

Early Help and Early Intervention: An Analytic Review

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by Eliza Ogden
Barnsley and
Tom McNeil

About the authors

Eliza Ogden Barnsley is the Research and Policy Officer at The JABBS Foundation for Women and Girls. Eliza graduated from the University of Birmingham in Political Science with Philosophy. She works across a number of projects with a focus on supporting women, girls and their families from entering into the criminal justice system. She has previously undertaken research roles in the public sector and is currently studying for a Master's in Social and Public Policy at the University of York.

Dr Tom McNeil is the Chief Executive Officer of The JABBS Foundation for Women and Girls, making strategic grants to prevent women from being caught in the criminal justice system. He has sat on the Ministry of Justice Women's Justice Board. Previously a charity lawyer, he became West Midlands' Assistant Police and Crime Commissioner; initiating and supporting various community rehabilitation projects. He has a Social Policy and Criminology PhD from the University of Birmingham and has held policy fellowships at the University of Cambridge and the University of York. He is the author of *Public Opinion on Crime*, published by Routledge in 2025.

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Centre for Crime and Justice Studies 2 Langley Lane, London SW8 1GB
info@crimeandjustice.org.uk www.crimeandjustice.org.uk

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Executive summary

Introduction

There is broad political and societal agreement that effective early help and early intervention are essential to preventing serious social issues such as poverty, homelessness, ill health and crime. However, there remains significant uncertainty about what actually constitutes 'effectiveness', particularly within the criminal justice context, where support is often delivered at or near crisis point.

This report goes some way to addressing that gap by providing a comprehensive review of early help interventions, aiming to identify the characteristics that are most strongly associated with successful outcomes. Drawing on a wide range of both academic and non-academic sources to capture a broad range of interventions, the review offers a practical and timely framework to guide funding, policy, and practice decisions.

Process

The report analyses 68 sources, from an initial pool of over 5,000, focusing on implemented interventions rather than theoretical approaches. These include both one-dimensional interventions (e.g. focused on one need) and multi-dimensional interventions (e.g. integrated, multi-service support models). Each source was assessed for reliability through a scoring system (0–2, low; 2–4, medium; 4 or 5, high) by assessing elements such as: appropriate choice of methods for the variables being measured; presence of a control group or comparison data; and a sample size sufficient for statistical significance. Overall, the vast majority (87 per cent) of sources included had average or high reliability, and none of the identified common outcomes or intervention characteristics discussed in this report came solely from low reliability sources. Systematic analysis of qualifying sources involved a thematic coding process, which identified reported successful outcomes and key intervention characteristics.

Key Findings

A range of sources were identified, incorporating a variety of intervention type, population cohort, length of intervention and service type such as third sector and statutory. The majority of sources were multi-dimensional, supporting the whole family, long-term (over 6 months) and primarily statutory, but the sources exhibited the full range of characteristics. This included one-dimensional interventions, those provided solely for specific groups (e.g. children with SEND), those provided by third-sector organisations and short interventions.

Outcomes

Across the reviewed interventions, six broad categories of positive outcomes were identified, but with each containing more specific and tangible outcomes:

- Improvements in service user wellbeing (e.g. increased confidence, emotional resilience, sense of belonging and emotional awareness).

- Enhanced parenting and family relationships (e.g. improved parenting skills, stronger family relationships and increased parent confidence).
- Better educational attainment (e.g. improved academic attainment, stronger school readiness, reduced disruptive behaviour and better attendance/engagement in school settings).
- Improved mental health (e.g. reduced anxiety, depression and stress symptoms and improved recognition of mental health difficulties).
- Stronger safeguarding and reduced risk (e.g. improved engagement with children's social care, reduced family risk levels and increased abuse recognition).
- Positive systems change (e.g. improved multi-agency collaboration, more consistent support pathways, and better working practices for staff).

Intervention Characteristics

The analysis identified 18 key intervention characteristics through the thematic coding. The link between these characteristics was sometimes explicitly outlined in a source or highlighted as integral by other evidence reviews, but was largely implied through the descriptions of interventions within the applicable source. Importantly, interventions demonstrating a combination of characteristics were more likely to achieve positive outcomes across multiple domains. The characteristics included:



Integrated and multi-faceted support.



Co-location and multi-disciplinary teams.



Co-production and co-delivery.



Data and information sharing.



School-based delivery or referral pathways.



Universal access.



Outreach and community engagement.



Culture and gender responsiveness.



Strengths-based approaches.



Trust and relationship building.



Addressing stigma.



Trusted individuals.



Tailored and flexible delivery.



Long-term and consistent support.



Specified outcomes and goals.



Innovative approaches to evidence and evaluation.



Training and staff support.



Involvement of qualified service professionals.

Intervention categories and interconnections

These characteristics were grouped into four overarching categories that provide a practical framework for designing and assessing early help interventions:

- **Collaborative Partnerships** – working across services to deliver integrated, multi-faceted support.
- **User-Focused Approaches** – prioritising relationships, trust and individual needs.
- **Valued Staff** – ensuring well-trained, supported and consistent practitioners.
- **Structural Foundations** – embedding strong governance, evaluation and adaptability.

Implications and actions

The report provides actionable insights for key audiences:

- **Commissioners and funders:** The review offers a framework for 'early help/intervention' commissioners and funders to assess future bids and strategies around this agenda. The insights into both intervention characteristics and their association with positive outcomes identified, present evidenced indicators of effectiveness. This framework is useful for internal evaluation of applications or tenders for funding.
- **Frontline stakeholders:** This review equips frontline practitioners and organisations, commissioners and local authorities with an evidence-based resource that can inform programme design, funding applications and evaluation practices.
- **Policymakers:** The findings provide an evidence base to support the design and advocacy of integrated and multi-disciplinary early help policies. The review identifies common features of effective interventions and establishes a model that can be used to shape national best practice guidelines.
- **Researchers:** This review provides a clear framework upon which future studies can explore further, verify or otherwise critically evaluate. However, significantly more research is required, given the uncertainty around the level of impact of certain characteristics, uncertainty around the strength of causal links with outcomes, the limited scientific credibility of many of the studies and the opportunities presented by better resourced mixed methods approaches.

Introduction

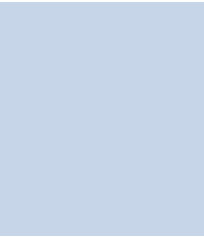
There is something close to a political and societal consensus on the importance of early help and early intervention to prevent major social problems including poverty, homelessness, ill health and crime. However, policy and funding discussions are not always settled on what constitutes best practice or what the evidence tells us. This is particularly true in a criminal justice context. Here, understandably, so many leaders and organisations are focused on supporting people at crisis point that it can be hard to really articulate what we mean by ‘true’ effective early intervention. Too often, our best effort at intervening ‘early’ in the justice arena is still at a point of severe personal turmoil where prison and childcare proceedings are already in the mix. It is therefore incredibly important that interested parties work together to develop a shared perspective on what we can confidently conclude constitutes ‘early help’ and what we believe ‘works’. Further research into early intervention is certainly required. However, an analysis of existing evidence can help ensure we do not delay funding and supporting promising initiatives in the absence of perfect evidence. This can allow us to make more immediate progress on credible prevention efforts today, without allowing existing social problems to further compound while the cogs of research turn slowly.

This report therefore presents a detailed review of early help interventions. This is to identify intervention characteristics that the evidence suggests are key to successful outcomes, deliberately synthesising both academic (papers found in peer-reviewed journals) and non-academic (papers from organisations such as charities and think tanks) literature to capture the breadth and depth of early help practice. At the same time, this review does not necessarily give equal weight to academic and non-academic research, and assesses the methods in each case in terms of attributing credibility to its outputs.

‘Early help’ and ‘early intervention’ are used interchangeably in this report and are defined broadly to capture a wide range of family and community-based support. It, of course, recognises that the term can mean very different things depending on the audience. For clarity then, this report specifically adopts the following early help definition:

Any intervention or set of interventions that aim to support children, young people, parents and/or their families before and up to crisis point, to prevent future negative outcomes for those people. Crisis can be taken to mean any one of homelessness, persistent household violence, serious neglect, addiction, mental ill health and other harms that significantly impede a healthy and happy life.

This report is written with the intention of providing a framework to anyone interested in early help, and associated commissioning, grant-giving, policy, advocacy, practice-sharing and research. There also exists a pivotal moment to capitalise on the new government momentum on early intervention, including the new dedicated strategy, ‘Giving every child the best start in life’ (Department for Education, 2025a), the Families First Partnership and wider family support agenda (Department of Health and Social Care and Department



for Education, 2025). This is a moment in time that could genuinely be the start of long-term change, not least due to a number of significant new funding announcements for this agenda (Department for Education, 2025b) and opportunities around the Schools White Paper (Bridges, Long and Roberts, 2026). As such, this detailed examination of ‘what works’, or at least assessments of promising practice, can provide clear guidance for highly impactful and opportune early help.

With the Prime Minister Andy Burnham’s focus on devolution and hence bringing commissioning power to localities, there is an additional opportunity within the early help space. It is clear that there is great best practice across localities, much of which this report showcases. Devolution, therefore, provides a real opportunity to enable local areas to pilot, enhance and deliver innovative practice in early help. With greater control, local areas could have greater authority to make new partnerships between services that support families, including the new proposed Government initiatives. Whilst it is still early days, we feel this could be a key enabler of effective early help practice, supporting the enhancement of more holistic, joined-up approaches across the UK.

Scope

The scope of this report is deliberately focused on the impact of defined and implemented interventions. It therefore excludes purely theoretical literature, in order to provide decision-makers, practitioners and researchers with actionable insights. This is not to say that purely theoretical literature is not beneficial or deserving of consideration, just that maintaining a narrow scope on specific interventions allowed for a clearer examination of existing evidence on best practice in order to provide practical recommendations. In particular, the report identifies key ‘intervention characteristics’ of successful early help interventions, supported by examples and practical recommendations.

Process

This report was devised through a thorough review of other analytical review approaches in social policy disciplines (e.g. Summers, Pemberton and Long, 2025), with advice on appropriate methods from the University of Birmingham. It deliberately included both academic and non-academic sources, acknowledging that whilst this may well mean less academically rigorous sources were included, doing so recognised the wealth of existing best practice and contributed to the novel nature of this report.

The process involved four distinct stages. Initially, scoping was undertaken to develop research questions and gain insights from relevant stakeholders and existing reviews. Next, the research stage involved systematic searches of academic and government search engines and third sector online libraries. Over 5,000 sources were identified through searches with almost 300 of these undergoing additional screening, resulting in 91 sources ultimately meeting the criteria for inclusion, 68 of which underwent full data extraction. This review included a variety of intervention types and cohorts as well as interventions with varied lengths and providers. Full details and examples are included in the Technical Appendix, but this

showed a mix of multi-dimensional and one-dimensional interventions that supported whole families or just parents or children with or without additional criteria. It also showed a mix of short interventions (under 3 months), medium and long term (over 6 months) and interventions delivered by statutory and third sector providers, or a mix.

The third stage involved data extraction of key information from each source including methods, sample sizes, findings and recommendations. An assessment of each source's reliability (low, medium or high) was captured. 'Reliability' was assessed through a scoring system (0–2, low; 2–4, medium; 4 or 5, high) based on factors such as measures appropriate to the intervention, adequate sample size, presence of a control or comparison group, follow-up measures, indication of dosage (how frequent/length of intervention). Those sources with high reliability, for example, utilised a control group or provided comparison outcomes, had a statistically significant sample size and clearly identified the length and frequency of the intervention. This score used Summers et al.'s (2025) examination of quality appraisal tools for quantitative and qualitative studies (as adapted from the Maryland Scale) as guidance.

In total, 40 per cent of sources showed high reliability, 47 per cent showed average reliability and 13 per cent showed low reliability. All findings were reported based on evidence from high, medium and low reliability sources. However, the identified outcomes and intervention characteristics were all identified in high reliability sources, as well as lower reliability sources.

Finally, utilising the information captured from each source and the answers to the research questions, a thematic coding exercise identified 18 distinct intervention characteristic codes, overarching intervention categories, and their links to specific outcomes. Characteristics were also grouped into categories and analysis into how these were connected was also undertaken.

A more detailed explanation of the approach is contained in the Technical appendix.

Outcomes

Following the analysis of the 68 sources, a range of successful ‘outcomes’ were identified. Outcomes were deemed to be ‘successful’ if there was an improvement against the measure in question. This might include an improvement in service user wellbeing (e.g. greater confidence, emotional stability), educational attainment etc.). There were a considerable number of different outcomes measured across all 68 sources, which could not easily be detailed here, but all outcomes examined were found to be broadly contained within six outcome categories. The following table summarises these, highlighting the number of sources which had outcomes within that category, split by high, medium and low reliability sources.

Table 1: Outcomes Overview

Outcome Category	Example Outcomes
Service User Well-being	
An improvement in the user’s wellbeing such as confidence, belonging or emotional regulation.	<p>Qualitative research into supplementary schools, which provide additional weekend teaching in community settings, found they helped build students’ confidence by providing them with role-models (Ramalingam and Griffith, 2015).</p> <p>An intervention that provided schools and social care teams with a dedicated advisory teacher and created tailored intervention plans found that participants identified progress in children’s confidence and emotional resilience (Bury, et al., 2022).</p> <p>A 10-week school-based intervention for anxious children found that the club fostered a sense of belonging, creating a group identity and affectionate and trusting relationships. It also found an overall reduction in emotional difficulties and peer relationship difficulties (Jayman, et al., 2019).</p> <p>A four-week parenting course that aimed to teach children about their emotions found that 79 per cent of participants reported that children had shown an increase in emotional awareness (Lambie, Lambie and Sadek, 2020).</p>
Total: 85% (n=59)	High Reliability: 39% (n=23)
	Medium Reliability: 51% (n=30)
	Low Reliability: 10% (n=6)

Educational Attainment

An improvement in a user's educational attainment such as grades, attendance or behaviour in school.

An intervention that provided schools and social care teams with a dedicated advisory teacher and created tailored intervention plans found improvements to academic attainment across all age groups and subject areas over the trial period. Interviews with school staff suggested that some pupils had exceeded academic expectations in various domains, including some older pupils with more complex needs (Bury, et al., 2022).

A comprehensive school readiness programme which helped children and their families prepare for transition to school found that children significantly improved across all school readiness outcomes (Gregg, et al., 2021).

A six-month intensive school-based programme that made tailored and multi-disciplinary plans for each child found that there was a significant decrease in the percentage of parents and teachers reporting clinically significant levels of disruptive behaviour in children after they had completed the programme (Lovering, et al., 2006).

Total:
40% (n=27)

High Reliability:
52% (n=14)

Medium Reliability:
41% (n=11)

Low Reliability:
7% (n=2)

Mental Health

An improvement in a user's mental health including in relation to specific disorders such as anxiety or depression or their ability to recognise symptoms of mental ill-health.

A 7-week cognitive behavioural therapy-based intervention delivered in school found there were significant reductions in separation anxiety and anxiety/depression symptoms, anxiety problems, affective problems and internalising problems for children (Scaini, et al., 2022).

A 10-week school holiday intervention that combined artists and mental health practitioners found that, on average, participants immediately after the intervention rated lower anxiety, depression and stress scores than before (Kearney, McCree and Brazener, 2021).

An intervention that trained football coaches in mental health practitioner skills found that over half of participants improved their capacity to recognise depression and schizophrenia. Participants' confidence in helping someone with a mental health problem also increased markedly (Pierce, et al., 2010).

Total:
19% (n=13)

High Reliability:
54% (n=7)

Medium Reliability:
38% (n=5)

Low Reliability:
9% (n=1)

Child Safeguarding

An improvement to a user's engagement with services such as social care, their status as a 'child in need' or other measures of risk within a child protection context.

A multi-disciplinary intervention that established hubs that brought together a range of accommodation options, services and outreach under a single management umbrella for young people in care found that 94 per cent of participants agreed or strongly agreed that it had improved outcomes for young people and 100 per cent agreed it improved a young person and their family's engagement with children's social care (Collyer, et al., 2021c).

A multi-disciplinary intervention that included therapeutic, practical, parenting and tailored support to vulnerable parents found that a change from high to low risk (where risk is determined across a range of factors including domestic abuse, parental mental health, neglect and physical/emotional harm) was the most common outcome for families involved, with only 9 per cent having increased risk (Turnpenny, et al., 2022).

A large-scale universal intervention that delivered abuse recognition training to children found that knowledge of the Childline number and ability to identify a trusted adult increased statistically significantly for both Key Stage (KS) 1 children and KS2 children. Furthermore, KS2 children's recognition of the five types of abuse showed statistically significant improvement (TESSE Research Team, 2021).

Family Drug and Alcohol Courts (FDAC) use a problem-solving approach (i.e. providing multi-disciplinary support for addiction, ill health and other social needs in a one-stop shop model) to address addiction issues for parents in care proceedings. An evaluation found reduced parental addiction and ill health and that a higher proportion of children undergoing FDAC were reunified or continued to live together with their primary carer compared to children in non-FDAC care proceedings (Papaioannou, et al., 2023).

Total:
19% (n=13)

High Reliability:
46% (n=6)

Medium Reliability:
38% (n=5)

Low Reliability:
16% (n=2)

Parenting and Family

An improvement in user's parenting skills, confidence or broader family relationships.

An intensive intervention that provided multisystemic therapy (a family and community therapy that uses techniques such as providing practical tips, parenting skills and aspects of CBT) found that staff rated that at least 70 per cent of families had improved parenting skills, family relationships and informal social networks at the end of treatment. Almost 90 per cent of young people were also rated as having improved behaviour and family systems that had been sustained for at least 3–4 weeks (Langdon, et al., 2023).

A relationship-based intervention delivered by trained family nurses to vulnerable first-time parents found that 54 per cent of the fathers felt that their ability to be a father had changed very positively as a result of the intervention and over half felt it had a high impact on their understanding of the support needs of their partners (Ferguson and Gates, 2015).

Total:
47% (n=32)

High Reliability:
37% (n=12)

Medium Reliability:
50% (n=16)

Low Reliability:
13% (n=4)

Systems Change

An improvement to existing systems such as improved communication between services or changes that result in better care for users or better working practices for staff.

A national intervention that provided support to 12 areas by connecting a range of partners to create delivery plans found that cultural shifts were identified as a key benefit of the programme as there was a new and embedded collaboration between education settings and local stakeholders including businesses. For example, one school established new connections with local businesses to help students learn about career options and partnerships facilitated previously difficult relationships with third-sector providers (Scandone, et al., 2022).

An intervention to harmonise existing support through an area-wide coordinated approach, so mothers would receive an improved 12 weeks of community-based support found high levels of satisfaction with the model which participants believed delivered more consistent responses for mothers and children in terms of advice and prioritising the young person's voice (McCarry, Radford and Baker, 2021).

Total:
41% (n=28)

High Reliability:
25% (n=7)

Medium Reliability:
64% (n=18)

Low Reliability:
11% (n=3)

Intervention characteristics

Based on the outcomes outlined above, alongside the additional information collected for each source, 18 intervention characteristics were identified during the thematic coding process. Characteristics were sometimes specifically attributed to intervention outcomes or highlighted as prevalent in other ‘evidence reviews’; however, such attribution was rarely based on a statistical analysis or robust assessment of evidence on causation. Typically, the link between the intervention characteristic and positive outcomes was implied or assumed. The link between intervention characteristics and outcomes in this analysis was therefore determined through the broader collection of information about each source including the author’s description of the intervention and recommendations. Notwithstanding the evidential weaknesses, this review did, however, find a degree of consistency regarding the frequency of certain ‘intervention characteristics’. Their prevalence across a diverse range of literature, including within studies of high reliability, therefore gives interested parties greater confidence in their importance in the field of early help. Consequently, the unique benefit of this report’s analysis is its clear codification of these intervention characteristics, which provides a clearer and more comprehensive overview of the range typically found in existing evidence.

The table below highlights the characteristics identified and the number of sources that showed evidence of this characteristic. Sources could and often did demonstrate multiple characteristics in relation to a single intervention. Likewise, while an effort has been made to categorise interventions based on distinguishable factors, there were inherent overlaps, such as ‘Integrated, Multi-faceted’ support overlapping with many other characteristics by definition, and ‘Trust and Relationship Building’ overlapping with ‘Trusted Individuals’. The number of sources with each characteristic has also been split according to whether the source had high, medium or low reliability.

Table 2: Characteristics overview

Description	Total Number	High Reliability	Med Reliability	Low Reliability
INTEGRATED, MULTI-FACETED SUPPORT				
				
The intervention offers support that covers many areas across emotional, practical and other needs (e.g. housing, counselling, substance misuse, finances). Support is therefore wrap-around.	35% (n=24)	35% (n=24)	35% (n=24)	35% (n=24)
CO-LOCATION AND MULTI-DISCIPLINARY TEAMS				
				
The intervention co-locates various services to make it easier for service users to have their multiple needs met simultaneously. Teams have multiple ‘hats’ and varied expertise across needs to provide relevant and tailored advice.	44% (n=30)	34% (n=10)	53% (n=16)	13% (n=4)

CO-PRODUCTION AND CO-DELIVERY



The intervention is co-produced with a variety of relevant partners, often across different sectors and/or including the families and communities supported. The same partners work to ensure the intervention is delivered in partnership. Multiple partners have a say in the design and processes of the intervention to ensure it meets the needs of a diverse cohort, does not duplicate existing work and pools existing knowledge and resource.

69% (n=47)

40% (n=19)

47% (n=22)

13% (n=4)

DATA AND INFORMATION SHARING



The intervention establishes methods of sharing key and useful information across multiple services or across various transition points. This includes examples such as digital booklets, which promote quick and accurate sharing of data about needs and life events or dedicated meetings where partners come together to share updates about a service user.

16% (n=11)

27% (n=3)

64% (n=7)

9% (n=1)

SCHOOLS-BASED



The intervention obtains its referrals from schools, and/or utilises schools in its delivery either in terms of location, staff or functions, valuing them as a key partner in the intervention. This recognises that schools offer access to a significant number of children and therefore allows for identification of needs or vulnerability that might otherwise be missed.

29% (n=20)

50% (n=10)

40% (n=8)

9% (n=2)

UNIVERSAL



The intervention, although sometimes making some prioritisation based on need, is available to a broad group of people. There are not overly restrictive thresholds that the service user must meet to get support, with multiple organisations being able to refer into the intervention. In practice, this might be an intervention that has an open access community hub or works in a school.

19% (n=13)

54% (n=7)

46% (n=6)

0% (n=0)

OUTREACH AND ENGAGING COMMUNITIES



The intervention actively engages with the communities it supports and does not solely rely on other organisations referring into it. This might include home visits, visiting local services such as schools or running awareness campaigns.

41% (n=28)

36% (n=10)

50% (n=14)

14% (n=4)

CULTURE AND GENDER RESPONSIVITY



The intervention is aware of the unique needs of different genders and cultures, adapting its offer to ensure it provides a safe space for different groups and has elements that meet their distinct needs. This might include second language tuition, an appreciation of different religious practices or safe spaces for women.

9% (n=6)

17% (n=1)

66% (n=4)

17% (n=1)

STRENGTHS-BASED



The intervention assesses and builds on users' strengths, encouraging them to identify them and supporting them to see their unique value and self-efficacy to empower them. This also includes ensuring each user has their own personal 'hook' to keep them motivated.

79% (n=54)

44% (n=24)

43% (n=23)

13% (n=7)

TRUST AND RELATIONSHIP BUILDING



The intervention focuses on allowing dedicated time and flexibility to build relationships with service users and on the value of building and maintaining trust. This might also include relationships with organisational partners.

87% (n=59)

41% (n=24)

47% (n=28)

12% (n=7)

ADDRESSING STIGMA



The intervention has a consideration that some groups or individuals may have existing distrust of services or practitioners and efforts are made to acknowledge and address this from the outset.

19% (n=13)

31% (n=4)

61% (n=8)

8% (n=1)

TRUSTED INDIVIDUALS



The intervention recognises the value of dedicated staff who are distinct from any other service professionals, with their role being to maintain a unique and personal connection with the user, bringing emotional support. This might include roles such as 'support workers', 'peer mentors' or 'community champions'. *

85% (n=58)

39% (n=23)

47% (n=27)

14% (n=8)

* Note this is not to say such individuals are not professionals, just that they are distinct from those with universally defined roles such as social workers and doctors.

TAILORED AND FLEXIBLE



The intervention can be tailored to meet each user's needs and strengths with flexibility that allows for variation of timings, type of support and delivery methods.

69% (n=47)

38% (n=18)

51% (n=24)

11% (n=5)

LONG-TERM AND CONSISTENT



The intervention takes place over a longer period of time (over 6 months). It is delivered consistently with efforts made to maintain consistency of staff, structures and expectations.

34% (n=23)

35% (n=8)

48% (n=11)

17% (n=4)

SPECIFIED OUTCOMES AND GOALS



The intervention is underpinned by a set of pre-established outcomes, goals or themes that guide and direct work. Outcomes are often tested against them. Such outcomes help staff to provide a consistent service to users, providing stability and focus. Equally, the goals involve commitments to service users (e.g. things that will or will not happen), that they can rely on as a condition of their participation.

25% (n=17)

42% (n=7)

29% (n=5)

29% (n=5)

INNOVATIVE EVIDENCE



The intervention recognises that proof of impact is vital to maintain stability for service users and staff. It therefore integrates evaluative practices and evidence capture into the intervention, devising innovative ways to do so.

21% (n=14)

14% (n=2)

64% (n=9)

22% (n=3)

TRAINING AND STAFF SUPPORT



The intervention ensures relevant staff receive training both before and during the intervention. Staff are kept up to date with the latest developments (e.g. changes to legislation that may impact their ways of working). Staff are well supported in their role with manageable workloads and support processes.

34% (n=23)

48% (n=11)

43% (n=10)

9% (n=2)

SERVICE PROFESSIONALS



The intervention is delivered or partially delivered by highly qualified individuals who provide specific support within the intervention (e.g. mental health workers, social workers, doctors). These are distinct from trusted individuals whose roles are less specific.

75% (n=51)

39% (n=20)

49% (n=25)

12% (n=6)

Whilst this analysis cannot directly claim which of these characteristics is most linked to successful outcomes, it can credibly suggest that those interventions that exhibit a broad variety of these characteristics are most likely to be successful against multiple outcomes. The principal reasons for this conclusion are that: a) over 75 per cent of interventions had over half of the intervention characteristics outlined above; b) 'Integrated, Multi-faceted' work was itself identified as a key characteristic which itself implies advantages from having a variety of intervention characteristics in one intervention; and c) each characteristic was evidenced to a degree by 'high reliability' studies, even if infrequently, meaning all characteristics have a credible evidence base, making their combined positive effect more plausible.

Intervention categories

Further analysis grouped these intervention characteristics into four overlapping but distinct overarching categories, as a helpful conceptual framework for those applying these findings.

- **CATEGORY 1 – COLLABORATIVE PARTNERSHIPS:** Successful interventions recognise that integrated support cannot be achieved alone by definition, and therefore involve a variety of partners, across disciplines, to provide tailored support to meet multiple needs.
- **CATEGORY 2 – USER-FOCUSED:** Successful interventions place the user at the centre of the support they provide both in terms of access to the intervention and support during it. They recognise the impact of stigma, the value of relationships and the importance of working in harmony with each user's unique strengths and needs.
- **CATEGORY 3 – VALUED STAFF:** Successful interventions recognise the value of having both trusted and experienced members of staff who can provide different types of support. Such staff are well supported in their work and are provided with robust training to ensure they can safely support users who may have their own traumatic histories.

Implications and actions

This review has highlighted key findings within the existing literature on early help and associated best practice. The paper therefore provides a contemporary assessment of key intervention characteristics, outcomes and a higher-order framework of intervention categories linked to successful outcomes for families in crisis, which have implications for a range of stakeholders.

1. Early help funders/commissioners

Implications

The review offers a framework for 'early help' and 'early intervention' commissioners and funders to assess future bids and strategies on this agenda. The insights into both intervention characteristics and positive outcomes identified present measurable indicators of effectiveness, useful for both internal evaluation and external communication with stakeholders, providing greater assurance for investment in multi-disciplinary interventions.

Actions

Consider these key findings when designing commissioning and funding frameworks, strategies and tenders.

Consider embedding findings about key intervention characteristics and successful outcomes into assessments for new grants, bids and impact assessment frameworks.

2. Frontline stakeholders

Implications

This review equips frontline practitioners and organisations, commissioners and local authorities with an evidence-based resource that can inform programme design, funding applications and evaluation practices.

Actions

Host collaborative workshops with partners nationally and/or locally to present findings and co-develop strategies and operational plans.

Utilise these findings in funding bids to demonstrate how the relevant intervention has a range of key intervention characteristics or will produce the successful outcomes noted, where appropriate.

3. Policy

Implications

The findings provide an evidence base to support the design and advocacy of integrated and multi-faceted early help policies. The review identifies common features of effective interventions and establishes a model that can be used to shape national best practice guidelines.

Actions

Consider communications strategies to leverage the findings for policy influence, such as using the characteristic and outcome findings as a key framework on which to advocate.

Align the findings with current policy initiatives, such as the government's Families First Partnership Programme, to enhance their development and credibility.

4. Research

Implications

This review provides a clear framework upon which future studies can explore further, verify, or otherwise critically evaluate. However, significantly more research is required, given the uncertainty around the level of impact of certain characteristics, uncertainty around the strength of causal links, the limited scientific credibility of many of the studies and the need for appropriately resourced mixed methods approaches.

Actions

Identify relevant conferences or academic forums for presenting this work to the wider research and practice community, to stimulate interest, debate and future research.

Consider further research such as mapping the findings onto existing and proposed government proposals around family help (e.g. Best Start Family Hubs), further examination of the causal links of the characteristics and outcomes or the inclusion of even more interventions.

Technical appendix:

Methodology

The methodology was devised through a thorough review of other analytical review approaches in social policy disciplines (e.g. Summers, Pemberton and Long, 2025), with advice on appropriate methods from the University of Birmingham. The below inclusion and exclusion criteria were adopted:

Table 3: Included and excluded

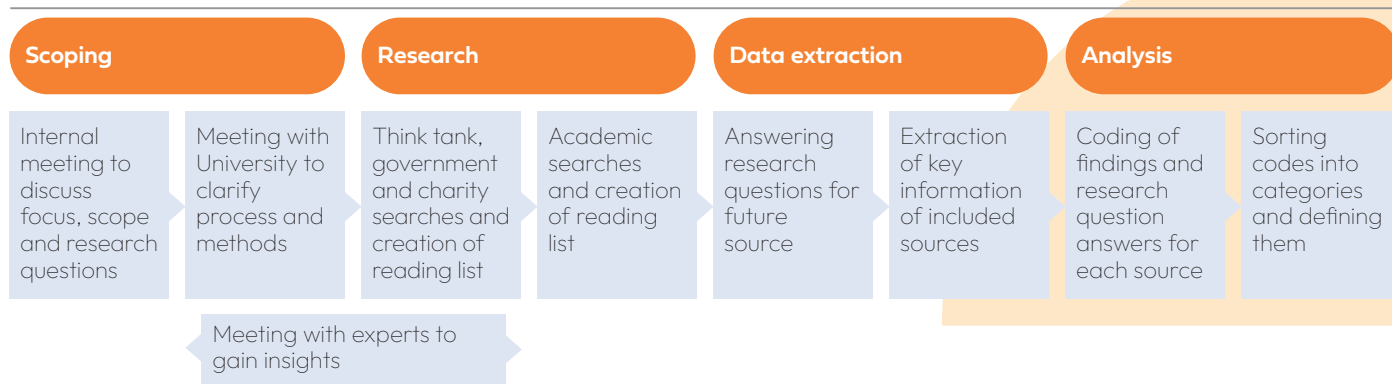
Included	Excluded
<ul style="list-style-type: none">● Sources that examined a single intervention or interventions, connected to the definition of early help outlined above.● Research into interventions with a single independent variable (e.g. mentoring or a course), which this report refers to as one-dimensional.● Research into interventions with multiple variables (e.g. multi-disciplinary support services).● Sources with defined methodologies or processes, as opposed to vague analyses.● Sources written on or after 2004, to ensure contemporary relevance.	<ul style="list-style-type: none">● Sources that theorised a possible intervention or change, or that described vague interventions and methods.● Sources that solely examined medical interventions that are not directly relevant to this specific field of social policy (e.g. prevention of diseases through more clinical public health agendas).● Sources such as magazine articles or press releases.● Sources written before 2004.

Both academic and non-academic sources, i.e. sources found in peer-reviewed journals and those published by think tanks, charities or other non-academic institutions, were analysed. This therefore meant the inclusion of some less methodologically rigorous sources.

However, the inclusion of this variety of sources was felt to be necessary to understand the full variety of interventions, recognising that due to the complex nature of multi-disciplinary interventions, only including rigorous control trials or specific methodologies would severely limit the range of interventions examined. This is especially true for those of a quantitative nature (Edwards, et al., 2021).

Their inclusion therefore not only allows a greater recognition of professional expertise or credible analyses, even if not as scientifically verifiable, but makes this review unique by including nascent interventions that may not yet have received academic validation. Not including these types of sources might, in turn, artificially reject plausible contributions that are actually more grounded in everyday delivery, when compared to academic work that can sometimes be more remote from the real-world context. Equally, this analysis did not attribute equal weight to the research outputs absent robust empirical methods.

Figure 2: Analytic review process



A clear process was undertaken to research, extract and analyse a significant body of information. The flowchart above provides a snapshot of the review process undertaken, as elaborated on below.

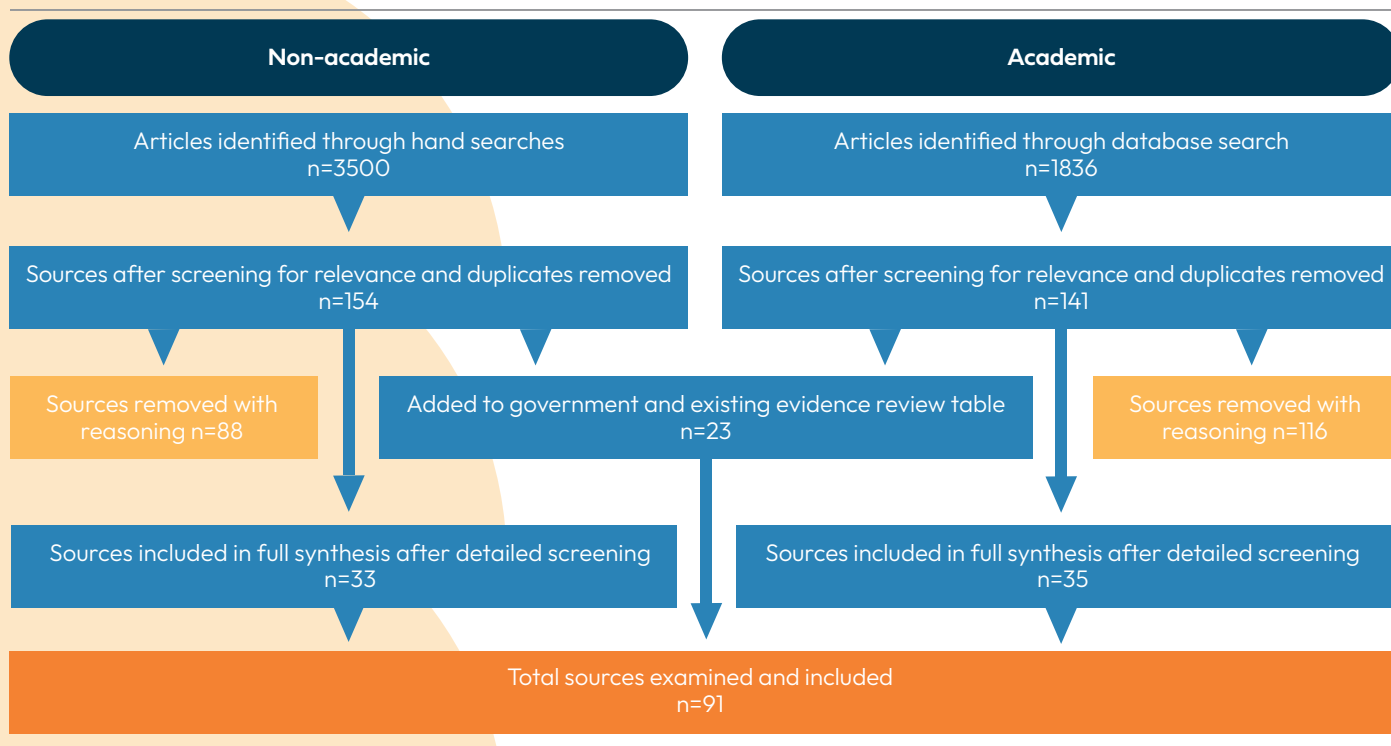
Stage 1: Scoping

During the scoping phase, research questions were developed, and expert insights were sought from key stakeholders within national children's charities and think tanks, and from key emerging government reports, ongoing research and findings from major grant-funded early help programmes. This helped to identify the available sources and solidify the report's focus.

Stage 2: Research

The research stage involved systematic searches across academic and government search engines as well as third-sector online libraries. These searches used a carefully constructed key terms schedule, guided by insights from experts, as detailed above. Over 5,000 sources were identified through searches with almost 300 of these undergoing additional screening, resulting in 91 sources ultimately meeting the criteria for inclusion, 68 of which underwent full data extraction. The outstanding 23 sources were existing evidence reviews that considered a number of interventions. They informed the framework for data extraction and interpretation of other sources. We recognise this area of research is ongoing and thus that relevant sources have likely been published since this report was written. Future updates to this report may seek to update its findings in light of emerging evidence. The chart below highlights this stage of the process.

Figure 3: Source identification flowchart



To highlight the broad range of early intervention types that were included in this review, the table below provides an overview of the key categories that arose, some illustrative examples, alongside the number of sources in the review that belonged to the category noted.¹

¹ Intervention Type – multi-dimensional interventions are those that would offer support across a variety of needs or a variety of methods (e.g. some therapeutic elements alongside practical support) whereas one-dimensional interventions meet only one need and use one specific method (although there may be a variety of techniques used).

Intervention Group – without specific criteria would mean the intervention could provide support to the majority of those who fit in this group who are in crisis in some capacity and does not require such groups to meet specific criteria (e.g. such as being a child in need or having suffered domestic abuse). Those with specific criteria would mean only those within the defined group and who met specific criteria would have access to the intervention.

Table 4: Interventions overview

Intervention type	Examples	No. of sources
Multi-dimensional intervention	<ul style="list-style-type: none"> ● The No Wrong Door Intervention (Collyer, et al., 2021c) brings together a range of services under one management umbrella for children. ● Birmingham Pathfinder (Social Finance, 2021) provides families with support through a number of interventions across housing, debt and therapeutic needs. ● Sure Start Centres (Carneiro, et al., 2024) provide a range of support across a number of needs including health, housing and parenting, impacting outcomes across such needs. ● The RESET intervention (Langdon, et al., 2023) provides multisystemic therapy and a number of smaller interventions and techniques including practical and emotional support. ● The STP-PreK program (Gregg, et al., 2021) involves a number of interventions including speech and language support, recreational activities and emotional regulation interventions to help prepare children for school. 	68% (n=46)
One-dimensional intervention	<ul style="list-style-type: none"> ● Community advice at Highbury Corner Magistrates Court (Ofori, 2022) supports those attending the court at a help desk, signposting and referring individuals to a range of support services. ● The Pyramid Club (Jayman, et al., 2019) is a 10-week course-based intervention for anxious children to support with their emotional development. It includes physical, psychosocial, creative and reflective elements as part of the course. ● The Lighthouse Parenting Programme (Sleed, et al., 2024) is a course-based intervention for parents at risk of maltreating their child, providing support to help parents better understand their child's mental state and respond in a sensitive manner. ● Family Group Conferencing (Taylor, et al., 2023) for families at pre-proceedings stage within family courts, provides meetings between social care and families to plan and make decisions for children at risk of harm. 	32% (n=22)
Intervention cohort	Examples	No. of sources
Supports the whole family (without specific criteria)	<ul style="list-style-type: none"> ● A Better Start (Bryson and Purdon, 2018) provides a range of support across a number of needs to children and families. ● Family Hubs (Centre for Social Justice, 2024) provide support to parents and children and, whilst in areas often with high levels of deprivation, are available to all families at the point of access. ● Northern Ireland's Early Intervention Support Service (Winter, et al., 2021) supported families who were showing signs of a range of difficulties but had not yet been identified by social services. 	25% (n=17)
Supports the whole family (with specific criteria)	<ul style="list-style-type: none"> ● Community Health Stockport's (Fifield and Blake, 2011) integration of public health nurses and early intervention/family support services provided support to whole families who were already involved with children's services. ● The HIPPY program (Brown, 2013) supports parents and children by supporting them to engage in classes across parenting, employment and education but it is restricted to those families who are economically disadvantaged, academically at risk or homeless. 	32% (n=22)

Table 4: Interventions overview

Intervention cohort	Examples	No. of sources
Supports parents or children (without specific criteria)	<ul style="list-style-type: none"> Supplementary schools (Ramalingam and Griffith, 2015) provide support for children in a number of communities in addition to normal schooling. A parenting course based on a set of toys and books 'My First Emotions' (Lambie, Lambie and Sadek, 2020) was available to a number of parents who were also offered group parenting classes in local children's centres. 	13% (n=9)
Supports parents or children (with specific criteria)	<ul style="list-style-type: none"> The Thriving Babies, Confident Parents Intervention (Turnpenny, et al., 2022) supported parents who were identified as having specific vulnerabilities including learning difficulties, mental ill-health or having been care-experienced. The SHiFT intervention (Smith, Mann and Lewis, 2022) supported young people aged 11-15 who were caught in a destructive cycle of crime with many of the young people being known to have committed several crimes and being some of the highest-risk children in the local area. 	30% (n=20)
Intervention length	No. of sources	
Long term (over 6 months)	41% (n=28)	
Medium term (between 3 and 6 months)	9% (n=6)	
Short term (between 0 and 3 months)	18% (n=12)	
Unclear or varied	32% (n=22)	
Intervention Providers	No. of Sources	
Primarily statutory	30% (n=20)	
Primarily third sector	22% (n=15)	
Mixed (majority statutory)	34% (n=23)	
Mixed (majority third sector)	14% (n=10)	

Stage 3: Data extraction

These sources were then examined, with details of samples, methods, findings and recommendations being captured for each source. Agreed research questions, which aimed to capture key details of each intervention, were answered for each source. An assessment of each source's reliability (low, medium or high) was also captured, to assess the degree to which the applicable research presented credible evidence. 'Reliability' was assessed through a scoring system (0–2, low; 2–4, medium; 4 or 5, high) based on factors such as measures appropriate to the intervention, adequate sample size, presence of a control or comparison group, follow-up measures, indication of dosage (how frequent/length of intervention). Those sources with high reliability, for example, utilised a control group or provided comparison outcomes, had a statistically significant sample size and clearly identified the length and frequency of the intervention. This score used Summers' et al.'s (2025) examination of quality appraisal tools for quantitative and qualitative studies (as adapted from the Maryland Scale) as guidance.

In total, 40 per cent of sources showed high reliability, 47 per cent showed average reliability and 13 per cent showed low reliability. All findings were reported based on evidence from high, medium and low reliability sources. However, the identified outcomes and intervention characteristics were all identified in high reliability sources, as well as lower reliability sources.

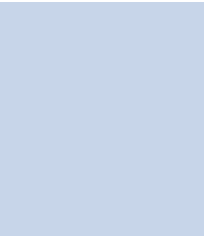
Stage 4: Analysis

Finally, utilising the information captured from each source and the answers to the research questions, a thematic coding exercise identified 18 distinct intervention characteristic codes, overarching intervention categories, and their links to specific outcomes. This analysis therefore aimed to identify which characteristics the research claimed were key to achieving positive outcomes and establish the reliability of the evidence for that claim.

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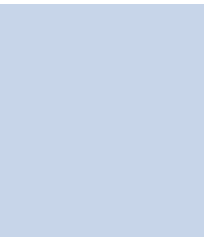
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