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Preventative Expenditure

NIAR 368-14

This Research Paper presents key findings of research undertaken by the Research and Information Service (RaISe) for the Committee of Finance and Personnel (CFP), to identify Executive / Departmental initiatives in Northern Ireland relating to prevention and early intervention expenditure. For a comparative perspective, the Paper examines initiatives in other jurisdictions, to identify lessons learnt elsewhere, to help inform CFP's consideration of undertaking an inquiry in this area. This Paper supplements RaISe Research Paper NIAR 220-14, dated 8 May 2014.

Key Points

- While it is unrealistic to suggest that preventative measures are always effective, RalSe identified a number of evidence-based good practice schemes relating to various branches of government;
- Responses to Assembly Questions tabled in March 2014 highlight an issue in relation to Ministers' and Departments' understanding of the concept of prevention;
- Reports within the charity sector have highlighted a policy shift toward prevention and early intervention by the Executive;
- A number of preventative and early intervention schemes currently operate across Northern Ireland. However, the available evidence about their outcomes appears to be limited; in some cases this seems to be due to delayed receipt of such evidence, and in others is simply unavailable. This potentially creates a situation where good schemes are not widely implemented;
- In June 2014 the Minister of Finance in Northern Ireland commented that the Invest-to-Save initiative "*could provide the financial stimulus required to encourage preventative spending*".¹ In other words it may be used to fund a preventative approach by the Assembly;
- The United States introduced a National Prevention Strategy in 2011 to improve the health and well-being of the nation. To fund prevention and early intervention the strategy was accompanied by a "Prevention and Public Health Fund," with funding of approximately £19bn in the 12 years up to 2022;
- The United Kingdom (UK) Government commissioned a review in 2010 that identified a range of methods for funding early intervention strategies. As a result of the review, the £20m Social Outcomes Fund was introduced in England to assist in the setting up of social impact bonds;
- Preventative health has been a key policy area in Australia since 2007. However, the approach adopted there was classified as 'healthist.' It encouraged any scheme that could enhance health, and ignored the more economic approach of weighing up costs and benefits. This type of approach may have influenced the Australian government's decision earlier this month, to close the Australian National Preventative Health Agency.

¹ NI Assembly Oral Question AQO 6288/11-15 available online at <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-13-14/09-June-2014/#6> (accessed 18 June 14)

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Introduction

While prevention has been used as a broad theme in reports by the United Kingdom (UK) government since the 1950s,² a detailed understanding of exactly what is meant by the term is often lacking. More recently, it appears the terms prevention and early intervention have become two interconnected concepts used to describe a:

*focus on tackling the roots of social problems: pre-empting their occurrence, rather than treating their consequences.*³

For the purposes of this Paper, the two terms are used interchangeably as the literature reviewed by Research and Information Service (RaISe) does not draw a distinction.

This Paper presents key findings of research undertaken in this area by RaISe for the Committee of Finance and Personnel (CFP). It seeks to identify preventative and early intervention initiatives operating in both Northern Ireland (NI) and in other jurisdictions across the world. The Paper builds on information previously provided within RaISe Research Paper 220-14, dated 8 May 2014.⁴

This Paper is laid out as follows:

- Section 1 seeks to establish a baseline in this area for NI; first providing key findings of research undertaken to identify preventative expenditure initiatives, as well as those relating to early intervention, which are currently operating within NI, and then discusses the Executive's Invest-to-Save initiative;
- Section 2 provides comparative research findings; first outlining international case studies that profile recent good practice in preventative methods; and then reviews preventative expenditure in other jurisdictions; and,
- Section 3 provides key concluding remarks based on the research undertaken to date by RaISe.

² Billis (1981) 'At risk of prevention', Journal of Social Policy, (Page 368,367)

³ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' http://www.biglotteryfund.org.uk/-/media/er_prevention_early_intervention.pdf (accessed on 24 June 14)

⁴Dugdale, P (2014) Preventative Expenditure: available online at http://www.niassembly.gov.uk/Documents/RaISe/Publications/2014/finance_personnel/5114.pdf (accessed 17 June 14)

1 Prevention and Early Intervention in Northern Ireland

The following sub-sections provide some information on the current situation in NI, the progress that has been made, and provides some examples of preventative and early intervention initiatives currently operating within NI.

1.1 The Current Situation in Northern Ireland

There have been a number of recent Assembly Questions about preventative spending within departmental budgets. While a majority of the ministerial responses appear supportive of the principle of prevention, the replies were not particularly helpful in the promotion of prevention as a strategic direction for NI, as the subsequent paragraphs explain.

Two Ministers – namely the Minister for Education⁵ and the Minister for Social Development⁶ - stated that the total expenditure of their respective departments could be defined as preventative. Furthermore, the Minister of Employment and Learning stated that:

The work of my Department is fundamentally concerned with preventative expenditure.⁷

Responses from other Ministers also hint at a lack of understanding/agreement about what preventative expenditure actually involves. This is illustrated by the Minister of the Environment's response which stated that his department:

....delivers a range of programmes which help support preventative spending. These programmes help contribute to the health and well-being of the citizen and include road safety, environmental regulation and access to the natural and built environment.⁸

It appears the Assembly could face similar issues to those experienced by the Scottish Executive; as highlighted by a member of the Scottish Finance Committee when commenting in May 2012:

Just about every agency or department that has given evidence to any parliamentary committee claims that what it does is preventative spend.⁹

⁵ NI Assembly Written Question AQW 31811/11-15 available online at <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=193167> (accessed on 10 June 14)

⁶ NI Assembly Written Question AQW 31917/11-15 available online at <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=193486> (accessed 10 June 14)

⁷ NI Assembly Written Question AQW 31812/11-15 available online at <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=193168> (accessed on 10 June 14)

⁸ NI Assembly Written Question AQW 31852/11-15 available online at <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=193262> (accessed on 10 June 14)

⁹ SPICe The Information Centre 'Preventative spend' http://www.scottish.parliament.uk/ima...ce_briefing_on_Preventative_spend.pdf (accessed on 10 June 14).

1.2 Progress in Northern Ireland

In its 2012 report, New Philanthropy Capital¹⁰ (NPC) identified a policy shift in recent years in NI, from reaction toward prevention it:

*...developed some policies towards a preventative approach, especially around support for vulnerable families.*¹¹

It goes on to state:

*...preventative approaches are central to many of the Assembly's strategies like Families Matter, Protect Life Strategy and Transforming Your Care.*¹¹

This policy shift was noted by the National Children's Bureau¹² (NCB) in April 2013, when commenting that:

*Early Intervention is increasingly central to the emerging policy agenda here in Northern Ireland,[.....], with many agencies structuring their priorities around this ideal.*¹³

However, NCB went on to state that in order:

*To deliver these commitments and make a lasting difference to the lives of children and young people, **it is critical that the impact of this policy direction is measured across a range of outcomes** using a results based accountability approach*¹³[emphasis added]

This is especially important within NI. The NPC identified that:

*Lack of evidence seems to be a particular barrier to developing prevention and early intervention approaches in Northern Ireland.*¹⁴

The above NCB and NPC comments appear to suggest that NI is moving toward a more preventative approach. This is also suggested in a June 2014 response to an Assembly Question, where the Minister of Finance stated that:

*I believe that a greater focus on preventative spending is key to encouraging innovation in our public services.*¹⁵

¹⁰ NPC a respected consultancy and think tank working with charities and funders, across the whole charity sector. <http://www.thinknpc.org/>

¹¹ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' http://www.biglotteryfund.org.uk/~me.../er_prevention_early_intervention.pdf (accessed on 10 June 14)

¹² The National Children's Bureau is a leading charity that works with children and for children, influences government policy, acts as a voice for young people and practitioners, and provides creative solutions to social issues. <http://www.ncb.org.uk/>

¹³ NCB NI (2013) 'Early Intervention: The Northern Ireland Landscape' available online at http://www.ncb.org.uk/media/931235/ea...ntion_ni_policy_update_april_2013.pdf (accessed on 10 June 14)

¹⁴ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' http://www.biglotteryfund.org.uk/~me.../er_prevention_early_intervention.pdf (accessed on 10 June 14)

¹⁵ NI Assembly Oral Question AQO 6288/11-15 available online at <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-13-14/09-June-2014/#6> (accessed on 11 June 14)

Prevention, however, is a complex area, with a number of structural and cultural barriers, as explored in more detail in previous Research Paper NIAR 220-14, dated 8 May 2014. To address these issues, CFP may request that the Department of Finance and Personnel (DFP) agree a framework for the consistent evaluation, including monitoring and assessment, of all projects. Practitioners then would complete the framework document, prior to departments or the Assembly agreeing funding.

CFP may therefore wish to request that DFP agree a framework for use by all departments which sets out:

- the underlying issue which the intervention is intended to address;
- details of the evidence base for the intervention to be used;
- the methodology of the intervention;
- the identified outcomes that the intervention is hoped to achieve;
- how the intervention is to be monitored and evaluated, including how the results will be assessed;
- all the relevant timeframes involved; and,
- the criteria to be applied when assessing whether a project is to be judged a success.

1.3 Current Initiatives in Northern Ireland

There are a number of prevention and early intervention initiatives currently operating within NI. The following sub-sections brief outline some of these initiatives currently operating within NI.

1.3.1 Time To Read

The *Time to Read* initiative was introduced in 1999. It involves adult employee volunteers, spending one hour per week of their employers' time to work with primary school children, aiming to improve their reading skills.

The scheme is run by the charity Business in the Community, seeking to address the fact that in 2008-09:

1 in 5 of those moving to post primary school, [left] with what can be characterised as "poor" standards of literacy.¹⁶

Time to Read currently operates in 96 primary schools, with over 1,000 children, supported by over 500 volunteers. A randomised control trial was carried out in 2009-

¹⁶ Miller S, Connolly P, & Maguire L (2012) An Independent Evaluation of Business in the Community's Time to Read Pupil Mentoring Programme available online at: <http://www.atlanticphilanthropies.org/learning/evaluation-business-community%E2%80%99s-time-read-pupil-mentoring-programme> (accessed on 12 June 14)

10, funded by Atlantic Philanthropies.¹⁷ It provided quantitative evidence that the scheme had a positive impact on core reading outcomes, with:

*Children who took part in Time to Read experienced...., a 9 percentile point improvement in reading rate and a 6 percentile point in reading fluency. The follow-up trial also found evidence of the continuing positive effect of Time to Read in improved aspirations for the future.*¹⁸

1.3.2 Parenting UR Teen

Parenting UR Teen is a programme designed to help parents of children aged 12-18 to tackle the challenges that come with raising adolescents. It is a group-based programme delivered over eight two hour sessions. *Parenting UR Teen* promotes authoritative parenting with trained facilitators who introduce a range of topics, like parenting styles, conflict, teen development, etc., followed by group discussions and problem solving scenarios.¹⁹

The programme is funded by the charity Parenting NI, with a grant from Atlantic Philanthropies. It is delivered across 14 locations in Northern Ireland. Queen's University carried out a qualitative evaluation of the programme, which was published in 2012. The findings, although based on short term assessments, identified "*positive changes in parental mental health and stress.*"²⁰

1.3.3 Family Support 'Hubs'

The Health and Social Care Board provides leadership, support and planning expertise for Family Support 'Hubs.' The Hubs are multi-agency networks of statutory, voluntary and community organisations, which aim to improve access to early intervention Family Support services, by matching the needs of referred families to service providers.²⁰ They were introduced in 2011, to provide:

*Better coordination of services to vulnerable families and less wasteful duplication of service provision.*²¹

Hubs are virtual organisations, concerned with linking together existing services, rather than creating new services. There are plans to develop 23 Family Support Hubs across NI. There are 15 Hubs operational currently. When complete, all of NI will be covered.²²

¹⁷ The Atlantic Philanthropies is a limited life foundation funded by rich individuals that makes grants that seek to advance opportunity and lasting change for those who are unfairly disadvantaged or vulnerable to life's circumstances.

¹⁸ Miller S, Connolly P, & Maguire L (2012) An Independent Evaluation of Business in the Community's Time to Read Pupil Mentoring Programme available online at: <http://www.atlanticphilanthropies.org/learning/evaluation-business-community%E2%80%99s-time-read-pupil-mentoring-programme> (accessed on 12 June 14)

¹⁹ Parenting NI website: <http://www.parentingni.org/projects/parenting/individuals.asp> (accessed on 12 June 14)

²⁰ Higgins et al (2012) A Randomised Trial of implementation and effectiveness available online at <http://www.atlanticphilanthropies.org...files/Parenting-Your-Teen-Summary.pdf> (accessed on 12 June 14)

²¹ Eurochild (2012) Compendium of Inspiring Practices: Early Intervention and prevention in family and parenting support available online at <http://www.eurochild.org/fileadmin/Th.../Eurochild/EurochildCompendiumFPS.pdf> (accessed on 12 June 14)

²² Children & Young People's Strategic Partnership available online at: <http://www.cymsp.org/family-hubs.htm> (accessed on 12 June 14)

Research undertaken by RaiSe did not identify any evaluations of the Hubs; although in October 2012 Eurochild commented that “the evaluation process has not yet begun.”²³

To inform CFP on the current position regarding evaluations of Hubs, RaiSe requested additional information from the Department of Health Social Services and Public Safety’s (DHSSPS); however at the time of writing this Paper, RaiSe is not in receipt of this information. RaiSe will update CFP when/if this information is made available.

CFP may wish to ask the relevant parties for the above information.

1.3.4 Homeowner Flood Protection Grants

The Department of Agriculture and Rural Development (DARD) are currently developing the Homeowner Flood Protection Grant scheme. The departmental scheme is designed to help owners of properties determined to be at high risk of flooding, by providing financial assistance for home flood protection products.²⁴ The products include:

- barriers for doorways and airbricks;
- non-return valves for drainage outlets;
- waterproofing of walls; and,
- pumped floodwater evacuations systems.²⁵

The average estimated cost is around £5,900, which compares favourably to the £1,000 compensation payment provided to homeowners whose home was flooded, especially where flooding has occurred two or more times. The business case for this scheme has been agreed within the Department, and is due to be forwarded to DFP for approval in the near future.²⁵

1.4 Review of Early Intervention Initiatives in NI

Research conducted by RaiSe noted that although there are a large number of early intervention/prevention initiatives within NI, there is limited available evaluative information regarding the operation of these schemes. In the case of Time to Read, evaluation was originally undertaken in-house with stakeholders. It was only some ten years after the scheme’s inception in 1999 that a structured review of the scheme was undertaken, with a focus on outcomes to:

*Generate more robust evidence to assess the overall effectiveness of the programme.*²⁶

²³ Eurochild (2012) Compendium of Inspiring Practices: Early Intervention and prevention in family and parenting support available online at <http://www.eurochild.org/fileadmin/Th.../Eurochild/EurochildCompendiumFPS.pdf> (accessed on 12 June 14)

²⁴ Source: Information provided to RaiSe by DARD on 12 June 14 Page 1

²⁵ Source: Information provided to RaiSe by DARD on 12 June 14 Page 1

This appears to support comments made by the NPC that a lack of evidence is a particular barrier in Northern Ireland, as noted earlier in Section 1.2 of this Paper.²⁷ Furthermore, a Centre of Effective Services²⁸ review of prevention schemes throughout NI noted that half the identified programmes were standalone programmes,²⁹ which had no integration with statutory services.

1.5 The Invest-to-Save Initiative

In January 2010 the then Finance Minister announced the £26m 'Invest to Save' initiative.³⁰ The aim of this DFP scheme was:

*...to reduce future costs in the context of a tightening budget environment, even beyond the current Budget period.*³¹

Departments bid for funding under the initiative, which is then allocated by DFP. In June 2014, the current Finance Minister commented in a reply to an Assembly Question that Invest-to-Save may be utilised to:

*...stimulate innovation in service delivery, improve outcomes for citizens and generate savings.*³²

He further stated:

*...that a greater focus on preventative spending is key to encouraging innovation in our public services. Invest-to-save measures could provide the financial stimulus required to encourage preventative spending.*³²

It therefore appears that the Finance Minister suggested that the Invest-to-Save initiative could be used as a method to fund a preventative approach by the Executive. In light of this, RaISe requested the following information from DFP on the 29 May 2014 about the operation of the Invest-to-Save initiative:

- The date the scheme was announced, as well as the date from which it ran;

²⁶ Miller S, Connolly P, & Maguire L (2012) An Independent Evaluation of Business in the Community's Time to Read Pupil Mentoring Programme available online at: <http://www.atlanticphilanthropies.org/learning/evaluation-business-community%E2%80%99s-time-read-pupil-mentoring-programme> (accessed on 12 June 14)

²⁷ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' http://www.biglotteryfund.org.uk/-/media/.../er_prevention_early_intervention.pdf (accessed on 12 June 14)

²⁸ The Centre for Effective Services is a not-for profit organisation connecting research, policy and practice to improve outcomes for communities, children and young people across the island of Ireland.

²⁹ Prevention and Early Intervention Initiative in Republic of Ireland and Northern Ireland available online at: <http://www.effectiveservices.org/images/uploads/file/publications/PEI%20Initiative%20in%20Ireland%20and%20NI%20-%20Final.pdf> (accessed on 12 June 14)

³⁰ NI Executive Press Release (2010) available online at <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dfp/news-dfp-january-2010/news-dfp-12012010-wilson-launches-executives.htm> (accessed on 18 June 14)

³¹ NI Executive Press Release (2012) available online at <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dfp/news-releases-dfp-june-2012/news-dfp-260612-executive-agree-allocation.htm> (accessed on 18 June 14)

³² NI Assembly Oral Question AQO 6288/11-15 available online at <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-13-14/09-June-2014/#6> (accessed 18 June 14)

- The amount allocated to the scheme each financial year and any easements;
- The total spent under the initiative to date, broken down by financial year;
- Information on how the scheme operated and any rules issued to departments or other bodies;
- Whether there was a preventative element included within the initiative;
- Details of how the success of these projects was monitored and reported back to funders; and,
- Final report (if one has been produced) on the initiative.

DFP advised RaISe, however, that due to work pressures involved with the 2015-16 budget and June monitoring, it is not in a position to provide the information requested within the timeframe provided for the production of this paper.

CFP may wish to request that DFP provide them with background information on the operation of the Invest-to-Save initiative, including the above-stated information.

1.5.1 Schemes Funded by Invest-to-Save

In the absence of the above information from DFP, RaISe undertook a review of publicly available information on the Invest-to-Save initiative, and identified the schemes which requested funding under the Invest-to-Save initiative:

[DARD] - Funds to support the field mapping exercise were secured from the Invest to Save initiative.³³

£15m allocation in the 2011-12 financial year to facilitate approximately 200 voluntary redundancies, which will aid the reform and modernisation of service provision across Health and Social Care.³⁴

[Department of Environment] secured an additional £2.1m of funding, as part of the Executive's Invest to Save Scheme, for an early retirement/severance scheme for planners.³⁵

Additionally, the Department of Justice bid for £19.6m to fund its voluntary redundancy scheme for prison officers under the Invest-to-Save initiative.

The above schemes appear to have little relevance in the context of the type of preventative initiatives identified in this Research Paper.

CFP may therefore wish to request that DFP review the original guidance issued to departments on Invest-to-Save, to ensure a more preventative focus

³³ NI Assembly Written Question AQW 4907/11-15 available online at

<http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=116699> (accessed on 18 June 14)

³⁴ NI Assembly Written Question AQW 3902/11-15 available online at:

<http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=114043> (accessed on 18 June 14)

³⁵ NI Assembly Written Question AQW 16762/11-15 available online at:

<http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=149874> (accessed on 18 June 14)

2 Good Practice

The following sub-sections provide recent examples of evidence-based good practice in preventative interventions in the areas of:

- Changing smoking behaviour; and,
- Reducing school exclusions.

2.1 Changing Smoking Behaviour

While many prevention programmes require funding by government, other preventative methods are also instructive in this context. Some of those methods are detailed within this sub-section. These methods have been enacted through: a tax rise in the first instance, thereby increasing the unit price; and, new legislation in the second.

A reduction in the numbers of smokers in society has been sought in a number of different ways in the past few years, e.g. smoking bans, bans on tobacco advertising and increases in tobacco tax. Reducing tobacco use:

....has proven effective in reducing risks for cardiovascular disease, lung cancer and a range of other cancers.³⁶

The schemes identified within this sub-section are very different in nature, and have had a wide range of beneficial outcomes. The case study detailed at sub-section 2.1.2 provides an example of how an intervention can impact both directly and indirectly.

2.1.1 Increase in Unit Price of Tobacco

In 2011, as a response to its economic problems, Greece introduced a tax increase of €2.00 per pack on cigarettes. This tax increase led to an additional €558 million in tax revenue for the Greek government. A by-product of the tax increase was the fact that:

Cigarette consumption reached a recent low of ...2,197 sticks per person in 2011, indicating a 16% decrease in per capita cigarette consumption from the previous year. Prevention of 192 thousand premature deaths is estimated.³⁶

2.1.2 Ban on Smoking in Public Places

The Health Act 2006 introduced a smoking ban for public places in England in July 2007. Academics subsequently carried out a population-based study to ascertain the impact of this legislation on adults suffering from asthma, which they subsequently reported on in 2013. The evaluation identified that the:

³⁶ The New York Academy of Medicine (2013) A Compendium of Proven Community-Based Prevention Programs available online at <http://healthyamericans.org/report/110/> (accessed on 5 June 14)

*...smoke-free legislation was associated with an immediate 4.9% reduction in emergency admissions for asthma in the adult population. This implies that approximately 1,900 emergency admissions for asthma were prevented in each of the first three years after legislation was introduced.*³⁷

The study did not identify any significant variations across the regions.³⁷ Therefore it is possible that a similar reduction in emergency hospital admissions was experienced in NI. However, attributing the contributing factors to this reduction is difficult. The DHSSPS introduction of a respiratory service framework in 2009 may have contributed to the downward trend of emergency hospital admissions for asthma.³⁸

2.2 Reducing School Exclusions

In England, when a school excludes a student, it discharges its responsibility for his/her education to the given local authority, which becomes responsible for arranging alternative provision. Thereafter the school is no longer responsible for the student's performance. This creates an incentive for school headteachers to exclude students who cause problems or who do not achieve, rather than devote extra resources to address the problem(s).

In 2011 a new four year project was introduced in a number of local authorities across England to address this issue. The project requires the schools to retain responsibility for any excluded student. Moreover, excluded students' results continue to be reflected in the school's performance, and the school is responsible for funding their continued education.³⁹

In Cambridgeshire, the assigned local authority budget to these excluded students was £5.4m, which was distributed amongst the schools involved. The schools themselves formed 'inclusion partnerships', with headteachers determining the education type best suited for each given child.⁴⁰ One headteacher commented in 2012 that:

*It has enabled us to provide a more flexible and cost-effective solution for some of our students, for example, through the use of one-to-one support; the establishment of an in-house alternative education provision; and the development of online learning.*⁴¹

³⁷ The New York Academy of Medicine (2013) 'A Compendium of Proven Community-Based Prevention Programs' available online at <http://healthyamericans.org/report/110/> (accessed on 5 June 14)

³⁸ Personal Conversation with Author and Asthma UK (NI) on 23 June 2014.

³⁹ Community Links (2012) 'The Deciding Time: Prevent today, or pay tomorrow' available online at http://www.community-links.org/uploads/documents/Deciding_Timefinal.pdf (accessed on 6 June 14)

⁴⁰ Lightfoot (2012) New Scheme succeeds in Keeping Excluded Children in Mainstream School. The Guardian 9 April 2012 available online at <http://www.theguardian.com/education/2012/apr/09/permanently-excluded-pupils-mainstream-return> (accessed on 6 June 14)

⁴¹ Gilbert, H. Headteacher, St Ivo's School, Huntingdonshire available online at http://www.timloughton.com/childrenandyoungpeople/item_2012_04_18_09_34_55.htm (accessed on 6 June 14)

The incentive is for schools to deal with students' issues in the best way possible. This has involved investing in services like specialist support programmes, and quality vocational education based within schools.⁴²

Although the project is not due to finish until July 2014, initial results have been positive; five of the six Pupil Referral Units⁴³ across Cambridgeshire closed after referrals dropped from 650 in 2007, to 120 in 2012.⁴² Additionally, anecdotal evidence from one participant stated that:

*His life has been transformed,...[he stated] "I'm so grateful to this school because if I'd stayed at the other place, [pupil referral unit] would probably have left with nothing"*⁴⁴

2.3 Family Interventions

A number of interventions occur at an early level within families. Two examples of these are family nurse partnerships and functional family therapy. They are detailed in the following sub-sections.

2.3.1 Family Nurse Partnerships

Family Nurse Partnerships (FNP) were pioneered in the United States (US) over 30 years ago. FNPs provide intensive support and home visits from early pregnancy until a child is two years old. The goal is to promote the child's development and provide support and instructive parenting skills to the parents. Evidence has shown that:

*FNP has proven to be not only cost-effective, but cost saving, with every £1 spent on the programme producing savings of £2.88 in the longer term.*⁴⁵

Family nurses build close, supportive relationships with families and guide first-time teenage parents, helping them to:

- adopt healthier lifestyles for themselves and their babies;
- provide good care for their babies; and,
- plan their futures.

The programme was introduced by the National Health Service in England in 2007 and evidence has shown that parents involved in the scheme:

⁴² Lightfoot (2012) New Scheme succeeds in Keeping Excluded Children in Mainstream School. The Guardian 9 April 12 available online at <http://www.theguardian.com/education/2012/apr/09/permanently-excluded-pupils-mainstream-return> (accessed on 6 June 14)

⁴³ Local authority establishments in England that provide education for children unable to attend a mainstream school, like excluded children.

⁴⁴ Lightfoot (2012) New Scheme succeeds in Keeping Excluded Children in Mainstream School. The Guardian 9 April 2012 available online at <http://www.theguardian.com/education/2012/apr/09/permanently-excluded-pupils-mainstream-return> (accessed on 17 June 14)

⁴⁵ DSC available online at <http://www.publichealthagency.org/directorate-public-health/health-and-social-wellbeing-improvement/family-nurse-partnership> (accessed on 9 June 14)

- *Are reducing smoking in pregnancy and are more likely to breastfeed;*
- *Have aspirations for the future and are taking up employment and education opportunities; and*
- *Are more confident as parents and are learning how to care well for their babies.*⁴⁶

In 2010, the Western Health and Social Care Trust piloted the programme in NI; and, in 2012 the Public Health Agency expanded it across NI.

2.3.2 Functional Family Therapy⁴⁷

Functional Family Therapy (FFT) is an intensive family-based therapy and behaviour change programme. It seeks to change how young people and their families interact, both with each other and the community at large.

Intensive support is provided over a three-to-four month period. It is then hoped that participants will continue to improve through more community-based mainstream activities like clubs, parenting groups and education.

FFT was developed over almost 30 years in the US, and is now recommended by the Department of Education for local authorities in England. Evaluation of the intervention has estimated that for every £1 invested, over £10 in benefits accrue to participants, taxpayers and others.⁴⁷ **Figure 1** provides a breakdown of the benefits of FFT.

Figure 1: Benefits of FFT Per Young Person⁴⁸

Source of Benefits	Participants	Taxpayers	Others	Total Benefits
Crime	£0	£4,708	£17,650	£22,358
Earnings via High School Graduation (A levels)	£2,177	£1,068	£0	£3,245
Total	£2,177	£5,776	£17,650	£25,603

2.4 A Comparative Perspective

This sub-section outlines key findings of comparative research undertaken by RalSe to establish how prevention initiatives are funded and implemented in a number of jurisdictions across the world, including the US, England and Australia.

⁴⁶ DH (2010) More Help for Disadvantaged Families available online at http://webarchive.nationalarchives.gov.uk/20110203054539/http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_121040 (accessed on 9 June 14)

⁴⁷ Puttick (2012) Innovations in Prevention available online at http://www.nesta.org.uk/sites/default/files/innovations_in_prevention.pdf (accessed on 9 June 14) Page 10

⁴⁸ Puttick (2012) Innovations in Prevention available online at http://www.nesta.org.uk/sites/default/files/innovations_in_prevention.pdf (accessed on 9 June 14) Page 10

2.4.1 United States

The US introduced a National Prevention Strategy in June 2011, with the aim of guiding the nation:

*In the most effective and achievable means for improving health and well-being.*⁴⁹

The Department of Health and Human Services has lead responsibility both for the strategy and the “Prevention and Public Health Fund.” The *Patient Protection and Affordable Care Act 2010* (ACA) established the Fund:

*...to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public health care costs.*⁵⁰

The ACA stipulates that between 2010 and 2022, \$18.75bn will be allocated to the fund, with funding continuing at £2bn per annum after that. Allocations from the Fund are decided on an annual basis through the Congressional appropriations process coordinated with the White House.⁵¹

However, there have been criticisms of some of the allocations from the Fund due in part to:

*Its vague spending mandate: any program designed “to improve health and help restrain the rate of, growth” of health care costs.*⁵²

RaISe has requested additional information on how allocations from the Fund are made to programmes on a local, state and federal level. However, to date RaISe has not received this information; when received, RaISe will bring it to CFP’s attention.

2.4.2 England

In 2010 the UK Government initiated a review, which was undertaken by Graham Allen: it was to:

- provide an independent appraisal of the evidence in favour of early intervention,
- identify the challenges; and,
- make recommendations for next steps.

⁴⁹ US Dept of Health & Human Services available online at <http://www.surgeongeneral.gov/initiatives/prevention/strategy/> (accessed on 11 June 2014)

⁵⁰ P.L. 111-148 The Patient Protection and Affordable Care Act. Section 4002: Prevention and Public Health Fund. 111th Congress. Enacted 23 March 2010. Available online at: <http://housedocs.house.gov/energycommerce/ppacacon.pdf> (accessed on 13 June 14)

⁵¹ American Public Health Association (2013) Prevention and Public Health Fund Factsheet available online at: <http://www.apha.org/NR/rdonlyres/63AB...0/PreventionPublicHealthfactsheet.pdf> (accessed on 14 June 14)

⁵² Taylor S (2013) *Obamacare’s Slush Fund Fuels a Broader Lobbying Controversy* available online at <http://www.forbes.com/sites/realspin/2013/05/30/obamacares-slush-fund-fuels-a-broader-lobbying-controversy/> (accessed on 14 June 2014)

The report was delivered in two parts. The first, *Early Intervention: The Next Steps*, focused on children from 0-18 years and outlined a vision where:

*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.*⁵³

The second report focused on methods for funding early intervention, which did not require either legislative time or an increase in public expenditure. One of the recommendations contained within the report was to:

*Agree to pay for outcomes, government enables private money to be attracted to Early Intervention through the establishment of an Early Intervention Fund.*⁵⁴

The following segment provides details of two new initiatives within the early intervention landscape within England. The Social Outcome Fund adopts an outcomes-based approach to the commissioning of services, while the Early Intervention Foundation helps provide evidence and advice on early intervention.

Social Outcomes Fund

The £20m Social Outcomes Fund was launched by the Cabinet Office in November 2012 to address the difficulty of:

*...aggregating benefits and savings which accrue across multiple public sector spending 'silos' in central and local government.*⁵⁵

The Fund, which operates across England, is used to provide a 'top-up' contribution for schemes suited to an outcomes-based approach (Payment by Results or Social Impact Bonds). It is designed to help innovate in areas where no single commissioner can justify making all the outcomes payments, but where the wider benefits indicate that a Social Impact Bond (SIB) is viewed as value for money. Projects are required to assess and report performance as a condition of funding. It is hoped that this will have the added benefit of overcoming funding barriers in the future. Funding is available to:

- government departments;
- local councils; and,
- other commissioning bodies like police forces or clinical commissioning groups.⁵⁴

⁵³ Allen G (2011) *Early Intervention: Next Steps* available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf (accessed on 13 June 14)

⁵⁴ Allen G (2011) *Early Intervention: Next Steps* available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf (accessed on 13 June 14) Page xxi

⁵⁵ UK Government website available online at: <https://www.gov.uk/social-impact-bonds> (accessed on 19 June 14)

The Big Lottery Fund⁵⁶ launched a similar fund in July 2013 in support of the Social Outcomes Fund. Since the two funds have a similar aim, there is a shared application process for reasons of convenience. **Appendix A** provides background information on the use of Social Impact bonds.

Early Intervention Foundation

The Early Intervention Foundation (EIF) was set on 4 July 2013, partially as a result of Graham Allen's independent review of early intervention. Providing evidence and advice on Early Intervention, the EIF:

- **assesses** the evidence of what works, to determine the best early interventions available and their relative value for money;
- analyses evidence to **advise** local authorities, charities and potential investors on how to implement early intervention and maximise its impact on children and families; and,
- **advocates** for early intervention, lobbying
- key decision-makers (nationally, locally, in public, private and philanthropic sectors), making the case for a pre-emptive approach to social problems.⁵⁷

One of the main aims of the EIF is to improve the UK evidence base for early intervention, and “*provide a single source of independent comprehensive advice on early intervention.*”⁵⁸

At the present time, EIF works closely with 20 early intervention pilot projects, which it has classified as “pioneering places” across England.⁵⁹ EIF provides bespoke expertise, advice and evidence, with the pioneering places consulting each other on a regular basis to learn from each other, and share experiences of putting early intervention into practice in the current financial climate.

2.4.3 Australia

Since 2007, preventative health has been a key policy area in Australia. Established in 2011 the Australian National Preventative Health Agency (ANPHA) helps to drive preventative health policies and programs. The Agency provides:

*Policy leadership and establishes partnerships with Commonwealth, state and territory governments, community health promotion organisations, industry and primary health care providers.*⁶⁰

⁵⁶ The Big Lottery Fund is the largest distributor of National Lottery 'good cause' funding.

⁵⁷ Early Intervention Framework available online at: <http://www.eif.org.uk/about-us/> (accessed on 16 June 14)

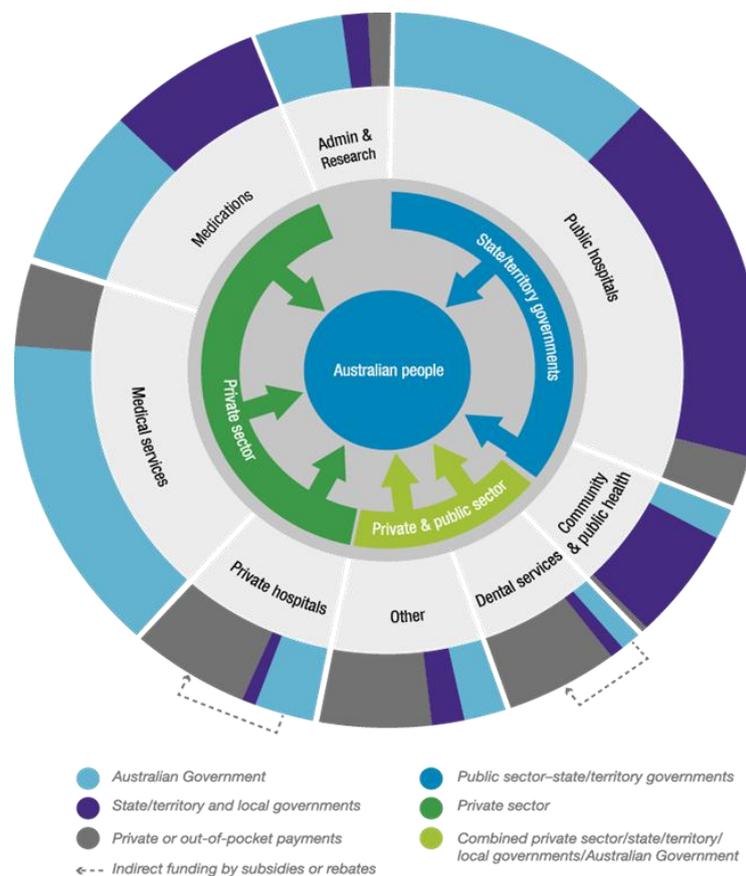
⁵⁸ Early Intervention framework available online at: <http://www.eif.org.uk/our-work/> (accessed on 16 June 14)

⁵⁹ Pioneering Places include Newcastle, Greater Manchester, Nottingham, Dorset and Plymouth

⁶⁰ Australia National Preventive Health Agency available online at: <http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/about-us> (accessed on 16 June 14).

The Australian healthcare system is complex, as it is comprised of a political federation of states and territories, with differing roles and responsibilities at each different level of government. Actions to promote and protect health and prevent illness are undertaken by all three levels of government, non-government organisations and the private sector, as well as community groups. **Figure 2** provides a map of this system, showing types of service, sector responsibility and funding sources.

Figure 2 Australia's Health Care System with Funding Providers⁶¹



The Australian Government sets health policies at a national level and, subsidises health services provided by state and territory governments and the private sector. State and territory governments then deliver health services (including most acute and psychiatric hospitals) and provide community and public health services. Local governments provide environmental control (for example, garbage disposal, clean water, health inspections and smoke free venues), and provide home care and personal preventative services (such as immunisation).⁶¹

The National Preventative Health Taskforce was established in 2008 to:

*...provide evidence-based advice to government and health providers – both public and private- on preventative health programs and strategies.*⁶²

⁶¹ Baggoley, C (2013) The challenge of chronic disease prevention — a Chief Medical Officer's perspective available online at: <http://anpha.gov.au/internet/anpha/publishing.nsf/Content/state-of-prev-health-2013> (accessed on 17 June 14).

In addition, the Taskforce was responsible for developing a Preventative Health Strategy to tackle the burden of chronic disease caused by:

- obesity;
- alcohol consumption; and,
- tobacco.

The Strategy was criticised in some quarters, with one academic stating:

*Be it at home, work, entertainment venue or public outdoor area, no Australian will be left untouched by the health Nanny State if the taskforce's proposals become law.*⁶³

Despite this, the 2012 Australian Health Survey reported that the proportion of the population reporting excellent/very good health had increased by nine per cent in the ten year period to 2011-12; while those reporting fair or poor health decreased by 23 per cent.⁶⁴

However, as highlighted below, the health benefit increases sought by the Taskforce were:

*Baulk[ing] at the economic approach to public policy that weighs up costs and benefits, and instead adopt[ing] a 'healthist' perspective, with an open-ended unconditional commitment to maximising health... The result is to overstate the benefits and ignore the costs of proposed policies.*⁶⁵

This type of approach may have led to the 2014 Budget announcement, which stated that the ANPHA is to be closed and its essential functions transferred to the Department of Health by 30 June 2014.

⁶² Preventative Health Taskforce Terms of Reference available online at: <http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/terms-of-reference-1lp> (accessed on 24 June 2014)

⁶³ Noval J (2009) *Australia's Nanny State Manifesto Review* – Institute of Public Affairs (Mar 2009) available online at: <http://search.proquest.com/business/printviewfile?accountid=38153> (accessed on 17 June 14)

⁶⁴ Australian Bureau of Statistics (ABS). Australian Health Survey: First Results, 2011–12. (ABS Cat. no. 4364.0.55.001). Canberra: ABS, 2012.

⁶⁵ Harrison, M & Robson, A (2011) *Prevention No Cure: A critique of the Report of Australia's National Preventative Health Taskforce Agenda: a Journal of Policy Analysis and Reform* available online at: <http://search.proquest.com/docview/912762912/37DE2CF2455A4EAPQ/3?accounting> (accessed on 16 June 14)

3 Conclusion

As previously identified in Research Paper NIAR 220-14, a preventative approach to expenditure presents complex issues. In the current economic situation where public funding is restricted, it is important that limited resources are targeted in the most cost effective manner possible. This has been identified as a particular issue for early intervention / prevention in NI.

In NI the Finance Minister intimated that a preventative approach to expenditure may be taken forward *via* the Invest-to-Save initiative. Although RalSe sought information from DFP about the operation of this programme in the past and related evaluations, the information is unavailable at present. However, from a review of information currently available to RalSe, it appears that previous expenditure under the initiative is of little relevance to the type of preventative schemes identified within this Research Paper.

Evaluation of prevention schemes is key to their successful implementation and scaling up for wider impact. To help CFP determine whether DFP has put appropriate controls in place at the outset, and to ensure that this monitoring takes place, RalSe will review DFP information once it becomes available, and brief CFP accordingly. This should provide assurance to CFP that any programmes implemented provide value for money for the taxpayer.

When reviewing preventative approaches in the US, England and Australia, RalSe identified that all three countries have set up an organisation with responsibility for assessing the evidence and providing advice on prevention and early intervention. More still needs to be found out about the American initiatives. Once available, RalSe will review the information and bring it to the attention of CFP to inform its consideration of this area.

It is apparent from the literature that the terms 'prevention' and 'early intervention' are often used interchangeably. However, experts in the area have recently sought to distinguish between the two as follows:

*'prevention' is about intervening before something becomes a problem; whereas 'early intervention' is about responding where there is already a problem.*⁶⁶

The distinction in these concepts should perhaps be borne in mind by CFP in any future policy developments in relation to NI public expenditure.

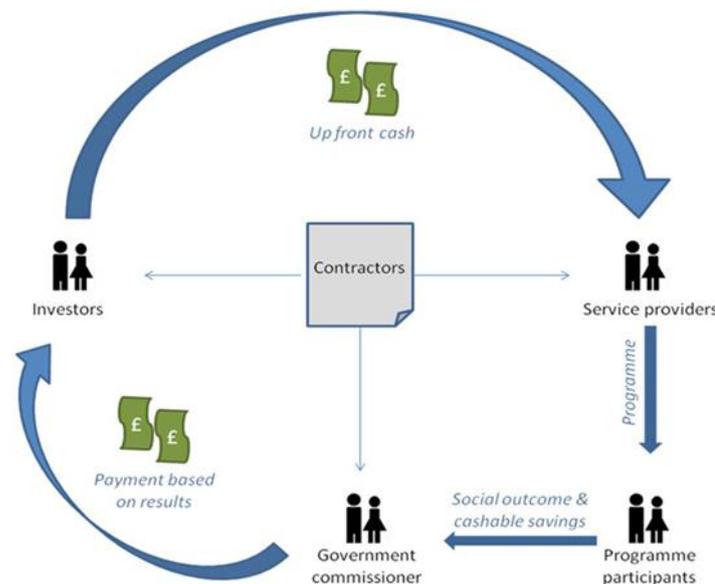
⁶⁶Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' http://www.biglotteryfund.org.uk/~me.../er_prevention_early_intervention.pdf (accessed on 24 June 14)

Appendix A - Social Impact Bonds

Social impact bonds (SIB) are designed to help reform public service delivery. They seek to improve the outcomes of publicly funded services or intervention by making funding dependent on the achievement of a particular result. Investors pay for the project, and then receive payments based on the project results achieved.

Rather than focusing on inputs (e.g. number of doctors) or outputs (e.g. number of operations), SIBs are based on achieving social outcomes (e.g. improved health). The outcomes are predefined and measurable.

Figure 3 Graphical representation of how SIBs work.⁶⁷



Investors provide initial funding to cover project costs and, the provider then carries out the day-to-day work, and the investor is paid only if the specified results are achieved.

SIBs provide a number of benefits for service commissioners, service providers and investors:

- they allow commissioners to attract private investors to fund early and preventative action on complex and expensive social problems;
- they enable new services to be tried without commissioners having to pay if they don't work;
- they can help services adapt to place a greater emphasis on prevention;
- they can allow greater flexibility for service providers to adapt and change the service according to their experience; and,
- they can help charities and social enterprises bid for and manage PbR projects where the government pays the service provider for the results achieved.⁶⁸

⁶⁷UK Government website available online at: <https://www.gov.uk/social-impact-bonds> (accessed on 19 June 14)

⁶⁸ UK Government website available online at: <https://www.gov.uk/social-impact-bonds> (accessed on 19 June 14)

The SIB introduced at Peterborough prison is based on whether the re-offending rate has decreased. Details of the project are provided below.

Peterborough Social Impact Bond

Peterborough Prison houses short-sentence offenders, who receive little or no statutory support from Probation Services prior to their release from prison. Re-offending rates are high with over 60 per cent of prisoners re-offending within one year of release.

The bond is worth £5m; however, it is not a traditional bond as all the investors capital is at risk. The majority of investors are charitable trusts and foundations which are the means of distribution for rich individuals or private banks. The SIB contract was signed in March 2010, and officially launched in September 2010.⁶⁹

The project was designed to work in three groups of 1,000 offenders over a period of approximately six years, with re-offending rates compared to a control group of short sentence prisoners in the UK.

The bond is to be paid only if the re-offending rate is reduced by 7.5 per cent or more. If the initiative delivers a drop in re-offending over 7.5 per cent then investors are to receive an increasing return, up to a maximum of 13 per cent. If the re-offending rate is reduced by less than 7.5 per cent then no payment is triggered.

As yet, investors have not received any money as an independent assessment of the project's success has not yet been carried out. The first payment is likely to be triggered in the summer, if the project's comparative performance with the control group meets the appropriate level.⁷⁰

Interim indications indicate that the project is working. Statistics published by the Ministry of Justice in April 2014, indicated that there were 141 reconviction events per 100 offenders among prisoners released from Peterborough between September 2010 and July 2012 – the first cohort of the SIB. The report noted that:

This compares to an average of 159 reconviction events per 100 offenders released from Peterborough between September 2008 and June 2010; a fall of 11 per cent. Nationally, the equivalent figures show a rise of 10 per cent from 143 to 156 reconviction events per 100.⁷¹

While it was intended that the effectiveness of the Peterborough SIB model would be tested prior to further roll out, the model has proved popular. The EIF in its 2014 report

⁶⁹ Social Finance Ltd (2011) Peterborough Social Impact Bond available online at http://www.socialfinance.org.uk/sites/default/files/SF_Peterborough_SIB.pdf (accessed on 5 June 2014)

⁷⁰ Ainsworth (2014) 'Social impact bond to be replaced by 'alternative arrangement' available online at http://www.civilsociety.co.uk/finance/news/content/17355/social_impact_bond_at_peterborough_to_be_replaced_with_alternative_arrangement (accessed on 5 June 2014)

⁷¹ Ministry of Justice (2014) Interim re-conviction figures for Peterborough and Doncaster Payment by results pilot available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/305897/annex-a-payment-by-results-apr14.pdf (accessed on 5 June 2014)

Appendix A

on SIBs stated that there were at that time around 22 SIBs worldwide, with 15 in the UK, 2 in Australia, 4 in the US and 1 in the Netherlands.⁷²

⁷² Griffiths, A & Meinicke C (2014) Introduction to Social Impact Bonds and Early Intervention. Early Intervention Foundation.