

What is early help? Concepts, policy directions and multi-agency perspectives

A scoping study on the purpose, provision and potential of early help for children and families in England

This scoping study was commissioned by Ofsted and carried out by Research in Practice. The views expressed are those of the authors alone and do not necessarily represent the views of Ofsted. Ofsted is publishing the report as a contribution to discussion and debate.

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Introduction

Research in Practice is an organisation that promotes evidence-informed practice in the social care sector. In 2021, we were commissioned by Ofsted to carry out a scoping study to look at early help and local multi-agency responsiveness to meeting the needs of children, young people and their families. The original brief was to produce a report to inform inspectorates on how best to assess, during a joint targeted area inspection (JTAI), local approaches to providing early help services.¹

JTAIs were paused due to the COVID-19 pandemic. As a result, the original research questions were amended. The revised brief aimed to bring together, in one place, key information about 'early help' and to inform thinking across the multi-agency system about the purpose, provision and potential of early help for children and families in England. The joint inspectorates will resume the JTAI programme in April 2022 and will focus on early intervention in autumn 2022.

Research questions

The scoping study set out to answer the following questions:

- What is the context that needs to be considered when developing a JTAI framework on early help?
- What do we know about current early help provision?
- What are the current policy debates around early help?
- What are the considerations and points of confusion for professionals and agencies working in early help?
- What are potential indicators for a good whole-system approach to early help?
- How have terminology, policy and service delivery on early help changed from enactment of the Children Act 1989 to the present day?
- What do stakeholders across the agencies and professional disciplines at the heart of multi-agency safeguarding (that is: public and primary health, police and criminal justice, social work and family support, and education) understand by the term 'early help' and the related terms 'prevention', 'early intervention' and 'family support'?

¹ In January 2016, Ofsted began a programme of JTAIs with the Care Quality Commission (CQC), HMI Constabulary and Fire and Rescue Services (HMICFRS) and HMI Probation (HMIP). Inspections examine how well multi-agency partners work together in a local area to help and protect children. Each year, JTAIs focus in depth on a particular issue; in the past, these deep-dive issues have included: child exploitation (including sexual and criminal exploitation, child trafficking and modern child slavery); the response to children living with domestic abuse; the response to older children experiencing neglect; child sexual abuse in the family environment; and children's mental health. In each round of JTAIs, inspectorates carry out deep dives and local area inspections in six areas of the country. Once complete, they publish local inspection reports and an overall summary report on the deep-dive issue.

Method

In preparing this report and appendices, we have:

- reviewed government and agency guidance, including statutory guidance, produced between 1989 and 2021 relating to the provision of early help
- identified and reviewed key policy documents, inspection reports and parliamentary reports using the four search terms – ‘prevention’, ‘early intervention’, ‘family support’ and ‘early help’
- identified and analysed research and related material using the four key terms in the search engines Google Scholar, Social Care Online, DeepDyve and Discover, including in relation to the agencies and professional disciplines involved in early help and multi-agency safeguarding by searching on the key terms alongside professional disciplines (for example, ‘schools’, ‘health visitors’, ‘police’, ‘mental health’, ‘youth services’, and so on).

Because early help is the term at the centre of current policy discourse, we have used this as the overarching term in this paper. The dominance of this term may be due to Eileen Munro opting (in her review of child protection) to use ‘early help’ instead of ‘early intervention’. She did this because it ‘carries a stronger connotation of working with families and supporting their aims and efforts to change’.²

This is an author-led rather than a systematic review. We acknowledge that the report has limitations. In particular, the voices of the children, young people and parents who receive early help services are not strongly represented here, nor are they well represented in the literature. We are enormously grateful to reviewers from practice, policy and research who, between them, have put decades of thought and action into this topic. We hope that this review will inform, offer constructive challenge and respond to the questions raised above.

Context

Long-standing debates about how best to provide a continuum of support and protection to children, young people and families are in sharp focus in the context of the Independent Review of Children’s Social Care 2021–22, whose terms of reference include ‘relevant aspects of preventative services provided as part of early help’.³ In June 2021, the review published its first-quarter report, ‘The case for

² E Munro, ‘The Munro Review of child protection: interim report. The child’s journey’, Department for Education, May 2011, pages 21 to 22; <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>.

³ ‘Terms of reference for the independent review of children’s social care: a bold and broad approach to support a fundamental review of children’s experiences’, Independent Review of Children’s Social Care, January 2021; <https://childrensocialcare.independent-review.uk/review-background/>.

change', followed in October by a publication that summarised feedback.^{4,5} The Chair has named the 'continuum of help and protection' as one of 'three dilemmas' that they will continue to grapple with as they shape their recommendations, due for publication in spring 2022.⁶

The broad concept of preventative early help is to act early to improve the lives of children, young people and families now and in the future. This is fairly uncontroversial. But social policy responses for delivering, gathering evidence about and monitoring early help activities are underpinned by different perspectives on the state's role in the lives of children, families and communities.

In this section, we briefly review evidence on:

- the legal framework for early help and issues arising in holding all involved to account and providing clarity about their roles
- the impact of very significant funding contractions for early help and related multi-agency services and the steep increases in late intervention referrals and responses
- increasing levels of child and family poverty and social inequality and their detrimental impact on life outcomes, both before the pandemic and since exacerbated by the impacts of COVID-19
- the growing body of evidence on the social gradient in child deaths and in families' involvement with children's social care.^{7,8}

The legal framework for early help

United Nations Convention on the Rights of the Child

Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) places a duty on states to protect children from all forms of maltreatment or exploitation and to provide support to children and their carers to prevent and/or reduce the incidence of maltreatment.⁹ In 2011, a general comment on Article 19,

⁴ 'The case for change', Independent Review of Children's Social Care, June 2021;

<https://childrensocialcare.independent-review.uk/case-for-change/>.

⁵ 'The case for change: your feedback', Independent Review of Children's Social Care, October 2021;

<https://childrensocialcare.independent-review.uk/case-for-change/>.

⁶ J MacAlister, 'Thinking out loud: three dilemmas', Independent Review of Children's Social Care, September 2021; <https://childrensocialcare.independent-review.uk/thinking-out-loud-three-dilemmas/>.

⁷ See: M Marmot, P Goldblatt and J Allen, 'Fair society, healthy lives: the Marmot Review', Institute of Health Equity, February 2010; <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>; M Marmot, 'Health inequalities, COVID-19 and healthcare professionals', Royal College of Physicians, October 2020; <https://www.rcplondon.ac.uk/news/health-inequalities-covid-19-and-healthcare-professionals>.

⁸ P Bywaters, B Featherstone and others, 'The child welfare inequalities project: final report', University of Huddersfield, July 2020; <https://pure.hud.ac.uk/en/publications/the-child-welfare-inequalities-project-final-report>.

⁹ 'The United Nations Convention on the Rights of the Child', UNICEF UK, came into force in the UK in 1992, Article 19; <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>.

paragraph 2, by the Committee on the Rights of the Child (the UN's treaty monitoring body) underlined the duty for 'pro-active prevention':

'Prevention includes public health and other measures to positively promote respectful child-rearing, free from violence, for all children, and to target the root causes of violence at the levels of the child, family, perpetrator, community, institution and society. **Emphasis on general (primary) and targeted (secondary) prevention must remain paramount at all times in the development and implementation of child protection systems. Preventive measures offer the greatest return in the long term.**'¹⁰

Children Act 1989

The Children Act 1989 is the foundation of child welfare policy and practice in England. The Act was seen as a 'watershed moment' in enhancing children's rights and welfare and as 'a radical piece of legislation' that heralded a fresh approach to families.^{11,12} A series of influential studies published during the 1980s led to the strong emphasis in the Act on family support and working collaboratively with parents and children.¹³

Although the Act has been amended over the years and subsequent primary legislation enacted (notably, the Children Act 2004 and the Children and Social Work Act 2017), it has in many ways proven robust. However, its 'carefully worded balance' has been subject to a shift in policy and practice from the original emphasis on helping families to greater focus on protective interventions.¹⁴ In addition, increased awareness in recent years of the critical importance of responding effectively to the needs of older children and adolescents – in particular, those experiencing harm outside their family through sexual or criminal exploitation – does raise 'conundrums' about the effectiveness of the existing legal and policy framework.¹⁵

Section 17 of the Act defines a 'child in need'. With the accompanying guidance, it places a 'general duty' on local authorities to safeguard and promote the welfare of children in need and 'promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs'. Section 17 'triggered the use of family support as a key concept' and reinforced the

¹⁰ 'General comment no. 13: the right of the child to freedom from all forms of violence', UN Committee on the Rights of the Child, April 2011; https://www.unicef-irc.org/portfolios/general_comments.html. Bold added for emphasis.

¹¹ A Elvin, K Evans, A Feuchtwang, R Jones, J Thoburn and C Willow, 'The Children Act 1989: 30 years on', Children & Young People Now, October 2019; <https://www.cypnow.co.uk/features/article/the-children-act-1989-30-years-on>.

¹² M Dean, 'Rupert Hughes obituary', in 'The Guardian', 25 August 2015; <https://www.theguardian.com/society/2015/aug/25/rupe-rt-hughes>.

¹³ Summarised in: 'Child protection: messages from research', Department for Health, 1995.

¹⁴ J Thoburn, 'Policy and funding shifts "subverted" Act', Children & Young People Now, October 2019; <https://www.cypnow.co.uk/features/article/the-children-act-1989-30-years-on>.

¹⁵ C Firmin and R Knowles, 'The legal and policy framework for Contextual Safeguarding approaches', October 2020, page 18; <https://contextualsafeguarding.org.uk/publications/>.

coordination of work with agencies engaged in preventative and supportive work with families.¹⁶ Studies into the implementation of section 17 of the Children Act¹⁷ have found that the intent (to broaden the scope of children entitled to services to promote their welfare while living at home with their families) and the statutory responsibilities of local authorities have been 'fundamentally misunderstood'.¹⁸ They have also found that inconsistencies in how local authorities identify need result in wide disparities in services provided under section 17.

Although this was not specified in the Act, 'Working together to safeguard children', the statutory guidance on inter-agency working to promote children's welfare, states that a local authority social worker should lead the multi-agency assessment of children in need under section 17.¹⁹ 'Working together' also positions early help as 'part of a continuum of support' to respond to different levels of need. It requires local safeguarding partners to publish a 'threshold document' setting out their criteria for action. On early help services, it says:

'Local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early. The early help on offer should draw upon any local assessment of need, including the JSNA [joint strategic needs assessment] and the latest evidence of the effectiveness of early help programmes.'

Section 10 of the Children Act 2004 sets out the legal framework for multi-agency 'cooperation to improve well-being'. Each local authority must 'make arrangements to promote cooperation' between the authority and its partners 'with a view to improving the well-being of children' and 'with regard to the importance of parents and other persons caring for children' in improving their well-being.

Securing early help under the legal framework

There has been extensive debate about whether the legal framework for the provision of early help services is adequate. In 2011, in the final report of her Independent Review of Child Protection, Professor Eileen Munro emphasised the importance of shared accountability for providing early help. She recommended that the government place an explicit duty on local authorities and statutory partners to

¹⁶ N Frost, S Abbott and T Race, 'Family support: prevention, early intervention and early help', Polity Press, 2015, page 15.

¹⁷ J Tunstall and J Aldgate, 'Making sense of section 17: implementing services for children in need within the 1989 Children Act', Her Majesty's Stationery Office, 1995; 'Seen but not heard: co-ordinating community child health and social services for children in need – detailed evidence and guidance for managers and practitioners', Audit Commission, Her Majesty's Stationery Office, 1994.

¹⁸ J Cooper, 'In need of what? Section 17 provision under the Children Act 1989', in 'Children & Society', November 2021.

¹⁹ 'Working together to safeguard children', Department for Education, July 2018; <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>. The 'Working together' statutory guidance was first issued in 1999. A second iteration was published in 2006. A 2010 edition expanded the focus on inter-agency working and took into account the recommendations of Lord Laming's 2009 progress report on child protection. The 2013 slimmed-down version was developed in response to the Munro Review. The 2018 edition was again briefer and more permissive.

secure sufficient provision of early help services.²⁰ Having initially accepted the 'principle' of the recommendation,²¹ the government then rejected the recommendation in a parliamentary Written Answer. It argued that the duties on partner agencies to cooperate to improve children's well-being under section 10 of the Children Act 2004 already provided a sufficient legal framework.²²

In its 2012 report on the child protection system, the House of Commons Education Committee disagreed with the government's reasoning and called for a rethink.

'We believe that it would help to incentivise the provision of a service to all children in need and clarify its priority emphasis on early intervention in an increasingly crowded policy field if there were a statutory duty of an "offer of early help", as recommended in the Munro Review.'²³

The Committee also noted that, in his evidence, the Children's Minister had acknowledged that although section 10 placed 'duties on all partner agencies to cooperate to improve children's well-being... certain partners need to take their interpretation of that duty rather more seriously'.

Three years later, Ofsted's 2015 thematic report on the effectiveness of early help services also concluded that the legal framework provides insufficient 'clarity and priority to the roles and responsibilities of individual agencies'. Ofsted found 'significant variability' in the effectiveness of shared accountability arrangements and the coordination of local early help services.²⁴ The report stated:

'Little has changed for many children... because there is no statutory duty to enforce the shared accountability needed to deliver an effective early help offer. In many areas, a disconnect remains between statutory service provision and an early help offer for children.'

Since 2007, the Association of Directors of Children's Services (ADCS) has been collecting data from local authorities on changes in demand for, and provision of, children's social care services. ADCS has published its findings in a series of 'Safeguarding pressures' reports. 'Safeguarding pressures 6' drew attention to section 2 of the Care Act 2014, which puts local authority preventative work with

²⁰ E Munro, 'The Munro Review of child protection: final report. A child-centred system', Department for Education, May 2011, page 12; <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>.

²¹ 'A child-centred system: the government's response to the Munro Review of child protection', Department for Education, July 2011, page 21; <https://www.gov.uk/government/publications/a-child-centred-system-the-governments-response-to-the-munro-review-of-child-protection>.

²² 'Children first: the child protection system in England [fourth report of session 2012–13', HC137]', House of Commons, Education Committee, October 2012, page 69; <https://publications.parliament.uk/pa/cm201213/cmselect/cmeduc/137/13701.htm>.

²³ 'Children first: the child protection system in England [fourth report of session 2012–13', HC137]', House of Commons, Education Committee, October 2012, page 70; <https://publications.parliament.uk/pa/cm201213/cmselect/cmeduc/137/13701.htm>.

²⁴ 'Early help: whose responsibility?', Ofsted, March 2015; <https://www.gov.uk/government/publications/early-help-whose-responsibility>.

adults on a statutory footing. But there is no comparable legislative requirement for local authorities to provide preventative services for children.²⁵

ADCS also noted that the 'precarious nature of funding early help, combined with growth in the child population and the rise in demand driven by greater need, represents a serious threat to the future provision of effective early help'.²⁶ Reliance on discretionary funding means provision is dependent on 'local leaders prioritising early help at a time when other significant pressures and services are vying for dwindling resources'.²⁷

So section 17 of the Children Act 1989 places a general duty on local authorities to provide appropriate services for children who they assess as children in need, and section 10 of the Children Act 2004 provides a duty to make arrangements to promote cooperation between local partners with a view to improving children's well-being. But with no legislative requirement for local authorities to provide preventative services for children, these duties are interpreted quite differently in different local areas.

Funding of early help services

The 2000s saw a significant increase in preventative initiatives and early help. Analysis by the Institute of Fiscal Studies found that total spending on children's services doubled in real terms over the 2000s, from around £4.8 billion in 2000–01 to a high point of £9.7 billion in 2009–10.²⁸ The only high-level category that researchers could track over the entire period was Sure Start, which grew from £500 million in 2000–01 to £1.7 billion in 2009–10, which was a high point for Sure Start spending.²⁹ Over the same period, benefit spending (which incorporates tax credits, housing benefit and a range of other benefits) per child increased by 60% as the government sought to deliver on its efforts to tackle child poverty.³⁰ Funding was often ring-fenced with an emphasis on multi-disciplinary approaches.

Since 2010, all agencies involved in early help partnership working have been affected by substantial reductions in public spending. A report by Marmot and others on health equity in England makes clear that cuts 'have been regressive and inequitable' – that is, 'they have been greatest in areas where need is highest and

²⁵ 'Safeguarding pressures: phase 6 – research report', Association of Directors of Children's Services, November 2018, page 27; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure>.

²⁶ 'Safeguarding pressures: phase 6 – research report', Association of Directors of Children's Services, November 2018, page 32; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure>.

²⁷ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 22; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure>.

²⁸ 'Public spending on children in England: 2000 to 2020', Children's Commissioner, June 2018, page 54; <https://www.childrenscommissioner.gov.uk/report/public-spending-on-children/>.

²⁹ 'Public spending on children in England: 2000 to 2020', Children's Commissioner, June 2018, page 54; <https://www.childrenscommissioner.gov.uk/report/public-spending-on-children/>.

³⁰ 'Public spending on children in England: 2000 to 2020', Children's Commissioner, June 2018, page 4; <https://www.childrenscommissioner.gov.uk/report/public-spending-on-children/>.

conditions are generally worse'.³¹ This inequity is evident in funding for children's services. Overall funding for local authority children and young people's services fell by an estimated £2.2 billion between 2010–11 and 2018–19 (a 23% reduction). However, funding for services in the most deprived local authorities fell more than twice as fast as it did in the least deprived.³²

Funding for early help specifically has also been reduced or discontinued. [Appendix 4](#) details some of the reductions in funding across the range of agencies that make up local and national early help systems.

Webb and Bywaters analysed section 251 returns to review changes in children's services funding and expenditure between 2010 and 2015.³³ Over the five years, expenditure on prevention, early intervention and family support services decreased very significantly, with cuts 'far more pronounced in the most deprived third' of local authorities.³⁴ The fact that spending on higher tiers of services remained relatively stable or increased over the same period 'reflects... a fiscal policy shift away from family support and towards a focus on child protection and permanent alternative placements'.

Reductions began with the introduction in 2011–12 and 2012–13 of the short-lived, non-ring-fenced Early Intervention Grant (EIG) for councils. Analysis by the Local Government Association found that the initial grant in 2011 already represented a 32% cut when compared with all the grants that local authorities had previously received for children's services not included in the Dedicated Schools Grant.³⁵ The EIG was discontinued from 2013–14, but funding for early intervention has been retained as an identifiable line within the Local Government Finance Settlement.

As well as reducing the available funding when the EIG was brought in and removing the ring fence so that money previously dedicated for early intervention could be

³¹ M Marmot, J Allen, T Boyce, P Goldblatt and J Morrison, 'Health equity in England: the Marmot Review ten years on', Institute of Health Equity, February 2020, page 9; <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>.

³² 'Children and young people's services: funding and spending 2010/11 to 2018/19', Action for Children, National Children's Bureau, NSPCC, The Children's Society and Barnardo's, May 2020; <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/childrens-services-funding-and-spending/>.

³³ Under section 251 of the Apprenticeships, Skills, Children and Learning Act 2009, local authorities must submit annual budget returns to the Department for Education for expenditure on education and children and young people's services. Expenditure categories for children and young people's services include Sure Start and early years, looked after children, safeguarding services, family support services, services for young people and youth justice, with the remainder grouped together as 'other children's and family services'. To some extent, allocation of expenditure between categories is at the discretion of local authorities, 'making comparisons notoriously difficult'. P Bywaters and C Webb, 'Austerity, rationing and inequity: trends in children's and young peoples' services expenditure in England between 2010 and 2015', in 'Local Government Studies', Volume 44, Issue 3, 2018, pages 391 to 415.

³⁴ P Bywaters and C Webb, 'Austerity, rationing and inequity: trends in children's and young peoples' services expenditure in England between 2010 and 2015', in 'Local Government Studies', Volume 44, Issue 3, 2018, pages 391 to 415, quote on page 400.

³⁵ 'Early intervention grant', Local Government Association, October 2012; <https://www.local.gov.uk/search/all/Early+Intervention+Grant>.

used for other local authority expenditure, changes to the funding allocation formula reduced the weighting given to deprivation. This had the effect of making cuts to the more deprived local authorities greater than for the less deprived.³⁶

Action for Children in partnership with other children's organisations used assessed central government financing of early intervention services between 2010–11 and 2018–19 and found that the value of this early intervention allocation fell from £2.8 billion to £1.1 billion per year – a reduction of around 60%. Over the same period, local authority spending on early intervention services fell from £3.5 billion to around £1.9 billion – a reduction of 46%. Meanwhile, the volume and cost of late intervention child protection and in-care services increased substantially. Local authority spending on late intervention services for children and young people has risen from £5.6 billion to £7.2 billion – an increase of 29%.³⁷

Analysis for the Children's Services Funding Alliance also found that, between 2010–11 and 2019–20, local authority spending on early intervention services decreased by 48%, meanwhile expenditure on late interventions (such as youth justice services, looked after children and safeguarding) increased by 34%.³⁸ In 2020, the Children's Commissioner for England noted that nearly half of the entire children's services budget in England was taken up in meeting the needs of 73,000 children in the care system, 'leaving the other half for the remaining 11.7 million kids'.³⁹

Local authorities' reduction in spending on early intervention services was driven by cuts in two main service areas: children's centres and services for young people. As many as 1,000 children's centres closed between 2009 and 2017⁴⁰ and at least 763 youth centres closed between 2012 and 2019.⁴¹ When comparing 2010–11 with 2018–19, the reduction in spend on youth services in England is equivalent to a 71% cut.⁴² An inquiry into youth work by the All-Party Parliamentary Group on Youth Affairs highlighted the loss of 'opportunities... to increase early help for young people

³⁶ P Bywaters and C Webb, 'Austerity, rationing and inequity: trends in children's and young peoples' services expenditure in England between 2010 and 2015', in 'Local Government Studies', Volume 44, Issue 3, 2018, pages 391 to 415.

³⁷ 'Children and young people's services: funding and spending 2010/11 to 2018/19', Action for Children, National Children's Bureau, NSPCC, The Children's Society and Barnardo's, May 2020, page 3; <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/childrens-services-funding-and-spending/>.

³⁸ M Williams and J Franklin, 'Children and young people's services: spending 2010–11 to 2019–20', Pro Bono Economics and the Children's Services Funding Alliance, July 2021, page 18; <https://www.probonoeconomics.com/a-decade-of-change-for-childrens-services-funding>.

³⁹ E Kelly, T Lee, L Sibieta and T Waters, 'Public spending on children in England: 2000 to 2020', Children's Commissioner, June 2018, page 4; <https://www.childrenscommissioner.gov.uk/report/public-spending-on-children/>.

⁴⁰ 'Stop start: survival, decline or closure? Children's centres in England, 2018', The Sutton Trust, April 2018, page 4; https://www.suttontrust.com/our-research/?sf_paged=7.

⁴¹ 'Youth services at breaking point', UNISON, December 2018, page 2; <https://www.unison.org.uk/news/press-release/2018/12/axing-millions-youth-work-puts-futures-risk-says-unison/>.

⁴² 'Out of service: a report examining local authority expenditure on youth services in England & Wales', YMCA, January 2020, pages 6 to 9; <https://www.ymca.org.uk/youth-services-campaign>.

before issues become acute'.⁴³ Webb and Bywaters make the case that young people have been particularly heavily disadvantaged over this period by the combination of funding cuts disproportionately affecting services targeted towards supporting them, alongside diminishing family welfare benefits and increasing job insecurity.⁴⁴ Reductions in prevention spend for children over 12 years old have been found to be associated with rising rates of 16–17-year-olds entering care, with greater increases in areas experiencing the deepest cuts to preventative services. Every £10 per child decrease in prevention spend was found to be associated with an estimated additional 1.9 per 100,000 children aged 16–17 entering care the following year, equivalent to one in 25 care entries in this age group between 2012 and 2019.⁴⁵

Analysis for the Children's Services Funding Alliance found that between 2010–11 and 2019–20, spending on early intervention services was reduced more in deprived areas. Spending on early intervention per young person in the most deprived quintile of local authorities fell by 59% (from £291 to £118), compared with a 38% decrease in the least deprived.⁴⁶ According to the Institute for Fiscal Studies, the more deprived local authorities have seen the largest spending cuts because although their central government funding was reduced by the same percentage as the least deprived local authorities, they are more reliant on this source of income as they raise less funding locally through council tax.⁴⁷

In 2019, the UK Government declared the end of austerity, however funding for early help services is still much lower compared with pre-2010 levels. The Autumn Budget and Spending Review in October 2021 included funding for family hubs in 75 areas in England offering health visiting, midwifery, breastfeeding support and mental health support.⁴⁸ However, in its November 2021 'Children in crisis' inquiry report, the Lords Public Services Committee criticised that this new investment of £492 million over the following three years could not make up for the £1.7 billion yearly reduction since 2010. The Committee concluded that the decrease in early

⁴³ 'Youth work inquiry: final report including recommendations and summary', All-Party Parliamentary Group on Youth Affairs, National Youth Agency, April 2019, page 11; <https://nya.org.uk/resource/appg-inquiry-into-youth-work-report-2019/>.

⁴⁴ P Bywaters and C Webb, 'Austerity, rationing and inequity: trends in children's and young peoples' services expenditure in England between 2010 and 2015', in 'Local Government Studies', Volume 44, Issue 3, 2018, pages 391 to 415.

⁴⁵ D Bennett, C Webb, K Mason, D Schlüter, K Fahy, A Alexiou, S Wickham, B Barr and D Taylor-Robinson, 'Funding for preventative children's services and rates of children becoming looked after: a natural experiment using longitudinal area-level data in England', in 'Children and Youth Services Review', Volume 131, 2021, <https://www.sciencedirect.com/science/article/pii/S0190740921003650>.

⁴⁶ M Williams and J Franklin, 'Children and young people's services: spending 2010–11 to 2019–20', Pro Bono Economics and the Children's Services Funding Alliance, July 2021, pages 3 and 17; <https://www.probonoeconomics.com/a-decade-of-change-for-childrens-services-funding>.

⁴⁷ 'The most deprived councils are likely to continue facing the sharp end of local government spending cuts', Institute for Fiscal Studies, April 2015; <https://ifs.org.uk/publications/7732>.

⁴⁸ 'Autumn Budget and Spending Review', HM Treasury, October 2021; <https://www.gov.uk/government/publications/autumn-budget-and-spending-review-2021-documents>.

intervention funding has 'gradually led to worse outcomes for vulnerable children over the past decade and higher costs for the taxpayer'.⁴⁹

Referrals to early help and child protection services

Bilson and others report that between 2009–10 and 2015–16, there was a relatively small increase in the number of referrals to children's social care (up 6.4%) but a 93% increase in the number of section 47 child protection investigations.⁵⁰ Over the same period, the proportion of investigations that did not lead to a child protection plan increased from 50% in 2009–10 to 63% in 2015–16. Parents who have experienced an investigative response were less likely to accept an offer of voluntary support.⁵¹

In their analysis of what they call this 'investigative turn' in children's social care, Bilson and others say:

'The current policy of early help, which aims to prevent harm, needs to be explored within an understanding of the widening definitions of "risk" of significant harm that underpin the "investigative turn". It is possible that it is contributing to the widening of the child protection net as agencies increasingly frame children in need of help as families needing to be investigated. Furthermore, non-stigmatising sources of support for families, delivered through children's centres, have been substantially reduced because of austerity.'

Changes in 'front door' arrangements (how local authorities respond to initial contacts from practitioners or members of the public who are concerned about a child) are evidenced in data from the 'Safeguarding pressures 7' report.⁵² The proportion of initial contacts that resulted in no further action remained fairly constant between 2012–13 and 2019–20 (24% and 25% respectively). However, the proportion going on to social care referrals decreased from 30.4% in 2012–13 to 25% in 2019–20 and 'pass to early help services' increased from 0% to 15.9%.⁵³

So, in summary, there has been:

⁴⁹ 'Children in crisis: the role of public services in overcoming child vulnerability', House of Lords Public Services Committee; <https://ukparliament.shorthandstories.com/public-services-children-vulnerability/index.html>.

⁵⁰ 'Characteristics of children in need: 2015 to 2016', Department for Education, November 2016; <https://www.gov.uk/government/collections/statistics-children-in-need>.

⁵¹ A Bilson, B Featherstone and K Martin, 'How child protection's "investigative turn" impacts on poor and deprived communities', Family Law, April 2017; https://www.familylaw.co.uk/news_and_comment/how-child-protection-s-investigative-turn-impacts-on-poor-and-deprived-communities.

⁵² 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

⁵³ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 85; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

- a 16% increase in the proportion of referrals to social care that are passed to early help⁵⁴
- a 48% reduction in the proportion of local authority spending on early intervention services between 2010–11 and 2019–20⁵⁵
- a significant increase in child protection investigative responses between 2009–10 and 2015–16, of which more than two thirds did not identify the child to be suffering or likely to suffer significant harm.

All this has taken place within the context of increased rates of child and family poverty, deteriorating conditions of public housing and community amenities, and a pandemic.

Child and family poverty

The latest data shows that almost one in three children in the UK are living in poverty (31%).⁵⁶ Pre-pandemic official figures released in April 2021 show that in the year to March 2020, the UK's relative poverty rate among working households was at a record high of 17.4%.⁵⁷ At this time, three in four (75%) of all children in poverty were living in working families.⁵⁸ Analysis by the Institute for Public Policy Research found that the situation had deteriorated steadily since 2010. Low wage rises, high childcare costs and 'soaring' private sector rents were all key factors.⁵⁹ For poor households, housing costs in 2019–20 were 39% higher in real terms than in 1996–97, compared with a 19% increase of the median among all households over the same period.⁶⁰

Across the UK, 4.3 million children in 2019–20 were living in families with below 60% of median income after housing costs. This was up 200,000 from the previous year, and up 500,000 over five years. Before the pandemic, there were many local

⁵⁴ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

⁵⁵ M Williams and J Franklin, 'Children and young people's services: spending 2010–11 to 2019–20', Pro Bono Economics and the Children's Services Funding Alliance, July 2021, page 3; <https://www.probonoeconomics.com/a-decade-of-change-for-childrens-services-funding>.

⁵⁶ 'UK Poverty 2022: the essential guide to understanding poverty in the UK', Joseph Rowntree Foundation, January 2022, page 11; <https://www.jrf.org.uk/report/uk-poverty-2022>.

⁵⁷ 'No longer "managing": the rise of working poverty and fixing Britain's broken social settlement', Institute for Public Policy Research, May 2021; <https://www.ippr.org/research/publications/no-longer-managing-the-rise-of-working-poverty-and-fixing-britain-s-broken-social-settlement>.

⁵⁸ 'Child poverty facts and figures', Child Poverty Action Group, March 2021; <https://cpag.org.uk/child-poverty/child-poverty-facts-and-figures>.

⁵⁹ 'No longer "managing": the rise of working poverty and fixing Britain's broken social settlement', Institute for Public Policy Research, May 2021; <https://www.ippr.org/research/publications/no-longer-managing-the-rise-of-working-poverty-and-fixing-britain-s-broken-social-settlement>.

⁶⁰ 'No longer "managing": the rise of working poverty and fixing Britain's broken social settlement', Institute for Public Policy Research, May 2021, page 4; <https://www.ippr.org/research/publications/no-longer-managing-the-rise-of-working-poverty-and-fixing-britain-s-broken-social-settlement>.

authorities in which close to, or more than, half of all children were living in poverty.⁶¹

Research by the Joseph Rowntree Foundation suggests that destitution is also growing rapidly 'in scale and intensity' and becoming more concentrated in northern regions, particularly in core cities and both manufacturing and ex-manufacturing towns.⁶² Around one million UK households experienced destitution at some point in 2019, an increase of 54% since 2017. One in seven (14%) adults experiencing destitution were in paid work.⁶³

The COVID-19 pandemic has exacerbated the effects of family poverty and adversely affected children and young people's mental health and well-being.⁶⁴ The effects of the pandemic have been most pronounced in areas of deprivation, and it has further exposed pre-existing social inequities between regions and different groups, in particular for Black and ethnic minority populations.⁶⁵ The ACDS notes that the pandemic has created 'a new cohort of families in distress' who were previously unknown to children's social care but now require help and support.⁶⁶ A review paper gives extensive evidence on the implications of these inequalities for child and family services.⁶⁷

Inequalities and the social gradient

The connection between poverty, deprivation and involvement in the child protection system has been well established over many years. The weight of poverty, housing need and lack of decent employment falls highly unevenly across communities and

⁶¹ D Hirsch and J Stone, 'Dramatic rise in child poverty in North East England in the last five years shows the scale of the "levelling up" challenge', End Child Poverty Coalition, May 2021; <http://www.endchildpoverty.org.uk/dramatic-rise-in-child-poverty-in-north-east-england-in-the-last-five-years-shows-the-scale-of-the-levelling-up-challenge/>.

⁶² Destitution is defined as having had to go without two or more of six essential items – shelter, food, heating, lighting, clothing, toiletries – in the previous month.

⁶³ S Fitzpatrick, G Bramley, J Blenkinsopp, J Wood, F Sosenko, M Littlewood, S Johnsen, B Watts, M Treanor and J McIntyre, 'Destitution in the UK 2020', Joseph Rowntree Foundation, December 2020; <https://www.jrf.org.uk/report/destitution-uk-2020>.

⁶⁴ 'Reaching the tipping point: children and young people's mental health. NHS Confederation', Mental Health Network, August 2021; <https://www.nhsconfed.org/publications/reaching-tipping-point>.

⁶⁵ See: S Ismail, M Tunis, L Zhao and C Quach, 'Navigating inequities: a roadmap out of the pandemic', in 'BMJ Global Health', Volume 6, Issue 1, 2021; M Marmot, 'Health inequalities, COVID-19 and healthcare professionals', Royal College of Physicians, October 2020;

<https://www.rcplondon.ac.uk/news/health-inequalities-covid-19-and-healthcare-professionals>; M Marmot, J Allen, T Boyce, P Goldblatt and J Morrison, 'Health equity in England: the Marmot Review ten years on', Institute of Health Equity, February 2020; <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>.

⁶⁶ 'Safeguarding pressures: phase 7 – research [press release]', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7-research-press-release>.

⁶⁷ B Featherstone, 'COVID-19: inequalities and the implications for children's social care', Research in Practice, June 2021; <https://www.researchinpractice.org.uk/children/publications/2021/june/covid-19-inequalities-and-the-implications-for-children-s-social-care-leaders-briefing-2021/>.

regions.⁶⁸ Of all families in poverty, just under half include someone who is disabled. Poverty is especially high where there are both disabled adults and children in the family; at 40%, it is more than double the rate of families where no-one is disabled.⁶⁹ Lone-parent families (49% of children in lone-parent families live in poverty), families with three or more children, and children from Black and ethnic minority groups (46% live in poverty, compared with 26% of White British children) are all more likely to be hard hit.⁷⁰

The Child Welfare Inequalities Project (CWIP) pinpointed the critical importance of poverty as a key variable both in the demand for, and the supply of, children's services and made evident the profound inequalities in intervention rates. The CWIP has shown that there is a gradient across the levels of deprivation in England, with higher levels of community deprivation linked to increasing involvement in the system:

- children in the 10% most deprived communities were around 11 times more likely to be on a child protection plan or in care than children in the least deprived 10%
- 60% of all children on child protection plans or in care lived in the 20% most deprived communities
- each 10% increase in neighbourhood deprivation brings a 29% increase in rates of child protection intervention and 29% increase in children looked after.⁷¹

The CWIP's work also indicates the impacts that expenditure and deprivation have on the quality of children's services. Of 119 local authorities inspected by Ofsted between 2013 and early 2017, four in 10 (42%) low-deprivation authorities received a good or outstanding judgement, compared with only one in 10 (10%) high-deprivation authorities.⁷²

The CWIP used the concept of the social gradient, which has been developed in health research. This describes the fact that inequalities in population health are

⁶⁸ 'Child poverty in your area 2014/15–2019/20', End Child Poverty; <http://www.endchildpoverty.org.uk/local-child-poverty-data-2014-15-2019-20/>. Regional differences can be explored via the interactive map.

⁶⁹ 'UK poverty 2022: the essential guide to understanding poverty in the UK', Joseph Rowntree Foundation, January 2022, page 59; <https://www.jrf.org.uk/report/uk-poverty-2022>.

⁷⁰ 'Child poverty facts and figures', Child Poverty Action Group, March 2021; <https://cpag.org.uk/child-poverty/child-poverty-facts-and-figures>.

⁷¹ See: P Bywaters, G Brady, T Sparks and E Bos, 'Inequalities in child welfare intervention rates: the intersection of deprivation and identity', in 'Child & Family Social Work', Volume 21, Issue 4, 2014, pages 452 to 463; P Bywaters, G Brady, L Bunting, B Daniel, B Featherstone, C Jones, K Morris, J Scourfield, T Sparks and C Webb, 'Inequalities in English child protection practice under austerity: a universal challenge?', in 'Child & Family Social Work', Volume 23, Issue 1, 2018, pages 53 to 61; P Bywaters, B Featherstone and others, 'The child welfare inequalities project: final report', The Child Welfare Inequalities Project, July 2020; <https://pure.hud.ac.uk/en/publications/the-child-welfare-inequalities-project-final-report>.

⁷² P Bywaters, G Brady, L Bunting, B Daniel, B Featherstone, C Jones, K Morris, J Scourfield, T Sparks and C Webb, 'Inequalities in English child protection practice under austerity: a universal challenge?', in 'Child & Family Social Work', Volume 23, Issue 1, 2017, pages 53 to 61.

directly related to socio-economic inequalities: those of us who are less advantaged in terms of socio-economic position have worse health and shorter lives than those who are more advantaged. Analyses that use this lens to consider the well-being and safety of children and young people show the social gradient in child deaths and trends in child protection and care rates.

An analysis of data on child deaths between April 2019 and March 2020 in England found that around 700 (23%) deaths a year might have been prevented by reducing social deprivation (in other words, if children living in the most deprived areas had the same mortality risk as those living in the least deprived areas).⁷³

Deprivation is a contributing factor in child deaths in a number of ways, including poor housing, homelessness, poor maternal nutrition and risk of traumatic death, such as being hit by a car while playing on the street.⁷⁴ Being involved in serious youth violence is another risk.⁷⁵ Analysis of National Maternity and Perinatal Audit data found that a substantial proportion of stillbirths (23.6%), preterm births (18.5%) and births with foetal growth restriction (31.1%) in England were attributable to socio-economic inequalities.⁷⁶ The largest inequalities were seen in Black and South Asian women in the most socio-economically deprived quintile. This data illustrates how 'child protection cannot be separated from policies to improve children's lives as a whole'.⁷⁷

What we know about current early help provision

We have outlined the significantly reduced resources (with reductions greatest in areas where need is highest and conditions are generally worse), rising child and family poverty, significantly increased numbers of children and families being investigated for child protection concerns who do not meet the threshold for a child protection plan, and the substantial increase in families being passed from children's social care to early help. Considering this context, what do we know about what local areas are providing to 'families in the middle' of the service continuum?⁷⁸

⁷³ 'Child mortality and social deprivation: National Child Mortality Database Programme thematic report', National Child Mortality Database, May 2021, page 3; <https://www.ncmd.info/publications/child-mortality-social-deprivation/>.

⁷⁴ 'Child mortality and social deprivation: National Child Mortality Database Programme thematic report', National Child Mortality Database, May 2021; <https://www.ncmd.info/publications/child-mortality-social-deprivation/>.

⁷⁵ 'A public health approach to serious youth violence: supporting evidence [data pack]', Greater London Authority, October 2018; <https://data.london.gov.uk/dataset/serious-youth-violence>.

⁷⁶ J Jardine, K Walker, I Gurol-Urganci, K Webster, P Muller, J Hawdon, A Khalil, T Harris and J van der Meulen, 'Adverse pregnancy outcomes attributable to socioeconomic and ethnic inequalities in England: a national cohort study', in 'The Lancet', Volume 398, 2021, pages 1905 to 1912; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01595-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01595-6/fulltext).

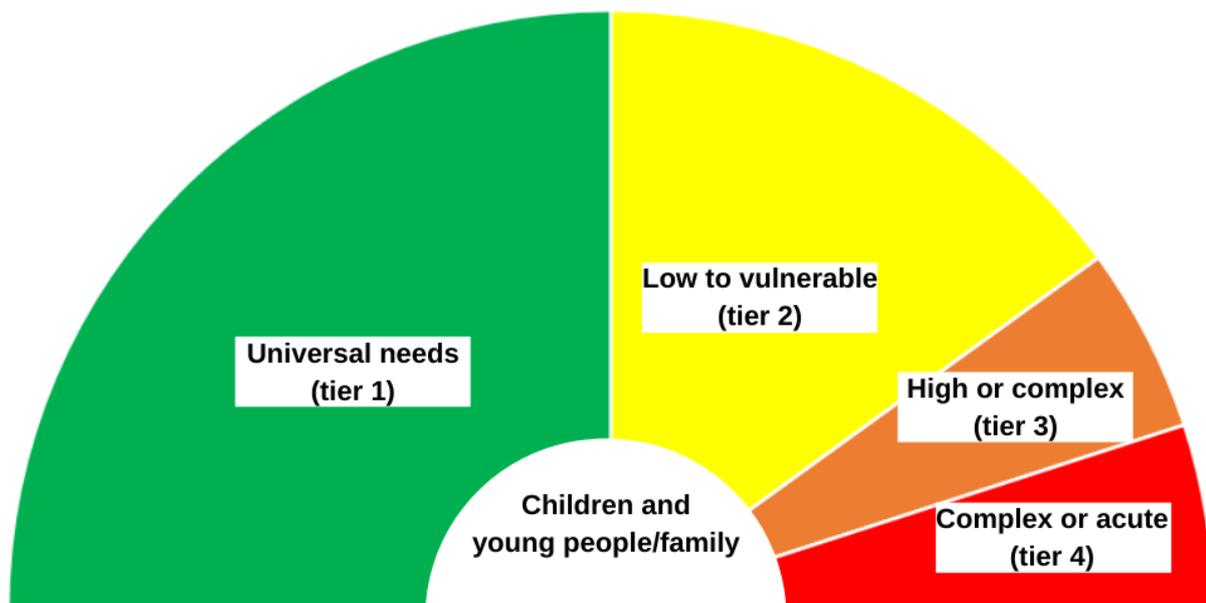
⁷⁷ 'Every child matters', HM Treasury, September 2003, page 5; <https://www.gov.uk/government/publications/every-child-matters>.

⁷⁸ C McGregor and C Devaney, 'Protective support and supportive protection for families "in the middle": learning from the Irish context', in 'Child & Family Social Work', Volume 25, Issue 2, 2020, pages 277 to 285, quote on page 281.

Early help thresholds

In local area 'threshold documents', the continuum of services is often illustrated by versions of the 'continuum of need windscreen' infographic (Figure 1). This shows the tiers of provision from universal public services to the most expensive and intrusive acute services.⁷⁹

Figure 1: Continuum of need windscreen



Thresholds provide legal checks and balances that are intended to ensure that state interference in family life is proportionate. They are also a means to manage demand for higher-tier services. A study by Hood and others shows that local authorities with higher levels of deprivation tend to screen out more referrals, divert more cases to early help services and have higher rates of re-referral within 12 months.⁸⁰ These findings reflect the comments of Devaney that 'the setting of thresholds [is often experienced] as a gate-keeping exercise to protect children's social care rather than as a means of better meeting children's needs'.⁸¹

Thresholds in and out of services become pressure points. To take one example, around half of serious case reviews (SCRs) relate to children whose families were

⁷⁹ 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children', HM Government, July 2018, page 17;

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

⁸⁰ See: R Hood, A Goldacre, R Grant and R Jones, 'Exploring demand and provision in English child protection services', in 'The British Journal of Social Work', Volume 46, Issue 4, 2016, pages 923 to 941; R Hood, A Goldacre, S Gorin and P Bywaters, 'Screen, ration and churn: demand management and the crisis in children's social care', in 'The British Journal of Social Work', Volume 50, Issue 3, 2020, pages 868 to 889.

⁸¹ J Devaney, 'The trouble with thresholds: rationing as a rational choice in child and family social work', in 'Child & Family Social Work', Volume 24, Issue 4, 2019, page 461. Citing a 2017 report on children's social care by the All-Party Parliamentary Group for Children.

just below the threshold for children’s social care, many of them previously unknown to statutory services. Researchers have found that SCRs tended to cluster just below thresholds, where children’s needs may be missed or plans for ‘step down’ support may be absent or unclear.

Children with known vulnerabilities may need long-term flexible support as they move back and forth on the continuum of need and harm. This support needs attention at a strategic and multi-disciplinary level. In terms of any redesign of shape or organisational structure, this means the boundaries between services need to be shored up and not separated and fragmented. Boundaries need to be fluid and responsive so children can be helped along a continuum of need and harm as intended in the Children Act 1989.⁸²

Given the limitations of using a linear continuum of need (as in the windscreen above), some local authorities – such as Leeds - are actively seeking to shift early help activity away from a focus on thresholds and towards providing ‘right conversations, right people, right time’.⁸³ An internal review of Blackburn and Darwen’s conversational model, which removed referral forms and enabled potential referrers to discuss their concerns with experienced social workers, identified a 33% reduction in referrals over the first 12 months of implementation.⁸⁴

Analysts have proposed examples of alternative frameworks for prioritising or rationing finite resources.⁸⁵ Academics at the UNESCO Child and Family Research Centre offer a revised model (Figure 2). The model aims to show the fluidity needed in a system of ‘protective support and supportive protection’, which has to respond to the complexities and changing levels of need and risk in families’ lives over time.⁸⁶

The model adds value in two key areas:

- it usefully focuses attention on ‘families in the middle’ and their fluctuating need for supportive as well as protective responses

⁸² M Brandon, ‘Lessons from national analyses of SCRs 2003 to 2017. Presentation at Association of Professors of Social Work knowledge and evidence event 1: Alternative child care social work delivery models’, Association of Professors of Social Work, May 2018; <https://apsw.org.uk/kee-1-alternative-child-care-social-work-service-delivery-models/>.

⁸³ ‘Early help approach and strategy 2020–2023’, Child Friendly Leeds, 2020; <https://www.leedsandYorkpft.nhs.uk/corporate/wp-content/uploads/sites/10/2020/06/Early-Help-Approach-and-Strategy-2020-2023.pdf>.

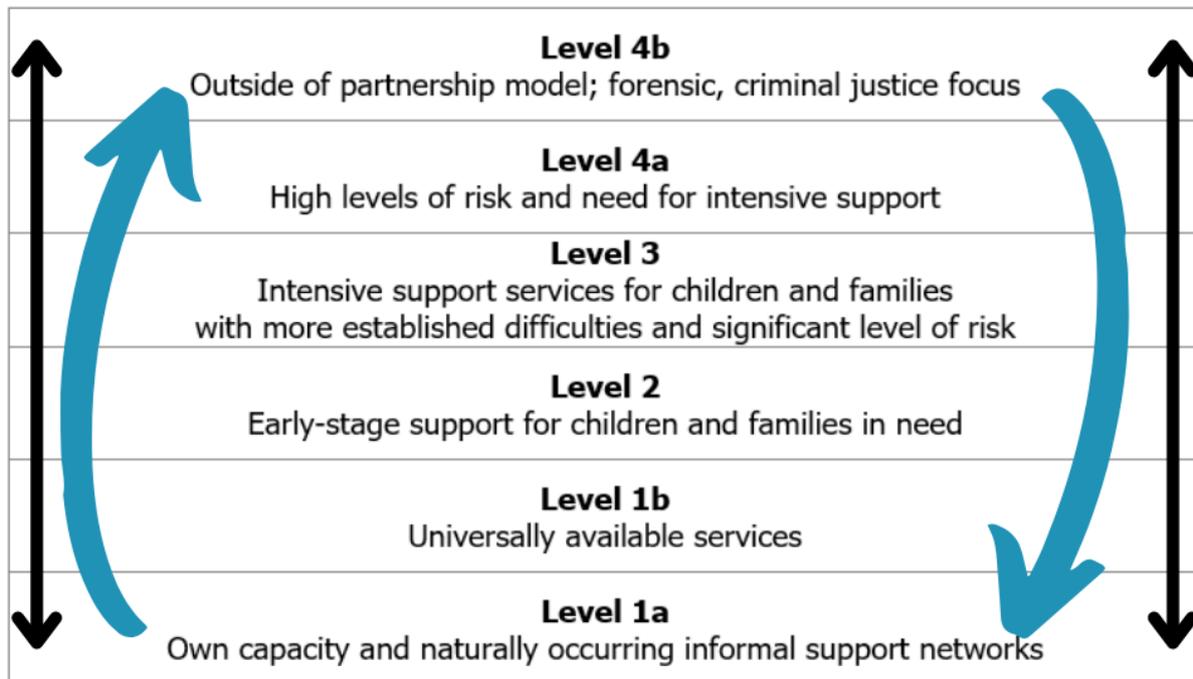
⁸⁴ J Cooper, ‘In need of what? Section 17 provision under the Children Act 1989’, in *Children & Society*, November 2021, page 10.

⁸⁵ See: J Devaney, ‘The trouble with thresholds: rationing as a rational choice in child and family social work’, in ‘Child & Family Social Work’, Volume 24, Issue 4, 2019, pages 458 to 464; R Hood, ‘A socio-technical critique of tiered services: implications for interprofessional care’, in ‘Journal of Interprofessional Care’, Volume 29, Issue 1, 2015, pages 8 to 12; D Platt and D Turney, ‘Making threshold decisions in child protection: a conceptual analysis’, in ‘British Journal of Social Work’, Volume 44, Issue 6, 2014, pages 1454 to 1471.

⁸⁶ C McGregor and C Devaney, ‘Protective support and supportive protection for families “in the middle”: learning from the Irish context’, in ‘Child & Family Social Work’, Volume 25, Issue 2, 2020, pages 277 to 285, quote on page 280.

- it brings 'informal support networks' (Level 1a) into the frame of analysis, acknowledging the role of family, wider kin and community in preventative support.

Figure 2: A fluid and open model of supportive and protective service provision⁸⁷



Data on early help services activities

Data on local early help activities is partial and incomplete. This section summarises information that we have been able to gather from various sources to get some sense of the breadth of identified need and the ways in which help is being provided. The sources are about:⁸⁸

⁸⁷ C McGregor and C Devaney, 'Protective support and supportive protection for families "in the middle": learning from the Irish context', in 'Child & Family Social Work', Volume 25, Issue 2, 2020, pages 277 to 285, image on page 280.

⁸⁸ Sources include: the range of potential data sources set out by the Early Intervention Foundation for identifying local need; the six 'headline problems' identified in 'Financial framework for the Troubled Families programme', Ministry of Housing Communities and Local Government, April 2020; <https://www.gov.uk/government/publications/financial-framework-for-the-troubled-families-programme-april-2020>; data on early help assessments in 2015–16 and 2017–18 (when considering reasons for referral to early help): 'Safeguarding pressures: phase 6 – research report', Association of Directors of Children's Services, November 2018; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure>; a 2017 Freedom of Information request relating to open early help cases and the reasons for referral: S Lucas and J Archard, 'Early help and children's services: exploring provision and practice across English local authorities', in 'Journal of Children's Services', Volume 16, Issue 1, 2021, pages 74 to 86; Ofsted's thematic inspection of early help services, which analysed 56 early help case files across 12 local authorities: 'Early help: whose responsibility?' Ofsted, March 2015, pages 13 to 14;

- needs that are being identified as those to which early help services should be responding
- the extent to which early help activities appear to meet those needs
- what approaches or service models local areas are adopting.

In considering this information, it is worth bearing in mind that responses to data requests in one study revealed that 53 of 129 (41%) responding local authorities could not (or did not) give reasons for early help referrals.⁸⁹ Data collected by the ADCS also identified a sizeable 'other' category under reasons for early help. This was equivalent to around one in four of all assessments (29% in 2015–16; 23% in 2017–18).⁹⁰

The sources discussed below reveal that many local authorities struggle to report the details of their early help work. Data to Insight have received funding from the Department for Levelling Up, Housing and Communities to work across five regional groups to explore and implement standards for tracking and reporting on early help work.⁹¹ The government's Data Accelerator Fund will also fund a data modelling project to identify families that require early help and support from services, with a focus on financial problems and homelessness in Nottingham and Leicestershire.⁹²

While linking administrative data and using predictive analytics to identify families when targeting early intervention are 'increasingly promoted by governments',⁹³ there are ethical and practical concerns. Levels of public trust about data linkage among parents in marginalised social groups most likely to be identified for service interventions were explored in survey research in 2021. This research found a consensus among marginalised social groups of parents (lone parents, young parents and parents of larger families) that information held in administrative data is not always accurate and that linkage will lead to discrimination against some families. This is likely to put families off from accessing support when needed. Levels of trust concerning public service use of data linkage were particularly low for Black parents in relation to police and immigration service data. The concerns of these

<https://www.gov.uk/government/publications/early-help-whose-responsibility>; and factors that may signal potential need for early help: 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children', HM Government, July 2018;

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

⁸⁹ S Lucas and J Archard, 'Early help and children's services: exploring provision and practice across English local authorities', in 'Journal of Children's Services', Volume 16, Issue 1, 2021, pages 74 to 86.

⁹⁰ 'Safeguarding pressures: phase 6 – research report', Association of Directors of Children's Services, November 2018, page 30; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure>.

⁹¹ 'D2I news for November/December: 903 errors, national datasets, and new colleagues...', Data to Insight, December 2021; <https://www.datatoinsight.org/post/d2i-news-for-november-903-errors-national-datasets-and-new-colleagues>.

⁹² 'Vulnerable children and families better supported through new data sharing projects', Department for Levelling Up, Housing and Communities, Ministry of Housing, Communities and Local Government, and Eddie Hughes MP, September 2021; <https://www.gov.uk/government/news/vulnerable-children-and-families-better-supported-through-new-data-sharing-projects>.

⁹³ R Edwards, V Gillies and S Gorin, 'Data linkage for early intervention in the UK: parental social license and social divisions', in 'Data & Policy', Volume 3, page 34; <https://www.cambridge.org/core/journals/data-and-policy/article/data-linkage-for-early-intervention-in-the-uk-parental-social-license-and-social-divisions/2FE85AD3BF7925609251D3940E184BC8>.

parents are endorsed by evidence that 'inequalities are encoded into the data gathering, linking, and predictive practices that drive early intervention'.⁹⁴

Identification of local needs

Drawing on the sources identified above, which cover both anticipated need and actual delivery of early help, we can begin to see the breadth of needs identified. These include:

- children's issues and needs, including 'child in need', behavioural issues, caring responsibilities, neglect, emotional well-being, and mental health difficulties
- children's learning difficulties, physical disabilities and special educational needs
- problems at school, including bullying, risk of or actual exclusion, poor attendance and attainment, and not being in education or training
- extra-familial concerns, including children and young people missing from home or from care, anti-social or criminal behaviour, gang involvement, exploitation, including sexual exploitation, and risks of slavery, trafficking or radicalisation
- asylum-seeking or refugee status
- parenting issues, including poor attachment, inter-parental conflict, parental isolation and vulnerable young parents
- parents' or carers' mental or physical health difficulties
- domestic abuse
- substance use (child or parents/carers)
- financial difficulties, unemployment and poverty
- housing problems, including poor-quality housing, overcrowding and homelessness.

Early help activities

Given the scope of identified need and the lack of specificity in guidance and legal frameworks, it is not surprising that the shape and focus of local authority-led early help activities vary. As local offers should respond to local need, some degree of variation is essential. For example, some areas need the flexibility to respond when

⁹⁴ J Redden, L Dencik and H Warne, 'Datafied child welfare services: unpacking, politics, economics and power', in 'Policy Studies', Volume 41, Issue 5, pages 507 to 526, cited in R Edwards, V Gillies and S Gorin, 'Data linkage for early intervention in the UK: parental social license and social divisions', in 'Data & Policy', Volume 3, page 34; <https://www.cambridge.org/core/journals/data-and-policy/article/data-linkage-for-early-intervention-in-the-uk-parental-social-license-and-social-divisions/2FE85AD3BF7925609251D3940E184BC8>.

issues arise, such as supporting new arrivals to a city with high levels of inward migration.⁹⁵

Core to what remains of early help funding in 2021 is the resource provided through the Supporting Families (formerly Troubled Families) programme. One in two respondents to 'Safeguarding pressures 7' stated explicitly that funding from the programme was 'integral to, and underpinned' their early help provision.⁹⁶ Speaking at the launch of Supporting Families in March 2021, ADCS Vice President Charlotte Ramsden highlighted the programme as an 'absolutely critical' source of preventive funding.⁹⁷

Supporting Families is a targeted programme. To be eligible, a family must have at least two of six problems prescribed by the Department for Levelling Up, Housing and Communities.⁹⁸ Families are identified through collecting, sharing and analysing personal data. The national programme's vision for the future is using data to assess need and track outcomes with increasing sophistication.⁹⁹ The current phase of the programme also intends to use a framework to coordinate 'preventative early help' in a broadened partnership.¹⁰⁰

By drawing on the categorisation in 'Safeguarding pressures 7' of the range of services offered under the umbrella of early help¹⁰¹ and an analysis of funding for services by Action for Children and others, we can also develop a picture of the types of service commonly identified in local early help systems.¹⁰² These include:

- children's centres and family hubs, focused on child development and support in the early years
- parenting programmes, groups and classes

⁹⁵ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 23; <https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-7>.

⁹⁶ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 95; <https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-7>.

⁹⁷ 'Launch of supporting families 2021–22' [video], Troubled Families National Team, March 2021; <https://vimeo.com/529371312>.

⁹⁸ P Loft, 'The troubled families programme (England), briefing paper no. 07585', House of Commons Library, November 2020, pages 3 to 4; <https://commonslibrary.parliament.uk/research-briefings/cbp-7585/>.

⁹⁹ 'Supporting families: 2021–22 and beyond: policy paper', Ministry of Housing, Communities and Local Government, March 2021; <https://www.gov.uk/government/publications/supporting-families-2021-to-2022-and-beyond/supporting-families-2021-22-and-beyond#chapter-2-the-road-ahead>.

¹⁰⁰ 'Early help system guide: a toolkit to assist local strategic partnerships responsible for their early help system', Ministry of Housing, Communities and Local Government, May 2020, page 7; <https://www.gov.uk/government/publications/troubled-families-early-help-system-guide>.

¹⁰¹ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-7>.

¹⁰² 'Children and young people's services: funding and spending 2010/11 to 2018/19', Action for Children, National Children's Bureau, NSPCC, The Children's Society and Barnardo's, 2020; <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/childrens-services-funding-and-spending/>.

- targeted family support in the home to improve family functioning (for example, relationship support for parents, mentoring schemes or behaviour change programmes)
- youth services, including specialist adolescent services and support for participation in education or training
- social, emotional and mental health programmes and practical support
- preventative help or support for emerging substance use issues.¹⁰³

There are also a number of developing areas of provision. These include:

- provision in response to concerns about extra-familial harms: responses have been accelerated by the addition in 'Working together' that 'local early help services will typically include... responses to emerging thematic concerns in extra-familial contexts'.¹⁰⁴ Examples include the early help teams within the Greater Manchester Complex Safeguarding Hub and the growing network of Contextual Safeguarding initiatives¹⁰⁵
- an emergent but growing range of locally developed provision working with parents who have had children removed from their care.¹⁰⁶ Strengthening Families, an intensive early help services in Salford, is one example. An independent evaluation of this service found that Strengthening Families directly contributed to the avoidance of 118 children becoming looked after, representing annual savings on looking after these children of £3.8 million over the 5-year evaluation period¹⁰⁷
- the Department for Education's 'strengthening families, protecting children' programme rolling out three social care innovation programmes to enable more children to stay at home in safe and stable family environments so that fewer children need to be taken into care¹⁰⁸

¹⁰³ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-7>.

¹⁰⁴ 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children', HM Government, 2018; <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>, quote on page 15.

¹⁰⁵ See: 'Complex safeguarding in Manchester – resources for practitioners', Manchester Safeguarding Partnership; <https://www.manchestersafeguardingpartnership.co.uk/resource/complex-safeguarding-in-manchester/>; Contextual Safeguarding; <https://contextualsafeguarding.org.uk/>.

¹⁰⁶ 'Services for parents who have experienced recurrent care proceedings', Research in Practice; <https://supportingparents.researchinpractice.org.uk/services/>.

¹⁰⁷ S McPherson, P Cox, M Ryan and V Baxter, 'Reducing recurrent care proceedings – service evaluation of Salford Strengthening Families project', Unpublished report, University of Essex, June 2020; <https://www.essex.ac.uk/departments/health-and-social-care/research/health-and-care-research-service>.

¹⁰⁸ 'Strengthening families, protecting children (SFPC) programme', Department for Education, April 2019; <https://www.gov.uk/guidance/strengthening-families-protecting-children-sfpc-programme>.

- the Autumn Budget and Spending Review in October 2021, which included funding for family hubs in 75 areas in England offering health visiting, midwifery, breastfeeding support and mental health support.¹⁰⁹

Critiques of both Supporting Families and Start for Life argue that both pay insufficient attention to the context of child and family poverty, social and racial inequalities and the rising levels of need in our communities.¹¹⁰ It is unclear how these programmes will be able to respond to the needs of the new cohorts seeking support in the pandemic era, particularly in local areas where more than half of all children are reportedly living in poverty.

Early help assessment and delivery model

Reviewing changes in early help provision since 2012, ADCS notes that 'multi-disciplinary services, joint pathways and single point of contact, generally with social care, are increasingly more common'.¹¹¹ Some local authorities reported that early help assessments and support were mostly provided by partner agencies, while others included help provided through 'self-serve' online resources as part of their early help offer.¹¹² Some had merged early help and public health services.

By autumn 2020, more local authorities appeared to be providing an integrated model of practice 'where early help workers actively support social work teams in their day-to-day work, delivering interventions with families alongside qualified social workers'.¹¹³

Most models of practice mentioned in response to Lucas and Archard's Freedom of Information request were based on the Common Assessment Framework (now early help assessment).¹¹⁴ However, one in four respondents cited the Signs of Safety

¹⁰⁹ 'Autumn Budget and Spending Review', HM Treasury, October 2021; <https://www.gov.uk/government/publications/autumn-budget-and-spending-review-2021-documents>.

¹¹⁰ See: S Crossley, 'Learning to be poor? Poverty and the Troubled Families programme', Child Poverty Action Group, April 2019; <https://cpag.org.uk/news-blogs/news-listings/learning-be-poor-poverty-and-troubled-families-programme>; N Eisenstadt, 'Andrea Leadsom's plan for children ignores the impact of poverty', in 'The Guardian', 26 March 2021; <https://www.theguardian.com/commentisfree/2021/mar/26/andrea-leadsom-children-poverty-sure-start-families-government>.

¹¹¹ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, pages 22 to 23; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

¹¹² 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, pages 22 to 23; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

¹¹³ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 23; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

¹¹⁴ S Lucas and PJ Archard, 'Early help and children's services: exploring provision and practice across English local authorities', in 'Journal of Children's Services', Volume 16, Issue 1, 2021, pages 74 to 86. Lucas and Archard report on their analysis of responses to a Freedom of Information request that sought information (in September 2017) from all local authorities on their early help provision, including models of practice, for children and families not reaching the child in need threshold. The authors received 129 responses.

approach as their 'model of practice' for early help, despite it being primarily associated with child safeguarding assessment and intervention.¹¹⁵

Table 1: Numbers of local authorities citing specific 'models of practice' for early help¹¹⁶

Practice model/approach	Number and percentage of local authorities using model/approach
Family Group Conference	4 (3%)
Restorative practice	10 (8%)
Think Family	10 (8%)
Troubled Families	25 (19%)
Signs of Safety	33 (26%)
Common Assessment Framework	36 (28%)
Team Around the Family/Team Around the Child	66 (51%)
Early Help Assessment	71 (55%)

Children, young people and families who early help may be failing to reach

In their analysis of early help arrangements, Lucas and Archard suggest that one issue requiring further investigation is whether early help services may be focused on particular kinds of problems that can more readily be met by universal services, while other forms of need are either met elsewhere or not met at all.¹¹⁷

Certainly, there is evidence that some children and families are not receiving the early help they need.

Black and mixed-heritage boys

In October 2021, HMI Probation published a report on the experience of Black and mixed-heritage boys in the youth justice system.¹¹⁸ The report found that many had multiple and complex needs, including emotional and mental health difficulties, yet most had not received any support until becoming involved with the youth justice system.

High levels of unmet need was a consistent theme of the inspections that led to this report. HM Chief Inspector, Justin Russell, said youth justice workers were united in the view that early detection of problems would have led to different outcomes for

¹¹⁵ S Lucas and PJ Archard, 'Early help and children's services: exploring provision and practice across English local authorities', in 'Journal of Children's Services', Volume 16, Issue 1, 2021, pages 74 to 86.

¹¹⁶ Adapted from: S Lucas and PJ Archard, 'Early help and children's services: exploring provision and practice across English local authorities', in 'Journal of Children's Services', Volume 16, Issue 1, 2021, pages 74 to 86.

¹¹⁷ S Lucas and PJ Archard, 'Early help and children's services: exploring provision and practice across English local authorities', in 'Journal of Children's Services', Volume 16, Issue 1, 2021, pages 74 to 86.

¹¹⁸ 'The experience of black and mixed heritage boys in the youth justice system: a thematic inspection by HM Inspectorate of Probation', HMI Probation, October 2021, page 6; <https://www.justiceinspectors.gov.uk/hmiprobation/inspections/black-and-mixed-heritage-boys/>.

most boys, but instead boys were 'acquiring criminal records that can have lifelong consequences'.¹¹⁹

Inspectors found that Black and mixed-heritage boys were less likely than their peers to have been referred to early help services when they were younger, but more likely to have been involved with children's social care.¹²⁰ Boys who had been referred to child and adolescent mental health services (CAMHS) at a young age had not always received the support they needed. Policies, procedures and processes for all early help services should be examined to see if approaches were 'going far enough' to meet needs for this group of children.

Babies born into care

Amidst a steep rise in the number of babies born into care, a literature review for the Nuffield Family Justice Observatory (FJO) found that expectant mothers at risk of care proceedings are not getting the support they need.^{121,122}

Delayed responses from child protection agencies are consistently reported across the literature.¹²³ Workers do not always have the skills, guidance or tools to support effective early assessment during pregnancy, so opportunities to promote the well-being of the unborn child and divert cases from care proceedings may be overlooked.¹²⁴

In 2017, a study of vulnerable birth mothers found that most had quickly self-referred (to children's social care or midwifery services). But early self-referral did not necessarily equate to an early service response. Pre-birth assessments were

¹¹⁹ 'Black and mixed heritage boys receiving poor support from youth offending services [press release]' HMI Probation, October 2021; <https://www.justiceinspectorates.gov.uk/hmiprobation/media/press-releases/2021/10/black-and-mixed-heritage-boys-receiving-poor-support-from-youth-offending-services/>.

¹²⁰ 'The experience of black and mixed heritage boys in the youth justice system: a thematic inspection by HM Inspectorate of Probation', HMI Probation, October 2021, page 8; <https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/black-and-mixed-heritage-boys/>.

¹²¹ R Pattinson, K Broadhurst, B Alrouh, L Cusworth, S Doeblner, L Griffiths, R Johnson, A Akbari and D Ford, 'Newborn babies in urgent care proceedings in England and Wales', Nuffield Family Justice Observatory, 2021; <https://www.nuffieldfjo.org.uk/resource/newborn-babies-urgent-care-proceedings>.

¹²² C Mason, L Robertson and K Broadhurst, 'Pre-birth assessment and infant removal at birth: experiences and challenges. A literature review', Nuffield Family Justice Observatory, December 2019; <https://www.nuffieldfjo.org.uk/resource/pre-birth-assessment-and-infant-removal-at-birth-experiences-and-challenges>.

¹²³ C Mason, L Robertson and K Broadhurst, 'Pre-birth assessment and infant removal at birth: experiences and challenges. A literature review', Nuffield Family Justice Observatory, December 2019; <https://www.nuffieldfjo.org.uk/resource/pre-birth-assessment-and-infant-removal-at-birth-experiences-and-challenges>.

¹²⁴ C Mason, L Robertson and K Broadhurst, 'Pre-birth assessment and infant removal at birth: experiences and challenges. A literature review', Nuffield Family Justice Observatory, December 2019; <https://www.nuffieldfjo.org.uk/resource/pre-birth-assessment-and-infant-removal-at-birth-experiences-and-challenges>.

frequently delayed until the third trimester.¹²⁵ The literature review suggests that in the context of high caseloads these delays are common, and 'unborn children can be given less priority in busy social work teams'.¹²⁶

Studies also suggest that intervention 'too early' in pregnancy can sometimes be seen by practitioners as a 'poor use of resources' in case the pregnancy does not continue.¹²⁷

Adolescents in care proceedings

The number and proportion of older children in care proceedings has increased dramatically over the last 10 years. Research for the Nuffield FJO found that between 2011–12 and 2019–20, the number of 10- to 17-year-olds in care proceedings almost doubled, rising by 95% from just over 3,000 children to just over 6,000.¹²⁸

Among over-15s, the increase was even more stark. There was a 150% increase in the number of 15-year-olds involved in care proceedings and a 285% rise in the number of 16-year-olds. More than one in four (27%) children in care proceedings are now aged 10 to 17, compared with fewer than one in five (18%) in 2011–12.

Researchers also identified particularly sharp increases in the number of children in care proceedings between 2014 and 2017, which coincided with changes in the use of section 20 voluntary accommodation arrangements, as well as significant regional variations in rates of adolescent involvement in proceedings.¹²⁹ While more work is needed to understand what is driving regional variation, contributory factors may include the scale of local deprivation and limited access to early support for adolescents and their families.¹³⁰

¹²⁵ K Broadhurst, C Mason, S Bedston, B Alrouh, L Morriss, LM McQuarrie, M Palmer, M Shaw, J Harwin and S Kershaw, 'Vulnerable birth mothers and recurrent care proceedings: final main report', Centre for Child and Family Justice Research, October 2017, page 81;

<https://www.nuffieldfoundation.org/project/vulnerable-birth-mothers-and-recurrent-care-proceedings>.

¹²⁶ C Mason, L Robertson and K Broadhurst, 'Pre-birth assessment and infant removal at birth: experiences and challenges. A literature review', Nuffield Family Justice Observatory, December 2019, page 17; <https://www.nuffieldfjo.org.uk/resource/pre-birth-assessment-and-infant-removal-at-birth-experiences-and-challenges>.

¹²⁷ C Mason, L Robertson and K Broadhurst, 'Pre-birth assessment and infant removal at birth: experiences and challenges. A literature review', Nuffield Family Justice Observatory, December 2019, page 22; <https://www.nuffieldfjo.org.uk/resource/pre-birth-assessment-and-infant-removal-at-birth-experiences-and-challenges>.

¹²⁸ A Roe, B Alrouh and L Cusworth, 'Older children and young people in care proceedings in England and Wales', Nuffield Family Justice Observatory, October 2021; <https://www.nuffieldfjo.org.uk/resource/older-children-young-people-care-proceedings>.

¹²⁹ A Roe, B Alrouh and L Cusworth, 'Older children and young people in care proceedings in England and Wales', Nuffield Family Justice Observatory, October 2021, pages 2 to 3; <https://www.nuffieldfjo.org.uk/resource/older-children-young-people-care-proceedings>.

¹³⁰ A Roe, B Alrouh and L Cusworth, 'Older children and young people in care proceedings in England and Wales', Nuffield Family Justice Observatory, October 2021, page 3; <https://www.nuffieldfjo.org.uk/resource/older-children-young-people-care-proceedings>.

A case file review for the Nuffield FJO of care proceedings applications for 73 older children (aged 10 to 17) in one London family court found that almost all had been known to children's services for several years before proceedings were issued.¹³¹ A 'more pro-active and consistent early intervention approach', including support for the whole family and continuing support where ongoing concerns do not meet service thresholds, 'may have prevented further escalation of issues'.¹³²

Elsewhere, a 2018 report on the multi-agency response to older children living with neglect (following a JTAI programme) identified significant variation in how effectively adult services identify parents who may be neglecting older children.¹³³ Inspectors found that 'too often' adult mental health and substance misuse services were not sufficiently focused on the whole family and the impact of adult behaviours on older children: 'We saw many examples where risks of neglect were not identified early enough'.¹³⁴ Inspectors also emphasised that professionals across all agencies must challenge any notion or description of older children 'choosing a lifestyle' and must always be curious to the underlying causes of older children's behaviour (such as offending or self-harm).¹³⁵

Children with mental health needs

Effective support, including early support, for young people's mental health has long been recognised as a serious shortfall in provision. In 2017, the Children's Commissioner published the first in a series of annual briefings on children's mental health provision because of the 'torrent of stories' she was hearing from children about services 'that weren't there for them'.¹³⁶

Her 2019 report focused on early access to mental health support. Her investigation found that spending on 'low level' support (that is, 'preventative and early intervention' services such as those provided by school nurses, counsellors, drop-in centres and online counselling services) varied. The top 25% of local areas spent at

¹³¹ A Roe, M Ryan and J Rehill, 'Why are older children and young people in care proceedings? A case file review', Nuffield Family Justice Observatory, October 2021;

<https://www.nuffieldfjo.org.uk/resource/young-people-care-proceedings-case-file-review>.

¹³² A Roe, M Ryan and J Rehill, 'Why are older children and young people in care proceedings? A case file review', Nuffield Family Justice Observatory, October 2021, page 2;

<https://www.nuffieldfjo.org.uk/resource/young-people-care-proceedings-case-file-review>.

¹³³ 'Growing up neglected: a multi-agency response to older children', Ofsted, Care Quality Commission, Her Majesty's Prison and Probation Service and HM Inspectorate of Constabulary and Fire and Rescue Services, July 2018; <https://www.gov.uk/government/publications/growing-up-neglected-a-multi-agency-response-to-older-children>.

¹³⁴ 'Growing up neglected: a multi-agency response to older children', Ofsted, Care Quality Commission, Her Majesty's Prison and Probation Service and HM Inspectorate of Constabulary and Fire and Rescue Services, July 2018, page 17; <https://www.gov.uk/government/publications/growing-up-neglected-a-multi-agency-response-to-older-children>.

¹³⁵ 'Growing up neglected: a multi-agency response to older children', Ofsted, Care Quality Commission, Her Majesty's Prison and Probation Service and HM Inspectorate of Constabulary and Fire and Rescue Services, July 2018, page 30; <https://www.gov.uk/government/publications/growing-up-neglected-a-multi-agency-response-to-older-children>.

¹³⁶ 'The state of children's mental health services 2020/21', Children's Commissioner, January 2021, quote on page 2; <https://www.childrenscommissioner.gov.uk/report/mental-health-services-2019-20>.

least £1.1 million and the bottom 25% spent no more than £177,000.¹³⁷ More than one in three (37%) local areas had cut provision in the year to March 2019.¹³⁸

Also in 2019, the charity YoungMinds launched its Act Early campaign, calling on the government to make 'early intervention a priority', and published the results of a survey of more than 1,000 GPs. Nine in 10 (90%) GPs said they had seen a rise in the number of young people needing mental health support over the previous three years. Three in four (77%) said that community support was not good enough to meet those needs. Only one GP in 10 felt confident that a referral to CAMHS would result in treatment. Nearly half (47%) said they sometimes had to act beyond their competency in trying to support a young person.

In 2021, a report by the Mental Health Network called for young people's mental health to be a priority for integrated care systems in order to address the 'fragmentation' of children and young people's mental health services. In particular, the report called for an increased focus on early intervention and action to 'address the wider or social determinants of mental health'.¹³⁹ The Mental Health Network also highlighted that during the early stages of the pandemic, the online mental health support service Kooth had reported a steep rise in the number of young people from Black and ethnic minority communities accessing their service due to depression, anxiety, suicidal thoughts and self-harm.¹⁴⁰

Debates in policy direction

The timeline in [Appendix 2](#) lists key milestones in early help from the 1990s to today and gives historical context for the discussion below.

'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.'¹⁴¹

What do Edwards and others mean by an 'early intervention' as compared to a 'family support' conceptualisation of early help?

¹³⁷ 'Early access to mental health support', Children's Commissioner, April 2019, quote on page 10; <https://www.childrenscommissioner.gov.uk/report/early-access-to-mental-health-support/>.

¹³⁸ 'Early access to mental health support', Children's Commissioner, April 2019, quote on page 12; <https://www.childrenscommissioner.gov.uk/report/early-access-to-mental-health-support/>.

¹³⁹ 'Reaching the tipping point: children and young people's mental health. NHS Confederation', Mental Health Network, August 2021, quote on page 22; <https://www.nhsconfed.org/publications/reaching-tipping-point>.

¹⁴⁰ 'Reaching the tipping point: children and young people's mental health. NHS Confederation', Mental Health Network, August 2021, quote on page 10; <https://www.nhsconfed.org/publications/reaching-tipping-point>.

¹⁴¹ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence', in 'National Children's Bureau', June 2021, page 30; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

Across the literature, and throughout policy and practice, the terms 'early intervention', 'family support' and 'early help' are used, sometimes interchangeably and with no established consensus on definitions.¹⁴² In 2021, a new term, 'family help' (along with a draft definition of the types of activities the term might include) was proposed in 'The case for change', an early report from the Independent Review of Children's Social Care.¹⁴³

While for many practitioners, terms (or at least some of them) may be interchangeable, for many researchers and policymakers they highlight major differences in approach that have been debated over decades.¹⁴⁴ Central to these debates is the balance struck in policy and system design between prevention, support and protection. This is referred to as the 'orientation' of a national or local welfare system.

These orientations express different policy values, different frames for situating the role of the state in public services' involvement in family life and different convictions on how to use finite resources to best effect.

International comparative analyses describe England as having a 'protective risk management' orientation to child welfare as opposed to a family service orientation.¹⁴⁵ In this context, a foreword to Edwards and others' rapid review notes that 'early help has become a description of the earliest part of the safeguarding system rather than a focused, preventative tier of support and intervention'.¹⁴⁶ For a detailed exchange of views in this debate, see Featherstone and others and Axford and Berry.¹⁴⁷

¹⁴² N Frost, S Abbott and T Race, 'Family support: prevention, early intervention and early help', Polity Press, 2015, page 17; D Plimmer and M Van Poortvliet, 'Prevention and early intervention: scoping study for the Big Lottery Fund', in 'New Philanthropy Capital', September 2012; <https://www.thinknpc.org/resource-hub/prevention-and-early-intervention/>.

¹⁴³ 'The case for change', Independent Review of Children's Social Care, June 2021, page 36; <https://childrensocialcare.independent-review.uk/case-for-change/>.

¹⁴⁴ N Frost, S Abbott and T Race, 'Family support: prevention, early intervention and early help', Polity Press, 2015, page 34. A 30-year timeline that maps, in brief, policy shifts that reflect these debates since the implementation of the Children Act 1989 can be found in [Appendix 1](#).

¹⁴⁵ See: C McGregor and C Devaney, 'Protective support and supportive protection for families "in the middle": learning from the Irish context', in 'Child & Family Social Work', Volume 25, Issue 2, 2020, pages 277 to 285; N Gilbert, N Parton and M Skivenes, 'Changing patterns of response and emerging orientations', in 'Child protection systems: international trends and orientations', edited by N Gilbert, N Parton and M Skivenes, Oxford University Press, 2011, pages 243 to 258; J Tunstill and J Aldgate, 'Services for children in need: from policy to practice', Department of Health, 2000; J Tunstill, J Aldgate and J Thoburn, 'Promoting and safeguarding the welfare of children: a bridge too far?', in 'Journal of Children's Services', Volume 5, Issue 3, 2010, pages 14 to 24.

¹⁴⁶ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence', in 'National Children's Bureau', June 2021, page 3; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

¹⁴⁷ See: B Featherstone, K Morris and S White, 'A marriage made in hell: early intervention meets child protection', in 'British Journal of Social Work', Volume 44, Issue 7, 2014, pages 1735 to 1749; N Axford and V Berry, 'Perfect bedfellows: why early intervention can play a critical role in protecting children – a response to Featherstone et al. (2014) "A marriage made in hell: child protection meets early intervention"', in 'British Journal of Social Work', Volume 48, Issue 1, 2018, pages 254 to 273.

A public health approach for family support

Public health approaches address the wider determinants of individuals' and communities' health and well-being. These include socio-economic factors, housing, social networks and education. Poverty is foregrounded as an under-acknowledged social determinant of child welfare inequalities and a vital context within which to understand and respond to families' experiences.¹⁴⁸

Rather than targeting a small proportion of the population experiencing difficulties, system design may draw on Marmot's concept of 'proportionate universalism'.¹⁴⁹ In this concept, services are made universally available and delivered at a scale and intensity that is proportionate to the degree of need. This means that there is a maintained collective interest in funding quality services, and it avoids stigmatisation of those who use them.¹⁵⁰ The broader availability of these whole-of-population strategies helps with early identification of families in need of additional support. Higgins and others also argue that, if strategies are targeted only to the most vulnerable families, then most parents experiencing difficulties with parenting will be ignored – 'and it will be very difficult to impact on the prevalence of child maltreatment'.¹⁵¹

There is now considerable international evidence that wide-reaching strategies to provide evidence-based support at a population level translate to fewer children and families in need of more intensive services, while also enhancing the well-being of the greatest number of children.¹⁵² An example of the interface between an evidence-based early intervention programme (Triple P Positive Parenting) and a public health approach to delivery (offered free of charge to every family with children under eight years old over a 30-month period) found that the number of children with emotional and behavioural problems was significantly reduced in the population as a whole. Problems were significantly reduced for more than one in

¹⁴⁸ P Bywaters, J Scourfield and others, 'Child welfare inequalities in the four nations of the UK', in 'Journal of Social Work', Volume 20, Issue 2, 2020, pages 193 to 215; JE Mosley, NP Marwell and M Ybarra, 'How the "What Works" movement is failing human service organizations, and what social work can do to fix it', in 'Human Service Organizations: Management, Leadership & Governance', Volume 43, Issue 4, 2019, pages 326 to 335.

¹⁴⁹ See: M Marmot, P Goldblatt and J Allen, 'Fair society, healthy lives: the Marmot Review', February 2010; <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>; M Marmot, 'Health inequalities, COVID-19 and healthcare professionals', in 'Royal College of Physicians', October 2020; <https://www.rcplondon.ac.uk/news/health-inequalities-covid-19-and-healthcare-professionals>; M Marmot, J Allen, T Boyce, P Goldblatt and J Morrison, 'Health equity in England: the Marmot Review ten years on', Institute of Health Equity, February 2020; <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>.

¹⁵⁰ 'Proportionate universalism briefing', NHS Scotland, October 2014; <http://www.healthscotland.com/documents/24296.aspx>.

¹⁵¹ D Higgins, M Sanders, B Lonne and D Richardson, 'Families – private and sacred: how to raise the curtain and implement family support from a public health perspective', in 'Re-visioning public health approaches for protecting children', edited by B Lonne, D Scott, D Higgins and T Herrenkohl, Springer 2019, pages 127 to 143.

¹⁵² D Higgins, M Sanders, B Lonne and D Richardson, 'Families – private and sacred: how to raise the curtain and implement family support from a public health perspective', in 'Re-visioning public health approaches for protecting children', edited by B Lonne, D Scott, D Higgins and T Herrenkohl, Springer, 2019, pages 127 to 143.

three (37%) children with higher levels of need, and there was a 30% decrease in reports of mild and higher levels of both parental distress and stress for parents.¹⁵³ Estimates suggest that costs of this kind of approach could be recovered in a single year by as little as a 10% reduction in the rate of abuse and neglect.¹⁵⁴

Some local systems have created a network to develop a 'Marmot' approach' to addressing health inequalities.¹⁵⁵ The network includes the Greater Manchester City Region, Coventry, Stoke, Newcastle, Gateshead, Bristol and Somerset.¹⁵⁶ Faherty and Gaulton describe multi-agency 'working together' in the 'Marmot City of Coventry', where they have seen a narrowing of the gap in life expectancy between the most affluent and most deprived. Outcomes in educational development, health, life satisfaction and employment have improved, and crime has fallen in priority locations.¹⁵⁷

The Social Model applies this public health lens to family support and child protection.¹⁵⁸ It advocates that policy should move from a narrow focus on harm in individual households to developing 'robust social protections, with decent income support strategies, housing, education and health for all, but also responsive and supportive locally based community services'.¹⁵⁹

Featherstone and others make the argument for 'the moral legitimacy' of the concept of support as opposed to intervention and the need to develop a 'family support project for the twenty-first century'.¹⁶⁰ In a system geared towards demand management, dependency is framed as something to be avoided. But Featherstone and others draw on the ethics of care literature, in which it is acknowledged that 'dependency and vulnerability are basic aspects of the human condition and policies

¹⁵³ A Fives, L Pursell, C Heary and others, 'Parenting support for every parent: a population-level evaluation of Triple P in Longford and Westmeath: final report', Longford Westmeath Parenting Partnership, June 2014; <https://repository.dri.ie/catalog/0p09kv99c>.

¹⁵⁴ EM Foster, RJ Prinz, MR Sanders and others, 'The costs of a public health infrastructure for delivering parenting and family support', in 'Children and Youth Services Review', Volume 30, Issue 5, 2008, pages 493 to 501.

¹⁵⁵ 'Health equity in England: the Marmot Review 10 years on', Institute of Health Equity; www.instituteofhealthequity.org/the-marmot-review-10-years-on. The Institute of Health Equity, which is led by Professor Sir Michael Marmot, works to support approaches to improve health equity and address the social determinants of health – that is, the social and environmental conditions in which people are born, live, work and age and which shape and drive health outcomes.

¹⁵⁶ 'Building and supporting health equity networks', Institute of Health Equity; www.instituteofhealthequity.org/about-our-work/building-networks.

¹⁵⁷ G Faherty and L Gaulton, 'Working together to reduce health inequalities in the Marmot City of Coventry', in 'Primary Health Care', Volume 27, Issue 2, 2017, pages 26 to 29.

¹⁵⁸ B Featherstone, A Gupta, K Morris and S White, 'Protecting children: a social model', Policy Press, 2018.

¹⁵⁹ B Featherstone, CE Firmin, A Gupta, K Morris and L Wroe, 'The social model and contextual safeguarding: key messages for practice', Contextual Safeguarding Network, September 2020, page 2; <https://www.csnetwork.org.uk/en/publications/the-social-model-and-contextual-safeguarding-key-messages-for-practice>.

¹⁶⁰ B Featherstone, K Morris and S White, 'A marriage made in hell: early intervention meets child protection', in 'British Journal of Social Work', Volume 44, Issue 7, 2014, pages 1735 to 1749, quote on page 1737.

should recognise and support human flourishing in the context of our interdependence'.¹⁶¹

There is a body of international literature, practical work and collaborative networks to develop an evidence-based framework and quality standards on family support, and a workforce development framework, all with the underlying goal of ensuring children's rights and families' well-being.¹⁶² The design of systems to support families in local areas in England (including Camden and Leeds) has been informed by EurofamNet as well as the UNESCO Child and Family Research Centre at the National University of Ireland.

Co-development of community-led, locality-based services is guided by the principle that local families and communities have the knowledge, skills and assets to know how best to respond to challenges and to thrive, elevating 'family voices... for a more distributive and equal share in decision-making'.¹⁶³ Participatory research methods are used to understand what help people might want and what 'good help' feels like for them. This widens thinking beyond service responses to explore strengths and informal support networks, what a good life means and how people think it can be achieved in partnership with professionals.

These ideas are being applied in the design of early help systems, for example in the work of Camden Family Changemakers.¹⁶⁴ This responds to a key message from local people that a priority for them is that support should be provided on the basis that every family needs help at one time or another, thereby enabling people to seek help without stigma.¹⁶⁵ Capacity built through these activities can have cumulative benefits. Research by New Local found that councils that were used to working with communities were better able to support the new mutual aid community groups that emerged during the pandemic.¹⁶⁶

Family group conferences (FGCs) are a practical expression of this approach. There are a number of local authorities where FGCs are facilitated within the early help offer to support families in finding their own solutions to issues and lead the

¹⁶¹ B Featherstone, K Morris and S White, 'A marriage made in hell: early intervention meets child protection', in 'British Journal of Social Work', Volume 44, Issue 7, 2014, pages 1735 to 1749, quote on page 1745.

¹⁶² EurofamNet: The European Family Support Network; <https://eurofamnet.eu/>.

¹⁶³ B Dove and T Fisher, 'The rewilding of helping human services', in 'Social Work 2020–21 under COVID-19 Magazine', April 2021; <https://sw2020covid19.group.shef.ac.uk/2021/04/28/the-rewilding-of-helping-human-services/>.

¹⁶⁴ N Maiolini, 'Camden family changemakers', 2021; <https://vimeo.com/541404031>.

¹⁶⁵ B Dove, 'Someone to watch over me', in 'Social Work 2020–21 under COVID-19 Magazine', April 2020; <https://sw2020covid19.group.shef.ac.uk/2020/04/24/someone-to-watch-over-me/>.

¹⁶⁶ See: P Tjoa, 'From tiny acorns: communities shaping the future of children's services', New Local Government Network, September 2019; www.newlocal.org.uk/publications/from-tiny-acorns-communities-shaping-the-future-of-childrens-services/; P Tjoa, 'Growing community capacity: strategic briefing', Research in Practice, March 2021; <https://www.researchinpractice.org.uk/children/publications/2021/march/growing-community-capacity-strategic-briefing-2021/>.

decision-making process. Examples include Salford City Council; Sutton Council; and the Early Intervention Foundation's case study of FGCs in Camden.¹⁶⁷

Practitioners need to be fully engaged, during assessment and in their direct practice, with the economic, social and environmental contexts in which children and families live. Initially formulated by Krumer-Nevo, poverty-aware practice is gaining traction in the work of local areas, including Leeds and Northern Ireland.¹⁶⁸ It emphasises the importance of practical help to address stressors, such as insecure work, inadequate housing and health difficulties.

But also integral to poverty-aware practice is that the work of practitioners is informed by the voices and experiences of the people they work with, actively promoting human rights and providing advocacy. This may sound obvious, but various studies demonstrate that empathic responses can be drowned out by workplace issues, such as the number of families being worked with or levels of workforce churn, as well as workers having limited experiences in common with the people and communities with whom they work.^{169,170}

Poverty-aware practice also means that workforce and system development are informed by research and first-hand stories of the intersecting experiences of poverty, social inequality and racism in order to build understanding of the toll these pressures take, not just on family economics, but on cognitive resources, self-efficacy, confidence, physical and mental health, social isolation and stigma.¹⁷¹

As we explore in further detail below, 'ordinary help',¹⁷² developed locally and delivered in community settings, does not conform well to evaluation using experimental and quasi-experimental evaluation methods. Calum Webb, who is leading a new research initiative into the systemic effects of investment in prevention in children's services, recommends that 'holistic assessments of different forms of evidence, and a "systems-eye view" [...] are recommended to create

¹⁶⁷ See: Family Group Conferences, Salford City Council; www.salford.gov.uk/children-and-families/early-help-for-families/family-group-conferences/; Early Help Family Group Conference, Sutton Council; www.sutton.gov.uk/info/200242/families_and_childcare/1935/early_help_family_group_conference_e_hfgc; 'Family Group Conferencing, Camden', Early Intervention Foundation, September 2018; www.eif.org.uk/resource/family-group-conferencing-camden.

¹⁶⁸ See: M Krumer-Nevo, 'Poverty-aware social work: a paradigm for social work practice with people in poverty', in 'British Journal of Social Work', Volume 46, Issue 6, September 2016, pages 1793 to 1808; M Krumer-Nevo, 'Poverty and the political: wresting the political out of and into social work theory, practice and research', in 'European Journal of Social Work', Volume 20, Issue 6, May 2017, pages 811 to 22; 'Tackling poverty framework', Leeds Safeguarding Children Partnership; <https://www.leedsscp.org.uk/node/1354>.

¹⁶⁹ K Morris, W Mason and others, 'Social work, poverty, and child welfare interventions', in 'Child and Family Social Work', Volume 23, Issue 3, 2018, pages 364 to 372.

¹⁷⁰ C Mason, D Taggart and K Broadhurst, 'Parental non-engagement within child protection services – how can understandings of complex trauma and epistemic trust help?', in 'Societies', Volume 10, Issue 4, 2020, pages 1 to 21; <https://doi.org/10.3390/soc10040093>.

¹⁷¹ A Wright, 'Tackling child poverty: implications for children's services. A think piece', ADCS Virtual Staff College, 2013.

¹⁷² C Webb, 'In defence of ordinary help: estimating the effect of early help/family support spending on children in need rates in England using ALT-SR', in 'Journal of Social Policy', 2021, pages 1 to 28.

effective ecosystems for addressing need without putting services that provide ordinary help at risk'.¹⁷³

Evaluation of early help

Advocates of early intervention have often emphasised the economic, as well as the human, benefit of acting early to improve outcomes for children and families, highlighting the cost of potentially avoidable later intervention.¹⁷⁴ This argument strengthens the desire for clarity about 'what works', as policymakers and local services seek to ensure that the activities being invested in will achieve the intended results, both for families and the public purse.

Edwards and others and Lucas and Archard provide articulate summary evidence on evaluation studies of early help programmes and services.^{175,176} The former discuss why this area of practice is so difficult to evaluate, naming the heterogeneity of local offers as one of the main challenges:

'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.'¹⁷⁷

Citing Stewart-Brown, Edwards and others also point out that 'the bulk of evidence' on early help is from evaluations of programmes, courses or specialised services that conform well to the design of a randomised controlled trial.^{178,179} It is relatively straightforward to evaluate formal, time-limited programmes or interventions designed with clearly defined and measurable outcomes, but these make up 'a

¹⁷³ C Webb, 'In defence of ordinary help: estimating the effect of early help/family support spending on children in need rates in England using ALT-SR', in 'Journal of Social Policy', 2021, pages 1 to 28, quote on page 23.

¹⁷⁴ G Allen, 'Early intervention: the next steps', Department for Work and Pensions and Cabinet Office, January 2011; <https://www.gov.uk/government/publications/early-intervention-the-next-steps--2>.

¹⁷⁵ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence', National Children's Bureau, June 2021; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

¹⁷⁶ S Lucas and P Archard, 'Early help and children's services: exploring provision and practice across English local authorities', in 'Journal of Children's Services', Volume 16, Issue 1, 2021, pages 74 to 86.

¹⁷⁷ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence', National Children's Bureau, June 2021; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

¹⁷⁸ S Stewart-Brown, R Anthony, L Wilson, S Winstanley, N Stallard, H Snooks and D Simkiss, 'Should randomised controlled trials be the "gold standard" for research on preventive interventions for children?', in 'Journal of Children's Services', Volume 6, Issue 4, 2011, pages 228 to 235.

¹⁷⁹ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence', National Children's Bureau, June 2021; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

fraction' of the early help provision in any local system.¹⁸⁰ Far fewer studies look at 'long-term, community-led, and flexible forms of support with large numbers of envisaged outcomes', in particular early help services that 'intervene on factors such as poverty and low-income... as principal causal determinants of abuse and neglect and other poor outcomes for children'.¹⁸¹

Standardised programmes are more suited to evaluations using methods rated highly on the hierarchy of methodologies for generating evidence and statistical measurement of effect.¹⁸² Funding for the development, testing and implementation of programmes and models may be allocated based on evidence of impact rated highly on the evidence hierarchy. As a result, standardised programmes stand to benefit most from this evidentiary ranking system. In this 'high stakes testing environment', 'ground level knowledge' and the qualitative research methods designed to capture it rate poorly.¹⁸³ Our means of understanding what works are limited because:

'... services developed from an older tradition of community development and family support, which are less amenable to RCT-type [randomised control trial] evaluation, have increasingly found themselves outside the preferred policy and evidence paradigm'.¹⁸⁴

Qualitative methods are essential for gathering insights into community-based knowledge and the diversity and intersectionality of experiences of marginalised groups.¹⁸⁵ The What Works for Children's 'Spark Grant Scheme' aims to generate diversity in research.¹⁸⁶ The current pilot evaluation of multi-agency, restorative early help hubs in Leeds, which focuses on families' experiences of receiving

¹⁸⁰ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence', National Children's Bureau, June 2021, page 28; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

¹⁸¹ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence – summary report', National Children's Bureau, June 2021, page 7; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

¹⁸² JE Mosley, NP Marwel and M Ybarra, 'How the "What Works" movement is failing human service organizations, and what social work can do to fix it', in 'Human Service Organizations: Management, Leadership & Governance', Volume 43, Issue 4, 2019, page 326 to 335; 'The Maryland scientific methods scale (SMS)', What Works Centre for Local Economic Growth; <https://whatworksgrowth.org/resources/the-scientific-maryland-scale>.

¹⁸³ N Frost and P Dolan, 'Theory, research and practice in child welfare: the current state of the art in social work', in 'Child & Family Social Work', Volume 2, Issue 2, 2021, pages 498 to 506; <https://doi.org/10.1111/cfs.12824>.

¹⁸⁴ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence', National Children's Bureau, June 2021; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

¹⁸⁵ 'Supporting and strengthening families through provision of early help: a rapid review of evidence', National Children's Bureau, June 2021, page 27; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

¹⁸⁶ 'Seven new research projects funded in children's social care', What Works for Children's Social Care, October 2021; <https://whatworks-csc.org.uk/blog/seven-new-research-projects-funded-in-childrens-social-care/>.

support, is an example of this mixed-methods evaluative work. And in making their case for a 'pluralist approach' to evidence, Fives and others argue that different types of research questions are best answered by different types of studies; mixed methods research can help answer questions about how interventions work, for whom they work and in what context.¹⁸⁷

Early intervention programmes with a focus on preventing child maltreatment are often based on analyses of risk and protective factors at individual parent level. Derived from epidemiological and longitudinal research, this approach identifies specific factors or 'proximal risks' (risks defined as close to the issue at hand). These may be, for example, substance misuse, maternal depression and intimate partner violence. The programme can then target service delivery through identifying these risk factors, using administrative data sets to identify distinct cohorts of the population and determining whether a family's situation meets the threshold for intervention.

Where systems and practice orient towards identifying and addressing specific parental risks, the context of family life (in particular, poverty) can easily disappear into the 'wallpaper of practice: too big to tackle and too familiar to notice'.¹⁸⁸ Take, for example, the 'trio' factors – parental mental ill health, domestic violence and substance misuse – that feature so strongly as proximal risk factors for targeted service activity. Skinner and others' systematic review makes the case that while the trio are undoubtedly important factors in children's lives, 'the social and economic context in which these issues are experienced is inextricably implicated in their consequences for children'.¹⁸⁹ Skinner and others found that studies rarely took account of contextual factors, such as socio-economic circumstances, ethnicity or the relationship between the 'trio' factors in combination. They found 'little quality evidence of the incidence of the "trio" factors in child maltreatment'. They argue that 'the paucity of the evidence-base makes a case for a shift away from over-simplified attributions of parental risk in policy and practice, and towards greater attention being given to other significant factors for child protection'.¹⁹⁰ When proximal risk factors are contextualised with epidemiological evidence about social determinants, or 'causes of the causes',¹⁹¹ research may gain 'more explanatory power' than can be achieved by 'confining ourselves to merely proximal causes'.¹⁹²

¹⁸⁷ A Fives, J Canavan and P Dolan, 'Evaluation study design – a pluralist approach to evidence', in 'European Early Childhood Education Research Journal', Volume 25, Issue 1, 2017, pages 153 to 170.

¹⁸⁸ K Morris, W Mason and others, 'Social work, poverty, and child welfare interventions', in 'Child and Family Social Work', Volume 23, Issue 3, 2018, pages 364 to 372.

¹⁸⁹ G Skinner, P Bywaters and others, 'The "toxic trio" (domestic violence, substance misuse and mental ill-health): how good is the evidence base?', in 'Children and Youth Services Review', Volume 120, 2021.

¹⁹⁰ G Skinner, P Bywaters and others, 'The "toxic trio" (domestic violence, substance misuse and mental ill-health): how good is the evidence base?', in 'Children and Youth Services Review', Volume 120, 2021.

¹⁹¹ M Marmot, J Allen, T Boyce, P Goldblatt and J Morrison, 'Health equity in England: the Marmot Review ten years on', Institute of Health Equity, February 2020; <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>.

¹⁹² J Wilson, 'Justice and the social determinants of health: an overview', in 'Public Health Ethics', Volume 2, Issue 3, 2009, pages 210 to 213.

The Early Intervention Foundation's report 'Realising the potential of early intervention' strongly acknowledges the pervasiveness of poverty and its impact on parenting. It makes six recommendations for action.¹⁹³ Axford and Berry acknowledge the danger of focusing exclusively on discrete interventions 'and thereby overlooking the need for social and economic policies to address poverty and inequality, both of which are associated with poor outcomes for children and families'.¹⁹⁴ The Early Intervention Foundation's report recognises that standardised programmes are a small element in overall early help provision. It advocates building understanding of integrated support across a local early help system, highlighting the importance of workforce development, system culture and leadership.

'While numerous studies have tested the effectiveness of individual interventions in terms of reducing child maltreatment, relatively few have explicitly tested the extent to which a wider whole-system, place-based focus on early intervention can reduce pressure on the care system over time.'¹⁹⁵

Focused evaluation of standardised programmes can produce valuable transferable learning. Axford advocates for identifying common underlying logic models rather than 'obsessing on' specific programmes.¹⁹⁶ Forrester and others offer valuable insights into the specific aspects of practice relationships that enable and support change.¹⁹⁷

Agency perspectives on early help

In this section, we summarise some key points from the available evidence on how early help and related key terms are used across agency- and profession-specific policy and practice literature (for some specific examples, see [Appendix 3](#)). We look at how practitioners may understand early help (and other terms) and their own role in relation to early help and multi-agency working. We also consider where confusion, misunderstanding and tensions may arise.

While local authorities have an explicit responsibility to lead work with partner agencies and organisations to develop 'joined-up early help services', many

¹⁹³ 'Realising the potential of early intervention', Early Intervention Foundation, October 2018; <https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>.

¹⁹⁴ N Axford and V Berry, 'Perfect bedfellows: why early intervention can play a critical role in protecting children – a response to Featherstone et al. (2014) "A marriage made in hell: child protection meets early intervention"', in 'British Journal of Social Work', Volume 48, Issue 1, 2018, pages 254 to 273.

¹⁹⁵ 'Realising the potential of early intervention', Early Intervention Foundation, October 2018; <https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>.

¹⁹⁶ N Axford and V Berry, 'Perfect bedfellows: why early intervention can play a critical role in protecting children – a response to Featherstone et al. (2014) "A marriage made in hell: child protection meets early intervention"', in 'British Journal of Social Work', Volume 48, Issue 1, 2018, pages 254 to 273.

¹⁹⁷ D Forrester, D Wilkins and C Whittaker, 'Motivational interviewing for working with children and families: a practical guide for early intervention and child protection,' Jessica Kingsley Publishers, 2021.

disciplines within those agencies also have their own professional language.¹⁹⁸ This might not differ radically from that used within local authority children's services and may change or evolve over time, but language is often rooted in a strong sense of professional identity, role and purpose (see, for example, the discussion on health visiting in [Appendix 3](#)).

All professions and agencies working with children have established child protection and safeguarding procedures. But although children's social care is 'rigidly defined in statute', the ADCS has highlighted that there is 'no right way' to provide early help.¹⁹⁹ The scope of early help activity (as described above) is broad. Working definitions and arrangements vary between local areas.^{200,201} Directors interviewed by the ADCS in July 2018 talked about a landscape of 'early help players' who 'may or may not see themselves as being part of the early help system locally'.²⁰²

Moreover, while thresholds for statutory interventions are set in legislation and described in statutory guidance, their application and interpretation vary between local authorities. So does the management of risk and support at the point of transfer to other services, including to early help services.^{203,204} Thresholds within individual authorities are also liable to fluctuate over time in response to funding pressures and demand on services.

The following sections highlight nine areas that professionals and agencies might want to consider, or that might create confusion, when working in the early help space.

Early help/early years

As Munro noted, there is a potential ambiguity attached to the term 'early help'. It refers to help provided 'early in the emergence of a problem at any stage' in a child or young person's life. But it is also sometimes used to describe (or is conflated with) help provided in the early years of a child's life.²⁰⁵ This potential confusion (or conflation) also applies to the term 'early intervention'. For example, Allen's seminal

¹⁹⁸ 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children', Department for Education, July 2018, quote on page 13; <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

¹⁹⁹ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, quote on page 24; <https://adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-7>.

²⁰⁰ 'Safeguarding pressures: phase 6', Association of Directors of Children's Services, November 2018; <https://adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-6>.

²⁰¹ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-7>.

²⁰² 'Safeguarding pressures: phase 6', Association of Directors of Children's Services, November 2018, quote on page 30; <https://adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-6>.

²⁰³ 'Safeguarding pressures: phase 6', Association of Directors of Children's Services, November 2018; <https://adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-6>.

²⁰⁴ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-7>.

²⁰⁵ E Munro, 'The Munro Review of child protection: final report – a child-centred system', Department for Education, May 2011, quote on page 69; <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>.

report on early intervention focuses heavily – ‘more or less exclusively’²⁰⁶ – on ‘interventions’ to support children aged 0 to 3.²⁰⁷

As noted earlier, descriptions of early help activity can be very broad and vary significantly from one local area to another. There may also be discrepancies between potentially identifiable needs and actual local provision described, even when that provision is broad in scope.²⁰⁸

Early help/early intervention

As we have seen above, the term ‘early intervention’ is associated with programmes designed to address individual risk and protective factors that arguably pay less attention to wider social determinants.

Some sector leaders have sought to articulate a clear distinction between ‘early help’ and ‘early intervention’. The early help resource pack produced for local authority councillors by the Local Government Association and the Early Intervention Foundation describes early help as ‘support provided by universal services to improve outcomes for all children’. Early intervention is ‘more intensive’ or ‘additional’ support for children (below the threshold for statutory intervention) ‘identified as being at risk of poor outcomes’.²⁰⁹

Nevertheless, the terms are commonly treated as synonyms. This includes within and across parts of the child and family workforce (see below), in the specialist media and in some academic work.^{210,211}

‘The terms “early intervention” and “early help” are often used interchangeably, and describe a range of services, programmes or interventions to help children and families resolve problems before they become more difficult to reverse or require more interventionist support.’²¹²

²⁰⁶ N Frost, S Abbott and T Race, ‘Family support: prevention, early intervention and early help’, Polity Press, 2015, page 25.

²⁰⁷ G Allen, ‘Early intervention: the next steps’, Cabinet Office, 2011; <https://www.gov.uk/government/publications/early-intervention-the-next-steps--2>.

²⁰⁸ ‘Early help: whose responsibility?’, Ofsted, March 2015, pages 13 to 14; <https://www.gov.uk/government/publications/early-help-whose-responsibility>.

²⁰⁹ ‘Early help resource pack’, Local Government Association and Early Intervention Foundation, May 2019, page 5; <https://local.gov.uk/publications/early-help-resource-pack>.

²¹⁰ G Józwiak, ‘The future of early intervention: roundtable debate’, Children & Young People Now, January 2019; <https://www.cypnow.co.uk/features/article/the-future-of-early-intervention-roundtable-debate>.

²¹¹ G Walker, ‘Working together for children: a critical introduction to multi-agency working’, second edition, Bloomsbury, 2018, page 13.

²¹² ‘Safeguarding pressures: phase 5 – research report’, Association of Directors of Children’s Services, December 2016, page 17; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure>.

'Early help, also known as early intervention, is support given to a family when a problem first emerges. It can be provided at any stage in a child or young person's life.'²¹³

It appears that for most practitioners there is little difference in meaning between these terms, although the term 'early help' is used also to refer specifically to locally designated early help services. The term 'early intervention' is more commonly used across health professions.

But both early help and early intervention appear to be understood in terms of taking early action when difficulties emerge. Where there is evidence of confusion, however, is in relation to what counts as early help. This relates to the enduring issue of thresholds (see below) – that is, when has a child moved 'beyond' early help?

Thresholds and referral feedback

Understanding local thresholds for statutory provision is a source of continuing confusion, if not incomprehension, for many practitioners.

Richards found that the school staff she interviewed (all designated safeguarding leads) routinely did not understand why referrals to social care, in particular for neglect, were rejected.²¹⁴ Evidence from practitioner surveys suggests that this is also a common source of frustration for health visitors and school nurses, among others.

'Working together to safeguard children' is clear that children's social care practitioners should give feedback on the decisions they take, and this should include both the reasons why a case does not reach the statutory threshold and suggestion for alternative support.²¹⁵ Ofsted's thematic inspection found 'significant inconsistency in practice' on feedback.²¹⁶

Richards reports that some school safeguarding leads felt that non-acceptance of a referral reflected on 'their own credibility as reporters'.²¹⁷ Walker makes a similar point: if a universal practitioner has identified that a child is living in a family affected by domestic violence and believes that child is 'in need' of social work

²¹³ 'Early help (or early intervention)', NSPCC Learning, September 2021;

<https://learning.nspcc.org.uk/safeguarding-child-protection/early-help-early-intervention>.

²¹⁴ C Richards, "'It's a big ask when your job is to teach children to read, write and to count": the experiences of school staff in early help and child protection', in 'Pastoral Care in Education', Volume 36, Issue 1, 2018, pages 44 to 56.

²¹⁵ 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children', HM Government, 2018, page 18;

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

²¹⁶ 'Early help: whose responsibility?', Ofsted, March 2015, page 21;

<https://www.gov.uk/government/publications/early-help-whose-responsibility>.

²¹⁷ C Richards, "'It's a big ask when your job is to teach children to read, write and to count": the experiences of school staff in early help and child protection', in 'Pastoral Care in Education', Volume 36, Issue 1, 2018, pages 44 to 56.

support, non-acceptance of their referral may leave them feeling that 'their interpretation of events is not valued'.²¹⁸

In their thematic inspection of joint working between adult and children's services when parents have mental ill health or substance use problems, Ofsted and Care Quality Commission inspectors found that, in more than one in five cases referred by adult services, children's social care took no further action, even though action should have been taken: '... in some cases it was evident that the concerns of the adult services practitioners had not been given enough weight'.²¹⁹

Step down to early help

'Working together to safeguard children' describes early help as the provision of help and support 'as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years'.²²⁰ Yet a crucial aspect of early help services is providing continuing support for children and families who have been 'stepped down' from statutory social care provision. This may be particularly confusing for practitioners outside of local authority children's services.²²¹

In Ofsted's 2015 report on early help, inspectors noted that attempts to nail down precise roles and responsibilities under section 10 of the Children Act 2004 were often fraught, particularly if the 'front door' to children's social care does not open.

'When children's social care undertook formal assessments and decided that statutory intervention was not required, practice in regard to securing support for early needs was insufficiently robust. For some children, social care took proactive steps to negotiate agreement from partner agencies to offer specific support to the family. In too many cases, children's social care ended their involvement without securing appropriate support for children. Either partners were not advised of these needs or weak arrangements were tentatively agreed. Such examples of poor arrangements included partners agreeing to "keep an eye on things and re-refer if we are worried again" or "school will monitor". Such responses did not reduce the risk of future escalation and left children's needs unmet.

These examples demonstrate continued confusion about partnership roles and responsibilities. Some professionals are not always clear about their role and responsibility to intervene and support families when the

²¹⁸ G Walker, 'Working together for children: a critical introduction to multi-agency working', second edition, Bloomsbury, 2018, page 56.

²¹⁹ 'What about the children? Joint working between adult and children's services when parents or carers have mental ill health and/or drug and alcohol problems', Ofsted and Care Quality Commission, March 2013, page 18; <https://www.gov.uk/government/publications/joint-working-between-adult-and-childrens-services>.

²²⁰ 'Criminal exploitation of children and vulnerable adults: county lines guidance', Home Office, September 2018, page 13; <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>.

²²¹ G Walker, 'Working together for children: a critical introduction to multi-agency working', second edition, Bloomsbury, 2018, pages 77 to 78.

threshold for statutory intervention is not met. Neither is it clear what role and responsibility statutory services have to ensure that children and families receive the help they need when it is not their statutory duty to provide those services.²²²

The evidence highlighted in this report suggests that these are persistent issues.

Early help as a whole-system approach

Across the multi-agency system, there is evidence of a commitment to situating early help and support for children and families within a broad public health or child welfare approach.

This vision extends well beyond early help as a way of managing demand and relieving the pressure on statutory children's social care services. This is evident, for example, in the 'Child First' approach adopted by the Youth Justice Board (YJB), which acknowledges that children are drawn into offending behaviour for a wide range of reasons, many 'linked to failures to support their safety and well-being'.²²³ The systemic 'transformation' needed 'cannot be delivered by... the youth justice system alone'.²²⁴ The YJB's approach is backed by a substantial body of research evidence.²²⁵

Similarly, the THRIVE framework, which is increasingly being adopted by children's mental health service commissioners and providers, explicitly acknowledges the 'emerging and increasingly compelling evidence of a range of social and economic factors that affect mental health'. These factors include 'poverty, poor housing, neighbourhood cohesion and national income inequality'.²²⁶

In its 'vision for the future', the Institute of Health Visiting emphasises that making sure that every child has the best start in life requires a broad-based effort to reduce inequalities. It states that a whole-system, integrated approach is needed 'as prevention and intervention cut across a range of stakeholders' working with families.²²⁷ It also makes clear that the system must give practitioners sufficient time to establish the 'trusting relationships' that help families to disclose need.

²²² 'Early help: whose responsibility?' Ofsted, March 2015, page 20;

<https://www.gov.uk/government/publications/early-help-whose-responsibility>.

²²³ 'Strategic plan 2021–2024', Youth Justice Board, March 2021, page 12;

<https://www.gov.uk/government/publications/youth-justice-board-for-england-and-wales-strategic-plan-2021-24>.

²²⁴ 'Business plan 2021–22', Youth Justice Board, March 2021, page 7;

<https://www.gov.uk/government/publications/yjb-business-plan-2021-to-2022>.

²²⁵ S Case and A Browning, 'Child First justice: the research evidence-base [full report]', Loughborough University, 2021; <https://hdl.handle.net/2134/14152040.v1>.

²²⁶ M Wolpert, R Harris, S Hodges, P Fuggle, R James, A Wiener, C McKenna, D Law, A York, M Jones, P Fonagy, I Fleming and S Munk, 'THRIVE elaborated', second edition, Anna Freud National Centre for Children and Families, November 2016; <https://www.annafreud.org/insights/news/2016/11/updated-thrive-framework-highlights-its-relevance-to-multi-agency-working/>.

²²⁷ 'Health visiting in England: a vision for the future', Institute of Health Visiting, October 2019; <https://ihv.org.uk/news-and-views/press-releases/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

Across the children's sector, there is increasing acknowledgement that meeting the complex needs of children, including in relation to the risks and harms faced in different social situations outside the family home, means focusing on a whole-system approach to understanding and mitigating risk in a young person's wider environment.^{228,229}

Prevention and universal services

While early intervention and early help activity can all be understood as provision that prevents problems from getting worse, for some professions the universal nature of their practice is perceived as relating directly to their effectiveness and capacity to intervene early/offer early help.

This is particularly evident in health visiting and school nursing, two professions that have been significantly affected by funding restrictions in recent years.²³⁰ Similar arguments are made for youth work.²³¹

Because provision is for everyone, families who receive it are not stigmatised. This enables practitioners to develop the relationships that can best facilitate early help and offer support to families who may otherwise not receive it. Practitioners working in these services say that the universal nature of their practice plays a crucial role in preventing difficulties occurring in the first place.

Role drift

Related to the issue of practitioners' confusion over how to apply statutory thresholds in their local area, and what counts as early help, is an anxiety expressed by a number of professionals at being forced to carry out work that they consider to be social work.

²²⁸ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-7>.

²²⁹ C Goddard, 'The contextual safeguarding debate', Children & Young People Now, October 2019, pages 18 to 21; <https://www.cypnow.co.uk/features/article/the-contextual-safeguarding-debate>.

²³⁰ See: 'Health visiting in England: a vision for the future', Institute of Health Visiting, October 2019; <https://ihv.org.uk/news-and-views/press-releases/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>; 'RCN school nurse survey', Royal College of Nursing, 2016; <https://www.rcn.org.uk/get-involved/forums/children-and-young-people-staying-healthy-forum>; 'The best start: the future of children's health – one year on. Valuing school nurses and health visitors in England', Royal College of Nursing, May 2018; <https://www.rcn.org.uk/professional-development/publications/pdf-007000>.

²³¹ 'Building a workforce that works for all children: ADCS position paper', Association of Directors of Children's Services, March 2019, page 10; <https://adcs.org.uk/workforce/article/building-a-workforce-that-works-for-all-children>.

This was evident in surveys of health visitors and school nurses.^{232,233} The teachers interviewed by Richards expressed similar concerns. Practitioners felt that their ability to carry out their 'core' professional task was being compromised.

Training

The enduring difficulties around thresholds suggest that local training for practitioners on early help is often insufficient or failing to overcome divergent understandings of when a child is 'in need' or at risk of significant harm.

Richards noted that none of the six education professionals she spoke to (all safeguarding leads) had received any specialist training on key areas that affect children in need of early help – such as neglect, mental ill health, parental substance use, domestic violence, or sexual abuse.²³⁴

She also highlights that those safeguarding leads who were making use of training delivered in another context found that training on 'working with parents' was the most helpful.

Walker has pointed out that the idea of a holistic assessment may be particularly difficult for practitioners 'trained in carrying out more specific health, education or developmental assessments'.²³⁵

Early help and the pandemic

There is consensus about the scale of the challenge facing early help and other child and family services during recovery from the pandemic, including 'systemic disruption'.²³⁶

Early in the pandemic, Action for Children and others warned that the 'trend towards late-intervention spending' was at risk of accelerating as local authorities confronted 'a multitude of additional pressures generated by the crisis itself and the broader

²³² 'State of health visiting in England: are babies and their families being adequately supported in England in 2020 to get the best start in life?', Institute of Health Visiting, December 2020; <https://ihv.org.uk/news-and-views/press-releases/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

²³³ 'Vital role of school nurses threatened as paperwork eats into time with children', Children's Commissioner, September 2016; <https://www.childrenscommissioner.gov.uk/2016/09/12/vital-role-of-school-nurses-threatened-as-paperwork-eats-into-time-with-children/>.

²³⁴ C Richards, "'It's a big ask when your job is to teach children to read, write and to count": the experiences of school staff in early help and child protection', in 'Pastoral Care in Education', Volume 36, Issue 1, 2018, pages 44 to 56.

²³⁵ G Walker, 'Working together for children: a critical introduction to multi-agency working', second edition, Bloomsbury, 2018, page 79.

²³⁶ H Wilson and S Waddell, 'Covid-19 and early intervention: understanding the impact, preparing for recovery', Early Intervention Foundation and Action for Children, June 2020, page 4; <https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery>.

social consequences of lockdown'.²³⁷ At the same time, spending power for children's services was at risk. Business rates, council tax and other revenue streams were diminished by the economic impact of the pandemic.²³⁸

Research by the Early Intervention Foundation and Action for Children with a range of professionals delivering local early help services also painted 'an ominous picture of a wave gathering pace beneath the surface'. Beyond the immediate impact of lockdowns – on children's mental health, family conflict, academic progress, and the effects of social isolation, for example – interviewees highlighted the compounding risks created by a period when 'traditional face-to-face social services and interventions have been radically reshaped, severely constrained or simply cut off altogether'. Although many non-statutory services were continuing to support families remotely or digitally, frontline professionals were concerned that 'some vulnerable children may have fallen below the radar'.²³⁹

In February 2021, the ADCS warned:

'The pandemic... [has] exposed and heightened challenges that many children and families are facing, from ill-health, poor quality housing, poverty and inequality. The prevalence of domestic abuse, poor parental mental health and substance misuse are more common amongst children and families we work with than ever before.'²⁴⁰

Of the 103 local authorities and 17 interviewees that provided ADCS with information (to October 2020) about safeguarding and the provision of children's services during the COVID-19 pandemic, 'every respondent reported a significant impact'.²⁴¹

The longer-term impact on families remains to be seen. Respondents identified 'latent need' that is yet unknown.²⁴² The ADCS also noted that statistical predictions

²³⁷ 'Children and young people's services: funding and spending 2010/11 to 2018/19', Action for Children, National Children's Bureau, NSPCC, The Children's Society and Barnardo's, May 2020, quote on page 1; <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/childrens-services-funding-and-spending/>.

²³⁸ 'Children and young people's services: funding and spending 2010/11 to 2018/19', Action for Children, National Children's Bureau, NSPCC, The Children's Society and Barnardo's, May 2020, page 15; <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/childrens-services-funding-and-spending/>.

²³⁹ H Wilson and S Waddell, 'Covid-19 and early intervention: understanding the impact, preparing for recovery', Early Intervention Foundation and Action for Children, June 2020; <https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery>.

²⁴⁰ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 4; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

²⁴¹ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 15; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

²⁴² 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 115; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

carried out in previous phases of its 'Safeguarding pressures' research were no longer viable given the 'level of uncertainty' that the pandemic has generated.²⁴³

Conclusions

'Even the best of services cannot neutralise the harm of poverty. It bothers me that the government draws attention to parental problems without seeing how poverty is such a big factor in those problems. It's limiting the responsibility to parents instead of to how we function as a society... What worries me most is the [children's services] system is totally underfunded, families are under huge strain, and wanting to make things better without guaranteeing any money – actually, explicitly saying you can't assume there will be any more money – just seems to tie our hands around our backs.'²⁴⁴

In this section, we discuss the key messages to emerge from this scoping study. [Appendix 1](#) discusses what might underpin potential indicators for a good whole-systems approach to early help.

The legal framework

The adequacy of the legal framework for securing early help has been frequently debated. The Children Act 1989 is a well-crafted and enabling piece of legislation designed with a strong emphasis on family support and working collaboratively with parents and children. Nevertheless, the application of the section 17 general duty as a framework for local areas to develop early help for children in need varies widely, and arguably it is underused.²⁴⁵

Whereas the Care Act 2014 puts preventative work with adults on a statutory footing, there is no comparable duty in relation to children and adolescents. There is also no 'comprehensive, all-age multi-agency prevention strategy, attached to sustainable funding... to ensure a truly coordinated family help offer'.²⁴⁶

Funding cuts and early help services

Welfare reforms resulted in a reduction in cash transfers in real terms and greater income insecurity for many families with children. Many metrics relevant to the need

²⁴³ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 115; <https://adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-7/>.

²⁴⁴ Eileen Munro, speaking in April 2021 with reference to The Independent Review of Children's Social Care; P Butler, 'Review of children's social care in England ignores role of poverty, says expert', in 'The Guardian', 26 April 2021; <https://www.theguardian.com/society/2021/apr/26/review-childrens-social-care-england-ignores-role-poverty-says-expert>.

²⁴⁵ 'Nagalro response to the case for change by the Independent Review of Children's Social Care', Nagalro, November 2021; https://www.nagalro.com/news_resources/99/nagalro_response_to_the_case_for_change_by_the_independent_review_of_childrens_social_care/.

²⁴⁶ 'ADCS response to the independent review of children's social care case for change', Association of Directors of Children's Services, August 2021, page 4; <https://adcs.org.uk/care/article/adcs-response-to-the-ircsc-case-for-change>.

for welfare support, such as child poverty, child and family mental health, and access to affordable housing, were deteriorating before the pandemic and have been exacerbated by it. At an institutional level, this evidence reflects a fiscal policy shift away from family support and towards child protection.²⁴⁷

Evidence consistently shows that it is the 'wider conditions of people's lives – their homes, financial resources, opportunities for education and employment, access to public services, and the environments in which they live – that exert the greatest impact on health and well-being'.²⁴⁸ Responding to these drivers of child and family need requires a holistic strategic vision informed by evidence on preventative public health.

Thresholds and demand management

The evidence suggests that rising levels of need have not been met by targeted early help focused on risk identification and management of demand for higher-level protective services. It is certainly the case that only a tiny proportion of the children, young people and families who will need help or support at some time in their lives will go on to need a child protection response.

But as the CWIP analysis highlights, the overwhelming majority of those who receive child protection or child in-care services would benefit from public health-oriented support that relates to their experience of poverty and structural inequality, both earlier and following involvement with statutory intervention.²⁴⁹

Data insufficiency and lack of shared definition

Data on early help activities in local areas is partial and incomplete. By collating information from various sources, we can get some sense of the breadth of identified need and the ways in which help is being provided – information that may go some way to helping us reflect on possible gaps in early help provision. But those same sources also reveal that many local authorities struggle to report the precise details of their early help work. To improve this, local authorities and their partners should work to the same schema for data recording for early help and prevention, based on national data standards. The partial and incomplete data both reflects and is exacerbated by the lack of shared definitions of what early help is, who it is for and who should deliver it.

Despite the commitment of service leaders and practitioners to helping children early, there is lack of clarity for multi-agency partners about what help and support they should be delivering, how universal it should be, and where any thresholds

²⁴⁷ CJR Webb and P Bywaters, 'Austerity, rationing and inequity: trends in children's and young peoples' services expenditure in England between 2010 and 2015', in 'Local Government Studies', Volume 44, Issue 3, February 2018, pages 391 to 415.

²⁴⁸ 'Integrated care systems explained: making sense of systems, places and neighbourhoods', King's Fund, May 2021; <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>.

²⁴⁹ P Bywaters, B Featherstone and others, 'Child welfare inequalities project: final report', University of Huddersfield, July 2020; <https://pure.hud.ac.uk/en/publications/the-child-welfare-inequalities-project-final-report>.

should be set or how they should operate. It is also challenging for local authorities to fund preventative work when acute needs or their costs are rising.

Developing data that will deepen understanding of what good help looks like from a diverse range of perspectives will require working in tandem with families and young people using participative methods.

Reaching shared definitions is complicated by the terminology. For many practitioners, key terms are synonymous and interchangeable. For others, including policymakers and researchers (who have considered and debated these issues over decades), preferred terminology both reflects and partially determines the nature and scope of support provided.

Needs for support and protection are dynamic and entwined

While the broad concept of preventative early help – act early to improve lives – is not contentious, there is less consensus on how to deliver it. A key tension is between understanding early help as an extension downwards of safeguarding responses (a strategy based on managing demand for protective interventions) or as part of broader public health strategy that reduces the ‘risk profile’ for the population as a whole.

Early help national policy over the last decade has developed with a safeguarding orientation, informed by evidence on ‘what works’. This has prioritised funding interventions that use data to identify individuated risk factors, such as substance misuse, parental mental ill health and domestic violence, to design and target early intervention. Policy emphasis has been on the use of evidence-based programmes.

The public health orientation uses data on social gradients to identify inequalities in health and well-being outcomes across the population and its subgroups. System design focuses on acknowledging and addressing poverty and discrimination as ‘causes of the causes’ of individuated risk factors.²⁵⁰ A progressive universalism approach is advocated to co-produce open-access, community-based family support. This kind of work – to empower families and communities to help themselves – is harder to evaluate. But as the National Children’s Bureau’s Caroline Coady and Matthew Dodd clearly state:

‘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.’²⁵¹

²⁵⁰ M Marmot, ‘Health inequalities, COVID-19 and healthcare professionals’, Royal College of Physicians, October 2020; <https://www.rcplondon.ac.uk/news/health-inequalities-covid-19-and-healthcare-professionals>.

²⁵¹ A Edwards, R Gharbi, A Berry and R Duschinsky, ‘Supporting and strengthening families through provision of early help: a rapid review of evidence – summary report’, National Children’s Bureau, June 2021, page 3; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

The approach of recent governments has tended to reflect a residual approach to child and family welfare, arguing against the role of economic forces and 'inherent inequalities' in social problems.²⁵² Nevertheless, at local level, some areas are engaged in system redesign of their early help informed by the public health/family support literature, taking what Hardiker and others described 30 years ago as a more radical/developmental approach to child and family welfare. The work orients change within individual families within a local system with an active role in reducing social inequalities and supporting empowerment, advocacy and community participation.

This work draws on that of Hilary Cottam. In 'Welfare 5.0', she references Beveridge, (author of the 'Beveridge report' in 1942 and architect of the British welfare state) who said that he did not consider the 19th-century Poor Law and related institutions an adequate response to the challenges of the mid-twentieth century.²⁵³

Eighty years on, this 'challenges us to stop trying to reform out-of-date institutions and instead look at how modern solutions might start with people and communities, fostering their capabilities'.²⁵⁴ Cottam's proposition is that, rather than focusing on the individual, social systems must focus on the collective within the wider environment:

'We are not homo economicus, we are sapiens integra... if homo economicus sought to maximise their individual economic utility, sapiens integra seeks to grow capability – their own and that of their networks'.²⁵⁵

²⁵² M Gove, 'Speech: Michael Gove speech to the NSPCC – getting it right for children in need', Department for Education, November 2013; <https://www.gov.uk/government/speeches/getting-it-right-for-children-in-need-speech-to-the-nspcc>.

²⁵³ H Cottam, 'Welfare 5.0: why we need a social revolution and how to make it happen', UCL Institute for Innovation and Public Purpose, September 2020; <https://www.ucl.ac.uk/bartlett/public-purpose/publications/2020/sep/welfare-50-why-we-need-social-revolution-and-how-make-it-happen>.

²⁵⁴ H Cottam, 'Welfare 5.0: why we need a social revolution and how to make it happen', UCL Institute for Innovation and Public Purpose, September 2020, page 5; <https://www.ucl.ac.uk/bartlett/public-purpose/publications/2020/sep/welfare-50-why-we-need-social-revolution-and-how-make-it-happen>.

²⁵⁵ H Cottam, 'Welfare 5.0: why we need a social revolution and how to make it happen', UCL Institute for Innovation and Public Purpose, September 2020, page 25; <https://www.ucl.ac.uk/bartlett/public-purpose/publications/2020/sep/welfare-50-why-we-need-social-revolution-and-how-make-it-happen>.

Appendix 1: Potential indicators for a good whole-system approach to early help

In this appendix, we reflect on what might underpin potential indicators for an effective whole-system approach to the provision of early help. The inspectorates developing the JTAI framework on early help may find it helpful to consider the below discussion and questions.

Understanding what good looks like

How might the evidence underpinning this scoping paper be used to develop a JTAI framework on early help?

As discussed earlier, the 'what works' standard of evidence-framing disadvantages evidence that is gathered in relation to community-level development of local support offers. This means that the monitoring and evaluation of early help cannot be informed by focusing only on those approaches that have the highest rating in terms of the quality of the evidence of their effect.

The net benefits of early help are likely to be most notable at population scale, over long periods of time, and across many different outcomes. The effects of early help provision for one specific outcome, for one specific family, and one specific point in time are likely to be very small. They are therefore a poor basis for evaluation. At scale, however, they are many and mutually reinforcing.

If early help is best delivered in a systemic and multi-disciplinary way, its assessment should be similarly systemic and multi-disciplinary (that is, not just outcomes for individual families, but population change over time). Any outcomes should ideally be presented holistically, across all areas, otherwise the impact of the offer or service is likely to be underestimated.

Thresholds and demand management

'Working together to safeguard children'²⁵⁶ gives a good deal of attention to thresholds – this includes considering whether they are appropriately applied and whether practitioners have a shared understanding of them.

How can inspection examine and support flexible and responsive provision across the continuum of support without having unintended impact on the setting of

²⁵⁶ 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children', HM Government, July 2018; <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

thresholds 'as a gate-keeping exercise'²⁵⁷ and contributing to the 'reification of service divisions'?²⁵⁸

Workforce development

What should be the expectations for workforce development in relation to early help? Building trusting relationships, focused on enabling change, is at the core of humanistic working,²⁵⁹ so what are the key features of a local system that will enable those relationships to be built and sustained over time?

We know that workplace stress and high rates of staff absence and turnover limit workers' capacity to engage in this way.²⁶⁰ We also know that data shows a relationship between higher staff turnover and negative inspection results. How might inspections and monitoring reflect and make practical use of these insights?

Understanding the efficacy of relationships in practice requires qualitative evidence about the experiences of the people involved. Do recipients of early help feel listened to? Do they feel that the pressures and concerns they face are recognised in the support they receive? And does that support include practical help and advocacy with issues that, from their perspective, are of pressing concern?

Does the multi-disciplinary workforce have access to learning and development that enable skilled, relationship-based practice and poverty-aware responses that acknowledge people's circumstances and do not exacerbate feelings of shame and stigma? Does the workforce have access to training and support to recognise, hold and manage risk? And to what extent does the early help workforce have access to reflective and group supervision to enable reflection and shared learning?

Monitoring and evaluation

If early help is to be accessible and non-stigmatising, the involvement of local citizens in shaping the offer will be important in achieving this aim.

Inspectorates may want to consider the following:

²⁵⁷ J Devaney, 'The trouble with thresholds: rationing as a rational choice in child and family social work', in 'Child & Family Social Work', Volume 24, Issue 4, 2019, pages 458 to 464.

²⁵⁸ M Wolpert, R Harris, S Hodges, P Fuggle, R James, A Wiener, C McKenna, D Law, A York, M Jones, P Fonagy, I Fleming and S Munk, 'THRIVE elaborated', second edition, Anna Freud National Centre for Children and Families, 2016, page 7; <https://www.annafreud.org/insights/news/2016/11/updated-thrive-framework-highlights-its-relevance-to-multi-agency-working/>.

²⁵⁹ N Frost and P Dolan, 'Theory, research and practice in child welfare: the current state of the art in social work', in 'Child & Family Social Work', January 2021, page 2; <https://doi.org/10.1111/cfs.12824>.

²⁶⁰ M Brandon, 'Lessons from national analyses of SCRs 2003 to 2017. Presentation at Association of Professors of Social Work knowledge and evidence event 1: Alternative child care social work delivery models', Association of Professors of Social Work, May 2018; <https://apsw.org.uk/kee-1-alternative-child-care-social-work-service-delivery-models/>.

- How well is the local community and voluntary sector, including informal support networks, involved in the local partnership to develop and deliver the local offer?
- Researchers are providing increasingly sophisticated ways of understanding the relationship between levels of deprivation in a local area, public service resources and the ways in which child and family services operate.²⁶¹ How might the inspectorates engage with these tools and analyses to develop better ways of understanding variability between local areas?
- How well do local systems use data to understand and respond to diversity of need and the different experiences of local people, including poverty or protected characteristics, especially ethnicity?
- To what extent do early help services respond to the material context of parenting – for example, welfare rights advice, housing issues and homelessness, engaging with local businesses (on employment and employment conditions) and development of neighbourhood environments?
- Where digital early help is offered, how is the ability of children and families to access this ensured – for example, whether they have the necessary hardware, broadband or mobile data, and the technical proficiency?
- In order to realise the potential of early help, resources may need to be provided over long periods of time and will likely involve third-sector and community-led organisations. The competitive and outcomes-based nature of funding allocation undermines efforts to build a diverse, rights-based early help offer. How might inspectorates advocate for long-term funding commitments to help develop a diverse, rights-based early help offer?
- Evidence from different countries suggests that cash transfers are often more effective than benefits in kind. Financial assistance under section 17 is a form of cash transfer, which anecdotally went a long way to helping with emergent problems.
- ADCS has pointed out new approaches to early help provision in some local areas, including the merging of early help and public health services, new types of service, and the development of integrated practice in which early help and social work teams actively support each other in day-to-day work.²⁶² More detail about where this has been achieved – and how resources were found to do it – would help inspectorates consider how they might support local improvement.

Leadership

Experiences in the pandemic have led to renewed conviction among many local leaders about the benefits of collaborative working – both with multi-agency

²⁶¹ Child Welfare Inequalities Project app; www.cwip-app.co.uk; C Webb 'In defence of ordinary help: estimating the effect of early help/family support spending on children in need rates in England using ALT-SR', in 'Journal of Social Policy', 2021, pages 1 to 28.

²⁶² 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021, page 23; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure-phase-7>.

partners and with local people – and a determination to keep hold of and build on the progress made.²⁶³

To build on this momentum, inspectorates might examine the following:

- To what extent do local system leaders understand and communicate a shared vision and conceptual framework for child and family support and protection?
- Is the shared strategic vision for early help well understood across the local partnership, at all operational levels, and by families and communities themselves? Drivers for increased need – such as poor housing, financial pressures, health and mental health difficulties – require that a strategy on early help includes active engagement of partners working directly in those areas.
- Are early help activities coordinated and articulated in clear, up-to-date mapping of services and the pathways between them? And are these readily available to professionals and families?
- Are the roles of local partner agencies – and the practice implications – clear? It is important that roles are not expressed exclusively in terms of safeguarding and escalation.
- How well do the services provided match the needs identified locally and in national analyses?
- How well are structural inequalities addressed in the early help strategy? How well does the shared strategic approach and provision reflect the diversity of local children and families? And is the early help offer relatable, accessible and inclusive of specific groups/minorities?

²⁶³ 'Integrated care systems explained: making sense of systems, places and neighbourhoods', King's Fund, May 2021; <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>.

Appendix 2: Early help – the long view: Children Act 1989 to COVID-19

1990s

Key milestones

Date	Milestone
1991	Children Act 1989 is implemented from 14 October, with family support the dominant concept in the Children Act guidance and regulations.
1994	The Audit Commission's report 'Seen but not heard' highlights concern at the slow implementation of the Children Act; ²⁶⁴ these concerns are also in the 'Child protection: messages from research' report published in 1995. ²⁶⁵
1997	General election brings New Labour government to power. Government publishes the Utting report, 'People like us', on the adequacy of safeguards for children living away from home; it was after this that the term 'safeguarding' gained currency. ²⁶⁶
1998	Government announces plans for the development of 250 Sure Start local programmes in the most economically disadvantaged areas, backed by £450 million for the first three years, each tasked with developing the preventative and early intervention role of mainstream health and pre-school services for under-5s and their families.

The Children Act 1989 (implemented 1991) was a landmark piece of legislation hailed by the then Lord Chancellor as 'the most comprehensive and far-reaching reform of child law' to have come before Parliament in living memory.²⁶⁷

A novel feature of the legislation was its explicitly stated values. These included:

- the importance of working in partnership with parents
- the centrality of children's views
- that the best place to bring up a child was the family home.

Section 17 placed a general duty on local authorities to 'safeguard and promote' the welfare of children 'in need' of support to attain a reasonable standard of health and development. Although the term was not used in the Act, section 17 endorsed

²⁶⁴ 'Seen but not heard: co-ordinating community child health and social services for children in need', The Audit Commission, June 1994.

²⁶⁵ 'Child protection messages from research', Department of Health, 1995.

²⁶⁶ 'People like us: the report of the review of the safeguards for children living away from home', Department of Health, November 1997.

²⁶⁷ A Elvin, K Evans, A Feuchtwang, R Jones, J Thoburn and C Willow, 'The Children Act 1989: 30 years on', Children & Young People Now, October 2019; <https://www.cypnow.co.uk/features/article/the-children-act-1989-30-years-on>.

'family support' as a key concept and coordination among agencies carrying out supportive and preventative work.²⁶⁸

Progress towards effective implementation was slow.²⁶⁹ Furthermore, section 47 of the Act placed a duty on local authorities to investigate cases of suspected 'significant harm'. Even as the Act was in its early stages of implementation, there were those who warned that section 47 inquiries were likely to become the dominant focus for local authority children's services.²⁷⁰

In 1997, Parton went on to argue that not only were the family support aspirations of the Act being 'implemented partially', but the child protection system was 'overloaded' and unable to cope with the demands placed on it. He also explained what his reasoning had been six years earlier: the legislation had been introduced into a 'hostile climate' following high-profile child abuse inquiries; moreover, the Act would be susceptible to, and not as significant as, changes to the economy, increases in social inequality and changes in local government funding.²⁷¹

In May 1997, the election of the New Labour government gave impetus to family support and a universalist approach. Early help was embedded in an overarching policy aim of 'progressive universalism'. Former Chancellor Gordon Brown described this as providing 'a floor of basic social rights for all, but with more support to those most in need'.²⁷² This was not based on the prevention of harm or reducing demand for specialist services. Rather, it was part of a broader policy framework designed to reduce social inequalities and enhance life chances through a range of initiatives.

2000s

Key milestones

Date	Milestone
2003	The Laming review into the death of Victoria Climbié is published.
	The Every Child Matters (ECM) green paper sets out a holistic vision for addressing children's needs in the round and within a 5-outcomes framework. Action is proposed across four key areas, including 'early intervention and effective protection'.
2004	Children Act 2004 formalises the ECM changes into a legislative framework. Section 10 requires local authorities to promote inter-agency

²⁶⁸ N Frost, S Abbott and T Race, 'Family support: prevention, early intervention and early help', Polity Press, 2015, page 15.

²⁶⁹ N Parton, 'Child protection and family support: tensions, contradictions and possibilities', Routledge, 1997, page 4.

²⁷⁰ N Frost, S Abbott and T Race, 'Family support: prevention, early intervention and early help', Polity Press, 2015, pages 15 to 16.

²⁷¹ N Parton, 'Child protection and family support: current debates and future prospects', in 'Child protection and family support: tensions, contradictions and possibilities', edited by N Parton, Routledge, 1997, page 3.

²⁷² G Brown, 'Child poverty', The Office of Gordon and Sarah Brown, November 2018; <https://gordonandsarahbrown.com/campaign/child-poverty/>.

	cooperation to improve children’s well-being, including through supporting parents and carers.
	The 10-Year Childcare Strategy includes an extended commitment to deliver 3,500 children’s centres (‘at least one in every community’) by 2010, alongside plans to develop training across the early years workforce.
2005	The Youth Matters green paper proposes the establishment of youth support teams focused on ‘prevention and effective early intervention’.
2006	Childcare Act 2006 sets in legislation the key commitments in the 10-Year Childcare Strategy, including a duty for local authorities to establish and run children’s centres. The Act also introduced the early years foundation stage, including the safeguarding and welfare requirements.
2008	The Cabinet Office publishes a ‘Think family’ literature review, commissioned by the Social Exclusion Task Force. ²⁷³
	The report ‘Early intervention: good parents, great kids, better citizens’ by Graham Allen and Iain Duncan Smith calls for a consensus around the ‘radical new social policy’ of early intervention to tackle the ‘enormous and multiplying’ financial and social costs of ‘large parts’ of society who are ‘massively underachieving’. ²⁷⁴
	The Social Work Task Force is set up as part of the response to the death of Peter Connelly (Baby P).

Pivotal to New Labour’s approach were policies to reduce child and family disadvantage through initiatives such as the National Minimum Wage, tax credits and childcare support, and Sure Start coupled with a long-term commitment to end child poverty by 2020.²⁷⁵ In 2003, the ECM green paper set out a holistic and multi-disciplinary policy vision for children and families²⁷⁶ that aimed to address children’s needs within a 5-point outcomes framework:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution

²⁷³ K Morris, N Hughes, H Clarke, J Tew, P Mason, S Galvani, A Lewis, L Loveless, S Becker and G Burford, ‘Think family: a literature review of whole family approaches’, Cabinet Office, January 2008; https://webarchive.nationalarchives.gov.uk/ukgwa/20080205133229/http://www.cabinetoffice.gov.uk/social_exclusion_task_force.aspx.

²⁷⁴ ‘Early intervention: good parents, great kids, better citizens’, The Centre for Social Justice, September 2008, page 4; <https://www.centreforsocialjustice.org.uk/library/early-intervention-good-parents-great-kids-better-citizens>.

²⁷⁵ C Purcell, ‘The politics of children’s services reform: re-examining two decades of policy change’, Policy Press, 2020.

²⁷⁶ See: N Frost and N Parton, ‘Understanding children’s social care’, Sage, 2008; C Purcell, ‘The politics of children’s services reform: re-examining two decades of policy change’, Policy Press, 2020.

- economic well-being.²⁷⁷

It also articulated the government's intention to legislate to ensure cooperation between local authorities and other agencies to improve outcomes for children, which it did through the Children Act 2004. Consistent with a holistic vision for family support, ECM made clear that 'child protection cannot be separated from policies to improve children's lives as a whole'.²⁷⁸ The green paper also incorporated the government's response to Lord Laming's inquiry in 2003 into the death of 9-year-old Victoria Climbié, which was published eight months earlier. The proposals comprised 'multiple separate initiatives', though many were in progress long before Laming's inquiry.²⁷⁹

The rollout of New Labour initiatives was also situated within a programme of public services 'reform' termed 'new public management'.²⁸⁰ This sought to improve efficiency and accountability through targets and performance indicators and used auditing to set benchmarks and review performance.²⁸¹

2010s

Key milestones

Date	Milestone
2010	The Marmot Review 'Fair society, healthy lives' is published.
	Coalition government formed after the general election on 6 May.
	Government commissions four major child welfare reviews: early intervention (Graham Allen); child protection (Eileen Munro); early years (Clare Tickell); and child poverty (Frank Field).
2011	Government removes the ring-fence from Sure Start funding and introduces a non-ring-fenced Early Intervention Grant (EIG) for local authorities to support early intervention. (From 2013–14, the EIG was subsumed within the Rate Support Grant.)
	A new child poverty strategy is launched.
	The Troubled Families programme is announced by Prime Minister David Cameron to 'turn around' the lives of 120,000 families experiencing multiple problems and problem behaviour. Backed by £448 million, the programme was initially to run for three years (2012–15); it has been

²⁷⁷ 'Every child matters', HM Treasury, September 2003;

<https://www.gov.uk/government/publications/every-child-matters>.

²⁷⁸ C Purcell, 'The politics of children's services reform: re-examining two decades of policy change', Policy Press, 2020, page 5.

²⁷⁹ C Purcell, 'The politics of children's services reform: re-examining two decades of policy change', Policy Press, 2020, page 10.

²⁸⁰ C Hood, 'A public management for all seasons?', in 'Public Administration', Volume 69, Issue 1, 1991, pages 3 to 19; <https://doi.org/10.1111/j.1467-9299.1991.tb00779.x>.

²⁸¹ C Purcell, 'The politics of children's services reform: re-examining two decades of policy change', Policy Press, 2020.

	extended since with additional funding. It intends to help 400,000 families by 2020. ²⁸²
	The Families with Multiple Problems programme is launched, focusing on supporting families facing multiple barriers to work. This ran until 2015 and was funded by the European Social Fund. In 2016, the Public Account Committee criticised the initiation of two programmes (this and the Troubled Families programme also) targeting similar families with little coordination between the Department for Work and Pensions and Department for Communities and Local Government. ²⁸³
2012	Launch of the Early Intervention Foundation is announced by Iain Duncan Smith.
	A policy paper on 'Social justice: transforming lives' outlines the coalition government's intention to give people with multiple disadvantages the support they need to turn their lives around and suggests 'a challenging new approach to tackling poverty in all its forms'. ²⁸⁴
2013	Transfer of public health to local authorities.
	Revised statutory guidance, 'Working together to safeguard children', sets out duties in relation to early help.
2014	Launch of the Department for Education-sponsored Children's Social Care Innovation Projects.
2015	'Keeping children safe in education' guidance published by the Department for Education and then updated in July to take account of the new 'Prevent' duty, to provide guidance on protecting girls from female genital mutilation, and to underline schools' responsibilities in relation to children who go missing.
2016	Welfare and Reform Act 2016 abolishes the Child Poverty Act 2010.
	Government publishes a new strategy for ending violence against women and girls (2016–20). ²⁸⁵
	Children and Social Work Act 2017 places new duties on the police, clinical commissioning groups and local authorities (local safeguarding partners) to work together to safeguard and promote the welfare of children.
2017	Children and Social Work Act 2017 receives Royal Assent. The Act aims to improve decision-making and support for children in and leaving care, including care leavers up to age 25.
	The University of Bedfordshire tests the first full-system implementation of a contextual safeguarding approach in Hackney.

²⁸² 'The Troubled Families programme (England), briefing paper no. 07585', House of Commons Library, November 2020; <https://commonslibrary.parliament.uk/research-briefings/cbp-7585/>.

²⁸³ 'The Troubled Families programme (England), briefing paper no. 07585', House of Commons Library, November 2020, pages 3 to 4; <https://commonslibrary.parliament.uk/research-briefings/cbp-7585/>.

²⁸⁴ 'Social Justice: transforming lives', Department for Work and Pensions, March 2012; <https://www.gov.uk/government/publications/social-justice-transforming-lives>.

²⁸⁵ 'Strategy to end violence against women and girls: 2016 to 2020', Home Office, March 2016; <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>.

	A group of Conservative MPs and Members of the Lords launch a 'Manifesto to strengthen families' encouraging all local authorities to work with the voluntary and private sector to deliver Family Hubs. ²⁸⁶
2018	Launch of What Works for Children's Social Care website, which collates and commissions research on children's social care.
	'Working together to safeguard children' statutory guidance revised.
	Government publishes guidance on county lines and tackling the criminal exploitation of children.
2019	Government publishes its response to a public consultation on domestic abuse, which includes a draft bill (subsequently introduced on 16 July). The bill recognises the 'devastating impact' on children exposed to domestic violence. It also includes 16- and 17-year-olds in the new statutory definition.
	A position statement from the Institute of Health Visiting (IHV) calls for 'a radical shift' in government policy to provide 'sustainable' funding for prevention and early intervention services. ²⁸⁷
	'Advancing our health: prevention in the 2020s' green paper is published. ²⁸⁸

The formation of the coalition government in 2010 marked a significant change in policy direction. The leadership stated their conviction that 'the days of big government are over; that centralisation and top-down control have proved a failure'.²⁸⁹

The vision was of a significantly reduced public sector and a 'Big Society' – loosely conceptualised as charities, social enterprises, communities and the voluntary sector – taking a larger role in the local delivery of public services. This went hand-in-hand with a fiscal programme that began a decade-long period of reduced public spending, including on early help services. Progressive universalism was replaced by a narrower emphasis on identifying and targeting children 'at risk'. The term 'early help' was increasingly preferred to 'family support', while the concept of early intervention was 'moving increasingly centre stage'.²⁹⁰ Frost and others suggest that early intervention derives from the notion that if you intervene 'early enough' you can avert a range of social ills and costly social problems further down the line. This

²⁸⁶ 'A manifesto to strengthen families, volume 785: debated on Thursday 2 November 2017', UK Parliament Hansard, November 2017; <https://hansard.parliament.uk/Lords/2017-11-02/debates/94679AA6-E9F3-48F0-9D65-F8E7F8E9D775/AManifestoToStrengthenFamilies>.

²⁸⁷ 'Position statement: worrying cuts to health visiting services across England', Institute of Health Visiting, July 2019; <https://ihv.org.uk/news-and-views/ihv-position-statements/>.

²⁸⁸ 'Advancing our health: prevention in the 2020s – consultation document', Cabinet Office and Department of Health & Social Care, July 2019; <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>.

²⁸⁹ 'The coalition: our programme for government', HM Government, May 2010, page 7; <https://www.gov.uk/government/publications/the-coalition-our-programme-for-government>.

²⁹⁰ N Frost, S Abbott and T Race, 'Family support: prevention, early intervention and early help', Polity Press, 2015, page 25.

includes crime (especially violent crime), high rates of teenage pregnancy and substance use.²⁹¹

In 2010, the coalition commissioned four linked reviews on:

- child protection, led by Eileen Munro
- early intervention, led by Graham Allen
- early years, led by Clare Tickell
- poverty and life chances, led by Frank Field.

All four were published in 2011 and reached similar conclusions on the importance of providing help at the earliest opportunity. However, Munro consciously chose the term 'early help' to emphasise the imperative to work in partnership **with** families.

2020s

Key milestones

Date	Milestone
2020	Following December's general election, the Queen's Speech promises a 'levelling up' agenda and a pledge to re-introduce the Domestic Abuse Bill, which had not completed its passage through Parliament before the election was called.
	'Health equity in England: the Marmot Review ten years on' is published.
	First UK lockdown in response to the COVID-19 pandemic.
	Ministry of Housing, Communities and Local Government launches the 'Early help system guide', a toolkit produced by the Troubled Families programme to help local strategic partnerships.
	Final report of the Child Welfare Inequalities Project. ²⁹²
	The Local Government Association's report 'A child-centred recovery' urges the government to provide councils with an extra £1.7 billion a year to restore funding for early intervention to 2010–11 levels when the EIG was introduced.
	The Joseph Rowntree Foundation's flagship study on destitution highlights an 'appalling' rise in destitution between 2017 and 2019, with more than half a million children said to have been living in destitution at some point during 2019. ²⁹³
	At the Early Intervention Foundation's national conference, Children's Minister Vicky Ford announces plans to create a National Centre for

²⁹¹ N Frost, S Abbott and T Race, 'Family support: prevention, early intervention and early help', Polity Press, 2015, page 26.

²⁹² P Bywaters, B Featherstone and others, 'The child welfare inequalities project: final report', University of Huddersfield, July 2020; <https://pure.hud.ac.uk/en/publications/the-child-welfare-inequalities-project-final-report>.

²⁹³ S Fitzpatrick, G Bramley, J Blenkinsopp, J Wood, F Sosenko, M Littlewood, S Johnsen, B Watts, M Treanor and J McIntyre, 'Destitution in the UK 2020', Joseph Rowntree Foundation, December 2020; <https://www.jrf.org.uk/report/destitution-uk-2020>.

	Family Hubs and Integrated Services. ²⁹⁴ The centre will be supporting areas and councils to set up new family hubs, often co-located with children's centres but also in schools and community centres, where families with children (up to age 19) can access a broad and integrated range of early help.
2021	The Independent Review of Children's Social Care is announced, to be chaired by Josh MacAlister. According to its terms of reference, the review 'will look at the whole system of support, safeguarding, protection and care, and the child's journey into and out of that system, including relevant aspects of preventative services provided as part of early help'. ²⁹⁵
	'Safeguarding pressures 7' highlights the emergence of 'a new cohort of families in distress' who children's social care services have not worked with before but who now need help and support as a result of the pandemic. ²⁹⁶
	The Leadsom Review, 'The best start for life: a vision for the 1,001 critical days', stated that local authorities should publish a 'Start for Life' offer for parents. This should set out what support is available locally, including help with parenting, and establish 'family hubs' where families can access further support. The review also proposes improvements in data, evaluation and outcomes to ensure that services are meeting a family's needs.
	Domestic Abuse Act 2021 recognises children as victims under the first statutory definition of domestic abuse. The Act places a new duty on local authorities to assess need and to commission support for victims of domestic abuse, and their children, in safe accommodation. It establishes a Domestic Abuse Commissioner whose role includes monitoring the response of local authorities.
	The National Children's Bureau publishes a rapid evidence review of early support for families. ²⁹⁷ It calls for a legal duty to be placed on local authorities and statutory safeguarding partners to provide early help; this 'should encompass a broad definition of early help, including support to alleviate the impact of poverty'.
	The 'The case for change' report from the Independent Review of Children's Social Care sets out its 'early thinking about what needs to

²⁹⁴ 'Vulnerable families to benefit from additional package of support', Department for Education, December 2020; <https://www.gov.uk/government/news/vulnerable-families-to-benefit-from-additional-package-of-support>.

²⁹⁵ 'Terms of reference for the independent review of children's social care: a bold and broad approach to support a fundamental review of children's experiences', The Independent Review of Children's Social Care, January 2021; <https://childrensocialcare.independent-review.uk/review-background/>.

²⁹⁶ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-powers-phase-7>.

²⁹⁷ A Edwards, R Gharbi, A Berry and R Duschinsky, 'Supporting and strengthening families through provision of early help: a rapid review of evidence', National Children's Bureau, June 2021; <https://www.ncb.org.uk/supporting-and-strengthening-families-through-early-help-rapid-review-evidence>.

change in the children's social care system'.²⁹⁸ It warns against a 'simple narrative' that more money in the system for early support will automatically lead to more families being helped and fewer children being taken into care. However, it also notes the emerging evidence of links between spending on help for families and a reduced demand on children's social care.²⁹⁹ The report argues that a lack of precision in the use of terms to describe early help has contributed to confusion about the role and effectiveness of preventative services. The report also proposes a possible definition of family help.³⁰⁰

The start of the decade was marked by evidence of the human cost of previous funding constraints on public services. The COVID-19 pandemic brought a fresh wave of family and community need to an already stretched and under-resourced sector, with the impact of poverty, housing need, unemployment and the school attainment gap, for example, all falling unevenly across social classes and geographic regions.³⁰¹

²⁹⁸ 'The case for change', Independent Review of Children's Social Care, June 2021; <https://childrensocialcare.independent-review.uk/case-for-change/>.

²⁹⁹ 'The case for change', Independent Review of Children's Social Care, June 2021, page 32; <https://childrensocialcare.independent-review.uk/case-for-change/>.

³⁰⁰ 'The case for change', Independent Review of Children's Social Care, June 2021, page 36; <https://childrensocialcare.independent-review.uk/case-for-change/>.

³⁰¹ 'Safeguarding pressures: phase 7', Association of Directors of Children's Services, February 2021; <https://adcs.org.uk/safeguarding/article/safeguarding-p pressures-phase-7/>; P Bywaters, J Scourfield, C Jones and others, 'Child welfare inequalities in the four nations of the UK', in 'Journal of Social Work', Volume 20, Issue 2, 2020, pages 193 to 215; P Bywaters, B Featherstone and others, 'The child welfare inequalities project: final report', University of Huddersfield, July 2020; <https://pure.hud.ac.uk/en/publications/the-child-welfare-inequalities-project-final-report/>; S Fitzpatrick, G Bramley, J Blenkinsopp, J Wood, F Sosenko, M Littlewood, S Johnsen, B Watts, M Treanor and J McIntyre, 'Destitution in the UK 2020', Joseph Rowntree Foundation, December 2020; <https://www.jrf.org.uk/report/destitution-uk-2020/>; M Marmot, 'Health inequalities, COVID-19 and healthcare professionals', Royal College of Physicians, October 2020; <https://www.rcplondon.ac.uk/news/health-inequalities-covid-19-and-healthcare-professionals/>; M Marmot, J Allen, T Boyce and others, 'Health equity in England: the Marmot Review ten years on', Institute of Health Equity, February 2020; <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on/>.

Appendix 3: Agency perspectives: understanding and use of 'early help' and related terms among different professionals and agency settings

We have explored how early help and related key terms are used in profession-specific policy and practice literature across selected professions. These have been chosen for illustrative purposes; it is not possible within the context of this scope to consider all those professions involved in providing multi-agency early help.

This commentary should be read in conjunction with the section on agency perspectives in the main report, to which these findings are supplementary. Our discussion focuses on how practitioners may understand:

- 'early help' and related key terms
- their own role in relation to early help, including multi-agency working to deliver early help
- where confusion and misunderstanding may arise.

Midwives

In 2017, the Royal College of Midwives published a report on the 'public health role' of midwives and maternity support workers. The study included a large-scale audit and questionnaire to identify practitioners' 'experiences and approaches to providing public health within the midwifery context'.³⁰² The responses from this underline practitioners' perceptions of their broad role in supporting family health and well-being:³⁰³

'A healthy, happy, confident mother is the basis for a strong family unit, failure to achieve this has far-reaching effects on public health'.
(Community midwife)

'Public Health should be [an] integral part of all maternity care like "physical" and "mental". [It] Should not be seen as "other" or of "secondary consideration" compared to intrapartum care. It is [the] essence of prevention, early intervention and supporting families to realise their own wellbeing, that impacts across the generations.'
(Consultant midwife)

³⁰² 'Stepping up to public health: a new maternity model for women and families, midwives and maternity support workers', Royal College of Midwives, 2017, page 9; <https://www.rcm.org.uk/promoting/professional-practice/midwives-public-health/>.

³⁰³ 'Stepping up to public health: a new maternity model for women and families, midwives and maternity support workers', Royal College of Midwives, 2017, pages 27 and 56; <https://www.rcm.org.uk/promoting/professional-practice/midwives-public-health/>.

'A lot of our role involves prevention and support... we can make a real difference if we have enough time which will eventually lead to more time as women will feel empowered'. (Specialist midwife)

'MSWs [maternity support workers] also talk to women about the importance of maintaining good mental health and knowing how to recognise when the normal emotional feelings post-delivery become concerning and how to access help'. (Maternity support worker)

'My current role is specialist midwife safeguarding and vulnerable women. I work within a team of 5 midwives, we support women with mental health problems, who are victims of domestic violence, women who misuse substances whilst pregnant, vulnerable teenagers, women with learning difficulties, and pregnant victims of human trafficking.' (Senior midwife)

Health visitors and school nurses

Health visitors and school nurses are specialist community public health nurses who each have a leadership role in delivery of the Healthy Child Programme (HCP). This is described in the 2009 best practice guidance as the 'early intervention and prevention public health programme that lies at the heart of our universal service for children and families'.³⁰⁴ The universal reach of the HCP provides an invaluable opportunity, from early in a child's life, to identify families that are in need of additional support and children who are at risk of poor outcomes.³⁰⁵

Public Health England's updated commissioning guidance for delivering the HCP, 'Best start in life and beyond', aims to support parents to 'develop and sustain a strong bond with children', support resilience and family mental health, and identify health and well-being issues early.³⁰⁶ The core public health offer for all children includes 'early intervention and targeted support for families with additional needs'. Public Health England's updated 'Universal in reach, personalised in response' guidance on the modernised health visiting and school nursing service delivery model includes an increased emphasis on personalised care, professional and clinical judgement and the cost-effectiveness of early intervention:

³⁰⁴ 'Healthy child programme: pregnancy and the first 5 years of life', Department of Health and Social Care, October 2009; <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>.

³⁰⁵ 'Best start in life and beyond: improving public health outcomes for children, young people and families. Guidance to support commissioning of the healthy child programme 0 to 19. Guide 1: background information on commissioning and service model', Public Health England, March 2021, page 4; <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>.

³⁰⁶ 'Best start in life and beyond: improving public health outcomes for children, young people and families. Guidance to support commissioning of the healthy child programme 0 to 19. Guide 1: background information on commissioning and service model', Public Health England, March 2021, page 5; <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>.

'Health visitors and school nurses utilise their clinical judgement and public health expertise to identify health needs early, determining potential risk, and providing early intervention to prevent issues escalating. Utilising the specialist public health nurse skills provides return on investment, including cost effectiveness and maximising the benefits for parents, children and young people.'

The language used in health visiting policy documents has long emphasised the universality of health visiting, its supportive 'working with' ethos and its vital role in 'prevention', 'early intervention' and tackling 'health inequalities'. As described in the IHV's 'Vision for the future', health visiting is 'non-stigmatising' with 'high levels of acceptability to the public', a concept integral to the profession's identity.³⁰⁷

The health visiting service does not discriminate. It is offered universally to an undifferentiated population and supports both primary prevention and early identification of children and families who would benefit from additional support.

'[Health visiting] should be predicated on finding and responding to need. It is a preventative universal service, not a safeguarding targeted service as seems to increasingly be the way in which it is being commissioned.'³⁰⁸

Universal and targeted public health services are crucial to improving the health and well-being of all children and young people. The foundations for virtually every aspect of human development, including physical, intellectual and emotional development, are established in early childhood. Sustaining this across the life course for school-age children and young people is important to improve outcomes and reduce inequalities through universal provision and personalised response.³⁰⁹

Health visitors

Health visitors provide a universal 'safety net' for babies and young children and their services are needed now, more than ever. Finding vulnerable families with babies and young children is problematic without the universal health visiting service, which also coordinates support and works in partnership with others.³¹⁰

Although policy documents consistently express health visitors' commitment to the importance of taking early action to deal with family problems – 'turning off the tap is more important than mopping the floor' – and working in partnership as part of an integrated health and care system – 'no one organisation or professional group

³⁰⁷ 'Health visiting in England: a vision for the future', Institute of Health Visiting, December 2019, page 15; <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

³⁰⁸ 'Voices from practice', Institute of Health Visiting, July 2018, page 12; <https://ihv.org.uk/our-work/publications-reports/voices-from-practice-july-2018/>.

³⁰⁹ 'RCN school nurse survey', Royal College of Nursing, 2016, page 3; <https://www.rcn.org.uk/get-involved/forums/children-and-young-people-staying-healthy-forum>.

³¹⁰ 'State of health visiting in England: are babies and their families being adequately supported in England in 2020 to get the best start in life?', Institute of Health Visiting, December 2020, page 17; <https://ihv.org.uk/news-and-views/news/survey-confirms-babies-and-young-children-have-been-forgotten-and-failed-in-the-nations-pandemic-response/>.

provides the complete solution' – the term 'early help' is less often used directly. Rather, the emphasis is on prevention, health promotion and early intervention.³¹¹

Health visitors are 'ideally placed to identify and support' families affected by domestic violence and abuse, and to refer women affected by alcohol or substance use during pregnancy or early motherhood.³¹² As providers of a universal service, health visitors are also 'in a unique position to offer early preventative relationship support and promote family and relationship stability'. Also:

'Health visitors can provide anticipatory guidance, identify risks and signs of mental health problems, manage mild to moderate perinatal mental illness and refer on to more specialist care according to the level of need.'³¹³

IHV annual surveys of its members suggest tension and unease over perceived 'role drift' towards 'carrying risk for other agencies (child protection) at the expense of preventative public health'.³¹⁴ In some areas, role drift is said to have 'eroded the primary prevention and early intervention role of the health visitor in favour of more reactive "safeguarding" work';³¹⁵ health visitors 'should not be regarded as substitute social workers'.

'We need the balance between safeguarding and our true public health role to be re-examined. Our time is increasingly being taken up with safeguarding.'³¹⁶

³¹¹ 'Health visiting in England: a vision for the future', Institute of Health Visiting, December 2019, page 15; <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

³¹² 'Health visiting in England: a vision for the future', Institute of Health Visiting, December 2019; <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

³¹³ 'Health visiting in England: a vision for the future', Institute of Health Visiting, December 2019, page 27; <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

³¹⁴ 'State of health visiting in England: are babies and their families being adequately supported in England in 2020 to get the best start in life?', Institute of Health Visiting, December 2020, page 6; <https://ihv.org.uk/news-and-views/news/survey-confirms-babies-and-young-children-have-been-forgotten-and-failed-in-the-nations-pandemic-response/>.

³¹⁵ 'Health visiting in England: a vision for the future', Institute of Health Visiting, December 2019, page 44; <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

³¹⁶ 'State of health visiting in England: are babies and their families being adequately supported in England in 2020 to get the best start in life?', Institute of Health Visiting, December 2020, page 13; <https://ihv.org.uk/news-and-views/news/survey-confirms-babies-and-young-children-have-been-forgotten-and-failed-in-the-nations-pandemic-response/>.

In 2020, two thirds (65%) of health visitors agreed that 'focusing solely on those most at risk (safeguarding) leaves limited capacity to deliver prevention/early intervention'.³¹⁷ According to the IHV's 'Vision for the future':

'Inequalities in health begin early in life and are not inevitable and are reflected across the whole population. There is a significant body of evidence to support the case that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently.'³¹⁸

Focusing exclusively on the most disadvantaged 'may stigmatise those most affected' and miss the opportunity to reduce the social gradient across the whole population.

IHV surveys also reveal health visitors' frustration that their preventative role is often perceived to be compromised by shortfalls in provision among partner agencies leading to high thresholds.

'I am concerned that the area we work in has such high levels of safeguarding. Thresholds for social care seem higher than other neighbouring local authorities and many families are not accepted who I feel should be under their care, leaving just the HV [health visitor] team involved which raises risks.'³¹⁹

'The threshold for [the local authority] is high, it often seems impossible to get children services to accept anything except physical harm, everything else is downgraded to [early help] and then cases are closed when parents don't engage.'³²⁰

School nurses

Like health visitors, school nurses provide a universally accessible and preventative service that is non-stigmatising and accepted by most families and school communities. School nurses have a key role in promoting the health and well-being of children and young people.³²¹ They deliver both universal and targeted services

³¹⁷ 'State of health visiting in England: are babies and their families being adequately support in England in 2020 to get the best start in life?', Institute of Health Visiting, December 2020, page 3; <https://ihv.org.uk/news-and-views/news/survey-confirms-babies-and-young-children-have-been-forgotten-and-failed-in-the-nations-pandemic-response/>.

³¹⁸ 'Health visiting in England: a vision for the future', Institute of Health Visiting, December 2019, page 17; <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

³¹⁹ 'State of health visiting in England: are babies and their families being adequately support in England in 2020 to get the best start in life?', Institute of Health Visiting, December 2020, page 6; <https://ihv.org.uk/news-and-views/news/survey-confirms-babies-and-young-children-have-been-forgotten-and-failed-in-the-nations-pandemic-response/>.

³²⁰ 'State of health visiting in England: are babies and their families being adequately support in England in 2020 to get the best start in life?', Institute of Health Visiting, December 2020, page 11; <https://ihv.org.uk/news-and-views/news/survey-confirms-babies-and-young-children-have-been-forgotten-and-failed-in-the-nations-pandemic-response/>.

³²¹ 'RCN school nurse survey', Royal College of Nursing, 2016, page 2; <https://www.rcn.org.uk/get-involved/forums/children-and-young-people-staying-healthy-forum>.

and work across education and health, providing a link between school, home and the community.³²²

Public Health England's guidance for employers on supporting school nurses (and health visitors) endorses this preventative role within the context of universal provision.

As with health visitors, however, there is evidence that school nurses perceive their essential preventative role as under threat, in part because of shortfalls in provision elsewhere. In 2016, the Children's Commissioner carried out a survey of almost 800 primary and secondary school nurses.

Many school nurses described how bureaucratic and reactive work was impacting on their ability to build relationships with children and advise them about their health and well-being. This was a cause of frustration and concern among many in the profession. Safeguarding and child protection processes have become a substantial part of school nurses' work. A fifth of school nurses felt that their child protection caseload was limiting their capacity to perform other activities.³²³

Four in 10 school nurses were said to be 'unhappy' with 'at least half' of the responses they received to their referrals to local authority children's services.

School nurses reported that increasingly high thresholds operated by local children's services had meant making successful referrals about children had become more difficult. These thresholds also resulted in school nurses picking up early child protection work and developing support activities for rejected cases – work previously done by social workers.³²⁴

Similar concerns and frustrations were raised by school nurses who responded to a survey by the Royal College of Nursing in the same year: 'The majority of respondents identified lack of time and capacity as the key factors which prevent them from dedicating more of their role to preferred activities'.³²⁵ School nurses reported that most of their time was taken up by attending child protection case conferences and child protection meetings, administration and attending to injuries. They felt that they should be spending more time on health promotion, sex education and supporting the development of children's social and personal skills.

³²² 'The best start: the future of children's health – one year on. Valuing school nurses and health visitors in England', Royal College of Nursing, December 2018, page 3;

<https://www.rcn.org.uk/professional-development/publications/pdf-007000>.

³²³ 'Vital role of school nurses threatened as paperwork eats into time with children', Children's Commissioner, September 2016; <https://www.childrenscommissioner.gov.uk/2016/09/12/vital-role-of-school-nurses-threatened-as-paperwork-eats-into-time-with-children/>.

³²⁴ 'Vital role of school nurses threatened as paperwork eats into time with children', Children's Commissioner, September 2016; <https://www.childrenscommissioner.gov.uk/2016/09/12/vital-role-of-school-nurses-threatened-as-paperwork-eats-into-time-with-children/>.

³²⁵ 'RCN school nurse survey', Royal College of Nursing, 2016, page 32; <https://www.rcn.org.uk/get-involved/forums/children-and-young-people-staying-healthy-forum>.

Mental health services

In recent years, the term 'early help' has gained currency within mental health service provision for children and young people. The need to provide early support when difficulties emerge has long been recognised, including in the original concept of the 4-tier model of child and adolescent mental health services (CAMHS) developed in the 1990s.³²⁶ However, as in adult mental health and health services more generally, the term traditionally favoured by children's mental health practitioners and services has been 'early intervention'.

More broadly, a shift in terminology may reflect more than just closer working between early help services and local CAMHS³²⁷ or a move towards the wording advocated by Munro in 2011.³²⁸ Long-standing funding challenges have meant that many CAMHS have operated a high threshold for referrals over the last decade or more. This is at a time when the pressure has been growing for children and young people's mental health service provision to fulfil a broader public health remit that encompasses primary prevention and provision for low-level needs (in effect, early help) **as well as** targeted and specialist interventions.

In 2017, the Children's Commissioner published the first in a series of annual briefings on children's mental health provision because of the 'torrent of stories' she was hearing from children about services 'that weren't there for them'.³²⁹ The 2019 briefing focused on 'early access to mental health support' and described 'low-level' provision as 'non-specialist' services offering preventative and early intervention services around mental health and emotional well-being (that is, below tiers 3 and 4 of the specialist CAMHS referral thresholds).³³⁰ In the same year, the charity YoungMinds launched its Act Early campaign calling on the government to 'get early help to all young people who need it'.

The Institute of Health Promotion and Health Education has emphasised that mental health, like physical health, lies on a continuum and 'includes all states of health, from wellness to illness'.³³¹ In April 2021, the All-Party Parliamentary Group on a Fit and Healthy Childhood called for a shift in national mental health strategy towards

³²⁶ 'Together we stand: the commissioning, role and management of child and adolescent mental health services', NHS Health Advisory Service, 1995.

³²⁷ See: 'Safeguarding pressures: phase 6 – research report', Association of Directors of Children's Services, November 2018, page 29; <https://adcs.org.uk/safeguarding/article/safeguarding-pressure>; N Parish, B Swords and L Marks, 'Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing', February 2020; <https://www.local.gov.uk/publications/building-resilience-how-local-partnerships-are-supporting-children-and-young-peoples>.

³²⁸ E Munro, 'The Munro Review of child protection: interim report. The child's journey', Department for Education, May 2011, pages 21 to 22; <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>.

³²⁹ 'The state of children's mental health services 2020/21', Children's Commissioner, January 2021, page 2; <https://www.childrenscommissioner.gov.uk/report/mental-health-services-2019-20>.

³³⁰ 'Early access to mental health support', Children's Commissioner, April 2019, page 5; <https://www.childrenscommissioner.gov.uk/report/early-access-to-mental-health-support/>.

³³¹ MC Watson and J Lloyd, 'Children's mental health: the government needs to be far more ambitious', BMJ, January 2021; <https://www.bmj.com/content/372/bmj.n258/rr>.

policies that 'actively support mental wellness and enhance psychological well-being and resilience across the life course'. Its report called for a 'root and branch' review of CAMHS to ensure broader approaches to promoting well-being and early support for mental health difficulties.³³² Public health and education services should 'work together' to implement a 'whole school' ethos in the promotion of mental health.

In 2017, a government green paper set out plans for new school-based mental health support teams (MHSTs) to deliver 'interventions... for those with mild to moderate mental health issues'.³³³ Schools will be encouraged to appoint a designated senior lead for mental health to establish a whole-school approach that encompasses 'preventative activity and promotion of good mental wellbeing and resilience'. The first MSHTs were announced in December 2018 and a further 57 confirmed in July 2019.³³⁴ Teams will comprise 'new members of the mental health workforce' who are trained to deliver 'evidence-based psychological interventions'.³³⁵

To what extent provision of MHST support will be able to match 'early help' expectations among the wider children's workforce is unclear. A persistent complaint across the wider child and family workforce has been the difficulty in securing mental health support for children and young people at an early stage. Even under the government's accelerated rollout plans announced in March 2021, MHSTs will reach only around one third of children by April 2023.³³⁶

It is interesting to note that many local areas are adopting the THRIVE framework in order to develop a more 'person-centred and needs led approach' to delivering mental health services for children, young people and families.³³⁷ Being needs-led means that mental health needs are defined through shared decision-making by children and families alongside professionals, and 'needs are not based on severity, diagnosis or care pathways'. The emphasis is placed on prevention and the promotion of mental well-being across the local population. This offers an alternative to the tiered model of service provision developed in the 1990s which 'has

³³² 'The Covid generation: a mental health pandemic in the making', All-Party Parliamentary Group on a Fit and Healthy Childhood, April 2021, page 68; https://fhcappg.org.uk/?page_id=2171.

³³³ 'Government response to the consultation on "Transforming children and young people's mental health provision: a green paper" and next steps', Department of Health and Social Care and Department for Education, July 2018, page 22; <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>.

³³⁴ 'Mental health support in schools and colleges and faster access to NHS care', National Health Service; <https://www.england.nhs.uk/mental-health/cyp/trailblazers/>.

³³⁵ 'Mental health support teams: how to maximise the impact of the new workforce for children and young people', British Psychological Society, September 2019, page 3; <https://www.bps.org.uk/news-and-policy/mental-health-support-teams-how-maximise-impact-new-workforce-children-and-young>.

³³⁶ 'Government response to Education Committee report "The forgotten: how White working-class pupils have been let down, and how to change it"', Department for Education, October 2021, page 10; <https://www.gov.uk/government/publications/left-behind-white-pupils-from-disadvantaged-backgrounds-response-to-the-select-committee-report>; P Henshaw, 'Mental health support teams: expansion welcomed but will it be too little, too late?', SecEd, March 2021; <https://www.sec-ed.co.uk/news/mental-health-support-teams-expansion-welcomed-but-will-it-be-too-little-too-late-schools-wellbeing-covid-pandemic-lockdown/>.

³³⁷ 'The THRIVE framework', Anna Freud National Centre for Children and Families; <https://www.annafreud.org/mental-health-professionals/thrive-framework/>.

increasingly been critiqued (including by its developers) for leading to a reification of service divisions'.³³⁸ The National i-THRIVE Programme is currently working with over 70 areas in England to implement the THRIVE framework in local models of care.³³⁹

Terminology used within mental health services further adds to the potential for confusion around 'early help' in provision for children and young people. The term 'early intervention' is often used to refer to, or as shorthand for, dedicated early intervention in psychosis teams (early intervention in psychosis services typically provide support to people aged 14 and over). This is exemplified in this factsheet on 'NHS mental health teams' produced by the mental health charity Rethink:

'What is an early intervention team?' Early intervention in psychosis team (EIT) services can support you if you experience psychosis for the first time.³⁴⁰

The 'NHS mental health implementation plan 2019/20–2023/24' details how improvements in mental health provision, across all ages and types of need, that are set out in the NHS Long-Term Plan will be implemented. In this, 'early intervention' is used exclusively in the context of early intervention in psychosis.

The NHS Long-Term Plan includes a commitment to develop and implement maternal mental health services in every area of the country by 2023–24.³⁴¹ The intention is to combine maternity, reproductive health and psychological therapy for women experiencing moderate to severe or complex mental health difficulties directly arising from, or related to, their maternity experience. This ambition will contribute to the overall commitment for perinatal mental health in the Long-Term Plan.

Schools

Schools have a 'particularly important' role in relation to early help. As well as [school nurses](#) providing support, schools 'are in a position to identify concerns early, provide help for children, and prevent concerns from escalating' and 'all staff should be prepared to identify children who may benefit from early help'.³⁴²

A scan of how school websites describe their 'early help offer' suggests a marked variation between individual schools in how early help is conceptualised – or at least, in how it is described. While designated safeguarding leads (DSLs) commonly lead

³³⁸ M Wolpert, R Harris, S Hodges and others, 'THRIVE elaborated', second edition, Anna Freud National Centre for Children and Families, November 2016, page 7; <https://www.annafreud.org/insights/news/2016/11/updated-thrive-framework-highlights-its-relevance-to-multi-agency-working/>.

³³⁹ 'The National i-THRIVE Programme', i-THRIVE; <http://implementingthrive.org/>.

³⁴⁰ 'NHS mental health teams (MHTs): factsheet', Rethink Mental Illness, October 2021; <https://www.rethink.org/advice-and-information/living-with-mental-illness/treatment-and-support/nhs-mental-health-teams-mhts/>.

³⁴¹ 'The NHS long term plan', National Health Service, January 2019; <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>.

³⁴² 'Keeping children safe in education', Department for Education, September 2020; <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>.

on early help and family support, some schools describe early help very much within a safeguarding or child protection framework. Others emphasise a collaborative approach to supporting families with emerging day-to-day problems. The more supportive descriptions often identify a named 'family support worker', 'family liaison officer' or 'child welfare team' (job names and terminology vary). This is commonly accompanied with a friendly photograph and an introduction emphasising the normality of difficulties or ups and downs in family life.

Some sites emphasise that staff are trained in recognising signs of abuse or involvement with extremism, for example. They highlight the value of early help in preventing the need for later involvement of children's social care or other specialist intervention by tackling problems at an early stage. Other schools put the focus on supporting children and families with everyday problems, which may include offers of counselling, drop-in sessions (for children or parents), health advice, help for parenting issues and support for children affected by bereavement. Some schools' early help webpages make no mention of child protection at all; rather, the emphasis is exclusively on family support. The early help webpage of one school, whose student support had been rated outstanding by inspectors, listed a broad range of support for students, including online support for help with anxiety and youth worker drop-in sessions.

In her small-scale qualitative study, Richards interviewed six DSLs about their experiences of delivering early help and reporting child protection concerns to children's social care. While participants were generally positive about their multi-agency working relationships, DSLs reported concerns about 'rising' thresholds for statutory provision, particularly in relation to neglect. Interviewees felt that the chronic and increasing nature of neglect that they were reporting was not recognised, but also that the existing tools to assess the level of concern were not working well:

'It seems that nothing gets done unless, and you don't meet the threshold unless the child is in immediate danger. And neglect isn't like that... it's a long slow slide into neglect, it doesn't suddenly happen. So, to me the threshold too isn't really useful for that.'³⁴³

Responses like this imply a lack of clarity locally for assessing for and delivering early help. Ofsted's 2015 thematic review 'Early help: whose responsibility?' found that this is not uncommon.³⁴⁴ All Richards' interviewees reported mixed experiences of feedback from social workers. Feedback was 'often limited in quality and detail' and left DSLs 'confused about how or why decisions had been made', 'had very little

³⁴³ DSL in C Richards, "'It's a big ask when your job is to teach children to read, write and to count": the experiences of school staff in early help and child protection', in 'Pastoral Care in Education', Volume 36, Issue 1, 2018, pages 44 to 56.

³⁴⁴ 'Early help: whose responsibility?', Ofsted, March 2015; <https://www.gov.uk/government/publications/early-help-whose-responsibility>.

understanding' of the rationale behind decisions and were 'confused about how to move forward' if they still had concerns.³⁴⁵

'... the next thing I got was a letter through saying the case had been closed. And that just makes no sense to me whatsoever.'³⁴⁶

Participants sometimes believed that limited resources were behind a decision or that it was a matter of 'individual judgements', but sometimes that a decision reflected on 'their own credibility as reporters'. Interestingly, Richards notes that other than statutory safeguarding training and Common Assessment Framework [now early help assessment] training, none of the six interviewees had received any specialised training in 'key topics such as neglect, domestic violence or abuse, sexual abuse, substance misuse, family support work or mental health'. Those who were using training carried out in other roles identified training on working with parents as the most helpful in relation to their lead safeguarding role.

As with other types of universal provision (for example, [health visitors and school nurses](#)), DSLs also expressed a degree of frustration at being diverted from their core professional task or having to carry out what they may see as another agency's role. In particular, those in smaller schools felt they did not have the capacity to deliver early help:

'... a lot of the work I do is social care... which takes us away from our core business of teaching children to read, write and add up... We're not qualified to do all of that social care at a lower level, and I don't have the contacts, and we don't have the budget to do it.'³⁴⁷

Interviewees reported that choosing a lead professional was a barrier to inter-agency working and delivering early help. DSLs had different ideas about how the lead professional should be chosen, but none appeared to be aware of the local guidance, such as that the family should choose the lead professional.

'I mean there just wasn't the capacity, and the expectation was that the school was lead on all the CAFs and they're liaising with housing and... the CAMHS team and it's a big ask when your job is to teach children to read, write and to count'.³⁴⁸

³⁴⁵ C Richards, "'It's a big ask when your job is to teach children to read, write and to count": the experiences of school staff in early help and child protection', in 'Pastoral Care in Education', Volume 36, Issue 1, 2018, pages 44 to 56.

³⁴⁶ DSL in C Richards, "'It's a big ask when your job is to teach children to read, write and to count": the experiences of school staff in early help and child protection', in 'Pastoral Care in Education', Volume 36, Issue 1, 2018, pages 44 to 56.

³⁴⁷ DSL in C Richards, "'It's a big ask when your job is to teach children to read, write and to count": the experiences of school staff in early help and child protection', in 'Pastoral Care in Education', Volume 36, Issue 1, 2018, pages 44 to 56.

³⁴⁸ DSL in C Richards, "'It's a big ask when your job is to teach children to read, write and to count": the experiences of school staff in early help and child protection', in 'Pastoral Care in Education', Volume 36, Issue 1, 2018, pages 44 to 56.

In 2020, What Works for Children's Social Care published an evaluation of three ambitious 'social workers in schools' pilots in Lambeth, Southampton and Stockport involving a total of 37 primary and secondary schools. In each pilot area, social workers were 'embedded' within schools, although how this looked in practice varied between schools. In some schools, social workers were fully embedded and integrated into school life, whereas in others social workers visited on a regular basis. Since 2016, Stockport already had a Team Around the School (TAS) model in place, which places early help practitioners alongside school nurses, teachers and other practitioners in order to improve information-sharing and safeguarding responses. For the Stockport pilot, social workers joined the TAS model to enhance it.³⁴⁹

Across the pilots, social workers carried out a wide range of activities, which included working with children on child in need and child protection plans and care proceedings work, but also working with children not known to children's social care and providing early intervention, advice and a more universal service. Being on site was thought to be particularly beneficial as work was carried out that would not have happened if social workers were not embedded. The social worker can give advice and support to school staff, which increases their confidence in safeguarding issues and improves the quality of school referrals.

Working so closely together also helped to overcome some of the challenges associated with inter-agency working. For example, social workers were able to use a 'social care lens' to challenge some school behaviour management strategies that they felt were 'detrimental to vulnerable children' and were able to encourage schools to see lateness and poor behaviour 'in the context of a child's family circumstances' and so reduce 'punitive responses' such as the use of internal exclusions. 'This increases the likelihood that school staff will take a young person's wider circumstances into account, improving the service they receive'. Although the evaluation found no early evidence of impact on days in care (in either of the two projects where such an analysis was possible), the pilots did appear to reduce section 47 enquiries in Southampton and Lambeth and to reduce section 17 enquiries in Stockport.

Youth work

Despite its important role in 'early help and early intervention', youth work has been particularly hard hit by local government funding reductions since 2010, leading to 'significant reductions in budgets, resources and staff'.³⁵⁰

Children and families should receive support that caters to all of their needs to give them the best possible opportunities in life. However, the erosion of many of the

³⁴⁹ 'Social workers in schools: an evaluation of pilots in three local authorities in England', What Works for Children's Social Care, May 2020, page 57; <https://whatworks-csc.org.uk/research-report/social-workers-in-schools-an-evaluation-of-a-pilot-in-three-local-authorities-in-england/>.

³⁵⁰ 'National Youth Agency response to ADCS calls for wider children's workforce development', National Youth Agency, March 2019; <https://nya.org.uk/national-youth-agency-response-to-adcs-calls-for-wider-childrens-workforce-development/>.

vital services that meet these needs, such as early help workers, health visitors and youth workers, has made receiving support far more difficult.³⁵¹

In November 2019, the National Youth Agency set out a manifesto for ready access to quality youth work to address the priorities 'from early help for families to more choices for young people of places to go'. The following year, the Youth Violence Commission concluded in its final report:

'High quality youth services can transform the lives of young people by helping them to build their emotional and social skills, particularly around confidence, critical thinking, resilience and employability. To do so, however, these services require substantial and long-term funding commitments that recognise the cost-benefit of investing in early intervention and preventative youth services.'³⁵²

The Commission went on to call for a collaboration of funders, including local authorities, to ensure:

'... enhanced investment in early intervention and open access youth services as well as targeted "violence-reduction" youth work. A clear demarcation should be drawn between generic youth services and targeted violence reduction interventions, the latter of which must be delivered by youth organisations whose workers have received specialist training.'

Youth work, then, has a significant role to play in prevention and early help, as well as contributing to specialist interventions. As with other universal provision, such as [health visiting and school nursing](#), the universal or 'open access' nature of the offer is seen as critical to success:

'Effective youth work provides a non-stigmatising way of steering many children and young people away from risk, while youth clubs offer a safe place to be outside of school.'³⁵³

Youth work may be described by its practitioners and advocates in terms of 'prevention', 'early intervention' or 'early help', but essentially the message is the same whatever terminology is chosen:

³⁵¹ 'Building a workforce that works for all children: ADCS position paper', Association of Directors of Children's Services, March 2019, pages 4 to 5; <https://adcs.org.uk/workforce/article/building-a-workforce-that-works-for-all-children>.

³⁵² 'Our summary of the Youth Violence Commission's final report', London Youth, July 2020; <https://londonyouth.org/our-summary-of-the-youth-violence-commissions-final-report/>.

³⁵³ 'Building a workforce that works for all children: ADCS position paper', Association of Directors of Children's Services, March 2019, pages 10; <https://adcs.org.uk/workforce/article/building-a-workforce-that-works-for-all-children>.

'Youth services also provide a crucial first step that can help prevention of so many other needs later on in a young person's life.'³⁵⁴

'A rapidly growing set of issues within our [Centrepoin't's] services is that of gangs, violence and criminal exploitation. Homeless young people, already in a state of vulnerability and isolation, are at heightened risk of getting caught up in illegal activity and face being targeted by criminal gangs for exploitation. These gangs are able to work within the growing void left by cuts to preventative services, like youth work, which provide children and young people with suitable adults and role models whom they can form trusted relationships with.'³⁵⁵

The vital role of youth work in protecting young people from extra-familial harm was explicitly acknowledged in a roundtable convened by 'Children & Young People Now' magazine on local authorities' use of contextual safeguarding approaches to improving young people's safety outside the home.

All participants agreed that youth workers play a key role in contextual safeguarding. Although the pendulum has swung away from detached youth work in recent years towards one-to-one case work, contextual safeguarding relies on community-based, detached youth workers.³⁵⁶

Carlene Firmin, who developed the contextual approach with colleagues at the University of Bedfordshire, said:

'When we've had conversations with local authorities starting to embark on contextual safeguarding, a number of them have stressed that they have started to reinvest in detached youth work. They felt that it's not possible to do contextual safeguarding if they didn't have that in the bag.'

In 'Safeguarding pressures 6', the Association of Directors of Children's Services (ADCS) noted a continuing increase in needs of, and demand for service provision for, adolescents. Local authorities described the changing needs and demand on service provision in their area for 15–17-year-olds. The loss of youth services over the last 10 years as a result of funding cuts to local government was cited as a principal reason why local authorities are seeing increased demand for services for this age group. The ADCS also reported increasing interest from local authorities in adopting a contextual safeguarding approach.³⁵⁷

³⁵⁴ B Hardy, 'Quality youth work is key to preventing crisis for young people – centrepoin't', National Youth Agency, February 2019; <https://nya2.joltrouter.net/2019/02/quality-youth-work-is-key-to-preventing-crisis-for-young-people-centrepoin't/>.

³⁵⁵ B Hardy, 'Quality youth work is key to preventing crisis for young people – centrepoin't', National Youth Agency, February 2019; <https://nya2.joltrouter.net/2019/02/quality-youth-work-is-key-to-preventing-crisis-for-young-people-centrepoin't/>.

³⁵⁶ C Goddard, 'The contextual safeguarding debate', Children & Young People Now, October 2019, pages 18 to 21; <https://www.cypnow.co.uk/features/article/the-contextual-safeguarding-debate>.

³⁵⁷ 'Safeguarding pressures: phase 6', Association of Directors of Children's Services, November 2018; <https://adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-6>.

Youth offending services

As set out in section 37 of the Crime and Disorder Act 1998, the statutory aim of the youth justice system is to prevent offending by children and young people.³⁵⁸ This means that prevention and referral to youth diversion are long-standing tenets of the system.³⁵⁹ However, perspectives on managing children's involvement in the youth justice system have tended to focus on 'managing a child's offending behaviour and the risks they were considered to pose'.³⁶⁰

In 2019, however, the Youth Justice Board (YJB) announced that all future work would be 'underpinned and guided by' a 'child first, offender second' principle, which would include giving appropriate weight to trauma-informed practice in local services. The 'Child First' approach was described by the YJB's Chair as 'a system which supports children to become the best version of themselves'. The YJB set out more fully what the approach involves in its 2021–24 strategic plan:

1. Prioritise the best interests of children and recognising their particular needs, capacities, rights and potential. All work is child-focused, developmentally informed, acknowledges structural barriers and meets responsibilities towards children.
2. Promote children's individual strengths and capacities to develop their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society.
3. Encourage children's active participation, engagement and wider social inclusion. All work is a meaningful collaboration with children and their carers.
4. Promote a childhood removed from the justice system, using pre-emptive prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system.³⁶¹

This acknowledges the structural inequalities that many children face and that contribute to disproportionality within the youth justice system. However, change cannot be delivered by the YJB alone and is likely to be 'years in the making'. 'Treating children in a holistic way, responding to their specific needs and working constructively to help them make a positive contribution to society' means reaching

³⁵⁸ 'Youth offending teams: making the difference for children and young people, victims and communities. Final report', Youth Justice Board, July 2015, page 7;

<https://www.gov.uk/government/publications/yjb-board-report-on-yots>.

³⁵⁹ C Ely, C Robin-D'Cruz and B Jolaoso, 'Ensuring effective referral into youth diversion', Centre for Justice Innovation, January 2021; <https://justiceinnovation.org/publications/ensuring-effective-referral-youth-diversion>.

³⁶⁰ 'Strategic plan 2021–2024', Youth Justice Board, March 2021, page 11;

<https://www.gov.uk/government/publications/youth-justice-board-for-england-and-wales-strategic-plan-2021-24>.

³⁶¹ 'Strategic plan 2021–2024', Youth Justice Board, March 2021, page 10 to 11;

<https://www.gov.uk/government/publications/youth-justice-board-for-england-and-wales-strategic-plan-2021-24>.

out beyond the criminal justice system to ensure that a 'Child First' approach is adopted more widely before children become involved with the 'conveyor belt of stigmatisation'.

Professor Stephen Case, co-author of a report on the evidence base for Child First, says:

'Treating children who offend as a child first and foremost enables responses to be more appropriate to their child status, their relative powerlessness and lack of voice, whilst acknowledging that children are still developing physically, psychologically and emotionally. Prioritising children's offender status in youth justice responses can lead to further criminalisation by the youth justice system, marginalisation by society, and disaffection and disengagement on the part of the child. This approach also puts offending into perspective as merely one part of a much more complex identity for children.'³⁶²

Child First marks the progression of a 'philosophical shift' noted by the Chair of the YJB in 2015. In 2015, the then Chair of the YJB and fellow board members carried out a series of visits to 20 local areas to complement a 'stocktake' being carried out by the YJB. They found that all areas prioritised prevention and early intervention, usually with the direct involvement of the youth offending team (YOT). Practitioners in one area described prevention as their 'belief system'. Board members noted that YOTs were becoming more closely integrated with other local authority services, possibly influenced by a 'need to deliver financial savings' and the fall in numbers of children in the youth justice system, but also by a 'desire to redesign services around an early intervention, prevention and family-based model'.³⁶³

The philosophical shift towards early intervention, prevention and family-based services was also driven by a recognition of the factors that cause offending and the desire to structure services around the needs of young people.³⁶⁴

There were concerns among YOT practitioners, however, that reductions in funding might divert teams from preventative work towards just fulfilling statutory commitment – a concern highlighted three years later by the Local Government Association, which warned that YOTs were at risk of becoming 'victims of their own success' as fewer young people in the youth justice system led to cuts in the youth justice grant.³⁶⁵ By 2018–19, statutory caseloads were nearly half the size that they

³⁶² S Case and A Browning, 'Child First justice: the research evidence-base', Loughborough University, March 2021; <https://hdl.handle.net/2134/14152040.v1>.

³⁶³ 'Youth offending teams: making the difference for children and young people, victims and communities. Final report', Youth Justice Board, July 2015, page 4; <https://www.gov.uk/government/publications/yjb-board-report-on-yots>.

³⁶⁴ 'Youth offending teams: making the difference for children and young people, victims and communities. Final report', Youth Justice Board, July 2015, page 11; <https://www.gov.uk/government/publications/yjb-board-report-on-yots>.

³⁶⁵ 'Youth justice resource pack', Local Government Association, May 2018, page 3; <https://www.local.gov.uk/publications/youth-justice-resource-pack>.

had been in 2013–14.³⁶⁶ However, in its 2019–20 annual report, HM Inspectorate of Probation also questioned whether diverting young people from the youth justice system should always be seen as in the child’s best interests because it may stop children from getting earlier help.

For many children, a referral by the YOT to CAMHS or speech and language services was the first opportunity for a formal assessment – despite concerns existing for some time. Therefore, it may not always be in a child’s best interests to dedicate so much effort to keeping them away from what the YOT can provide.³⁶⁷

In advocating its ‘Child First’ approach, the YJB has emphasised the need for cultural and system-wide change. In December 2019, the Association of Youth Offending Team Managers carried out a survey about local governance arrangements with 48 youth offending service heads. The results of the survey revealed a range of experiences in relation to local working cultures. Whereas one head of service was covering two local authorities but ‘within Early Help and Prevention services’, the response of another service head suggests that the local authority did not perceive the YOT having a significant role in delivering early help provision:

‘The local authority sees the YOT as a reactive service, i.e. dealing with young people when they have offended. The focus, resources and effort has [been] placed on Children Social Care and early help.’³⁶⁸

Other managers highlighted what they saw as a relatively low status for youth offending services. Asked what, if anything, might help to improve their level of influence, one manager said:

‘Raising the strategic profile of YOT. Increasingly it is viewed as an operational team.’

‘YOS [youth offending service] manager not seen as important as social care managers.’

Police

In 2015, the College of Policing collaborated with the Early Intervention Foundation to develop ‘early intervention’ guidance for frontline police officers and police community support officers. The guidance places a strong emphasis on the role of ‘early intervention’ in ‘preventing’ crime and on the importance of being able to ‘spot risk factors’. It also emphasises that the police ‘may be the first agency to come into contact with an individual or family in need of support’ and that police officers and police community support officers should always see an under-18 ‘as a child first and foremost’. Early intervention is ‘not about the police doing... other people’s jobs’ but

³⁶⁶ ‘Annual report: inspection of youth offending services (2019–20)’, HMI Probation, November 2020, page 14; <https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/yar2020/>.

³⁶⁷ ‘Annual report: inspection of youth offending services (2019–20)’, HMI Probation, November 2020, page 7; <https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/yar2020/>.

³⁶⁸ ‘AYM survey of YOT governance’, Association of Youth Offending Team Managers, 2020, page 14; <https://aym.org.uk/publications/consultations/>.

about 'working with partner agencies to prevent crime and reduce present or future demand on the police'.

The guidance includes only two direct uses of the term 'early help', both in a table listing 'likely multiagency teams in your area':

- the multi-agency safeguarding hub facilitates 'early intervention through assessing risk and need and putting early help services in place' to safeguard children and vulnerable adults
- the 'Early Years Service or Early Help Team' are described as teams that 'co-ordinate support for children and families with additional needs during the early years (conception to age 5)'.³⁶⁹

Between 2015 and 2017, the Early Intervention Foundation (supported by the Home Office and College of Policing) created and ran an Early Intervention Academy for Police Leaders, working with 24 future police leaders (representing just over half of the 43 police forces in England and Wales). Many local forces have developed their own 'early intervention strategy'. Strategies tend to emphasise 'early intervention' rather than 'early help', but all express a commitment to working closely with partner agencies and emphasise the importance of help and support:

'Early Help is the response made when a professional identifies needs with a child/family and works with another agency or agencies to meet those needs.'³⁷⁰

'It's very difficult for the Police to know what the real issue is driving criminal behaviour. We're not qualified to know what support a family needs. We need others to tell us that.'³⁷¹

The Humberside Police early intervention strategy emphasises the importance of preventing 'crime', preventing 'problems', 'preventing vulnerability' and 'preventing Adverse Childhood Experiences (ACE)'.

'... only 20 per cent of calls for service relate to traditional "crime" – the remainder are broader social problems including domestic abuse, missing children, mental health issues and concerns for welfare.'³⁷²

³⁶⁹ 'Early Intervention Foundation: a guide for frontline officers and PCO's', Early Intervention Foundation, August 2015, page 14; <https://www.eif.org.uk/resource/early-intervention-a-guide-for-frontline-police-officers-and-pcsos>.

³⁷⁰ 'MARAC agency summary', Cumbria Constabulary, <https://www.cumbria.police.uk/get-advice/personal-safety/marac-agency-summary>.

³⁷¹ 'Early Intervention Foundation: a guide for frontline officers and PCO's', Early Intervention Foundation, August 2015, quote on page 11; <https://www.eif.org.uk/resource/early-intervention-a-guide-for-frontline-police-officers-and-pcsos>.

³⁷² 'Staffordshire early intervention plan', Staffordshire Police, quote on page 3; <https://www.staffordshire.police.uk/police-forces/staffordshire-police/areas/staffordshire-police/au/about-us/our-vision/>.

Some police forces prefer the term 'early action'. For example, Lancashire Constabulary has a domestic violence early action programme.³⁷³

'Your force may use the term "Early Action". The principle is the same: identifying problems at the earliest opportunity and providing support to stop them escalating.'³⁷⁴

Police forces are also required to develop an action plan on domestic abuse. These action plans, in their published form at least, vary in sophistication and the extent to which they articulate the needs of children. Some action plans (for example, those of Northumbria and North Yorkshire) specify the force's commitment to Operation Encompass.³⁷⁵ This charity, which was set up in 2011, is an 'early information sharing partnership' that works with police forces and schools in an effort to ensure that the school's DSL is informed whenever a child has witnessed or been involved in a domestic abuse incident.³⁷⁶

Operation Encompass directly connects the police with schools to secure better outcomes for children who are subject to or witness police-attended incidents of domestic abuse. Rapid provision of support within the school environment means children are better safeguarded against the short-, medium- and long-term effects of domestic abuse. The intention is that the DSL is notified before the start of the next school day so that support can be given at the earliest opportunity. Operation Encompass is currently running in 38 UK police forces, but the long-term aim is 'to ensure that Operation Encompass is in every Force, in every school, for every child'.

The Chief Constable and Police and Crime Commissioner make the initial commitment to the Operation Encompass scheme, for which a member of the senior management team takes on strategic responsibility. All frontline officers within the force are fully trained in Operation Encompass, including its purpose, when to apply it and how to apply it correctly.

Since 2019, the core of police 'early help' work is embedded in the 'Neighbourhood policing guidelines'. These guidelines encourage frontline officers, staff and volunteers to consider early intervention preventative responses with young people and families at risk.³⁷⁷

The 'Policing vision: 2025' manifesto sets out the plan for policing for the next ten years. It makes a commitment for local policing to be aligned, and where

³⁷³ 'The police response to domestic abuse: an update report', Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services, February 2019, page 17; <https://www.justiceinspectors.gov.uk/hmicfrs/publications/the-police-response-to-domestic-abuse-an-update-report/>.

³⁷⁴ 'Early Intervention Foundation: a guide for frontline officers and PCO's', Early Intervention Foundation, August 2015, quote on page 7; <https://www.eif.org.uk/resource/early-intervention-a-guide-for-frontline-police-officers-and-pcos/>.

³⁷⁵ Operation Encompass; <https://www.operationencompass.org/>.

³⁷⁶ Police Forces, Operation Encompass; <https://www.operationencompass.org/police-participation>.

³⁷⁷ 'Neighbourhood policing', College of Policing, October 2018; <https://www.college.police.uk/guidance/neighbourhood-policing>.

appropriate integrated, with other local public services to improve outcomes for citizens and protect vulnerable people:

'Adopting a place-based approach with more multi-agency teams or hubs to tackle community issues requiring early intervention across a range of agencies and organisations. Moving beyond single service-based practice to [a] "whole place" approach to commissioning preventative services in response to assessments of threat, harm, risk and vulnerability.'³⁷⁸

³⁷⁸ 'Leadership for everyone toolkit', College of Policing, 2016;
<https://leadership.college.police.uk/mod/resource/view.php?id=1915&forceview=1>.

Appendix 4: Funding cuts

The following table provides a brief summary and URLs to the evidence on the extent, range and impact of funding restrictions on the partners involved in local early help partnership working.

Partner	Detail	Evidence
Accident and Emergency (A&E)	One of the areas where the impact of austerity was most dramatically felt was in A&E departments. Reduction in other areas of public spending, particularly in social care and welfare spending, impacted significantly on the NHS. The increase in demand also had a significant impact.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6373963/
Benefits	According to figures obtained by Frank Field MP in 2018, spending on welfare benefits for the UK's poorest families had shrunk by nearly a quarter since 2010. Some of the most striking cuts were in disability benefits – personal independence payments and employment and support allowance – which together had shrunk by nearly £5 billion (or 10%) since the start of the decade. Other cuts included: tax credits (£4.6 billion), Universal Credit (£3.6 billion), child benefit (£3.4 billion), disability benefits (£2.8 billion), employment and support allowance and incapacity benefit (£2 billion) and housing benefit (£2.3 billion).	https://www.theguardian.com/politics/2018/sep/23/welfare-spending-uk-poorest-austerity-frank-field
Children and Family Court Advisory and Support Service (Cafcass)	Between 2009–10 and 2019–20, Cafcass grant funding from central government reduced from £131.2 million to £121.9 million.	https://www.cafcass.gov.uk/about-cafcass/reports-and-strategies/annual-reports/
Children's centres	Between 2009–10 and 2017–18, local authority spending on Sure Start children's services fell from £1.5 billion to less than £0.7 billion – a real-terms drop of 62%.	https://www.instituteforgovernment.org.uk/publications/performance-tracker-2019
Community nursing	Community nursing leaders condemned the government's announcement of a 'minimal' 1% increase in the 2021–22 public health budget as insufficient at a time of extreme pressure due to the	https://www.nursingtimes.net/news/public-health/nursing-groups-brand-1-uplift-to-public-health-budget-

	<p>pandemic, following a long period of cuts over earlier years. The Health Foundation said that the 2021–22 allocation amounted in reality to a 24% cut per capita compared with 2015–16 budgets. Public health allocations fell in real terms from £4.2 billion in 2015–16 to £3.3 billion in 2021–22.</p>	<p>disappointing-18-03-2021/</p>
<p>Drug and alcohol services</p>	<p>Figures obtained through a 2018 Freedom of Information request by UK Addiction Treatment, a private addiction treatment service, show spending on residential rehab and detox treatment in England had been reduced by 15% since 2013–14 when the government removed the ring-fence that had forced local authorities to spend certain amounts on drug and alcohol treatment. According to the Centre for Social Justice, 'services have been choked by successive years of cuts which have already resulted in social harm that will now last for more than a generation'.³⁷⁹</p>	<p>http://chandoshouse.org/deaths-rise-as-two-thirds-of-local-authorities-cut-spending-on-drug-and-alcohol-rehab/</p> <p>https://www.centreforsocialjustice.org.uk/library/road-to-recovery-addiction-in-our-society-the-case-for-reform</p>
<p>Fire and rescue</p>	<p>Analysis by the Fire Brigades Union of the 2021–22 local government finance settlement found that government funding for fire and rescue services in England had been cut by £139.7 million since 2016–17 – a 13.8% reduction in cash terms over the five years.</p>	<p>https://www.fbu.org.uk/news/2021/03/02/englands-fire-services-cut-%C2%A3140m-2016-new-figures-show</p>
<p>GPs</p>	<p>Between 2015–16 and 2019–20, cuts to the public health grant totalled £550 million. More than three quarters (77%) of GP partners experienced a reduction in funding for public health services, with drug and alcohol services, smoking cessation and sexual health services among the hardest hit.</p>	<p>https://www.gponline.com/550m-public-health-cuts-hit-gp-workload-put-patients-risk-says-bma/article/1580368</p> <p>https://www.bma.org.uk/what-we-do/population-health/preventing-ill-health/prevention-before-cure-prioritising-population-health</p>

³⁷⁹ 'Road to recovery: addiction in our society – the case for reform', The Centre for Social Justice, October 2019, page 10; <https://www.centreforsocialjustice.org.uk/library/road-to-recovery-addiction-in-our-society-the-case-for-reform>.

Health visitors	There was a one in five reduction in health visitors between 2015 and 2019, the full-time equivalent of 18% of the workforce. Nearly half (48%) of health visitors said they felt 'so stretched that they fear a tragedy where they work'.	https://ihv.org.uk/news-and-views/news/health-visitors-fear-for-childrens-wellbeing-due-to-relentless-service-cuts/
Housing	In 2021, the Intergenerational Foundation reported that the government has consistently reduced programmes to provide affordable housing. Funding has been redirected from affordable social rent (where rents are typically 50% of market rents) to less affordable schemes such as shared ownership, 'affordable rent' (up to 80% of market rents) and other forms of intermediate renting. In 2020, the Communities and Local Government Committee concluded: 'There is compelling evidence that England needs at least 90,000 net additional social rent homes a year'. However, in 2020, fewer than 2,000 social rent homes were funded, down from a peak of 57,000 in 1995–96. Between 2011 and 2020, there was also a 50% increase in the number of second homes (owned primarily by older people) in England, to a total of 5.5 million. COVID-19 has exacerbated inequalities between the young and the old. On the day the eviction ban ended (31 May 2021), the Joseph Rowntree Foundation warned that around one million renting households (11% of all 'renters') were worried about being evicted in the next three months, half of them families with children.	https://www.if.org.uk/research-posts/stockpiling-space-how-the-pandemic-has-increased-housing-inequalities-between-older-and-younger-generations/ https://www.jrf.org.uk/press/400000-renters-face-eviction-jrf-warns-uk-risks-%E2%80%98two-tier-recovery%E2%80%99
Jobcentre Plus	Between 2016 and 2018, over 100 jobcentres (about 15% of the network) closed.	https://theconversation.com/why-are-britains-jobcentres-disappearing-91290
Libraries	There were 773 libraries (18%) that closed between 2010 and 2019.	https://www.theguardian.com/books/2019/dec/06/britain-has-closed-almost-800-

		libraries-since-2010-figures-show
Maternity services	A survey of senior midwives by the Royal College of Midwives in 2020 found eight out of 10 (83%) did not believe their NHS Trust or Board had enough staff to operate safely. It also found that three in four (74%) Heads of Midwifery reported having to redeploy staff at least weekly to cover essential services (up from 62% in 2018).	https://nhsfunding.info/symptoms/the-midwives-view/ https://www.rcm.org.uk/media-releases/2020/march/half-of-maternity-units-understaffed-says-new-survey/
Mental health	In 2015, an investigation by the BBC and Community Care found that NHS spending on CAMHS had fallen by more than 6% in real terms since 2010. The government committed an extra £1.4 billion for CAMHS over five years from 2015, but a Freedom of Information investigation by YoungMinds in 2018 found that 43% of clinical commissioning groups had increased their CAMHS budgets by less than the money allocated. Moreover, less than 1% of the total NHS budget was being spent on CAMHS, and only 8.7% of the total mental health budget on under-18s. In 2019, an investigation by the Children's Commissioner found local areas (NHS and local authority spending) allocated only £226 million for 'low level mental health services' in 2018–19, which is 'just over £14 per child', with 'wide variations' between areas.	https://www.bbc.co.uk/news/education-30735370 https://youngminds.org.uk/blog/childrens-mental-health-funding-where-is-it-going/ https://www.childrenscommissioner.gov.uk/2019/04/10/over-a-third-of-local-areas-in-england-reduce-real-terms-spending-on-low-level-childrens-mental-health-services/
Nurseries	Paull and Popov found that a quarter of maintained nursery schools had either a structural deficit (that is, a deficit beyond recovery, where the school is deemed unviable) or a significant deficit (that is, a deficit requiring intensive intervention and focused support to recover). ³⁸⁰ A further 46% of maintained nurseries were in a vulnerable position, indicating that they	https://onlinelibrary.wiley.com/doi/full/10.1111/chso.12391

³⁸⁰ 'The role and contribution of maintained nursery schools in the early years sector in England', Department of Education, February 2019; <https://www.gov.uk/government/publications/maintained-nursery-schools-contribution-to-early-years-provision>.

	were either quickly going through their fiscal reserves, losing significant pupil numbers (due to not being able to fund their support) or moving to the brink of a financial deficit.	
Police	Police budgets have been cut since 2010, and Home Office statistics show the number of police officers fell from 143,734 in March 2010 to 123,142 in March 2017. In 2021, some forces were facing potentially their worst ever annual budget cuts fuelled by the COVID-19 crisis.	https://www.theguardian.com/uk-news/2018/apr/08/police-cuts-likely-contributed-to-rise-in-violent-leaked-report-reveals https://www.theguardian.com/uk-news/2020/jul/01/police-warn-of-cuts-to-funding-even-worse-than-in-austerity-years
Prison	In 2019, the Institute for Government identified a 'dramatic deterioration' in standards across prisons since 2009–10. A sharp rise in deaths, violence, self-harm, poor behaviour and drug use (as well as a drop-off in efforts to rehabilitate prisoners) 'can all be linked to the cuts in government spending on prisons, and a fall in the number of prison officers between 2009–10 and 2015–16'. Spending in real terms fell 14% between 2009–10 and 2017–18. Commitment of £2.5 billion by the government to create 10,000 new prison places was intended to boost prison capacity and would not target pressures in existing prisons.	https://www.instituteforgovernment.org.uk/publication/performance-tracker-2019/prisons
Probation	The probation system was partly privatised in 2013–14: the public sector continued to manage high-risk offenders and provide court services, while 'community rehabilitation companies' managed low- and medium-risk offenders. The Public Accounts Committee said that privatisation 'left probation services underfunded, fragile, and lacking the confidence of the courts'. A decision was made in 2019 to end private probation contracts 14 months early and bring all offender	https://publications.parliament.uk/pa/cm201719/cmselect/cmpublicacc/1747/174702.htm

	management activities back in-house. As a result, 'probation services have been left in a worse position than they were in before the Ministry embarked on its reforms'. The decision to terminate contracts in 2020 cost the taxpayer at least £467 million but will ultimately cost more as further costs are 'shunted elsewhere in the system'.	
School nurses	There were 30% fewer school nurses in 2019 than there had been in 2010.	https://www.nursingtimes.net/news/children/rcn-issues-warning-ongoing-school-nurse-cuts-ahead-new-term-21-08-2019/
Schools	Between 2010 and 2019, schools and colleges in England suffered the worst fall in spending since the 1970s, according to the Institute for Fiscal Studies. A report by the Institute found that spending on young people in adult education, further education and skills was the hardest hit, with spending on classroom-based adult education or apprenticeships down by more than a third since 2009–10. The 2019 commitment to increasing spending on schools will 'just about reverse' the 8% cuts in spending per pupil since 2009; 'even so, an effective 13-year real-terms freeze will still represent an unprecedented period without growth', the Institute said, going back to 'at least' the 1970s.	https://www.theguardian.com/education/2019/sep/19/education-spending-fall-from-2010-to-now-was-worst-since-1970s-ifs
Social care	The Institute for Government's public services 'performance tracker' reported that local authority spending on children's social care rose by 16% between 2009–10 and 2017–18, but wider spending on children's services fell – with spending on Sure Start children's centres, services for young people and youth justice 'slashed by 56%'. (Over the same period, the child population in England grew by 6%.) In 2020, a report by five leading children's charities highlighted that despite the drop in spending on children's services since	https://www.instituteforgovernment.org.uk/publication/performance-tracker-2019/children-social-care https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/childrens-services-funding-and-spending/

	<p>2010, spending on late intervention had risen by 40% over the last decade, driven largely by services for children in care. And in June 2021, the Local Government Association reported that more than eight in 10 councils had to overspend on children’s social care budgets in 2019–20 (by £832 million) amid ‘soaring demand’ for statutory services. The report highlighted a 125% increase in section 47 enquiries between 2010 and 2020 and a 24% increase in the number of children in care.</p>	<p>https://www.local.gov.uk/about/news/lga-eight-10-councils-forced-overspend-childrens-social-care-budgets-amid-soaring-demand</p>
<p>Special educational needs and/or disabilities (SEND)</p>	<p>Research published by Ofsted in 2020 (carried out at the request of the Public Accounts Committee) found that around three quarters of headteachers had had to make changes to SEND provision because of financial pressures; 41% of primary heads and 27% of secondary heads described the changes as ‘major’. Children with special educational needs support rather than education, health and care plans were worst affected. Cutting teaching assistant posts was the most common response to financial challenges.</p>	<p>https://www.cypnow.co.uk/news/article/children-with-send-worst-affected-by-school-funding-pressure</p> <p>https://www.gov.uk/government/publications/making-the-cut-how-schools-respond-when-they-are-under-financial-pressure</p>
<p>Speech and language</p>	<p>A 2019 report by the Children’s Commissioner found a real-terms reduction in spending on children’s speech and language therapy (SLT) in most areas in England between 2016 and 2019. Although the total SLT spend rose from £143 million in 2016–17 to £166 million in 2018–19, most areas (57%) saw a real-terms decrease.</p>	<p>https://www.childrenscommissioner.gov.uk/report/we-need-to-talk/</p>
<p>Youth services</p>	<p>Analysis by YMCA in 2020 found that since 2010–11, spending on youth services in England had fallen by £959 million in real terms, with local authority spending dropping from £1.36 billion in 2010–11 to £398 million in 2018–19 – equivalent to a 71% cut.</p>	<p>https://www.ymca.org.uk/outofservice</p>



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