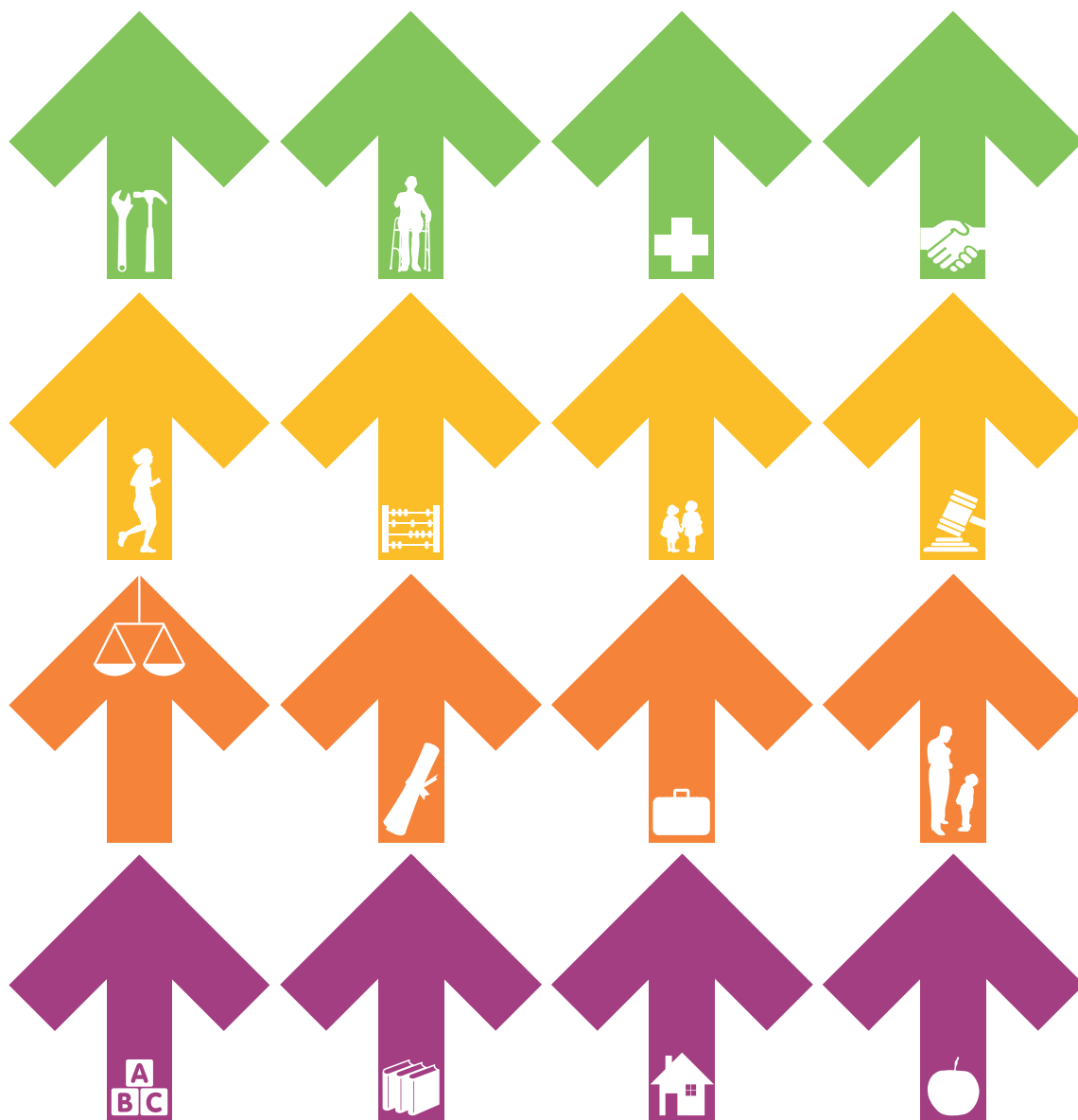


A Rough Guide to Early Action:

Seven stories of how society is acting earlier





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Acknowledgements

The Early Action Task Force, led by Community Links, is a cross-sector group of leaders making the case for a society that prevents problems occurring rather than one that struggles with the consequences. We are grateful to the Big Lottery Fund for supporting our work.

Community Links has been tackling deprivation and inequality in east London for nearly 40 years by delivering practical support and local solutions for those most in need. Our vision is of confident communities ready to seize opportunities and create their own. We share our learning nationally to create change in the systems and structures that shape our society.

This report has been prepared on behalf of the Early Action Task Force by Jennifer Beckwith.

With thanks to every practitioner featured in this report for sharing the story of their project; I hope it is retold faithfully. Special thanks go to Ben Robinson, David Robinson, Luke Price and Matthew Brindley for their helpful suggestions at various stages of this report. All errors are my own.

The names in this report have been changed.

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Introduction

A practitioner working in health and social care for older people told us of two stories that start similarly but end very differently. Ruth and Edith are 70 years old; both were living alone and struggling to care for themselves. Restricted mobility means that they rarely left their homes, found it difficult to buy food and pick up medication, and rarely saw their friends and neighbours. Ruth ended up being taken into care after emergency services found her collapsed at home. Edith, on the other hand, continues to live happily at home with the support of friendly visits from her postman who reminds her of doctor's appointments, arranges help to pick up prescriptions and connects her with a local community centre, where she has made new friends.

We instinctively understand the importance of acting earlier to enable people to thrive. This is emphasised in education, and there is even political appetite for rehabilitation through the criminal justice system. So why is the concept of acting earlier not common practice in other sectors?

What is early action and why is it important?

We use the term 'early action' to refer to any service or activity that prevents problems occurring or getting worse, tackling their causes rather than their consequences. This not only improves people's lives, it saves society money and enables us all to contribute more. Early action lessens our dependence on acute services by reducing our need. Not limited to prevention, it is also a positive approach that enables people to fulfil their potential at every life stage by building resourceful communities that collectively overcome challenges and ultimately flourish.

Early action enables people to fulfil their potential at every life stage by building resourceful communities that collectively overcome challenges and ultimately flourish.

In the current policy context, early action is more important than ever. Severe funding cuts to public services, particularly at the local level, have largely fallen on preventative services, increasing our demand for acute services.¹ We're often reminded of the unprecedented pressures our ageing population, rising obesity rates and deepening social isolation are placing on overstretched public services. Addressing these require services that enable older people to live in their own homes for as long as possible, families to access health and fitness facilities, and communities to become more connected. Simply rationing support will not work, as it just shifts the cost to another part of the system. Rather, it requires services to take an early action approach.

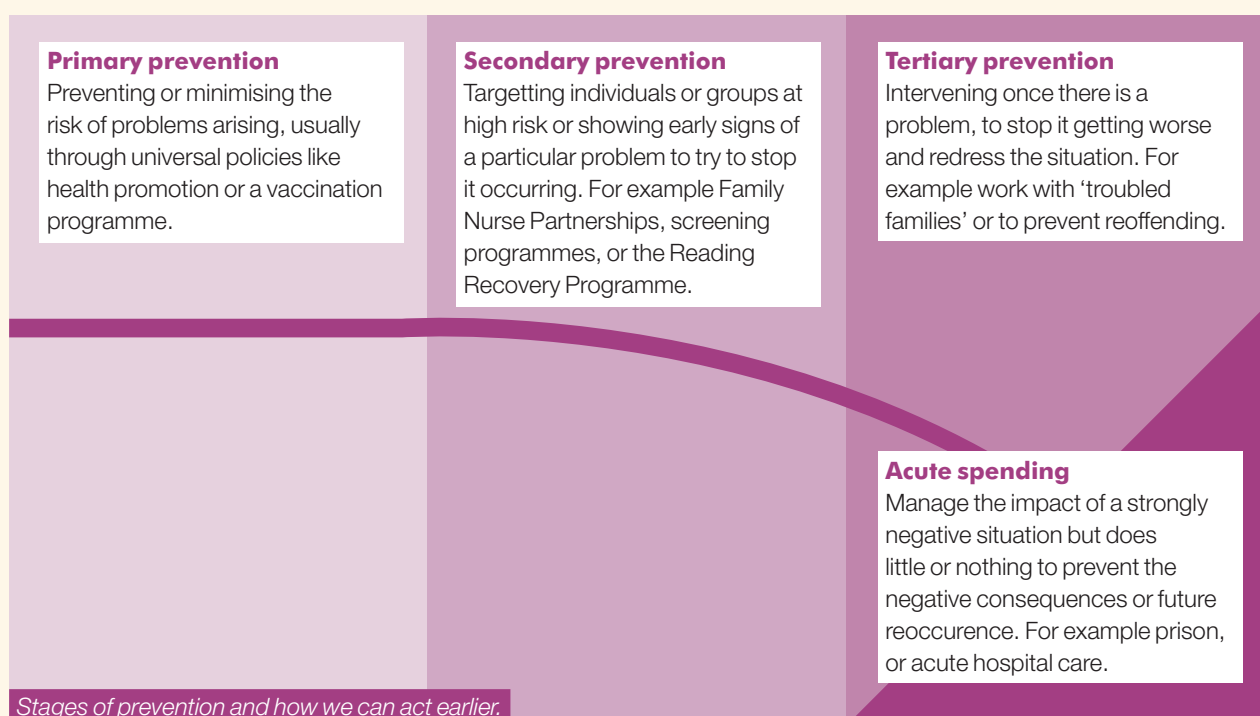
Although most people agree that early action is "common sense" – socially beneficial, financially prudent and economically farsighted – it is not yet "common practice". This report aims to address this contradiction by highlighting examples showing that early action is not only possible, it's more effective than the alternative.

How is an early action approach different?

To ensure that everyone in society has the opportunity to thrive, quality universal services must be accessible to all; enabling good health, decent housing and education or training opportunities throughout people's lives. As not everyone starts with the same opportunities services should seek to empower people to fulfil their potential in spite of sometimes difficult circumstances. Targeted services should also serve as a safety-net if things go wrong, connecting people with appropriate support to get back on their feet following bereavement, job loss or relationship breakdown. In doing so, services will address the causes of social problems, rather than being a "quick-fix" palliative to the underlying structural barriers causing them to continue.

Universal and targeted services operate at primary and secondary stages of prevention, helping to stop people finding themselves at "the bottom of the cliff". Yet we are all at risk of falling on hard times at some point in our lives and, for some, this can lead to complex problems that are difficult to overcome. Restorative services must be accessible at the tertiary stage of prevention to those who want to change their lives, preventing social problems reoccurring by giving people the opportunity to "break the cycle". These services operate at a tertiary stage of prevention, reducing the number of people who are repeatedly in contact with acute services.

To deliver services that achieve early action throughout an individual's life, agencies must work together. A person's life chances are dependent on consistent support across numerous sectors, such as health, housing and education, as well as consistent support for those who support them in their family and the wider community.



This report highlights stories showing that by acting earlier we have the opportunity to spend money better and deliver more effective public services.

What is the point of this report and why is it useful?

Despite broad agreement with the concept and a policy context receptive to its message, early action is not yet happening on an ambitious enough scale. The short-term political cycles governing decision-making mean there is little incentive for leaders to boldly redesign public services without yielding immediate return. Widespread funding cuts result in our simply losing services, rather than redesigning how they can be delivered. We are increasing pressure on already stretched services in the long-term by storing up social problems for the future.

This report highlights stories showing that by acting earlier we have the opportunity to spend money better and deliver more effective public services. They show that it is possible to reallocate resources, rather than finding new assets, and to increase information sharing within and between organisations, rather than duplicating effort. It also shows ways of increasing connections within communities to draw on local assets, resources and good will to build a society that serves everyone's needs.

There are three challenges to implementing early action that the examples in this report directly address: a lack of money for early action services; a lack of awareness about measuring early action; and a lack of clarity over the concept.

First, **money**: however much society acts earlier, we will always need some acute services. So how do we spend on preventative and acute services simultaneously? These stories show that resources can be used more effectively by sharing information and resources through creative partnerships and better connecting people with existing services. Early action does not invariably mean finding more money.

Second, **measuring early action**: not only is awareness of existing preventative services poor, they are also usually judged by existing short-term, crisis-focused measures.² Through these examples we are starting to build awareness of the impact of different early action approaches, and therefore how it can be better measured.

Third, **clarity of concept**: many social policy terms include the prefix “early”, and many are mistakenly interchanged with early action. “Early intervention”, “early years” and “early help” are not its equivalents – early action is an umbrella term encompassing each one. Through these examples we are showing its scope: early action is applicable across the lifecycle, at all stages of prevention and in every area of social policy.

Beyond addressing specific challenges, this report aims to inform and inspire practitioners and policymakers seeking to put early action into practice. These stories are not blueprints, but by starting to identify “what works” we are showing that not only is early action possible, it is already flourishing across sectors. By highlighting how early action is a different way of delivering public services, we are challenging practitioners and policymakers to see that early action can be “common practice” as well as “common sense”.

Insights

What can and can't we learn from these examples?

The examples highlighted in this report are giving us insights; some warrant optimism, while others highlight the current challenges of making early action happen.

The first sign of encouragement is that many of the practitioners we contacted were not aware of the term 'early action' or that they are currently practicing it; this suggests that the approach is more widespread than we might expect. Once our conversations turned to how their work proactively intervenes or enables people to improve their situation before it worsens, they instantly recognised the concept – and power – of early action.

We've found that building relationships is central for effective early action, be that better connecting communities or increasing trust among services and the people who use them.

We can build on this by disseminating early action at the local level. The current political momentum behind devolution is an opportunity to show its potential for local communities. When asked what makes their work effective, many practitioners cited localism: the ability of staff to empathise with people accessing their services, know what is going on in a person's life beyond why they are accessing the service and build the capacity of a whole community. To build local momentum for early action we need to reinforce knowledge sharing with practical learning, connecting practitioners to start growing sector-specific expertise in implementing early action from the bottom up.

There is leadership, appetite and a need for this, yet it would be naïve not to acknowledge the challenges practitioners are currently facing. Money dominated many of our conversations: funding for early action is being squeezed, will soon run out or already has. This is encouraging "siloed-working" as agencies or departments are increasingly reluctant to fund projects that do not directly meet their own narrow targets. This is a challenge for early action at the best of times, but austerity is exacerbating short-term protectionism, so encouraging agencies to "pass the funding buck".

That said, these stories show many good early action projects being supported that are achieving great change. We've found that building relationships is central for effective early action, be that better connecting communities or increasing trust among services and the people who use them. As Call & Check in Jersey and the Specialist Intervention Team in Ceredigion show, this can be achieved through interventions that facilitate everyday conversations or ensure people are given a personal point of contact when navigating services.

This is particularly effective when engaging people with entrenched and complex needs, especially those who have disengaged with mainstream services. In fact, as Includem and Jobs, Friends and Houses suggest, harnessing relationships is probably the only way to effect transformative change. The voluntary or non-statutory nature of relationships often increases trust as people are more willing to disclose sensitive information, even when they know it will be relayed to statutory agencies. This seems to be because people aren't pressured to formally disclose information, since voluntary and non-statutory agencies are able to build relationships over a longer time.

Sometimes people's situations are too multiple and complex for volunteers, in which case using peers or staff with past experience is an effective means of establishing trust. Organisations that are effectively delivering early action recognise this, regularly consulting with frontline staff to adapt, improve and create new preventative services. The Passage and Includem show that organisational structures need to enable staff to retain expertise in the field and establish regular communication between service designers and the frontline.

Building relationships is also invaluable between sectors as it enables organisations to pool budgets, share information and resources, enabling more to be delivered with the same. Partnerships are particularly effective in breaking cycles of entrenched social problems that perpetuate the need for acute services. Boilers on Prescription shows that improving people's homes reduces their likelihood of repeatedly accessing medical services, highlighting that intervention in the housing sector impacts public health. Such a "whole-person" centred approach recognises that the entrenched issues people face do not appear as silos in their own lives.

The stories in this report enable us to draw out insights, but they are not necessarily cases of best practice. While we've tried to ensure the examples reflect different stages of prevention in different sectors, we have not followed a strict methodology: we spoke to practitioners we heard about, were introduced to, or replied to our call outs.

Early action cannot be implemented from a blueprint. It requires local knowledge, expertise and enthusiasm about serving local needs, meaning that these insights should be interpreted differently in different contexts. We hope that our examples inspire you to start this journey. This collection is just the start of an ongoing project. There are many more great early action stories, with many more insights that need sharing. We need your expertise to grow local early action, so please get in touch to add your contributions.

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Call & Check

Jersey Post

In brief

Seeking to improve health and social care services for older people, the postal service in Jersey does more than deliver letters. It has become a “delivery platform”, calling on isolated older people to check how they are doing, passing on information face-to-face, identifying any additional help they might need and getting in contact with family members or other services when needed. This “Call & Check” service is using everyday social interactions to alleviate social isolation among older people, while also providing the small amount of help that can make the difference between having to leave their home and living independently for as long as possible. It shows that creative partnerships between existing services acting earlier can not only improve the efficiency of care services, but also the health and wellbeing of older people.

Call & Check is different because it is using existing resources to improve the quality and efficiency of community health and social care for the elderly by connecting residents with existing services.

Why is this early action?

About 16,000 people on Jersey are over 65, 16% of the island's population.³ Older people represent a similar proportion of the UK population as a whole, having increased by 20% over the last decade, and this figure is expected to double within the next 30 years.⁴ Caring for our ageing population is a social challenge, as more than 25% of people over 75 experience loneliness, increasing their risk of poor physical and mental health.⁵ Community services have seen the sharpest cuts in health and social care, which are currently failing to meet increasing needs.⁶ Call & Check is different because it is using existing resources to improve the quality and efficiency of community health and social care for the elderly by connecting residents with existing services. It is doing so by linking older people with a regular friendly face who's able to pick up any health or wellbeing problems at an early stage, preventing residents from needing acute care by swiftly referring them to the appropriate agency and enabling older people to live in their homes for as long as possible.

How does it work?

Jersey resident Joe Dickinson conceived the idea of Call & Check in 2012 as a way of revitalising a postal service threatened by the declining use of paper-based mail. Joe recognised the post's potential for connecting elderly residents with other services, seeing this as a means of addressing the current social challenge of caring for our ageing population.

As one of the last organisations with the infrastructure to visit every household, Call & Check flags any problems for family members or other services to swiftly intervene and lends a helping hand by connecting residents to care services or passing on information. “Posties” ask residents how they are, if they've taken their medication, and remind them of medical appointments. They also ask whether they need help collecting prescriptions or shopping, and for any messages that need passing on.

Knowing my mother gets checked on every weekday takes some of the pressure off me and my wife. It gives us additional piece of mind.

Mike

Carer of June



because residents don't see them as medical professionals, they are more willing to disclose and seek help for minor health issues, preventing them from becoming more serious.

Call & Check has been successfully piloted for two years across Jersey, working especially well in rural and semi-rural areas, as well as being extended to the main town of St. Helier. The service is incorporated into posties' normal delivery rounds with minimal extra time or cost to the service, with each visit taking about five minutes and costing just £3.50.

What has it achieved?

Call & Check has the potential to reduce hospital (re-)admissions and free up health workers to provide at-home care to older people most in need. Currently, a health worker aims to visit every older person who has been discharged from hospital in Jersey, some of whom require the less intensive ongoing support available through Call & Check. It costs about £70 for a professional health worker to make a home visit, compared to £3.50 for Call & Check.⁷

As well as improving the wellbeing of older people, Call & Check gives additional support to more than 150 carers in Jersey by regularly calling on their loved ones. This in turn relieves pressure on carers, enabling them to sustainably provide at-home care. Call & Check forms part of a "care circle" along with healthcare professionals and voluntary organisations, supporting people to stay in their own homes for as long as possible. This allows older people to remain close to their personal and social networks, as well as saving the higher cost of residential care – on average between £30,000 and £40,000 a year.⁸

The concept is being adopted by national postal services in Ireland, Iceland and Finland, targeting residents at risk of social isolation or frailty. It's also been chosen by the US Healthcare Delivery Innovation project for trials in the United States. The London borough of Southwark is planning a similar Call & Check service, creating a wide network of local voluntary care services that it is hoped will be adopted by other London boroughs. The Association for the Blind is also interested in supporting its members through Call & Check, highlighting its usefulness for other vulnerable groups.

What can we learn?

Investing in services that enable people to live in their homes for as long as possible will improve the health of older people and reduce pressure on acute health and social care services, saving money in the long-term. Call & Check shows the power of everyday social interactions in transforming health and social care by connecting older people with frontline services. This simple concept demonstrates that communicating and linking people with existing services is an effective way of using resources to act earlier. Call & Check is different because it's combining normally disparate sectors by using an existing service to increase the efficiency and quality of health and social care.

Find out more

Joe Dickinson

Call & Check Founder
jerseypost.com

The Passage

In brief

In a sector often focused on managing crisis, The Passage is a London homelessness charity that has redesigned its whole approach towards prevention. This includes raising awareness among central and Eastern European migrants about the need to plan where they will live before moving to the UK and preventing people being discharged from hospital directly onto the streets. It also enables formerly homeless people to retain their homes, offering tenancy support and pairing clients with a volunteer to help them get involved with local community groups. The Passage is reallocating its resources to act earlier by working with sectors whose current practices can unintentionally lead to homelessness.

I remember one guy said the first night he spent alone in his new flat was nearly as scary as the first night he spent on the street. It's crippling lonely. Imagine what that's like when you've had mental health challenges or addiction issues and there's an off-license opposite...

Mick Clarke
Chief Executive
The Passage

Why is this early action?

Acting earlier on homelessness saves between £3,000 and £18,000 a year for every person prevented from becoming homeless.⁹ The longer people are homeless, the more complex and entrenched their needs become, increasing not only the financial but also the personal costs. These include severe social isolation, a deterioration in mental and physical health, and difficulty entering employment and education. The Passage is tackling the causes of homelessness and breaking cycles related to the problems of unplanned migration, unplanned hospital discharge and a lack of support for formerly homeless people. By working with overseas agencies, medical services and community groups, The Passage is joining up sectors to deliver a multipronged approach to tackling the problem at source.

How does it work?

The Passage has been working with homeless people since 1980, mainly providing acute services, outreach, and hostel and semi-independent accommodation. In 2013, prevention became a key strategic goal rather than a "wouldn't it be good if" aim, as the team sought to put an end to repeatedly seeing the same people access their acute services.

About 70% of rough sleepers in central London are from central and Eastern Europe,¹⁰ so The Passage's "Before You Go" project is raising awareness about the risks of migrating to the UK without proper accommodation, employment and financial planning. Funded by the Department for Communities and Local Government (DCLG) and the Foreign and Commonwealth Office, the Passage is working with foreign embassies in Bulgaria, Lithuania, Romania and Poland, screening films about people who've become homeless in the UK in labour offices, churches and Romani community centres.

If I had not met my Home for Good volunteer, I could not imagine what life could have been for me now.

Joel

Formerly homeless person

Home for Good clients and volunteers share a meal.



Between 2014 and 2015, the number of people returning to rough sleeping increased by 20%, significantly higher than the previous two years.¹¹ Responding to increasing repeat homelessness, The Passage's "Home for Good" project is helping formerly homeless people retain their home by connecting them with local volunteers and community organisations. It has

adopted this model because formerly homeless people lack social support, finding that about 60% of those using soup kitchens are not rough-sleepers but are returning to the support networks they formed while on the street.¹² By better connecting communities, Home for Good is preventing social isolation and the risk of people's previous problems, such as alcohol dependency, reoccurring.

What has it achieved?

Over the past year, the Homeless Hospital Discharge Service has worked with almost 300 people, with about 70% going into accommodation after leaving hospital. Home for Good has worked with 50 formerly homeless people over the last year, with 97% retaining their homes as compared with 84% after 12 months without similar support.¹³ It is looking to extend the model beyond London, identifying other towns and cities with community organisations that could help support people.

What can we learn?

The homelessness sector is often pushed into managing crises, so effective early action in this sector shows that it can work with any group. Unplanned migration and hospital discharge, and a lack of help for formerly homeless people to stay in their homes perpetuate the cycle of homelessness. The Passage is addressing these issues by asking homeless people how services could have prevented their situation, incorporating insights from the frontline into strategic service design. This can only be done by staff developing what The Passage calls "real relationships", gaining clients' trust to ask questions about their experiences and designing services that flexibly suit their needs.¹⁴ The Passage is effectively delivering prevention by working with sectors that deal with the consequences of homelessness day to day, linking with migration, health and housing services to act earlier in breaking the cycle.

Find out more

Mick Clarke

Chief Executive
The Passage
passage.org.uk/

Miranda Keast

Development Manager



Includem

In brief

Includem is a charity in Scotland working with young people who have some of the most complex needs. It seeks to break the cycle of intergenerational social exclusion by working with young people and their families who other services have been unable to engage with or support. Through a model that enables staff to offer 24/7 one-to-one support, it puts a lot of resources into building trust with young people and being available at the times they need them most. Its persistent and intensive approach marks Includem out as different from young people's previous experiences of services, giving them confidence that staff will be there over the long term to support them to turn their lives around. The approach demonstrates that intensive one-to-one support works when the organisational structure enables staff to be flexible and "always available".

Includem is different because it doesn't reject referrals on the basis of complexity, or stop working with young people at the first signs of disengagement or difficult behaviour.

Why is this early action?

Includem breaks the cycle of social exclusion among young people who most services would consider too "hard to reach". Instead, it offers intensive and 24/7 support, as well as specialist programmes to prevent reoffending, school exclusions and breakdowns in foster care placements. Includem is different because it doesn't reject referrals on the basis of complexity, or stop working with young people at the first signs of disengagement or difficult behaviour. The majority of young people it supports are on compulsory supervision orders or "the edge of care", likely to receive a custodial sentence if offending behaviour continues or become looked after. By acting earlier to break the cycle, Includem prevents young people going into secure or residential care unnecessarily, which is not only very costly, it also affects their chances of turning their lives around.¹⁵ Includem's support focuses on tailoring support around the young person and their family, enabling them to become independent and socially included adults, as well as tackling the underlying causes of intergenerational deprivation.

How does it work?

Includem was set up in Glasgow in 2000 to respond to a chronic lack of support for the most vulnerable young people and to prevent them "falling through the net" because other services were unable or unwilling to engage.

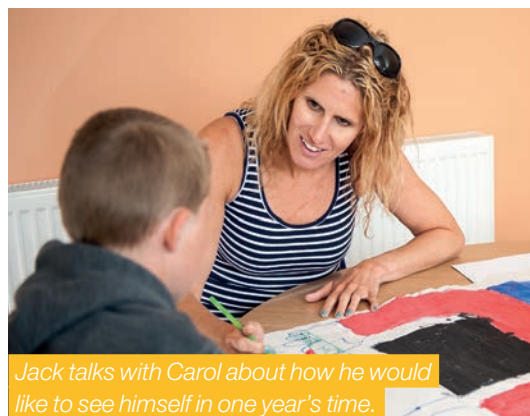
With 100 frontline staff, Includem helps around 500 young people every a year from the most deprived communities, many affected by problems of addiction, violence and family breakdown. For whatever reasons they're referred, staff work with them across all the issues they're facing, including family relationships, self-esteem, health, education and employment.

"I can think of a particular case where the first task after we'd engaged the young person, which took quite some time, was to work with him and his family who, due to their behaviour in public sector housing, were scattered across the city 'sofa surfing' to find one large private let and worked with them to understand how to manage a tenancy. That provided him with the family connections, engagement and the basis to actually look at what was driving his offending behaviour. So there's the higher-level prevention objective in terms of public services, but in order to achieve that, every young person we work with has got that multiple range of problems we also need to address."

Angela Morgan, Chief Executive, Includem

Includem invests in forming relationships with young people, often making over 20 attempts at engagement. Staff make return visits at unexpected times, building trust through persistence, showing belief in the young person and developing relationships with parents that are maintained throughout. Staff focus on changing young people's behaviour through supporting them to recognise how their choices affect their life and why they are working with Includem, before exploring how they would like life to change and helping them identify what support they will need. It's a highly flexible approach, with staff tailoring the level and pace of engagement according to each individual's behaviour and needs.

Putting structures in place that allow staff to be young people's first point of contact is very important for maintaining their trust. Staff are available at times when young people



Jack talks with Carol about how he would like to see himself in one year's time.

need them most, including evenings and weekends. It also offers a 24/7 helpline staffed by the frontline team, which is used by three-quarters of the young people and their families. Because Includem is not a statutory service, staff are seen as independent and trustworthy; they are given greater insight into young people's lives and often deal with previously undisclosed issues.

In terms of trust building, an early crisis when a parent or young person phones the helpline and we respond, and it can be in person, is an incredible learning opportunity for us and a way of marking us out as different from their previous service experience.

Angela Morgan

Chief Executive
Includem

What has it achieved?

Jade was living with her aunt when she started running away from home, frequently missing school and drinking heavily. Jade's abusiveness meant that her aunt didn't think she could continue caring for her. Jade and her support worker met in the late evenings and at weekends because this was when Jade was likely to drink and become distressed. Together they dealt with trauma she had experienced as a child, and worked on how she could manage emotions.

Over this period, there were still times when Jade absconded. Her family regularly called the 24/7 helpline asking her support worker to contact Jade, because they were usually the best person to calm her down. In time, Jade started calling the helpline. Instead of running away, she asked for advice and support when she was feeling most distressed. Her abusive and harmful behaviour stopped and she continued living with her aunt.



May helps Henry set goals for the next six months.

In 2014 alone, Includem prevented 73 families from experiencing breakdown and 106 young people from going into care. Residential care costs about £3,000 a week, whereas Includem's support costs just £300, an estimated saving to the local authorities of more than £3 million a year. Dartington Social Research Unit evaluated Includem's work with young offenders in 2014, and found that criminal activity fell by about half among young people after their first six months of engagement, saving an estimated £27,000.¹⁶

Includem wants to make its services more accessible by increasing the number of routes through which young people are referred. It is looking to work with

government programmes and housing associations, supporting young people who are experiencing family breakdown. It is already working in schools to prevent exclusion and increase attainment, and wants to develop more school partnerships, as keeping young people in school is the best predictor of positive life outcomes.¹⁷

Find out more

Angela Morgan

Chief Executive
Includem
includem.org

Michael Shanks

Policy and
Communications Manager

What can we learn?

Breaking the cycle of social exclusion requires services that are able to engage with young people who have the most complex needs. Includem shows that building relationships, sometimes dismissed as "light-touch", has the capacity to change their behaviour. It works because staff form long-term, intensive, one-to-one relationships, are highly accessible to young people and respond at points of crises. For this to work, Includem's business model has to ensure its organisational structure aligns with delivering that model. Includem has no concept of "out of hours" or paying overtime, structures that can make it unviable for other agencies to deliver intensive services. This suggests that as well as effective approaches to early action, organisations need to support their services with structures that can make it happen.

Boilers on Prescription

Gentoo and NHS Sunderland and Durham

In brief

A large housing association in the north-east, Gentoo, recognised the health benefits tenants reported after having heating improvements made to their homes. It developed a project to install new boilers, double-glazing and insulation to improve people's health and reduce GP and hospital admissions in the future. The project has since been commissioned by three local Clinical Commissioning Groups to provide the service to residents with chronic obstructive pulmonary disease (COPD), a collective term for chronic lung illnesses including emphysema and severe bronchitis. It shows that establishing partnerships between normally disparate sectors can effectively address the causes rather than the symptoms of health inequalities.

Why is this early action?

Predominantly caused by smoking and associated with working in heavy industry, the north-east has the highest level of COPD in the UK. Unsurprisingly, people living in poor housing are also much more likely to be diagnosed.¹⁸ The disease costs the NHS more than £800 million per year, and emergency hospital admissions for COPD in the north-east are twice as high as in the south of England.¹⁹ By linking the higher rate of COPD in the north-east with its greater relative deprivation, Boilers on Prescription is acting early by tackling the socioeconomic causes of poor health that result in patients seeking recurrent medical attention.²⁰ This is not only reducing healthcare costs, it's also maximising the quality of life for people with the condition. COPD is exacerbated by living in cold and damp homes so, while it cannot be cured, improving people's home environment is one lifestyle change that allows them to better manage their condition.

How does it work?

Boilers on Prescription is acting early by tackling the socioeconomic causes of poor health that result in patients seeking recurrent medical attention.

Since 2010, Gentoo has retrofitted nearly 5,000 homes as part of a plan to renovate its housing stock. While intending to reduce carbon emissions by improving heating efficiency, Gentoo found the biggest impact customers reported was better health and wellbeing as a result of their homes being warmer and less damp. This encouraged Gentoo to approach the Clinical Commissioning Group (CCG) with an idea for prescribing non-medical interventions to improve health.

Sunderland CCG agreed £50,000 of funding to improve the homes of six people who had high levels of interaction with the NHS. The pilot has been operating in Sunderland since 2014, expanding to another five homes in Durham last year. Retrofitting is only prescribed for people with energy inefficient households, with Gentoo making improvements worth £5,500 on average to privately owned or rented homes through a tenure-blind scheme. For people who don't turn on their heating for financial reasons, Gentoo works with other agencies to help patients' access benefit entitlements or switch to the best energy tariff.

By this time last year John had been into hospital five or six times. So far this year he's not been in hospital once and his health is generally so much better. He's much happier in himself because he's not suffering.

Margaret

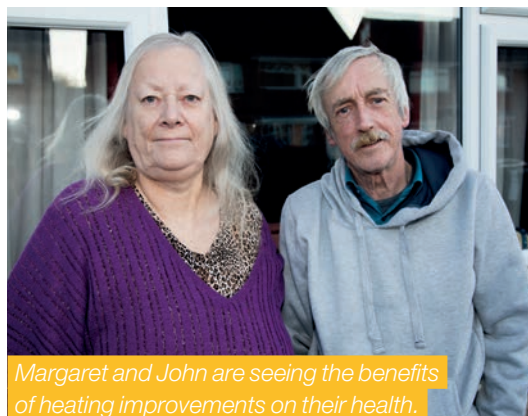
Wife of John, COPD patient

Gentoo has found that developing partnerships with CCGs depends on adopting shared aims. It worked with medical specialists over 18 months, including the Royal College of GPs and Public Health England, developing a framework to show how Boilers on Prescription helps CCGs' clinical targets of reducing hospital readmissions, improving sustainability within healthcare by enabling people to self-care, improving life expectancy, and improving the quality of life for people with chronic conditions.

What has it achieved?

After 18 months, doctors' appointments among COPD patients in Sunderland have fallen by 60% and the number of walk-in visits to A&E has fallen by 30%. By our estimation, because the COPD patients in this pilot previously saw a doctor on average three times a week, it has taken less than nine months to recover the initial investment as each doctor's appointment costs about £50. The number of people admitted to hospital via emergency services also fell by 25% after 18 months. Each admission costs about £2,500, so preventing just two of these recoups the cost of retrofitting.

Other local authorities including Cornwall, Dorset, Edinburgh and Warwickshire are adopting the concept. It is hoped that more regional pilots will increase the statistical significance of



Margaret and John are seeing the benefits of heating improvements on their health.

the evidence, so demonstrating the project's long-term impact. There is an opportunity for reducing medical admissions by CCGs working with housing associations like Gentoo, as Sunderland CCG has shown that social housing tenants are twice as likely to seek emergency medical help as other residents, a pattern they expect to be replicated across the social housing sector.

Find out more

Paul Burns

Designer of Boilers
on Prescription
@apaulburns

What can we learn?

Boilers on Prescription shows that health inequalities are often driven by socioeconomic differences, with poor health linked to poor living environments. Tackling the cause of health inequality among COPD patients in the north-east has been possible through agencies working together. It has worked because Gentoo developed an evidence base that corresponded with the local CCG's priorities, showing that projects bringing together different sectors depend on defining shared outcomes. Taking a "whole-person" approach to social problems, looking at individual's health and environmental conditions instead of just their immediate needs, can greatly reduce unnecessary interventions later down the line and lead to much better lives for the people involved.



The Specialist Intervention Team

Ceredigion Citizens Advice Bureau and
Children and Families Services

In brief

Established by Ceredigion Citizens Advice Bureau (CAB) in Wales, the Specialist Intervention Team (SIT) are caseworkers trained in legal representation, acting as brokers for families in contact with local Children and Families Services. SIT resolves housing, debt, benefit and employment issues, while sharing legal expertise with social workers. With the number of referrals at Ceredigion Children and Families Services doubling over the past five years, SIT is addressing underlying socioeconomic problems to reduce families' contact with social services by stabilising the home environment and improving families' parenting capacity. Focusing on socioeconomic circumstances is a new approach for Children and Families Services, one that recognises that families are better able to care for their children once their basic needs are met. This is reducing safeguarding concerns, preventing family breakdown and children being taken into care unnecessarily.

SIT shows that families often have underlying financial, housing and employment issues that affect their ability to care for children.

Why is this early action?

The Welsh government spent more than £550 million on Children and Families Services last year, which is predicted to rise given the increasing numbers of families being referred.²¹ Assessments typically focus on families' parenting capacity, yet SIT shows that families often have underlying financial, housing and employment issues that affect their ability to care for children. It therefore aims to reduce safeguarding concerns by supporting families to meet their housing and income needs, reducing health problems, including stress and anxiety.²² It is also equipping social workers with the knowledge to more effectively assess families' wider socioeconomic circumstances and help them access appropriate support. While not all safeguarding concerns can be addressed by stabilising the home environment, SIT is finding that housing, debt and employment issues are often the root cause of family breakdown. Tackling these issues earlier not only strengthens families, it also reduces local authorities' spending on costly social service interventions and looked-after children, in total estimated to cost £2.5 billion every year.²³

How does it work?

Working at CAB and as a foster carer, Lisa McFadzean understood the issues facing families with safeguarding concerns, how social services worked with them and what happens when things break down. Seeing the pressure on social workers to make rapid assessments and the "siloed" approach of statutory bodies, Lisa and a small team of specialist legal caseworkers formed the Specialist Intervention Team in 2014 and have since worked with 40 families.

SIT helps families at every safeguarding level, from those receiving targeted support to those facing court proceedings. It pairs families with a dedicated broker who offers advice and intervenes to address issues of housing, employment, debt and benefits problems, and, where appropriate, health, family law and immigration. Brokers typically work with families for six months, acting as their advocate at statutory meetings, relaying families' needs and outcomes to social services, while empowering parents to independently support their families.

Families are typically more willing to disclose sensitive information to brokers and, with oversight of their full circumstances, brokers give Children and Families Services another lens through which to risk-assess cases. The majority of social workers feel better supported with expert advice, assured that their assessments are correct and confident that interventions will be swiftly implemented. This ensures that families are not needlessly escalated through social services because the drivers of problems have not been identified, as well as freeing up social workers to support families with parenting concerns. In families where these cannot be addressed, evidence of the SIT intervention supports the legal process for removing a child, saving the local authority time and money by ensuring that the process is effective and timely.

"Once I explain to social services, let me threaten you with eviction, redundancy or stop your income altogether. Let me give you a bailiff knocking at the door demanding money. Tell me how effectively you're going to parent? Don't tell me that these pressures are not going to affect how you can look after your children. Just sending people off to parenting classes or giving families a list of do's and don'ts because the child's gone AWOL really is not going to work. Sometimes it's about being that simple in meetings."

Lisa McFadzean, SIT Founder

What has it achieved?

Without the SIT intervention, I would have kept going around in circles until they took my children away. But now I feel so tough I can take on the world.

Dona

Dona is the sole carer of sons Karl, Lewis and George who are on the Child Protection Register because of concerns that they are hungry. Dona is self-employed, but has accrued large debts as the business has been trading without profit for the last two years. Dona suffers with anorexia. SIT supported Dona to claim for disability benefit and free school meals for her sons. It lowered the weekly debt repayment fee, and changed her energy supplier for cheaper tariffs. Dona sought professional help for her eating disorder for the first time. The team also gave Dona financial capacity training to empower her to manage her family's finances.

SIT is helping families meet their household and income needs, preventing nine families from becoming homeless over 18 months and increasing household incomes by £10,000 per year on average, particularly through unclaimed disability benefit. One third of families say that without the support of SIT, their children would have been taken into care. It is also enabling people to make sustainable life changes so they aren't repeatedly in contact with social services, with 80% of families reporting that they have better coping strategies and financial resilience to deal with family issues.

The team is also delivering significant savings by preventing social services from stepping up their involvement with ten families to date. A social worker’s assessments cost around £12,200 and taking a child into local authority care costs about £45,000 a year.²⁴ Preventing family breakdown greatly improves children’s life outcomes, enabling them to contribute more in the long term. With government interest, SIT is looking to secure funding through the Wales Wellbeing Bond, operating on a payment-by-result basis, extending across Ceredigion, Carmarthenshire and Pembrokeshire.

Find out more

Serretta Bebb

Chief Officer
Ceredigion Citizens Advice
cabceredigion.org

Lisa McFadzean

SIT Founder

What can we learn?

SIT highlights that families’ underlying socioeconomic stability affects parenting capacity, suggesting that supporting families to address their housing, debt and benefit issues prevents costly escalation through Children and Families Services and children needlessly being taken into care. Its effectiveness stems from the broker’s position as a trusted third-party, mediating between families and social workers to support and empower all parties in making more informed decisions that tackle the causes, not the consequences, of safeguarding concerns. The team is well placed to identify what is driving problems, as brokers have legal expertise in socioeconomic issues and greater oversight of families’ circumstances over a longer period. Moving towards this model requires breaking down siloes within statutory services, recognising that parenting capacity alone isn’t necessarily the cause of families presenting at Children and Families Services.

Jobs, Friends and Houses

Lancashire Police Constabulary

In brief

Lancashire Constabulary is running an entirely new rehabilitation model to break the re-offending cycle, by tackling underlying housing, employment and welfare problems that drive people to commit crime. Instead of imprisoning vulnerable people, they want to help people “in recovery” from addiction, offending, homelessness, long-term unemployment and family breakdown to improve their lives and contribute to society. Their key project, Jobs, Friends and Houses (JFH), is a construction and lettings community interest company that employs people in recovery to renovate derelict properties in Blackpool, which are then either sold or rented out to the “recovery community”. By offering meaningful work, a decent home and a supportive network, the model’s addressing the main challenges facing ex-offenders with many complex needs.²⁵ Since it started in late 2014, no one it supports has reoffended. JFH is sustainable as it reinvests profits into training employees, offering wellbeing support and buying new properties for renovation.

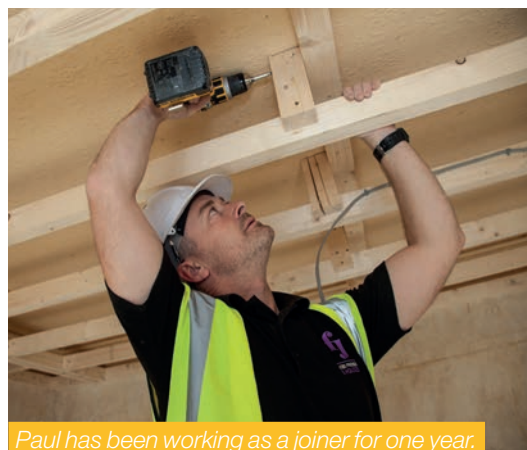
Why is this early action?

Blackpool is one of the most deprived areas in the UK, with high levels of intergenerational poverty, drug use and looked-after children.²⁶ It is increasingly challenging for people in recovery to succeed in this context, with 34% of prisoners in Lancashire reoffending after serving more than 12 months.²⁷ This is financially and socially costly, increasing the likelihood of people repeatedly facing ongoing problems. JFH is one pillar of Lancashire Constabulary’s early action approach that emerged after Deputy Chief Constable Andy Rhodes read the Early Action Taskforce’s first report, *The Triple Dividend*, which outlines how early action enables people to lead thriving lives, costing less and contributing more.

JFH shows that effective rehabilitation can be delivered through services outside the criminal justice system, a more sustainable long-term alternative given ongoing cuts to police funding.

I work and I am in recovery. I’m not just in recovery.

Kevin



Paul has been working as a joiner for one year.

Limited access to work and housing means that people often find it difficult to move from early to long-term recovery through existing rehabilitation services.²⁸ JFH is able to sustainably provide both while operating a commercial model: people are able to afford a home because they’re in paid employment, allowing them to see themselves as part of a successful, professional construction company that’s making a difference.

How does it work?

JFH, set up in 2014, was born out of Steve Hodgkins' experience as a police officer in Lancashire. He saw the burden of rising demand and diminishing resources facing the



Luke is training to be a plumber.

police and sought to find a new model to break the cycle for people repeatedly in contact with emergency, support and health services. Regularly seeing the same people while on duty, Steve thought that giving people an opportunity to make a difference would enable them to successfully reintegrate into society.

With funding from the Department of Communities and Local Government, secured in partnership with Blackpool Council, JFH currently employs 32 people in recovery. Most are ex-offenders and have experienced addiction and alcohol dependency. Just less than half have been homeless or faced mental health problems, and over a third have experienced domestic violence. JFH accepts anyone from Blackpool in recovery seeking to change, including people with entrenched complex needs and violent pasts.

Through training and employment, people in recovery gain life and work skills, and are encouraged to make lasting life changes through a supportive peer network. People are employed in building trades, JFH's offices or lettings agency, depending on their skills and interests. So far JFH has renovated ten properties, providing rental homes for ten formerly homeless people and 15 in recovery.

**We look at today
and tomorrow, not
yesterday.**

Steve Hodgkins

Chief Executive
Jobs, Friends and Houses

Many people in recovery have spent years in care, prison, rehabilitation or homelessness services, lacking opportunities to develop life skills to support themselves. JFH has adapted to this need and now includes a 'Wellbeing Team' offering practical support, including referring to medical and counselling services, help accessing benefit entitlements, receiving financial advice, setting up bank accounts and joining local social groups.

"In policing terms we know the pathways that reduce reoffending – what Jobs, Friends and Houses does is deliver them in an integrated way. Offender Management teams do their best to collaborate and 'manage' the problem, but nobody has the time to provide the 24/7 support provided by an integrated service like this. This is strengths-based, cost effective and very personalised. It looks at the reality of what life is like, what motivates people to change and is adapting every day by learning from the client group about what works."

Andy Rhodes, Deputy Chief Constable, Lancashire Police

What has it achieved?

With 100% of people it supports not reoffending and 95% not relapsing to date, JFH is proving much more effective than other rehabilitation models. Of the people it has helped, 81% say their relationships with family have improved and their social networks vastly increased, and 88% report improved wellbeing, feeling more satisfied with life, greater self-esteem, confidence and aspiration. For people to succeed in recovery, it is crucial for them to identify as part of a supportive network. After just three months, people were far more likely to see themselves as “in recovery”, particularly part of JFH’s “recovering community”, than as offenders/addicts, showing the project’s effectiveness in supporting people to transform their self-perception, and ultimately their lives.

Lancashire Constabulary is keen to extend JFH to other areas of the county. Other police forces are also interested in adopting the idea, including Wrexham, north Wales, and Chesterfield, north Derbyshire.

Find out more

Steve Hodgkins

Founder and
Chief Executive
jobsfriendshouses.org.uk

Katie Upton

Communications Manager

What can we learn?

JFH’s model is a simple solution to a complex problem. Key to its success is understanding the needs of recovering people and offering work, housing, social networks and wellbeing support together in one service. What makes it effective in enabling people to break the cycle is that they’re part of a commercially successful organisation that’s making a difference; instilling pride, a positive identity and the opportunity to “give something back”. This purpose empowers people to move beyond recovery, reintegrating into society in order to transform their lives in the long term through a sustainable model, better able to withstand funding cuts than services in the public or voluntary sector. Having more success than punitive services in a sector typically dominated by crisis management, it shows that acting earlier can break cycles associated with entrenched and complex problems.

Detecting Cancer Early

Community Links

In brief

The London borough of Newham has one of the worst cancer survival rates in the country, prompting Community Links to develop two new programmes encouraging early detection. The first telephones people at risk to persuade them to attend screenings, as letter invitations and other reminder services weren't working. The second acts even earlier by going into schools to explain the signs and symptoms of cancer, the importance of self-examining, and to encourage students to raise awareness with their parents. The calling project has increased screening uptake by 15% among each group it has contacted, while the schools project has resulted in the number of mums who self-check every month increasing by 46%. This dual approach demonstrates that everyday social interactions, a friendly phone call or family conversation can literally save lives by encouraging early detection.

We're saving people's lives immediately, but we're also giving people skills for life to continue self-examining and spreading information to the generations above and the generations below.

Frances Clarke

Health Projects Manager
Community Links

Why is this early action?

One in two people in Britain get cancer, yet survival rates for some of the most common types, including breast, bowel and lung, are as high as nine in ten if detected early.²⁹ Treating these three cancers alone costs the NHS £4.5 billion a year, while the emotional cost for 63,300 families of losing a loved one is far greater.³⁰ The NHS currently sends letters inviting people to attend cancer screenings, but Community Links found this wasn't working in Newham. A socially deprived borough with the highest proportion of non-native English speakers in the UK, and about 20% moving in and out of the area every year, meant too many people weren't participating.³¹ The telephone screening project is increasing the likelihood of detecting cancer early by speaking to people in their language and persuading them to attend appointments, showing the power of personalised, informative conversations in promoting health interventions. Similarly, the schools project encourages students to speak with their family about the signs and symptoms of cancer, the importance of self-examining and attending screenings. By equipping students with knowledge and the confidence to self-examine, it's increasing families' resourcefulness to detect cancer early.

How does it work?

The screening project started in 2010 because only half of women over 50 in Newham attended breast cancer screening, compared with almost three-quarters on average in the rest of England. Women are called by Community Links five to seven days before their appointment, with the calling team able to speak most local languages. It began as a reminding service, but soon evolved into health advocacy, as callers recognised that people were often unaware of screening services or had practical reasons stopping them from attending. Now callers reschedule appointments, give house-to-clinic travel directions and tell people about local services if they are carers. Funded by NHS England, the breast screening project alone currently reaches 20,000 women every year, working in Camden and Newham.

In 2015, the model was adopted for bowel screening in Newham, which has just 39% uptake compared with 60% in the rest of London. Commissioned by Newham Clinical Commissioning Group (CCG), callers persuade people over 60 who have not participated in screening to use bowel kits at home, explaining how they're used and reordering for those who haven't received them. This makes Community Links' screening project more effective than a reminder service because it reaches more people by addressing reasons why they wouldn't have otherwise participated. The project has been extended to Camden and currently reaches about 6,000 people every year.



Aisha tries out cancer screening equipment.

The schools project raises awareness of breast and lung cancer in eight schools in Newham. It's different because rather than visiting for one-off lessons, it works with staff to embed the project into school activities over the long-term. It runs field trips for pupils to see cancer screening and interactive peer-led health lessons with cancer survivors, incorporates

cancer awareness into other lessons, and spreads its message through newsletters, displays and social media, engaging parents at performance and parents' evenings.

The schools project was first piloted between 2009 and 2012, focusing on detecting breast cancer early among Asian women. While Asian women have the lowest chance of developing breast cancer, the survival rates for those who do are worse than for any other ethnic group, suggesting that they are less likely to be aware of symptoms, self-examine or attend screenings.³² It recruits pupils to lead the project, consulting them on the barriers to accessing cancer information for women in their community and ways of overcoming them. Pupils have also created Asian language podcasts to increase awareness and have been trained to deliver Cancer Research UK's Cancer Awareness Measures questionnaire with women in their community.

If Julie hadn't detected early what would have been the cost? Not just to the NHS, but the loss of income to her family, let alone the human cost of her suffering. She worked full-time, had a family, two children and a partner. What would have happened to them?

Frances Clarke

Health Projects Manager
Community Links

Find out more

Frances Clarke

Health Projects Manager
community-links.org

What has it achieved?

The screening project has increased women's uptake of breast screening by 15% in each screening round. Staff also inform GPs about local screening services and coordinate information sharing between them. The schools project has found that girls' knowledge of breast cancer symptoms has increased by 58% and by 54% among mums. The number of mums who self-check monthly has risen to 46% and their awareness of local screening services has increased by a third.³³ Beyond the statistics, it has also affected lives. The IT manager at the pilot school self-checked for the first time and was treated for breast cancer. Because she found it early, she was treated and working again within a few months. In this case, the schools project saved a life.

What can we learn?

Detecting cancer early is a critical determiner of survival rates. People are far more likely to attend screenings after a personal and persuasive conversation, highlighting that letter invitations and GP reminders are not effective in areas with a large population of non-native English speakers. They are also less effective in areas of social deprivation, since high levels of multiple occupancy housing, "population churn" and people's competing priorities mean that letters are less likely to be delivered or acted upon. The screening and schools project shows that public health campaigns work when they're community based, working in schools being a particularly good way of sharing information with students and parents alike. Giving people a personal reason to engage with public health because their son or daughter is involved at school is also a great way of sharing the message of early detection, particularly among groups who are overlooked by public health campaigns because of language.

Conclusion

The stories in this report show that early action is not only applicable in different contexts, it also enables people at every stage in life to thrive by not just preventing problems getting worse but supporting them to go on and seize opportunities.

We hope that these examples will inspire you to think differently about designing services, investing money and reallocating resources to act earlier. Our intention is that some of the lessons drawn out here will encourage you to see that early action is entirely possible, regardless of the sector you work in, requiring bold leadership, building partnerships and using frontline expertise.

This is an ongoing project to showcase the effectiveness of early action, and so we will continue to collect examples from across the UK. If you have an early action story you'd like to share, please get in touch to help us grow our understanding of what works to enable people to lead thriving lives, costing less and contributing more.

Contact

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This is a case study report showcasing seven stories of services and projects from across the UK that have acted earlier in dealing with social problems.

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