



Early Intervention: Good Parents, Great Kids, Better Citizens

Graham Allen MP and
Rt Hon Iain Duncan Smith MP

THE CENTRE FOR
SOCIAL
JUSTICE



THE SMITH
INSTITUTE

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Published jointly by the Centre for Social Justice and the Smith Institute

ISBN 978-0-9556999-4-8

First published, September 2008 by

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Designed by SoapBox, www.soapboxcommunications.co.uk

THE CENTRE FOR SOCIAL JUSTICE aims to put social justice at the heart of British politics. Our policy development is rooted in the wisdom of those working to tackle Britain's deepest social problems and the experience of those whose lives have been affected by poverty. We consult nationally and internationally, especially with charities and social enterprises who are the the champions of the welfare society.

THE SMITH INSTITUTE, founded in memory of the late John Smith QC MP, is an independent think tank which undertakes discussion, research and education on policy issues concerning equity, enterprise, economy and the environment.

Foreword

We are two MPs from different parties and different political traditions. But we share the belief that large parts of our society are massively underachieving and that the financial and social costs of this are both enormous and multiplying. Our purpose in this publication is not to bemoan this situation but to transform it. We hope that it offers a clear, evidence-based analysis followed by proven and practical actions to improve our society more effectively and less expensively than current policy allows. We write it as a guidebook for those of good will from all political perspectives.

We are calling on all parties to unite around the radical new social policy 'Early Intervention'. We are convinced that it is cheaper and more sensible to tackle problems before they begin, rather than spend ever-greater sums on ineffective remedial policies, whether they take the form of more prisons, police, drug rehabilitation or supporting longer and more costly lifetimes on benefits. The philosophy of Early Intervention goes much further than prevention. It is about breaking the intergenerational cycle of underachievement in many of our communities and enabling our communities over time to heal themselves.

We outline the problems and costs of social dysfunction, violence, drugs, alcohol and family breakdown in Chapter 1.

In Chapter 2 we emphasise that the 0-3 age range is the vital period when the right social and emotional inputs must be made to build the human foundations of a healthy, functioning society. The key agents to provide those inputs for 0-3 year-old children are parents.

To fulfil that role, they themselves must be prepared properly, between ages 0-18. In Chapter 3 we outline some of the key early policy interventions that will help everyone, even toddlers, turn into the best parents they can be.

Chapter 4 explains how an early intervention package works on the ground and describes the real progress being made in the UK and elsewhere.

Finally in Chapter 5 we outline the commitments which all governments, of all political colours, must make over the next generation to build a social consensus to break the cycle of underachievement and dysfunction which blights so many individuals, families and neighbourhoods.

The Early Intervention objective is nothing less than to replace a vicious cycle with a virtuous circle; to help every child become a capable and responsible parent who in turn will raise better children who themselves will learn, attain and raise functional families of their own.

Good parents, great kids, better citizens - a policy for all parties, and for all our futures.

In pulling together this short publication we have been privileged to work with some of the most gifted people in the field. While all of the responsibility for the text rests with us, we are indebted to a wide team. Many of the early contributions were drafted by Ita Walsh of Wave Trust - Chapters 1 and 2 in particular would have been impossible without her. Samantha Callan provided overall editorial control and valiantly tried to keep us to time. We are very pleased that the Smith Institute joined together with the Centre for Social Justice in a unique and timely collaboration reaching across our politics. We owe so much to our personal inspirations George Hosking, (Wave Trust), Dr Bruce Perry (Child Trauma Institute, Houston), Professor David Olds (Nurse Family Partnership), Jean Gross (Every Child a Reader), Honor Rhodes (Family and Parenting Institute), Dr Samantha Callan (honorary research fellow, Edinburgh University), Edna Speed (Save the Family) and above all by everyone who goes the extra mile in their communities.

We believe we have linked the right analysis of the paramount importance of the 0-3s with the practical Early Intervention policies which all parties must pursue with the 0-18 age group. We respectfully confront those of all political persuasions with a choice: either we go on trying to patch up the consequences of social breakdown or we tackle the roots and the transmission of underachievement.

Our thanks to all who have helped us and our good wishes to those who deserve a better future - this is for you.



*Graham Allen
MP for Nottingham North*



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Introduction: Converging perspectives from diverging political traditions

IAIN DUNCAN SMITH

How can we mend a broken society?

'In my beginning is my end.'

T.S. Eliot, Four Quartets

For the last seven years, I have been visiting many of Britain's most difficult and fractured communities. I have seen levels of social breakdown which have appalled and angered me. In the fourth largest economy in the world, too many people live in dysfunctional homes trapped on benefits. Too many children leave school with no qualifications or skills to enable them to work and prosper. Too many communities are blighted by alcohol and drug addiction, debt and criminality and have lower levels of life expectancy than in the Gaza Strip.

I have seen enough to know that there are no quick fixes, no 'one-size-fits-all' solutions. But instead there needs to be an integrated approach to tackling disadvantage and a resolve that is shared by people across the usual political divides. Sustained attention spanning several terms of government will be required and the root issues 'need to be absorbed into the social consensus and abstracted from the dogfight of party politics' to use a phrase coined by my parliamentary colleague, the member for

Nottingham North, Graham Allen. Graham and I met up when we realised that we both agreed on the need to champion the subject at the heart of this pamphlet: the need for intervention in the earliest years of a child's life, thus ensuring that he or she fulfils their potential and is not subject to intergenerational transmission of disadvantage - the legacy that is all too often destiny. He asked me to speak at his groundbreaking conference on focusing services on the early years in Nottingham and we are working together again on this publication.

The work I oversaw whilst Chairman of the Social Justice Policy Group¹ adopted just such an integrated approach, and drew in many academics, practitioners and activists who had no links with any political party. The reports we produced were received positively by politicians from all of the main parties, not least because they opened the lid on many issues which had previously been considered as somewhat politically untouchable. We emphasised the many different factors that contribute to poverty and identified five key 'pathways to poverty': family breakdown; educational failure; economic dependence; addictions and indebtedness. As the fabric of society crumbles at the margins, what has been left behind is an underclass, where life is characterised by dependency, addiction, debt and family breakdown. This is an underclass in which a child born into poverty today is more likely to remain in poverty than at any time since the late 1960s. Bob Holman summed it up when he said that the inner city wasn't a place: it was a state of mind - there is a mentality of entrapment, where aspiration and hope are for other people, who live in another place.

What exercises me, perhaps more than anything else, is the very scale of these problems, the creeping expansion of this underclass: the way 'decent' people, to use US academic Elijah Anderson's phrase, are sucked into and governed by the 'code of the street'. He describes the most powerful counteracting force to the negative influences of the inner city as a strong, loving, 'decent' family, committed to mainstream, pro-social values. However, even youngsters who come from such homes have to be able to

handle themselves in a 'street-oriented' environment where might is right and preservation of a very fragile sense of respect becomes the *sine qua non*. He describes how the lives of street-oriented families are often chaotic and marked by a limited understanding of priorities and consequences: motherly duties are performed sporadically, crack addicts abandon their children. Yet the code such families live by is becoming increasingly determinative of the rhythms of life throughout many communities. As Professor John Pitts observes from his research, given the choice, it is far better to come from a troubled family in a good neighbourhood than a good family in a troubled neighbourhood. It is no longer enough to come from a 'decent' family. Survival requires outward conformity at the very least to norms which are serving individuals, communities and wider society very badly.

This is not just an inner-city phenomenon. Youth workers from the roughest estate in Loughborough, as 'Middle England' as it gets, told us 'there is "safety in sameness", there's a strong social pressure not to be different, but the norm is dysfunctional' and because of the dynamic just described, the dysfunctional norm is spreading. We are seeing a marked expansion of the 'dysfunctional base' of our society. This phrase is more graphic, more hard-hitting, than 'underclass', which suggests that this is all about economic disadvantage. We cannot afford to ignore the implications of Anderson's research which finds that, in neighbourhoods governed by the code of the street, 'a person's public bearing must send out the unmistakable, if subtle message that one is capable of violence.' This is why Rhys Jones was gunned down whilst walking across Croxteth on the way home from football practice, this is why we are seeing a spate of fatal knifings and murderous beatings. What is perhaps most chilling is perpetrators' reported lack of remorse, the lack of empathy for victims and their families who have suddenly and violently been bereaved.

The issue becomes polarised in public discourse. Any attempt to get 'underneath' young criminals' motivation is dismissed as a 'hug a hoodie' approach. Others say that youth crime is itself a misnomer - they point to Scandinavia where young offenders are seen as being in need of care,

supervision and protection, rather than punishment. In Denmark and Sweden, where young people under the age of 18 offend, it is the social welfare system, not criminal justice which intervenes and makes decisions about an appropriate reaction based solely on the young person's social and family situation. Closer to home, Scotland's treatment of youth offending is almost wholly conducted within the welfare system. Based on the Kilbrandon Report of 1964, the working assumption is that the problems of the delinquent child can and must be traced to shortcomings in their upbringing.

Yet going back to what I say earlier about increased prevalence and a growing dysfunctional base, we have to move beyond a debate about whether or not ASBOs are a good thing and resolve to tackle root issues. Why are we seeing such a marked increase in violence? Structural conditions *are* important: social housing is increasingly the preserve of the very poor. Whereas at the beginning of the 1980s the average household income of council house residents was 73 per cent of the national average, by the beginning of the 1990s this had fallen to 48 per cent. By 1995, over 50 per cent of council households had no breadwinner and 95 per cent qualified for some form of means-tested benefit (Income Support, Job Seekers Allowance, Family Credit and Disability Working Allowance) according to Joseph Rowntree Foundation research. The concentration of poverty and disadvantage is surely a factor. But looking more closely at the composition of these neighbourhoods, it becomes clear that as the 1980s progressed, relatively prosperous, middle-aged, higher-income families left social housing, to be replaced by poorer, younger, often lone-parent, families.² In the 1980s and 1990s, 75 per cent of newly formed households entering social housing were headed by someone aged between 16 and 29. A high proportion of these new residents were unemployed, not least because they included a heavy concentration of lone parents. Malcolm Dean describes the new, younger residents as 'frequently suffering from multiple problems: unemployment, poverty, poor work skills and perhaps mental illness and drug abuse as well'. These new, younger

residents were raising their children in a set of very difficult economic conditions, but were also disadvantaged emotionally, socially and mentally. As Bruce Anderson wrote in the Independent recently,

There is one overriding reason why Beveridge's optimism was confounded: the decline of the family. From the 1960s onwards, the UK's divorce rate rose rapidly. The crime rate followed closely behind it, as did the growth of the underclass. While the better off may be able to afford the self-indulgence of the permissive society, the poor need families.

The research we draw on for this pamphlet indicates that what happens inside the family, when a child is very young indeed, strongly determines how they will react to people outside the home, how ready they will be to learn and ultimately what kind of a citizen they will become. When I was chairing the Social Justice Policy Group I met George Hosking from the WAVE Trust, who brought home to me the sheer predictability of children's early years for their future outcomes. He has produced compelling evidence that if a child is born into a home where they are nurtured, where conversation takes place, where someone reads to them (even at an age where they cannot understand) then, quite simply, their brain develops properly.

Their social skills develop and they go off to nursery school able to learn from the next phase of their education. However, if they do not have that kind of environment, if they are not stimulated, if they sit in front of the television interminably, if there is constant anger and shouting, if they witness their mother being abused or some boyfriend takes a dislike to them, then the evidence we present shows that such a child will arrive at nursery school unable to communicate or relate properly to others other than in a violent or otherwise dysfunctional way. And once they fall behind their peer group, they are all too often on a slippery slope to social exclusion, crime or drugs. It costs far more to help a teenager who has

become entrenched in the kind of disadvantage described above, caught up in negative and destructive cycles of behaviour, than it would to stop him or her from falling behind in the first place by helping his or her family at the earliest stage of its development.

So just as *Breakthrough Britain* (and the more recent report from the Centre for Social Justice's Early Years Commission³) departed from the norm by recommending a range of policies designed to break the cycle of disadvantage in the early years of a child's life, this pamphlet reiterates that message, expands upon it and sites it in a cross-party perspective. For too long now, politicians have been content to adopt piecemeal responses to social problems, reacting to deep fractures in society with a short-term policy solution. But such an approach will not break the cycles I have described above. Sustained political attention across the lifetime of several parliaments will be required. That is why the CSJ has worked with the Smith Institute and why I personally have collaborated with Graham Allen to lay down the gauntlet to those who are serious about tackling our most deeply rooted social problems. We need to intervene early and think in terms of prevention at the earliest point possible.

GRAHAM ALLEN

Turning around underachieving communities

'A stitch in time saves nine'

Old English Proverb

Giving every child a decent start had always been a fundamental part of my political and personal philosophy. However, the way we need to go about doing this began to crystallise as 'Early Intervention' not least because of my experience as MP for the constituency in which I was born and bred. I represent Nottingham North, the largely white, working-class former council estates which stretch across the north of the otherwise

prosperous city of Nottingham. Despite the city's excellent universities, my constituency sends the fewest young people to university of any constituency in the UK and has the highest rate of teenage pregnancy in Western Europe. However these and other indicators are *symptoms* of the problem, which is the failure to intervene early enough to break the intergenerational nature of underachievement.

I often distil this in the tale of Sharon and Tracy. As a newly elected MP in 1987 I met Sharon at one of my regular advice surgeries. A typical 16-year-old single mum from one of the tough estates in my areas, she was cradling Tracy, her new babe in arms. 'Mr Allen, can you help me with my housing and child support problems?' Sharon asked. I took the details and after a few letters and phone calls was able to help solve the immediate problem. Sixteen years pass by and one day the baby, Tracy, now a single mother, came to my surgery with *her* new babe in arms, Sharon Jnr. She said 'Mr Allen can you help me with my housing and child support problems?' While again I was able to help it was evident that for that family and many others, a generation of public funding had not altered the fundamentals.

The lesson - repeated to me over and over again - was that unless we tackle the intergenerational nature of much of the deprivation and underachievement in my constituency, and many others like it, I will be receiving a visit from Sharon Jnr and her new baby in a few years time. The need to think of the possible ways forward in breaking the intergenerational cycle was reinforced by the obvious failure of thirty years of public policy making, from Thatcherite free-market approaches to public sector remedialism.

Philosophically I had never expected anything from free-marketism: from pit closures to sink schools to welfare dependency I was there to deal with its victims. However, I had always had high expectations of public intervention especially under an incoming Labour Government. Ten years of national prosperity and sustained economic growth have allowed massive real term increases in public sector provision. More is always welcome. However, because of the impulse to pander to the media and be

‘policy-lite’, the need to meet next year’s Whitehall targets and the way public authorities are programmed to be ‘risk averse’, ‘more’ has all too often meant ‘more of the same’.

Far better would be a shift to long-termism and Early Intervention which would change the terms of engagement for all future governments and tackle the roots of underachievement. Too often the public sector machines are prescribed an agenda which is exclusively about fire-fighting and picking up the pieces. It very rarely operates in a budgeting timeframe which allows an equivalent and complementary dimension in public education, prevention and pre-emption of the causes of problems. This of course is a colossal waste of both financial resources as well as equally precious human potential – the 16-year-old failure, banged up in a secure unit, at a cost of £230,000 per year often for want of a few hundred pounds worth of help to his mother on parenting skills 16 years earlier.

As we move into more difficult economic times it will become harder but even more vital to shift resources from established programmes to long-term investment in children’s futures.

One of the turning points in my consideration of these issues was around the question of anti-social behaviour which has been rife in my constituency throughout my tenure as MP. I was very strongly supportive of Anti-Social Behaviour Orders and spent a great deal of time refining them from their initial crude form which emerged from our non-consultative parliamentary process. They often brought relief to people troubled by anti-social children and young people in a specific part of my constituency, but they were clearly not changing the basis of the problem – merely managing it more effectively, or displacing it until it emerged in another form. Why were these children like this? Did they understand the fear they engendered? What prospects did they have? Must they replicate these problems in their own children?

Reflecting on the problems created by anti-social behaviour I wondered if we should intervene more effectively at secondary school. Was that early enough? Half the 11-year-olds at one of my secondary schools have a

reading age of less than 11 and 70 per cent are SEN (Special Educational Needs). Perhaps we should go back to primary school? Having spoken to primary head teachers who could spot the 'difficult kids' on day one at school, I realised that we had to go back even further. What did we need to put right about our parenting that allowed children to arrive at school unready and incapable of participating in an ever-improving school education system? The fate of so many kids in my constituency was underlined by a series of Ofsted inspections in primary schools which noted that although the head teacher was committed, the teaching staff excellent and the buildings refitted and refurbished, the children still were not attaining. 'Why?' they asked, and then answered their own question by noting that too many children arrive at school 'unable to speak in a sentence', 'unable to recognise a letter or a number' and 'are incapable of resolving differences without violence.'

Obviously this was not a problem *of* the education system, but was one which had to be managed *by* the education system, forcing wonderful teachers to cope with the consequences of inadequate parenting. Clearly we had to delve back further, to think through ways of getting a child's parents or parent to give the child the emotional and social wherewithal to get the best from school well before entry into primary school. Even the effective Sure Start programme rolling out across Nottingham North did not reach back far enough. Therefore ideas around intensive health visiting and intensive pre-natal care started to take shape, even going back beyond the time of pregnancy to the pre-conception, teenage years of potential mothers and fathers.

I began to form the idea of a virtuous circle of interventions covering a generation aged from 0-18 and over again to the next generation. What policies did we need across that age range to enable each person to raise his or her future children effectively? I claim no originality for this: for example, the UK had long ago invented health visitors (although this has become oriented towards physical health) and Sweden had built up a similar programme over 60 years of prenatal and early years care. My

discovery was less due to insight than experience, which strongly suggests the need to apply all the best Early Intervention practices we can in one place and over a 20-year period.

The Early Intervention policy pragmatism started to meet scientific and evidence-based analysis as around this time more and more work was becoming evident to me and many others on what happens to children's brains between the years of 0-3. An evidence base was beginning to accumulate on the fantastic ability of the brain to expand in the very early years. In reading the work of David Olds of the Nurse Family Partnership, George Hosking and Ita Walsh at Wave Trust and Bruce Perry at the Child Trauma Institute at Houston and many others, it seemed ever more obvious that if we could equip the parents or parent to optimise (usually) maternal responsiveness and their impact on their 0-3 year-old children, we would be laying secure and strong foundations for all of the work that the public sector did thereafter – in the pre-school, primary and secondary and teenage years. Crucially, it would *enable public expenditure to become developmental and not just remedial*. In hard, practical outcomes this would enable young people in my constituency to achieve much more of their potential at school, obtain qualifications and jobs, build their own happy and functional families and reduce the likelihood of a lifetime on benefit, in expensive drug rehabilitation or being dealt with by the criminal justice system.

The large human brain and therefore human head size requires the baby to be born earlier than other mammals in order that it can physically be delivered. The brain then grows rapidly outside the womb, over the 0-3 year period. George Hosking makes the stunning point that in effect this means we are all born three years prematurely. It is in that delicate and vulnerable period that our lives can be made or not. It is there that private competences and public policy must ensure that parents administer the best three years of emotional and cognitive 'intensive care' to every child.

One person who was putting early years intervention at the heart of his thinking – and doing so from a far from easy place – was Iain Duncan

Smith. We talk often and from very different political traditions but our conclusion was that policy failure reaches across all parties and across thirty years of government. Polarised thinking ('politics as usual') would not provide the basis for the long term sustainable policies needed to bring about intergenerational change. We also share a contempt for the cheap, thoughtless sound-bites of the party-political dogfight, be they from Labour ('hug a hoodie') or Conservatives ('ASBOs on embryos') which do nothing to help those we are elected to serve. Much more maturity has been shown locally by Labour, Conservative and Liberal Democrat parties in Nottingham, as symbolised by Iain and I sharing a platform at a seminal conference in Nottingham, prior to its launch as Britain's first 'Early Intervention City'. For us, one of the key objectives in this work is to create the space nationally where Early Intervention policy can be explored, agreed and sustained by all parties.

In the meantime an opportunity arose for me to do something practical about this issue, not just think, talk and make speeches in the House of Commons, when in November 2005 the Local Strategic Partnership (LSP) in Nottingham asked me to chair it. Every big city has an LSP – a partnership of police, health, children's services, council, business and voluntary services, all together to tackle under-achievement and deprivation. To analysis and policies, One Nottingham has added leadership and implementation.

Partners have begun to redirect our thinking and our local budgets into a series of long term policies which would help tackle the causes, rather than the symptoms of underachievement in Nottingham. One Nottingham's mission is 'pre-emption, prevention and Early Intervention'.

I promoted the '0-18' virtuous circle, which is reproduced in Chapter 4. At every key point in the lifecourse there are specific measures to intervene early which, when taken together, form a coherent and comprehensive package to break the intergenerational nature of underachievement in Nottingham. Some, we were already doing (such as Sure Start, and Reading Recovery), some were out there but not yet taken advantage of

(Family Nurse Partnership and Mentoring). Others were ahead of the curve (Comprehensive Drug and Alcohol Abuse Prevention programme for all children) or possible intervention based in international experience (the Swedish prenatal Mothercare system and the Canadian Roots of Empathy child development concept).

None of the measures suggested in the virtuous circle are set in stone: if more effective approaches can be found then so much the better. There was only one criterion which endures: ‘does your approach attack the intergenerational nature of underachievement?’ Policies which do not meet that criterion, however well-intentioned or well-designed, are not Early Intervention.

In giving practical substance to Early Intervention in Nottingham we insist that the policy package cluster around the 0-18 age range and enable children to grow into young people with the social and emotional competences they need to learn and to make effective choices about life. Then they, in turn, will put those skills into practice when raising their own children. This way the next and succeeding generations of Sharons and Tracys could be school ready, work ready, child ready and life ready – the virtuous circle replacing the vicious one.

Locally, partners in Nottingham – public, voluntary and business – have been wonderful. We know we have much further to go, but they demonstrate daily that you can walk the journey from fatalism to activity, from mistrust to engagement, from being cynics to becoming missionaries.

Now it’s time for government – of every political persuasion – to come to the party and agree a Nottingham-style Early Intervention package for the UK, which would reduce the appallingly high financial and social price of dysfunction and give all the children of our country the sort of life chances that you – our reader – rightly expect for your own.

CHAPTER ONE

The problem: the ‘dysfunctional base’, the solution: Early Intervention

‘The evidence overwhelmingly indicates that dysfunction strongly correlates with adverse experience in early life’

Ita Walsh, WAVE Trust

One thing is clear to us both: the policies of late intervention have failed and the alternative must be tried. Every time we hear of the latest stabbing or shooting and the media-political reflex to ‘get tough on crime’ our response should be to get ahead of the short-term problems and rectify the social and cultural influences that have created 17-year-olds who are anti-social, criminal and so lacking in basic human empathy that they commit such crimes.

Despite sobering research indications of the scale of social breakdown in our country, we write as ‘optimistic realists’. Having drawn together the strands of evidence pointing towards the need for intervention in the earliest years of our children’s lives, we see clearly that too many communities are characterised by underachievement, lost potential and wasted lives.

Governments of all colours have tried their best, supported by heroic efforts in the public services and at the grass roots. Their focus, however, has often been purely on the economic, which is why successive governments have followed a short-term agenda, narrowly focusing on the economic rather than on the real-life influences on dysfunctional families. What this document shows is that child poverty and income are only part

of the picture. Building human capabilities is at least as important and rewarding. Capable, competent human beings will almost always find their way in life, find work and raise happy families. This also means an end to the short-term, quick fix - a generational problem will take a generation to fix.

Moreover, much of the debate on underachievement has been narrowed to be measured by academic standards. However, the simple choice between academic attainment and personal achievement is a false one. Sweden and Finland do not teach academic subjects until children are as old as eight and nine and yet they are both at the top of the educational attainment leagues: this is primarily because the first few years of school life have been spent building the social and emotional abilities which make children 'school ready' and which can be deployed on educational attainment at will. Graham recalls having a challenging conversation on Early Intervention with a class of Swedish eight-year olds - conducted in English throughout. An emotionally skilled, empathetic eight-year-old will nearly always go on to attain academically: one precedes the other. Conversely, forcing a socially immature young person into tests will root that person into a lifetime of failure, humiliation and waste. Much of what we say here may not immediately appear relevant to middle class readers, whose children imbibe effective social behaviour unconsciously with their mother's milk.

However, even if conscience allowed us to pass by on the other side and say 'nothing can be done' our common sense would have to disagree, not least because the problems of the underclass or, as we call it here, the 'dysfunctional base', are leaching out into wider society. Anecdotal and academic research both confirm that pro-social norms are being increasingly displaced by what Elijah Anderson, an eminent African-American sociologist calls 'the code of the street'.

This chapter substantiates the claim that the size of the dysfunctional base in society is unacceptable and expanding, despite concerted and genuine efforts at local and national government level to reduce the numbers of those facing severe disadvantage. There is evidence that people in the dysfunctional

base have their children earlier and faster than average, building up a massive social and financial problem unless it is addressed soon. Bruce Perry, Senior Fellow at the Child Trauma Institute in Houston, believes that US figures show the target group expanding from 10 per cent to 25 per cent of the population over four generations. If left unchecked, not only could we face a feral future on our streets but the public policy consequences will be massive and will come with a tax bill to bankrupt every taxpayer.

Added to these social costs, the *economic consequences* of being able to compete globally when carrying such deadweight costs are catastrophic. It takes only one visit to view first-hand the growing Chinese or Indian economies to demonstrate the impossibility of say, a Chingford or a Nottingham sustaining ever-larger economically inactive populations. The question is not *whether* but *when* a serious shift of public policy takes place away from the remedial to Early Intervention. We believe that there are grounds for optimism: without claiming to have found a ‘magic bullet’ we have seen evidence that a new approach, tackling the precursors of social problems in the earliest years of children’s lives, could make a significant difference.

Such an approach would not fit conveniently into the normal political process. It will not offer early rapid returns to guarantee the re-election of a government, nor fit exclusively into the political philosophy of just one party. On the contrary, we strongly believe it requires cross-party consensus and sustained political will across the lifetime of many parliaments to reverse disadvantage. However, we believe that politicians should do their duty to educate and not just live in the media instant – in short to show leadership and vision. A generational problem takes a generation to fix. In later chapters we will be specific and clear about the policies and political context we need to set. However, first we ask you to suspend the usual party political judgement and read this with an open mind. For we have both come, in our different ways, to understand the underlying analysis of Early Intervention and its relevance to the problem which modern Britain faces.

Importance of parental care

Our parents are the chief sculptors of our futures. As the academic Ray Arthur's research found, 'Children from deprived backgrounds who avoided a criminal record had tended to enjoy good parental care and supervision in a less crowded home. The statistical connection between socioeconomic status and children's early offending behaviour was entirely mediated by family management practices.' This is not a new conclusion: it emerged as far back as 1815 from the first public body to investigate youth offending, 'The Committee for Investigating the Causes of the Alarming Increase of Juvenile Delinquency in the Metropolis'. The Committee's evidence was taken from interviews of children who were already imprisoned, and it concluded that among the main causes of juvenile offending in a rapidly expanding London were '*the improper conduct of parents and the want of education*'. The causes of crime were found to be firmly rooted in both the quality of care provided by the parents and in educational failure.

The transmission of parenting skills from generation to generation has changed considerably and while the middle classes can read the guide books, those with lower educational and social skills are finding parenting skills squeezed out as extended families reduce and more one-parent households have smaller knowledge bases on which to draw.

Dr Vincent Felitti's ground-breaking Adverse Childhood Experiences (ACE) Study, which we refer to throughout this publication, reinforces the conclusion that dysfunction knows no class barriers: all of its participants – more than 17,000 – were middle-class Americans with expensive private health care. The findings show that later ill-health and dysfunction *strongly correlates with adverse experience in early life*, and that dysfunction expands exponentially in relation to the number of different types of adverse early experience an individual suffers.

Nor can we expect that academically educating children from ever younger ages, or taking over the care of babies so that mothers can join the labour market, will really tackle the roots of disadvantage, underachievement and anti-social behaviour. We are not wholly rejecting

these measures but our imperative is to adopt an approach tackling the more fundamental and ingrained difficulties faced by increasing numbers of children, young people and young adults. The key to that is enabling the parents to give effective nurturing as early as possible in children's lives.

Focus on 'early'

The approach we are recommending aims for prevention by Early Intervention: prevention of ill-preparedness for school and other learning environments; prevention of the adoption of the violent behaviour that makes toddlers anti-social, school children unmanageable and ends up with young people languishing in prison; prevention of the physical and mental problems which will perpetuate the cycle of dysfunction; and prevention of the development of callousness that allows fatal beatings and stabbings on residential streets. It is as simple – and as difficult – as making sure that very young children 0-3 receive nurture, warmth and attention from parents which might also require that parents themselves were helped by appropriate packages of intervention as they grew up from 0-18. This is a defining aspect to which we will repeatedly return: our Early Intervention package is designed to help those who will raise the next generation of children, rather than applying sticking plasters to today's problems.

Those who are dysfunctional have to be assisted not only because of the problems they create in the here and now for themselves and society, through their involvement in crime, drugs and violence. Even more importantly, they also need to be assisted because in their role as parents such problems will impact adversely on newborns and be perpetuated intergenerationally. So the 0-18 focus means preparing those who will impact on the next generation of 0-3s to be the best parents they can be. Those are skills that often need to be learnt long before parenthood, indeed throughout childhood itself.

There remain the problems of what social scientists call the existing 'stock': the children and young people who are already presenting with severe difficulties, as well as the 'flow': those at risk who are yet to be born. Without

minimizing the importance of delivering remedial interventions for the former, this publication argues that we have to learn the lessons their lives can teach us. However, as politicians we fully understand that we still need to give relief for hard-pressed constituents who daily live face-to-face with the consequences of dysfunction. If we do not continue to offer that relief, they will see Early Intervention at worst as a diversion and at best as a false choice between action today or tomorrow. In such circumstances it will be impossible to get the 'buy-in' from the electorate or local service providers, which is necessary to sustain an effective Early Intervention programme.

The levels of dysfunction described in this chapter form the basis for the argument that *a new approach is required* and at the heart of this approach is the need for Early Intervention. The initial beneficiaries need to be children aged 0-3, and include those not yet born. The two crucial planks in this approach will be ensuring that

- a) 0-3 year-olds receive the stimulus and responsiveness they need to flourish and
- b) all youngsters receive the knowledge and support they need to turn out to be good parents

Thus, the 0-18 age group focus is designed to initiate a major shift in the way we approach the subject of parenting, by forming a virtuous cycle comprising pro-social parents, children and, thus, the next wave of young parents.

Where we are now

In order to set the scene for our programme, we need to outline where we are now.

There are approximately 12 million children under the age of 16 in the UK. Of these, around 1.5 million, 1 in 8, are growing up in 'at risk' situations – but only 25,000 were on the 'at risk' register when it existed (it was discontinued last March). Practitioners working with children in the

most risky situations say that overstretched social workers are forced to 'raise the bar' on what constitutes an acceptable level of risk in which to leave children. For example, one or even both parents being drug-addicted is no longer sufficient cause to intervene. The knock-on effects of failing to rectify this dangerous situation will be felt not only in the adults which today's forgotten youngsters become but also in the quality of the parenting they are equipped to give their own children.

Child protection

Another casualty of the currently overstretched social services is in the area of looked-after children. These children's circumstances need to have been quite extreme for them to qualify for local authority 'care' as there are fewer than 400,000 in care although, as mentioned above, 1.5 million are growing up in at-risk situations. Although this group represent a small minority of the population, the dysfunction they suffer and are likely to perpetuate can have a significant impact on future generations. Most strikingly, one third of prisoners were previously in local authority care: compared with the 0.6 per cent of all children in care at any one time. Therefore, a specific Early Intervention would naturally need to be extended to such youngsters in adopting a 0-18 approach.

In a 2004 House of Lords debate on residential childcare our Liberal Democrat colleague Baroness Walmsley observed that while the UK is spending £2 billion on children in care, only 8 per cent of them obtain 5 good (C grade or better) GCSEs and only 1 per cent go on to higher education. She went on to contrast our approach to care with that taken in Denmark, where as many as 60 per cent of children in public care settings have gone onto higher education. Notwithstanding the recent welcome focus on improving the residential care profession, key points emerging from the debate included that caring for children is not a highly-esteemed profession in the UK, that staff are not sufficiently trained or qualified and that these factors make recruitment challenging (at the time of the debate in

2006 there was a national 10 per cent staff shortage and this was as high as 20 per cent in some areas). Instead of being equipped to create close relationships with children who are often damaged and very difficult, the approach in the UK ‘... is all about targets and paper chasing’.

In his speech in the above debate, the Earl of Listowel said he had found caring for children to be an esteemed profession in other countries, and that:

... in France, Germany and Denmark it seems fair to say that they place their best professionals with their most vulnerable, needy children.

Here again, action to reflect the strategic significance of taking care of young people would help deliver on a 0-18 approach to handling dysfunction. (In Autumn 2008 the CSJ is publishing a separate report on children in local authority care.)

Gaps in provision

While the present trend is laudably moving towards ‘joined-up’ working, there can be a lack of continuity between government agencies over bands of age groups (from conception to age 18). Although there is good integration at many levels, there is a noticeable disconnect between the agencies involved in the earlier years (conception to age 10) and the subsequent years (age 10 to 18). Families served by Children’s Centres are unlikely to be the same as those served by social services. Because of this gap in the system, a child whose mother suffers from depression, whose brother has been referred to social services in the past and whose father has had complaints of domestic violence in a previous relationship, can slip through the net and receive no intervention at all at present. Our strong commitment to data-tracking, evident later, will help underpin Early Intervention and effective multi-agency working. A commitment to the 0-18 approach would mean closing any and all such gaps. This is one of the reasons why examples

of promoting partnership working and a change in culture are so important (we return to these issues in later chapters).

School readiness

We will also need to raise the issue of how to ensure that all children are 'school ready' so they can fully use their 11-year minimums at school to develop rather than be in permanent and unsuccessful 'catch-up'. The evidence for conventional educational intervention is now overwhelming.

A child's development score at 22 months can serve as an accurate predictor of educational outcomes at 26 years, according to findings from the Millennium Cohort Study released in 1997. By age three, children from disadvantaged families were already lagging a full year behind their middle-class contemporaries in social and educational development. Focused investment on improving parenting practices, as we recommend later, would be an excellent intergenerational measure here as in so many other areas. Moreover whilst the aim of getting children to stay in education longer is a laudable aim, the problem for the dysfunctional children is that far too many have already effectively left school by the age of fourteen by simply not turning up and playing truant. Last year some 60,000 children a day were absent from school.

Expanding dysfunction?

Although a number of worrying recent trends show that the size of the UK dysfunctional base is expanding (e.g. record numbers of prisoners, dramatic rises in drug- and alcohol-related illness and deaths), this chapter will emphasise the need for a different approach by concentrating on those indicators that have particular relevance to the 0-18 age group:

- Violent crime in the western world is more deeply rooted in early years experience and less amenable than other types of crime to better

policing. It bucks the otherwise downward trends in crime: recorded violent offences were 25 times higher in 2003 than in 1950 in England and Wales.⁴ Better child-rearing rather than better policing is the key to tackling these offences

- the tripling of children murdering other children in the last 3 years
- the increasing use of cannabis and Class A drugs (and the increasing availability of such high-strength drugs as skunk cannabis and crystal meth)
- the fact that children from disadvantaged backgrounds are five times more likely to fail academically than their peers, despite a sustained commitment to increasing standards in education
- the two-thirds reduction in marriage rates since the early 1970s (giving many young people no role model of a stable, committed relationship)
- the highest rate of teenage pregnancy in western Europe
- the fact that 15 per cent of our children are born into homes without a resident biological father. In some cities (e.g. Nottingham) nearly 60 per cent of births are to unmarried mothers (the England and Wales average is 44 per cent) making the prospect that children will grow up with both parents increasingly unlikely. It should go without saying that whilst many single mothers do a great job, this phenomenon of absent fathers needs to be recognised and responded to, not judged

Intergenerational transmission of disadvantage

One of the most notable aspects of dysfunctional families is that founding members often come from a psychosocial background that also was damaging and dysfunctional. Dysfunctional families become incubators for the generational transfer of mental and physical ill-health and chaotic lifestyles that inhibit children's ability to lead a fulfilled life. These damaging effects can be explained neurologically, biologically and behaviourally, as is made clear in Chapter 2. Such effects are especially

evident in all forms of these individuals' interpersonal communication and in how they relate to the rest of society. It cannot be over-emphasised that such backgrounds also contain risk factors from both the family and the wider social environment. Environmental risk factors include poverty, homelessness, lack of educational opportunities, poor housing, ethnicity and family structure (that is whether they were raised in a single parent or stepfamily or in a home headed by a married or cohabiting couple). Familial risk factors include neglect, abuse (sexual, physical and psychological), substance misuse, domestic violence, divorce and parental separation, illness (mental or physical) and disability.

General increase in social acceptability of dysfunction

While no single aspect of dysfunction can fairly be labelled as the isolated cause of our social ills, the combined weight of a number of dysfunctions is likely to produce an environment which is unhelpful for the rearing of young children – our hope for the future.

Hidden Harm, the Home Office's 2003 report, said that 350,000 children have drug-addicted parents and one million have alcohol-addicted parents. So, clearly, many of today's under-18s are being reared in conditions where dysfunction is endemic, and we need to help stop the cycle both in their lives and the lives of their future children.

It is not difficult to understand the disadvantages of a child born into poor-quality housing in a rough area to a drug- or alcohol-dependent, inexperienced young mother. These disadvantages can be augmented when the mother goes on to have more children by different fathers with similar dependency issues (such men are statistically far more likely to resort to violence towards the children of another man). Yet, as a society, we seem to have reduced the standards of responsibility which we expect parents and households to meet when children are born. This has produced a tacit acceptance (particularly from those who do not have to face the consequences) of many of the dysfunctional conditions least favourable to successful child-rearing.

Recent scientific research includes a growing body of evidence that children do better when raised by two parents. However, having a baby on one's own has, in the culture of all too many housing estates and neighbourhoods, grown to be accepted as not only a valid option but as a rational choice for a teenager who is unhappy at home, longs for the love she has not felt in her parental home and sees no future for herself in the educational system.⁵

Link between family breakdown and low well-being of youngsters

A YouGov survey⁶ found 2,447 UK adults not brought up in a two-parent family were:

- a) 75 per cent more likely to fail at school
- b) 70 per cent more likely to be a drug addict
- c) 50 per cent more likely to have alcohol problems
- d) 40 per cent more likely to have serious debt problems
- e) 35 per cent more likely to experience unemployment / welfare dependency

Violence among young people

Young males carry out the vast majority of crime, including violence, with offending rates peaking at age 18. Violence is a particularly threatening face of dysfunction. Also, 25 per cent of young offenders are already fathers – often absent in youth offending centres or adult prisons and so the cycle of intergenerational failure is more ready to repeat itself here than anywhere else. So extra Early Intervention is required if the cycle is to be broken.

In this context, part of the significant rise in violence in recent decades relates to a change in triggering factors affecting young males. Based on available research,⁷ the most likely contributory factors include:

1. Less social control of adolescents because of the increasing gap between males reaching puberty and starting work
2. Dramatic rise in teenage alcohol consumption
3. Growth in viewing electronic media modelling high levels of violence
4. Huge expansion in territory young males can cover, beyond where they are known, combined with reduced supervision of their leisure behaviour
5. Reduction in stable marital relationships
6. Growing drug consumption
7. Sense that communities are unsafe and the growth in gated communities

This is how Sir Ian Blair described the scale of problem:

...other than the threat from terrorism, violence by young people on young people is the most significant cause of fear and concern about community safety in this city.

Historically and in the present, many people get drunk, watch violent programmes and socialise in areas where they are not personally known - but never turn to violence. To preview a theme from Chapter 2, this is because a violent act needs an interaction between two separate components: an individual's *propensity* (personal factors) and external *triggers* (social factors). Propensity here refers to the likelihood that someone will respond to a provoking trigger with violence. In the absence of the individual and social propensity to be violent, all of the above (and other) triggering factors are far less likely to result in violence. When very young children are given what they need they will not, in their youth, want to band into violent 'posses'. The particularly tough challenge we face is that today's posses are tomorrow's parents, emphasising the importance of seeing the challenge in the 0-18 frame of reference.

What dysfunction costs

All party leaders need to ask themselves ‘how can we have a balanced society leading to a thriving economy whilst carrying this growing burden?’ We need to ensure that all school leavers have the personal and social abilities to adapt and learn new skills if we are to compete globally. Failure to prepare 0-3s properly already results in 38 per cent of school leavers after 11 years (over thirteen thousand hours at school!) not attaining 5 decent GCSEs despite enormous remedial efforts. In a city like Nottingham, the figure is still worse as over half (51.5 per cent) do not achieve five A*- C grades.

Speaking at the launch of ‘Early Intervention City’ in Nottingham, Paul Ennals, chief executive of the National Children’s Bureau, said:

In some ways everyone knows Early Intervention is important. It’s cheaper. It’s more effective and it is less likely that things go wrong. It saves money in the long run. If you have a young man in drug rehabilitation it costs £250,000 a year, but the cost of family support that makes it less likely that he needs it costs only a fraction of that.’

He added:

A programme like this requires a 20-year perspective because for money invested today, while it will see some short-term gains, most of the gains will be in 10 to 15 years and that takes political courage.

He expected that for every £1 invested in such services, the Government would save £7 in the future.

Similarly, a lifetime on benefits costs us all dearly. The House of Commons Library estimated that the average cost to the state of an individual lifetime on benefits is at least £430,000. This figure does not take into account any additional benefits that such a person may receive nor the contribution to, for example, tax revenues that a person would have made had they not been on benefits.

The following are some broad brush, headline figures for the annual costs of dysfunction:

- Violence costs the country at least £20 billion
 - Violence towards NHS staff estimated at £69m
- Children in care cost £2 billion;
 - Child abuse: at least £1 billion (mostly dealing with consequences not prevention)
- A child with severe conduct disorder costs £70,000 (1995 estimate)
 - with indirect costs 7 times that
 - parent training would be approximately £600 per child
- Social Security benefits (including tax credits) increased by £35.5 billion to £142.7 billion in the 12 years to 2005/06

The following sections suggest the many areas where costs occur - costs not just to the Exchequer but the social and health costs being borne by today's children and young people and likely to be carried over into the next generation.

Drunkenness and drug use

Breakdown Britain details how UK alcohol consumption is estimated to have doubled in the last fifty years and to have risen by 15 per cent in the last five. Of particular concern for the stability of the lives of today's and tomorrow's infants is the fact that young women's alcohol consumption has doubled in the past ten years, narrowing the gap between male and female drinking. The reduced social stigma attaching to drunkenness combined with widespread availability of alcohol, extreme relaxation in licensing laws (and the resulting growth of clubs where people can drink as much as they want for a fixed entry fee), paved the way for the scenes of public drunkenness played out in most of our towns and cities – and their Accident and Emergency departments – every weekend.

‘We are living through the death of civility ... Today, it is commonplace to encounter road rage, muggings, street crime, drunkenness, lager louts, hoodies, yobbishness and laddishness. Teachers are attacked in the classroom. Nurses encounter violence from patients.the liberal revolution of the Sixties, which separated morality from law, is leading us to a new form of barbarism... The view that ‘it’s legal, so I can do it’ is destroying the fabric of social harmony. Manners are disappearing, along with courtesy and shame.’

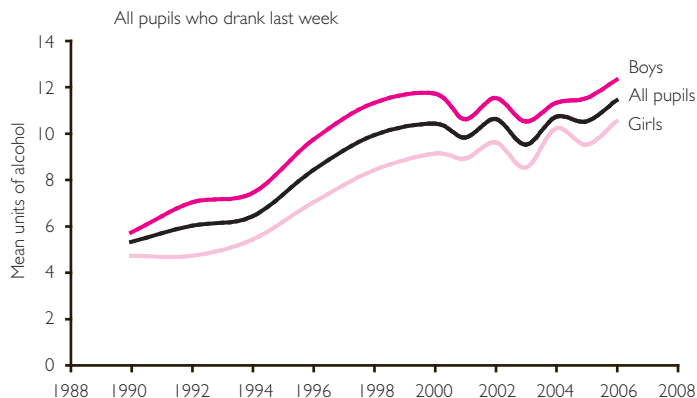
(Sir Jonathan Sacks, Chief Rabbi⁸)

Youth drug and alcohol consumption trends

According to the Joseph Rowntree Foundation, the increased levels of alcohol consumption amongst young people comprise some of the most alarming trends in the UK. Children’s alcohol consumption has doubled – in not the last 50 but the last 15 years. Whilst the amounts consumed have increased across all age groups, it has accelerated most rapidly among 11-13 year olds.

- UK teenagers are characterised by high levels of intoxication and binge drinking (identified as more than five drinks consumed in a row), when compared with their European counterparts⁹
- Over 50 per cent of 15-year-olds in England and Wales now drink on a weekly basis compared with only 17 per cent in Finland, France, Latvia, Portugal and the United States
- The mean alcohol consumption over the past week of boys aged 11-13 has shot up from 3.6 units in 1992 to 8.6 units in 2006. Girls in that age group now drink a mean of 7.9 units in a week, up from 3.1 in 1992. At age 15 the figure rises to 13.1 units a week for boys, and 10.5 units a week for girls

Mean alcohol consumption (units) in last week, by sex: 1990-2006



Source: Smoking, drinking and drug use among young people in England in 2006: headline figures¹⁰

- Ten per cent of Year 7 boys (11-12 year olds) binge drink on at least a monthly basis
- This figure rises to 60 per cent for boys by the time they are in Year 11
- There has also been a leap in cannabis use by school children between 1988 and 1999 from 2 per cent to 29 per cent of 14 to 15 year olds
- Four per cent have tried Class A drugs and one per cent took heroin in the last year
- Youth workers report heavy dependency on cannabis among the majority of the vulnerable children they are in touch with in addition to small, but identifiable, groups of 'crack-addicted' children

For a number of reasons, these trends are particularly concerning for society if action is not taken to reverse them because:

- Physically, young people's systems are not equipped to cope with even moderate amounts of alcohol without serious risk to health

- Many experts agree the decision-making centres in the human brain do not finish developing until the early 20s, possibly age 24-25 (coinciding with the age at which insurance companies are willing to offer cover at reasonable rates)
- When there is a propensity towards violence, alcohol is a significant factor in triggering that behaviour

For tomorrow's parents to be subjected to the ravages of excessive alcohol, while they are still in school, is not the best foundation for our future. The widespread use of drugs and alcohol threatens to blight the future of a generation of young people and, in turn, of *their* children. Answers to a survey of binge drinkers aged 14-17 on what problems their drinking had led to included unsafe sex, injury, drug taking, involvement in dangerous driving and problems with the police. In Ireland (where recent trends in alcohol consumption are very similar to those in the UK) alcohol use has also been identified as one of the main risk factors in teenage pregnancy: nearly half of a group of 32 teenage girls attending a sexually transmitted disease clinic reported having had unprotected intercourse on at least one occasion when drunk.¹¹

With adult (male and female) alcohol-related deaths doubling since 1991, today's under-age drinkers have obviously been exposed to significantly negative role-modelling, as one medical specialist made clear:

‘The British are delinquent drinkers. 20,000 funerals a year are avoidable... the next generation of alcoholics is coming along very nicely thank you.’

Dr Gray Smith-Lang (talking on *Newsnight*)

It is our belief that the increasing drunkenness in youngsters will have a direct bearing on future infant well-being, since excessive alcohol is a significant part of the context from which emerges unplanned births to

teenagers. It is estimated that 75 per cent of under-18 conceptions are unplanned and around half end in abortion. Many of these girls are not yet mature enough to care for themselves properly, let alone care for a baby.

Clearly this is an important area for a comprehensive Early Intervention package in every locality.

Youth mental health problems

GROWTH IN PRESCRIBING FOR MENTAL STATES OF CHILDREN

Bruce Perry is one of the world's best known experts on children's mental health and a researcher into the function of the developing brain. His experience in treating damaged young children reveals that their strategies for coping with early abuse, neglect and trauma include behaviours that appear as (and are medically classified as) mental illness. He describes the ease with which some children's psychiatrists can focus their attention on identifying a collection of symptoms that fit a diagnostic label. This process will then indicate a particular psychiatric drug to prescribe.

He describes how, in such a 'diagnose and dose' culture, a 6-year-old who has, for instance, been routinely sexually molested for two years and now misbehaves at school is likely to be diagnosed and given medication for a combination of Attention Deficit Hyperactivity Disorder (ADHD) and dissociative behaviour. Yet knowing even a little bit of context would indicate that the symptoms are not the child's 'sickness'. When one of the healing professions uses mind-altering drugs as a first resort to achieve behavioural norms in small children, we do have to step back and ask if we have become a dysfunctional society.

Britain's rising rate of prescriptions of anti-depressants and other mind-altering drugs for children in recent years is a cause for concern. There were 361,832 prescriptions for Ritalin (for children diagnosed with ADHD) written in 2005. This drug is licensed for children as young as six and is reportedly being given to some as young as three.

Indicators show a rise across childhood-onset depression and anxiety disorders, personality disorders, psychosis, addictions, substance misuse, violence and anger disorders and eating disorders. In 2004 one in ten children aged between five and six had a clinically diagnosed mental disorder, six per cent had a conduct disorder, two per cent had a hyperkinetic disorder such as ADHD, one per cent had an eating disorder, tic or autism, and two per cent had more than one type of disorder.¹²

Interestingly, these figures appear to coincide broadly with the Adverse Childhood Experiences statistics mentioned earlier, that one in ten of the population had five or more adverse childhood experiences and one in six (17 per cent) had four or more. And lest we assume that increases in mental health problems are simply correlated with poverty, a British study surveying large samples of 15-year-olds in 1987 and again in 1999, found a startling leap in mental illness among class I and II girls, from 24 per cent to 38 per cent.¹³

The kind of approach Bruce Perry is championing would concentrate more on therapeutic support to youngsters, helping them come to terms with the damage that has caused their symptoms (and, where necessary, removing them from that damage). Drugs can help but it is concerning if they are being used to suppress children's coping devices. Relieving symptoms is one thing, dealing with the source of the disorder another.

THE EFFECTS OF UNRESOLVED TRAUMA

In focusing on the levels of dysfunction that might impact the 0-18 age group, we also need to consider the likely future effects of *not* breaking the cycle while these people are young. One of the most serious areas where we see ongoing harm is in adult mental health. Recent research shows that a large proportion of adult mental health problems can be laid at the door of early childhood. The ACE Study (see Chapter 2 for a detailed description) estimates that 54 per cent of current depression and 58 per cent of suicide attempts in women can be attributed to adverse childhood experiences, which also correlate with later high levels of alcohol and drug

consumption. The findings of Bruce Perry bear this out: his experience in treating damaged young children reveals that their strategies for coping with early abuse, neglect and trauma include behaviours that appear as (and are medically classified as) mental illness.

Behind the drug and alcohol figures is the emergence and growth of a range of addictive behaviours and practices. One in fifteen children and adolescents now regularly self-harm e.g. by cutting and blood-letting. Bruce Perry provides a scientific explanation for the phenomenon of self-mutilation:

When they mutilate themselves, they can induce a dissociative state, similar to the adaptive response they had during the original trauma. Cutting can be soothing to them because it provides an escape from anxiety...people can become so disconnected from reality that they move into a dreamlike consciousness...linked with the release of high levels of opioids, the brain's natural heroin-like substances that kill pain and produce a calming sense of distance from one's troubles.

Supporting youngsters whose tragic early experiences have led them to find such extreme coping devices would not only help them lead better lives, it would also improve their likelihood of being good parents to their own children.

Unrecognised 'benefits' of some dysfunctional behaviour

What are the drivers behind the 'delinquent drinker' phenomenon? The ACE Study indicates that people who had high levels of adverse childhood experience are inclined to use such psychoactive substances as nicotine, alcohol, prescription and street drugs in attempts to improve how they feel, even though they know these things are bad for them. As Felitti states

in his book, 'it's hard to get enough of something that *almost* works'.¹⁴ Nicotine, alcohol and street drugs (and even self-mutilation) can help people escape emotional pain arising from patterns that grew out of early adverse experience. In studying smokers, the study found a graded increase in the likelihood of children having suffered adverse child experience, amounting to a 250 per cent greater likelihood of smoking as adults in those with scores of six or more (adverse childhood experiences) compared with those who scored zero. For alcoholism the increased likelihood is 500 per cent and for injection of street drugs it is 4,600 per cent.

Dr Felitti stresses the profound implications of these figures in terms of the psychoactive *benefits* of the substances involved, when the user has suffered early damage and is carrying its effects to the extent that relief is sought in some outer form. If we do not want people to feel compelled to turn to such ultimately destructive sources of comfort, their early years need to be sufficiently free of adverse experiences to protect them from the need. This analysis is echoed by Bruce Perry in his book *The Boy Who Was Raised as a Dog*. There he says:

Research on addicts and alcoholics finds dramatically increased numbers of early traumatic events, as compared to those who have not suffered addictions... Brain scans of those who've experienced trauma often reveal abnormalities in areas that also show changes during addiction. It may be that these changes make them more vulnerable to getting hooked.

On the principle of 'all understood, all forgiven', many manifestations of today's dysfunction make a lot of sense when seen in the light of the earlier damage that produced them. It would therefore seem sensible and potentially fruitful to concentrate resources on preventing the causes of dysfunction in order to reduce the numbers of adults, young people and children drawn to comforting behaviours that are ultimately destructive.

Family breakdown

The relationships between various factors associated with family breakdown are both complex and intensely relevant to a 0-18 initiative. Recent reports (such as the Centre for Social Justice's *Breakthrough Britain*) have stressed the strength of the correlations between family breakdown and crime, educational failure, economic dependency, debt and addiction and the systemic nature of these social problems, where cause and effect interact.

UK family stability has been in continuous decline for four decades. Since the early 1970s marriage rates have fallen by two thirds while there has been a marked rise in lone parent families. Although divorce rates have stabilised since the 1980s, there has been a continuing rise in the rate of family breakdown affecting young children, but this is driven now by the dissolution of cohabiting partnerships (almost 1 in 2 cohabiting partnerships have broken down before their first child is 5, compared to 1 in 12 marriages). When reviewing variations across Western nations, our lower marriage rates and later age of marriage appear typical on the surface, but our pattern of marriage as the conventional setting for having children appears less strong: compared to other European nations, the UK trends towards single mother households and youthful pregnancy have been particularly pronounced.

Although there are some signs of the arresting, if not the reversing of the trend in teenage pregnancy (the most recent statistics show a reduction of 11.8 per cent from the high of 1998, which triggered the sustained policy attention of the Department for Children, Schools and Families 20-year teenage pregnancy strategy) the slowness with which a dysfunctional trend responds, even to concerted effort, indicates that fundamental changes in the fabric of society take a generation to establish.

The fall in this year's figures is a welcome improvement but there remains, in many communities, a prevailing culture of acceptability for young fathers to be uninvolved beyond the point of conception. This greatly increases the likelihood, in certain sections of the population, of

significant proportions of children growing up either completely fatherless or experiencing low levels of father-involvement in their lives.

In 2004-06 the teenage conception rate was both higher in Chingford and Nottingham than the national level, 49 and 73 per 1000 15-17 year olds respectively compared to 41 at the national level. The percentage of teenage conceptions leading to termination has been consistently higher in better-educated Chingford in Waltham Forest (56 per cent) than in low-attainment Nottingham (33 per cent). Ultimately, this leads to the Chingford and Wood Green constituency having 13.6 births per 1000 15-19 year old girls and Nottingham North having 65.2 births - the highest in Western Europe.

Fractured and fatherless families can be problematic contexts for raising the next generation, but the fairly recently named phenomenon of multiple-partner fertility brings with it a particular concentration of disadvantage.

Not to be brought up by both biological parents (for whatever reason) turned out to be one of the ten components of adverse early experience in the ACE Study mentioned above. The UK's high rates of family breakdown are strongly implicated in the findings of the recent UNICEF study of child wellbeing, which ranked the UK at the bottom of the 21 countries evaluated, and in the bottom quartile on five of the six measures.

Conclusion

Article 19 of the UN Convention on The Rights of the Child (which the UK government fully supports) states that:

Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them

Given the level of social dysfunction that has been only briefly described here, and the likelihood of increasing dysfunction unless these cycles are

interrupted, it is essential for this Government and its successors to meet the promise of the Convention. Otherwise, when the 1 in 8 children currently growing up in an environment of risk, neglect and abuse embark on parenthood many of them will be emotionally, mentally and physically ill-prepared for its challenges, thus ensuring the continuation and expansion of the 'dysfunctional base'. Indeed, many will visit on their children the same problems from which they suffered in childhood.

The problem we have described in this first chapter is so complex and its ramifications so far-reaching that a new approach is needed. This approach requires a fundamental rethink, a self-analysis for our society which challenges our present politics. The public are repelled by the sterile factionalism and puerile point-scoring which now pass for political debate in this country. Constrained by fleeting media attention span and untested by an underachieving Parliament, policies tend to the superficial and the short-term. This leads to the most important issues going unaddressed. Our politics is failing our nation. In some small way, we hope to show a different way. That approach involves intervening at the very early stages of a child's life, before maladjustment is established and hard-wired, helping parents and future parents in all too many homes and families, to relate to their children in a way that may be quite unfamiliar. Such an approach is not based on the passing winds of therapeutic or political fashion but on the persuasive body of neuroscientific and international evidence which we describe in the next chapter.

CHAPTER TWO

The importance of 0-3 year-olds and parental Early Intervention

*'Give me a lever long enough and a fulcrum on which to place it,'
said Archimedes, 'and I shall move the world.'*

We have seen how dysfunction, including violence, has expanded its influence in the context of fragile and fracturing families, and is likely be perpetuated through succeeding generations. Now we are going to describe the key to turning this around. We make no apology for presenting, as laymen, a considerable body of medical evidence in this chapter. When economic resources are under intense pressure, and facing strong claims from well-established programmes and special interests, we believe that this medical evidence points overwhelmingly in favour of a shift to Early Intervention. It highlights the essential importance of years 0-3 in human development, and the vital influence on years 0-3 of their primary caregivers. That in turn makes it essential to prepare children of 0-18 for their future role as parents. Skills that for generations were passed on, almost unconsciously, now have to be taught: if they are not, we will all reap the consequences.

Causes and symptoms

We have seen the potential impact of unchecked dysfunction on individuals, families, society and our economy. Our public policy

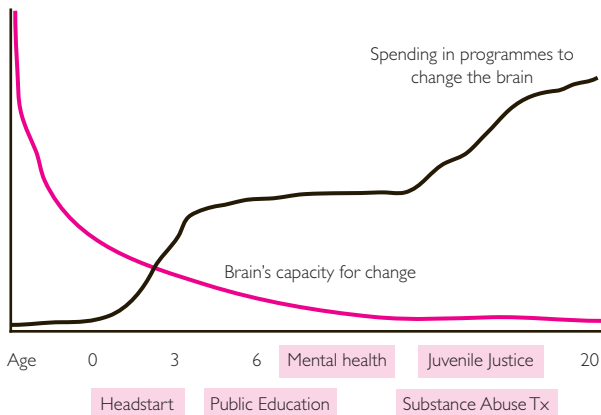
response is invariably to seek to treat the symptoms with large and continuing injections of public money. We also skew the workload of teachers, police, elected representatives, nurses and other public servants away from why we recruit them, and why they join, into lives of permanent remedialism. For example, we even now as politicians expect the police to become social workers, a task they are ill suited for and which takes them away from their primary purpose. A whole raft of expensive and growing public and voluntary services are in place, designed solely to pick up the pieces of failure. Late intervention is, however, both less effective and massively more expensive than the alternative – Early Intervention.

If we are committed to addressing the cause rather than the symptoms then we must select the key point at which to intervene and maximise our impact. Historically, there are many points in the chain where one-off short-term programmes have made a starburst impact only to fade and disappear. Early Intervention by definition breaks the intergenerational cycle and can only take a broader view and be long-term and sustainable. It must produce improvements and embody a multi-faceted approach if it is to bring about a virtuous cycle. However the initial challenge is to locate the area where the payback will be most effective.

We believe that there is just such an area, where initial investment generates disproportionate and enduring returns. It is identified in the chart below, which graphically reveals the correlation between *age* at the point of intervention and ease of bringing about change in the human brain. (Although this chart shows US figures WAVE Trust, who regularly use it, considers that UK figures are likely to be very similar.) The blue line shows the very young brain's enormous capability for change, and how this rapidly diminishes well before the child starts school. The red line shows where we spend our money to change human behaviour. Such a chart indicates that children's experiences in their earliest years of life are laying the foundation for their futures – for good or ill. Two simple conclusions follow:

1. What parents do at this very early stage appears to be absolutely decisive in terms of child outcomes
2. What we do to prepare at-risk parents and potential parents to be effective is the most important social policy issue for modern society

Brain's capacity to change versus public spending on programmes for change



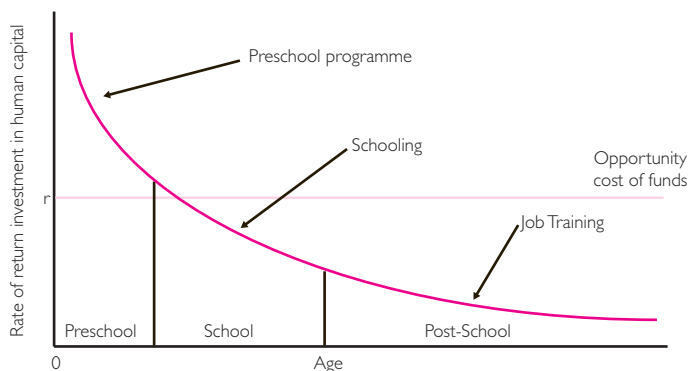
Source: Wave Trust

The picture strongly suggests that an investment fulcrum lies in 'primary prevention' focused on 'at risk' groups under the age of three. Primary intervention stops a condition from developing in the first place: putting it very graphically, if dysfunction and violence were polio, primary prevention would mean administering the Salk vaccine to everyone at risk rather than waiting to see who developed the symptoms. Detective Chief Superintendent John Carnochan, head of the Scottish Violence Reduction Unit described the strategy more graphically still:

If people keep falling off a cliff, don't worry about where you put the ambulance at the bottom. Build a fence at the top and stop them falling off in the first place.

The following graph from the Nobel prize-winning economist, James Heckman, tells a similar story by showing the return on investment in learning, by age:¹⁵

Rates of return to human capital investment initially setting investment to be equal across all ages



Source: Cunha F, Heckman J J, Lochner L and Masterov D V. , 'Interpreting the Evidence on Life Cycle Skill Formation', *NBER Working Paper Series*, National Bureau of Economic Research, Cambridge, MA, USA, May 2005

The messages contained in these graphs are hardly surprising in light of the fact that the human brain has developed to 85 per cent of its potential at age three (and 90 per cent at age four). The financial investment is of course important, but only insofar as it maximises the investment in personal attention from the caregiver to the 0-3.

Symptom focus

The present reality is that almost all resources are spread across measures to combat the increasing and recurring *symptoms* of dysfunction, instead of preventing their causes.

It is easy to understand why society has come to treat dysfunction and violence as the core problems rather than as symptoms caused by earlier,

unchecked mistakes in child-rearing. First, we had no better information, and second, symptoms are highly visible while causes are largely invisible. Add to these factors the effect of reaction politics and superficial media coverage. Evidence linking subsequent dysfunction and violence with the way very young children are treated is relatively recent; not much more than a decade ago the term ‘Early Intervention’ related to much older children, with whom we now know it is difficult and expensive to effect improvement.

THE VISIBLE VERSUS INVISIBLE THREAT

Most existing dysfunction and violence are highly visible threats that demand an immediate reaction. However, when a very small child is neglected or treated with brutality or abuse behind closed doors, the threat is almost always invisible, because society will not notice (or be affected by) the consequences for many years. The affected child is the parcel passed speedily down the institutional line from midwife to health visitor, nursery, primary, secondary school, job centre and benefit office. We need to ‘stop the music’ and grip the individual’s future much earlier. An example of how earlier intervention can help is the introduction of extra numeracy and literacy into primary schools in the late 90’s which led to marked improvement for those taking part.

Another factor in British society which has militated against Early Intervention is its high regard for personal privacy. The *proactive* measures involved in identifying whether a real threat even exists (see data tracking proposals in Chapter 3) appear intrusive and go against our cultural grain. An operational obstacle to the proactive approach is that, by their very nature, pre-emptive measures sit outside the performance targets and measured results of individual service agencies.

Of course the reality is we need to deal with both the symptoms and the causes, with both the visible *and* the invisible threats. We need to react effectively to current indicators of dysfunction, such as violence, whilst at the same time putting in place proactive and protective measures to prevent the cycle from repeating.

Even where damage from their early years is internalised, young people and adults can become the self-destructive or depressed parents of what will become a new generation of emotionally damaged children. Professor Lynne Murray's research indicates that untreated postnatal depression can have serious long-term consequences for the mother's ongoing relationship with her baby and for his or her mental and emotional development. Postnatal depression is thought to affect approximately 13 per cent of women during the early months following childbirth,¹⁶ yet front-line service providers, such as health visitors may only be identifying about 10 per cent of those postnatally depressed women. High case-loads are cited as a reason for this but Murray also emphasises lack of training in effective detection.

As we explain below, very young children need a high level of emotional responsiveness and engagement which a severely depressed primary carer is unable to give, however much she might want to. Her baby might look well-fed and clean, but might be emotionally neglected all the same. The intergenerational nature of this is underlined by the estimate that 30 to 40 per cent of abused or neglected children (versus two to three per cent of the total population) go on to abuse or neglect their own children or, as Professor David Farrington puts it:

Antisocial children grow up to become antisocial adults who go on to raise antisocial children.

As we have stated earlier in this pamphlet, an important element in securing the right environment for infants is to invest also in older youngsters who have passed through this life-stage. They will repay our investment when they become the parents of the next generation. Teaching the skills that will enable good parenting to children while they are still at school offers a low-cost strategic route to help ensure the next generation of infants are given what they need. Not only is there this long-term payback but when schools implement programmes like

SEAL (Social and Emotional Aspects of Learning) and Roots of Empathy (described in Chapter 3) they frequently see the beneficial side-effect of reduced levels of bullying amongst the pupils on the programme.

The implications of classic studies for effective intervention points

As politicians seeking to change the direction of policy, we recognise that our case must be based on evidence and not assertion. There are two key studies which follow on from Farrington and West's seminal *Cambridge Study in Delinquent Development, a Prospective Study of South London Males From Ages 8–32*, which found that adult offending could be predicted in childhood. Aggressive behaviour at age eight predicts the following at age 30: criminal behaviour, arrests, convictions, traffic offences (especially drunk driving), spouse abuse and punitive treatment of one's own children. However, what had happened before these boys were age eight to foster aggression? The now classic Dunedin Study, first published in 1996, provides long-term evidence of the importance of Early Intervention.

DUNEDIN STUDY

The development of one thousand children born in Dunedin, New Zealand in 1972 was monitored from birth. When these children were three, nurses (who knew nothing about their backgrounds) assessed them, by watching them at play for 90 minutes, to identify those they judged could be at risk. At follow-up at age 21, it was found that the 'at risk' boys had two and a half times as many criminal convictions as the group deemed not to be at risk. In addition, 55 per cent of the offences were violent for the 'at risk' group, as opposed to 18 per cent of those not at risk, and 47 per cent of those in the 'at risk' group were abusing their partners, as opposed to under ten per cent of the other group.

Far fewer girls than boys had shown conduct disorder by age 21, but of those who did two striking statistics emerge: 30 per cent of the 'at risk' conduct-disordered girls had become teenage mothers, whereas there had been not a single teenage birth to the conduct-disordered girls from the not-at-risk group. Of those 'conduct-disordered and at risk' teenage mothers, 43 per cent were in abusive, violent relationships, having found their partners from within the 'at risk' boys. Subsequent follow-up at age 26 showed the pattern was maintained.

Before it was even completed, the study was able to conclude that immature mothers with no strong parenting skills and violent partners had already given birth to the next generation of 'at risk' children. While it is not totally guaranteed, and protective factors might arise to alter it, the fact is that children who are likely to have poor outcomes, including adult criminality, can be identified at age three when they are still riding their tricycles.

There are a large number of longitudinal studies that are in place in the UK, for example the Avon Longitudinal Study of Parents and Children (ALSPAC), which is a large-scale, longitudinal study of children born in Avon during the early 1990s. It is under the directorship of Dr. Jean Golding at the University of Bristol and looks particularly at the effects of adult learning on children and parents. This and similar studies, such as the UK Environmental Risk Twin Study, are valuable in themselves but are relatively narrow in their analysis. A much more substantial study, closer to that of Dunedin, is required of children living in the UK, in order to provide definitive evidence on the benefits of Early Intervention. Ensuring a continuing and developing evidence base stands behind much of what we propose and is so important that we choose to make, here, the first of a number of proposals.

We urge the UK government to commission a long-term study, similar to the Dunedin one, using cohorts of children with and without early intervention to inform the policy as it develops.

ADVERSE CHILDHOOD EXPERIENCES (ACE) AND HIDDEN CAUSES OF DYSFUNCTION

We have also been informed by one very recent body of evidence that early life experience shapes the quality of the rest of our lives, namely the ACE Study mentioned in Chapter 1. This major medical study provides retrospective and prospective analysis in over 17,000 middle-class Americans of the effect of early traumatic life experience on later well-being, social function, health risks, disease burden, healthcare costs and life expectancy. The average starting age of the subjects was 57 and all had expensive private health care plans.

The essence of the study has been to match retrospectively, approximately a half century after the fact, an individual's current state of health and well-being against adverse events in childhood, and then to follow the cohort forward to match ACE Score prospectively against doctor office visits, emergency room visits, hospitalisation, pharmacy costs and death.

The adverse reference points were grouped under the three main headings of Abuse, Household Dysfunction and Neglect. Each participant was assigned an individual ACE Score – a count of the number of categories of adverse childhood experience encountered in their first 18 years. These are: (1) emotional abuse, (2) physical abuse, and (3) contact sexual abuse; (4) mother treated violently; (5) household member an alcoholic or drug user; (6) or in prison; (7) or chronically depressed, suicidal, mentally ill, or in psychiatric hospital; (8) the subject not being raised by both biological parents; (9) physical neglect and (10) emotional neglect. The two Neglect categories were added part-way through the study when these began to emerge as 'surprise' significant issues amongst the subjects.

The scoring system took account of only one incidence in any given category, so if a subject had been raised in a household containing both an alcoholic and a drug user, this would count as one not two, etc. The conclusions to date are startling in their wide-ranging implications for physical and emotional health and have now been published.¹⁷

OVERVIEW OF ACE FINDINGS

Whenever a study participant was found to score 1 on the Adverse Childhood Experience Score, there was an 87 per cent probability of more such experiences. One in six people (or 17 per cent of the sample tested) had scores of 4 or above. Childhood troubles come not as single spies but in battalions.

There is a strong relationship between ACE Score and self-acknowledged chronic depression and a similar, but a stronger, relationship between ACE Score and later suicide attempts. This relationship between ACE Score and depression is borne out by analysis of prescription rates for anti-depressant medications, now 50-60 years after the fact. It appears that depression is common and has deep roots, usually going back to the developmental years of life.

The most common contemporary health risks (smoking, alcoholism, illicit drug use, obesity and high level promiscuity) are widely known to be harmful and yet are difficult to give up. (Again, the higher the ACE Score the greater the likelihood of later smoking, alcoholism, intravenous drug use etc.) We want to emphasise here that this can be because they are experienced as personally beneficial. In other words, unhealthy behaviours may be soothing submerged pain.

The authors of the study conclude that 'all told, it is clear that adverse childhood experiences have a profound, proportionate, and long-lasting effect on well-being,' whether this is measured by depression or suicide attempts, by protective unconscious devices like overeating and even amnesia or by what they refer to as 'self-help attempts', the use of street drugs or alcohol to modulate feelings. They say that these are misguidedly addressed solely as long-term health risks, 'perhaps because we physicians are less than comfortable acknowledging the manifest short-term benefits these "health risks" offer to the patient dealing with hidden trauma.'

ADVERSE CHILDHOOD EXPERIENCES – POOR OUTCOMES

Using teen pregnancy and promiscuity as measures of social function, Ace Score has a proportionate relationship to these outcomes, as it does to

miscarriage of pregnancy. This indicates the complexity of the relationship of early life psychosocial experience to what are conventionally considered to be purely biomedical outcomes. The ACE Study showed a significant relationship between biomedical disease (liver disease, chronic obstructive pulmonary disease and coronary artery disease) in adults and adverse experiences in childhood.

In terms of social function, self-related job performance correlated inversely with ACE Score. The problems of alcoholism and use of IV drugs already mentioned can also be treated as markers for damaged social function as they are reflected in impaired work performance.

The doctors who wrote up this study emphasised that nothing less than a paradigm shift was required in medicine if physicians were to respond to the implications of the research. They say:

Many of our most intractable public health problems are the result of attempted personal solutions to problems caused by traumatic childhood experiences, which are lost in time and concealed by shame, secrecy, and social taboo against the exploration of certain topics.

Arguing that the findings of the Adverse Childhood Experiences (ACE) Study suggest a credible basis for a new paradigm of primary care medical practice, they advocate that treatment should begin with a comprehensive biopsychosocial evaluation of all patients. One astounding outcome of administering such an evaluation to 200,000 patients was a 35 per cent reduction in visits to doctors' offices during the following year. We refer later to the possibility of something similar for children before they start school so they can be 'school ready'.

Although these adverse childhood experiences will not all have taken place in the 0-3 window which we and others argue here is so important, the conditions of later childhood are almost always an extensions of what went before, therefore ACE Scores are largely determined by the contexts children are born into. In the rest of this chapter we describe exactly how

the earliest stages of a child's life strongly influence this future biopsychosocial profile, and how starting here offers the greatest intervention point for amelioration and prevention of the wide range of social ills identified in Chapter 1.

Importance of the first 3 years of life

We could just assert that raising children in the right way is the key to tackling dysfunction. However, we need to take a little time to assemble a worthwhile case to prove that assertion. While we do not pretend to be neuroscientists, we have been deeply impressed by the work in the field which we distil below.

Intelligence is the key survival tool of our species, but intelligence implies a large brain, which needs to be housed in a large skull. To give birth to infants with large skulls requires wide hips and it has long been appreciated that giving birth to large-brained infants has influenced human pelvic shape.¹⁸ Even so, human infants are born premature in comparison with most other mammals, remain helpless for much longer and have brains whose completion must be achieved in a sensitive period after birth.

The physiological roots of dysfunction, including violence, lie in the same place as the roots of many other human attributes and abilities: the unique plasticity of the developing brain. As well as being a necessity of our basic design, flexibility in sculpting the young brain has enormous survival value, because it is what enables infants to adapt to their particular environment.¹⁹ This must have been profoundly valuable as our ancestors spread across the globe and encountered vastly different environments from those of their immediate forebears.

The developing brain 0-3 and what it needs to mature

Human infants arrive ready to be programmed by adults. From our first moments of life we are tuned into the facial expressions of those around us, as can be seen from the infant reflex to mimic. The problem is that this

wonderful advantage turns into a disadvantage when it is met by the long-term lack of positive expression on the nearest face, that of the primary caregiver. When this most basic need for a positive response is not met, and when a tiny child does not feel secure, attached and loved, the effect can be lifelong. Neuroscience can now explain why early conditions are so crucial: effectively, our brains are largely formed by what we experience in early life.

At birth there are 100 billion neurons (brain cells) and 50 trillion synapses (connections). By age three, the number of synapses has increased twenty-fold to one thousand trillion. Because this is too large a number to be specified by genes alone, many new synapses are formed by experience.²⁰

As synapses are also strengthened and reinforced by experience, early life defines which of them live and which die. Synapses become 'hard-wired', or protected, by repeated use, enabling very rapid learning via early life experience. Conversely, just as a memory will fade if it is hardly ever accessed, unused synapses wither away in what is called 'pruning'. In computer terms what takes place is the software (programming by the caregiver) becomes the hardware (the child's fully-grown brain). The whole process has the effect of making early learned behaviour resistant to change.

To summarise: scientific discoveries suggest it is nurture rather than nature that plays the lead role in creating the human personality. Physiologically as well as emotionally, infants need a stimulating, accepting environment in which they feel safe and loved. It has been said that 'the greatest gift for a baby is maternal responsiveness'. The more positive stimuli a baby is given, the more brain cells and synapses it will be able to develop. When this stimulus is accompanied by the type of parental attunement that fosters the development of empathy, the result will be a

The structure of the developing infant brain is a crucial factor in the creation (or not) of violent tendencies, because early patterns are established not only psychologically but at the physiological level of brain formation

pro-social child who is likely to be happier, healthier and more intelligent than one who has been deprived of these essentials for positive growth.

Infant trauma

The price of our superior ultimate capacity is initial vulnerability: the more immature the offspring, the greater the need for long-term parental support. In other words, the potential for an infant is defined by the quality of the support received in the very early, formative years. The whole reason for our 0-18 Early Intervention package is to improve this support.

Bruce Perry records the case of a four-year-old girl who, despite massive medical attention and intervention, could not thrive and weighed just 26lbs. As a child this girl's mother had been deprived of the early touch and affection necessary for the proper growth of her own brainstem, midbrain and limbic systems. She had been lacking in the 'natural' instinctual response to her infant as well as ignorant of the necessity of touch, eye-gaze and rocking. However, having been fostered in a stable, loving home from the age of five (during the growth of the cortical system of her brain) this woman was moral and dutiful towards her baby – which was fortunate because she constantly sought help. Sadly, until the infant was four, none of the doctors suspected a parenting reason for her failure to thrive and continued to seek a biomedical solution. When the truth eventually came out (after Perry observed parent-infant interaction), the child and mother did very well after moving in with a particularly 'motherly' fosterer, with whom they spent a year. On the same diet as in the hospital, the four-year-old's body weight increased by 35 per cent in the first month in the nurturing emotional environment.

The disadvantage of the human brain's plasticity mentioned earlier is that it renders it acutely vulnerable to trauma. If a child's early experience is predominantly characterised by fear and stress, then the neurochemical responses to fear and stress *become the primary architects of the brain*, for the simple reason that these are the responses most frequently triggered. The stress hormones, such as cortisol, that are elevated during trauma, flood the

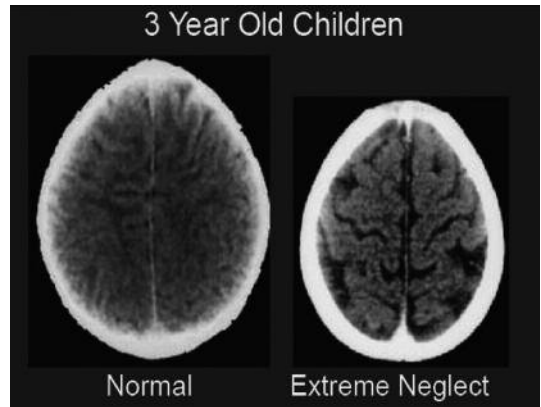
brain like acid.²¹ One result is the formation of significantly fewer synapses (connections). Specialists viewing computed axial tomography (CAT) scans of the key emotional areas in the brains of abused or neglected children have likened the experience to looking into a black hole.

The brain of an abused or neglected child is significantly smaller than the norm: the limbic system (which governs emotions) is 20-30 per cent smaller and tends to have fewer synapses; the hippocampus (responsible for memory) is also smaller. Both of these stunted developments are due to decreased cell growth, synaptic and dendrite density – all of which are the direct result of much less stimulation (e.g. sight, sound, touch) than is required for normal development of the brain.²²

The images opposite have been taken from studies conducted by researchers from the Child Trauma Academy (www.ChildTrauma.org) led by Bruce Perry. They illustrate the negative

impact of neglect on the developing brain. The CAT scan on the left is from a healthy three year old child with an average head size (50th percentile). The image on the right is from a three year old child following severe sensory-deprivation neglect in early childhood whose brain is significantly smaller than average and has abnormal development of cortex (cortical atrophy) and other abnormalities suggesting abnormal development of the brain.

High cortisol levels during the first three vulnerable years are associated with increased activity in the part of the brain involved in vigilance and arousal (the *locus coeruleus*). The result is the type of hair-trigger alert response one might expect in a child under the permanent threat of sudden violence, because the slightest stress unleashes a new surge of stress hormones, causing hyperactivity, anxiety and impulsive behaviour.²³



(Source: Perry, BD, 2002, Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture, *Brain and Mind* 3 79-100)

Trauma also confuses the neurotransmitter signals that play key roles in directing the paths of growing neurons and therefore hinders brain development. As a result, children exposed to chronic and unpredictable stress – a parent who lashes out in fury; an alcoholic who is kind one day and abusive the next – will suffer deficits in their ability to learn. As a result, their IQs will be lower; in itself, a risk factor for conduct problems.

Even if actual abuse is not present, the combined stressors of poverty appear to have a significant impact. A study of educational achievements from infancy to age 26 found significantly different development scores in the three socio-economic status (SES) groups studied. At the start of the study, when the participants were 22 months old, on a scale of one to 70, the High SES infants averaged approximately 57, the Medium SES group averaged approximately 48 and the Low SES group approximately 43. This snapshot provides a chilling glimpse of the handicap suffered by our most deprived children in the lowest socio-economic group.

Significance of ‘sensitive windows’

During the first three years of life there are sensitive windows of time when specific learning takes place and the brain hones particular skills or functions. Certain elements of human capability including vision, language and emotional development, occur in maturity ‘spurts’ during these sensitive times. If the opportunity to practise a skill is missed during the window relating to that skill, a child may either never learn it or its learning may be impaired.²⁴

To the best of current knowledge, the sensitive window for emotional sensitivity and empathy lies within the first 18 months of life, and these ‘skills’ are shaped by the prime caregiver.

The 18-month theory is reflected in Bruce Perry’s story of a boy who was routinely abandoned by his nanny from morning to night for the first 18 months of his life before his working parents found out. By age 14, despite

having been well cared for in the interim and a great deal of money spent on trying to treat his various disorders, he was

...rocking and humming to himself, friendless and desperately lonely and depressed: a boy who didn't make eye contact with other people, who still had the screaming, violent temper tantrums of a three- or four-year-old; a boy who desperately needed the stimulation that his brain had missed during the first months of life.

He responded very well to the physical touch and rhythm-building treatment appropriate to the age he was when the neglect took place.

The crucial elements of early attunement and empathy

Attunement takes place when the parent and child are emotionally functioning in tune with each other and where the child's emotional needs for love, acceptance and security are met. Without satisfactory early attunement to the primary caregiver, the development of empathy can be greatly impaired.

Empathy entails the ability to step outside oneself emotionally and be able to suppress temporarily one's own perspective on events to take another's. It is present when the observed experiences of others come to affect our own thoughts and feelings in a caring fashion. When a parent consistently fails to show any empathy with the child's expression of particular emotions, the child can drop those emotions from his or her repertoire. Empathy is also perceived as a prime requirement for a citizen to be of the law-abiding 'self-regulator' type.

Because the infant's cortical and hippocampal emotional circuits require significant time and experience to mature, the child must regulate its inner world primarily through attachment relationships

with primary caregivers. It accomplishes this through aligning its state of mind with that of the caregiver, by establishing a conduit of empathic attunement, functioning as an emotional umbilical chord.²⁵

Babies who are healthily attached to their carer can regulate their emotions as they mature because the cortex, which exercises rational thought and control, has developed properly. However, when early conditions result in underdevelopment of the cortex, the child lacks an 'emotional guardian'. Following a 10-year immersion in thousands of scientific papers on neurobiology, psychology and infant development, Alan Schore concluded:

'The child's first relationship, the one with the mother, acts as a template that permanently moulds the individual's capacity to enter into all later emotional relationships'

We glimpse this in the way small children look to a parent's facial expressions and other non-verbal signals to determine how to respond (and feel) in a strange or ambiguous situation.

Antidote to dysfunction

Violence is obviously the highest category of dysfunction, but there is a league of descending dysfunction, for example anti-social behaviour down to lack of sociability.

Because of our human developmental characteristics, children reared in a loving, supportive (and non-violent) way, through which they develop empathy, are unlikely to develop the propensity to be violent, in any social conditions. Sadly, the converse of this formulation is equally true. If society

does decide to take the proactive, primary preventive route to handling the problem of violence, one of the worst facets of dysfunction, we will need to take steps to help today's parents rear their children to have empathy.

Empathy is a learned response that begins to be established very early in life in line with observed parental reactions to suffering. Even in their first year, children already show signs of whether their reaction to the suffering of another is empathy, indifference or downright hostility.

In their 1985 study Main and George found that abused toddlers responded negatively or even aggressively to signs of distress in their peers, whereas non-abused children of the same age showed interest and sadness.

Daniel Goleman, who authored the book *Emotional Intelligence*, states that empathy builds on self-awareness, and that the more aware we are of our own feelings the more skilled we will be at reading emotions in others:

For all rapport, the root of caring, stems from emotional attunement, from the capacity for empathy... the ability to know how another feels comes into play in a vast array of life arenas, from sales and management to romance and parenting, to compassion and political action...Its lack is seen in criminal psychopaths, rapists, and child molesters.

Empathy is a powerful inhibitor of the development of propensity to violence. Empathy fails to develop when the prime caregiver fails to attune with an infant. Absence of parental attunement combined with harsh discipline is a recipe for violent, anti-social offspring.

Early damage

A large part of the difference in the empathic capabilities which children develop comes from the way they are disciplined. Children are more empathic when discipline includes clearly drawing attention to the distress

their behaviour causes to someone else. Empathy is shaped by how children see others responding to distress. By imitating the adult response, children develop a repertoire of empathy – or its absence.

More child abuse occurs in the first year of life than in any other. UK rates of abuse are over three times the average for Norway, Sweden and Denmark and ten times the reported average for Spain, Greece and Italy.²⁶ Research shows that the worst single trigger for abuse is parental over-estimation of what infants can understand. It is not unusual for infants to be expected to respond and perform at levels appropriate for those *12 months beyond their age*, and to be punished for their ‘perversity’ when they disappoint these expectations.

The early years are so critically important to the child’s later social development that pathways to violence are often laid down by the age of two or three.²⁷ Three-quarters of aggressive two-year-olds are still aggressive at age five. Untreated early-onset aggression can establish a lifelong tendency to be aggressive and the earlier aggression is established, the worse the long-term outcome tends to be.²⁸ Discouraging aggression in schoolchildren requires that corrective action begin long before they are in school.

Lack of attunement

Regrettably, for many parents attunement either does not come ‘naturally’ (because they did not receive the benefit of it themselves), or is disrupted by postnatal depression, domestic violence or other severe stresses. If a child does not experience attunement, their development is retarded, and they may lack empathy altogether²⁹. Bruce Perry records the history of a ‘cold-hearted’ 16-year-old boy who raped, murdered *then* viciously kicked two young girls. (It was the blood on his boots that made a family member suspicious enough to call in the police.) The mystery in the case was that both parents were very respectable and decent and his older brother well-adjusted.

Investigation of the murderer’s past uncovered the fact that his mother (who was of low intelligence) had found it difficult to cope with a

demanding infant without the extended family support she had received with her first child (because the family had moved between the births of her two sons). She had coped by taking her four-year-old out all day, every day and leaving the baby unattended apart from the bare minimum involved in feeding and changing him. No bond of attunement was ever formed between them and this accounted for how two small boys in the same family could turn out so differently. The callousness of the post-mortem kicking is a chilling portrayal of the boy's lack of empathy. No sign of remorse was ever given: when he was asked two years later what he would do differently, if he had the time over again, his answer was 'I don't know. Maybe throw away those boots.'

Infants 'catch' emotions from their parents: three-month-old babies of depressed mothers mirrored their mothers' moods, displaying more feelings of anger and sadness, and much less spontaneous curiosity and interest, than the children of well mothers.³⁰ Daily neglect conditions a baby to expect isolation, and a model for depression is acquired from experience, handed down from one generation to the next. As we have said earlier, studies show maternal depression is a prime factor in the pathway to behaviour problems for many children³¹.

Maternal depression impedes brain development.³² Infants of severely depressed mothers show reduced left lobe activity (associated with being happy, joyful or interested) and increased right lobe activity (associated with negative feelings).³³ These emotional deficits become harder to overcome once the sensitive 'window' has passed. So getting early help to these mothers is essential – the earlier the better, and this means before birth and before conception.

The rationale for intervention: to make every child's first three years the best possible

The subject of intervention is sensitive because it goes against our cultural tendencies. Our historic approach has been that pre-school child-rearing

is the exclusive province of the parents (or other carers), unless there is a highly visible level of neglect or maltreatment.

This approach could be likened to the one we used to take to smoking in the recent past: people were free to smoke whenever and wherever they liked and it was just too bad if this was unpleasant for those around them. It was not considered unacceptable for one person, smoking a pipe or cigar, to render a whole restaurant unpleasant for other diners, because the principle of individual rights and freedom is strongly upheld in our culture. In the absence of scientific data of any real danger from being in the presence of smoking, a smoker's right to freedom was a more entrenched social principle than a diner's right to a smoke-free environment.

Warnings from the medical profession about smoking-related diseases produced a shift in public awareness and led to smoking becoming generally less fashionable in the 1980s and 1990s. However, it was only when research linked passive smoking to dangerous health hazards that attitudes to its social acceptability really changed: within a short space of time smoking in public places was increasingly marginalised until it was eventually banned altogether.

Just as medical research into the effects of smoking paved the way for a cleaner and safer public environment, similar effects should flow from the body of sound research we are drawing from here. It shows that the way children are treated in their first three years has a direct bearing on whether they grow up to be pro- or anti-social, adjusted or dysfunctional, peaceable or violent, healthy or unhealthy. In addition to our legal, ethical and moral obligations to our helpless young, we now know that 'minding one's own business' and 'turning a blind eye' to all but the worst of parental failings is likely to carry a high price later – both for the children and for society. We also know that providing infants with what they need will make society not only safer and more functional, it will also produce happier, healthier citizens with higher IQs who are consequently more likely to be assets than liabilities. This new knowledge must make giving our infants the best possible experience a social imperative rather than the luxury or desirable option it has previously been seen to be.

Multiple benefits of early intervention

In view of the findings of the ACE Study, it is not surprising that Early Intervention to provide young children with what they need carries many positive effects that cascade through their future lives and into the lives of those around them. When children are reared in a positive way they are not merely undamaged, the physiology of their brains is profoundly affected, enabling them to realise a much fuller potential of their intelligence and ability. Combined with the better life skills arising from their emotional adjustment, higher intelligence will benefit their ability to learn at school and obtain educational qualifications, which will reduce the probability of delinquency as well as making it easier for them to find employment.

Being both socially well-adjusted and employed leads to other benefits:

- Lower levels of addictive behaviour
- Lower likelihood of being trapped in poverty and low quality housing
- Greater likelihood of having only the number of children people can parent effectively and afford to support without sliding into dependency, and
- Greater likelihood of people being ‘naturally’ good parents to their own children, thereby feeding into a positive rather than negative generational cycle

Financial Benefits

There is a growing body of evidence on the financial benefits of Early Intervention. In an evaluation by the Rand Corporation, the Nurse Family Partnership (a programme targeted to support ‘at risk’ families by supporting parental behaviour to foster emotional attunement and confident, non-violent parenting which is described in the next chapter) was estimated to have provided savings over the life of the children concerned, in the form of reduced welfare and criminal justice

expenditures and increased tax revenues, which were four times greater than the costs of the programme. The original investment was returned well before the children's fifteenth birthdays. The Rand Corporation made no estimate of the enduring savings in adult life.

Similarly, a report by the Institute of Psychiatry³⁴ contrasted the estimated £70,000 per head direct cost to the public of children with severe conduct disorder with a £600 per child cost of parent training programmes. To include indirect costs such as impact of crimes or the costs to victims would multiply this £70,000 an estimated seven-fold. The financial case for Early Intervention is becoming overwhelming and as we show later, even if a government were unconcerned about breaking the intergenerational cycle of underachievement, it is highly likely to find the massive savings of Early Intervention irresistible.

Conclusion

We are clear that while 0-3 may be the ultimate target, it is the 0-18 who are the agents through which we reach that target. Social and emotional capabilities, especially for empathy, are a significant antidote to anti-social behaviour, including violence. By far the most effective way to develop this is by receiving it from parents, especially in the first three years of life. Yet parents who did not receive effective social, emotional and empathic behaviour themselves can find it impossible or very difficult to pass this on to their children. This explains our emphasis on ensuring that 0-18s are 'child ready' rather than narrowly focusing on remedial action alone for the 0-3s. However, this chapter has focused on a significant and effective intervention point for stemming the 'flow' of dysfunction. It has emphasised the need for young children to be in relationships characterised by attunement and in environments fostering empathy. Achieving this requires reaching into the most private realm of a citizen's life, the emotional world they share with those around them and especially with their very young children. We must face up to this problematic aspect

of relevant and effective interventions, if we believe that every child matters and that the welfare of children is paramount.

We are not, of course, suggesting that the government should have the right to enter family life wherever and whenever. The aim of Early Intervention is to focus on the dysfunctional and those at risk.

The chapters that follow will look at how to turn the implications of our analysis and the research findings outlined here into practical action. They will look at the policies and programmes already making a difference; the need for a new level of joined-up thinking; for cultural change within service provision; for adequate long-term investment and for the emergence of a cross-party consensus that can provide sustained political will for a generation to transform the next and subsequent generations. What is clear is that more and more people are ‘getting it’.

If we can use the reading results of eight-year olds to build jails, we can also use them the plan Early Intervention.

Reverend Jesse Jackson,
speaking in Nottingham, 4th August 2007

To quote the Nottingham council leader, Jon Collins, at the launch of ‘Early Intervention City’ in April 2008: ‘... you get to a stage when you have to say: “How do we get upstream, rather than just dealing with the problems when they arrive fully formed downstream?”’.

CHAPTER THREE

A menu for helping the Early Interveners: 0-18

'Give me the child till the age of seven and I will show you the man.'

Attributed to St. Ignatius of Loyola,
founder of the Jesuit Order

The previous chapters defined the scope of the problem of dysfunction and emphasised the need to optimise the inputs into our very youngest citizens. Of course the 0-3s can't self-medicate or self-help. They depend upon their parent or parents as the agent of their development. In other words, as young people go through the cycle of childhood to child-bearing (0-18 years) they should get the help they need when they need it. For many that will mean access to a full range of programmes intended to break the intergenerational transmission of disadvantage. This chapter will move from analysis to practice and explore what we know about Early Intervention programmes with the greatest impact and the strongest evidence base. *Later intervention is massively expensive and only ever partially successful. Early Intervention is cheap and effective.* The earlier it is, the cheaper and more effective it is. In later chapters, we will examine the best means of delivery of such policies and finally what a government can do to make it all happen.

The mainstream's key role

While the approach is proactive and pre-emptive, it must be in addition to, not instead of, the more reactive 'fire-fighting' needed for specific immediate problems. Synchronising the foundational elements of an Early Intervention menu with 'mainstream' provision is vital. We need to remember that ongoing mainstream services such as health, children's welfare, housing, employment, community building and policing already have large spending programmes aiming to tackle some of the difficulties we have outlined. It is essential that these programmes and their budgets are used in a coherent way along with the additional and more specific Early Interventions that we describe below. As we have indicated earlier, this requires – formally or informally – a strong consensual local partnership to endorse, plan and fund a reorientation and a cultural shift within those engaged in local service provision. Without tying these mega-spending programmes into the culture, consciousness and planning of Early Intervention, they will continue on auto-pilot and underachieve. A key underlying assumption guiding this work is that mainstream providers make a contribution towards a genuinely comprehensive Early Intervention strategy in their locality.

Data Tracking through the cycle

Before looking at specific policies we think it vital, given the need to build a circle of complementary interventions, to share local intelligence on those who would benefit from interventions. Effective data tracking obviously needs to be based upon shared protocols and overcome legal (data protection) and technical issues. The objective should be to start the data-track in the GP surgery with confirmation of pregnancy and not 16 years later in the police station with the opening of a police record. This would enable (in this case) the GP to trigger an appropriate intervention to pre-empt any later problems. It would not of course involve placing a

young girl's medical or sexual history in some public or shared database. At every point in the 0-18 cycle an institution would initiate an intervention at least one step ahead of the normal reactive institutional response. For example, a secondary school teacher could ensure additional Sex and Relationship Education, rather than have a GP confirm a pregnancy two years later. One Nottingham is currently exploring with the Government and the Information Commissioner an early intervention data-tracking project to allow the triggering of interventions at the earliest point. We have to find a way through these issues rather than accept the bureaucratic interpretations of privacy and civil liberty arguments which were never intended to condemn large numbers of our constituents to poverty and underachievement by denying them the timely help they need.

The need for a National Assessment Centre

Under the general category of Early Intervention there is a broad range of schemes and programmes, all of which are well-meaning in their design and intention, but it is essential to identify what works best.

The US Justice Department faced a similar problem when it realised that, in the US, there were over 600 programmes concerned with violence prevention, Early Intervention, substance abuse, emotional development and similar issues. Its answer was to appoint the University of Colorado's Centre for the Study and Prevention of Violence to review all 600 schemes. This they did on the basis of an evidence base, sustainability, value for money, local applicability and other criteria. They identified their top eleven model programmes which they called 'Blueprints'. Globally, everyone can now be aware of the best tried and tested US schemes with the strongest evidence base for effectiveness in reducing violence.

In a similar vein, the UK's 2005 WAVE report, *Violence and What to do About It*, reviewed over 400 violence prevention and intervention

programmes against eight key criteria, asking to what extent they were early (at the point of intervention); pro-active; fostered empathy, attunement, and secure attachment; reduced violence, child abuse and/or neglect and underpinned by research. While many programmes offered excellent promise there was frequently a shortage of underpinning research, although WAVE were able to evaluate and identify 42 promising programmes.

In the UK, where local resources are scarce and there is limited room for local discretion, the selection of Early Intervention programmes must be exact. Help in establishing the best programmes in the field will save time and much reinventing of the wheel. The parallel is the National Institute for Health and Clinical Excellence (NICE), which provides a similar function in the health arena. The new Centre for Excellence in Outcomes (C4EO) directed by Christine Davies has been suggested as a possible focus for such work. An institution focussed on Early Intervention would help stimulate and drive a wide Early Intervention strategy. A national assessment centre for Early Intervention could ensure that the scatter of short-term funded pilots and projects which come and go could be distilled into a hard core of credible interventions far more likely to attract sustainable funding. This also makes possible the creation of a 'ready-to-go' package for local areas who feel they are ready to begin their Early Intervention journey and would feel more confident with a tried and tested journey, rather than having to take a mystery tour.

By targeting interventions on a) the early years of children's lives b) making up for any emotional lack (e.g. of attunement, empathy or attachment) they have already encountered c) making sure they succeed educationally in their first years at school and d) preparing them to be parents themselves, we are using the paradigm most likely to be effective in dealing with root causes of dysfunction in general. However, experience has taught us that, while an array of programmes are branded as Early Interventions to fit the paradigm, their genuine 'fit' and efficacy

must be established. We feel that an unimpeachable institution taking on this work is a pre-requisite for a wider roll-out of an Early Intervention strategy.

As part of our commitment to take this work into the political arena, we undertake to lobby all political parties to commit in their next manifestos to create a National Policy Assessment Centre to assess and recommend Early Intervention policies in the UK.

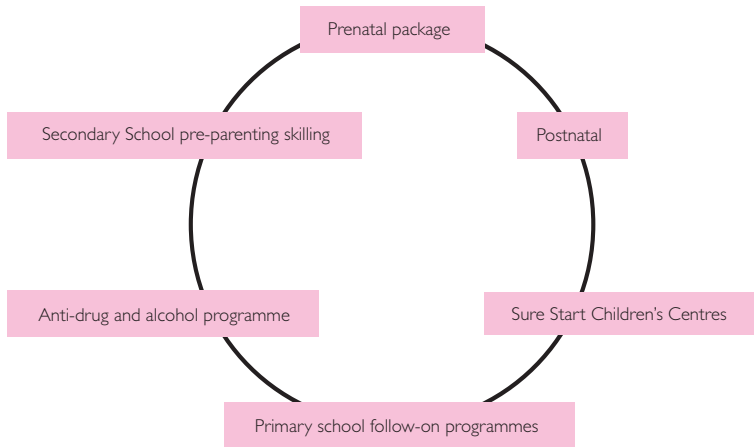
The foundation package for Early Intervention

After reviewing and identifying programmes that fulfil most standard criteria and score highly on delivery, we believe that a small number – we suggest six – must be specified as the *foundational elements* of an Early Intervention strategy. In other words, these are the minimum requirements for a policy framework for those aged 0-18 aimed at interrupting the intergenerational cycle of disadvantage. We name some of these programmes specifically, others we refer to generically, through their common elements. Some are single programmes, others represent major planks of current central government policy and local government education services and measures to reduce child poverty.

Our suggested foundational programmes are:

1. A prenatal package
2. Postnatal (Family/Nurse Partnership)
3. Sure Start Children's Centres
4. Primary school follow-on programmes, focusing on parenting support, language, numeracy and literacy, and the development of children's social competences
5. Anti-drug and alcohol programmes
6. Secondary school pre-parenting (i.e. pre-conception) skilling.

Their place in a virtuous cycle of intervention can be seen opposite:



A more comprehensive and mature 'circle' being developed in Nottingham can be found in Chapter 4.

No doubt experts and practitioners will and should argue for amendments and additions to this list, but as a basis for that activity we recommend it as a practical guide, especially for those who want to make a start in their own area now. It will allow them to take advantage of resources or programmes which are often in place already but may not be being used coherently or taken as a whole. A process of evolution towards an improved framework can take place once a start has been made and as resources allow. These six elements are truly foundational and are essential building blocks. This is because they are mainly what might be termed the *volume* approaches which impact on a high proportion of children in providing the best base for future parents. In the areas of greatest need it is entirely possible that almost every 0-18 year old will be touched by at least one intervention in the virtuous circle.

Volume programmes should act as society's preventative public health programmes, *filters* which catch most participants so that specialist

services are not swamped and can focus on the chronic cases. Equally, effective volume programmes take responsibility at the right time rather than passing the problem to the next age group. For example, if we ensure every child was school-ready at 5, then primary teachers can teach rather than be diverted to try to make good previous deficiencies. Early Intervention, with volume programmes, lets everyone do the job they were employed to do, rather than struggling to catch up, repairing damage done by earlier omissions. In many places, the whole chain of public services has been bent out of shape by having to compensate for large scale dysfunction which should rightfully have been dealt with earlier: primary teachers covering basic parenting, secondary teachers doing basic literacy and numeracy, young people unprepared for a family, learning on the job. Volume interventions can help realign this cycle so that most young people are prepared for being capable parents. Pre-school staff can focus on getting children school-ready. Primary teachers can concentrate on passing on 11-year-olds with the right reading and emotional capabilities for their age and secondary teachers can graduate young people with the skills to hold down a job and create good families of their own. In such a scenario, with everyone doing the job they joined to do, the specialist services can, in turn, re-focus to deal with the much smaller numbers who require their intensive attention.

1. A PRENATAL PACKAGE.

The prenatal package could be regarded as the first in the virtuous circle of interventions. However, it forms part of a continuum with all the other policies, the boundaries of which blur and overlap untidily. Looking ahead, once all the other intervention programmes have been implemented properly, especially the pre-parenting skilling of teenagers, the need for the prenatal package is reduced. As we reduce the occurrence of very early childbearing other aspects of the life cycle will also occur later, and will come after a greater level of maturity has been reached, thus enabling more effective parenting and a higher level of maternal responsiveness.

The inspiration for the prenatal package comes from Sweden but also from our own experience in the UK with the involvement of midwives in prenatal care. Sweden has long been regarded as an exemplar of prenatal practice. This is wholly separate from the help given to the mother once the child is born. Sweden has an extensive 'Mothercare' system in which public health organisations interact with the expectant mother from the moment pregnancy is confirmed. The objective is to provide the fullest support to all expectant mothers with extra emphasis on those who need additional support. This is a critical intervention, not least since many of the hard-to-reach individuals who are, at any other time, most resistant to public authority will respond when pregnant to a friendly and helpful midwife or health visitor who can then open the door to others later who may help, for example, with training or education. To put it in economic terms, it is the best investment opportunity in our human capital: all later investments are more expensive, riskier and give diminishing returns.

Nonetheless, if we are to use nursing services most effectively we will need to work closely with them to re-task midwives and health visitors, training them to be at least as active on the emotional aspects of maternal development as on the physical and nutritional aspects. This is one of the recommendations in the recent report from the Centre for Social Justice's Early Years Commission as detailed at the end of this chapter.

In addition, while local initiatives and Early Intervention projects at this point are incredibly effective and valuable, Government must be aware that this can only be effective against the backdrop of a sustainable midwife and health visitor service. Initiatives taken at the same time as Early Intervention nursing numbers fall would be swimming against the tide.

Other initiatives in this field include First Steps in Parenting, which focuses on prenatal preparation for parenting and provides around 50 hours of training to midwives, health visitors, social workers, childbirth counsellors, parenting educators, nursery nurses and childcare workers, to help prospective fathers and mothers build strong, nurturing relationships

with their infants. In contrast with typical prenatal and postnatal classes for new parents, which tend to concentrate on the physical side of baby care, First Steps in Parenting helps parents to recognise and develop their listening skills and to develop healthy ways of communicating with their partners as well as their babies. Because it focuses on the whole family rather than just the infant, the approach recognises the pivotal role of the father and helps cement the father-mother bond. Evaluation of results shows parents attending the classes were less anxious and vulnerable to depression, more able to enjoy their relationships with their partners and their infants, more confident and child-centred as parents, and equipped with a wider repertoire of skills in coping with the everyday ups and downs of family life than those who did not attend.

2. POSTNATAL (FAMILY/NURSE PARTNERSHIP)

Many excellent programmes and approaches have been created in this field including Circle of Security, the now defunct Sunderland Infant Programme, front-pack baby carrying, infant massage and Bristol Fathers to name but a few. However, one of the best evidence bases comes with Family/Nurse Partnership.

Last Year the Government funded 10 pilot studies of Olds' 'Nurse Family Partnership' (now called the Family Nurse Partnership in the UK), and this year have announced funding for a further 20 pilots, including one in Nottingham.

The Nurse Family Partnership Home Visiting programme (NFP) was set up by Professor David Olds at the University of Colorado to replicate programmes for low-income mothers having first babies. The programme is committed to producing enduring improvements in the health and well-being of low-income, first-time parents and their children. It bridges the period of pregnancy and up to two-years old. Pregnancy outcomes are ameliorated by helping women practice sound health-related behaviours, prenatal care, improving diet, and reducing the use of cigarettes, alcohol and substance abuse. Children's health and development are improved by

helping parents provide responsible and competent care for their children. Families' economic self-sufficiency is improved by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find jobs.

Home visitors are highly educated registered nurses, who receive more than 60 hours of professional training from the NFP Professional Development team. Nurse Home Visitors and families make a 30-month commitment to each other, following which an average of 33 visits are made per family. Visits begin during pregnancy (no later than at 28 weeks of gestation) and continue through the first two years of the child's life. The programme is targeted to support 'at risk' families and specific training is given in supporting parental behaviour to foster emotional attunement and confident, non-violent parenting. The visits last, on average, 75-90 minutes per family and there is a case load of about 25 families per nurse.

By contrast, typical UK health visitors are rarely able to afford more than 20-30 minutes per visit because their case loads are as high as 240 families. In addition to helping parents to attune emotionally with their children, and to use consistent and more appropriate discipline regimes, the US nurses help the mothers envisage a future consistent with their own values and aspirations; help them evaluate contraceptive methods, child care options, and career choices; and help them develop concrete plans for achieving their goals.

The Nurse Family Partnership is the most rigorously tested programme of its kind. Olds conducted randomised controlled trials in Elmira, New York (1977); Memphis (1987) and Denver (1994). Research demonstrated that NFP mothers are less likely to abuse or neglect their children, have subsequent unintended pregnancies, or misuse alcohol or drugs; and they are more likely to stop needing welfare support and to maintain stable employment.³⁵

Among its striking successes have been reductions in child abuse and neglect by 50 per cent in the Elmira study and reduced hospitalisations due

to non-accidental injuries by 75 per cent in Memphis. In Elmira, where 15-year follow-up data on children exist, the nurse-visited children had 50 per cent lower arrests, 80 per cent fewer convictions, significantly lower substance abuse with drugs, alcohol and tobacco, and less promiscuous sexual activity, than the control group. Mothers on the programmes had fewer subsequent pregnancies, greater employment and less use of public assistance.

Compared to control group-counterparts, families who participated in the Elmira trial exhibited a number of successes 13 years after the programme ended.³⁶

Low-Income Unmarried Mothers

- 69 per cent fewer arrests 15 years following the birth of their first child
- 44 per cent reduction in maternal behavioural problems due to substance use
- 32 per cent reduction in subsequent pregnancies
- Two year or greater interval between birth of first and second child
- 30-month reduction in welfare use
- 83 per cent increase in employment by child's 4th birthday

Children of Low-Income, Unmarried Mothers

- 56 per cent fewer emergency room visits where injuries were detected
- 79 per cent reduction in child maltreatment
- 56 per cent fewer arrests and 81 per cent fewer convictions among adolescents
- 63 per cent fewer sexual partners among the 15-year-old children

A follow-up study in Memphis with mainly black, urban families, when children were aged six, also showed many benefits. Pregnancies were down 16 per cent, there was on average a four-month longer gap before second children were born, relationships with partners lasted nine months

(20 per cent) longer, children visited by nurses had higher intellectual functioning and fewer behaviour problems (1.8 per cent versus 5.4 per cent were in the borderline or clinical range).³⁷

We should not forget that, while 100 young mothers will be helped in Nottingham when its Family Nurse Partnership is fully geared up, there are some 450 babies born to teenagers each year in the city. The challenges – not the least of which are financial – in moving from pilot to service are examined later, but a start must and has been made.

3. SURE START AND CHILDREN'S CENTRES

The pre-school years are the next stage of the intergenerational cycle. Sure Start Children's Centres are a one-stop shop for families and children under five years of age. They offer easy access to a range of services including early years learning, childcare, family health services, and advice and support for parents. They help to promote parents' ability to play with their children and develop their language and readiness to learn. This helps address the issues referred to in Iain's introduction on 'children who are not stimulated and sit in front of the TV interminably'. A recent independent evaluation report found that Sure Start was having a positive impact on the lives of children and families.³⁸ 2,906 Children's Centres had opened in England as of the end of March 2008. By 2010 there will be 3,500 Children's Centres, one for every community, fourteen of which will be in Nottingham serving over 15,000 families.

These provisions sit alongside the entitlement to a free nursery place for every three- and four-year-old from which 6250 children in Nottingham are today benefiting.

This is one obvious area where we need to achieve and embed an all-party consensus on Early Intervention and it is important that all parties commit to maintaining spending on Sure Start at its current level in real terms while subjecting such spending to rigorous review to ensure value for money.

We acknowledge there have been some academic evaluation reports criticising the fact that Sure Start facilities are used disproportionately by middle class parents and that services can be patchy, depending on the area and the people running them. However, in places like Nottingham North there are very few middle-class families and many in the area perceive that it has been an unprecedented boon to young working-class mothers. Yet the concern is that too many Sure Start Children's centres have, since being set up, drifted into concentrating on child care, providing less and less of the more challenging yet vitally important support and learning for parents to nurture their children in the early years. Many of those parents will previously have had very little support in their lives.

Sure Start was always a good starting point for a more holistic, family-centred approach to dysfunction. Its aims are laudable, to give children a better start in life by offering the whole family a 'one-stop' range of services, most of which were traditionally provided separately by health, education, employment and social services. The initial centres are being targeted at the 20 per cent most disadvantaged areas to act as a service hub within the community. Their offering includes classes on English as a second language, basic skills and parenting.

Up to March 2006 most Children's Centres have been developed from facilities that were formed from earlier initiatives for young children. Since then many have been established on school sites and/or have been brand new builds. Children's Centres enable parents to access childcare, advice, information and emotional support through networks built up through the centre. Centres in the most disadvantaged areas have more compulsory services than those centres established in less disadvantaged areas.

The 30 per cent most disadvantaged areas have integrated childcare and early learning, child and family health services, including antenatal care, outreach and family support services, links with Jobcentre Plus for training and employment advice and support for childminders and for children and parents with special needs.

Family Services Hubs

The hub system proposed in *Breakthrough Britain* is a ‘one-stop’ concept, placing facilities at the heart of communities to improve current community-based service provision and provide a greater degree of integration of these services. Such streamlining would optimise the efficiency and coordination of professionals and voluntary sector providers. Five ‘hubs’ have already been established, providing a good model for the proposal.

Hubs emphasise support for parents in their children’s first three years, with an expanded role for health visitors in preventing dysfunction in very young children’s cognitive and emotional development. Intensive home-visiting programmes, like the Olds Nurse Family Partnership would be implemented as a matter of priority.

Family services hubs would provide a key access point to a national relationship and parenting education individual budget scheme for couples and parents at key life stages (to reach 800,000 families annually once full capacity is reached). They could also be used to facilitate improved access to justice to separating couples.

(Specialised Family Services Hubs would include simplified access to disability support/services through, for example, mobile clinics.) Further information on how this would build on current Sure Start provision is available in the recent report from the Centre for Social Justice’s Early Years Commission: *Breakthrough Britain: the Next Generation*

4. A PRIMARY SCHOOL PACKAGE

‘School ready’

At present, in England, a profile of each child’s development and learning needs at the end of the Foundation Stage is used to inform Year One teachers about each child’s progress and learning needs. This initial profile,

however, comes too late for many children – especially in areas of poor home backgrounds - who have been forced into primary school because of their chronological age, completely unready for the environment and without the necessary social and emotional skills to get by at this level. This is precisely what you would do if you wanted to perpetuate rather than break the intergenerational cycle. The Foundation profile is not used to make a decision about whether or not a child should start formal schooling. A statutory framework about the early years from birth to five (Early Years Foundation Stage) is now in force, but because the UK uses an age-based, rather than a grade-based system, many children start off failing from the first day at school.

This situation has to be addressed by an earlier intervention in UK primary schools for those children who need it. Other countries recognise this problem: for example in the USA, 14 per cent of children were a year older than their class mates on starting school. In areas of chronic school unreadiness this concept should now be seriously considered and piloted in the UK. It is commonplace in Switzerland, Hungary, Germany, USA, Australia and Sweden. In Switzerland, an additional year may be spent in kindergarten, or in a ‘double’ first year primary class, with a smaller class size. One of the Swiss kindergarten’s prime functions is precisely this early diagnosis of incapability and a decision on its optimum resolution.

In the UK local education authorities should be allowed to choose to operate such a system so those areas with lower than average school attainment and poor social/emotional capabilities resulting from inadequate preparation in the early years of life can put this right at the very beginning of eleven, soon to be thirteen, years of education, rather than seeking ever more desperate and expensive remedies as school years proceed. School-entry tests of a child’s speech abilities, perception, skills, ability to understand numbers, quantities, motor skills, attitude to work, concentration, memory and social conduct are normally carried out in Germany, for example, by a school doctor. Special institutions have been

established for children who have reached compulsory school age (six years) but whose level of development does not yet allow them to cope with normal school. In Hungary the kindergarten phase has automatic progression except in cases where the teacher advises otherwise and the parents agree. Similarly in Sweden since 1998 it has been possible to postpone a child's entry into main school until they are eight years of age. To imagine that a central *diktat* pushing children into school when they are not ready is in any way of helping the child exemplifies a 'one size fits all' attitude, which fails to recognise the depth of some children's incapability. This must be put right at the easiest time in a child's life to do so, ideally before school starts.

If every child really does matter, then every three or four year old child should have a professional assessment to ensure that they are 'school ready'. If they are not, then help should be given at that point, including waiting a year to start school, *in order to save years of remedialism at school*. We will not enter the debate here about when to start academic teaching, but simply ask two questions. Firstly, which child is likely to achieve academically: the socially rounded and emotionally mature child or his or her underdeveloped and less stimulated friend? And secondly, which nations have the highest academic standards: those who hot-house children or those who develop the person first?

SEAL (Social and Emotional Aspects of Learning)

The most effective programmes to tackle antisocial behaviour and create tomorrow's best parents are accompanied by a strategy to develop children's social and emotional competencies through school-based direct teaching of the skills involved in pro-social behaviour. SEAL (Social and Emotional Aspects of Learning) is an example of such a programme. SEAL is England's answer to the challenge of building on successful initiatives in the US and elsewhere - PATHS, Second Step, Friends and a host of others - developed to promote children and young people's social and emotional competence.

As with all other interventions it is part of the package and not a one-off remedy. There is considerable evidence, described in more detail in Chapter 5, to show that the benefits of early support provided in the 0-5 age range can fade if they are not consolidated in the primary school years. Getting the basics of language, literacy and numeracy right in these years is essential, as is ongoing support for parents and educational measures to further develop children's social and emotional competences.

SEAL was felt to be of such central importance that its implementation in primary schools received the largest grant of any One Nottingham project in order to establish it earlier and deeper than elsewhere. This was because the SEAL programme directly addresses many of the issues described in the first two chapters of this publication – the lack of the empathy that normally regulates the way people behave towards one another, the inability to manage frustration and anger that leads to violence, and the restricted interpersonal and communication skills that lead to relationship breakdown. The programme helps children understand and manage their feelings, develop empathy and resilience, use appropriate social skills, set themselves goals and work towards them. It is based on themes, such as 'Relationships', or 'Say no to Bullying'. Each theme begins with an assembly. There are ideas to follow up the assembly in all age groups from 3–11 through games, discussion and small group 'challenge' tasks. There are also ideas for cross-curricular work, activities for children to do at home with their families, and staffroom activities to prepare the adults for the work with the children.

SEAL is a universal curriculum, intended to be made available for all children and now used (in varying degrees of intensity) in around two thirds of primary schools in England. In areas of social deprivation the SEAL curriculum can be given more time and support, and supplemented by the small-group intervention programmes that are also part of the scheme.

It requires considerable staff training and support. It recognises that the skills taught to children have to be applied throughout the day, in a

supportive context where adults practise what they preach. It uses engaging teaching methods and has clearly specified objectives for each age group. More than anything, feedback suggests that it has offered schools a genuine ‘whole-school’ approach and a unifying framework for the work they already do to promote children’s well-being.

The SEAL programme aims to achieve improvements on a number of fronts – behaviour, mental health, emotional well-being and improved learning. The Hallam evaluation carried out at the Institute of Education suggests that the initiative has been successful. Teachers perceived the SEAL programme as having a major impact on children’s well-being, confidence, communication skills and relationships. Improvements in literacy and numeracy standards in schools using the resources, moreover, exceeded those of schools nationally.

Obviously the excellent work of Primary SEAL needs to continue at secondary level and we propose later how one coherent course can do that. Capable, rounded children from any background can go on to succeed academically, those who are not will always struggle.

Additional interventions

If all these key foundational elements or building blocks were in place they would provide the framework around which other important interventions can be sited to maximise their impact. Examples of such additional interventions include

1. Primary School ‘baby awareness’ programmes e.g. ‘Roots of Empathy’
2. Early attendance programmes at nurseries
3. Programmes for children of prolific and persistent offenders
4. Accommodation and support for all single mums and babies
5. Pre-conception outreach
6. Early mentoring
7. Programmes for children who witness traumatic domestic violence.

This is not an exhaustive list and local communities will want to delete or add to it to meet their particular needs.

ROOTS OF EMPATHY

'Roots of Empathy' is a proven Canadian parenting programme for school children, currently being delivered with great success in Canada, USA, Australia and New Zealand. Although not yet piloted anywhere in the UK, it will be launched in the Isle of Man in Autumn 2008 and subsequently rolled out to all primary schools on the island. Its fundamental goal is to break the intergenerational cycle of violence and poor parenting. A neighbourhood parent, infant, and trained Roots of Empathy instructor make nine monthly visits to a classroom of children (and the instructors conduct 18 further visits without the family). Babies are aged two to four months at the beginning of the programme and about one year at the conclusion – so the children witness a period of enormous growth and development in the baby. Over this time, by having 'adopted' a baby as a class, the students develop empathy and emotional literacy by learning how to see and feel things as others see and feel them. They also have a better understanding of how babies develop.

As the programme progresses, the students become attached to 'their' baby as they observe the continuum of the infant's development, celebrate milestones, interact with the baby, learn about an infant's needs and witness its development. The programme also has links to the school academic curriculum. Students use maths skills to measure, weigh and chart the development of their baby. They write poems for the baby, and read stories that tap emotions, such as fear, sadness, anger, shyness. School children on the programme learn to relate to their own feelings, as well as recognise these same emotions in others.

Clyde Hertzman and Kimberly Schonert-Reichl at the University of British Columbia (UBC) conducted a number of projects to evaluate the Roots of Empathy programme. Their research shows reduced bullying and violence, a rise in pro-social behaviours, and more responsible attitudes to

pregnancy and marriage in children who have been through the programme. When children understand how others feel, they are less likely to victimise them through bullying. Ultimately, the goal is that they become more competent parents and less likely to abuse their children. Arguably every child should leave school trained in non-violent parenting and attunement with babies, and with the ability to nurture babies who will grow up with empathy

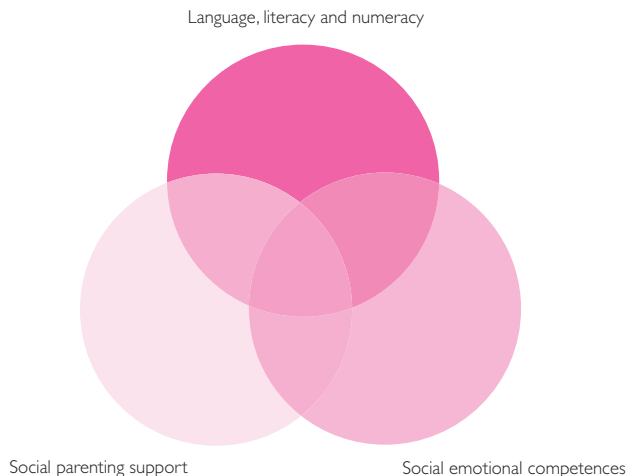
IMPACTS ON LITERACY AND NUMERACY

It is worth looking at the knock-on effects of better social and emotional competencies, for example, on attainment. This is at its most obvious in literacy and numeracy. The challenges of securing educational success for children who live in socially disadvantaged areas are great. Research shows that by the age of six a less able child from a well-off family will have overtaken a more able but poorer child in their school attainment.³⁹ By the age of ten the gap will be wider still. At each key stage students on Free School Meals (FSM) fall behind others within their peer group.

Thus, whilst school standards are improving overall, there is a ‘stubborn core of pupils at the bottom end of the scale [who] are being let down by the system.’⁴⁰ The distribution of these pupils is not even, and is strongly linked to the dysfunctional base of our society described in earlier chapters: 20 per cent of young people who fail to get any GCSEs at all come from just 203 schools in England, mostly located within two miles of a large deprived social housing estate, many examples of which can be found in both of the authors’ constituencies.

It is possible, however, to prevent the waste of talent in disadvantaged communities. Strategies are available which can address the needs of the ‘stubborn core’ – whose command of oral language skills is limited, who very often cannot read, who may struggle with basic mathematics, whose behaviour stops them from learning and who lack the ‘soft skills’ of communication and social interaction that make for success at school and in employment.

Diagram showing interlocking programmes and benefits



By the age of eleven it is much harder to tackle these young people's difficulties. Research shows, however, that intervention in the early primary school years, between the ages of 4 and 8, has a high and lasting impact. The need is for a holistic package of interventions, taking into account language, numeracy and literacy, but building on parenting support and social competences as the diagram below illustrates.

In recent years there has been a growth in the amount of evidence-based literature examining what these holistic Early Intervention strategies might look like in the primary school years. In *language, literacy and numeracy support*, schemes like 'Talking Partners', for example, have been shown to have a dramatic impact. This scheme, originally devised for those learning English as an additional language but equally successful for indigenous socially-deprived children who need help with oral language skills, provides small-group help for children aged four to eight, delivered by teaching assistants. Children work in a small group for twenty minutes at a time, three times a week. The programme enables them to make 18

months progress on a test of how well they can express themselves, compared to four months for a control group who had no intervention, after just ten weeks of intervention.

In literacy, ‘Reading Recovery’, an established, highly effective Early Intervention programme that is used across the world, enables children to make on average a gain of 21 months in reading age in four to five months of teaching – well over four times the non-intervention rate of progress. Once they have reached average or above average literacy levels for their age, those who have gone through the programme continue to keep up with their peers in later years. The programme provides short-term additional teaching for children who have failed to make any progress with reading and writing by the time they are six. They receive daily 30-minute individual lessons for up to 20 weeks from a specially trained teacher, alongside work to engage the children’s parents or carers in supporting their children’s learning. In maths, similar schemes exist that have equally strong impact; intensive short-term one-to-one tuition before the age of seven enable over eight out of ten initially very low-attaining children to achieve nationally expected levels in Standard Assessment Tests (SATs).

PARENTING SUPPORT

Parenting support in the primary years has a two-pronged focus – on parental involvement with their children’s learning, and on parenting to promote positive, pro-social behaviour. Parents’ involvement in their children’s learning is vitally important. A review by Desforges and Abouchaar showed that

...parental involvement accounts for at least ten per cent of the variance in academic attainment not explained by social class ...what parents do with their children at home through the age range, is much more significant than any other factor open to educational influence.⁴¹

The actions taken by a school to welcome and engage its parents can significantly improve the home learning environment, and it is important to supplement any literacy and numeracy strategies with parental involvement. We know that parents typically feel a stronger sense of connection with primary schools that they do with their child's secondary school. If we want parents to get involved in their child's education, it is important to start early. However, it can be incredibly difficult to engage hard to reach families in areas of high social deprivation. That is why the full circle of interventions is a key factor in breaking the cycle of disadvantage and underachievement.

'School Home Support' is an example of a voluntary sector scheme that helps break the cycle by recruiting and training members of the local community to establish contact and build relationships with hard to reach parents. Evaluations have shown improved attendance for pupils involved and significant increased parental attendance and involvement in school-based activities. The school-home support worker establishes a relationship of trust with hard to reach families by initially working with them to help resolve some of the immediate problems and crises that are preventing their child or children from attending school regularly and from being in a fit state to learn. This may involve signposting families to professional organisations that can support them. Once a relationship has been established, the school-home support worker is able to engage these parents in supporting their child's learning at home and at school by getting involved in what the school has to offer, including family learning and parenting groups that help parents manage their children's behaviour. This is similar to what is operating in Australia with home school champions.

Extensive international evidence has shown that parenting groups are both highly necessary and highly effective in combating the 'conduct disorders' (high rates of aggressive disruptive, oppositional, hyperactive behaviour problems and poor peer relationships) that have a prevalence as great as 25 per cent in primary schools serving areas of social

disadvantage. Parent training programmes with a particularly strong evidence base are the ‘Incredible Years’ programme, ‘Triple P’, and the ‘Strengthening Families’ programme for parents. The Incredible Years programme specifically targets the parents of four to eight year olds and provides a structured programme delivered by a highly trained health specialist or school-home support worker, working with a school-based teaching assistant or learning mentor. Parents meet weekly as a group over a period of eight to twelve weeks, and learn through video, discussion and ‘homework’ tasks, how to sensitively respond to the child’s needs, encourage desirable behaviour, and set firm limits consistently and calmly. Evaluation has shown that the rate of severe anti-social behaviour halved in children whose parents took part in the programme, while there was no change in a control group.

5. ANTI-DRUG AND ALCOHOL PROGRAMME

Even if primary school and any Early Interventions have been successful, the key care and maintenance issue which requires serious intervention concerns drugs and alcohol. There are a great number of schemes around to rehabilitate substance abusers and the overwhelming majority of funding goes into rehabilitation rather than preventative education. Once again, the big public bureaucracies have enormous budgets to intervene late in the ‘stock’ of problems and little or nothing to choke off the ‘flow’. We need a much wider and deeper educational effort to stop the supply of young people into drug and alcohol abuse in the first place. There are dozens of education schemes and the Government should now agree one model scheme, which should be adapted for use everywhere. As part of its Early Intervention strategy, the city of Nottingham has set itself the ambition of giving every 11-year-old an effective drug and alcohol course as the centrepiece of a wider set of measures in order to prevent them from lapsing out of ignorance into abuse. By adopting this volume approach, we hope to apply a filter, which will catch most young people and enable specialist services to deal more deeply with fewer cases.

An extra £750,000 from One Nottingham focuses around the drugs-aware scheme in the city's schools and is supported by activity on a ward-by-ward basis. Schools are undertaking universal drug and alcohol education for a minimum of seven hours per year and, in addition, identify pupils requiring targeted education. School-based health services provide early interventions with a minimum of one nominated member of staff trained in 'Ngage Assessment', working towards two to three members of staff in schools. Parents are involved in activities including graduation ceremonies. The drug aware award follows the five components of the 'Blue Print Scheme', the Government's latest programme on drug education, and the new ten-year drug strategy, 'Protecting Families'. By the end of the third year of rolling out programmes all secondary and primary schools are expected to have achieved 'drug aware status'. By intervening before abusive habits start, we are helping to remove the drug and alcohol triggers (referred to in Chapter 1) which perpetuate dysfunction.

6. SECONDARY SCHOOL PRE-PARENTING SKILLS

Just as being 'school-ready' is a milestone for a pre-schooler, so being 'child-ready' is vital for the teenage years, especially in areas of disadvantage where parents may not pass such knowledge on. The SEAL programme now developing in secondary schools is also intended to make a significant contribution to pre-parenting skills, in this case for teenagers. In order to become the good parents of the future, young people need to develop a set of skills that include how to make and sustain relationships, tolerate frustration, communicate effectively, manage conflict, and demonstrate empathy. These skills and qualities are as important as knowing about the technical aspects of reproduction, contraception and caring for infants that have traditionally formed the officially transmitted body of knowledge in this area. In an area like Nottingham North, with the highest level of teenage births in Western Europe, these traditional approaches and the confusing multiplicity of courses are clearly not working.

Young people also need to develop an understanding of what it is like to build and sustain a relationship, to have a family and look after a small child, of how babies and children grow and develop, and how parents can best promote this development. This learning is particularly critical, as Chapters 1 and 2 make clear, for those who may not have been able to internalise role models of effective parenting as a result of their own upbringing.

The time is right for national government to set the framework in which local councils, who want to tackle this long-term, can *bring together these teenage personal development programmes*. The existing secondary SEAL programme and the existing Personal, Social, Health, Education (PSHE) and Sex and Relationship Education (SRE) curricula need to be unified and consolidated in order to create a coherent pre-parenting offer *as part of the National Curriculum* to enable young people to break out of the cycle of social under-achievement. Tackling the roots of this problem will help pre-empt so much of the ever more desperate fire fighting of the later symptoms, including teenage pregnancy, poor relationships, low aspiration in school and for work.

Policy recommendations in a similar vein

The CSJ's Early Years Commission report *Breakthrough Britain: the Next Generation*, proposes a number of ways forward which we feel complement the practice above.

1. Family Services Hubs to be established in every community: facilities to enhance current, community-based service provision and enable a greater degree of coordination of professionals and voluntary sector providers. Such hubs would emphasise support for parents in their children's first three years. They would build on existing infrastructure wherever possible and recapture one of the most important original goals of Sure Start, which was to help ensure that children of all

backgrounds received the nurture and care from their parents which they needed to thrive

2. Fostering of families instead of fostering children, thus keeping children with their biological families if possible (by providing supported housing where this is a key reason for breaking up the family). Encourage older parents from the local community to act as extended family in whatever capacity is necessary (with training and back up from social services).
3. Enhanced role for health visitors in intensive home visiting (to be available nationwide) as well as revitalization of their role in providing a universal service which is non-stigmatising and preventative and better able to assess where nurturing deficits are occurring.
4. Enhanced support and training for professionals to include common inter-agency training, further integration and development of children and infant mental health services, co-location of services (partly facilitated by Family Services Hubs) and specialised programmes of training for all professionals whose work impacts upon children (which grounds them in the neuroscience involved in the very early years). This would, for example, make daycare facilities more child-focused, emotionally responsive and motivated to provide greater continuity of care.
5. Relationship and parenting education with all individuals, couples and families entitled to draw down money from a personal 'budget' to access pre-marriage, antenatal, and parenting (of 0-5s, 5-11s and teens) services. Additional streams also available for lone parents, prisoners, military and foster/adoptive parents.
6. Early Years Internet Portal to provide a one-stop-shop for information on funding, training, services, programmes etc.
7. Genuine choice for families in paid work and childcare, with a change in the rules to allow the use of childcare tax credit to pay un-registered close relatives (albeit at a lower rate) to reflect parents' preferences, and location, where possible, of childcare outside Children's Centres.

This would free them up to concentrate on delivering family support services and create a more level playing field for private, voluntary and independent sector nurseries.

8. Front-loading child benefit making it flexible so that a larger proportion of the child's total entitlement would be available during the first three years when parents most want to spend time caring for their children and when attachment and intensive nurture are most important. This would be linked where necessary to ameliorative services such as intensive parenting support, to greatly improve the life chances of children most likely to experience deficits in parental care.
9. Greater integration of information and service provision across all healthcare sectors, especially in mental and physical health and requirement to make improvements in the level of integration of services a key performance indicator in health services reviews.
10. Simple, broad-based media campaign, centred around the concept of a 'Neuron Footprint' to put awareness of the brain's development during the early years at the heart of the nation's thinking on all aspects of family, social and other influences on our young children.

All these recommendations complement or reiterate those made in the family breakdown section of the original *Breakthrough Britain*. This body of policy aimed to build family stability and minimise family breakdown by encouraging healthy relationships; by drawing on community-level support and reducing dependence on the state and, of course, by focusing on the first three years of children's lives.

Conclusion

There are a number of pre-existing Early Intervention projects which we can learn from and adapt to our local circumstances. We need to take care to locate them alongside the big spending budgets of the mainstream

service providers and to couple them with effective data tracking to ensure the earliest and therefore most effective interventions.

A National Assessment Centre will help pick our way through the options available and select the best foundation for an Early Intervention strategy. Central government must also move to fill the two yawning gaps in this field, look seriously at a system of assessment to ensure all children are 'school-ready' and create just one effective pre-parenting course for all teenagers within the national curriculum. If all these key foundational elements or building blocks were in place they would provide the framework around which other important interventions can be sited to maximise their impact and respond to place-specific local needs. We will turn to examples of such additional interventions in the next chapter. Not every policy can or has to be put in place simultaneously. This is not a multi-million pound, neatly packaged government scheme, complete with cheque. It is more likely to be the product of local evolution, and all the better for that.

This is not an exhaustive list and local communities will want to delete from it or add to it to meet their particular needs. However, whatever additional interventions different localities choose to pursue, they must make them a part of the Early Intervention package and plan rather than one-offs, unrelated government schemes, or pet projects. Coherence and ultimately incorporation by mainstream local budgets will mean the menu can continue to be provided for a generation. It will give the children born into families and neighbourhoods of low aspiration and achievement half a chance of breaking the intergenerational cycle. How these early interventions can best be delivered is the subject of our next chapter.

CHAPTER FOUR

Delivering Early Intervention

‘There are no quick fixes, no “one size fits all”, we need an integrated approach and a resolve that is shared by people across the political divide.’

Iain Duncan Smith

We have already described some excellent 0-18 programmes in operation in the UK and abroad with an Early Intervention rationale, but we now need to ask ourselves how we can ensure they are effectively delivered in a systematic way to tackle intergenerational underachievement. The biggest challenge in this area does not lie in the ability to articulate an analysis of the roots of dysfunction or the concept of the beneficial effects of Early Intervention (these have been expounded in Chapters 1 and 2), neither does it lie in the lack of good early intervention programmes: (which we have seen in Chapter 3) the toughest step is implementation. However there are already a number of examples of Early Intervention packages in real places.

The process of implementation is often untidy, compromised and resource-starved and nearly always requires a political undertaking. However, we cannot afford to wait for perfection. We have to work with the resources we have and make what progress we can, however imperfect that tends to be. Nowhere is this principle more evident than in local delivery.

Effective intervention requires the right structure as well as the right policy framework and programmes. In the UK we have traditionally come up with

a particular policy description, then sought to win over central government to adopt it and then impose it in a 'one size fits all' manner. However, as the authors know all too well, what is good for Chingford may not be right for Nottingham and vice versa. Centralisation brings with it the arthritic planning, target-setting, inspection and financial regimes of the centre, all of which regularly change on a whim from Whitehall. We do not doubt the good intentions of central governments of all political colours. However, clearly we have all failed and the ineffectiveness of the centralised approach is one of the reasons, and why we have come together to write this publication.

Most Western democracies have devolved constitutional settlements which give more power to regional and local authorities than in the UK. They often, correspondingly, have the financial independence at regional and local level to enable them to work sensitively. However there are other possibilities beyond public sector devolution: the Early Intervention approach in the USA, is much more influenced by the private and charitable sectors than in Europe. For example Colorado's Invest In Kids (IIK) initiative, which promotes the Nurse Family Partnership and the Incredible Years teaching programme is driven by a small dedicated group of corporate lawyers keen to make a difference.

However, we are not prescribing one approach to the exclusion of any others. The sad truth is that there is plenty of underachievement to keep public, private and voluntary sectors, centralised and devolved, busy and working in partnership for many years to come. As our examples prove, there is no need to have a rigid formula for delivery – the key thing is to have the analysis then the political commitment to make it happen.

Role of the voluntary sector

There is an increasing consensus that government cannot successfully resolve the most serious social problems on its own. Often the voluntary sector's people-centred approach is more effective for empowering the most vulnerable people. Many of the current best practice interventions

were introduced by the voluntary sector, either in this country or abroad. The optimum solution may often involve a blend of the voluntary sector with national and local government, working in partnership to ensure the most at risk families are given the support they need to enable them to give their children the nurture, skills and support *they* need to grow into fulfilled, healthy, productive citizens and future parents. However, they have to be given the space, sustainable funding and not be seen as competition or ‘not under our control’ by the public sector.

The importance of the voluntary sector is likely to increase rather than diminish as more and more vulnerable people need support. Therefore, we believe any new structures and approaches to the problem need to be implemented in partnership with key members of the voluntary sector. We would also refer policy makers to the publication *Breakthrough Britain* which, in its chapter dedicated to the role of the ‘Third Sector’, lays out a number of reforms that would improve the ability of the voluntary sector to deliver on this agenda. (This report is obtainable to buy at www.amazon.co.uk and to download at www.centreforsocialjustice.org.uk)

Local Delivery Vehicles

While there are a growing number of examples of places which are beginning to implement early intervention programmes – for example in Scotland, the Metropolitan Police area and the London borough of Tower Hamlets – this chapter presents two practical examples, where local progress has been delivered, Greater Littleton in Colorado, USA and Nottingham in the UK. They were driven by events or personalities, rather than by some theoretical organisational model. Looking at them side by side might seem like comparing apples and pears, but it is interesting that Colorado and Greater Littleton are comparable in geographical size to the UK and Nottingham respectively and both localities responded to an urgent need. Greater Littleton, a suburb of Denver, lies next to Colombine, whose tragic shootings shocked its neighbour into an Early Intervention

programme. Similarly, Nottingham, at the bottom of several deprivation league tables, tired of repeating the same failed late intervention policies, is aiming to turn itself into ‘Early Intervention City’.

GREATER LITTLETON – COLORADO

Greater Littleton can justly claim to be a part of the Early Intervention capital of the world. As a suburb of Denver it is on the doorstep of the headquarters of David Olds’ Nurse Family Partnership. It lies close to the nerve centre of Invest in Kids (which promotes NFP and the Incredible Years teaching package throughout the state) and to the University of Colorado which is the National Policy Assessment Centre for Early Intervention programmes.

The City Council hosts and is the major funder for the Greater Littleton Youth Initiative (GLYI) which is a large community collaboration. It has, over the last 8 years or so, agreed to implement an Early Intervention package of six of the ‘Blueprint’ programmes (identified as effective by the University of Colorado, referred to in Chapter 3) in the Greater Littleton area, which is roughly the size of the city of Nottingham. They are:

- Nurse Family Partnership
- Incredible Years Parenting Programme
- Big Brothers/Sisters of America, a mentoring programme that has been running for one hundred years
- Life Skills Training, a school-based drug use prevention programme
- Functional Family Therapy, a therapeutic programme for at risk youth and
- ‘Bully-Proofing your School’, a bullying prevention programme which raises teacher/parent awareness and develops a positive, caring climate within the school

Some years after the inception of the programmes they began to undertake outcome evaluations for four of the six programs: NFP, Incredible Years, Life Skills Training and Functional Family Therapy. So far the outcomes look good and indicate that all programs have made a positive change in

the community. However, as Kay Wilmesher, the programme manager at Greater Littleton Youth Initiative says,

We are very much a work in progress. What makes our collaboration so unique and strong is that we are focused on implementing and sustaining the effective, Blueprint programs. Our program is well embedded in the community, particularly with our politicians and decision makers.

LOOKING AT THE WIDER CONTEXT IN COLORADO – INVEST IN KIDS (IIK)

Invest in Kids Colorado recommends just two programmes: the Nurse Family Partnership and the Incredible Years Parenting Programme. To carry out its mission, Invest in Kids has employed a three-part strategy:

- Identify high quality, research-based programmes
- Facilitate the implementation of programs in communities across the state of Colorado
- Promote sustainability of programmes so that they are not short-lived and therefore highly limited in their effectiveness

What is novel about IIK is not the programmes it uses, but the way it has brought together philanthropically motivated corporate lawyers and community leaders in the promotion and implementation of early prevention and Early Intervention strategies at a local level. It focuses on children aged 0-5 and aims to facilitate the implementation of programs in communities throughout Colorado. If there were a UK equivalent, it would be like an organization networking all local council leaders across this country to propagate an early years approach. It is surely not beyond the central government in the UK, or even the Local Government Association, to consider testing this idea by creating an Early Intervention leaders network within the UK.

NOTTINGHAM – EARLY INTERVENTION CITY

Over the past few decades Nottingham has suffered severe industrial decline and the concentration of disadvantage in the city has been compounded by its tight Victorian city boundary. This demarcation includes the inner city and outer former council estates, but excludes any suburbia and greenbelt. As a result, 62% of the city's under-18s live in families where no adult works or where the total household income is less than £16,500. More than 10% of 11-year-olds left primary school in 2005 with a reading level at or below that of the average seven year old. Graham Allen's constituency, Nottingham North, has the highest teenage pregnancy rate in Western Europe and, at just 8%, the lowest proportion of people going on to higher education. These adverse circumstances marked it as an ideal but tough candidate to pilot test a set of focused intervention programmes. Arguably, if Early Intervention can work in Nottingham it can work everywhere in the UK.

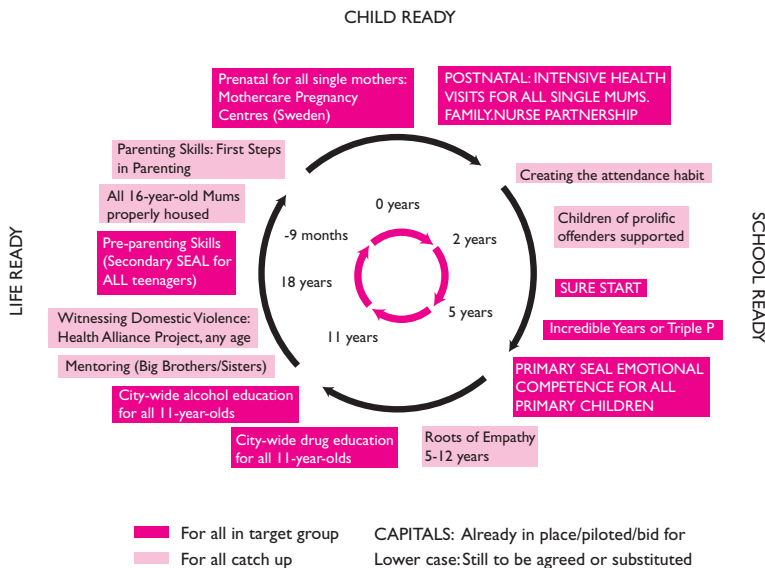
Some history of its journey to becoming the UK's first Early Intervention city should be instructive for other potential local champions of this approach. In November 2005 Graham Allen MP was appointed to chair the Local Strategic Partnership which needed a fresh sense of vision and direction. The LSP pulls together all local partners from health, police, schools, business and the voluntary sector. It was soon renamed One Nottingham and in March 2006 set out a clear vision for itself of developing and executing an 'Early Intervention' strategy to tackle the causes of deprivation and underachievement in the city. After 30 years of unsuccessfully tackling the symptoms, the board of One Nottingham (mainly comprised of senior leaders of public, private and voluntary sector bodies) knew that it needed a different approach.

Developing an Early Intervention strategy was a slow process for One Nottingham as there was no guidebook and this was a pioneering effort - a genuinely local attempt to work out a way to end the intergenerational cycle of disadvantage.

Through the first year, One Nottingham used its small budget and those

of local partners as ‘magic dust’ to initiate and assist in the rollout of a number of initiatives. These ranged from the funding of SEAL (Social and Emotional Aspects of Learning) for every primary-aged child to match-funding (with the Home Office) an Intensive Family Support Programme (known locally as the ‘50 most difficult families’) to the only LSP-led ‘welfare to work strategy’. Mainstream partners introduced other Early Intervention initiatives such as Reading Recovery. As work and learning continued, the ambitious goal of launching Nottingham as ‘Early Intervention City’ was set for April 2008. At this point a wide range of policy interventions were being discussed across the partnership. By the time of the recent launch, a group of key programmes were in place, others will soon be implemented and mainstream local programmes and workforces are gradually moving towards functioning with an Early Intervention paradigm. The programmes in place and planned are illustrated in the ‘virtuous cycle’ below.

Early Intervening Skills Package: by age, intervention and aim



Nottingham's 'virtuous cycle' draws on a core menu of foundation interventions or building blocks similar to those set out in Chapter 3, which provide the framework around which additional important interventions can be sited to maximise their impact and respond to place-specific needs. These additional local interventions will initially be funded by One Nottingham, normally for three years, on the strict understanding that thereafter, the projects are mainstreamed. They include:

1. Creating the attendance habit early.
2. Programmes for children of prolific and persistent offenders
3. Accommodation and support for all single mums and babies
4. Pre-conception outreach
5. Mentoring pre-teens
6. Programmes for children who witness traumatic domestic violence.

1. Creating the attendance habit early

If children and parents are to benefit from Early Intervention policies it is essential that they are present and attending the institutions delivering those policies, particularly during the school years. To form and maintain these basic disciplines and habits requires a serious effort to ensure regular attendance by parents and children at the earliest possible moment, for example at nursery and Sure Start Children's Centres. If these habits are maintained then the target group can benefit immeasurably from being present, learning and growing in the different environments. Large scale absenteeism will massively undermine the 0-18 effort. A proposal on how this can be encouraged, tracked and maintained in Nottingham is currently being negotiated.

2. Children of prolific and persistent offenders,

The children of prolific and persistent offenders are potentially more likely than any others to repeat the intergenerational cycle unless effective intervention is made at the earliest point in time. One Nottingham has

worked with the probation service, the police, the Crime and Drugs Partnership and the charity Place2Be to identify the children of prolific and persistent offenders. These agencies have ascertained that the number concerned is a very manageable sized group of young children and they are being funded, starting in 2008, to deliver nursing, school and other interventions to this small group of children and their parents. They are linking it to the pre-existing and successful Intensive Family Support Scheme, created by matched funding by One Nottingham and the Home Office Respect unit.

3. Accommodation and support for all single teen mothers and babies

Another key group to break out of the intergenerational cycle are the babies and children of isolated teen mums in bed and breakfasts. It is desperately hard for a young life to begin successfully in bed and breakfast accommodation with perhaps just an isolated 16-year-old single mother to support the child's needs. One Nottingham is currently helping Whitehall to create a package to ensure these children have appropriate accommodation and support services including the teaching of effective parenting to the mother. Whitehall is currently 'mapping' existing approaches and bids for the scheme are expected to be opened in November 2008.

We are very aware of the need to tackle the problem where single mums are left to fend for themselves and their young baby in B and Bs and council accommodation. They need to be helped to cope, as well as simply provided with accommodation. Projects such as Save the Family are especially important in such situations as they put single mums into a community where a mother figure can help teach them the essential life skills they would otherwise be lacking.

4. Pre-conception outreach

We know that children's potential can be greatly affected by what happens even before conception as well as during their time in the womb. We know that less healthy mothers have been shown to have less healthy pregnancy

outcomes, which sometimes leads to ill health in later life in their children (according to the 'Barker Hypothesis', a theory which states that reduced fetal growth is strongly associated with a number of chronic conditions later in life.) This increased susceptibility to conditions which include coronary heart disease, strokes, diabetes, and hypertension results from adaptations made by the foetus in an environment with a limited supply of nutrients. What applies to physical health is at least as pertinent to mental and emotional health of the potential mum-to-be and her ability to transmit emotional wellbeing to any future baby.

Nottingham is encouraging pre-conception counselling and advice for the city's most disadvantaged young people, particularly girls thinking about pregnancy or who are or have been pregnant. The objective of the scheme is to equip young girls with as much information as possible in order for them to make sensible choices and avoid repeating the mistakes of previous generations.

Nottingham's 'pre-conception' plan includes a community programme for raising awareness amongst young people in each Children's Centre throughout the City which encompasses healthy eating and lifestyles, reducing drug and alcohol use and smoking cessation services for young people. It links with their Children's, Young People's and Mothers Nutrition action plan which covers Vitamin D, dental health promotion and Children's Centre dietetic developments. In addition, a named health visitor (or midwife) will be deployed in each Children's Centre on 'pre-conception' support to lead and be a referral point for all young people being referred to them for advice from other services. These will be backed up by a 'pre-conception' team, including NHS health visitors, midwives, school nurses and primary care staff to give advice and counselling. More specialist input will include existing GP services and other specialist teams (such as a haemoglobinopathy team and genetic services) for additional specialist input for mothers-to-be with concerns about future children's health. As with all good partnership working, the intention is to make it everybody's business by making sure that all appropriate community

interactions (family planning, sexually transmitted infection consultations and young people's interactions with local authority and primary care trust staff) would include elements of advice and support for pre-conception approaches to young peoples' health and future maternal and paternal health. All professionals working in these centres will have direct access to extra NHS staff who could provide the required pre-conceptual counselling for anyone seeking that input.

The 'interventions' that all professional staff undertake with potential mums-to-be include emotional aspects such as how to deal with their own frustration when babies cry as well as issues surrounding loving parenting. What is really challenging, however, is to make the huge changes in skills necessary, which is what Family Nurse Partnership (see Chapter 3) will help to effect. One Nottingham is talking to its health partnership, especially the Primary Care Trust and offering financial and partnership support in this work.

5. Mentoring pre-teens

Mentoring schemes have an excellent history with teenagers but One Nottingham and the Crime and Drugs Partnership want to move the emphasis of this intervention earlier. Having mapped current mentoring, they are designing a programme to ensure that younger children, 12 and under (pre-teens) are mentored by role models, particularly where a male role model is missing from the family. Graham Allen has said

In some parts of the city of Nottingham, there is an entirely matriarchal culture, and no male in the house. Often, the male role is insemination and not child rearing.

They have been particularly inspired by a mentoring package modelled on the Big Brothers/Big Sisters scheme in New York which has a 100-year evidence base that finds male role models to fill the void left by missing fathers. The proposal, costing some £750,000, will commence in autumn 2008.

6. Programmes for children who witness traumatic domestic violence

Drawing on pioneering work in Ontario and Sutton, the Crime and Drugs Partnership in Nottingham is implementing from August 2008 an intervention so that those children who have witnessed traumatic domestic violence can be assisted at the earliest possible opportunity to mitigate as far as possible the long term effects of what they have seen and experienced in order to reduce long-term damage. There are 393 Nottingham children living in high-risk households and group work is offered between the ages of four and sixteen. 'I no longer believe I'll turn out like Dad,' said one boy. Once again this is a group of young people who if not helped quickly are statistically more likely to repeat the intergenerational cycle in their own behaviour.

Tying the package together

In developing Nottingham's own package of Early Interventions it was vital to ensure convergence with the many other local strategies and plans. The key breakthrough is that One Nottingham and the local council are now producing their Local Area Agreement in partnership with central government. The LAA is a three-year plan of action for the city. Government has asked that Nottingham's LAA is themed on Early Intervention and will be a national demonstration area for such an LAA.

Their journey towards effectively tackling the roots of dysfunction has well and truly begun. If we can get to kids not when they are 16 years old, but when they are 16 days old, by helping the parents who are struggling, then we can start to crack these issues. Primary school OFSTED inspections tell us that too many children arrive at school on day one, unable to speak in a sentence, unable to recognise a letter or a number and unable to resolve arguments without violence and that is due to a lack of effective parenting skills. There has been an atrophy in the transmission of parenting skills between generations and, as a result of the decline in the family unit, the unconscious teaching of parenting and the socialisation

that used to happen naturally, has ended. Sources of inspiration for parenting in working-class former council estates in Nottingham have diminished. Many parents are doing a brilliant job, but in some homes the child is strapped in a pushchair and pointed at a blank wall during those precious, irreplaceable first two or three years. It is a wasted opportunity, for which they and we pay the price over successive years. Through our Early Intervention strategy we are saying we understand that and we are setting about changing it.

Conclusion

So, difficult though it may be, there are real places pioneering comprehensive Early Intervention strategies. However, if we are really to break the intergenerational cycle of underachievement in our poorer communities more widely than these examples, then Early Intervention strategies have to become the standard rather than the unusual. Hence we need to look to national politics and central government to take the lead and set the expectation.

In the final chapter we will look at how this can happen.

CHAPTER FIVE

Early Intervention: A Guide for Government

'We will still swat the mosquitoes, but now we are draining the swamp too.'

Graham Allen MP, Independent Chair of One Nottingham

So far, we have looked at the rationale for a coherent Early Intervention strategy, then at some of the programmes that might form part of such a strategy, and at examples of implementation.

This final chapter examines ways to convert analysis, policies and commitment to Early Intervention into a national policy to interrupt the current dysfunctional cycle – a war on underachievement. We need to develop practical structures for government and rise to the inherent challenges presented by the political dimensions of implementation. At the end of the chapter we have some initial suggestions on how we, as authors and as politicians, should help take this forward.

We have argued that success requires not only the right policy framework but also a significant shift in culture and the adoption of proactive instead of reactive approaches to many of today's challenges.

Only parents can deliver

Effecting profound change in human outcomes can be fostered, encouraged and supported, but not forced. When it comes to transforming

infant and early childhood care, government must create the circumstances and environment that facilitate success. However the duty and privilege of achieving that success lie with the parents or primary caregivers. To enable today's children and young people to have the abilities to discharge their duty as *future parents*, our focus must be on *their* needs. Success requires us to view our current children and young people as sources of the solution of dysfunction rather than as the problem, and then to do whatever is necessary to enable them to create a healthy society. The task may appear to be enormous, but is certainly possible. It will involve an interrelated series of preventative measures and intervention programmes. To be successful it would be led in every home by an army of effective parents.

Government should be aware that, while the approach is proactive and pre-emptive, it must be in addition to, not instead of, the more reactive 'fire-fighting' needed for specific immediate problems. For some considerable time we should, to use a public health analogy, expect to still be swatting mosquitoes while the work of draining the swamp gears up and proceeds.

However, the main purpose of this final chapter is to guide those who aspire to government on what they must do to progress an Early Intervention strategy and to overcome some of the key obstacles which await them.

1. Accepting the concept

We hope that we have gone a long way in our central task, to convince government that Early Intervention is good public policy and that continuing with late intervention has no sustainable future. The two public policy strengths of Early Intervention are firstly that it is *less expensive* and second it is *more effective* than late intervention.

It is no longer viable to take ever increasing amounts of taxation from the public to deal with the ever increasing impact of failing to intervene

early. There are massive public policy issues here which governments of any complexion must confront. We refer to Bruce Perry's work in Chapter 1 which indicates that, without policy changes, the number of people requiring expensive late intervention is going to increase massively.

Putting this very simply, every politician should know that even were we to pauperise every tax payer there would not be enough tax revenue available to meet this ever-growing demand for expensive late intervention such as drug rehabilitation, prisons, the criminal justice system and a lifetime on benefits. A serious reappraisal of public expenditure and public policy is required and a recognition of these trends debated openly.

To help place this at the heart of the public policy debate we will ask that *all political parties commit now to theme the next Comprehensive Spending Review, the UK's three year spending plan, 'Early Intervention CSR'*. Accepting this at this early stage will mean that steps can be taken now to initiate the serious treasury research and planning which always precedes a CSR. This will be resisted by the massive vested interests which absorb ever-larger amounts of public sector income. However, even here large bureaucracies can be convinced that they can continue with their necessary day-to-day remedial work while pursuing a long-term strategy to eradicate the causes.

As examples in Chapter 4 demonstrate, Early Intervention investment is massively cheaper than late intervention, as well as being much more effective. For example, the costs of comprehensive drug and alcohol education for every 11-year-old in Nottingham would be seriously lower than meeting the costs of a dozen people on drug rehabilitation, each of which costs around £200,000 per year and most of whom will re-offend. Or suppose that we help a young mother and a toddler with a £1000 worth of health visiting at the time she and her baby need it most: that makes more sense than waiting 16 years in order to pay £230,000 to incarcerate that baby in a young offenders' secure unit for a year when he has gone astray.

It might be excusable to wait years and pay massively more if late

intervention were more effective than Early Intervention. However the returns on late intervention are meagre. This is despite often heroic efforts from agencies and ever more elaborately targeted schemes. For example, of those who complete a Drug Treatment and Testing Order (DTTO) 53 per cent are reconvicted and a study in 2003 revealed that six months after being in contact with a Drug Intervention Programme, 28 per cent of users actually showed *increased* offending. In fact, reconviction rates for all offences are unacceptably high with 67 per cent of offenders having previously served prison sentences, demonstrating that remedial custodial sentences are largely ineffective. Adult basic skills remediation yields poor returns. Comparable statistics are available on those excluded from school, bad neighbours and the hard to employ. *The policy of late intervention is a failure.* It is a policy option trying to overcome inadequacies, dysfunction and lack of social and emotional capabilities which have had years to establish themselves as the hardwired norm and are highly resistant to change.

Public institutions which run the expensive programmes designed to mitigate these symptoms will fight to retain the ever larger budgets of failure. The key argument to deploy here is that Early Intervention would reduce the volume problem and allow them to focus on smaller numbers who really require specialist help. Effective early intervention filters out the majority of problems. In doing so it frees up public servants to focus on the job we thought we paid them for: turning teachers from crowd control managers back to inspirers of learning, police from anti-social behaviour wardens once again to catching serious criminals. For all of us, Early Intervention can reduce the supply of dysfunctional people to manageable levels.

LATE INTERVENTION DOESN'T WORK

All parties are beginning to see the inevitability and necessity of change. For example, throughout the drive to build Nottingham as Early Intervention City, no national or local politician doubted this financial and

effectiveness rationale for Early Intervention. The Prime Minister in his personal message of support to the launch said:

Intervening early before problems develop is vital to helping all children reach their full potential, giving them every opportunity to achieve the best for themselves and then to go on and reproduce that for their own families – a virtuous circle of aspiration and achievement replacing an intergenerational cycle of low expectations and wasted talent.

Many other national and local politicians, of all parties, have made similar remarks. In his speech to the Local Government Association in 2007 David Cameron said

...ask a primary school teacher with a class of 5 year olds, which ones are likely to be in trouble with the law in 5 or 10 years' time – and chances are, the teacher will be able to tell you with total accuracy. So given this, why do we wait until kids are 10 or 15 before we try to intervene? Why do we wait till the problems have got worse, and the kids are bigger and more angry and more upset?... There is a depressing journey too many of our young people take – a journey of three letter acronyms. From an EBD unit to a PRU. From the PRU to a YOI. And finally to an HMP. Early intervention is the best hope we've got to get people off this journey.

Similarly, at civil service and local officer level, understanding is growing. There can be few public servants who relish the intergenerational 'Groundhog Day' of ever-repeating cycles of family dysfunction. Nottingham's Local Area Agreement, the jointly authored central and local plan, is themed around Early Intervention so every institution is officially expected to play its part in delivering Early Intervention. As stated earlier, Whitehall has designated Nottingham as a demonstration LAA for the UK

on Early Intervention – such official recognition is often needed to release the creativity of local officialdom cowed by 30 years of centralised target-setting. An Early Intervention LAA makes implementing the policy everybody's business.

A modest way in which central government could add momentum to roll out a nationwide Early Intervention strategy could be by learning from the journey and effort undertaken in Nottingham and to listen to the voluntary sector, who are crying out for concerted support. After all no government agency

could survive on such short contracts as the voluntary sector have to. This would give formal permission and encouragement to every locality to open up its thinking on how Early Intervention could be applied by them. Beyond government there is a wealth of experience in problem solving which is left to 'survive' often in tiny pockets away from the gaze of the central planners. *Central government should ask every local council and/or Local Strategic Partnership to produce a short Early Intervention vision for their area.* This could meet national criteria, for example, on impacting intergenerationally, but be highly sensitive to local needs and circumstances. They should be asked to seek out and discuss the plans with their local voluntary and community sector before reaching any conclusions.

It is said that action to pre-empt problems is not electorally appealing, that electors want only to see 'tough' measures against offenders and anti-social behaviour. We believe this over-simplification no longer applies even if it ever did. Our experience, as constituency MPs for example, is that people

In polling undertaken for *Breakthrough Britain: the Next Generation*, of those expressing an opinion, 74 per cent of parents (and 62 per cent of adults) agreed that the present government's policies concentrate too much on punishing anti-social behaviour rather than tackling the causes of behavioural problems'

YouGov polled 2827 expectant parents or parents (27-29 May 2008) and 2337 adults, not just parents, (11- 15 July 2008)

understand that action to stop youngsters 'going wrong' in the first place makes more sense than letting anti-social behaviour or crime happen and then convicting only a sliver of offenders. In 2006/2007, for example 5,428,273 offences were recorded across England and Wales, but only 6% of this figure (302,190) were convicted at either Magistrates or Crown Court. We believe the vision of a better way forward would be attractive to an electorate inundated by the local and often personal consequences of anti-social behaviour and the social and financial costs of failure.

Far from taking on a political liability the party (or, hopefully, parties) who commit to Early Intervention will find they have a mission which is popular and increasingly understood by the electorate. Our argument will of course be so much more powerful if put forward by all parties, and this would have an immediate impact on the quality of political debate.

A WORD ABOUT SAVING TAXPAYERS' MONEY

One further point to briefly mention here is long-term funding. Most of the initial piloting of Early Intervention projects can be funded from local and short-term funds. However, once pilots have proved themselves they need to become permanent and to be delivered to all those in need. There have been too many brilliant schemes that sparkle and are then extinguished because short-term funding runs out. That way has raised and then dashed hopes. Central government has been the worst culprit, often annually changing levels of funding and assessment criteria. Perhaps the answer lies in the money markets, whose only interest lies in a good return (which Early Intervention can certainly deliver). Graham Allen is currently exploring with the Treasury, the City of London and national-level voluntary sector the possibility of funding a generation worth of Early Intervention by borrowing now against the massive savings (for example in benefits and criminal justice costs) that it will achieve. There are obvious questions which are being addressed. Who would underwrite such an undertaking (central or local government, or free-standing trusts)? What, if any, government borrowing rules need to be replaced to

allow the initial funds to be paid from the markets? How would the savings of Early Intervention be measured? How would the savings be ring fenced and collected? This work is at an early stage but the signs that the appropriate financial instruments can be devised are good. As we have demonstrated previously, Early Intervention, far from being a drain on public finances, actually saves billions of pounds, which can be put to more productive uses than financing the costs of failure. It is continuing with late intervention that is profligate and unsustainable.

We will of course pursue our entrepreneurial work in this field, however, this groundwork could all happen much more quickly if, as we urge, a *modestly funded multi-departmental study, led by the Treasury and Cabinet Office helps to research and explore a form of financial instrument which could be devised to borrow against the future savings of Early Intervention.*

For a relatively miniscule investment in working out the best financial instrument to deliver this there will be a monumental pay-back to Government. The alternative – ever-larger bills for police, prisons, drug rehabilitation, health, remedial teaching, housing, and a raft of public services, bloated welfare bills, and a poorly qualified workforce with diminished productivity, falling further and further behind our international competitors.

The need to devise such an instrument has become all the more acute at a time of economic downturn, which threatens simultaneously to reduce tax revenues and increase the number of welfare claimants and other social and economic casualties. In such a climate national and local government will find themselves under intense pressure to spend a diminishing pool of public money on ever more voracious short-term remedial programmes. Good government should insist on long-termism and effectiveness.

2. Only a cross-party approach will deliver

The challenge we are facing is massive and making sure that this current generation reverses the social trend towards increasing levels of

dysfunction is both too important and too long-term to be a matter for any individual political party. We are right to expect that our politics should be up to the job of meeting the big challenges. Just as we need to unite on global warming we must be together on tackling its human equivalent – the ‘social warming’ of the dysfunction evident in so many areas of modern life. We have demonstrated the intergenerational nature of both the problems and the solution. Investing for such long-term payback will need the commitment not only of the present Government but also of all those likely to be in power nationally and locally during the next 20 years.

In Nottingham Early Intervention is not a party political issue. To their great credit, the Labour, Conservative and Liberal Democrat parties all understand the concept and have been supportive even when negativity or ‘credit claiming’ would have been easier. Of course there will always be differences of emphasis but there should be a unity of objective and ambition.

Yet our parliamentary politics and media pressures are uniquely destructive of thoughtful debate. The tendency to ‘sound bite’ for the short-term horizon of the media will never be conducive to serious discussion on matters of long-term public policy. Both authors have been quick to speak out against easy headlines generated by political figures from within their own parties such as ‘hug a hoodie’ or ‘ASBOs on embryos’. The political class must do better and live up to its onerous responsibilities by leading a sensible national conversation on tackling our long-term social ills. When the cohesion of society is at stake, we need to be as desperate to find what unites us as we are to play up what divides us! That is one of the reasons we are jointly placing our thinking in this text and promoting it equally with the leaders of all the main parties. We remain open to ideas on how we could progress this from an all Party Commission to a simple joint statement of intent from all Party leaders.

What is clear is that a genuine and stable cross-party approach would need to be more than pious or naïve platitudes. To remove the subject from party politics will require an agreed policy framework regarding the

methods to be employed in applying the investment to actual programmes. Perhaps an evolving and iterative process of consultation among the parties and selected non-political professionals would be required during the evaluation of various forms of Early Intervention programmes. Such an all-inclusive approach would have the effect of levelling the playing field between political parties by removing an 'Early Intervention' policy framework from any ballot box influences. This, in turn, would ensure the agreed actions are delivered irrespective of changes in government. In seeking to progress Early Intervention for the public good and not for parties' own advantage, we may be going to a new place, we could fail, but we will try.

Our own personal collaboration illustrates in a small way that those with very strong opposing views can reach across the often false divides and stereotypes of party politics and work effectively for the greater good. So, though this is a small beginning we intend to offer the financial, social and political prizes of Early Intervention to all political leaders at national level.

To summarise, the level of understanding and the extended timescale required for success means that those who aspire to govern need to ensure this subject transcends party politics and make a cross-party commitment to do all we can to tackle the intergenerational transmission of disadvantage.

3. Let the localities get on with it

Central government support and drive, as we identified above, is a vital prerequisite for Early Intervention. However, the delivery of Early Intervention has to take place closer to the ground and in ways sensitive to local circumstances. It is here, as with many excellent initiatives in the past, that the *unintended consequences* can derail the best central government intentions unless they are flagged up in advance. Three models, Greater Littleton, One Nottingham and indeed Scotland show how devolving

decision making on Early Intervention overcomes obstacles and produces results. Central government needs to step back and encourage similar developments throughout the UK.

The recently devolved government in Scotland has already identified the need for an early years framework which will

...mark a fundamental shift away from dealing with the symptoms of inequality – violence, poor physical and mental health, low achievement and attainment at school – and rebalance our focus towards identifying and managing the risks early in life that perpetuate inequality.

They go on to say that the focus of this early years framework will be from pre-conception through pregnancy, birth and up to age eight.

Our ambition is to build a public and political consensus about the priorities over that period which will sustain the policy through successive Parliaments.

Also the Scottish Nationalists, working with the Scottish Conservatives have forged a new drugs policy in Scotland which will expand rehabilitation and save lives which provides a good example of political cooperation.

However, this framework also represents the first joint policy development between national and local government since a new relationship was established by the Concordat in November 2007 and ‘signals local and national government’s joint commitment’ to break dysfunctional cycles through prevention and Early Intervention. This new relationship is represented by a package of measures, that includes an agreement to work together to develop policy. While the Scottish Government sees its role as setting the direction of policy and the overarching outcomes, under the terms of the concordat it will stand back

from micro-managing service delivery, thus reducing bureaucracy and freeing up local authorities and their partners to meet the varying local needs and circumstances across Scotland.

Local and national government in Scotland have therefore jointly identified four themes for the early years framework. These are:

- Building parenting and family capacity pre- and post-birth
- Creating communities that provide a supportive environment for children and families
- Delivering integrated services that meet the holistic needs of children and families
- Developing a suitable workforce to support the framework

In Nottingham, the *Local Strategic Partnership*, One Nottingham, has driven Early Intervention. Every big city has an LSP and arguably it or a similar institution with equal coherence, vision and leadership could be the vehicle for Early Intervention. LSPs typically have a tiny budget, but they can (in principle) draw in the massive resources and capabilities of a myriad of local institutions. Local Strategic Partnerships tend to be a loose federation of a number of local partnerships in the field of crime and drugs, health, children's services, housing, communities and neighbourhoods and skills. There is no centralised command and control: 'consenting' adults have to share a mission, agree on key principles and be willing to put their effort behind making it happen. While this may take longer, passionate volunteers who share a commitment to a vision will achieve far more than an army of grudging bureaucrats pressed into service by Whitehall.

Governments could also lead on Early Intervention through *local councils*. We have seen in the USA how the Greater Littleton Council created the Greater Littleton Youth Initiative (GLYI), a local, non-profit organisation that was formed in 1999 when the community of Littleton decided to initiate positive changes for youth in the local community.

The group has made tremendous progress since its creation in 1999. GLYI members have implemented and/or supported the growth of six of eleven nationally-recognised Blueprint Programs as established by the Centre for the Study and Prevention of Violence, Colorado University at Boulder. The U.S. Justice Department Office of Justice Programs considers the GLYI a model community programme. The programme is a unique example of successful community collaboration combined with the use of the finest programmes available in the United States. GLYI members include the City of Littleton, Arapahoe County, Littleton Public Schools, Arapahoe/Douglas Mental Health Network, South Suburban Parks and Recreation District, 18th Judicial District, South Denver Metro Chamber of Commerce, businesses, clergy, media and neighbours. The organisation is all-volunteer with the exception of one city-staff member. Funding is provided entirely by the City of Littleton

It is worth re-iterating once again that our Early Intervention package, however high profile it is (and needs to be), cannot take place, or action start, in isolation. There needs to be a shift in spending, placing an emphasis over a long period of time on early intervention from existing allocations. Central Government, as well as supporting the high-profile breakthrough schemes associated with Early Intervention, must also ensure the big-hitting budgets which it currently provides to local mainstream public services are also bent to the early intervention task. This requires a strong consensual local partnership to endorse, plan and fund a reorientation and cultural shift within those engaged in local service provision.

FREEING LOCAL TALENT

We believe there has to be a clear national framework if Early Intervention is to have the wide impact necessary, thus enabling the localities to be the main deliverers of the programmes. However, we are not starry-eyed about localism, (particularly when it is not protected by a written constitution).

It too has problems to overcome. And in this, our final section, we offer some very practical advice from our own experience on making it happen locally.

As said earlier, all too often central government has a good idea, imposes it and then spends years overcoming the resistance in the localities who were not committed or properly financed to implement it. The reluctant Whitehall/locality embrace takes place in the political stratosphere, in the windy jargon of professional bureaucracies with plans, strategies and targets, far far above the heads of the people they are paid to serve and often appears to be of little or no relevance to them. Nottingham sought to overcome the most obvious disjunctures by creating a regular local/national partners meeting under the auspice of the Cabinet Office. This has worked well as a one-off but would need to be thought through if it is to be applied on a wider scale. Getting 'buy-in' from local institutions and the people of the area is essential.

In addition, most people in the public sector are already working incredibly hard on the front line in very difficult, disadvantaged local situations. Just doing their 'day job' is more than enough for them, let alone taking responsibility for what can be seen as a 'nice to have' optional extra, which Early Intervention might appear to be.

Understandably, at local management level this tends to create 'silo working', the antithesis of the partnership working which is necessary to drive forward an Early Intervention policy framework. Sometimes this takes the form of territorialism or at the other extreme just being lifeless and neutral and having to be carried to the next stage. Traditionally local institutions paid lip service to the concept of partnership but have often carried on, heads down, in their own areas. Even with a new vision, clear leadership, and effective management this is never going to be an easy culture to change and the default position always lies within reach. Arguably this is how it should be: serious people in serious organisations should only take risks when they feel they are genuinely part of a team and

have a more even chance of success. Nottingham found that winning people over and having not just consent but genuine ownership and enthusiasm is the way to success.

Providing a central government framework for Early Intervention will be liberating whereas over-prescribing will be fatal. Obsessive central plan-writing unwittingly acts to reinforce the bureaucratic default position. After much debate One Nottingham had set out its priorities and its innovative mission of 'Prevention, Pre-emption, and Early Intervention.' Yet every so often, a *nationally* driven plan would require local professionals to fit their future programme into a different and sometimes contradictory national matrix. This undermined local efforts to focus on Early Intervention and led to confusion amongst those who wanted to cooperate and provided excuses for those who did not. Government did not intend this, but government and its instruments are simply not sensitive enough to respond to and capitalise on a bright local initiative, never mind to create one. At best, such initiatives are tolerated by national government, at worst they are suffocated. In lieu of effective national support, consistent personal and organisational energy was and remains required locally to keep alight the flame of commitment. Relying on such energy is not, of course, a sustainable strategy. There has to be the right balance between a national framework and local independence.

There is one final danger which central government must remain alert to in others and itself. That is when ultimately everyone accepts the rhetoric of Early Intervention, its incorporation into practice may suffer 'mission creep'. All sorts of pre-existing remedial and prevention policies could be renamed as Early Intervention. Some may seek to dilute Early Intervention to a 0-90s strategy ('it's so good it should apply to everyone!'). Conversely, others might try to confine it to a 0-5 package ('it's about children only isn't it?'), which therefore need not impact upon adult services such as housing, skills, law and order and health. Both shifts are wrong and need to be constantly corrected if the integrity of

the Early Intervention project is to be maintained. In Nottingham, the rule is *if it doesn't impact on the intergenerational cycle of underachievement it isn't Early Intervention*. The policy package focuses on 0-18, and is designed to give young people the ability to make effective choices about life and in turn pass on that ability to their own children especially in the nurturing of their children when aged 0-3 years. Sometimes, well meaning local and national professionals only understood this when it was put in terms of giving children from tough outer-city council estates, or inner-city areas the same level of social and emotional skills and learning skills that they had been given by their own middle-class parents. When everyone automatically takes their share of responsibility in the virtuous circle and stays on mission, we know that the culture is changing and that our collective impact is massively enhanced.

Conclusion

This, our final chapter, has sought to describe how political parties and then central government could take forward an Early Intervention policy framework and how typical local obstacles can be overcome when changing the paradigm of service delivery from reactive late intervention to proactive early intervention. The virtuous cycle of programmes and delivery mechanisms required for such a policy framework aim to make young children *school ready* by 5 years old, teenagers work ready by their mid-teens and potential parents '*child*' ready by the time they leave school. However, undergirding this formulation is our compelling motivation to enable all citizens in the UK to have the opportunity to break out of any negative cycle they were born into: so they can flourish, fulfil their potential and develop and maintain positive relationships. All of us have our roles to play in making this a reality.

Our Commitments

Arising from this publication the authors will seek to discuss a number of specific issues with each party leader and ask that they consider them for inclusion in their election manifestos:

1. THE MANIFESTO FRAMEWORK

We request a clear commitment to pursue an Early Intervention strategy should be made in the Manifesto and the Party Leaders should all make an unequivocal public commitment to the intergenerational change which Early Intervention needs.

2. A RESEARCH BASE

We request a commitment that a future UK government commission a long-term study, similar to the New Zealand Dunedin Study, comparing the development of cohorts of children with and without early intervention to inform the policy as it develops.

3. A NATIONAL POLICY ASSESSMENT CENTRE

We ask for a pledge to create a National Policy Assessment Centre to assess and recommend the most robust and sustainable Early Intervention policies in the UK.

4. LOCAL GOVERNMENT

We request that the local government association, in cooperation with central government should host an Early Intervention Leader's Network within the UK (See Chapter 4)

5. THE COMPREHENSIVE SPENDING REVIEW

To help place Early Intervention at the heart of the public policy debate we will ask each party leader to commit to theme the first Comprehensive Spending Review, the UK's 3-year spending plan, 'Early Intervention CSR', so that steps can be taken now to initiate serious financial reorientation

and investment alongside the serious Treasury research and planning which always precedes a CSR.

6. LOCAL EARLY INTERVENTION VISION FOR EACH AREA

We request that central government asks every local council and/or Local Strategic Partnership to produce a short Early Intervention vision for their area, learning from best available practice.

7. A TREASURY STUDY

We urge a modestly funded, multi-departmental study, led by the Treasury and Cabinet Office research, to devise a new form of financial instrument to fund Early Intervention sustainably by releasing for use now some of the massive future savings of Early Intervention.

The list is modest and practical, it does not call for massive public expenditure (indeed, it will rapidly become cost-positive). It can be adopted and implemented by each and all parties and it will begin the journey to re-balance our public policy away from expensive and ineffective late intervention to low-cost, highly effective Early Intervention.

Endnotes

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“We are two MPs from different parties and different political traditions. But we share the belief that large parts of our society are massively underachieving and that the financial and social costs of this are both enormous and multiplying . . . We are calling on all parties to unite around the radical new social policy ‘Early Intervention’ . . . breaking the intergenerational cycle of underachievement in many of our communities and enabling our communities over time to heal themselves.”

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