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POLICY BRIEFING
FOR LOCAL GOVERNMENT ACROSS SCOTLAND

Evidence-based Family Policy: Combining evidence, values, and rules to make good decisions

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Summary

This briefing reviews case studies on 'families policy' to produce a number of useful steps to help practitioners combine evidence, values, and rules to make decisions. It focuses on the questions which arise when Scottish (and UK) Governments pursue a degree of 'localism', which puts greater responsibility on cash-strapped local public bodies to commission evidence-based projects: how do you turn a very broad families agenda into a decision to invest wisely in specific parenting and child-centred projects? It summarises a recent report by the Early Intervention Foundation (EIF) and shows that it is just as relevant to Scottish as UK central and local government agendas. The EIF report tries to generate the best evidence on the most effective projects, but in the context of two key points outlined in depth: this search for evidence is no substitute for clarifying your values (by defining the policy problem clearly), producing 'standard operating procedures' to ensure that potentially good projects are not undermined by bad politics, and evaluating your own projects as you deliver.[1]

Background to families policies: what are they?

'Families policy' can refer to an incredibly wide range of activities, partly to reflect the difficulties in defining 'families'. It can form part of policies such as tax credits, benefits for children, education, social work, housing, disability, and health. This ability to define families policy in so many ways makes it significant that Scottish and UK Governments have defined them similarly since 1999. Each government has overseen 'waves' of policy in which they emphasise one aspect of the need to intervene in family life.

The first wave focused on social inclusion: the need for better cross-departmental and public service strategies to focus on multiple indicators of exclusion, including employability, housing, early years and lifelong learning, physical and mental health, addiction, discrimination, community development, and economic regeneration (using this agenda, Scottish Government pursued Social Inclusion Partnerships, the predecessors of Community Planning Partnerships). This wave came with a shift from a focus primarily on the redistributive role of the state and the structural aspects of deprivation out of the control of individuals, towards the need for individuals to develop an ability to take more responsibility for their actions.

The second wave – on anti-social behaviour – was more punitive, identifying and punishing deviant behaviour, and blaming parents for the behaviour of their children. Each government legislated to introduce anti-social behaviour orders ('ASBOs'), designed to prevent behaviour that undermined family life and made life difficult for communities. There was a significant shift in Scotland from a focus on child welfare from a social work perspective, to (parent and) child deviance from a criminal justice perspective (although few ASBOs were issued in Scotland).

The third – contemporary – wave involves some shift back towards focusing on underlying causes of behaviour, emphasising early intervention to prevent bad outcomes by providing training to enhance parenting skills, and interventions to influence childhood cognitive development and behaviour.

This is key context when we consider our ability to learn about families policies across the UK. UK and Scottish government policies now seem profoundly different: the UK argues that its centrally directed 'troubled families' programme will address the criminality that we witnessed during the London riots, while Scottish Government places more emphasis on the 'assets' of individuals and locally focused initiatives such as Early Years Collaboratives. Yet, both have overseen similar waves of policy, they have the same hope that early intervention will improve outcomes and reduce the cost of public services, and *make similar reference to the same two types of evidence-based intervention*.

Two types of 'evidence based' families policies

The first approach relates to 'family intervention projects' (FIPs) developed in the UK. Modern FIPs began as the *Dundee Families Project* (DFP), established in 1996, which both governments sought to 'roll out' in different ways. DFP focused on low income, often lone

parent, families at risk of eviction linked to antisocial behaviour. It provided two forms of intervention: intensive 24/7 support, including after school clubs for children and parenting skills classes, and treatment for addiction or depression in some cases, in dedicated core accommodation with strict rules on access and behaviour; and an outreach model of support and training. UK Government sought to expand both types, but particularly outreach-FIPs on a massive scale, while Scottish Government supported more cautious expansion of the original model (the Aberdeen Families Project was established in 2005) and 'Breaking the Cycle' pilots, from 2006, to further test the effectiveness of outreach.

In this approach, the evidence of success comes from evaluation, counterfactual, and governance principles. The evaluation comes from qualitative methods such as interviews with service users and practitioners and with reference to case files. The counterfactual can be summed up as: this intervention is expensive, but we think that it would have cost far more money and heartache if we had not intervened to prevent family homelessness. The governance principles relate to the ability of projects to improve 'joined up government' and challenge behaviour while treating people with respect. There is generally no randomised control trial (RCT) to establish the cause of improved outcomes, or demonstrate that those outcomes would not have happened without an intervention of this sort.

The second approach relates to projects imported from other countries (primarily the US and Australia) based on their reputation for success. This reputation has been generated primarily with reference to 'evidence based medicine' (EBM), in which there is relatively strong adherence to a hierarchy of evidence, with RCTs and their systematic review at the top, and the belief that there should be 'fidelity' to programmes to make sure that the 'dosage' of the intervention is delivered properly and its effect measured. Both governments fund directly or encourage local and health authorities to identify the most effective programmes using such criteria. Key examples include the Family Nurse Partnership, Triple P, and Incredible Years.

In this approach, there may be more quantitative evidence of success, but it is still difficult to know if the project can be transferred effectively and if its success can be replicated in another country with a very different political drivers, problems, and levels of existing services. We know that some interventions are associated with positive outcomes, but we struggle to establish definitively that they (alone) caused them.

For example, the FNP (*representing the best case example*) is designed to engage nurses with first time mothers (deemed to be at relatively high risk of poor life chances) approximately once per month from pregnancy until the child is two. The criteria for inclusion relate to age (mainly teenage pregnancies), income (low), and partnership status (generally unmarried). Nurses give advice on how mothers can look after their own health, care for their child, minimise the chances of further unplanned pregnancy, and access education or employment. In the US, it had a dramatic impact partly because the project compares with limited public services. In the UK, it compares with well-established services, producing some debate about its very small impact so far, and the knock-on effect of reduced investment on other services.

What does the Early Intervention Foundation recommend?

The EIF's *[Foundations for life: what works to support parent child interaction in the early years?](#)* describes its evaluation system, which indicates the amount of evidence underpinning an intervention's success, and an estimate of the cost per intervention. It represents impressive evidence gathering, serving a key role for public bodies. Instead of each local body investing their limited resources in researching each project (the EIF focuses on 75, and describes 17 as evidence-based), and struggling to produce enough information to make an informed decision, the EIF almost provides a one-stop-shop.

Yet, three statements sum up the dilemmas of investing in well-evidenced programmes. First, even the EIF does not have enough evidence to provide definitive comparisons:

"Although the case for early intervention is very well made, the overall evidence base for the programmes available now in the UK needs further development. This is not a comment on any one programme but on the field as a whole. It is inappropriate to draw strong conclusions about which programmes will work or will not work when each programme only has a small number of evaluations and few have very rigorous or long-term evaluation across multiple sites".

Second, it is almost impossible to learn lessons systematically from other local public bodies because there is no central record of their investment decisions or how they relate to core services.

Therefore, third, the evidence never represents a 'magic bullet' or replacement for political choice:

"Assessment ratings are not a replacement for professional judgement. The EIF assessment process was developed specifically to inform judgements about the extent to which a programme has been found effective in at least one rigorously conducted evaluation study. While this information is considered by many to be indicative of programme quality, the amount of weight given to evaluation evidence (as opposed to other programme features) is a matter of careful judgement. From this perspective, our assessment ratings should never be viewed as a kite mark, validation, accreditation or recommendation of any given programme"

The context for evidence-based choices:

1. clarify your values and define the problem

This lack of a 'magic bullet' puts the onus back on policymakers to clarify why they would invest in such interventions. In the absence of an ability to simply depoliticise choice – effectively to say, 'we will fund what works' – policymakers need to state and defend their *values* when defining the problem they seek to solve. This is particularly true in families policy because, although a policy agenda is relatively innocuous and enjoys cross-party support when framed broadly in terms of prevention and the benefits of early intervention, it

is more controversial to take the next step, in which the state makes a judgement on: social and anti-social behaviour, good and bad parenting, and the extent to which parents should be offered support with or without the threat of sanctions for non-engagement.

It is legitimate to go far beyond the evidence, effectively to say 'we are doing it because it is the right thing to do', but this approach requires a strong rhetorical 'currency' (for example, 'preventing homelessness saves money and wards off immeasurable heartache') to compete with more routine value-for-money exercises or the speculative argument that 'each £1 investment will save you £X in the long run'.

In a more practical sense, one's evaluation of the evidence for a policy solution depends highly on the ways in which you describe the problem you want to solve, and how long you can wait for positive results. For example, the FNP has produced a limited impact on outcomes relating to child birth, but it retains a high EIF rating and continued support because its key value may come from longer term outcomes (some of which may take at least 15 years to measure – such as the child's education attainment) associated with the development of a strong mother/ child relationship and the child's cognitive development.

More generally, to demonstrate successful outcomes requires substantial investment in policy evaluation alongside investment in the intervention. This may prove to be the hardest decision to secure when local bodies each make decisions independently, since the main beneficiaries of this investment are often the other bodies seeking lessons before they decide to invest (not the bodies funding the evaluations). UK Government is experimenting with 'Payment By Results' to address this broad question about who benefits from investment (by estimating its wider impact), which may provide some lessons to Scottish Government.

2. protect good projects from bad politics

The process to identify evidence of effectiveness is often secondary to the process of securing continuous political support for early intervention projects. As I discuss in more detail in a separate briefing (*What can governments learn from each other about 'prevention' policy?*), early intervention projects often suffer because they seem to involve high up-front costs with no guarantee of a return, their benefits are very difficult to measure (and they generally involve a counterfactual), they compete for attention and money with policies that have a clearer short term effect, they do not help meet the performance management targets that central governments produce to look like they are making progress (to help their governing parties win elections) and – to be frank – they often involve 'target populations' that politicians may be more tempted to criticise than support.

This problem is often more important than the weight of the evidence. The commitment to invest in 'what works' will not win the day if even the most important organisations in the UK – such as the EIF – struggle to say definitively what works. Rather, local public bodies need the right kinds of 'standard operating procedures' or rules to ensure that we *take investment in early intervention for granted as a routine part of government*, and therefore

ensure that projects are not abandoned simply because they don't deliver clear evidence of success at the right point of the election or financial cycle (indeed, almost no public investment lives up to that standard).

Conclusion

We should welcome the routine gathering and use of evidence, but never expect evidence to replace value judgements or be a substitute for good decision-making. This point seems particularly apt in 'families policy', which often describes the investment in early intervention and parenting programmes that do not provide definitive evidence about their success.

The work of bodies such as the EIF is key to providing resource-strapped local bodies with a short-cut to evidence gathering. However, local authorities will struggle to make sense, and effective use, of its evaluation guide without first identifying the problem they are trying to solve and establishing a standard operating procedure in which investment in early intervention becomes routine and almost taken for granted.

Consequently, local authorities need to see the use of evidence as part of a wider set of

useful steps to combine facts, values, and rules: 'institutionalise' and eventually take for granted your commitment to early intervention as the right thing to do, define your specific problem (which can be solved by interventions such as parenting programmes), use mechanisms such as the EIF rating system to establish the most relevant solution, and put in place measures to evaluate progress routinely. Only then can we establish the evidence-base and use it effectively.

[1] Note: this briefing draws on (but does not cite directly) a large academic literature gathered during the production of a book on prevention policy. You can find further details and reading here:https://paulcairney.wordpress.com/prevention/

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