

The Case for Prevention and Early Intervention.

Promoting positive outcomes for children, families and communities.

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Prevention & Early
Intervention Network

Promoting positive outcomes for children,
families & communities

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The case for prevention and early intervention

The Prevention and Early Intervention Network (PEIN) brings together 24 evidence-based practice, advocacy and research organisations seeking to improve outcomes for children and young people and to promote quality, evidence-based, informed practice in prevention and early intervention.¹ Here, the network argues that now is the time to re-orientate services for children around a prevention and early intervention model so as to achieve better, more equal outcomes for children. This is resource neutral and not an appeal for more funding, rather that existing funding be used more effectively.

Our proposal: The PEIN believes that:

- 1. The principle and practice of prevention and early intervention should be embedded into both existing and new services for children;*
- 2. This should be a cross departmental effort driven by the Department of Children and Youth Affairs and the Department of Public Expenditure and Reform, with the Child and Family Agency (Tusla), who should engage all relevant government departments and agencies, as well as non-governmental players, in prevention and early intervention strategies, and in discussions about the manner in which resources are allocated;²*
- 3. Coordination of the local planning for prevention and early intervention programmes should lie with the Child and Family Agency, working in partnership with Children's Services Committees and other statutory, voluntary and community-based organisations;*
- 4. Services and resources should be based on need, evidence, and the development of a continuum of services, from universal to targeted, which are underpinned by the rights of the child;*
- 5. The Department of Public Expenditure and Reform should have a guiding role: it should evaluate the degree to which both new and existing children's services follow a prevention and early intervention model; challenge them to move to such a model; and incentivise government departments, and national and local agencies, to innovate and take risks by re-allocating funding from a remedial to a preventative approach.³ DEPR should also investigate the value of establishing a minimum level of funding to be allocated from individual government departments budgets to prevention and early intervention.*

1 Prevention is defined as 'providing a protective layer of support to stop problems from arising in the first place or from getting worse'; early intervention is defined as 'providing support at the earliest possible stages when problems occur'.

2 The National Children and Young People's Policy Framework due out in 2014 will be a whole-of-Government approach to policies for children and young people, supporting cross-departmental collaboration. See DYCA website: <http://www.dcy.gov.ie/viewdoc.asp?fn=%2Fdocuments%2Fpolicy%2Fchildandyoungpolicyframework.htm&mn=pold&nID=1> [accessed 1 April, 2014].

3 This is consistent with the Child and Family Agency's Commissioning Strategy. http://childandfamilyresearch.ie/sites/www.childandfamilyresearch.ie/files/cfa_commissioning_strategy.pdf [accessed 31.3.14].

The problem

Ireland does not achieve the best outcomes for all of its children: the *Growing up in Ireland* longitudinal study and other research show that although a majority of Irish children do well, between a fifth and a quarter have poor economic, social and educational outcomes.⁴ Many children from disadvantaged families and communities have poor educational performance (literacy, maths, reading); low progression rates to third level; poor physical health, as evidenced by the growth of child obesity and the taking of legal and illegal substances; poor mental health, seen in extreme form in self-harm and suicide; and criminality, as may be seen in the level of juvenile offending and pressure on children's detention centres.⁵ Almost a fifth of children live in poverty (18.8%). Some live in exceptional poverty (children of Travellers, asylum seekers in direct provision).⁶ Ireland has a long history of child abuse and neglect.⁷

Value of prevention and early intervention

Neuroscience, social and environmental research shows that the most formative period of children is the earliest months and years of their lives.⁸ Development from the pre-natal period to age 4 is a reliable indicator for the child's later outcomes. Child development after birth is determined by appropriate nutrition (e.g. breast-feeding), mother-child bonding and a stable, stimulating environment. Infants build language and cognitive development through parental stimulation; the way parents respond to stress; and quality of play and interaction with other children. Early vocabulary is a critical determinant of verbal and literacy skills in later life.⁹ By the start of school, children in low-income households may be 1½ years behind their middle-class counterparts in language development, vocabulary and communication skills. Teenage or adult violence may be traced to stressed parenting, when aggressive, violent traits can become established.¹⁰ Social adversity and poor parenting predict later behavioural difficulties such as conduct disorder (e.g. disobedience, lying, fighting, stealing), low educational attainment and even criminality.¹¹

Despite this, Irish investment in education is focused on the later, not the earlier years.¹² Irish spending on childcare and pre-primary education is 0.25% of Gross Domestic Product, third lowest of 31 countries in the Organisation for Economic Cooperation and Development (OECD) and a quarter of the 1% recommended by the United Nations International Children's Emergency Fund (UNICEF). As a proportion of education spending, it is 1.75%, the lowest of 17 European OECD countries, where some allocate over

4 Williams, James *et al*: *Growing up in Ireland - the lives of 9-year olds*; Dublin, Office for the Minister of Children and Youth Affairs, 2009; see also www.growingup.ie; see also Barnardos: *Tomorrow's child in an age of austerity*. Dublin, author, 2011.

5 For the most recent assessment of the situation of children, see Children's Rights Alliance: *Report card, 2014*. Dublin, author, 2014.

6 Central Statistics Office: *Survey on Income and Living Conditions (SILC), 2011*. Dublin & Cork, 2013; Arnold, Samantha: *State-sanctioned child poverty and exclusion*. Dublin, Irish Refugee Council, 2012; *Our geels - all-Ireland Traveller health study*. Dublin, University College Dublin, 2010.

7 For the most recent assessment, see Health Service Executive: *Review of adequacy of services for children and families, 2008*. Dublin, author, undated.

8 Layte, Richard & McCrory, Cathal: *Paediatric chronic illness and educational failure - the role of emotional and behavioural problems*. *Social Psychiatry & Psychiatric Epidemiology*, October 2012; McCrory, Cathal & Murray, Aisling: *The effect of breastfeeding on neuro-development in infancy*. *Journal of Maternal Child Health*, November 2012; Allen, Graham & Duncan Smith, Iain: *Early intervention - good parents, great kids, better citizens*. London, Centre for Social Justice & Smith Institute, 2008; *The 'science within' - what matters for child outcomes in the early years*. Social Research Unit, Dartington, undated.

9 Shiel, Gerry & Ni Dhalaigh: *Reading matters - a fresh start*. Dublin, Reading Association of Ireland, 2001; Healy, Alison: *Children from poorer backgrounds over a year behind in language skills, study finds*. *Irish Times*, 29th September 2010.

10 Hosking, George & Walsh, Ita: *Violence and what to do about it*. Croydon, WAVE, 2005.

11 Murphy, Candy: *From justice to welfare - the case for investment in prevention and early intervention*. Dublin, Irish Penal Reform Trust, 2010.

12 Start Strong: *The economics of children's early years*. Dublin, author.

14% of education spending to early childhood education. Enrollment rates in education at age 3-4 are also the lowest.¹³

International evidence for prevention and early intervention

International evidence shows that prevention and early intervention approaches achieve much better results for children than later intervention. Evidence comes mainly from English-speaking countries: the United States (US), Canada, Britain and antipodal destinations (Australia, New Zealand). One of the original early intervention programmes was Head Start (US, 1965), which provided early childhood care and education, health, nutrition and parental involvement programmes for low income families and their children through a mixture of home, family, parental and school-based assistance. Subsequent programmes varied greatly in size, numbers, intensity, duration and comprehensiveness. Outcomes achieved in these programmes have been compared against control groups (parents or children who have not participated) in Randomised Controlled Trials (RCTs), giving them a high level of scientific reliability (table 1).

1. Benefits of prevention, early intervention programmes: international			
Young children	Older children	Parents	Society
<ul style="list-style-type: none"> • Higher birth weight • Improved physical and mental health, fitness, less obesity • Affectionate relationships with parents, bonding, attachment • Reduced accidents and injuries (childhood to working age) • Less likely to be in care • Less maltreatment (injury, neglect, abuse) • Improved conduct, reduced hyperactivity, attention-seeking • Improved school completion • Improved test scores, English, maths 	<ul style="list-style-type: none"> • Less likely to use toxins (alcohol, tobacco, drugs) • Less teenage pregnancy • Less likely to offend • Higher school grades • Probability of remaining at school • Higher graduation rates, resulting in higher earnings • Reduced likelihood of repeating grades 	<ul style="list-style-type: none"> • Improved mental health, self-esteem • More stable lifestyles, fewer behavioural issues, offending, reduced domestic abuse • Higher participation in workforce, return to work • More effective family planning • Better parenting, limit setting, anger management, less physical chastisement 	<ul style="list-style-type: none"> • Reduced health costs • Reduced anti-social behaviour, youth and adult crime (especially violent crime) • Less use of probation, correctional services • Reduced health costs, use of health services (GP, hospital emergency, general, mental health, specialized, drugs) • Reduced care services (e.g. children in care) • Reduced need for special educational services

Sources: Karoly, Lynn *et al*: *Early childhood interventions - proven results, future promise*. Santa Monica, RAND, 2005; Kershaw, Paul *et al*: *15 by 15 - a comprehensive policy framework for early human capital investment*. University of British Columbia, 2009; Wise, Sarah *et al*: *The efficacy of early interventions*. Melbourne, Australian Institute of Family Studies, 2005; Allen, Graham: *Early intervention - smart investment, massive savings*. London, Her Majesty's Government, 2011.

How much does prevention and early intervention save?

Many programmes have made a Cost Benefit Analysis (CBA) to determine a rate of Return on Investment (RoI). These studies found RoIs in the US ranging from \$1.26 to \$17.92 for every \$1 invested, depending on programme, type of intervention, duration, density, longitude, fields studied and method, but the RoI

13 Oireachtas Library & Research Service: *Early childhood education and care*. §4, 2012; *Early childhood education in Ireland*, from www.publicpolicy.ie

is generally higher for the most targeted programmes.¹⁴ British studies give a RoI of between £1.37 and £9.2 for every £1 invested, with an average of £3.65. The area where the majority of savings have been made is the criminal justice system. There are also intangible benefits, such as lessening hardship and suffering for children, families and communities, which are nonetheless real.

In continental Europe, welfare state systems were originally constructed on universalism and early childhood investment: they subsequently score higher on child health, welfare and educational outcomes and more equally across socio-economic groups. Swedish investment in children is highest in the first two years, falling at age two and further again at age eight. Young mothers are provided with high levels of support, education and social interaction.¹⁵

Irish evidence for prevention and early intervention

There have been some, possibly forgotten, examples of front-loaded investment in prevention and early intervention in Irish public administration that have benefitted children, such as immunisation, flouridisation and maternity services. These front-loaded investments saved substantial subsequent costs (e.g. smallpox, dental care, infant mortality). The first educational-based prevention and early intervention programmes were developed in Ireland in disadvantaged urban communities in the 1970s, e.g. Rutland St, 1969-74,¹⁶ family centres of the Irish Society for the Prevention of Cruelty to Children (ISPCC); later by other voluntary organisations (e.g. Barnardos) and specific programmes (e.g. Springboard). The Family Resource Centre programme was established in the 1990s (now 107 centres). Later, the Atlantic Philanthropies funded 52 prevention and early intervention programmes in 20 organisations, including large-scale projects in the Prevention and Early Intervention Programme, which was co-funded by the Department of Children and Youth Affairs (i.e. Childhood Development Initiative, Tallaght; Preparing for Life, Northside Partnership, and youngballymun, Ballymun).¹⁷ In 2013, these were extended by the new Area Based Childhood (ABC) Programme, which is jointly funded by government with Atlantic Philanthropies, totalling €29.7m in 13 areas over 2013-2016. Now about 40 prevention and early intervention programmes are known, documented and validated using rigorous methods (table 2).

14 Kilburn, Rebecca *et al*: *The economics of early childhood policy*. Santa Monica, RAND, 2008; Chevalier, Arnaud *et al*: *The microeconomics of early child investment*. Journal of Children's Services, vol 1, §2, October 2006; ECE Taskforce: *Cost benefit analysis in early childhood education*. New Zealand, author, 2011; Alexander, Craig & Ignjatovic, Dina: *Early childhood education has widespread and long-lasting benefits*. TD Economics, 2012.

15 WAVE: *Conception to age 2 - the age of opportunity*; Croydon, author, 2013 (2nd edition) and *The economics of early investment* (appendix 4); C4EO: *Grasping the nettle - early intervention for children, families and communities*; Field, Frank: *The foundation years - preventing poor children from becoming poor adults*. London, HM Government, 2010.

16 Kellaghan, Thomas & Greaney, Betty-Jane: *The educational development of students following participation in a pre-school programme in a disadvantaged area in Ireland*. The Hague, Bernard van Leer Foundation, 1993.

17 Paulsell, Diane *et al*: *The Atlantic Philanthropies disadvantaged children and youth programme in Ireland and Northern Ireland*. Princeton, Mathematica, 2009.

2. Benefits of prevention and early intervention programmes: Ireland

Children	Parents and teachers	Society: projected outcomes
<ul style="list-style-type: none"> Improved cognitive development, problem-solving skills, educational, speech, motor skills Improved school readiness, more pro-social behaviour Reduced risk of social, emotional difficulties, fewer sleep problems Less internalisation/ externalisation of problems Improved eating patterns Higher immunisation Less likely to have chest infections, asthma, less likely to be hospitalised Less disordered, hyperactive behaviour 	<ul style="list-style-type: none"> Improved parenting skills, strategies, confidence, mood Improved parent-child, sibling behaviour, higher quality, less hostile relationships with children, improved interactions Reduced parental stress Improved class management skills, teacher - student relationships; Reduced marital conflict More friends, meeting them more frequently, more social support, improved connections to their community Reduced use of alcohol Raised aspirations for children More knowledge of infant development Planned rather than unplanned pregnancies 	<ul style="list-style-type: none"> Reduced truancy and exclusion Less use of psychiatric and general hospital in and outpatient services Less need for special education and other in-school assistance Less demand on foster care, social work Reduced use of services: nurse, speech therapist, physiotherapist, social worker, paediatrician, casualty, outpatient Better birth outcomes

Sources: Centre for Effective Services: *Improving child behaviour; Child health and development; Children's learning; Parenting; Promoting inclusion*. Dublin, author, 2013 (series); McGilloway, Sinead *et al*: *The Incredible Years Ireland study*. Dublin, Archways, 2012; University College Dublin Geary Institute: *Preparing for life early childhood intervention: assessing the early impact of Pfl at 6 months/12 months/18 months/24 months*. Dublin, author, 2011, 2012, 2013, 2013 (series); McGilloway *et al*: *Reducing child conduct disordered behaviour and improving parental mental health in disadvantaged families: a 12-month follow-up and cost analysis of a parenting intervention*. European Journal of Child Adolescent Psychiatry, January 2014; Hayes, Noirin *et al*: *Evaluation of the Early years programme of the Childhood Development Initiative*. Dublin, Childhood Development Initiative, 2013; Dolan, Pat *et al*: *Big Brothers Big Sisters of Ireland: evaluation study*. Galway, Child and Family Research Centre, National University of Ireland Galway, 2011; Millar, Michelle: *Making a difference - an independent evaluation of the Incredible years programme in pre-schools in Galway city, ibid*; Fives, Allyn *et al*: *Evaluation of the effectiveness of Barnardos' Wizards of Words reading programme*. Dublin, Barnardos, 2013.

The National Economic and Social Forum gives a RoI on universal early childhood care and education of between €4 and €7 return for every €1 invested,¹⁸ while youngballymun gives a €4.5 return for every €1 invested.¹⁹ The Irish experience indicates that those programmes developed in Ireland, if scaled up and applied across our child, family and education services, could transform the welfare and outcomes of Irish children.²⁰ The costs of early intervention are likely to be many multiples lower than the costs of later remediation through the criminal justice system.

In Britain, prevention and early intervention strategies became a dominant feature of child-related policy from 1997 (New Labour), renewed in 2010 (Conservatives - Liberal Democrats).²¹ Their core was 3,500 children's centres, delivering high-quality early care and education services e.g. pre-natal programmes for parents; post-natal programmes (family and nurses); primary school follow-on programmes (parental support in the areas of language, numeracy and social competence for their children); support programmes in risk areas (drug, alcohol); and pre-parenting programmes for secondary school children. Each local authority is encouraged to devise its own model, combination or set of recommended programmes.

18 National Economic and Social Forum: *Early childhood care and education* (§31). Dublin, NESF, 2005.

19 Lawlor, Ellis & McGilloway, Sinead: *An economic appraisal of the youngballymun initiative*. London, Just Economics, 2012;

20 Goodbody Economic Consultants: *Children 2020 - cost benefit analysis*. Dublin, author, 2011; O'Neill, Donal *et al*: *A cost effectiveness analysis of the Incredible Years parenting programme in reducing childhood health inequalities*. European Journal of Health Economics, 2013, §14.

21 Field, Frank: *The foundation years - preventing poor children from becoming poor adults*. London, HM Government, 2010.

They followed an approach of progressive universalism, combining universal services with targeted interventions for parents and children with additional needs. Research has now begun into how funding may be transferred, over time, from those areas where savings may be expected (e.g. criminal justice, remedial teaching, drug rehabilitation) into prevention and early intervention. Some parts of Britain are leaders in the prevention and early intervention approach, such as Nottingham, ‘early intervention city’;²² and Scotland, where the government policy, *Getting it right for every child*, has challenged all providers to support prevention and early intervention.²³

Our proposal

In sketching a way forward in Ireland, we attempt to apply the principles, practice and experience of prevention and early intervention learned in English-speaking countries, continental Europe and more recently in Ireland. The key elements are:

- *Adoption and embedding of the principle and practice of prevention and early intervention across government departments and agencies concerned with children;*
- *Identification of the key government parties responsible, with one key driver (DPER);*
- *Setting down a delivery method: the Child and Family Agency (CFA), working in partnership with Children’s Services Committees and other statutory, voluntary and community-based organisations.*
- *This is consistent with the Child and Family Agency’s guidance on Prevention Partnership and Family Support.²⁴ We now have substantial experience of translating these international experiences for the Irish context and there is considerable evidence of improved outcomes and effective models from the investment made by both government and philanthropy.*
- *Expertise in driving and delivering these innovative services has also developed, but we are some way from this becoming “business as usual”. It is critical that the investment to date is consolidated and built on, through dedicated structures, clarity of roles and a stated vision which places prevention and early intervention at the centre of child and families policy.*

Further details:

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22 Allen, Graham: *Early intervention - the next steps*. London, Her Majesty’s Government, 2011.

23 Scottish government: *Early years and early intervention and A guide to getting it right for every child*. Edinburgh, author, 2008; 2012.

24 Child and Family Agency: *Guidance for the Implementation of an Area Based Approach to Prevention, Partnership, and Family Support*, August 2013.

Archways
Barnardos
Centre for Effective Services
Childhood Development Initiative
Children's Rights Alliance
EPIC
Foróige
Headstrong
Inspire Ireland
ISPCC
Irish Penal Reform Trust
Irish Youth Foundation
Lifestart
Midlands Area Parenting Partnership
MCI Ireland
National Early Years Access Initiative
Pobal National Women's Council of Ireland
Preparing for Life (Northside Partnership)
Rialto Youth (Rialto Learning Community)
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Start Strong
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