannot draw conclusions about whether or not it was the specific intervention that contributed to these improvements in parenting. Secondly, the evaluations relied on completed pre-post intervention questionnaires. Consequently, the findings relied on parents completing the course and therefore only focuses on those who completed the course, as opposed to those who may have dropped out, who may differ from completers. Thirdly, there was no exploration of longer-term follow up; as such, it is unclear if these outcomes were sustained post-intervention.

Despite these limitations, these pre-post intervention studies have indicated positive results after participating in the intervention. However, no randomised controlled trials have yet been conducted or published. University College London are currently conducting a National Institute for Health Research funded impact, process, and economic evaluation of the programme across seven urban areas in England, with the research due to be completed in 2023 (McNally et al., 2019; UCL, 2019). Thus, this study will contribute to the evidence base, engaging a control group to better understand the effects of the Strengthening Families, Strengthening Communities intervention and enable more robust conclusions to be drawn about the effectiveness of the intervention.

Incredible Years

The Incredible Years series of programmes are developmentally based programmes that target parents, teachers, and children with the aim of promoting emotional, social, and academic development and prevent or intervene early in behavioural and emotional problems. Through these proximal outcomes, the programme also aims to achieve the distal outcomes of reduced school dropout, increased academic attainment, reduced conflict and criminal activity, and reduced substance misuse in later life (Incredible Years, 2013). These programmes have been implemented internationally, including across the United States, Canada, the Netherlands, Portugal, Ireland, and the United

Kingdom. Subsequently, there has been a great deal of international research with high-risk populations, exploring the effectiveness of the Incredible Years programme.

A meta-analysis drawing together fifty experimental studies comparing Incredible Years participants with a control group was conducted by Menting, de Castro, and Matthys (2013). It was found that the Incredible Years intervention had positive effects on children's behaviour; reducing disruptive behaviours and increasing prosocial behaviours, as evidenced by parental and/or teacher judgments and direct observations. The researchers concluded that the Incredible Years intervention was effective in positively impacting children's behaviour in a diverse range of families, concluding that the programme was "well-established" (p. 909). Nevertheless, the meta-analysis did note that the intervention appeared to be most effective for more severe cases on childhood behavioural difficulties at baseline, which may have implications for the most appropriate cases to refer onto Incredible Years interventions.

A more recent systematic review synthesised the evidence from randomised control trials conducted in England, Wales, Ireland, the United States, and Jamaica (Nye, Melendes-Torres, & Gardner, 2019). In contrast to Menting et al. (2013), no evidence of quantitative increases in prosocial behaviours were observed. However, the Incredible Years intervention was observed to quantitatively reduce conduct problems for high-risk children. In a review of the qualitative data specifically, a broad range of outcomes were reported for participating children, including improving behaviour social skills, emotional wellbeing, and academic engagement. Moreover, the qualitative data confirmed that the Incredible Years intervention was acceptable to and enjoyable for participants. However, the researchers cautioned that this mixed methods review was only based on seven quantitative studies (approx. 6000 children) and, consequently, may be limited. Despite this, taken together with Menting et al.'s (2013) meta-analysis, the evidence base suggests a range of positive outcomes for those who have taken part in Incredible Years programmes.

In addition to showing positive outcomes for children and families that have taken part in the Incredible Years interventions, O'Neil, McGilloway, Donnelly, Bywater and Kelly (2013) reported that the Incredible Years programme provided a cost-effective way of achieving these outcomes. Indeed, the researchers concluded that the Incredible Years intervention may be a cost-effective option for commissioners and contribute to long-term economic returns. Similarly, Furlong et al. (2012) also reported that Incredible Years could reduce clinical levels of childhood conduct problems to below this clinical threshold for "modest costs" (p. 31), especially when considering the long-term health, social, educational, and legal costs related to conduct problems.

Triple P

Triple P Parenting programme is a multi-level system of support to prevent and intervene early in children's social, emotional, and behavioural problems through enhancing parents' knowledge, skills, and confidence (Sanders, 2012). This programme has been implemented internationally and, consequently, there is a larger evidence-base behind it. Triple P operates on the principle of minimal sufficiency, where interventions are selected to achieve a meaningful outcome in the most cost-effective and time-efficient manner (Sanders, Kirby, Tellegen & Day, 2014); which is consistent with the rationale behind early help provision. As Triple P has grown in popularity internationally, a number of meta-analysis have evaluated Triple P across the world. These meta-analyses have observed positive effects on both child (de Graaf et al., 2008b; Nowak & Heinrichs, 2008; Tellegen, & Sanders, 2013; Thomas & Zimmer-Gembeck, 2007), and parents' outcomes (de Graaf et al., 2008a, Nowak & Heinrichs, 2008, Tellegen, & Sanders, 2013, Thomas & Zimmer-Gembeck, 2007).

However, there appeared to be slightly different impacts for mothers and fathers, with smaller effects on fathers parenting practices (Fletcher, Freeman, & Matthey, 2011) and differences in maternally and paternally-reported child outcomes (Wilson et al., 2012). This suggests that the gender of the parent taking part in both the programme and the evaluation may impact

upon the findings and/or familial outcomes.

Unlike the previous meta-analyses, Sanders et al. (2014) published a meta-analysis that sought to explore the full range of outcomes that Triple P was designed to influence, rather than focusing on singular outcomes, which can lead to a limited representation of the full range of impacts of the programme. This meta-analysis included 101 studies that reported of the effectiveness of Triple P with 16,099 families (with children aged from birth to 18 years of age) across 13 different countries (6 studies were conducted in the UK). The authors concluded that Triple P was an effective parenting programme both in the short-term and longer-term follow-ups for improving children's social, emotional, and behavioural outcomes, with medium effects sizes.

Moreover, Triple P was found to have a range of positive outcomes for parents including improvements in parenting practices, satisfaction, self-efficacy, parental adjustment, and relationships, with small to medium effect sizes. Sanders et al. (2014) further explored the impact of the programme delivery on these outcomes to find that the various delivery methods (online, group, self-directed, telephone support) all led to improvements on family outcomes. Similarly, there was no evidence of moderator effects and there was low risk of publication bias within the Triple P evidence base. Thus, this meta-analysis reports on strong and rigorous research highlighting the range of positive impacts of Triple P internationally, with different cultures and ethnicities. Consequently, the results support the use of Triple P as an effective early help programme within the local authorities that may have adopted this programme in their local offer. Within the UK specifically, the Early Intervention Foundation (2017) described the programme as evidence based.

Whilst this meta-analysis presents strong evidence of the effectiveness of the Triple P Parenting programme, it should be noted that approximately a third of the 101 studies were evaluated with the involvement of the Triple P development team, which may have influenced the findings or reporting of findings. Nevertheless, there were 31 studies that had no developer involvement and were therefore more

objective, which also showed the effectiveness of the programme. There were also further limitations with the evidence base as many of the studies included relied on subjective parent self-report measures. This may have biased the results; especially as previous meta-analyses have shown the impact of the reporting parent on child outcomes. Subsequently, more objective and/or observational methods should be employed to explore the effectiveness of Triple P for families.

Notwithstanding the strong evidence behind Triple P, research that has been conducted in the UK since Sanders et al.'s (2014) meta-analysis has shown null findings. Indeed, Marryat, Thompson and Wilson (2017) did not find any significant changes in mental health and wellbeing after implementation of the Triple P parenting programme over a six-year period. However, this version of Triple P was delivered at a population level and may not be relevant to early help, where certain families are more likely to be referred to the programme based on their need for additional support as specified in the 'Working together to safeguard children' guidance (HM Government, 2018).

Comparison of Strengthening Families, Strengthening Communities, Triple P, and Incredible Years

Over the period of September 2006 – March 2008, the Department for Children, Schools, and Families assigned funding for 18 local authorities to implement one of these three selected parenting interventions (due to their "sound evidence base", p. 3) with local parents of children aged 8–13 years (Lindsay et al., 2008). Over the course of the study, 3575 parents took part in 425 courses, with an average completion rate of 73%. It was found that all three courses were effective in positively impacting upon parents' mental wellbeing, parenting behaviours, and perceived parental efficacy. More specifically, parents cited improvements in terms of being calmer with their children, more confident in their parenting skills, and spending more time listening and talking to their children; these improvements contributed to perceived improvements in relationships and wellbeing

more generally.

All three interventions were also effective in improving parents' perceptions of their child's emotional and behavioural functioning; at baseline, 58% of children scored in the clinical range on the Strengths and Difficulties questionnaire, but this decreased to 33% by the end of the intervention. This suggests the support offered by the three different interventions were all effective in positively impacting upon participants.

Nevertheless, additional exploration was conducted to compare participants' improvements on the different programmes. It was observed that the Strengthening Families, Strengthening Communities was less effective than Triple P in reducing parental efficacy and satisfaction. However, these differences disappeared when comparing only families with children in the target age range of 8–13 years old. There were also no differences in improvements on the Strengths and Difficulties Questionnaire of mental wellbeing.

Lindsay et al. (2008) also examined the cost-effectiveness of all three interventions. The average costs of a parenting group was approximately £18k, however this varied between programmes and between local authorities running the same programme. Therefore, there was great variation in costs suggesting the importance of the local context in informing the costs associated with parenting programmes.

4.4 Challenges in delivery and evaluation of Early Help

Despite the benefits of early help as evidenced by local, national, and international evaluations, there were a number of challenges raised in both the provision and evaluation of services. As children's social care expenditure on family support for children and youth services, including Early Help, has been cut by half since 2010, it is crucial to consider the relevance of the evidence below in relation to the point at which the studies were carried out.

Regarding service provision, Davies and Ward (2011) highlighted a number of barriers for practitioners in providing early intervention

services, including a lack of shared thresholds for interventions and difficulty identifying families who may be eligible for early intervention support. Ofsted (2015a) noted that one model of good practice in identifying families who may benefit from early help was the 'evaluation wheel'; a graphical tool that involves parents rating their confidence in various activities. This helped professionals to identify areas for support and was viewed as a useful tool in exploring the impact of early help. The appropriate identification of families who may benefit was specifically highlighted as a key success factor in any early help services (e.g. Essex County Council & OPM Group, 2017). One of the learnings from this service was that early help services were designed to intervene with lower-level support needs, and that referrals to early help for more complex needs reduced the effectiveness of services. This was also echoed in Lambeth, where it was observed that many families that came to them had complex needs that required escalation to social care services for more intensive support (Sali, Connelly, & Prabatani, 2019). Therefore, there is value in educating referral agencies about the appropriate referral thresholds for early help and what circumstances may not benefit from early help.

Directly related to the number of referrals to early help and the identification of families who may benefit, there were capacity and resource challenges in the provision of early help services for children and families. Munro (2011) raised issues around capacity nearly a decade ago. Indeed, if professionals refer families to children's social care for "small signs of concern" (p. 131), then the demand for assessment increases and may be burdensome, taking up a significant amount of time and resources (see also: Broadhurst, et al. 2010; Devaney, 2019). This may risk the provision for early intervention services, which have seen greater spending reductions. This trend in early intervention services being cut was evident in a quantitative analysis on local authority spending conducted by Action for Children et al. (2020), and a previous study has shown these cuts were greatest in the most deprived local authorities (Webb & Bywaters, 2018). This group of children's charities demonstrated that local authorities' spending on early

intervention services had reduced significantly in the previous decade, falling by nearly half. Meanwhile, spending on late intervention and statutory services had increased by nearly a third. Hood et al.'s (2020) qualitative analysis showed that while local authorities did value early help services, they were constrained by the need to prioritise statutory services within their delivery models. Therefore, early help services were more likely to risk being vulnerable to funding cuts and their very function was likely to change as a result.

Notwithstanding capacity related challenges, there were also challenges in service delivery for providing holistic early help for the whole family in order to strengthen and support the entire family. Ofsted (2015a) found that both parents were included in the assessment and support plan only in a minority of cases, even where both parents were in contact with the child. Moreover, assessments or support plans did not include the voice of the child in nearly a third of cases. There was also concern that in some cases, assessment and support plans were overly focused on adults' needs and were not sufficiently child-focused. This focus on parental factors was also raised by Kulikowska (2019), who noted a lack of child-centred assessment and support plans.

There are many reasons as to why early help programmes may be difficult to evaluate, including budgetary and resource concerns within local authorities (Early Intervention Foundation, 2019). However, one of the main challenges with evaluation is the heterogeneity of local early help offers and the changing nature of these. Whilst the guidance and rationale for early help has been in place since Munro (2011) published the review a decade ago, local authorities have agency over the design of their individual, local, early help offer. Indeed, The Local Government Association undertook research with eight local authorities across the country to explore their individual and distinctive local offers, which were primarily driven by the needs of the population in each area and the historical structure of early intervention services (Parish & Bryant, 2019). In addition to variation between local authorities, there were also changes and adaptations within local authorities, with the aim of improving their local offer. For example, the London Borough

of Barnet issued a public consultation on the delivery of early help just two years ago, with the aim of improving their offer (Enventure Research, 2018), whilst The London Borough of Waltham Forest recently released a major programme of delivery and evaluation plan (Waltham Forest, 2020).

Population observational studies of early help have documented their effectiveness (Section 4.1.2). However, beyond this, priority should be given to building the infrastructure and pursuing research to understand what aspects of support are most helpful, to which families, to further understand the mechanisms of the interventions (Bilson and Martin 2017). Further, if early help services wish to become systemically effective – that is, effective when viewed a whole service and in relation to outcomes across children's social care, health, and education; and not simply as the sum of evaluations of specific programmes – significant conceptual work that engages with the ways that different forms of early help create mutually reinforcing benefits for families should be considered. As the constituent parts of early help offers are sensitive to being pulled in one direction or another by the availability or funding and evidence (Devaney, 2019; Hood, et al. 2020), better guidance and more research on the relative importance of each part, individually and in combination with one another, is crucial to ensuring the consistency (over time) and equitability (between authorities) of effectiveness.

5. Conclusion

Davidson et al. (2017) posed the question: "if we more or less agree that society should be fairer, that most people want it to be more equitable... why are the relevant policies, services and outcomes not better?" (p.1648). The researchers went on to speculate as to the possible reasons. Firstly, they theorised that children's social care services have been designed and developed over time, with change often initiated by high-profile child welfare cases, into a system that is focused on risk of harm (Parton, 2014). Therefore, the Independent review into children's social care has unique potential to redesign the system to respond appropriately to children and families' needs now and in the future. This represents an unprecedented opportunity to consider structural reforms to the system of children's services to prioritise the needs of children in a way that also supports and strengthens families and communities.

This review seeks to contribute to the Independent Review by considering the evidence for services designated as 'early help'. Such services are designed to provide support to children and families before problems escalate to the point where statutory services are required. As such, they may be provided at any point during childhood, although some may specifically target young children and their parents due to the perceived importance of the early years for developmental outcomes in later life. In recent decades, the conceptualisation and operationalisation of Early Help has been dominated by what Wastell and White (2017) have termed 'prevention science', in which individualised interventions, particularly those targeting families with young children, have been prioritised for funding and resources. This shift has been reinforced by a narrow definition of evidence favouring certain types of manualised intervention – such as parenting programmes – whose effectiveness can be studied in experimental trials. In the process, services developed from an older tradition of community development and family support, which are less amenable to RCT-type evaluation, have increasingly found themselves outside the preferred policy and evidence paradigm. Moreover, acute fiscal pressures on local authorities in the post-2009 era of austerity have

led to huge cuts in universal and community-based services, reinforcing the shift to targeted and casework-based versions of Early Help. In short, there is a risk that the evidence base on Early Help may be skewed towards certain types of services.

In this context, there is particular value in work such as that of Webb and colleagues that works at an aggregate level and has examined the cost effectiveness of early help. We would especially highlight the findings such as those of Bennett and colleagues that show that spending cuts on early help for families with young people age 13 and over between 2011 and 2019 could account for 1 in 25 of all 16–17 year old entries into care. Policy decisions at national and local levels that have deprioritised early help and intensified prioritisation of forensic assessment of families are a major error. Our interpretation of the available research evidence is that the growth in forensic investigation and the minimisation of early help over the past decade has been an approach that backfires both for children and for the public purse. This is a trend that should be reversed through action at all levels.

We would also highlight work on the contribution of neighbourhood deprivation to demand- and supply-side factors in social services, documented by scholars such as Hood et al. (2020). We would urge that these recent findings are given particular consideration by the Independent review in imaging the future of children's social care.

5.1 Implications for the Social Care Review

The research evidence broadly suggests that the provision of early help can reduce rates of child welfare intervention and improve child and parent outcomes. However, a considerable part of the difficulty in developing early help policy that encompasses the diverse needs of families and children – both those that would benefit from universal support and those at the edge of child protection intervention – is the varied interpretation of what is classified as 'early help' and how varied measures and definitions of effectiveness are synthesized.

There are, of note, tensions around what might be considered effectiveness, from an operational standpoint, within the context of a children's social care system facing pressure to reduce the rates of (and costs associated with) children taken into care, and effectiveness, from a human development and public health perspective, that is concerned with improving parenting capacity, reducing adverse experiences in childhood and adulthood, and ensuring children can flourish and achieve their potential.

There is evidence to support the effectiveness of early help whether the principal aim of the Care Review is strengthening and supporting families or improving sustainability of the children's social care system; though it is important to recognise that different forms of evidence are required for the different themes of the review. With regards to the themes of support and strengthening families, there is abundant evidence from evaluations of specific programmes or interventions which conclude that families benefit from them. With regards to the theme of sustainability, and the significant societal concern that too many children are taken into care who could have remained safely with their families of origin provided they received adequate early support, the evidence from population studies suggests that greater investment in early help has a causal association with both Children in Need (Webb, under review) and Children Looked After (Bennett, et al., under review) rates. This new evidence is a significant advancement from our existing knowledge-base, and should have implications for policy.

Having reviewed and presented this evidence, it is also important to pause and consider the impact of services that we do not have extensive 'gold-standard' research study evidence for but which should nevertheless be classified as an important component of early help; services that likely have significant but indistinguishable effects in aggregate studies, and little representation in individual- or family-level studies due to their complexity and unstandardised structure. The availability of preventative services provided outside of children's social care at both national and local levels, such as housing or income support, have large implications for children's social care but are often not included in the conceptualisation

of effective 'early help' due to their remoteness from children's services as they are arranged and delivered.

The bulk of evidence related to early help comes from evaluations of programmes, courses, or specialised services that can conform well to randomised controlled trial designs (Stewart-Brown, 2011). These kinds of services make up a growing but limited fraction of the 'early help' that children's services have historically offered to families. Missing from this picture is the impact of family support workers, youth workers, welfare rights officers and advisors, community-led organisations, or the provision of financial assistance under Section 17 of the Children Act 1989; services that often work together under the banner of family support. They have been a part of the 'early help' landscape of children's social care as core components of the Seebohm report and the Children Act 1989 (Jack & Gill, 2010; White, et al. 2014), and have been particularly subject to cuts in provision over the 2010 decade (Hood, et al. 2020; Morris, et al. 2018) in part due to the notorious difficulty in evaluating them. Within evidence-based policymaking it is common to assume absent or limited evidence is equivalent to evidence ineffectiveness, despite this being untrue. If, in pursuing an evidence-based recommendation of the provision of early help, the potential of such services is disregarded, this may inadvertently put greater numbers of children at risk.

Why might this be the case? Firstly, a growing body of international evidence highlights the causal association between poverty and child abuse and neglect (Bywaters, et al. 2016) and between income and children's outcomes more generally (Cooper & Stewart, 2013, 2020). Addressing the material determinants of child and family outcomes directly and building informal structures of long-term, reliable, reciprocal social support does not feature strongly in any of the five highly-evaluated programmes reviewed above, despite this certainly being within the remit of early help offers and central to the historic practice of early help in England (White, et al. 2014; Frost, Abbott & Race, 2015). The focus of evaluations, and of their evaluation, is often overwhelmingly on parenting capacity and resilience. This is in contrast to evidence from other countries which has documented substantial effects on child

and family safety, even a decade later, of anti-poverty efforts provided to families as part of involvement with social services, which made sure that the family had reliable funds for food, clothing and housing (Loman and Siegel 2012). On the ground, individual family support and social workers may do what they can to address issues of poverty and housing even within organisational structures that do not give these much concern (Carlson 2017; McCartan et al. 2018).

Secondly, emerging evidence is suggesting that the efficacy of preventative services-related expenditure for reducing rates of Children in Need has been falling over the past decade (Webb, under review). During this period, the availability of these unrecognised and understudied forms of early help has deteriorated and the result in much of England may be an early help system that increasingly focuses on the acute and edge-of-child-protection services (Hood, et al. 2020) and fails to effectively meet the needs of families within a context where they are increasingly left without the essential stability that comes from adequate resources, reliable social support networks, and secure housing (Bywaters, et al. 2016; Fitzpatrick, et al. 2018; Frost, Abbott & Race, 2015; Jack & Gill, 2010).

This may be, in part, due to a weakly defined vision of what early help should mean and what variety of services it should be comprised of. Without this, their current configuration may have been distorted by local authority funding pressures (Devaney, et al. 2019; Hood, et al. 2020) and the limited availability of research evidence to demonstrate efficacy in some kinds of early help (Stewart-Brown, 2011; White, et al. 2014), leaving a residual collection of services that may not necessarily fit well into the complex systemic approach to meeting the needs of families that was envisaged in the Seebohm Report and in Children Act 1989 and is embedded in ecological theories of human development (Bronfenbrenner, 1992). Webb (under review), in discussing the implications of declining effectiveness of preventative services spending, advocates for a 'systems-eye view' of services that focuses firstly on differential general effects of service expenditure on child population outcomes followed by case study research that can build complex understandings

of the ecology of support offered as an alternative to extrapolating services on the basis of programme evaluations that not all types of early help can conform to. An ecological view can avoid leaving some forms of early help by the wayside.

Summary of Conclusions

- The effectiveness of early help, whether defined as strengthening and supporting families or as increasing the sustainability of children's social care, is borne out in evidence.
- In addition to individual and family outcomes, the availability of early help has implications for demand in children's services, including the numbers of children that are 'screened into' the child protection and care system as a result of failure demand. This may have indirect effects across the children's social care system.
- The concept and scope of early help is fragmented, without a clear vision of what kinds of support are required in what measure to adequately meet the diverse needs of families as, or before, they arise. This has implications for both assessing evidence and designing services. In the context of austerity and evidence-based policymaking, there has potentially been a narrowing of the kinds support available; this has tended to shift resources towards an 'early intervention' conceptualisation of early help and away from a 'family support' conceptualisation of early help. Any national strategy relating to safeguarding and/or early help should recognise that their effectiveness at a population level is dependent on families having sufficient resources and living in secure, adequate quality homes.
- The effects of austerity may be one reason for emerging evidence that, at a systemic level, early help expenditure is becoming less effective for reducing rates of Children in Need and early help services are increasingly focused on more intensive and edge-of-child-protection programmes and away from universal support.
- Early help services which intervene on factors such as poverty and low-income – as principal causal determinants of abuse and neglect and other outcomes for children – directly or indirectly, are often at considerable risk because of the relative paucity of research studies that consider them, their limited compatibility with experimental evaluations, and the poorly defined scope of early help. This is especially true for 'family support' and 'preventative' services that develop informal networks of support and provide 'concrete support', sometimes outside of the children's social care system. These neglected aspects of early help may form the foundations upon which other types of support, such as 'early interventions', can best function.



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