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# Prevention and early intervention

**Scoping study for the Big Lottery Fund**

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# Executive summary

*'A stitch in time saves nine.'*

Everyone seems to agree with the principle that prevention is better than cure: that a little effort now prevents a big problem later. And yet in practice there remains a culture of late intervention and fire fighting throughout public services—whether it's long-term health problems, offending, or isolation among older people, we seem to wait until problems reach a crisis and then seek expensive, institutional responses from hospitals, prisons and care homes.

Across a range of policy issues, there is broad agreement that more should be done earlier, but when it comes to the detail, there is little clarity or consensus about *how* to fund prevention: about what works, where cashable savings exist and how interventions should be targeted. In this context there is a key role for independent funders—and the Big Lottery Fund (BIG) in particular—in helping to advance the debate on prevention: providing leadership, coordinating disparate efforts, taking risks, providing long-term commitment, and demonstrating what works with concrete, well-evidenced examples.

This report is intended to provide BIG with an overview of the policy landscape on prevention and early intervention in the UK, and help BIG identify opportunities where it could make a difference. NPC conducted research for this report between April and June 2012, including a literature review, and 30 interviews with BIG staff and external experts.

## A problem of definition

The concepts of 'prevention', 'early intervention' and 'early action' are gaining increasing prominence in UK policy, yet no strict definitions exist. Broadly, the terms are **used interchangeably** and imprecisely to refer to a focus on tackling the roots of social problems: pre-empting their occurrence, rather than treating their consequences.

More nuanced and precise language around prevention and early intervention would help the debate. One informal distinction recognised by some experts is that '**prevention**' is about intervening *before* something becomes a problem; whereas '**early intervention**' is about responding where there is already a problem, but trying to tackle it in its early stages. However, in general, the **literature does not observe any consistent distinction**. The term 'early intervention' is increasingly perceived in policy as referring to the first five years of child's life.

Some view the terms 'prevention' and 'early intervention' as negative in focus, and there is increasing enthusiasm across the public and voluntary sectors for a more positive terminology around '**readiness**': promoting resilience and supporting people to fulfil their potential, rather than merely stopping harm.

## The benefits of prevention

The arguments in favour of prevention have been made repeatedly and convincingly over a number of years. Preventing the emergence of problems rather than tackling their consequences offers many advantages, summarised by the Early Action Task Force as a 'triple dividend' in terms of the potential to improve social outcomes, reduce costs to the state, and strengthen prospects for growth.

- The arguments for prevention are particularly associated with **children and young people**, especially under-fives. The social and emotional foundations established in the first three years of a child's life, to a large extent attributable to the standard of parenting, are arguably the biggest determinants of positive outcomes throughout the life course.
- There is also a strong case for **preventative measures throughout the life course**. Negative outcomes can never be entirely forestalled. While an older person is more likely

to have a smoother transition into old age if they have positive foundations (e.g. good education and health, strong social networks), these do not preclude the onset of problems such as depression caused by retirement, bereavement or ill health. Furthermore, in some cases it is impossible to predict and thus tackle the onset of a problem before it emerges, in which case, intervening promptly is preferable to tackling the consequences.

## Rhetoric and reality

The arguments in favour of prevention have been made repeatedly and convincingly across a range of policy areas and, in many cases, have gained cross-party support. However, current **levels of spending on preventative measures remain persistently low**. For example, despite the vast, preventable costs associated with obesity, diabetes and heart disease it is estimated that spending on preventative services makes up just 4% of total health spending.

In central government, while there have been some moves forward, it is hard to find evidence that prevention is being treated as a key priority: whereas the Education Endowment Foundation was granted £125m over 15 years, the Early Intervention Foundation has received £3.5m over two years. In many departments, **spending on prevention is not explicitly categorised**, so it is very difficult to determine what is being done. There is more promise in the devolved nations, particularly Scotland, but challenges remain around implementation.

Where prevention approaches have been attempted, they have not always been well-evidenced. The government's major investment in public health through Change4Life used a social marketing campaign; however the available evidence suggests that obesity requires a targeted response through local engagement with families.

## What are the barriers?

When **finances are tight** it is much easier to cut healthy eating classes for children, than hospital beds for adults with diabetes and heart disease, even though the former should prevent the latter in the long run, and are much cheaper. In the short term, there are **structural barriers** to pursuing prevention approaches. Budget holders do not necessarily benefit from the cashable savings of one less hospital patient or prisoner: institutional overheads remain, places are simply filled by the next person on the waiting list, and any savings that are made often accrue to a different department. **A lack of strong leadership** has been identified as a further barrier to challenging and transforming the culture of late reaction across government.

**A lack of robust evidence** is often stated as a key obstacle to preventative approaches, and most experts that NPC spoke to struggled to identify evidence-based prevention programmes. However, there is also an underlying feeling that evidence is often used as an excuse not to fund prevention - even where there *does* seem to be some evidence (eg, early years and healthy lifestyle) spending on prevention is constrained by other factors: in some cases, simply a lack of knowledge among commissioners and other funders of what works.

## The role for BIG

BIG is well positioned to take a **longer term and more cross-cutting approach than government**, and contribute to building the case for government intervention. Through our interviews with policy staff from BIG, and our discussions with external experts, the following **broad principles and priorities** emerged for BIG's role in supporting prevention and early intervention. BIG should focus on:

- **Taking a long-term approach.** Any programme developed by BIG should think long-term. One of the biggest barriers around the evidence is a lack of longitudinal studies of preventative approaches. There are numerous small-scale, short-term pilot projects, but these lack the longer term evidence required to attract sustainable funding from government. Five years funding should be the minimum.

- **Innovation: building the evidence.** The most commonly cited obstacle to developing prevention approaches is the lack of evidence base. However, it is difficult for government to fund additional pilots and evaluations at a time when resources are stretched. BIG could support the development of innovative new approaches in areas such as children in care and older people through further in-depth sector research and/or a ‘call for ideas’. Any funding should be accompanied by evaluation as a basis for identifying, replicating and scaling up successful interventions. Building the evidence for cost-savings in particular will help to attract funding from government and the private sector.
- **Replication: scaling what works.** In some areas there are proven or highly promising interventions, but these have not been tested at scale, or are not being widely implemented. Early years, healthy lifestyles and mental health are all areas where there are relatively well-evidenced interventions that require expansion, or engagement with statutory partners to promote take-up.
- **Taking risks.** It was strongly felt among policy staff and experts that BIG should be prepared to take risks in funding prevention and early intervention approaches. This means: funding areas that are not currently well-evidenced in order to ‘test and learn’, working closely with statutory partners to ‘fix the plumbing’, thinking beyond traditional, issues-based programmes, or adopting different styles of funding (eg, issuing a ‘Grand challenge’ to address big problems—see ‘Thinking bigger’ below).
- **Collaboration.** Prevention efforts are currently fragmented. BIG must work closely in partnership with relevant sector specialists in programme development and implementation to maximise the effectiveness and sustainability of its funding. There is also a need to work with other funders, especially on strengthening the evidence base.
- **Taking on an advocacy role.** As well as taking risks with its funding and building evidence of ‘what works’, BIG’s scale and scope as a generalist funder means it is well placed to have a wider influence on policy and practice. BIG can make a case for both preventative approaches generally, and in specific policy areas it may fund. To maximise influence, BIG could take a lead on forming and co-ordinating strategic partnerships of relevant specialist bodies, for example, in the health care sector where charity sector policy efforts are fragmented. This may involve challenging current government approaches.

## What to fund?

The five issue areas analysed in the report all present good opportunities for BIG to develop funding programmes: in each case there is a clear need, and a strong case for developing a preventative approach. However, the **nature of opportunity varies** between areas:

- **Early years:** there is a relatively strong evidence base, but a challenge for taking projects to scale—the infrastructure *is* there, but BIG would need to be prepared to be highly engaged and work closely with partners, especially children’s centres. There are a number of engaged independent funders in this sector in England and Scotland, and a range of delivery organisations, who could be potential partners.
- **Children in care:** there is a highly vulnerable population that—unusually for preventative approaches—can readily be identified and targeted. The need is high, and there seems to be a gap in terms of independent funders focusing upstream in this area (as opposed to looking at care leavers). That said, it is difficult to know what to fund in this space; a call for innovative ideas may be needed. This is likely to be a high risk, albeit potentially high impact funding area.
- **Healthy lifestyles:** there seems to be an overwhelming case for intervening earlier to prevent obesity and related health problems—both in terms of absolute costs at present and future trends. There also seems to be a reasonable evidence base for local, community-based approaches, targeting those at risk. However, scale and sustainability

are significant challenges here. Government's relative neglect and the role of the food industry are seen to be major barriers in this sector. As well as building the evidence further, greater coordination among charities, and advocacy, are priorities.

- **Mental health and employment:** there is potential for major cost savings that could help to engage government and employers, and a good, developing evidence base for a number of interventions. There is a particular opportunity for working with the private sector as employers to develop approaches that benefit their staff and improve their productivity, though getting them on board may prove difficult. The current employment market makes this a very challenging, albeit much needed, area at present.
- **Older people:** there is a weak evidence base, but a myriad of promising approaches at a local, community level. This area seems to fit best with BIG's interest in 'People Powered Change' and there is a role for BIG in conducting a test and learn approach at scale to build the evidence base. A challenge here is sustainability. Although some projects can become self-sustaining, overall, the 'soft' outcomes of some preventative work, and relatively low return on investment, may make it hard to persuade statutory funders.

## Thinking bigger

As well as broad principles and specific funding programmes for BIG's role in developing prevention and early intervention, there are also specific areas to consider for how BIG could aim to orient itself towards a more preventative approach.

- **Develop a strategy to prevent problems.** At a strategic level, BIG could consider whether an explicit focus on 'communities in greatest need' discourages a preventative approach. Does focusing on immediate need necessarily lead funding downstream and away from a preventative approach? A clear statement of strategic intent would help to align thinking around preventative approaches.
- **Set a target for prevention spending.** BIG could consider setting a target for shifting spending towards prevention. Although in practice it is very difficult to develop an exact typology for categorising grants, policy staff that we spoke to did have a broad sense of which programmes were intended to be preventative, and which responsive. Once a baseline is established, efforts could be made for shifting to a more preventative approach year on year.
- **Encourage grant applicants to focus more 'upstream'.** BIG could adopt a cross cutting commitment to driving the preventative approach by prompting grantees to think about how they could address problems earlier.
- **Issue a 'Grand Challenge'.** David Robinson of the Early Action Task Force argues for a 'Grand Challenge' approach to prevention and early intervention. He suggests posing a series of big questions to encourage a different level of ambition, a different approach to funding, and a different scale of outcome.
- **Think beyond social policy.** As nef have argued, an 'upstream' approach to preventing harm should recognise and address underlying, interconnected causes—encompassing 'people, planet and economy'. When developing programmes, BIG could think about prevention more widely in terms of economic and environmental, as well as social, outcomes, and explore the connections between these issues.

## Next steps

It is difficult to prescribe which of these areas is most suitable for BIG to take forward. That will depend on BIG's priorities and preferences, its willingness to take risks, and a host of other factors. In all cases, however, **further research and analysis are needed**, whether to analyse specific policy issues to develop programmes, or to deepen understanding of broader

questions relevant to prevention, such as: what can be learnt from international efforts; how can the evidence for prevention be strengthened; or what role can social investment play in encouraging preventative approaches.

BIG now needs to think through its role in this debate. This could involve a major, strategic shift to focus on prevention, setting particular targets to move funding from reactive to more preventative programmes. Or it could be about focusing on a few key policy areas, developing programmes to test and prove prevention approaches. Ultimately this will depend on BIG asking itself **fundamental questions about where to focus efforts**, and on whether and how to shift funding away from immediate needs to anticipate future needs. It will require a decision to shift funding away from directly delivering services, to an aspiration for transforming the way that services are delivered.

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# Introduction

The concepts of 'prevention', 'early intervention' and 'early action' are gaining increasing prominence in UK policy. There is huge enthusiasm about the prospect of intervening earlier to prevent problems, rather than costly fire-fighting; about the prospect of *'building a fence at the top of the cliff, rather than running an ambulance at the bottom'*. However, there is also a lot of confusion around this debate: about language and definitions; government policy and spending; who is doing what; and where there are opportunities to make a difference.

In April 2012, BIG commissioned NPC to undertake a short piece of scoping research to inform its strategy on prevention and early intervention. The aims of this research were to:

- Provide a clear overview of the prevention and early intervention debate;
- Identify the key policies, approaches and evidence around prevention;
- Analyse 4–5 policy areas in detail to identify current activity and potential opportunities;
- Identify key opportunities and gaps in current activity where BIG could make a difference.

## About this report

This report is intended to provide BIG with a clear and independent perspective on the current state of the debate around prevention and early intervention in the UK. Recent reports have focused on making the case to government for prevention and early intervention *as concepts*. But relatively little attention has been given to the practicality of supporting prevention within particular policy areas, or to the role of independent funding.

It is important to note that this report provides a high-level overview of the landscape: it summarises current debates and approaches, and identifies gaps and opportunities for BIG. It is not an academic review of policy or evidence; nor have we had the scope to explore potential programme ideas in detail. In order to develop strategy and funding programmes, further research and analysis will be needed, and BIG will need to decide what role it wishes to play in the prevention and early intervention space.

## Methodology

NPC conducted research for this report between April and June 2012. Research was conducted in four stages: a literature review and interviews to understand the landscape around early intervention; consultation with BIG to develop a bespoke framework for identifying opportunities; detailed desk research and interviews in five policy areas; and further analysis to develop recommendations. In total, we conducted 30 interviews with BIG policy staff and external experts. We are very grateful to all those we interviewed for giving up their time to contribute to this study. References are provided at the back of this report.

# 1. The policy landscape

It is difficult to argue against the logic of tackling problems early to improve social and economic outcomes. The arguments in favour of prevention and early intervention have been made repeatedly and convincingly across a range of policy areas and have gained cross-party support. However, levels of spending on preventative measures remain persistently low. This section explores the policy landscape: summarising the current debates and initiatives, and highlighting the main arguments and barriers surrounding prevention and early intervention.

## A problem of definition

The concepts of 'prevention', 'early intervention' and 'early action' are gaining increasing prominence in UK policy, yet no strict definitions exists. Broadly, the terms are **used interchangeably and imprecisely** to refer to a focus on tackling the roots of social problems: pre-empting their occurrence, rather than treating their consequences. Definitions tend to be broad and conceptual—'streams' and 'cliff-tops' are common metaphors—rather than technical:

- The Early Action Task Force (EATF) defines Early Action as follows, *'Early Action sets out to answer the question: "how do we build a society that prevents problems from occurring rather than one that, as now, copes with the consequences?"'*
- Graham Allen defines Early Intervention as: *'intervening before damage takes place in a way that avoids the later costs in both human and financial terms of handling the consequences of the symptoms of that damage.'*

Prevention often encompasses an emphasis on 'positive action': not just preventing a problem from occurring, but acting as an **enabling** force to promote the wider wellbeing and resilience of individuals and communities.

## Towards a typology

More nuanced and precise language around prevention and early intervention would help the debate. One informal distinction recognised by some experts is that **'prevention'** is about intervening *before* something becomes a problem; whereas **'early intervention'** is about responding where there is already a problem, but trying to tackle it in its early stages. By this definition, working with vulnerable first-time mothers to help them parent a new child would be considered 'prevention', whereas providing mental health support to a child in care would be considered 'early intervention'.

However, in general, the **literature does not observe any consistent distinction**. For example, the Graham Allen reports refer to 'early intervention' but generally focus on the earliest years, before problems emerge, which does not fit the distinction we suggest above. Indeed, since the Allen reports, the term 'early intervention' is increasingly perceived in policy as referring to the first five years of life.

While agreeing with the principle, some view the terms 'prevention' and 'early intervention' as negative in focus, and there is increasing enthusiasm across the public and voluntary sectors for a more positive terminology around **'readiness'**: promoting resilience rather than merely stopping harm. The Early Action Task Force adopts the term 'early action' to encompass preventative and early intervention approaches across the life course, but has a particular focus on promoting readiness and positive action.

The New Economics Foundations (nef) identifies **different levels of prevention**, based on health policy, suggesting distinctions between:

1. **Upstream interventions** that aim to prevent harm before it occurs, which usually address whole populations and systems;
2. **Midstream interventions** to address harm that has already occurred to mitigate the effects, which are usually targeted at groups or areas considered 'at risk';
3. **Downstream interventions** to cope with the consequences of harm that has not been—or cannot be—avoided, which are concerned with specific cases.<sup>1</sup>

It remains to be seen how this terminology will be adopted, and for simplicity we use the term 'prevention' or refer to 'preventative approaches' in general terms throughout this report, unless otherwise stated.

## The arguments for prevention

The arguments in favour of prevention have been made repeatedly and convincingly over a number of years. Preventing the emergence of problems rather than tackling their consequences offers many advantages, summarised by the EATF as a 'triple dividend' in terms of the potential to improve social outcomes, reduce costs to the state, and strengthen prospects for growth.<sup>2</sup>

More specifically, the main, often interconnected, benefits of preventative approaches include:

- Identifying and promoting protective factors can prevent negative outcomes at an early stage, supporting people to **maximise their potential**, and enjoy a better **quality of life**.<sup>3</sup> For example, self-esteem, confidence, and good social and communication skills are associated with building a child's resilience and avoiding the emergence of mental health problems.<sup>4</sup>
- Preventative approaches are often '**enabling**': equipping individuals and communities with the tools to succeed, rather than interventions being imposed upon them. Asset-based approaches that promote '**readiness**' can foster self-reliance and resilience rather than dependency.<sup>5</sup> For example, engaging older people in community activities can reduce isolation and help them to live independently for longer.
- Social problems are often **interlinked and deep-rooted**. An early intervention that addresses underlying causes can forestall the onset of multiple related problems, helping to **halt cycles of deprivation**, and **reduce inequality**.<sup>6</sup>
- Problems are generally easiest to tackle in their early stages, before they become entrenched. Assuming they can be targeted, **interventions are cheaper and more effective** in the early stages of a problem.
- Preventative approaches can achieve significant **cost savings for the state** by reducing the need for expensive multiple and acute interventions in the future.<sup>7</sup>
- Over the long term, enabling people and communities to realise their potential, preventing reliance on the state and high levels of debt can support **growth** and a more **sustainable future**.<sup>1</sup>

<sup>1</sup> NEF (2012) *The Wisdom of prevention*.

<sup>2</sup> Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more*.

<sup>3</sup> Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more*.

<sup>4</sup> NPC (2008) *Heads up: mental health of children and young people*.

<sup>5</sup> Graham Allen (2011) *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government*.

<sup>6</sup> NEF (2012) *The Wisdom of Prevention*.

<sup>7</sup> Graham Allen (2011) *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government*.

These arguments in favour of prevention are most commonly cited in **relation to children and young people**. The social and emotional foundations established in the first three years of a child’s life, to a large extent attributable to the standard of parenting, are the biggest determinants of positive outcomes throughout the life course.<sup>2</sup> Many preventative initiatives, and research into their effectiveness, is therefore focused on this area, targeting support at vulnerable families with young children from (and sometimes before) birth, rather than tackling the consequences of issues such as school exclusion, crime and unemployment in future years.

There is also a strong case for preventative measures **later in the life course**. Negative outcomes can never be entirely forestalled by support in the earliest years. While an older person is more likely to have a smoother transition into old age if they have positive foundations (for example, have a good education, social networks and healthy lifestyle), these do not preclude the onset of problems such as depression caused by retirement, bereavement or ill health. Furthermore, in some cases it is impossible to predict and thus tackle the onset of a problem before it emerges, in which case, intervening promptly is preferable to tackling the consequences.

## Rhetoric and reality

Despite the arguments made above, levels of **spending on preventative measures remain persistently low**. For example, despite the significant, preventable costs associated with obesity, diabetes and heart disease (around £11.5bn per year)<sup>3</sup> it is estimated that spending on preventative services makes up just 4% of total health spending.<sup>4</sup>

In central government, while there have been some moves forward, it is hard to find evidence that prevention is being treated as a key priority: the Department of Education granted the Education Endowment Foundation<sup>5</sup> £125m over 15 years to develop evidence on what works in tackling educational disadvantage, whereas the Early Intervention Foundation has received just £3.5m over two years (see below). In many departments, **spending on prevention is not designated as such**, so it is very difficult to determine what is being done. There is more promise in the devolved nations, but challenges remain around implementation. Even in Scotland where the prevention agenda is most advanced and prevention funding has been committed, there are some concerns that existing services are being re-labelled as ‘preventative’, without taking a truly system-changing approach.

**Table 1: What’s said and done**

Preventative approaches are promoted in many government reports, but this is rarely accompanied by the necessary shift of spending in practice. It is difficult to identify preventative spending currently, and where it is possible, figures are low (see table below). The Early Action Taskforce recommends that government **departments should classify their spending**, distinguishing what is spent on acute interventions compared to that on early intervention.<sup>6</sup>

Department	Commitment to prevention	Spend on prevention
Health	<i>‘We need a paradigm shift in health – away from ‘diagnose and treat’ towards ‘predict and prevent’.</i> ’ (DoH, 2009).	4% spending on prevention in England. <sup>7</sup> Spending on mental health is

<sup>1</sup> Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more.*

<sup>2</sup> Graham Allen (2011) *Early Intervention: The Next Steps. An Independent Report to Her Majesty’s Government.*

<sup>3</sup> NPC and Barclays Wealth (2011) *Early interventions: An economic approach to charitable giving.*

<sup>4</sup> Butterfield R, Henderson J, Scott R (2009) *Public Health and Prevention Expenditure in England: Health England Report 4.* Health England, piii, p13.

<sup>5</sup> <http://educationendowmentfoundation.org.uk/>

<sup>6</sup> Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more.*

<sup>7</sup> Butterfield R, Henderson J, Scott R (2009) *Public Health and Prevention Expenditure in England: Health England Report 4.* Health England, piii, p13.

		ten times greater for adults than children <sup>1</sup> even though half of adult problems emerge before age 15. <sup>2</sup>
Work and Pensions	<i>'We need a new approach to multiple disadvantages which is based on tackling the root causes of [these] social issues, and not just dealing with the symptoms... to prevent problems arising and tackle issues before they become embedded.'</i> (DWP, 2012)	Overall prevention spend not known. Contributed part of the £3.5m to the UK-wide Early Intervention Foundation (with DfE, DCLG & DH).
Ministry of Justice	<i>'The overall goal of the youth justice system is to prevent offending by young people.'</i> (MOJ, 2010)	The Youth Justice Board <sup>3</sup> (England and Wales) spends 10% of its budget on prevention. <sup>4</sup> Over 30% of budget is spent on custody for 3% of offenders.

Where prevention approaches have been attempted, they have **not always been based on the best available evidence** about what works. The government's major investment in public health through Change4Life used a social marketing campaign to spread awareness among the general population of the need to 'eat well, move more, live longer'. However, the available evidence suggests that tackling obesity requires a targeted response through local engagement with at-risk families, not a universal marketing approach. There is good evidence of what works in the earliest years, but many children's centres are facing cuts, do not have specialist staff, or do not implement programmes with evidence. The Youth Justice Board has achieved some progress in recent years, reporting 14% reductions in custody and 40% reductions in re-offending. However, it still struggles to identify what really works around prevention.<sup>5</sup>

In practice, despite enthusiasm for the concept of prevention in government, **preventative services are generally being reduced** with public sector cuts. There are several reasons for this: preventative services are less visible, the needs they address are less immediate and obvious, and they have weaker evidence of effectiveness. In general, preventative provision, eg, youth services, is a **'discretionary' aspect of expenditure**, but the thing that it prevents, eg, custodial sentences for young offenders, is a statutory requirement. When finances are tight it is much easier to cut healthy eating classes for children, than hospital beds for adults with diabetes and heart disease, even though the former may prevent the latter in the long run.

## How does government policy vary throughout the UK?

Of the four nations in the UK, Scotland and Wales have made specific funding commitments around prevention and early intervention, in the context of overall spending cuts. Northern Ireland has also developed some policies towards a more preventative approach, especially around support for vulnerable families. In England, a few individual programmes are encouragingly targeted at prevention, but overall there has not been any indication of a wider cultural shift within departments.

<sup>1</sup> NPC (2008) *Heads up: mental health of children and young people*.

<sup>2</sup> LSE Centre for Economic Performance (2012) *How mental illness loses out in the NHS*

<sup>3</sup> The Youth Justice Board has been part of the Ministry of Justice since 2010.

<sup>4</sup> NAO & MOJ (2010) *The Youth justice system in England & Wales: Re-offending by young people*.

<sup>5</sup> National Audit Office (2010) *The Youth Justice System in England and Wales*

At a local authority level, **policy on prevention is highly fragmented**. The removal of ring-fenced funding—including for services such as Sure Start—means that it will be **down to local authorities** how far they really take a preventative approach. Many previous budgets have been wrapped up into an 'Early Intervention Grant', covering a range of potential services, from short breaks for disabled children to targeted support for young people.

## England

In England, the government has expanded some preventative programmes especially around early years and troubled families. It has committed to expand the successful Family Nurse Partnerships programme—a specialist nurse-visiting service for vulnerable young mothers—however, this will only cover 40% of estimated need.<sup>1</sup> In addition, free early learning will be provided for three and four year olds, and for two year olds from deprived backgrounds. Government has also made troubled families a priority and committed an extra £448m over the next three years to target the most difficult families and provide them with intensive support. In other policy areas, it is hard to identify prevention initiatives. Money for Child and Adolescent Mental Health Services seems to be shrinking despite very high levels of need, and strong connections with later mental health problems: in 2006/07 spend per head on children's mental health services was £476, compared with £763 for adults, even though we know that half of adult mental health problems emerge before age 15.<sup>2</sup> Pilots to tackle child obesity (eg, MEND) and prevention support for older people (eg, POPPs) have not been continued or scaled up despite promising results.

## Northern Ireland

The Northern Ireland Assembly recently introduced a cross-departmental working approach that has encouraged prevention and early intervention. Previously the focus on prevention has been driven by bottom-up, community lobbying on issues, such as suicide prevention. The Assembly is now looking at more efficient and targeted ways of translating cases for prevention and early intervention into practice. In the area of children's services, the Assembly has made a pledge to focus on early intervention as part of its ten year plan. Early intervention approaches for local areas have been developed through locality planning processes, now mandated by the Children and Young People's Strategic Partnership. Preventative approaches are central to many of the current government strategies such as Families Matter, Protect Life Strategy and Transforming Your Care. Early Intervention approaches have also been developed through other integrated planning processes such as Investing for Health Partnerships, Neighbourhood Renewal Partnerships and Community Safety Partnerships. Lack of evidence seems to be a particular barrier to developing prevention and early intervention approaches in Northern Ireland. For example, Sure Start was not evaluated in Northern Ireland.

## Scotland

The 2011 Christie Commission's report on the future delivery of Scottish public services outlined plans to shift spending towards 'trying to prevent, rather than deal with negative social outcomes.'<sup>3</sup> As part of this shift, three 'Change Funds' directed at older people, early years and reducing re-offending are being developed to support local partnerships to adopt preventative approaches.<sup>4</sup> The Reshaping Care for Older People programme is the first of the Change Funds to be established, for which £300m has been committed in the period 2011–2015.<sup>5</sup>

Though the total £500m additional preventative spending over three years announced in the 2012 budget represents only around 0.5% of projected Scottish government spending during this period, the Finance Committee's focus on encouraging preventative spending and joint

<sup>1</sup> Graham Allen (2011) *Early Intervention: Next steps*.

<sup>2</sup> NPC (2008) *Heads up: mental health of children and young people*.

<sup>3</sup> Campbell Christie (June 2011) *Commission on the Future of Public Services. Report on the Future Delivery of Public Services*.

<sup>4</sup> <http://www.scotland.gov.uk/Publications/2011/09/21104740/4>

<sup>5</sup> <http://www.scotland.gov.uk/Topics/Health/care/reshaping/changefund>

working across government represents a significant step in shifting the culture of spending, particularly considering the 9.2% reduction in funding from Whitehall.<sup>1</sup> Although the prevention agenda seems to be more advanced in Scotland than in the other UK nations, there are some concerns that existing services are being re-labelled as ‘preventative’, without taking a truly system-changing approach.

## Wales

In Wales, there has also been a commitment to increasing spending on preventative approaches. The Flying Start programme was launched in 2009 to maximise positive outcomes for 0–3 year olds from the most disadvantaged communities by intervening early based on international evidence of ‘what works’. The Families First programme and Integrated Family Support Services were piloted in 2010 to provide additional intensive early intervention support for families with multiple and complex needs. The former is to be rolled out across Wales in 2012, and the latter in 2014. Prevention also features in the ‘joined up’ cross-sector approach of Local Service Boards, and the Sustainable Development Bill which aims to take a longer term approach to public spending.<sup>2</sup> Despite these positive steps, it is harder to identify a broader shift in culture across departments and a preventative approach throughout the life-course.

## Current initiatives

Prevention and early intervention are not new concepts, but recent initiatives—mainly independent of government—have given new prominence to the debate: collating the evidence, providing a sense of urgency, and championing a preventative approach. These UK-wide initiatives include:

- **Graham Allen Review:** The government established a review, led by MP Graham Allen, in June 2010 to provide an independent appraisal of the evidence in favour of early intervention, identify the challenges, and make recommendations for next steps. *Early Intervention: The Next Steps*<sup>3</sup> focused on children aged 0-18, with a particular emphasis on the importance of good parenting as a foundation for tackling social problems, and the crucial degree of development by age three. Allen outlined a vision in which ‘every baby, child and young person grows up with the basic social and emotional competencies that will give them the bedrock skills upon which all else is built.’ Allen’s second report in July 2011, *Early Intervention: Smart Investment, Massive Savings*<sup>4</sup>, seeks to address how early intervention should be funded, and financial returns generated. Changing the ‘late reaction’ culture at the heart of government is identified as central to this.
- **Early Action Task Force (EATF):** The EATF, a group comprising charity, business and government leaders, is also promoting a shift of resources to ‘early action’. The task force aims to constructively further the case for early action by going beyond identifying its benefits, to identify structural and systemic barriers, and suggest solutions. The EATF’s first report<sup>5</sup> differs from Allen’s in approach and focus—it promotes prevention throughout the life course, has a stronger focus on voluntary sector examples of provision, and, in recognition of the lack of comprehensively evaluated preventative interventions beyond the field of early years, has a lower threshold for acceptable evidence. The task force aims to take forward its work by publishing a second report in summer 2012, and building alliances to promote the early action agenda.

<sup>1</sup> Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more.*

<sup>2</sup> <http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/?jsessionid=nY0vPbHJgdxjmLB9n0Q9n0QnknbnLz5k3GKGGzqbJN3CfhPGvQYL!-1822353977?lang=en>; <http://www.community-links.org/linksuk/?p=3130>

<sup>3</sup> Graham Allen (2011) *Early Intervention: Next steps.*

<sup>4</sup> Graham Allen (2011) *Early Intervention: Smart Investment, Massive Savings. The Second Independent Report to Her Majesty’s Government.*

<sup>5</sup> Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more.*

- **New Economics Foundation (nef):** nef is undertaking a programme of work around the 'The Wisdom of Prevention',<sup>1</sup> promoting the case for a long term approach and upstream investment to tackle the deep-rooted causes of social, economic and environmental problems. nef identify the significant systemic and cultural changes required if a more preventative approach is to be embedded, not least the predominance of the 'rescue principle' in the charity and health care sectors. nef identify a number of intermediate objectives to support the shift to a preventative culture including: raising awareness of upstream causes of problems; taking every opportunity to intervene early even at a small scale; and evidence gathering to build knowledge on the features of successful preventative interventions.
- **ACEVO:** ACEVO recently launched a Prevention Taskforce to examine practical ways to shift investment towards preventative services in health and social care. The Taskforce is currently consulting with ACEVO members, experts, practitioners and commissioners on preventative approaches in three key areas: mental health, age-related conditions and long term conditions. The Taskforce is initially focusing primarily at a local level—it aims to identify and promote examples of best practice locally and encourage these approaches to be scaled-up. The Taskforce will also consider potential solutions to overcoming the challenges of investing in preventative health services when cashable savings are only realised over the longer term.
- **The Early Intervention Foundation:** To improve the evidence base for early intervention in early years, and develop effective strategies for funding and implementation, Allen proposed the establishment of an Early Intervention Foundation. The Department of Education, with support from other departments, has taken up this recommendation, and is currently in the process of procuring the Foundation. It is intended that the Foundation will conduct rigorous reviews of the evidence (particularly around early years and children's services) and provide support to local commissioners on evidence, social finance and payment by results contracts.

Though many independent funders support prevention efforts within specific sectors, at present, **no grant-maker in the UK is taking a lead** on early intervention and prevention as a *whole*. BIG is the independent funder most active in this space, given its support for the EATF and nef, and a number of large-scale programmes with a prevention approach, eg, **Improving Futures** and **Realising Ambition**. However, BIG's current interest and position in the field is not widely recognised.

## What are the barriers to prevention approaches?

Recent reports<sup>2</sup> and expert interviews identify a number of, often interconnected, barriers to the adoption of prevention approaches. Some of these barriers, outlined below, are systemic, structural issues in government, beyond the scope of BIG. In later sections of the report we specifically address what BIG can do to promote prevention, both through its own funding, and through advocacy, including influencing government.

### Evidence

A **lack of robust evidence** is often stated as a major barrier to preventative approaches, and most experts that NPC spoke to struggled to identify evidence-based prevention programmes. There are numerous challenges to impact measurement in general, including its cost, knowing

<sup>1</sup> NEF (2012) *The Wisdom of Prevention*.

<sup>2</sup> Graham Allen (2011) *Early Intervention: Smart Investment, Massive Savings. The Second Independent Report to Her Majesty's Government*; Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more*; NEF (2012) *The Wisdom of Prevention*.

what to measure, proportionality, and attribution.<sup>1</sup> There are additional, specific barriers to developing evidence around prevention, including:

- Preventative interventions often aim to bring about **benefits over the long term**, sometimes resulting in delays before meaningful outcomes can be evidenced. The **tendency to fund short-term pilots** of preventative initiatives, often means that even interventions with promising signs of success fail to gain continued funding.<sup>2</sup>
- The difficulty of **proving the 'counterfactual'**, ie, demonstrating that a problem has been avoided. It is particularly difficult to attribute change to preventative interventions as opposed to wider factors. This challenge in determining the counterfactual creates an 'evaluation bias' against the earliest action.<sup>3</sup>

In attempting to reconcile the need for a more robust evidence base with the need for innovation and trialling of early intervention approaches, the EATF suggests a distinction is made between **'first stage' and 'second stage' evaluation**: the first relatively light touch and applied to small scale, early stage programmes, the second more in line with Graham Allen's strict 'gold standard' criteria,<sup>4</sup> and used to evaluate significant investment.

While the full benefits of preventative approaches often accrue over many years, the EATF stresses that it is sometimes possible to **realise shorter-term intermediate benefits**, including cost savings. For example, community-based volunteer-led approaches may reduce the needs for certain statutory services (see, for example, the Circles Movement discussed in the Older People framework). There is a need for evaluation to demonstrate robustly the potential of short-term, as well as longer-term, outcomes.

Although there is clearly a challenge to strengthen the evidence around preventative approaches, experts also expressed an underlying feeling that **evidence is often used as an excuse** not to fund prevention. Even where there *does* seem to be some evidence (eg, early years and healthy lifestyles) spending on prevention is constrained by other factors identified in this section.

There is also a **challenge around implementation, as well as evidence**—less effective but well implemented preventative programmes can outperform more effective programmes that are poorly implemented.<sup>5</sup> Evaluation of impact must therefore be accompanied by evaluation of process to identify factors—eg, high quality staff, proper training, appropriate referrals—that influence successful outcomes and enable effective interventions to be replicated.

## Funding

The potential to implement preventative approaches is limited by **pressures to direct spending at addressing immediate acute needs**. If government is to invest in preventative approaches, this means shifting spending away from reactive interventions. Yet this runs counter to the **'rescue principle'** which underlies much of the charity sector and health services—helping the most needy.<sup>6</sup> Public opinion is also a challenge: it is difficult to explain to someone waiting for a hospital bed that the delay is due to funding being diverted to a public health campaign that has less immediate and tangible benefits. Alongside the lack of convincing evidence on the effectiveness of specific preventative interventions, this provides little incentive for the government to experiment and innovate in the context of budget cuts.

<sup>1</sup> See NPC (2011) *A Journey to Greater Impact*, pp. 27-28.

<sup>2</sup> Sir Michael Marmot (2010) *Fair Society, Healthy Lives* Department of Health; Chief Medical Officer (2005) *Annual report*. London: Department of Health.

<sup>3</sup> Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more*.

<sup>4</sup> See Graham Allen (2011) *Early Intervention: Next Steps*, pp. 136-7.

<sup>5</sup> Ross et al. (2011) *Prevention and Reduction: A review of strategies for intervening early to prevent or reduce youth crime and anti-social behaviour*.

<sup>6</sup> NEF (2012) *The Wisdom of Prevention*.

**Social investment** is frequently identified as an opportunity to bring in a new source of funding for early intervention measures, including by the Allen review. However, such suggestions often lack a detailed appraisal of opportunities in practice, in particular the challenges of gaining investment for measures where returns are likely to be significantly delayed and there is a lack of robust evidence for effectiveness, and attribution.

The case for shifting funding to prevention is not helped by the lack of **knowledge of current spending on acute versus preventative approaches**. It has been suggested that government bodies should be set targets for the proportion of budgets directed at prevention, but first baselines of current spending must be established.

## Targeting interventions

Although preventative approaches can be cheaper and more effective than dealing with serious, entrenched problems, the latter are much easier to identify and target. Preventative approaches can be extremely costly when directed at large populations, yet, it is sometimes **difficult to identify who is most at risk of developing problems in the future**. There is a risk of funding ‘deadweight’—people receiving an intervention who would have been fine without it. Furthermore, a cost effective intervention may nevertheless be unaffordable given current cash constraints. Where there is a case for universal, blanket approaches, means testing can be a way for government to focus limited resources on those in greatest need.

## Structural issues

**Short political timescales** and government funding cycles act as a disincentive to investing in interventions which are unlikely to bring short-term returns.

**Separate and uncoordinated governmental structures** are a barrier, as effective prevention is often reliant on cross-cutting approaches as a means to tackle multiple disadvantages. Public bodies and government departments have little incentive to work collaboratively and implement preventative approaches if cost savings will accrue to a different departmental budget. For example, the financial case for local authorities to fund crime prevention and youth services is undermined by the fact that many of the savings (eg, through reduced custody) accrue to central government and the Youth Justice Board.<sup>1</sup> One solution currently being explored is the creation of a profit sharing scheme through which government departments can pool their budgets to invest in a preventative approach, and later share profits when savings are realised. Private investment through Social Impact Bonds could also contribute to such schemes.<sup>2</sup>

## Culture and leadership

**A lack of strong leadership** has been identified as a further barrier to challenging and transforming the culture of late reaction across government. Graham Allen argues that: ‘*Strong leadership at a national and local level is the single most critical factor in extending Early Intervention to all those who would benefit.*’<sup>3</sup> Clearly political leadership is essential, but there is also a role for BIG in influencing this agenda, which we will address in this report.

## Summary of the landscape

The UK’s biggest challenges are long-term—chronic health problems, an ageing population and intergenerational social problems—and with a reactive culture in public services, their costs are soaring. In this context it is not surprising that prevention and early intervention are receiving a lot of attention within and outside government. They are not new concepts, but the

<sup>1</sup> NPC (2010) *Trial and error: children and young people in trouble with the law*.

<sup>2</sup> Early Action Task Force (2011) *The Triple Dividend: Thriving lives. Costing less. Contributing more*, p. 39.

<sup>3</sup> Graham Allen (2011) *Early Intervention: Next Steps*, pp. 109.

Graham Allen review and EATF have given new prominence to the debate, collating the evidence and championing a preventative approach.

Despite recent initiatives, however, there remains a culture of 'late intervention' throughout public services. Although everyone seems to agree with a preventative approach in principle, in practice little has yet changed. When it comes to the detail there is little clarity or consensus about current levels of prevention spending, about what works, where cashable savings exist and how interventions should be targeted.

In this context there is a **key role for independent funders** in helping to advance the debate: providing leadership and co-ordination, taking risks, providing long-term commitment, and demonstrating what works with concrete, well-evidenced examples.

In the next sections of the report we explore the role of BIG and look in more detail at specific policy areas.

## 2. A framework for decision-making

NPC has developed a simple framework for assessing an issue area's suitability for prevention funding by BIG. Conducting detailed research in many policy areas is beyond the scope of this project. So, developing clear criteria about how to prioritise areas for early intervention and a simple grading system will help BIG to apply the same principles more widely across its areas of work, and ask consistent questions of an area's suitability for prevention funding.

In developing the framework, NPC interviewed ten members of BIG's policy staff to ensure that the framework fits with BIG's priorities, mission and values. NPC developed an initial framework and then refined and adapted this based on feedback from the interviews.

### Findings from interviews with BIG staff

A number of recurrent themes emerged from the interviews which shaped and reinforced the relevance of the framework criteria, and feed into our recommendations later in this report:

- The lack of robust evidence base, particularly beyond early years, reinforced the importance of **building understanding** of areas in which preventative approaches have most potential, and of **'what works'** in terms of specific interventions.
- There were **contrasting views** on the quality of evidence required as the basis for investment. There was an appetite both for **replicating** approaches where evidence of effectiveness exists, and for **'test and learn'** approaches in areas where the existing evidence is primarily anecdotal. Generally, staff recognised the greater flexibility and scope of BIG's funding, and the resulting **opportunity to take greater risks** than the statutory sector.
- The dual need for evidence of improved **social outcomes** and **cost savings** highlighted the need for both a social and financial case for early intervention.
- BIG's funding is required to be **additional** to that of government and other funders. In many cases the opportunity for 'additional' funding for prevention was thought to be significant, particularly in the context of the reported **trend of statutory funding towards more acute services**. There was a widespread view that while prevention has gained a high profile in government rhetoric, there is a lack of investment in practice. A number of interviewees also emphasised the important role for BIG in helping those who fall just outside the scope of statutory provision, eg, below certain thresholds of need.
- There is an opportunity for BIG to make a difference not only directly through its funding, but also through using its influence to **shape and promote the case for prevention**. BIG alone cannot overcome the barriers to the more widespread adoption of prevention by government, including short term departmental budgets and barriers to cross-departmental working. However, among BIG staff and more widely, there was a view that BIG can have an important **advocacy role**—evidencing and promoting the social and financial benefits of prevention, and potentially working more closely with the statutory sector.
- In terms of **definition**, there were mixed views. While some did not see any clear distinction between prevention and early intervention, a number of those interviewed identified the distinction that 'prevention' was about taking action *before* a problem manifests itself, whereas 'early intervention' was about taking action to tackle a problem that has *already* started to develop though may be in its early stages.
- Preventative approaches may be **perceived to go against BIG's stated mission** to 'bring real improvements to communities and the lives of people most in need', if need is characterised as helping those facing immediate short term difficulties.

- Policy staff appeared open to both intervening in areas where they had delivered programmes previously and had expertise, and targeting areas not currently/previously funded. **Fit with BIG's strategic priorities** was viewed as more important than links with existing expertise and programmes.
- As BIG is a generalist not specialist funder, **opportunities for partnership working** were identified as an important factor, including partnerships with the private sector. There is a need to seek out the expertise of partners when developing and implementing funding programmes, as well as developing strategic partnerships to influence policy development and leverage additional funding for an area.
- Interviews highlighted that the opportunity for exit in the short term is not necessarily a priority as BIG is willing to fund over the **longer term** (5–10 years) if there is a convincing case that this is the most effective approach. However, there was also a broad interest in sustainability of funding.

## Questions for assessing preventative approaches

Taking into account the arguments and barriers presented in Section 1, and the interviews with BIG staff, NPC developed the following questions to assess BIG's involvement in prevention across a range of policy areas.

- What is the **need** for a preventative approach in this sector?
- What is the **quality of evidence** that activities in this area prevent future problems?
- Are there successful **existing approaches** to prevention in this sector?
- Can interventions be **targeted effectively** to improve social outcomes?
- What are the opportunities for creating **cost savings** by preventing problems?
- Is there a clear **opportunity for BIG** to make a difference?
- What are the opportunities for effective **partnership working**?
- How does this sector **fit with BIG's strategy** and current programmes?
- Can BIG's efforts in this sector be **sustained**?
- What **risks** might be associated with developing a programme in this area?
- **Overall**, what is the opportunity for BIG in this area?

The aim of developing this is that BIG would be able to ask consistent questions of an issue area's suitability for prevention funding, and make a decision between potential areas for investment. On the next page we present a framework, developing a subset of questions under these broad criteria, and suggesting a simple grading system for evaluating the opportunity.

## A framework for decision-making

Criteria	Issues to consider	Assessment
Need	<ul style="list-style-type: none"> <li>What is the scale of the problem?</li> <li>What is the need for developing a preventative approach in this sector?</li> </ul>	High/Medium/Low
Quality of evidence	<ul style="list-style-type: none"> <li>How strong is the evidence base (rigour of evaluation design, has the intervention been evaluated on more than one occasion, how convincing are the findings)?</li> </ul>	High/Medium/Low
Existing approaches	<ul style="list-style-type: none"> <li>Are there existing examples of successful prevention and early intervention?</li> <li>Are successful examples scalable (e.g. how transferable are lessons likely to be in terms of geographical, policy, and economic context)?</li> </ul>	High/Medium/Low
Targeting	<ul style="list-style-type: none"> <li>Is there a clear area within a policy field at which an intervention can be targeted to maximise social outcomes?</li> <li>To what extent would an intervention need to be targeted or universal?</li> </ul>	High/Medium/Low
Cost savings	<ul style="list-style-type: none"> <li>Does evaluation of existing interventions or economic modelling suggest a strong case for cost savings?</li> <li>Over what timeframe are cost savings likely to be realised?</li> <li>Who are cost savings likely to accrue to?</li> </ul>	High/Medium/Low
Opportunity for BIG	<ul style="list-style-type: none"> <li>Need for non-government funding in this area—will funding be 'additional'?</li> <li>Are other non-government funders delivering programmes in this area?</li> <li>Can BIG's funding make a distinct contribution to a discrete area?</li> <li>Opportunity for BIG to build the evidence base and influence policy development?</li> </ul>	High/Medium/Low
Partnership working	<ul style="list-style-type: none"> <li>What are the opportunities for partnership working for programme development and delivery?</li> <li>What are the opportunities for leveraging additional funding?</li> <li>What are the opportunities for the formation of strategic partnerships to influence policy?</li> </ul>	High/Medium/Low
Fit with BIG's strategy / programmes	<ul style="list-style-type: none"> <li>Fit with BIG's strategic themes (e.g. asset based approaches)?</li> <li>Fit with BIG's policy area priorities (e.g. older people)—is the area relevant, while also bringing a new and distinct approach?</li> </ul>	High/Medium/Low
Sustainability	<ul style="list-style-type: none"> <li>What is the opportunity for BIG's contribution to be sustained (e.g. mainstreaming, income generation)?</li> <li>Over what timeframe is an intervention likely to be able to demonstrate results?</li> </ul>	High/Medium/Low
Risks	<ul style="list-style-type: none"> <li>What risks might be associated with developing a preventative funding programme in this sector?</li> </ul>	High/Medium/Low
<b>Overall assessment</b>	<b>Summary of judgements</b>	

## Identifying opportunities

NPC conducted an initial review of literature on prevention and early intervention, drawing on policy documents and research into specific policy areas. Interviews with BIG policy staff and external experts also contributed to the identification of potential areas for prevention approaches. Based on a review of these findings against the framework criteria, we identified five policy areas for further research. There was a relatively high level of consistency in the potential issue areas identified by experts as priorities for preventative funding.

We briefly explain our reasons for selecting each of these issue areas below. A more detailed analysis of the opportunity for prevention funding in each of them is provided in Section 3. We also explain a number of other issue areas we considered, but ruled out.

- **Early years:** The academic evidence supporting the importance of early years is relatively well-established and there are a number of proven or very promising initiatives in this field. That said, the charity sector is smaller and more dependent on government funding and infrastructure (eg, children's centres), than in other areas. There has been a growth in interest in this area in recent years, however, the overall level of investment and adoption of evidence-based approaches remains low. BIG could play a major role in this space by working with other engaged funders, and embedding evidence-based approaches in early years settings.
- **Children in care:** The level of need is extremely high, effective provision is limited, and focusing on children in care provides a way of targeting early intervention—the care population is both identifiable and small in number, relative to other issue areas selected. Effective support would help to address many problems significantly over-represented in the care population: educational under-achievement, mental health problems, involvement in crime, and future unemployment. A challenge remains in identifying effective projects providing the sort of long-term, holistic support that young people need.
- **Healthy lifestyles:** Chronic health conditions such as obesity, heart disease and diabetes are a major and growing problem in the UK. There is a strong case for preventative approaches to tackle issues before they escalate and create huge costs for the NHS. There appears to be good evidence in favour of local, targeted, family-focused healthy eating programmes, however these receive little or no government funding. Although there is potential for private sector involvement, sustainability will be a challenge in this field.
- **Mental health and employment:** Mental health problems affect around 13.6 million people in Britain per year at an estimated cost of £67 billion. Costs are estimated to rise drastically over the next fifteen years. There are promising approaches that have emerging evidence: both for improving early stage treatment, and for creating more 'mental health friendly' work environments. Building the evidence for workplace interventions could make a strong case to private sector employers for sustaining any investment made by BIG.
- **Older people:** With an ageing population and local authority cuts, the need is severe and increasing. Potential areas for early intervention range from financial management and independent living to fall prevention and combating isolation. To date initiatives have been mostly small scale and localised, but there are some excellent examples of asset-based approaches. There is a role for BIG in scaling existing approaches and building what is currently a very weak evidence base.

## Areas not prioritised for further research

There were several areas that we felt were promising, but have not prioritised. In general, we have not selected issues for further analysis where BIG is already running large scale UK programmes in that area (e.g. Improving Futures and Realising Ambition), or where there are significant investments in an area in one or more of the country portfolios (e.g. reducing reoffending and financial inclusion), that have potential to be replicated more widely.

- **Troubled Families:** Families suffering from multiple disadvantage, often as a result of inter-generational deprivation, incur huge costs for government. As a result, this area has gained significant government investment. BIG's current Improving Futures programme also aims to intervene early to tackle issues in families with complex problems, where children are aged 5–10. Further preventative initiatives in this field are likely to be most effective once lessons from current programmes have emerged, particularly given that there is a substantial evaluation component attached to BIG's existing funding in this area.
- **Youth offending:** Focusing on conduct problems in childhood and adolescence can prevent a range of negative outcomes, particularly around offending. Given the lack of funding for behavioural problems among at-risk children, NPC strongly considered analysing this issue in more detail. However, BIG's Realising Ambition programme is already working in this area, and further preventative initiatives in this field are likely to be most effective once lessons from this programme have emerged.
- **Re-offending:** A small number of experts suggested that we look at reducing re-offending by looking at resettlement of offenders leaving prison. We felt that this was a relatively 'downstream' intervention. Also, BIG is already currently involved in new initiatives in this area such as the Peterborough Prison Social Impact Bond in England, and Parc Prison 'Invisible Walls' project in Wales. Further preventative initiatives in this field are likely to be most effective once lessons from these investments have emerged.
- **Financial inclusion:** Measures targeted at improving financial inclusion can help to prevent people entering debt, and associated social problems such as mental health issues. BIG's Improving Financial Confidence (IFC) programme in England is already working in this field and further preventative initiatives are likely to be most effective once lessons from IFC have emerged. Building financial inclusion will also be explored as part of the detailed analysis of early intervention opportunities for older people.
- **Child mental health:** Currently mental health spending is disproportionately targeted at adults although half of adult mental health problems emerged before the age of 15.<sup>1</sup> There is a strong case for earlier intervention to target young people when mental health issues initially emerge, rather than treating the consequences. Child mental health issues are touched upon in two of the other priority areas identified (early years and children in care), so it has not been selected as a separate issue in its own right.

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<sup>1</sup> Centre for Mental Health (2010) *The economic and social costs of mental health problems in 2009/10*.

### 3. Policy areas for further analysis

#### Early years

Criteria	Issues to consider	Assessment
Need	Children from disadvantaged backgrounds are often <b>behind their peers by the time they start school</b> . Infants from the poorest fifth of households are twice as likely to have <b>behavioural problems by the age of three</b> . <sup>1</sup> <b>Poor parenting or neglect</b> can have a profound effect on children's social and emotional development, especially during the first 2–3 years of life, when brain development is very rapid. <sup>2 3 4</sup> This influences children's resilience and their ability to empathise with other people. <sup>5</sup> Supporting vulnerable parents can improve children's cognitive development, set a pattern of positive parenting, and improve the 'school readiness' of disadvantaged children. Yet <b>existing support for vulnerable families in the earliest years is patchy</b> .	High
Quality of evidence	There is <b>strong evidence</b> from developmental psychology that the early years are key to later outcomes, particularly the secure 'attachment' between infant and carer. <sup>6</sup> At the level of individual programmes, there is also robust academic evidence, although this is somewhat dependent on studies from the US. For example, the <b>Family Nurse Partnership (FNP)</b> approach—which offers intensive and structured home visiting delivered by specially trained nurses—is one of two programmes globally that has been proven to prevent child maltreatment in a review by the Lancet. <sup>7</sup> Extensive evidence on early years is cited in the Graham Allen Report, and in <i>Heads Up</i> , NPC's research into child mental health. <sup>8</sup> Given the links to health, there is a relatively <b>strong culture of evaluation in this sector</b> . However, more longitudinal studies are needed in the UK to prove long-term outcomes and cost-effectiveness.	High
Existing approaches	There are many preventative approaches to support children and families in the earliest years. Many have relatively good evidence, but <b>effective programmes are small-scale</b> and unevenly distributed. Local delivery of initiatives is largely dependent on <b>children's centres</b> , which vary considerably, even within local authorities—many are <b>run by large children's charities</b> (eg, Barnardo's and the Children's Society). Providing training and support to children's centres, and developing the skills of their staff, is key to improving outcomes at scale.  Key prevention approaches include: specialist nurse-visiting for vulnerable young mothers (eg, FNP), parenting classes (eg, 'Triple P'), supporting speech and language development (eg, ICAN), and improving training for early years practitioners. Many of these are delivered by charities and social enterprises.	Medium

<sup>1</sup> Washbrook, E. (2010) *A cross-cohort comparison of childhood behaviour problems*

<sup>2</sup> Sander, L. (2000) 'Where are we going in the field of infant mental health?' *Infant Mental Health Journal*, 21: p.5–20, cited in NCH (2007) Literature review: The emotional harm and well-being of children

<sup>3</sup> Graham Allen MP (2011) *Early Intervention: The next steps*

<sup>4</sup> Graham Allen MP (2011) *Early Intervention: The next steps*

<sup>5</sup> Sander, L. (2000) Where are we going in the field of infant mental health? *Infant Mental Health Journal*, 21: p.5-20, cited in NCH (2008) Literature review: The emotional harm and well-being of children.

<sup>6</sup> Bowlby, J. (1968–82) *Attachment, Separation, and Loss* and Berlin L, Zeanah CH, Lieberman AF (2008). "Prevention and Intervention Programs for Supporting Early Attachment Security". In Cassidy J, Shaver PR. *Handbook of Attachment: Theory, Research and Clinical Applications*. New York and London: Guilford Press

<sup>7</sup> Department of Health website,

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118530](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530)

<sup>8</sup> Graham Allen MP (2011) *Early Intervention: The next steps* and NPC (2008) *Heads up*

Targeting	<p>The targeting of programmes <b>relies significantly on the effectiveness of local children's centres</b> and other early years settings, but evaluations suggest that these have not always been effective at reaching out to support parents with the greatest needs. There are mixed views about whether support should be universal or targeted. Targeted interventions are much more cost-effective, but can be stigmatising if they are not implemented carefully.</p> <p>Some interventions can be targeted effectively. For example, FNP targets first-time teenage mothers. The majority of mothers it supports have high needs—they have low incomes, do not live with their partner, have few qualifications or steady employment; many also have problems with physical or mental health, and experience of domestic violence or homelessness.<sup>1</sup></p>	Medium
Cost savings	<p>The financial benefits of intervening in the earliest years to promote healthy development and tackle the root causes of mental health problems, crime and unemployment are <b>intuitively compelling, but difficult to prove robustly. Savings are realised long-term</b>, which makes it more difficult to persuade budget-holders seeking cashable savings in the short-term. The savings to health, education and criminal justice may not be realised until 15 years after the intervention.</p> <p>FNP provides savings five times greater than the cost of the programme for high-risk families by the time children are aged 15, in the form of reduced welfare and criminal justice expenditures, and improved physical and mental health.<sup>2</sup> However, this is based on US cost data; the programme has not yet been evaluated for cost in the UK, where savings are likely to be lower. Cost effectiveness data on parenting programmes is more limited.</p>	Medium
Opportunity for BIG	<p>Given recent interest in early years, particularly sparked by the Allen Review, there is a <b>perception that it is a relatively crowded space</b> with lots of different initiatives. It is true that this area has received more attention than other areas of the life-course, particularly in Scotland and Wales. In practice, however, the level of funding has not dramatically increased, and little is being done at a national scale. There are also clear gaps in provision: government's commitment to doubling FNP by 2015 will meet only 40% of estimated need. <b>Expanding evidence-based approaches</b> and <b>building the capacity and effectiveness of early years settings and staff</b> are key opportunities where BIG could play a transformative role on the sector.</p>	High
Partnership working	<p>In the last few years early years has received support from a small number of <b>engaged independent funders</b>, eg, Inspiring Scotland, Impetus Trust and Sutton Trust.<sup>3</sup> (The Mayor's Fund for London was also developing an early years programme, though it is not clear whether this will go ahead.)<sup>4</sup> But the overall scale of funding is relatively small (around £8m each for two separate initiatives in England and Scotland), and is focused primarily on growing the capacity of a small number of effective models.</p> <p>The <b>Early Intervention Foundation</b> may be a key partner in this sector. Its focus is not yet clearly defined, but it will play a role in building the evidence and working with local authority commissioners to develop early years programmes. Governments in Scotland and Wales have shown willingness to</p>	High

<sup>1</sup> Family Nurse Partnership in England: Third Year Report (2011)

<sup>2</sup> Karoly, L.A., Kilburn M.R., Cannon, J.S. 92005) *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND Corporation

<sup>3</sup> See: <http://www.impetus.org.uk/what's-special-about-impetus/we-focus-on-poverty/impetus-sutton-early-years-initiative/>; and <http://www.inspiringscotland.org.uk/Home/Our-Funds/Early-Years>

<sup>4</sup> <http://www.mayorsfundforlondon.org.uk/site/wp-content/uploads/2012/02/Announcement-April-2011-FINAL1.pdf>

	develop early years programmes and work with independent partners. In England, the situation varies by local authority.	
Fit with BIG's strategy / programmes	<p>Providing support to children in the earliest years <b>fits with an asset-based approach and links strongly with the concept of 'readiness'</b>. It aims at healthy social and emotional development, and building on the capacity of parents—it is not primarily focused on 'fixing problems'.</p> <p>Overall, however, early years <b>does not seem to be an area that BIG has prioritised recently</b>. NPC sensed from interviewing staff that it was not an area of primary interest, and that in the development of the Improving Futures programme, <b>BIG had recently considered early years</b> but decided to focus on an older age group of children (5–10 year olds) due to a perception that the earliest years was relatively crowded with initiatives. In the context of a broader preventative agenda, it may be worth <b>revisiting opportunities in early years</b>. The level of need for further initiatives in this space was contested among experts that NPC spoke to.</p>	Medium
Sustainability	<p>Many of the organisations in this field, and the infrastructure, <b>require long-term support</b> and close engagement. In addition, the interventions themselves are relatively long-term; it will be difficult to assess impact on a short time-scale. That said, <b>government has stated a commitment</b> to funding in this area so could provide an exit, particularly if a strong cost argument and long-term impact could be demonstrated. The sector does contain a number of charities and social enterprises that <b>generate revenue</b> from local authority contracts, training courses and selling materials—these types of organisations may provide <b>opportunities for social investment</b>, or short-term funding to take them to scale and develop sustainable models.</p>	Medium
Risks	<p>The relative strength of evidence in this sector means that <b>risk should be low</b>—there are existing approaches with good evidence, which require scale-up. However, the ability to take these to scale requires <b>serious engagement with the infrastructure of children's centres</b>, which is not straight-forward. It will be important to explore the role of the Early Intervention Foundation further to ensure that efforts are not duplicated.</p>	Medium
Overall assessment	<p>There is a <b>relatively strong evidence base</b>, and an opportunity for <b>taking projects to scale</b>—the infrastructure to do this <i>is</i> there, but BIG would need to be <b>highly engaged and work closely with partners</b>, especially children's centres and other early years settings. There are a number of engaged independent funders in this sector in England and Scotland, and a range of delivery organisations, who could be potential partners.</p>	

## Children in care

Criteria	Issues to consider	Assessment
Need	<p>Outcomes are <b>significantly worse</b> for care leavers than their peers, including <b>levels of educational attainment, crime, teenage pregnancy, drug and alcohol abuse and homelessness</b>.<sup>1</sup> For example, 33% of care leavers are NEET at age 19, compared to 15% of all 19 year olds; only 26% of children in care achieve 5 A-C GCSE grades compared to 75% of all children; and though children in care represent less than 1% of the population, 27% of the adult prison population and over half under-25s in custody were in care.</p> <p>These negative outcomes result in huge social and financial costs to individuals and the state. There are two potential approaches to early action relating to the care system:</p> <ol style="list-style-type: none"> <li>1. Preventing children entering the care system through <b>supporting children and families to stay together</b>. An alternative 'preventative' model of family interventions for children at risk views placing children into foster care at an early stage as a positive step for those exposed to neglect and abuse. Concurrent planning services such as that provided by Coram aim to prevent children aged 0-2 suffering a disruptive transition into the care system by placing a child at risk with foster carers who are willing to adopt them later if this is viewed as the best option for their longer term future.<sup>2</sup></li> <li>2. For children that do enter care, <b>intervening early</b> to forestall causal factors of negative outcomes, including through improved <b>mental health, education and employment support</b>.</li> </ol> <p>While there is a strong case for upstream preventative approaches (and some measures that support troubled families such as FNP are covered in Early Years above), this framework focuses on the second approach. Care placements will always be needed for some, and for these children, earlier intervention and support has the potential to improve their life chances.</p>	High
Quality of evidence	<p>While early years and troubled families programmes have been robustly evaluated (and BIG's Improving Futures programme is further contributing to the evidence base in this area), evidence of <b>what works in terms of interventions for children that do enter care is lacking</b>.<sup>3</sup> Programmes are typically local and small scale, and where evaluations are conducted, these tend to be qualitative and often process-related rather than determining quantifiable impacts, particularly over the longer term (for example, the initial evaluation of NCAS's From Care2Work project).<sup>4</sup></p> <p>Some positive steps are being taken in this area, such as BIG's investment in supporting the transition from care through its Youth in Focus (YIF) programme. But there is also a need to examine what works at an <b>earlier</b></p>	Low

<sup>1</sup> Reed in Partnership (2011) *From Care to Independence: Improving employment outcomes for care leavers*.

<sup>2</sup> <http://www.coram.org.uk/section/adoption/Babies-under-two>

<sup>3</sup> Dixon, J, et al, (2006) *Young People Leaving Care: A study of costs and outcomes, report to the Department for Education & Skills*

<sup>4</sup> <http://resources.leavingcare.org/uploads/048c472b88c9a3f6c906a46fb8b0e9ff.pdf>

	<p><b>stage of the care journey:</b> while good practice guidance and research suggests the need for practical, interpersonal and emotional support,<sup>1</sup> understanding of <b>what particular interventions work</b> is lacking.</p>	
Existing approaches	<p>There are few successful early interventions on a meaningful scale, seemingly due to a lack of learning and information sharing across local authority areas, and the failure to robustly evaluate many government and charity interventions. Expert interviews suggest that practice varies significantly by local authority area, and there is a need to identify, evaluate and scale-up interventions that work.</p> <p>Experts identified three main areas of early intervention to improve outcomes for children in care:</p> <ol style="list-style-type: none"> <li>1. Supporting <b>care leavers</b>, including through employability and accommodation support.</li> <li>2. Raising educational attainment.</li> <li>3. <b>Mental health</b> and emotional wellbeing support.</li> </ol> <p>Supporting the transition out of care is the area at which most initiatives are targeted. Examples include the Frank Buttle Trust's quality mark for higher education providers that support care leavers<sup>2</sup>; the Prince's Trust's <i>From Care to Independence</i> project (funded through YIF), which will provide six months of education, employability and training support for care leavers; and the National Care Advisory Services' <i>From Care2Work</i> project. From Care2Work has successfully engaged a number of Local Authorities and private sector employers to provide work experience and employment opportunities for children in care. Initially a national programme, DfE funding has since been cut, and the scheme is now continuing in a limited number of areas. The availability of role models is a further area identified by care leavers as a factor that they believe will improve their employment aspirations and outcomes.<sup>3</sup></p> <p>There is a need for <b>more upstream support</b> to contribute to improving outcomes for care leavers, for example, supporting improved educational attainment. There are a number of local level approaches such as the Frank Buttle Trust's work with colleges in Cardiff to help children in care attain the necessary qualifications to access apprenticeships. Earlier support includes the Virtual Schools initiative introduced by the previous government to provide a dedicated source of support to care leavers locally. This has continued in some areas, though is no longer a statutory requirement.<sup>4</sup></p> <p>The most 'upstream' of the three forms of early intervention is provision of <b>mental health and emotional well-being support</b>, however, this is also the most neglected, and efforts in improving education and employment prospects may be undermined if greater attention is not directed at meeting mental health needs. 55% of care leavers suffer, or have previously suffered from depression,<sup>5</sup> and provision of early emotional and behavioural support has been identified by experts as a particular gap in provision. <b>Mental health assessments when children enter care</b> are used on a small scale, for example in Southwark, but are not a statutory requirement. Experts viewed this as an area in which investment could create significantly improved</p>	Medium

<sup>1</sup> Demos (2010) *In Loco Parentis*.

<sup>2</sup> <http://www.buttleuk.org/pages/quality-mark-for-care-leavers.html>

<sup>3</sup> Reed in Partnership (2011) *From Care to Independence: Improving employment outcomes for care leavers*.

<sup>4</sup> <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR144.pdf>

<sup>5</sup> Centre for Social Justice (2008) *Breakthrough Britain: Couldn't Care Less*.

<sup>6</sup> [http://www.youngminds.org.uk/training\\_services/looked\\_after\\_young\\_people](http://www.youngminds.org.uk/training_services/looked_after_young_people)

	<p>outcomes.</p> <p>Improved support for 16-25 year olds in the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) and <b>clinical supervision for frontline social workers</b> could also support the identification and treatment of early stage mental health problems. YoungMinds are providing good practice guidance for the transition from CAMHS, and are providing training for professionals about the emotional well-being needs of children in care through its Comic Relief-funded Moving On project.<sup>6</sup> This has not yet been evaluated.</p>	
Targeting	<p>There are approximately 64,000 children and young people in the care system in England<sup>1</sup>: a group BIG could target, and making a difference to the long-term life chances of a marginalised section of the population. As care leavers closely interact with public services, there is a <b>clear means of targeting interventions</b>, and both a need and opportunity for partnership working.</p>	High
Cost savings	<p>No robust cost effectiveness calculations exist for specific early interventions. Research by Demos suggests that investment in better quality and more coordinated support can create significant cost-savings. Children who have <b>long-term stable placements and supported transitions are estimated to cost the state £91,804.89 less</b> between the ages of 16 and 30 than a child with unstable and disruptive experiences, largely in terms of contrasting mental health and education outcomes.<sup>2</sup></p>	Medium
Opportunity for BIG	<p>As ‘corporate guardians’ of children in care, local authorities are the primary investors in this area. Particularly at a time of funding cuts, local authority provision is patchy and significant gaps in provision exist. Current national government initiatives in this area are primarily targeted at improving adoption, and there is a <b>lack of specific early intervention support</b> to improve outcomes for children that remain in care. Generic measures for disadvantaged children identified in the recent Social Justice report are the Pupil Premium and entitlement to the new Further Education Bursary, plus a specific £2,000 Higher Education Bursary for care leavers at university.<sup>3</sup></p> <p>A range of non-government funders including BIG, Children in Need and Comic Relief invest in projects for children in care, but these are rarely early intervention initiatives directed specifically at children in care. Those that are, tend to be focused on care leavers, rather than further ‘upstream’.</p> <p>There is a clear need for further investment in this area and an opportunity to improve outcomes for a small, but extremely high need group. There is an opportunity for BIG to invest in infrastructure (eg, training) to support the delivery of more co-ordinated (statutory and non-statutory) services on a local level, and the <b>integration of currently disparate elements of support e.g. education, social care and mental health</b>. Investing in provision of mental health support itself, including better training for social care staff, is a further discrete area in which early interventions provide the opportunity to improve outcomes significantly. <b>Mental health assessments</b> for children entering care, and ongoing support, is an area identified as a particular gap by experts and arguably offers the greatest opportunity to improve outcomes.</p>	Medium
Partnership working	<p>Local authorities are a key partner in this field; those achieving strong outcomes for care leavers are a potential source of good practice initiatives</p>	High

<sup>1</sup> Reed in Partnership (2011) *From Care to Independence: Improving employment outcomes for care leavers*.

<sup>2</sup> Demos (2010) *In Loco Parentis*.

<sup>3</sup> DWP (2012) *Social Justice: transforming lives*, p. 41.

	<p>which can be scaled up, and <b>poorly performing local authorities should be targeted as a particular focus for investment.</b></p> <p>There are good opportunities for partnership working with charities. Catch22, the National Care Advisory Service (NCAS), The Care Leavers' Foundation, A National Voice and The Prince's Trust recently jointly published a report, Access All Areas, to call for more coordinated government provision for care leavers.<sup>1</sup> BIG could work in partnership with this group to <b>test and scale-up new approaches, and influence policy.</b> The Frank Buttle Trust, Children in Need, and Comic Relief are also engaged funders in this field.</p>	
Fit with BIG's strategy / programmes	<p>BIG has historically invested in a range of support for children in care across the UK (including Youth in Focus in England and Reaching Out: Empowering Young People in Northern Ireland).</p> <p>By adopting an early intervention approach—building resilience and addressing risk factors—there is potential to improve the <b>well-being and life chances</b> of an <b>extremely disadvantaged</b> group of young people.</p> <p>As BIG have historically invested in support for children in care and have current programmes in this area, including Youth in Focus which can be seen as a 'late' form of early intervention, this may be a case for focusing preventative and early intervention funding at other areas. Yet, need is extremely high and BIG could have a significant impact in <b>building the evidence base</b> on what works and <b>influencing policy and practice.</b></p>	Medium
Sustainability	<p>It is difficult to forecast opportunities for sustaining approaches due to the lack of robust data on social outcomes and cost effectiveness. If successful interventions can be identified and a case for cost-savings made, local authorities may mainstream such approaches, however, this is likely to patchy. The huge range of services with which children in care interact complicates the attribution of any cost savings. There may be potential to influence policy at a national level, as the Frank Buttle Trust has done.<sup>2</sup></p> <p>Relative to other areas, interventions in this area can demonstrate <b>'hard' outcomes in the short-medium term</b> e.g. educational attainment and employment outcomes over 5-10 years compared to, for example, child obesity prevention strategies where contribution to avoidance of chronic health conditions is unlikely to manifest until at least middle age.</p>	Low
Risks	<p>Key risks include the complexities of <b>engaging with the huge range of agencies at a local level</b>, and the lack of current understanding and evidence of what works in terms of early intervention. Issues of additionality must be carefully considered as provision for children in care is a statutory responsibility.</p>	High
Overall assessment	<p>Early intervention for care leavers provides an opportunity for a <b>high risk but high impact</b> investment. Improving the quality and availability of <b>mental health support</b> is a key gap in provision which could make a significant difference to outcomes for a discrete high need sector of the population. The lack of clear examples of well proven preventative initiatives is a significant risk, but offers huge potential for BIG to take on an influential role in transforming the evidence base and practice, if relevant partners can be successfully engaged.</p>	

<sup>1</sup> NCAS (2012) *Access all Areas. Action for all government departments to support young people's journey from care to adulthood.*

<sup>2</sup> Leat, D. (2007) *Just change: Strategies for increasing philanthropic impact* (Association of Charitable Foundations).

## Healthy lifestyles

Criteria	Issues to consider	Assessment
Need	<p>There is a clear need for preventative approaches to combat the increasing rate of chronic conditions associated with poor diet and lack of exercise. Obesity, type 2 diabetes and cardiovascular disease (CVD), are all interconnected, and <b>rates are increasing</b>. They have an estimated <b>cost of £11.5bn</b> to the NHS alone (not including impacts such as depression and lost earnings).<sup>1</sup></p> <p><b>Obesity is the primary causal factor:</b> 38% of the total NHS costs of treating CVD and 68% of diabetes cases are estimated to be linked to obesity.<sup>2</sup> Estimates by the Department of Health suggest that if current trends continue, 60% of men, 50% of women and <b>25% of children could be obese by 2050</b>.<sup>3</sup></p> <p>Preventative approaches have potential to improve wellbeing through forestalling the onset and escalation of debilitating chronic health conditions, and wider associated impacts such as depression.<sup>4</sup></p>	High
Quality of evidence	<p>While comprehensive data exists on the scale of obesity, diabetes, and CVD, and projections of likely increases, evidence of what particular interventions work is lacking, particularly over the longer term.<sup>5</sup></p> <p>The Mind, Exercise, Nutrition, Do it! (<b>MEND</b>) programme has been <b>demonstrated to be effective through RCTs</b>.<sup>6</sup> (This has been funded by BIG's Well-being Programme in England and has also been taken up by BIG's office in Scotland). Other family based interventions such as Families for Health,<sup>7</sup> and the BIG-funded Way of Life programme (Wales) are promising,<sup>8</sup> and the ongoing five-year evaluation of BIG's Wellbeing programme, particularly related to physical activity and healthy eating will contribute to developing the evidence base.<sup>9</sup> As well as measuring attitudinal changes in participants, if projects are to make a case for mainstreaming, it is important that 'hard' impacts upon health (e.g. reduced waist circumference) are measured, including over the longer term. More rigorous research to develop the evidence base around tackling obesity has been identified as a priority by NICE.<sup>1</sup></p> <p>Universal approaches—eg, the government's Change4Life programme—have not been rigorously evaluated. One expert was sceptical of universal approaches, stating that tackling child obesity <b>requires a highly targeted, locally tailored approach</b>, for reasons of both cost and effectiveness.</p>	Medium

<sup>1</sup> NPC (2011) Barclays Wealth. *Early Interventions: An Economic Approach to Charitable Giving*.

<sup>2</sup> NPC (2011) Barclays Wealth. *Early Interventions: An Economic Approach to Charitable Giving*.

<sup>3</sup> Department of Health (October 2011) *Healthy lives, healthy people: a call to action on obesity in England*.

<sup>4</sup> Tackling Obesity in England: Report by the Comptroller and Auditor General, NAO, 2001 (p13)

[http://www.nao.org.uk/publications/0001/tackling\\_obesity\\_in\\_england.aspx](http://www.nao.org.uk/publications/0001/tackling_obesity_in_england.aspx)

<sup>4</sup> John B. Dixon, MBBS, FRACGP; Maureen E. Dixon, BSc; Paul E. O'Brien, MD, FRACS (AMA, 2003) *Depression in Association With Severe Obesity: Changes With Weight Loss* <http://www.ncbi.nlm.nih.gov/pubmed/14504119>

<sup>5</sup> HM Government (2010) *Inclusion Health: Improving the way we meet the primary health care needs of the socially excluded*; World Health Organisation (2009) *Interventions on diet and physical activity: what works: summary report*, WHO Press, Switzerland; National Obesity Observatory (2009) *Preventing childhood obesity through lifestyle change interventions. A briefing paper for commissioners*.

<sup>6</sup> [http://www.ucl.ac.uk/paediatric-epidemiology/pdfs/Sacher\\_Obes\\_2010.pdf](http://www.ucl.ac.uk/paediatric-epidemiology/pdfs/Sacher_Obes_2010.pdf)

<sup>7</sup> Robertson, M., Thorogood, M., Inghis, N., Grainger, C. and Stewart Brown, S. (2011) 'Two-year follow-up of the 'Families for Health' programme for the treatment of childhood obesity.' *Child: care, health and development*, 38, 2, pp. 229-236.

<sup>8</sup> Hall Aitken (2012) *Way of Life Evaluation: Final Report*.

<sup>9</sup> [http://www.biglotteryfund.org.uk/evaluation\\_well-being.htm](http://www.biglotteryfund.org.uk/evaluation_well-being.htm)

Existing approaches	<p><b>Approaches tend to be small and on a local scale</b> with some exceptions such as MEND which is being extended internationally, and EPODE (Together Let's Prevent Childhood Obesity), a community lifestyle education programme, which has been implemented in over 500 communities in six countries (not in Britain). EPODE has positive early indications of success in reducing BMI, though standardised approaches to robustly evaluating the programme are yet to be developed. In England, the government-funded Healthy Towns initiative draws on similar principles though is less far-reaching in terms of whole-community engagement.<sup>2</sup></p> <p>Holistic interventions which adopt a <b>whole family and community approach are proven to be effective.</b><sup>3</sup> The synthesis and dissemination of evidence from these often small-scale and local programmes has been identified as a priority in order to allow specific, effective interventions to be scaled up.<sup>4</sup></p> <p><b>Campaigning is another key approach</b> to the promotion of healthy lifestyles, but there is little evidence on what works in terms of behaviour change, and there appears to be a lack of effective co-ordination. The government's Change4Life social marketing campaign has not been evaluated and funding for this has been cut.</p> <p>Health charities play a role in campaigning, but expert interviews highlighted that membership bodies such as Diabetes UK and the British Heart Foundation work to meet the needs of their member organisations which often focus on treatment rather than prevention. The <b>coordination of the preventative and public health work of health charities</b> has emerged from this research as a potential gap.</p>	Medium
Targeting	<p>Evidence suggests that physical activity and healthy eating strategies need to be <b>tailored</b> to the <b>target population</b> and address <b>specific risk factors.</b><sup>5</sup> For example, chronic health conditions such as obesity and CVD are closely linked to <b>deprivation</b>. Physical activity, as well as diet is a factor in this: young people from low income backgrounds are far less likely to take part in sport.<sup>6</sup> One expert identified that this may be exacerbated by cuts to Local Authority outreach services alongside increasing charges for access to LA-run leisure services. <b>Ethnicity</b> is also a factor: the two largest ethnic minority groups in the UK, Afro-Caribbeans and South Asians, have</p>	High

<sup>1</sup> Department of Health (2011) *Healthy lives, healthy people: a call to action on obesity in England*.  
<sup>2</sup> Borys, J. et al., *L/EPODE approach for childhood obesity prevention: methods, progress and international development*, Obesity Reviews Volume 13, Issue 4, pages 299–315, April 2012.  
<sup>3</sup> Robertson, M., Thorogood, M., Inglis, N., Grainger, C. and Stewart Brown, S. (2011) 'Two-year follow-up of the 'Families for Health' programme for the treatment of childhood obesity.' *Child: care, health and development*, 38, 2, 229-236. Skouteris H, McCabe, M, Swinburn, B, Newgreen, V, Sacher, P, Chadwick, P, 2010, 'Parental influence and obesity prevention in preschoolers: A systematic review of interventions' *Obesity Reviews*.  
<sup>4</sup> HM Government (2010) *Inclusion Health: Improving the way we meet the primary health care needs of the socially excluded*.  
<sup>5</sup> National Obesity Observatory (2009) *Preventing childhood obesity through lifestyle change interventions. A briefing paper for commissioners*.  
<sup>6</sup> [http://www.streetgames.org/www/sites/default/files/file\\_attach/SG\\_briefing\\_paper\\_1\\_INCOME.pdf](http://www.streetgames.org/www/sites/default/files/file_attach/SG_briefing_paper_1_INCOME.pdf)  
<sup>7</sup> Health Statistics Quarterly, Office for National Statistics (Summer 2003) <http://www.heartstats.org.uk/datapage.asp?id=6968>  
<sup>8</sup> Healthy Weight, Healthy Lives, Department for Health (2008), citing Whitaker R.C., Wright J.A., Pepe M.S., et al (1997) *Predicting obesity in young adulthood from childhood and parental obesity*. *The New England Journal of Medicine*; 337:869–73

	<p>significantly higher risks of developing CVD.<sup>7</sup></p> <p>Targeting children has the greatest potential to maximise returns as overweight children have a high probability of becoming overweight adults.<sup>8</sup> There is a significant gap in provision here; expert interviews suggest that <b>there is funding for just 2% of the obese population to access NICE-recommended treatments.</b></p> <p>As obesity is often a causal factor of other chronic health conditions, strategies to prevent type-2 diabetes and CVD tend to be more 'midstream', targeted at adults.<sup>1</sup></p>	
Cost savings	<p>There are promising indications that preventative programmes can realise cost savings, for example, cost-benefit analyses calculated for the BIG-funded MEND programme for 7-13 year olds. It costs an average of £416 for a family to participate in the MEND programme, which has estimated health and social outcomes valued at £3,831–£5,331 per child.<sup>2</sup> However, there is currently <b>insufficient comparable evidence to judge the relative cost effectiveness of different interventions</b>, particularly over the long term. The National Obesity Observatory (NOO) are developing tools to support this.<sup>3</sup></p>	Medium
Opportunity for BIG	<p>There are two clear opportunities for BIG to intervene in this area. First funding <b>effective local community projects</b> and helping to build the evidence base further. Investment from BIG could play a significant role in supporting the development of approaches to prevention in this field, drawing on wider initiatives such as the Academy of Royal Medical Colleges' evidence gathering inquiry into obesity prevention,<sup>4</sup> and NOO's work on developing tools to measure cost-effectiveness.</p> <p>There is also an opportunity for BIG to take on an <b>advocacy role in promoting and coordinating campaigning activity</b> around healthy lifestyles and/or <b>working with the food industry</b>. The government's Public Health Responsibility Deal<sup>5</sup> is in its early stages and has faced criticism for its lack of scope and enforcement (e.g. voluntary rather than mandatory agreements with food and drink companies). A number of charities have not signed up to the deal as a result, however, their response appears to suffer from a <b>lack of coordination</b>. BIG could support coordination of currently disparate efforts among charities campaigning for preventative action.</p>	High
Partnership working	<p><b>Government is a key partner</b> at a national level (Public Health Responsibility Deal and Change4Life) and local level (emerging Health and Wellbeing Boards). <b>Specialist bodies</b> such as the National Obesity Observatory and Academy of Royal Medical Colleges are key partners in developing evidence-based approaches. Any funding for physical activity-related interventions should be developed in consultation with relevant funders including Sport England. Links with charities include providers such as MEND and strategic level initiatives such as the Prevention Taskforce on Health and Care led by ACEVO, one of the three priority areas of which is long-term conditions.</p>	High

<sup>1</sup> See, for example, NICE (2011) *Preventing type 2 diabetes - risk identification and interventions for individuals at high risk: draft guidance*.

<sup>2</sup> [http://www.physicalactivityandnutritionwales.org.uk/Documents/740/Final%20report%20nef\\_YHEC\\_JULY%202010.pdf](http://www.physicalactivityandnutritionwales.org.uk/Documents/740/Final%20report%20nef_YHEC_JULY%202010.pdf)

<sup>3</sup> National Obesity Observatory submission to the AoMRC consultation on obesity, May 2012.

<sup>4</sup> <http://www.aomrc.org.uk/about-us/news/item/medical-profession-united-in-fight-to-defuse-obesity-time-bomb.html>

<sup>5</sup> <http://responsibilitydeal.dh.gov.uk/>

Fit with BIG's strategy / programmes	BIG has previously made significant investments in this field, including through the Wellbeing programme, Healthy Living Centres, School Fruit and Five-a-day Programmes. In order to avoid the limitations of many preventative initiatives which are short term, localised pilots, there is a strong case for BIG to use its learning to influence current initiatives seeking to build the evidence base. There is a clear need for further funding, but this must be weighed up against the opportunities for sustainability of community-based approaches.	Medium
Sustainability	Investment in current initiatives to support the development of the evidence base, including more robust calculations of cost effectiveness and longer term impacts, could significantly build the case for investment in preventative approaches. However, with cuts to government preventative spending there is a danger that even with stronger evidence, approaches may not be mainstreamed or scaled up on any significant scale. <b>The well evidenced MEND programme has recently had its government funding cut</b> , and has struggled to gain investment from local authorities.	Low
Risks	Key risks include potential challenges in mainstreaming successful approaches. It is unclear whether changes to local commissioning processes will be an opportunity, or increased barrier to gaining statutory funding for healthy lifestyle interventions. Experts also see the <b>food industry as a major barrier</b> to improving public health in this area. If BIG takes on an advocacy role for the sector, this is likely to require <b>challenging government</b> to impose stricter controls on food companies, as well as lobbying for additional funding for preventative interventions.	High
Overall assessment	There seems to be an <b>overwhelming case for intervening earlier</b> to prevent obesity and related health problems—both in terms of absolute costs and present and future trends. There also seems to be a reasonable evidence base for local, community-based approaches, targeting those at risk. However, <b>scale and sustainability are significant challenges</b> here. Government's relative neglect and the role of the food industry are seen to be major barriers in this sector. As well as building the evidence further, greater coordination and advocacy are priorities.	

## Mental health and employment

Criteria	Issues to consider	Assessment
Need	<p><b>One in six adults suffer from mental health disorders</b> at any one time.<sup>1</sup> Sufferers experience distress, stigma and face a range of other negative outcomes such as unemployment and financial difficulties. Mental health problems are estimated to <b>cost society around £67bn</b> annually, largely due to <b>issues around finding and staying in work</b> (unemployment, sick leave and reduced productivity).<sup>2</sup> Three quarters of children and adults with depression and anxiety disorders do not get any treatment.<sup>3</sup> If current approaches remain unchanged, the costs of addressing mental health problems are <b>estimated to rise significantly</b>.<sup>4</sup></p> <p>A preventative approach can help to forestall mental health problems, and stop emerging problems becoming entrenched.<sup>5</sup> <b>Most people with mental health problems want to work</b>. Appropriate employment can improve mental health and wellbeing, and has wider financial and social benefits.<sup>6</sup> However, work-related stress can undermine mental health, indicating the need to both support people into work, and <b>make work places mental-health friendly</b> for those at risk, and for the wider population.</p>	High
Quality of evidence	<p>Evidence varies significantly. <b>Individual Placement and Support (IPS)</b>, a form of tailored one-to-one employment support where specialist employment advisers are placed within mental health teams to provide integrated employment support and treatment, has strong evidence of success.<sup>7</sup> Some alternative interventions to tailored employment support, such as Enham's Business Ability Programme and Mental Health Matters' 'Back in Touch' employment service, are promising but are mainly localised, and have not been robustly evaluated.<sup>8</sup></p> <p>Measures to promote <b>mental-health friendly workplaces</b> are at an early stage and have not been robustly evaluated,<sup>9</sup> though there are promising approaches. An RCT is currently in progress for Stand to Reason's workplace mental health programme which provides training to managers on mental health awareness and advice to employers to develop mental health policies.<sup>10</sup></p>	Medium

<sup>1</sup> Sainsbury's Centre for Mental Health (2007) *Mental Health at Work: Developing the business case*; Singleton, N. et al. (2001) *Psychiatric Morbidity among Adults Living in Private Households*. London: The Stationery Office.

<sup>2</sup> NPC (2011) Barclays Wealth. *Early Interventions: An Economic Approach to Charitable Giving*.

<sup>3</sup> LSE Centre for Economic Development (2012) *How mental illness loses out in the NHS*

<sup>4</sup> Knapp, McDaid and Parsonage (ed.s) (April 2011) *Mental Health promotion and mental illness prevention: the economic case*. Department of Health.

<sup>5</sup> Royal College of Psychiatrists (2010) *No health without public mental health: the case for action*.

<sup>6</sup> Perkins, R., Farmer, P. and Litchfield, P. (2009) *Realising ambitions: Better employment support for people with a mental health condition*. Department for Work and Pensions; Sainsbury Centre for Mental Health and British Occupational Health Research Foundation (2010) *Common mental health problems at work: What we know about successful interventions*; Secker, J. and Membery, H. (2003) *Promoting mental health through employment and developing healthy workplaces: the potential of natural supports at work*. Health Education Research, 18(2): p. 207-215. April 2003; Foresight Mental Capital and Wellbeing Project (2008) Final project report. London: The Government Office for Science.

<sup>7</sup> At least 16 RCTs have been conducted internationally (including in the UK). In the US, high quality IPS has achieved average employment outcomes of 42% (up to 61% in some cases) compared with rates of 23% for alternative approaches. NPC (2011) Barclays Wealth. *Early Interventions: An Economic Approach to Charitable Giving*; NPC (2012) *Job well done. Employment and mental health problems. A guide for funders*.

<sup>8</sup> These include Enham's Business Ability Programme and Mental Health Matters' 'Back in Touch' employment service. NPC (2011) Barclays Wealth. *Early Interventions: An Economic Approach to Charitable Giving*.

<sup>9</sup> National Institute for Health and Clinical Excellence (2009) *Promoting Mental Wellbeing at Work: Full Guidance*. NICE (<http://guidance.nice.org.uk/PH22/Guidance/pdf/English>).

<sup>10</sup> Based on interview with Jonathan Naess and Gail Campbell of Stand to Reason for the report, NPC (2011) Barclays Wealth. *Early Interventions: An Economic Approach to Charitable Giving*.

Existing approaches	<p>NPC has identified two main potential areas for prevention.</p> <p>Firstly, improving the availability and quality of mental health related employment support. Gaps and delays in provision exist, and there is a need to ensure that employment support is evidence based (few government advisors and charity initiatives closely follow the proven IPS model).<sup>1</sup> Government employment advisors could be supported through a scheme such as Centre for Mental Health's <b>Regional Trainer programme</b> to deliver evidence-based approaches, or charities could deliver tailored employment support directly. The Centre for Mental Health is currently the only large-scale programme providing support in delivering high quality IPS. This was successfully piloted in Sussex at a cost of £65,000 (£281 per service user), though further investment is needed to scale up and evaluate the programme more fully.<sup>2</sup></p> <p>Secondly, developing mental-health friendly work places. There are three main initiatives that <b>support employers to identify and address mental health issues in the workplace</b>, delivered by the charities Stand to Reason, MIND and Centre for Mental Health. These are promising small-scale initiatives which could be tested and scaled-up.</p>	High
Targeting	<p>Employment-related mental health interventions <b>can be targeted</b> through the workplace for those in employment, and through welfare to work programmes for unemployed people.</p> <p>Targeted support for the recently unemployed (adults over 25 are not eligible for entry to the Work Programme until they have been claiming jobseekers allowance for 12 months)<sup>3</sup> appears to be lacking. Redundancy is a significant risk factor for depression and associated mental health conditions, but provision is mainly through primary mental health services after redundancy rather than upstream prevention at the point of redundancy;<sup>4</sup> there is an opportunity to explore and test effective early interventions.</p>	High
Cost savings	<p>There is a strong case for <b>cost savings to employers</b>, government and individuals.</p> <p>Promoting mental health friendly workplaces can benefit employers by reducing costs associated with mental health problems such as low productivity and sick leave. Mental health related problems account for nearly half of all absenteeism,<sup>5</sup> and are estimated to cost UK employers £20 billion annually. There are promising signs of success from initial attempts to calculate cost savings. <b>BT identified a 30% reduction in mental health related sickness absence as a result of its workplace positive mental health programme</b>, and an evaluation of a similar programme at Unilever found that participants had significantly reduced health risks, lower levels of absenteeism and improved work performance.<sup>6</sup></p>	High

<sup>1</sup> NPC (2011) Barclays Wealth. *Early Interventions: An Economic Approach to Charitable Giving*.

<sup>2</sup> [http://www.centreformentalhealth.org.uk/pdfs/briefing\\_44.pdf](http://www.centreformentalhealth.org.uk/pdfs/briefing_44.pdf); NPC (2012) *Job well done. Employment and mental health problems. A guide for funders*.

<sup>3</sup> <http://www.dwp.gov.uk/docs/wp-pg-chapter-2.pdf>

<sup>4</sup> Professor J. Huber (2010) *Wellbeing and the Recession: a UK wide insight into the effects of the downturn on the UK's mental health*. Roehampton University.

<sup>5</sup> LSE Centre for Economic Performance (2012) *How mental illness loses out in the NHS*

<sup>6</sup> McDaid, D. (2011) *Background document for The Thematic Conference on Mental Health in the Workplace: Promotion of Mental Health and Well-being in Workplaces*. Wilson, A. (2007) *The Commercial Case for Health and Wellbeing*. Presentation to the National Employment and Health Innovations Network, London, 20 July 2007. Mills P.R. et al (2007) *Impact of a health promotion program on employee health risks and work productivity*. *Am J Health Promotion* 2007; 22(1):45–53.

	<p>Reducing mental health related unemployment can create cost savings for government, through reduced unemployment benefit and health care costs, particularly by <b>reducing the escalation of conditions into severe disorders</b> that require expensive, acute, secondary health provision. Individuals are likely to benefit financially if mental health problems are tackled early, helping them to enter or remain in employment.</p>	
Opportunity for BIG	<p>The two discrete areas identified provide promising, but contrasting opportunities for BIG: funding well proven evidence-based approaches to integrated mental health employment support, and a ‘test and learn’ approach to building the evidence around what works in terms of workplace mental health support.</p> <p>Other non-government funders that have previously invested in mental health prevention include Comic Relief, the Tudor Trust, the Gatsby Charitable Foundation and Henry Smith Charitable Trust. There has not been significant investment in employment-related preventative approaches, however, and there is an <b>opportunity for BIG to develop and lead a partnership approach</b>.</p> <p>Both approaches have potential to influence policy and practice if accompanied by robust evaluation, though care must be taken to ensure that any investment in employability related mental health support is additional to government provision.</p>	Medium
Partnership working	<p>There are many opportunities for effective partnership working in this field. Employers, including from <b>the private sector</b>, could be engaged in programmes to promote mental-health friendly workplaces. Further partners include national and local government (both mental health and employability services) and mental health charities including Stand to Reason, MIND, Centre for Mental Health and Mental Health Foundation. BIG could link into new initiatives such as Health and Wellbeing boards; ACEVO’s Health and Care Prevention Taskforce, which has a focus on mental health; and work commissioned by Big Society Capital to develop shared measures relating to employability outcomes (including impact upon mental health and well-being).</p>	High
Fit with BIG’s strategy / programmes	<p>Most people with mental health problems <b>want to work, and can</b> with support. This <b>enabling approach</b> fits with BIG’s interest in promoting capability and resilience, and its previous major investments in mental health projects through the Wellbeing programme.</p> <p>Provision of workplace mental health provides the opportunity for BIG to take on a campaigning, strategic role including working with the private sector. This can build on BIG’s previous successful investments in this field, including funding for MIND’s Time to Change project which was then scaled up by government and Comic Relief.</p>	Medium
Sustainability	<p>Both approaches identified have the potential to become sustainable if evidence of improved social outcomes and, crucially, cost savings can be established. Promoting workplace mental health programmes provides a <b>unique opportunity to engage private sector employers</b> in promoting the population’s wellbeing on a large scale. This is likely to require a robust cost-effectiveness argument to persuade commercial investors.</p>	High
Risks	<p>Care must be taken to ensure that any investment is additional to government provision. Tracking of long term outcomes and attribution of cost savings will be complicated by the fact that some people with mental</p>	High

	<p>health problems have periods of recovery and relapse. <b>Helping people into work is extremely challenging in the current environment.</b> Changing workplace culture would also be difficult, and employers may be reluctant to invest in mental health support in the current economic context.</p>	
<p><b>Overall assessment</b></p>	<p>There is a significant need for investment in mild-to-moderate mental health problems for those who do not meet the threshold for statutory services, to <b>prevent health problems and unemployment becoming entrenched.</b> There is <b>potential for major cost savings</b> which could help to engage government and employers, and a good, developing evidence base for a number of interventions.</p> <p>There are considerable risks of intervention in this area, however. There is a need to ensure additionality—is it government's role to fund tailored support for those with mental health problems? The <b>tough labour market</b> also reduces the potential ability to help people into work.</p> <p>Promoting workplace mental health support can therefore be seen as a stronger opportunity: one which would allow BIG to take on a <b>role in promoting well-being</b> on a large scale, and encourage investment beyond government. Though the evidence base is developing, it is weaker here, and the economic context will increase the difficulties of gaining employer engagement.</p>	

## Older people

Criteria	Issues to consider	Assessment
Need	<p>There is a clear need for investment in preventative approaches in the context of an ageing population and unsustainable levels of spending on health and social care for older people. The number of people aged 65 and over is estimated to increase by 23 per cent to 12.7 million by 2018, and to 16.9 million by 2035.<sup>1</sup></p> <p>Preventative services for older people take two main forms:</p> <ol style="list-style-type: none"> <li>1. Services that support older people to <b>live independently</b> for longer (delaying or preventing the need for intensive institutional care).</li> <li>2. Services that aim to promote <b>quality of life</b> and <b>community engagement</b>.<sup>2</sup></li> </ol> <p>There are high levels of need in both of these areas. Research in 2008 estimated that around 6,000 older people with high support needs and 275,000 with less intensive needs received no care from either state or informal sources.<sup>3</sup> These are likely to be under-estimates, and experts report that this situation has worsened in recent years, with raised eligibility thresholds and cuts to preventative services. Cuts have been particularly severe for services targeted at combating loneliness, despite high levels of need: it is estimated that over 1 million of those aged 65 and over are lonely, and loneliness is linked to numerous negative outcomes including depression, degenerative diseases such as Alzheimer's and general poor health.<sup>4</sup></p>	High
Quality of evidence	<p>Overall the <b>evidence base is weak</b>. RCTs indicate the effectiveness of fall prevention strategies,<sup>5</sup> but more widely evidence is mainly qualitative and often anecdotal. There is a lack of rigorous evaluation of outcomes over <b>the longer term</b>, largely due to the predominance of short-term pilot initiatives.</p> <p>Evidence is particularly lacking for activities targeted at reducing isolation and loneliness due to the difficulties of measuring 'soft' outcomes. Some limited progress is being made, for example, the University of Sheffield are conducting an RCT to evaluate whether telephone befriending services can improve wellbeing.<sup>6</sup> Far more needs to be done to <b>conduct research at scale</b>. Many promising approaches are small and local—these need to be robustly tested at scale to provide better evidence of effectiveness.</p>	Low
Existing approaches	<p>There are many good examples of preventative and early interventions targeted at supporting older people to live independently and/or social inclusion. These include fall prevention, handyperson<sup>7</sup> (i.e. help around the home and DIY), transport, active ageing<sup>8</sup> and community engagement initiatives such as befriending, intergenerational support and older people's</p>	High

<sup>1</sup> Parliament UK (2012) *Population Ageing: statistics*.

<sup>2</sup> H. Clark, C. Dyer and J. Horwood 'That Bit of Help': *The high value of low level preventative services for older people*, Policy Press, 1998.

<sup>3</sup> *The State of Social Care in England 2006–07*, Commission for Social Care Inspection (CSCI), 2008.

<sup>4</sup> Oxfordshire AgeUK (2011) *Safeguarding the Convoy: A call to action from the Campaign to End Loneliness*.

<sup>5</sup> Choi M, Hector M. 'Effectiveness of intervention programs in preventing falls: A systematic review of recent 10 years and meta-analysis.' *J Am Med Dir Assoc*. 2012;13:188.e13–188.e21

<sup>6</sup> <http://www.shef.ac.uk/scharr/sections/hsr/ctru/pliny>

<sup>7</sup> For case studies of approaches to supporting older people to live independently, see, J. Porteus (ed.) (July 2011) *Living Well At Home Inquiry*. All Party Parliamentary Group on Housing and Care for Older People.

<http://www.counselandcare.org.uk/pdf/living-well-at-home>

<sup>8</sup> This includes the BIG-funded 'Fit as a Fiddle' programme.

	<p>social activities (e.g. gardening clubs and lunch clubs).</p> <p>Most of these are delivered on a <b>small and local scale</b>, tailored to local community needs. Few are scaled-up, often due to a lack of sustainable funding, as with many of the government-funded Partnerships for Older People Projects (POPPs). The <b>fragmented approach to delivery</b> of many preventative/early intervention projects limits the potential to realise both social impact and cost savings, and the ability to make a case for continued funding. There is a need for longer term and more coordinated investment.</p> <p>Experts report that preventative services for older people are most effective when they are holistic, combining support in the home and community engagement, rather than isolated interventions. The <b>Circles Movement</b> is a very promising example of such an initiative. This locally-based membership scheme provides practical help through a timebank volunteering scheme, and access to social events. Initially trialled in Southwark, the circles model is now being tested in other local contexts.</p>	
Targeting	<p>Targeting can be difficult, particularly when trying to engage the most isolated, but there are a number of ways reported to increase effectiveness.</p> <p>Experts suggest that <b>community-based approaches</b> to identifying and referring those in need of support, such as through Village Agents,<sup>1</sup> are an effective way to target those most in need, as are peer-based approaches to identification and engagement. <b>Focused funding in a small number of high need areas</b> (eg, small towns or neighbourhoods) was recommended by one expert as a way to make a meaningful impact and evidence success, rather than scattering funds among many smaller projects nationally.</p> <p>The promotion of proactive approaches to ageing <b>can be seen as patronising and overly interventionist</b> by recipients who do not perceive themselves to be 'old'.<sup>2</sup> To overcome this, the Circles Movement is not specifically marketed as a service for older people; around half of Southwark Circle's members are aged under 65, many of whom provide as well as receive support. The wide age range (generally 50+) and <b>peer-based approach</b> to support can help to overcome the stigma of accessing 'older peoples' services, and to engage people at an earlier age, supporting a preventative approach.</p>	Medium
Cost savings	<p>Preventative interventions for older people have less scope to create cost savings over the life course compared to prevention for younger age groups (partly because many cost savings arise from improving employability). However, approaches that prevent or delay entry to acute <b>institutional care</b> can realise <b>major health and social cost savings</b> associated with later life, particularly important in the context of an ageing population.</p> <p>The availability of data on cost savings for specific interventions is mixed.</p> <p>Fall prevention can realise significant cost savings: a fall leading to a hip fracture saves the state an average of £28,665 which is over 100 times the cost of installing grab rails in homes. Housing adaptations can also reduce the need for home care (saving £1,200 to £29,000 per case a year). Cost benefit analyses of a number of relevant government-funded initiatives suggest positive returns on investment. Calculations suggest the following cost savings</p>	Medium

<sup>1</sup> Village Agents are local people employed to develop networks and become a trusted local resource, able to signpost older people to a range of services <http://www.villageagents.org.uk/>

<sup>2</sup> Demos (2011) *Coming of Age*.

	<p>per £1 invested: POPPs of £1.20 on spending on emergency beds, Handyperson services of £1.70, and LinkAge Plus of £2.65.<sup>1</sup> To increase the reliability of such calculations, there is a need for more robust evaluations conducted over longer timeframes.</p> <p>Little data exists on cost savings resulting from initiatives to increase social inclusion, though some initial steps are now being taken. The Circles Movement was developed and marketed as a means to realise cost savings, and initial results indicate success, though supporting data is not yet publicly available. WRVS commissioned research into their programmes which provide volunteer support schemes for older people (including practical help and social activities), some of which indicate significant cost savings, though estimates vary greatly.<sup>2</sup></p>	
<p>Opportunity for BIG</p>	<p>Due to the lack of proven, effective interventions and funding in this area, there is an opportunity for BIG to play a transformative role in developing and testing more <b>coordinated, holistic, asset-based preventative approaches</b> to scale. This should be accompanied by <b>robust evaluation</b> to demonstrate success and make the case for shifts in government spending to more preventative interventions.</p> <p>Even in Scotland, where the national government have developed an Older People's Change Fund to encourage a shift towards preventative approaches,<sup>3</sup> early indications suggest that funding of community based preventative initiatives remains patchy due to the lack of evidence base on what works, and concerns about sustainability. Non-government funding for older people tends to be for small-scale local projects through generic grant funds. A number of funders, including BIG and Comic Relief, have made larger strategic investments in support for older people, for example, through Silver Dreams and Managing Money Better.</p> <p>The <b>Circles</b> model has strong early indications of success, and there is an opportunity for BIG to <b>scale-up and robustly evaluate</b> such interventions.</p> <p>A further opportunity for BIG (building on its knowledge and expertise from the Improving Financial Confidence programme) is early interventions to support <b>financial planning for older age</b>. Comic Relief's Managing Money Better programme provides financial advice for over 65s, and there appears to be little comprehensive provision for earlier interventions to support financial planning for retirement.</p>	<p>High</p>
<p>Partnership working</p>	<p>There are good opportunities for partnership working. <b>Local and national government and charities</b> must be engaged if BIG is to promote more joined-up, co-ordinated and locally-tailored preventative services for older people. Specific potential partners include Comic Relief, Scotland's Reshaping Care for Older People Change Fund, newly emerging <b>Health and Wellbeing boards</b>, and <b>ACEVO's Health and Care Prevention Taskforce</b>, one of the focuses of which is ageing.</p>	<p>Medium</p>
<p>Fit with BIG's strategy / programmes</p>	<p>Preventative approaches which support older people to live independently and promote social inclusion have a <b>strong fit with BIG's priorities</b>. Holistic initiatives such as Circles, which build on the resources of local communities through peer support, promote asset-based approaches which underlie the concept of '<b>People Powered Change</b>'. The potential to build the evidence</p>	<p>High</p>

<sup>1</sup> Housing LIN (2011) *Viewpoint 21 Housing, prevention and early intervention at work: a summary of the evidence base*.

<sup>2</sup>[http://www.wrvs.org.uk/Uploads/Documents/Reports%20and%20Reviews/social\\_return\\_on\\_investment\\_march2011.pdf](http://www.wrvs.org.uk/Uploads/Documents/Reports%20and%20Reviews/social_return_on_investment_march2011.pdf)

<sup>3</sup> <http://www.scotland.gov.uk/Topics/Health/care/reshaping>

	<p>base around promising approaches fits with BIG's appetite for <b>'test and learn'</b> approaches.</p> <p>Preventative initiatives would complement BIG's current focus on supporting older people (including the current Silver Dreams programme) while bringing a new and distinct approach through earlier interventions.</p>	
Sustainability	<p>There is a realistic prospect of <b>local authorities mainstreaming</b> effective approaches (Circles have already done so in some cases), particularly if a strong cost argument can be made. Asset-based approaches such as Circles can be relatively <b>self-sustaining</b> once established. There is potential for BIG to extend such initiatives nationally, or through strategic 'test and learn' investments in a range of contexts, develop the case for local authorities to make a one-off investments.</p>	Medium
Risks	<p>Specific risks with funding a preventative approach in this sector include the difficulty in <b>measuring soft outcomes</b> associated with community-based interventions. Preventative services targeted at older people face the particular challenge that in many cases they can only hope to <b>delay rather than prevent</b> deteriorations in health, limiting the returns on investment compared to preventative approaches aimed at children.</p> <p>Locally tailored approaches have been identified as a priority, but this poses a question around <b>scalability</b>: how far can models be transferred to other local contexts? This in turn has implications for conducting evaluations at scale.</p>	Medium
<b>Overall assessment</b>	<p>In the context of an ageing population and unsustainable levels of spending, there is a <b>strong case for investment in preventative interventions for older people</b>. With cuts to government funding for prevention, particularly community-based approaches, there is a clear role for independent funding. Investment in this area has a <b>strong fit with BIG's priorities</b>, including older people, People Powered Change, and community-based, local approaches.</p> <p>Challenges and risks include the lack of evidence of impact, and uncertainty around cost savings associated with specific initiatives, particularly those related to tackling loneliness.</p> <p>These challenges present an opportunity for BIG to take a more strategic approach to the provision of preventative services for older people through scaling up small, localised schemes with indications of success through a 'test and learn' approach.</p>	

## 4. The role for BIG

As an independent funder, BIG is well positioned to take a longer term and more cross-cutting approach than government, and contribute to building the case for government intervention.

### Principles and priorities

Through our interviews with policy staff from BIG, and our discussions with external experts, the following **broad principles and priorities** emerged for BIG's role in supporting prevention and early intervention. BIG should focus on:

- **Taking a long-term approach.** Any programme developed by BIG should think long-term. One of the biggest barriers around the evidence is a lack of longitudinal studies of preventative approaches. There are numerous small-scale, short-term pilot projects, but these lack the longer term evidence required to attract sustainable funding from government. Five years funding should be the minimum.
- **Innovation: building the evidence.** The most commonly cited obstacle to developing prevention approaches is the lack of evidence base. However, it is difficult for government to fund additional pilots and evaluations at a time when resources are stretched. BIG could support the development of innovative new approaches in areas such as children in care and older people through further in-depth sector research and/or a 'call for ideas'. Any funding should be accompanied by evaluation as a basis for identifying, replicating and scaling up successful interventions. Building the evidence for cost-savings in particular will help to attract funding from government and the private sector.
- **Replication: scaling what works.** In some areas there are proven or highly promising interventions, but these have not been tested at scale, and are not being widely implemented. Early years, healthy lifestyles and mental health are all areas where there appear to be relatively well-evidenced interventions that require expansion, or engagement with statutory partners to promote take-up. There is an opportunity for BIG to scale up and robustly evaluate promising interventions through a model similar to that used for Realising Ambition.
- **Taking risks.** It was strongly felt among policy staff and experts that BIG should be prepared to take risks in funding prevention and early intervention approaches. This means: funding areas that are not currently well-evidenced in order to 'test and learn', working closely with statutory partners to 'fix the plumbing', thinking beyond traditional, issues-based programmes, or adopting different styles of funding (eg, issuing a 'Grand challenge' to address big problems—see 'Thinking bigger' below).
- **Collaboration.** Prevention efforts are currently fragmented. BIG must work closely in partnership with relevant sector specialists in programme development and implementation to maximise the effectiveness and sustainability of its funding. There is also a need to work with other funders, especially on strengthening the evidence base.
- **Taking on an advocacy role.** As well as taking risks with its funding and building evidence of 'what works', BIG's scale and scope as a generalist funder means it is well placed to have a wider influence on policy and practice. BIG can make a case for both preventative approaches generally, and in specific policy areas it may fund. To maximise influence, BIG could take a lead on forming and co-ordinating strategic partnerships of relevant specialist bodies, for example, in the health care sector where charity sector policy efforts are fragmented. This may involve challenging current government approaches.

## What to fund?

The five issue areas analysed in this report all present good opportunities for BIG to develop funding programmes: in each case there is a clear need, and a strong case for developing a preventative approach. However, the **nature of opportunity varies** between areas:

- For **early years**, there is a relatively strong evidence base, and an opportunity for taking projects to scale—the infrastructure to do this *is* there, but BIG would need to be prepared to be highly engaged and work closely with statutory partners (especially children’s centres), or identify partners to play this role. There are a number of engaged independent funders in this sector in England and Scotland, and a range of delivery organisations, who could be potential partners.
- For **children in care**, there is highly vulnerable population, which—unusually for preventative approaches—can readily be identified and targeted. The need is high, and there seems to be a gap in terms of independent funders focusing upstream in this area (as opposed to looking at care leavers). Funding for mental health support is a priority, but the structure of care system is undergoing change and it is difficult to know what specific interventions to fund in this space. A call for innovative ideas may be needed. This is likely to be a high risk, though potentially high impact area.
- With **healthy lifestyles**, there seems to be an overwhelming case for intervening earlier to prevent obesity and related health problems—both in terms of absolute costs at present and future trends. There also seems to be a reasonable evidence base for local, community-based approaches, targeting those at risk. However, scale and sustainability are significant challenges here. Government’s relative neglect and the role of the food industry are seen to be major barriers in this sector. As well as building the evidence further, greater coordination and advocacy are priorities.
- For **mental health and employment**, there is potential for major cost savings which could help to engage government and employers, and a good, developing evidence base for a number of interventions. There is a particular opportunity for working with employers, including in the private sector, to develop approaches that benefit their staff—making workplaces mental-health friendly and reducing stress and absences—but getting them on board may prove difficult. The current employment market makes this a very challenging, albeit much needed, area at present.
- For **older people**, there is a weak evidence base, but a myriad of promising preventative approaches at a community level. This area seems to fit best with BIG’s interest in ‘People Powered Change’ and there is a role for BIG in conducting a test and learn approach at scale to build the evidence base. A challenge here is sustainability. Although some projects can become self-sustaining, overall, the ‘soft’ outcomes of some preventative work, and relatively low returns on investment (when compared with other issue areas analysed), may make it hard to persuade statutory funders.

## Thinking bigger

As well as broad principles and specific funding areas, there are also more fundamental ways that BIG could aim to **orient itself towards a more preventative approach**. It could, for example:

- **Develop a strategy to prevent problems.** BIG could consider whether an explicit focus on ‘communities in greatest need’ discourages a preventative approach. Does focusing on immediate need necessarily lead funding downstream and away from a preventative approach? A clear statement of strategic intent would help to align thinking around preventative approaches.
- **Set a target for prevention spending.** BIG could consider setting a target for shifting spending towards prevention. The first step in achieving this would be categorising existing

spending—perhaps as ‘upstream’, ‘midstream’ and ‘downstream’. Although in practice it is very difficult to develop an exact typology for categorising grants, policy staff that we spoke to did have a broad sense of which programmes were intended to be preventative, and which responsive. Once a baseline is established, efforts could be made for shifting to a more preventative approach year on year.

- **Encourage grant applicants to focus more ‘upstream’.** BIG could adopt a cross cutting commitment to driving preventative approaches, pushing grantees to think about developing their services with prevention in mind. For example, BIG could ask of every grant applicant, ‘how will you deliver this work in ways that will help to ensure that fewer clients require this service in the future?’
- **Issue a ‘Grand Challenge’.** David Robinson of the EATF argues for a ‘Grand Challenge’ approach to prevention and early intervention, which has been adopted in other fields—in health care, for instance, by the Gates Foundation and in global economics with the Wolfson Prize. He suggests posing a series of big questions to encourage a different level of ambition, a different approach to funding, and a different scale of outcome.
- **Think beyond social policy.** As nef have argued, an ‘upstream’ approach to preventing harm recognises and addresses underlying, interconnected causes—encompassing people, planet and economy. When developing programmes, BIG could think about prevention more broadly than through individual social policy issues. For example, if funding preventative interventions for older people, there is scope to consider potential contributions to addressing economic issues (e.g. how can the health and social care system for older people become more sustainable), and the built environment (e.g. do local areas cater for the needs of those with mobility difficulties, poor eyesight or dementia), as well as direct improvements to health and wellbeing.

## Issues for further research

Prevention is an area of growing interest, but as highlighted by this report, there are currently significant gaps in knowledge. To develop our understanding and build the case for the adoption of preventative approaches more widely, there is a need for further research across a number of areas. The dissemination and sharing of research findings beyond BIG, particularly with other funders, can help to support the development of effective preventative approaches.

- **Sector research.** This report has provided a brief overview of five policy areas, but there is a need for in-depth sector research to explore opportunities more fully, including promising local approaches that could be scaled up. There is a particular need for research into older people and children in care, as well as areas not selected for further analysis in this study, including child mental health and offending.
- **International approaches.** This study has primarily focused on policy, practice and evidence from the UK. A number of early years programmes, including Family Nurse Partnerships, were transferred to the UK having been proven in the US. There is scope to examine and learn from preventative approaches internationally across other policy areas.
- **Measurement.** There is need to improve understanding of how to measure, robustly but practically, the impacts of preventative approaches, both in terms of social outcomes and cost savings. This could include developing general good practice guidelines, or more detailed sector-specific shared measurement approaches that focus on prevention.
- **Explore the potential for quick returns on investment.** While it is important to provide long term funding to build the evidence base and allow programmes to be effectively embedded, evaluation should ensure that any short term returns are also captured in order to build the case for mainstreaming. One expert suggested that BIG could establish a fund that specifically explores preventative approaches that can yield savings within a year.

These interventions are more likely to become sustainable through attracting funding from local authority commissioners.

- **Classifying preventative vs. reactive spending.** If BIG decided to classify spending as preventative or reactive, research would be needed to explore how best to categorise this, and a tool or methodology could be developed to help other funders identify how preventative they are in focus. This would encourage others to think about shifting efforts towards prevention, and support coordination of prevention efforts between funders.
- **Behaviour change.** Preventative approaches often entail changing embedded behaviours, for example, eating and exercise habits to combat obesity. To maximise the effectiveness of preventative approaches, there is a need for further research into what approaches work in changing behaviours before entrenched problems develop.
- **Social investment.** Social investment is frequently identified as an opportunity to bring in a new source of funding for early intervention measures, including by the Allen review. However, such suggestions often lack a detailed appraisal of opportunities in practice, in particular the challenges of gaining investment for measures where returns are likely to be significantly delayed. Further research to understand how social investment may be developed for preventative approaches would be extremely beneficial to the debate.

## Final word

Everyone agrees that ‘prevention is better than cure’, but relatively little has yet changed in culture or practice, in policy or spending. Despite extensive, passionate and convincing arguments from a range of advocates inside and outside of government, it is difficult to move the debate beyond a comfortable agreement of how good the principle is and how difficult the practice is.

Sceptics point to barriers undermining the case for prevention and early intervention, including the weakness of the evidence, the lack of cashable savings and a host of structural issues. Yet huge enthusiasm and potential for the concepts remain (even among the sceptics). If prevention and early intervention are not to become ‘flavour of the month’ policy topics, bold, long-term commitment, and advocacy are now needed to move the debate forward.

There is a key role for independent funders in shifting this debate: providing leadership and coordination, taking risks, providing long-term commitment, and demonstrating what works with concrete, well-evidenced examples. Among other grant-makers, there is a particular role and opportunity for BIG due to its scale, ability to connect disparate audiences and issues, and its signalling power to other funders.

## Next steps

It is difficult to prescribe which of these areas is most suitable for BIG to take forward. That will depend on BIG’s priorities and preferences, its willingness to take risks, and a host of other factors. In all cases, however, **further research and analysis are needed**, whether to analyse specific policy issues to develop programmes, or to deepen understanding of broader questions relevant to prevention.

BIG now needs to think through its role in this debate—this could involve a major, strategic shift to focus on prevention, for example, setting particular targets to move funding from reactive to more preventative programmes. Or it could be about focusing on a few key policy areas, developing programmes to test and prove prevention approaches. Ultimately this will depend on BIG asking itself **fundamental questions about where to focus efforts**, and on whether and how to shift funding away from immediate needs to anticipate future needs. It will involve an ambition to shift funding away from delivering services, to an aspiration of transforming the way that services are delivered.



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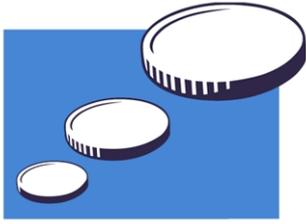
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