

# Prevention and Early Intervention- research and policy issues



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# Why is there a resurgence of interest in early intervention?

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- ◆ Demographic factors
  - ❖ Improved outcomes for most, but increasing **poverty**
    - ❖ Poorer outcomes for the most disadvantaged children
  - ❖ Changing family structures – less support from family and community
  - ❖ Children seen as investment in the future
- ◆ Policy Shifts
  - ❖ Failure of child protection and youth justice models
  - ❖ Focus on parenting and community
  - ❖ New conceptions of poverty – the underclass theories
  - ❖ The labour market – getting women into work
- ◆ Research and practice changes
  - ❖ Ecological and risk/resilience understandings of child development
  - ❖ Evidence of positive outcomes
  - ❖ Neurological development coming to the fore

## Policy options

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- ◆ Increase family income - raise benefits
- ◆ Universal Provision
- ◆ Targeted Provision – individuals/families
- ◆ Targeted Provision – communities
- ◆ Do nothing (crisis intervention)

## Major types of prevention

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- ◆ Home Visiting
- ◆ Parenting Programmes
- ◆ Child care
- ◆ Family Support – family centres
- ◆ Joined up services - case coordinators
- ◆ Community development/regeneration initiatives
- ◆ School based services
- ◆ Welfare to work
- ◆ Benefits

# Evidence of effectiveness in improving outcomes for children

- ◆ Intensive interventions with parents and children focusing on learning skills (Schweinhart et al, 2004)
- ◆ Quality child care (for the most deprived children) (Silva et al 2004)
- ◆ 'Whole school' approaches (Mihalic et al, 2004; Olweus, 1993)

- ◆ Parenting programmes (Moran et al 2004)
- ◆ Home visitation (Olds and Kitzman 1993; Gomby, Culross and Behrman, 1999)
- ◆ Multiple interventions
  - ❖ Welfare to work plus parenting/childcare (Bos et al 1999)
  - ❖ Case management approach (key worker) (St Pierre et al, 1997)
- ◆ Head Start/Early Head Start (Love et al., 2002)
- ◆ Community development/neighbourhood interventions (Barnes McGuire, 1997; Melhuish et al, 2005; France and Utting, 2005)

## Little evidence (yet) of effectiveness

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- ◆ Social support (Barnes, 2005)
- ◆ Home visiting by volunteers (Mc Cauley et al, 2004)
- ◆ Welfare to work (Hamilton et al, 2001)
- ◆ Family preservation (Weststat, 2002)
- ◆ Family Support (Layser et al, 2001)
- ◆ Joined up services (Bickman et al 1995)
- ◆ Mozart effect (Jones and Zigler, 2002)

# Why is it hard to change outcomes?

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- ◆ Building fences on cliff tops is sometimes harder than providing ambulances
- ◆ Context
  - ❖ Wider family and community beliefs/attitudes
  - ❖ Other social forces (eg no suitable jobs available)
  - ❖ Other contextual factors – housing, transport
  - ❖ Parental substance misuse, domestic violence or mental health
  - ❖ Focus on the wrong person
- ◆ Poverty and inequality
- ◆ Service input therefore only part of any potential solution
- ◆ Services are often inappropriate in various ways
- ◆ Workforce – training and qualifications
- ◆ High levels of attrition

# Importance of Implementation – its not what you do but the way that you do it

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- ◆ Trust and relationships
  - ❖ Community ownership is necessary for community engagement
  - ❖ Cultural sensitivity
  - ❖ Reaching out – telephone, letter, payment etc
  - ❖ Engaging fathers
  - ❖ Retention
- ◆ Programme fidelity
  - ❖ Training
  - ❖ QA and monitoring
  - ❖ Manualisation
- ◆ Human Resources

- ◆ The more rigorous the evaluation the less likely to find an effect
- ◆ Clinical conditions will show more of an effect than field conditions
- ◆ Lack of implementation information makes findings difficult to interpret
- ◆ 'Initiative effect'

# But what is an outcome?

- ◆ Research measures effects which are easy to measure
  - ❖ child behaviour and educational attainment
  - ❖ administrative eg fewer referrals, substantiations, better school attendance, more parents in work
- ◆ Parental satisfaction, confidence and community level factors seen as lesser outcomes than child development or economic savings
- ◆ Bruner (2004)
  1. Relationships and practices, not program structure or curriculum, are key to achieving success.
  2. Impacting “rotten outcomes” requires a systemic, not simply programmatic, focus.
  3. Effective family strengthening programs and strategies create social capital, which is not measurable through a subject-treatment-impact approach.

## The most effective interventions

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- ◆ Begin earlier and last longer
- ◆ Are more intensive and have active participants
- ◆ Deliver services directly to children instead of hoping to achieve effects on children through parents
- ◆ Provide comprehensive rather than narrowly-focused services
- ◆ Respond to differences among children in learning styles
- ◆ Provide ongoing support to maintain early gains.

Ramey & Ramey (1992)

# Overall lessons from the research

- ◆ Prevention and early intervention can make a significant difference to the lives of vulnerable children and families...
- ◆ But
  - ❖ It is hard to change people's lives, and no intervention is guaranteed
  - ❖ No silver bullet or Mozart effect
  - ❖ Some families need life long support
- ◆ Implementation is as important as the intervention model
- ◆ The more investment, the more return
- ◆ Stability and flexibility
- ◆ Doing nothing is not an option, despite the risks

## Some policy tensions

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- ◆ Top down or bottom up (does the community always know best)
- ◆ Social contract – support or intervention
- ◆ Evidence based vs innovation
  - ❖ Program fidelity vs flexibility/relationships
- ◆ Targeted vs universal services
  - ❖ Early years vs all children
- ◆ Child protection separate or part of early intervention?
- ◆ Focused programmes vs general programmes
- ◆ Relationships vs equality

# Conclusion

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- ◆ Early intervention has grown because of a number of different policy and practice tensions, and these tensions continue
- ◆ Research and evaluation are making slow progress in understanding 'what works'
- ◆ However there are a number of competing priorities and tensions which mean that there is no simple or easy solution, and there are losses and gains in every approach.
- ◆ Context is all important and what works in one location may not work in another
- ◆ Relationships and trust are key, but hard to legislate for
- ◆ Wider social policy and context may be more important than specific interventions
  - ❖ Health Gradient (Keating and Hertzman, 1999)
  - ❖ Social Cohesion (Wilkinson, 1999)

Effective interventions, however, increasingly require striking a fine balance among the characteristics of the participants, the characteristics of the services, and service use.... Policy-makers, more-over, cannot expect early interventions to inoculate vulnerable infants to future difficulties. (Berlin et al 1998, 244)