NSPCC Scotland welcomes the opportunity to respond to the health committee’s scrutiny of the draft budget 2012-13 and spending review 2011. We are pleased that the committee will focus on preventative spending through the prism of early years intervention.

The particular vulnerability of children under the age of one is a priority area for NSPCC Scotland, and we are currently developing a number of innovative services models in this area. In particular, our services will seek to intervene early to provide parenting support and promote good infant mental health and development through secure attachment. Thus, the importance of early intervention in the early years is the focus of this response. We would like to make comments on a number of areas as set out below.

About NSPCC Scotland

The NSPCC aims to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential. We seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours, and delivering services for the benefit of all children and young people across the UK.

NSPCC Scotland is working with others to introduce new child protection services to help some of the most vulnerable and at risk children in the country. We are testing the very best models of child protection from around the world, alongside our universal services such as ChildLine, the UK’s free, confidential 24 hour phone and online helpline for children and young people and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change in Scotland – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

NSPCC Scotland response

NSPCC Scotland strongly believes that health spending must be focused on preventing, as well as dealing with, negative social outcomes. If real efficiencies are to be made, there is a need to reduce demand on health services. Considerable evidence suggests that investing in the right care and interventions for children and families now is the most effective way that we can achieve this (Deacon, 2011).1 We therefore believe that a fundamental reform of spending on health - with investment concentrated in early years - is necessary if we are to provide a health service that is proven to improve the life chances of vulnerable children.

There is a clear case for prioritising investment on early intervention programmes, alongside later remediation. When a child is very young, their brain is still developing and it is therefore easier to have an impact on the child’s later outcomes if we intervene in this critical period. Similarly, the effects of deprivation or adversity during critical early development can be difficult to reverse. As Nobel Laureate James Heckman has argued, money invested in early support for at-risk children is more cost effective than money spent later to compensate for early disadvantage. Development is dynamic: early learning and development increases the likelihood that children will engage with, and benefit from subsequent interventions.

The Scottish Government’s ‘Early Years Framework’ sets out a robust and ambitious plan of action in this area. However, we believe that priority should now be given to investing in programmes that will deliver the aims of this framework in practice.

Preventative services, in relation to preventing abuse and neglect, can intervene at different stages:

- **primary prevention** services, such as those delivered by health visitors, take a universal approach to offering support, advice and information;

- **secondary prevention** targets services at children and families who are particularly at risk before any maltreatment occurs; and

- **tertiary prevention** seeks to offer effective therapeutic interventions with children who have experienced maltreatment to prevent abuse reoccurring, and to minimise the harms caused.

To ensure that poor outcomes are avoided before they have a chance to manifest themselves, investment should be stepped up in primary and secondary interventions. At the same time, tertiary prevention requires high quality therapeutic input to set children on a healthy trajectory for life. For example: The New Orleans Intervention Model, which the NSPCC will soon be delivering in Glasgow, provides tailored family support on the basis of assessments of attachment relationships, shows promise in improving outcomes for children who have been maltreated.

Services must meet the needs of the most vulnerable children and families, with universal services playing a crucial role in identifying potential risk as early as possible.

Intervention in the first year of life does not need to be hugely expensive. The Non Accidental Head Injury project in Buffalo has demonstrated that showing parents a simple, short DVD can prevent babies from being shaken. The incidence of abusive head injuries decreased by 47% in 6 years amongst babies included in the programme, and not in the control group². NSPCC

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² Dias, M et al (2004) Preventing Abusive Head Trauma amongst Infants and Young Children
Scotland is working to introduce this project in the coming months to test its effectiveness in Scotland.

We welcome the Scottish Government’s commitment to roll out Family Nurse Partnership (FNP) across Scotland. This programme has been rigorously evaluated over the course of almost 30 years - and we are keen to see more detailed plans about how this will be rolled out.

Nevertheless, we recognise that there is no single programme or approach that can deliver improved outcomes. Instead a concerted and long-term effort across a range of policies and services is required. While the Health Committee’s dominant consideration is how the health and social care budgets are used to encourage preventative spending, such an approach requires a cultural change as much as monetary reallocation.

Monitoring the impact of preventative spending is crucial. Evidence that gives some indication of both the health and economic benefits is important – the economic benefits related to Family Nurse Partnership work is a useful example of this. We believe that all areas of preventative spending should be subject to regular and ongoing audits of effectiveness. However, outcomes must not simply be measured in cost terms.

A thorough evaluation of tangible outcomes for children that improve their quality of life and allows them to reach their full potential is also essential. A holistic measurement of all outcomes must be central to the evaluation process as higher rates of positive outcomes from a particular service or investment can represent a saving in the longer term, even if the initial outlay is higher.

Many current indicators focus on input, output and process, rather than on how services have changed trajectories for children and have contributed to positive outcomes.

The move towards a preventative approach is inevitably a long-term process, involving changing social attitudes and values, and the structures and policies that contribute to childhood abuse and neglect. However, funding for preventative projects or initiatives tends to be uncertain and short-term. Often it can be easier to manage existing provision rather than fund prevention, given the pressure to respond to an immediate crisis-led demand.

A long-term commitment is required to monitor the impact of preventative spend, underpinned by investment in longitudinal studies and evaluations that can evidence the long-term benefits on investment. We would also suggest that incentives are required within funding allocation systems to encourage investment in, and the continuation of, evidence-based projects and interventions, rather than continuing with the status quo.

3 http://www.c4eo.org.uk/costeffectiveness/edgeofcare/costcalculator.aspx
4 Investing in our Children: What We Know and Don’t Know about the Costs and Benefits of Early Childhood Intervention. L. Karoly, P.W. Greenwood, SS. Everington, J. Hoube, M.R Kilburn, RAND, Santa Monica, CA.
Much of the effort to move to preventative services can be ad hoc and sporadic, with no prescribed direction as to what preventative services are or what they are seeking to prevent or achieve. In this way, we suggest that preventative activity could be increased with investment in a national review of early intervention / preventative services, which would map provision across the country, identify evidence of effective models and projects and highlight any gaps in provision.

To ensure more effective collaboration, we believe that more could be done to link up the variety of children and adult services within health and local authorities, with which vulnerable families come into contact.

Universal services have a fundamental role in implementing a preventative approach, in identifying risk and need as early as possible and making appropriate referrals for more specialist support. Adult services, such as drug and alcohol services, and domestic abuse and mental health services, could do better in ‘thinking family’ - considering the holistic needs of clients’ families where children are involved, as encouraged by the Getting it Right for Every Child approach. This not only includes meeting the needs of children, but also of considering clients as parents, and providing support which enables them to fulfil their parenting role.

The NSPCC would welcome a further opportunity to share our experience of child protection and early intervention through more detailed discussions with the Health Committee as the proposals for health spending reform develop.

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