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A Literature Review of State Prevention and Early Intervention (PEI) Policies for Children and Families that are most Strongly Associated with Improved Outcomes

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A Literature Review of State Prevention and Early Intervention (PEI) Policies for Children and Families that are most Strongly Associated with Improved Outcomes

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Section One: Introduction

1.1 Introduction

In many jurisdictions across the world, child welfare systems have developed through a wide range of approaches, structures, and practices for protecting children and young people and promoting their wellbeing. These systems are invariably shaped by complex social, cultural, political, and intellectual influences. While the way systems are organised vary greatly internationally (Berrick et al., 2023), orientations within systems are generally conceptualised through the broad frameworks of child protection and family support with additional dimensions relating to child development and children's rights included more recently (Gilbert et al., 2011a; Gilbert, 2012; Merkel-Holguín et al., 2019; Berrick et al., 2023). Despite this diversity, achieving a more effective balance between preventative and protective child welfare services has emerged as a major policy challenge of the 21st century (Berrick et al., 2015, 2023; Canavan et al., 2021; Carmody, 2024; Zhu et al., 2026a). This challenge is informed by a growing body of international evidence which suggests that an overreliance on late-stage, crisis-driven interventions such as out-of-home care placements or court-mandated services can be both costly and stigmatising, while doing little to address the underlying social and structural causes of family vulnerability (Bywaters et al., 2016a; Hood et al., 2016; EIF, 2022; Carmody, 2024; Esposito et al., 2024a; Zhu et al., 2026a).

This Report is based on a scoping review of relevant Prevention and Early Intervention (PEI) policies, policy frameworks, and academic literature relating to child wellbeing in order to answer an overarching research question concerning the core components and governance features of national PEI policy frameworks most strongly associated with improved outcomes for children and families.

Drawing together policy, implementation, and outcome evidence from a range of international jurisdictions, the report moves beyond individual programmes and interventions to examine the wider systems, governance arrangements, and contextual factors that support prevention and early intervention. In doing so, it provides an evidence-informed understanding of how PEI is conceptualised, implemented, and experienced across different policy and service contexts, while identifying implications for future policy development, service delivery, and investment.

Given the limited availability of dedicated cross-sectoral PEI frameworks and the relatively small body of evidence examining PEI systems at an aggregate level, the report does not seek to identify a single model associated with improved outcomes. Rather, it identifies the components, conditions, and contextual factors that appear to support effective prevention and early intervention and considers how these findings may inform future policy and practice developments.

1.2 Prevention and Early Intervention in the Context of Child Wellbeing

The OECD reminds us that children have a fundamental right to wellbeing, including feeling safe, valued, supported, and cared for, as well as access to good health, education, and a positive childhood experience (2021a). Children's wellbeing is commonly understood as a multidimensional concept encompassing children's physical, mental, emotional, social, educational, and material wellbeing, as well as their ability to develop positively and realise their potential (Ben-Arieh et al., 2014;). Contemporary approaches emphasise that children's wellbeing includes both objective conditions, such as health, safety, and living standards, and subjective experiences, including children's own perceptions of their quality of life and happiness (OECD, 2021a). From this perspective, children's wellbeing extends beyond the absence of harm and reflects the extent to which children are safe, healthy, connected, supported, and able to participate meaningfully in their families, communities, and wider society. In the Irish context, Young Ireland: National Policy Framework for Children and Young People 2023–2028 outlines five key outcome areas as indicators of positive wellbeing: being "active and healthy," "achieving in learning and development," "safe and protected from harm," "economically secure," and "connected, respected and contributing to their world." (p. 17). Understanding Life in Ireland: The Well-being Framework (2025) adopts a multidimensional understanding of wellbeing, identifying 35 indicators across 11 domains to assess how people (including children) in Ireland are faring. These domains include subjective wellbeing, mental and physical health, income and wealth, civic engagement, trust and cultural expression, as well as social connection, community, and participation. At an overall level PEI strategies and services in a child wellbeing context aim to support children, young people and their families facing adversity or identifiable risk factors in order to reduce the likelihood of child maltreatment occurring, to prevent it from reoccurring or becoming more entrenched and to

provide specialist support services to overcome its impact where it has occurred (Devaney, 2017; Herrenkohl, Leeb and Higgins, 2016; Drake and Jonson-Reid, 2024; Carmody, 2024; Churchill, Devaney and Abela, 2025).

1.3 Prevention and Early Intervention Approaches

At an overall level, Prevention and Early Intervention approaches seek to address underlying family difficulties and strengthen resilience before problems intensify and require more intrusive responses, including out-of-home care placements (Gilbert et al., 2011a; Malone and Canavan, 2022). Their overarching goal is to support children within their families wherever possible and minimise the trauma associated with abuse, neglect and separation (Devaney et al., 2019; Devaney et al., 2025).

Preventative services aim to address risks before concerns escalate to the threshold of formal child protection intervention. When delivered early and in a coordinated manner, such supports can reduce risk by improving family functioning and enhancing social support networks, thereby decreasing the likelihood of formal child protection involvement (Gilbert et al., 2011a). Proponents consequently argue that investment in prevention and early intervention contributes to better long-term outcomes for children and families, lowers both emotional and financial costs, and reduces pressure on child protection systems overall (Bywaters et al., 2016a).

Over recent decades, PEI strategies and services in child and family services have been described using a range of overlapping terms and concepts. While definitions vary, these approaches share a common focus on providing support at the earliest possible stage to reduce risk, strengthen family functioning, and prevent the escalation of difficulties. The same service may operate as prevention for some families and as early intervention for others, depending on individual circumstances, timing, and levels of need (Edwards et al., 2012; Devaney, 2019). For instance, a universal parenting programme may help prevent difficulties from developing for one family while providing an early response to emerging challenges for another. A common and agreed understanding of PEI is not always clearly articulated, contributing to ongoing ambiguity regarding its scope, meaning, and implementation. Reflecting the breadth and complexity of the field, this next section explores how Prevention and Early Intervention are defined and applied, both separately and in combination.

1.4 Prevention

Prevention within the child welfare and protection field generally refers to efforts aimed at stopping child abuse or maltreatment before it occurs, as well as preventing existing difficulties from worsening or becoming more deeply entrenched (Devaney, 2017). It also encompasses the promotion of positive actions and behaviours that contribute to children's safety and wellbeing. Research indicates that effective prevention requires strategies that both reduce risk factors and circumstances that increase the likelihood of harm and strengthen protective factors that enhance children's safety and wellbeing. These risk and protective factors exist at multiple levels, including within individual children, families, communities, and wider society; therefore, safeguarding children often requires action across all of these domains (Australian Institute of Family Studies, 2017; Devaney et al., 2013; Devaney, 2021).

Supportive welfare services are central to preventing difficulties from escalating to the point where they significantly impact children's wellbeing and developmental outcomes. The literature distinguishes between preventative interventions, which aim to reduce the likelihood of maltreatment occurring, and specialist or therapeutic interventions, which seek to prevent recurrence and address the consequences of maltreatment that has occurred. Although these interventions vary in focus and content, they can all be understood as preventative in nature (Barlow and Schrader McMillan, 2010). Child maltreatment can include physical abuse, sexual abuse, emotional abuse, neglect or exposure to domestic violence. It also includes exploitation of children resulting in actual or potential harm to a child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power (CRC, 2011; WHO, 2013). Multi-type maltreatment can also occur when a child experiences two or more different types of child maltreatment (Haslam et al., 2023). Child maltreatment can occur in home, institutional and community settings and can be inflicted by any person (Government of Western Australia, 2021).

The emphasis on prevention is grounded in the public health model, which argues that early identification and the reduction of risk factors through both universal and targeted interventions are more effective and economically sustainable than responding only after harm has occurred (Whelan and Donnelly, 2020). This approach shifts the focus from responding only to families considered at high risk of child maltreatment towards supporting the wellbeing of *all* children and families (Lonne et

al.; Canavan et al., 2019a). Rather than concentrating solely on preventing maltreatment, it aims to create safe, supportive environments that promote healthy child development across the population. This approach also reflects a broader change in perspectives, moving away from viewing parents who maltreat children as a separate group and instead recognising parenting behaviours as existing along a continuum shared by all families, with varying levels of strengths, risks, and support needs (Mullan and Higgins, 2014; Lonne et al., 2019).

Prevention can be understood as existing along a continuum encompassing primary, secondary, and tertiary prevention. Primary prevention includes universal services and activities designed to provide information and support to the wider community before difficulties emerge. It may also involve targeted supports for particular groups, such as programmes promoting bonding and attachment for young mothers. Secondary prevention focuses on intervening early in a child's life and/or in the early stages of a problem, often through more intensive and targeted supports such as family support services for families experiencing high-risk circumstances. The aim at this stage is to prevent difficulties from intensifying or becoming more entrenched. Tertiary prevention refers to statutory child protection, alternative care, police involvement, or specialist interventions responding to reports of abuse or neglect, with the goal of preventing the recurrence or intensification of harm. (Devaney, 2017; National Association for Prevention of Child Abuse and Neglect, 2019; Devaney, 2021).

The Australian Institute of Family Studies (2014a) highlights that, within a public health framework, primary, secondary, and tertiary services are all essential components of an effective child welfare system. However, a balanced system should consist predominantly of primary prevention services, with secondary and tertiary interventions forming progressively smaller components. Investment in primary prevention programmes offers the strongest potential to prevent movement along the service continuum and to protect children and families from the harmful effects of abuse and neglect (Australian Institute of Family Studies, 2014b; Canavan et al., 2019b). Conversely, delays in providing services and supports to families with complex needs can have significant consequences for both wellbeing and longer-term outcomes (Nupponen, 2007) and can lead to significant emotional and financial costs, family disruption, enduring stigma, and increased pressure on both families and service agencies (Bywaters et al., 2016a; Gilbert et al., 2011b; Hood, 2016).

Furthermore, risk factors associated with child maltreatment are often cumulative, meaning that the greater the number of adversities experienced by a child or family, the greater their vulnerability to maltreatment.

A substantial body of evidence demonstrates that children's wellbeing plays a significant role in shaping their development and future lives (OECD, 2021a). Experiences, relationships, and living conditions during childhood can have long-lasting effects on future health, behaviour, opportunities, and overall life outcomes. Sheehan (2019) highlights the cumulative nature of child maltreatment, arguing that repeated exposure to abuse, neglect, and related adversities can produce escalating and long-lasting harms across developmental, psychological, and social domains. Her work suggests that assessing children's circumstances requires attention not only to discrete incidents of maltreatment but also to the accumulated burden of adversity over time. Early intervention is stressed as important because risks increase as adversities accumulate. Similarly, research shows that families experiencing multiple and overlapping risk factors such as poverty, parental mental health difficulties, domestic violence, and social isolation are significantly more likely to become involved with child protection services (Yang and Maguire-Jack, 2018; van der Put et al., 2022; Vial et al., 2020).

1.5 Early Intervention

Early intervention is frequently interpreted as support during the early years, with many policies and legislative frameworks linking it closely to early childhood education and care and locating responsibility for early intervention within education, health, or social service sectors. For example, both Ireland's First 5 (A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028), and England's Giving Every Child the Best Start in Life (2025) focuses on pregnancy to age five, aiming to reduce inequalities and improve child development outcomes through measurable targets. While support during the early years is critically important, this narrow interpretation can obscure the broader understanding of Early Intervention as an approach relevant throughout childhood and adolescence.

A broader interpretation of Early Intervention may refer either to support provided early in a child's life or to assistance offered early in the genesis of a difficulty, regardless of the child or young person's age. The aim is to identify risk factors and respond to delay, disruption and adversity at the earliest stages in an effort

to minimise its impact and to prevent these issues escalating or becoming entrenched. Of note, this principle applies across the child welfare continuum accepting that there is always the potential to prevent circumstance and challenges faced by family members from deteriorating further. Early intervention is proportionate, needs-led, and oriented towards building the capacity of children, parents, and families to manage challenges themselves (Plinth, n.d.). By providing timely support to children and families, early intervention can strengthen protective factors, reduce long-term adversity, and decrease the need for more intensive statutory interventions later in life (Vincent, 2015; Canavan, Devaney, Mc Gregor, 2025). Frost, Abbott and Race (2015) helpfully position early intervention within a broader social policy framework, emphasising its role and potential in supporting families and contributing to child protection outcomes.

Related terms such as *early help* are also used interchangeably with Early Intervention and are used inconsistently across policy and practice contexts. In some frameworks, early help refers to universally available support, while in others it denotes targeted assistance for children and families with emerging needs (Barlow and Schrader McMillan, 2010; Frost, Abbot and Race, 2015). In England, Early Help Systems are used to describe a network of services, processes and interactions that aim to help children, young people and families at the earliest opportunity. Early Help Assessments provide a formal mechanism for co-ordinating early intervention to identify a child's or family's needs holistically and agree a plan of support with the family's consent (Early Help System Guide, 2022). The often-aligned terms 'family support', 'prevention' and 'preventative services' are also used when discussing initiatives that respond early in the stages of challenges and adversity. As described above, their use usually refers to proactive measures and preventative early help_which aim to avoid potential problems rather than reactive assistance to alleviate problems that have already occurred (Ofsted, 2022).

1.6 Evidencing Prevention and Early Intervention

Demonstrating the effectiveness of PEI orientations, strategies or programmes presents a significant challenge, as their success is often reflected in outcomes that do *not* occur, such as harm prevented or risks reduced. Unlike treatment interventions, PEI aims to avert adverse outcomes before they emerge, making impact inherently difficult to observe and measure directly (Skivington et al., 2021; Moore et al., 2015). These challenges are particularly evident in the field of child

maltreatment, which as described are sensitive and multifaceted issue. Furthermore, practical and ethical constraints limit the use of rigorous experimental designs, while the complexity of family life makes it difficult to isolate individual factors or causal mechanisms within controlled research settings (Malmberg-Heimonen et al., 2024a). Consequently, experimental studies may not fully capture the realities and dynamics of families lived experiences (AIFS, 2021).

The impact of prevention-focused initiatives or programmes can also be difficult to detect in the short term. Outcomes may emerge gradually, be shaped by multiple interacting factors, and extend beyond the period of programme delivery or evaluation (Skivington et al., 2021; Moore et al., 2019). In some cases, benefits continue to strengthen after a programme has ended, a phenomenon often referred to as “sleeper effects” (van der Put et al., 2018). For example, parents may require time to consistently implement newly learned parenting strategies before meaningful improvements in family functioning or reductions in maltreatment risk become evident. Longitudinal studies that track intervention and comparison groups over extended periods are therefore essential for assessing programme effectiveness (van der Put et al., 2018).

A further challenge relates to outcome measurement. Because the prevention or reduction of child maltreatment cannot usually be observed directly, studies frequently rely on proxy indicators - indirect measures associated with maltreatment risk, family functioning, or protective factors - to evaluate programme impact (Malmberg-Heimonen et al., 2024b).

The nature of the target population also influences the extent of measurable change. Prevention programmes often generate relatively modest effects at the individual level while producing substantial benefits across populations, a phenomenon commonly described as the prevention paradox (Askelson et al., 2020). Treatment-oriented programmes, by contrast, typically work with families experiencing more significant difficulties and therefore often demonstrate larger improvements in outcomes. Prevention programmes are generally delivered to at-risk or broader populations where baseline levels of maltreatment are lower, making change more difficult to detect despite potentially significant long-term benefits (van der Put et al., 2018).

Given these challenges, a pluralistic approach to evidence is required. Drawing on public health models, evidence can be strengthened by integrating three complementary sources: research evidence, which identifies what is known to be effective; experiential evidence, derived from practitioners and service users; and contextual evidence, which reflects service environments and community factors. Supporting this perspective, Veerman and Van Yperen (2007) propose a four-tier model of evidence that ranges from descriptive to causal forms and incorporates both theoretical and indicative evidence. Consistent with this approach, researchers increasingly advocate for mixed-method, longitudinal, and theory-based evaluation designs that combine outcome, implementation, and contextual evidence to capture the complexity of prevention and early intervention programmes (Glasgow et al., 2019; Society for Prevention Research, 2021).

1.7 The Context in which Prevention and Early Intervention Sits

Prevention and Early Intervention initiatives, programmes and services are shaped significantly by the social, economic, organisational, and policy contexts in which they are delivered. Ecological perspectives provide an important foundation for understanding these influences. Bronfenbrenner's ecological systems theory (1979; 2005) emphasises that children's development and wellbeing are shaped by interactions across multiple levels of their environment, including families, communities, services, and wider social and policy systems. From this perspective, prevention and early intervention outcomes are influenced not only by individual or family-level factors but also by the broader conditions within which children and families live. Context operates and matters at multiple levels. Children and families are influenced simultaneously by family circumstances, neighbourhood conditions, service environments, and wider social, economic, and policy systems. Consequently, prevention and early intervention outcomes are shaped by the interaction between individual needs and the broader contexts within which services are delivered.

Socioeconomic conditions are among the most significant contextual influences on child and family wellbeing. Families living in disadvantaged communities are more likely to experience multiple and interconnected challenges, including poverty, housing insecurity, unemployment, financial stress, and limited access to support services. A substantial body of research demonstrates a strong relationship between socioeconomic deprivation and child welfare involvement. Studies consistently report

higher rates of child welfare notifications, investigations, and out-of-home care placements in more disadvantaged communities (Bywaters et al., 2016b; 2020). Children living in the most deprived areas are significantly more likely to experience statutory intervention than those living in more affluent communities. As a result, universal and low-threshold interventions may be less effective unless they are accompanied by broader efforts to address structural disadvantage. Featherstone et al. (2018) and Morris et al. (2018) argue that poverty should be understood as a central factor shaping family circumstances rather than simply a background characteristic, highlighting the limitations of approaches that focus solely on parenting behaviour without addressing wider structural inequalities. International evidence reinforces these findings. For example, Esposito et al. (2024b) found that socioeconomic inequality remained a significant predictor of child protection involvement in Canada despite the presence of extensive family support services, while research from Spain demonstrated that deteriorating economic conditions weakened the capacity of child welfare systems to provide preventative and protective supports, increasing the vulnerability of families in poorer regions (Montagud Mayor, G., 2021). Such findings align with wider public health research, which emphasises that social and economic conditions are fundamental determinants of wellbeing and influence the effectiveness of preventative interventions across the life course (Marmot, 2010; 2020; WHO, 2022).

Organisational and service capacity also influence the extent to which prevention and early intervention approaches can be implemented effectively. Research from implementation science demonstrates that programme outcomes are influenced by factors such as leadership, workforce capacity, interagency collaboration, resource availability, and implementation quality (Durlak and DuPre, 2008). Jurisdictions with stronger economic resources often possess greater organisational capacity, more developed service infrastructures, and a stronger workforce base. Evidence from Finland suggests that better-resourced municipalities (local authorities) have been more successful in expanding preventative services and responding to recent child welfare reforms (Zhu et al., 2026a). Their greater capacity enables them to provide timely, coordinated, and targeted support, helping families access assistance before difficulties escalate. In contrast, less affluent local areas may experience persistent challenges related to staffing shortages, resource constraints,

and fragmented service provision, which can impede implementation efforts and contribute to inequalities in service access and outcomes.

Recognition of these contextual influences has contributed to growing support for place-based and systems-oriented approaches to prevention and early intervention. Rather than viewing programmes as standalone interventions, contemporary approaches emphasise the importance of strengthening local service ecosystems, fostering collaboration across sectors, and responding to the specific needs and assets of communities (Canavan et al., 2021; Kania and Kramer, 2011). Webb (2025) similarly argues that prevention systems must be responsive to local social and economic conditions and supported by equitable resource allocation if they are to reduce inequalities and improve outcomes for children and families.

Overall, the literature suggests that context is not merely a backdrop against which prevention and early intervention services operate. Rather, it is an active determinant of need, service accessibility, implementation quality, and outcomes. Effective prevention therefore requires policies and interventions that are sufficiently flexible to respond to local circumstances while maintaining a commitment to equity. Adequate resourcing, strong interagency collaboration, and integrated service delivery are essential if prevention and early intervention initiatives are to achieve equitable outcomes for children and families across diverse socioeconomic settings.

1.8 European Policies with a Focus on Prevention and Early Intervention

Recognition of the influence of poverty, inequality, and social exclusion on children's outcomes has increasingly shaped European policy. Over the past decade, European institutions have placed growing emphasis on reducing child poverty, improving access to essential services, and strengthening social inclusion through broader prevention and early intervention strategies. These policy developments reflect an understanding that improving children's wellbeing requires action not only within child and family services but also across wider social, economic, and welfare systems.

A notable finding from the review is that explicit references to prevention and early intervention are relatively uncommon within international policy frameworks. Outside Europe, many national strategies incorporate preventative principles through broader concepts such as child wellbeing, social investment, public health, family support,

early childhood development, or children's rights. In contrast, European policy instruments have increasingly adopted the language of prevention and early intervention directly, particularly in relation to child poverty, social inclusion, and children's access to essential services. Consequently, European policies provide some of the clearest examples of prevention and early intervention being articulated as explicit policy objectives and are therefore particularly relevant in understanding how wider social policy can support improved outcomes for children and families.

Since 2013, a series of European policy initiatives have sought to address childhood disadvantage, reduce child poverty, and improve outcomes for vulnerable children and families. Across these policy instruments, access to essential services is recognised as critical to tackling child poverty and social exclusion. Consequently, many initiatives seek to ensure that children and families experiencing disadvantage can access the supports they need at the earliest possible stage, reflecting an understanding that complex social challenges require coordinated, integrated, and preventative responses.

The European Commission has progressively positioned prevention and early intervention as central to improving children's wellbeing and reducing social disadvantage. The Recommendation on Investing in Children: Breaking the Cycle of Disadvantage (EC, 2013) established an early framework for prevention by encouraging Member States to invest in children through three interconnected areas: ensuring families have adequate resources, improving access to high-quality services, and promoting children's participation. The Recommendation argues that early investment in children and families helps prevent poverty and social exclusion, improves long-term developmental outcomes, and reduces future social and economic costs.

This preventative orientation was further strengthened through the European Pillar of Social Rights (EC, 2017), which embeds children's wellbeing and equal opportunities within a broader social rights framework. In particular, Principle 11 recognises children's rights to affordable, high-quality early childhood education and care, protection from poverty, and targeted support to promote equality of opportunity. The Pillar also highlights timely access to preventative healthcare, education and social supports as key mechanisms for preventing disadvantage from becoming entrenched across the life course.

Together, these frameworks signal an important shift in European social policy from responding to disadvantage after it has occurred towards investing earlier in children, families and communities. Prevention and early intervention are positioned as key mechanisms for strengthening child wellbeing, reducing child poverty and social inequalities, and improving life opportunities through earlier access to coordinated supports and services. This reflects growing recognition that the most effective approaches to addressing disadvantage are those that strengthen children's overall wellbeing and protective factors before difficulties become entrenched (EC, 2013).

The European Child Guarantee (EC, 2021) strengthens the European Union's commitment to prevention and early intervention by seeking to ensure that all children, particularly those experiencing disadvantage, have access to essential services that support healthy development and reduce the long-term effects of poverty and social exclusion. Building on the European Pillar of Social Rights, the Recommendation calls on Member States to provide free and effective access to early childhood education and care, education, healthcare, healthy nutrition and adequate housing.

A central feature of the Child Guarantee is the requirement for Member States to develop National Child Guarantee Action Plans, setting out coordinated actions, targets and monitoring arrangements to improve outcomes for children at greatest risk of disadvantage. The Recommendation adopts a social investment approach, recognising that early access to universal and targeted supports strengthens children's wellbeing, promotes equal opportunities, and reduces inequalities across the life course.

The Child Guarantee represents one of the European Union's most significant policy commitments to prevention and early intervention, positioning early investment, integrated action and equitable access to services as central mechanisms for improving outcomes for children and families.

1.9 Section Summary

The literature reviewed demonstrates that prevention and early intervention have become increasingly important features of many contemporary child and family service orientations. While the terminology, policy frameworks, and service arrangements vary across jurisdictions, there is growing consensus that supporting children and families earlier, before difficulties escalate, offers the potential to

improve outcomes, strengthen family functioning, and reduce reliance on crisis-oriented interventions.

A key finding of the literature reviewed is that there is no internationally agreed or consistently applied definition of prevention and early intervention. Rather than describing a discrete programme or intervention, PEI represents a broad orientation towards child and family wellbeing. Contemporary approaches increasingly combine child protection, family support, children's rights, child development, and public health perspectives, reflecting recognition that children's wellbeing outcomes are shaped by multiple interacting influences across families, communities, services, and wider social environments.

The review also demonstrates that prevention and early intervention are interpreted differently across policy contexts. While European policy frameworks increasingly employ the language of prevention and early intervention explicitly, many international strategies pursue similar objectives through broader concepts such as child wellbeing, social investment, family support, early childhood development, public health, and children's rights. Although this diversity reflects differing policy traditions and service systems, it also highlights the importance of establishing a shared conceptual understanding of PEI to support coherent policy development, implementation, evaluation, and international comparison. Despite differences in terminology, a common emphasis on early support, prevention of adversity, and strengthening protective factors is evident.

Growing attention has also been given to the wider determinants of child wellbeing. Poverty, inequality, social exclusion, housing insecurity, and community disadvantage are increasingly recognised as important influences on children's outcomes and family vulnerability. Consequently, prevention is now understood as extending beyond individual or family-level interventions to include coordinated action across health, education, social protection, housing, and community services.

Finally, the literature highlights the complexity of evidencing prevention and early intervention. Outcomes are often long-term, indirect, and influenced by multiple interacting factors, making simple measures of effectiveness difficult. Increasingly, researchers advocate for approaches that combine quantitative, qualitative, implementation, and contextual evidence in order to understand not only whether

prevention and early intervention work, but also for whom, in what circumstances, and through what mechanisms.

Taken together, the current state of knowledge suggests that prevention and early intervention should be understood not as a discrete programme or service model, but as a whole-system orientation. Achieving this requires a shared conceptual understanding of PEI alongside early support, integrated services, sustained investment, and attention to the broader social and economic conditions that shape children's lives. Developing this shared understanding provides an essential foundation for coherent policy, implementation, evaluation, and the international comparisons that follow in this review.

1.10 Report Structure

Following this introductory section, the remainder of the report is organised as follows.

Section 2 provides a detailed account of the methodological approach used in conducting the review. It outlines the scoping review design, search strategy, study selection process, data extraction procedures, and analytical approach used to identify, describe, and synthesise the available evidence from both policy and academic sources.

Section 3 presents the findings from the international policy review. It examines the extent to which prevention and early intervention are reflected within national child and family policy frameworks across OECD countries and considers how these approaches are conceptualised, governed, and implemented. The section reviews policy orientations, strategic priorities, governance arrangements, implementation structures, and examples of national and local policy developments, identifying common themes and emerging approaches to prevention and early intervention.

Section 4 synthesises the empirical and academic evidence relating to prevention and early intervention. The section examines the evidence concerning the effectiveness of different approaches and explores the factors associated with improved outcomes for children and families. Particular attention is given to funding and investment, universal and targeted approaches, service integration, community and cultural responsiveness, workforce and relationship-based practice, organisational and

contextual influences, and the challenges associated with evidencing prevention and early intervention outcomes.

Section 5 discusses the principal findings arising from the review and considers their implications for policy and practice. The section explores how prevention and early intervention can be understood, positions it as a system orientation, identifies the key components and governance features associated with effective approaches, and presents the overall conclusions of the study.

Section Two: Methodology

2.1 Introduction

This study employed a scoping review methodology to examine the core components and governance features of national PEI policies and policy frameworks for children and families associated with improved outcomes. It also reviewed relevant academic and grey literature. Scoping reviews are designed to address exploratory research questions by systematically identifying, selecting, and synthesising evidence across a defined field, while also mapping key concepts, evidence types, and research gaps (Colquhoun et al., 2014). This approach was particularly well suited to the present study because the PEI evidence base spans a wide range of material, including empirical studies, reviews, policy analyses and grey literature. In keeping with this purpose, the review incorporated multiple forms of evidence, including academic research, policy and strategy documents, official reports and selected non-empirical literature relevant to PEI system design and implementation (Logan et al., 2024).

The methodology was informed by the five-stage scoping review framework developed by Arksey and O'Malley (2005) and further refined by Levac et al. (2010) and the Joanna Briggs Institute (2020). These stages included: (1) identifying the research question; (2) identifying relevant literature and studies; (3) selecting the literature; (4) charting the data; and (5) collating, summarising, and reporting the results. A sixth optional stage, stakeholder consultation, also informed the review in practice, as the scope and search parameters were refined through engagement with a Project Advisory Group in order to ensure policy relevance and feasibility.

2.2 Stage 1: Identifying the Research Question

The initial overarching research question guiding the review was:

“Since 2010, what core components and governance features of national prevention and early intervention (PEI) policy frameworks for children and families in Ireland and comparable jurisdictions are most strongly associated with improved outcomes?”

This question was supported by a set of sub-questions designed to capture the breadth of the review:

- *Demonstrate an understanding of PEI strategies.*

- *Identify PEI components and governance features that demonstrably improve outcomes (e.g. parental engagement, multi-agency coordination, strengths-based practice, progressive universalism);*
- *Understand how and why PEI approaches succeed, including enablers, barriers, and contextual factors;*
- *Assess outcomes linked to PEI, such as child development, well-being, school readiness, parental self-efficacy, reduced maltreatment, and equity impacts*
- *Examine effectiveness across models (universal, targeted, mixed; community based, digital, or school-linked); and*
- *Identify gaps requiring further research.*

At the outset of the project, an Advisory Group was established to support the research team and agree the final scope and parameters of the review. This group comprised members from DCDE, Tusla - Child and Family Agency and the Prevention and Early Intervention Network (PEIN). This involved clarifying the conceptual boundaries of Prevention and Early Intervention for the purposes of this research, agreeing relevant comparator jurisdictions, and distinguishing between the policy-mapping and evidence-review components of the study. Early agreement on these parameters helped ensure that the review remained both feasible and responsive to the DCDE's needs.

2.3 Stage 2-3 Identifying and Selecting Relevant Policy and Literature

This review was conducted in two sequential phases: a policy and grey literature review (Phase 1) and a structured academic literature review (Phase 2). This two-phase design was used to ensure that both the PEI policy frameworks and the academic evidence on implementation and outcomes were captured systematically.

Phase 1: Policy grey material review

The purpose of the first phase was to identify national and international policy documents, government reports, strategic frameworks, and guidance relating to PEI and closely associated concepts, including early help, within the fields of child protection, child welfare, child wellbeing, and family support. This phase sought to map the policy landscape within which PEI operates and to identify formal statements of strategic intent, governance arrangements, implementation mechanisms, and accountability structures.

An initial international pilot search was undertaken and presented to the Advisory Group to inform the refinement of the review parameters. One important outcome of this process was agreement to revise the scope of the review. It became evident that many policies and frameworks developed from 2010 onwards had subsequently been revised or superseded by more recent iterations. Consequently, it was agreed that the grey literature review would focus primarily on material published between 2018 and May 2026. The Advisory Group also agreed that the policy search would be confined to the OECD member countries, excluding Chile, Colombia, Costa Rica, Mexico and South Korea as they were deemed non-comparable. As the DCDE are familiar with the Irish policy context it was also excluded resulting in a total of 32 OECD countries included for the policy review. Search terminology was refined to incorporate the fields of child welfare, child wellbeing, and child protection, while excluding literature focused exclusively on disability or general health unless it demonstrated direct relevance to PEI for children and families. It was also recognised, as anticipated in the Tender response, that there is a limited number of dedicated cross-sectoral PEI policies and a relatively small evidence base examining outcomes associated with PEI in children and family services at an aggregate or system level. Consequently, it was agreed that the review would be unlikely to identify specific PEI components or governance features that could be conclusively linked to improved outcomes. Instead, the review sought to identify and synthesise the available evidence on outcomes associated with PEI across different policy, practice, and service contexts.

This review is not intended to be an exhaustive review of all PEI policy and literature, nor is it a comparative analysis of the countries included in the study. Rather, selected policy, theoretical, and empirical material was reviewed at a particular point in time in order to address the overarching research question and to identify key themes, approaches, and evidence relevant to prevention and early intervention.

The inclusion criteria for this phase comprised national or international policy frameworks, strategic plans, action plans, guidance documents, and official reports operating at national, federal, or strategic system levels. Eligible documents were required to position prevention, early intervention, early help, or related preventative approaches as a central organising principle.

Exclusion criteria included academic journal articles more appropriately addressed within the academic evidence review phase; documents focused exclusively on tertiary or crisis intervention; literature concerned solely with disability, medical or

health services without specific relevance to PEI; and documents in which prevention or early intervention was only mentioned in passing.

A wide range of institutional, policy, and documentary sources was searched to identify relevant evidence. International sources included publications and databases from the United Nations, UNICEF, the World Health Organization (WHO), the Organisation for Economic Co-operation and Development (OECD), the Council of Europe, the European Commission, and the World Bank.

Specialist repositories searched included UN iLibrary, OECD iLibrary, WHO IRIS, UNICEF publication portals, Policy Commons, OpenGrey, the UN Official Document System, the World Bank Open Knowledge Repository, and EU Policy Watch.

Additional targeted searches were undertaken using Google and Bing, employing combinations of key search terms such as “prevention and early intervention” AND “children” AND “policy framework”, “early help” AND “children” AND “government strategy”, and “prevention and early intervention” AND “child protection” AND “national strategy”. These search strategies were subsequently adapted to reflect the terminology, policy frameworks, and institutional arrangements of individual jurisdictions.

Documents identified through this process were screened in a series of stages. Initially, records were logged according to source, title, year of publication, and jurisdiction. The documents were then screened to exclude texts in which prevention or early intervention was only mentioned incidentally rather than constituting a substantive focus. Eligibility was subsequently assessed to determine whether PEI, early help, or related preventative approaches represented a central organising principle of the document.

Eligible documents were charted using a structured policy data extraction matrix. This matrix captured four broad domains: administrative context (document type, authoring body, publication date, and jurisdiction); strategic intent (purpose, vision, goals, and thematic priorities); operational implementation (target groups, delivery mechanisms, action plans, and funding arrangements); and accountability mechanisms (intended outcomes, monitoring and evaluation processes, and associated performance indicators).

All policy documents were systematically organised and stored within dedicated project folders to support consistent data management, analysis, and retrieval throughout the review process. A total of 392 policy documents/frameworks/guidance documents were reviewed from 32 comparable OECD countries.

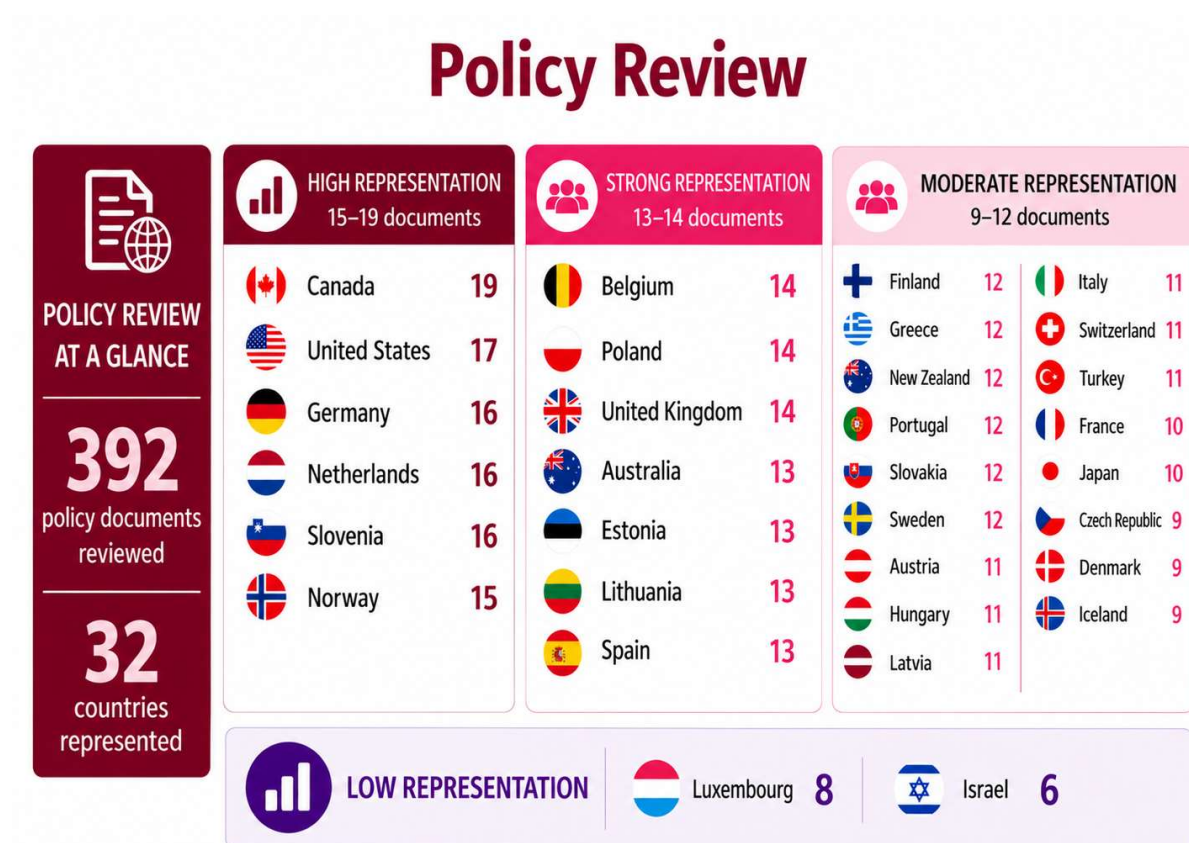


Figure 1: Policy Review

While Canada, the United States, Germany, the Netherlands, Slovenia, and Norway contributed the largest number of documents, the evidence demonstrates broad international representation across Europe, North America, and Oceania. However, not all of the documents reviewed were relevant, did not have specific information to answer the research question and a number were not available in English.

Phase 2: Academic Literature Review

Contextual Literature

The research team initially sourced and reviewed background conceptual and theoretical literature and key texts to inform the introduction and context section.

This material was sourced through the University of Galway Library Catalogue and Google Scholar and then reviewed and documented separately from the more technical policy and academic searches. These foundational documents were collected through a combination of existing reading, papers found during early pilot searches and relevant background texts that were identified while running the main database searches. This literature was used to define terms and build the background framework for the review. This standard scoping approach ensures the introductory section is conceptually grounded while keeping the formal systematic phases strictly objective and bound to their pre-defined criteria (Tricco et al., 2018).

Structured Literature Review

The academic search strategy combined pre-defined keywords and free-text search terms across the principal concepts underpinning the review. These included terms relating to children, young people, parents, and families; national and whole-system PEI frameworks; governance and implementation features; parental engagement; multi-agency coordination; strengths-based practice; progressive universalism; and outcomes relating to child development, school readiness, parental self-efficacy, wellbeing, and equity.

The search strategy was organised around four interrelated strands: (1) governance and framework components that target improved outcomes across (a) parental engagement (b) multi-agency coordination (c) strengths based practice and (d) progressive universalism; (2) implementation processes, including enablers and barriers; (3) multi-domain outcomes, including developmental, family, and equity-related outcomes; and (4) the effectiveness of different PEI delivery models, including universal, targeted, blended, community-based, digital, and school-linked approaches. To capture the full depth of the first search strand, which examined governance and core framework components, it was further divided into four sub-searches. These separate, targeted sub-searches sought to isolate literature and empirical studies identifying specific PEI components and governance features that directly targeted improved outcomes across four priority areas. These targeted areas comprised parental engagement, multi-agency coordination, strengths-based practice, and progressive universalism. In addition, the keyword 'gaps' was integrated into each of these four sub-searches. This sub-search strategy allowed the researchers to map both the established governance mechanisms and the documented delivery deficits across all four domains of Search (1).

DATABASE	SEARCH 1 (a-d)	SEARCH 2	SEARCH 3	SEARCH 4
 ASSIA	• 1(a) 14 • 1(b) 8 • 1(c) 0 • 1(d) 2	8	5	0
 SCOPUS	• 1(a) 0 • 1(b) 7 • 1(c) 0 • 1(d) 0	7	5	7
 Sociological Abstracts	• 1(a) 15 • 1(b) 27 • 1(c) 4 • 1(d) 3	0	5	6
 Web of Science	• 1(a-d) 0	17	5	8
 SP&P	• 1(a) 3 • 1(b) 2 • 1(c) 3 • 1(d) 3	14	5	8
 CAMPBELL	• 1(a-d) 1	0	0	0
 COCHRANE	• 1(a) 0 • 1(b) 1 • 1(c) 0 • 1(d) 0	1	1	0
 GOOGLE SCHOLAR	• 1(a-d) 2	2	11	5
TOTAL	95	49	37	34
 TOTAL DOCUMENTS / ITEMS KEPT ACROSS ALL SEARCHES 215 TOTAL ITEMS KEPT HAVING REMOVED REPEATS 148				

Figure 2: Academic Literature Search

Across all searches, 215 records were initially identified and retained for screening. Following de-duplication, 148 unique records were catalogued within a master tracking spreadsheet. Information recorded for each source included title, author(s), publication source, year, PEI framework, outcomes, factors associated with outcomes, model type, and study methodology.

The 148 records were subsequently screened for relevance based on title, abstract, and methodological fit. Sixty-three records were excluded at this stage, resulting in 85 eligible sources. A further 25 supplementary records were identified through hand-searching and the specialised project repository to ensure adequate coverage of relevant contextual, policy, and implementation literature. This resulted in a final corpus of 110 documents for full-text assessment.

Following a final appraisal of quality, relevance, and contribution to the review questions, 43 documents were excluded leaving 62 sources to be included in the evidence synthesis. Of these, 45 were identified through the structured academic searches (out of the 85 screened) and 17 through the specialised project repository (out of the 25 added). All included sources contributed to the final synthesis (see Appendix 1).

A PRISMA-style flow diagram documents the screening and selection process for the academic literature review phase, including records identified, screened, excluded, and retained. As the policy and grey literature review followed a distinct documentary retrieval and extraction process, it was documented separately through the policy extraction matrix.

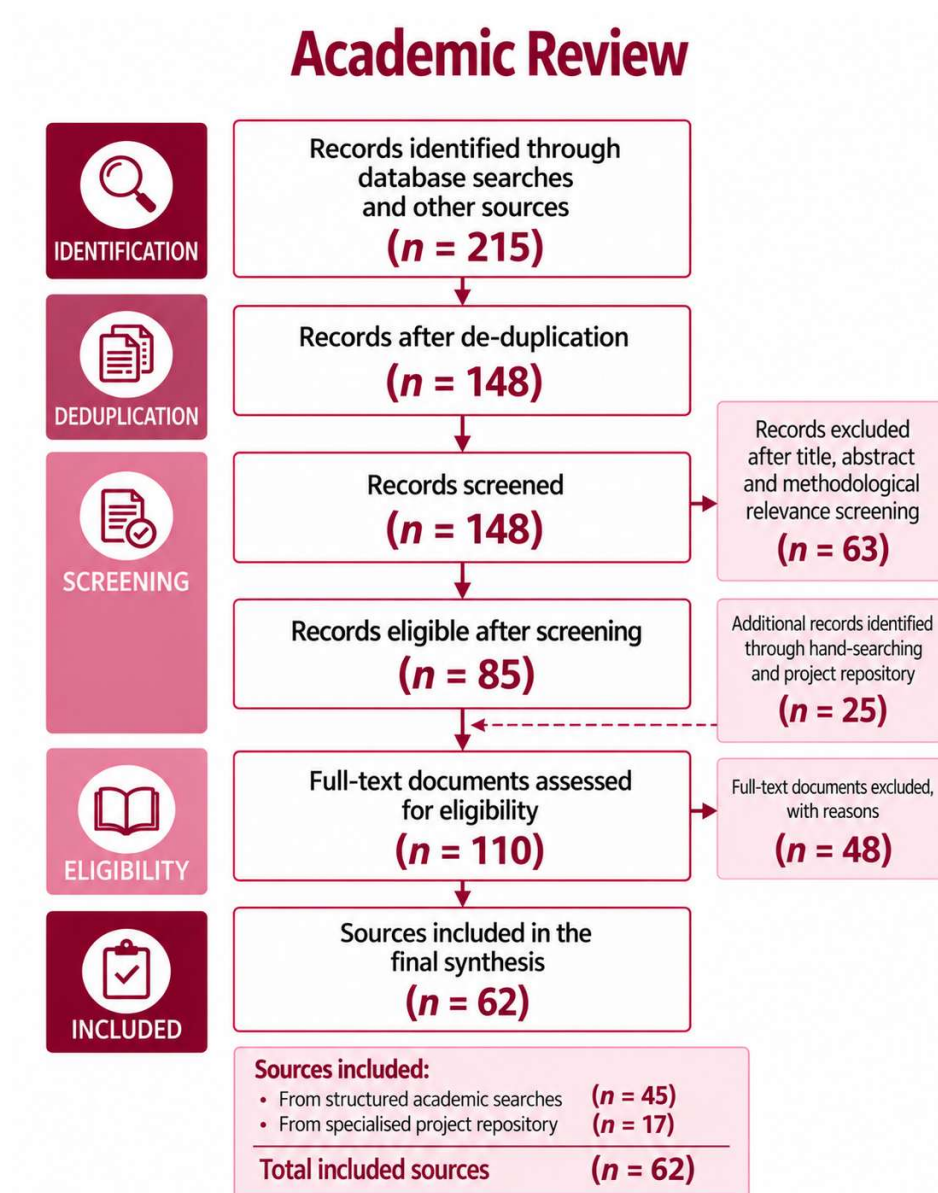


Figure 3: Prisma-style Flow Diagram Academic Literature

The inclusion and exclusion criteria for the academic review were applied iteratively, consistent with scoping review methodology. Studies were included if they: (1) were published between 2018 and May 2026; (2) focused on children, young people,

parents, families, or family support systems; (3) addressed PEI, early help, or closely related policy and practice approaches; (4) contributed evidence relevant to the review questions concerning framework components, governance, implementation, equity, or outcomes; and (5) originated from comparable jurisdictions, with particular emphasis on OECD countries.

Studies were excluded if they focused exclusively on tertiary or crisis intervention; addressed disability or health services without a clear PEI dimension; made only passing reference to prevention or early intervention; or lacked substantive relevance to the review questions.

Retrieved records were managed and screened using dedicated project spreadsheets. Titles, abstracts, and full texts were assessed against the agreed inclusion and exclusion criteria. Screening was undertaken systematically, with eligibility decisions refined where necessary in response to emerging themes and patterns within the evidence base, consistent with scoping review methodology. Where uncertainty arose, inclusion decisions were resolved through discussion and consensus.

Given the heterogeneity of the evidence base, findings are presented thematically rather than through a study-by-study account. Consequently, not all included sources are discussed individually within the narrative. However, each source informed the coding framework, thematic analysis or contextual interpretation of the review findings.

2.4 Stage 4: Charting the Data

A structured data-charting framework was used to extract and summarise the key characteristics of the included studies and documents. For the academic literature, data fields included author, year, country, study design, sample characteristics, intervention model, delivery context, PEI components, governance features, child, parent, family, and system-level outcomes, mechanisms of change, implementation enablers and barriers, contextual factors, quality assessment, and key findings.

For the policy and grey literature, a parallel extraction framework was employed to capture administrative context, strategic purpose, implementation arrangements, target populations, funding mechanisms, governance structures, and monitoring and accountability provisions.

Quantitative findings were summarised descriptively, including the direction and magnitude of effects where these were reported. Qualitative and mixed-methods studies were analysed thematically to identify recurring patterns, explanatory mechanisms, implementation barriers and enablers, and contextual influences on outcomes. This structured charting process enabled the integration of diverse forms of evidence within a common analytical framework.

2.5 Stage 5: Collating, Summarising and Reporting the Results

The review employed a narrative synthesis approach to describe and compare findings across the included studies and documents, drawing on both textual and tabular forms of presentation. The synthesis included a descriptive mapping of the volume, type, and distribution of evidence according to country, sector, age group, outcome domain, and PEI model.

In addition, thematic analysis was undertaken to identify recurring enablers, barriers, mechanisms, and contextual influences. The synthesis also explored how effectiveness varied across different governance arrangements, delivery settings, and models of provision.

Beyond mapping the evidence base, the review sought to identify broader theoretical propositions and emerging typologies linking PEI components, governance features, mechanisms, and outcomes. It also highlighted under-researched populations, outcome domains and contextual factors as priorities for future research.

Consistent with scoping review methodology, the purpose of the review was not to undertake formal meta-analysis or produce pooled effect estimates. Rather, the aim was to synthesise, organise and interpret the available evidence in a manner that could inform policy development, service planning and practice.

During the preparation of this research report, the authors used Artificial Intelligence tools to assist in the generation of diagrams and visual conceptual frameworks based on the research process and findings. All AI-generated outputs were subsequently reviewed, edited and verified by the authors to ensure accuracy. The authors take full responsibility for the final content and presentation.

2.6 Methodological Limitations

A number of limitations are acknowledged. The review was confined primarily to English-language materials and to evidence drawn largely from high income OECD

countries. Given the breadth and heterogeneity of the PEI evidence base, decisions regarding inclusion, relevance, and thematic categorisation necessarily involved a degree of interpretive judgement. Furthermore, as a scoping review, the study sought to map and synthesise the available evidence rather than undertake formal quality appraisal of all included studies or estimate pooled intervention effects. Nevertheless, the systematic and transparent approach adopted provides a robust basis for informing policy, practice, and future research.

2.7 Section Summary

This section details the scoping review methodology used to map the core components and governance features of national PEI policies, policy frameworks and academic and grey literature associated with improved outcomes for children and young people. Following the scoping review framework, the study design systematically synthesised academic and grey literature published between 2018 and May 2026. The parameters were actively guided by an Advisory Group featuring representatives from the Department of Children, Equality and Disability, Tusla - Child and Family Agency and PEIN.

The research was executed in two sequential phases, starting with a strategic grey literature review to map formal policy intent, implementation and accountability structures across thirty-two OECD countries. Applying strict filters that excluded medical-only or disability-specific frameworks, the team extracted data from international repositories and national government databases to systematically review three hundred and ninety-two policy documents.

The second phase comprised a structured academic literature review evaluating PEI implementation processes, multi-domain outcomes and delivery models. Using databases including ASSIA, Scopus, Web of Science, and the Cochrane Library, the search initially retrieved 215 records. Following PRISMA-compliant screening and quality appraisal, the final documents for final analysis was refined to 62 core sources, consisting of 45 database articles and 16 repository records.

Charting matrices were used to organize administrative, strategic and empirical information within a data extraction table. The data was analysed using a dual approach to accommodate the diversity of the evidence. Firstly, the quantitative findings were analysed by summarizing them descriptively to capture the reported direction and magnitude of program effects. Secondly, all included studies were

combined to undergo a comprehensive narrative synthesis and thematic analysis, which allowed the research team to identify overarching enablers, implementation barriers, and core governance mechanisms. Limitations included that the review was confined to primarily English-language materials, the evidence base comprised of higher-income OECD nations and a reliance on interpretive judgement during thematic analysis.

Section Three: Components and Governance Features of PEI Policies

3.1 Introduction: An overview of Prevention and Early Intervention Policy Orientations

This review has shown that there is no consistently applied or universally recognised comprehensive model of Prevention and Early Intervention across policy systems. Instead, the policy landscape is characterised by a range of approaches that have evolved over time in a piecemeal manner, often in response to specific sectoral needs and priorities rather than through a strategic, coordinated national framework. A notable exception is Wales's recently published framework advancing a system-wide move towards prevention and early intervention to improve long-term outcomes for children and families through earlier, coordinated support (Welsh Government, 2026).

A significant number of jurisdictions reviewed are currently in the process of shifting or have recently moved from more reactive, protection-oriented systems towards approaches that prioritise prevention, early support, and coordinated service delivery. Characteristic of this landscape is the tendency for initiatives to focus on issues or population groups. Many PEI policies or frameworks address specific concerns, such as violence prevention, mental health, online safety, or bullying, while others are designed around particular stages of childhood and adolescence.

As demonstrated in the experiences of countries in this section a number of enablers and barriers are apparent in implementing PEI frameworks. Enablers include legislation and policy frameworks that impose statutory duties to collaborate; integrated governance and cross-sector coordination aligning priorities, resources and actions; strong data evaluation and monitoring to support early identification, continuous improvement and accountability; investment in family support and community-based services to reduce reliance on crisis response and institutional care; workforce capacity and professional collaboration and culturally-grounded practice and engagement mechanisms.

Across systems, barriers undermining prevention and early intervention strategies include fragmented and siloed service delivery structures; incompatible data systems, data protection and information sharing understanding; insufficient investment and workforce capacity; as well as cultural and historical barriers including mistrust of

state systems. Even where prevention is prioritised, resources and supports often remain focused on statutory child protection.

3.2 PEI Orientation and Rationale

As outlined in the section below, the underlying rationales for PEI vary. These include: a broad shift away from crisis-driven responses towards a prevention-focused ethos; adopting more specific objectives such as improving mental health, countering violence, or preventing family separation; and an economic rationale and justification for early(ier) investment. They also reflect a broad conceptualisation of early intervention, encompassing a lifecourse perspective including both childhood and adolescence. PEI orientations and initiatives also exist both with and without legislative support.

3.2.1. Transitioning to PEI

The primary rationale in adopting a PEI approach is to move from a crisis-oriented to a prevention framework. Across Europe, many countries are currently in transition towards embedding a PEI approach within their child welfare systems. A key driver of this transition is the European Child Guarantee, which has shaped policy development in 27 European Union member states. The Guarantee sets out ambitious targets to ensure that all children have access to essential services, while also addressing child poverty and social exclusion. In response, participating countries have developed National Action Plans outlining how each country will prevent and combat social exclusion by guaranteeing access to key services for children in need. The National Action Plans are monitored and reported on every two years. This has resulted in a strong and consistent emphasis on tackling child poverty as a central component of early intervention policy. Alongside this, several countries are undertaking significant structural reforms to move towards more integrated and holistic models of support.

A notable example is the recent child welfare reform in Finland which aimed to enhance early support and reduce corrective interventions. The reform was based on the premise that earlier, more accessible preventative services could reduce the need for intensive child protection interventions, including child protection plans, associated protective measures, and out-of-home placements. By making support universally available and less stigmatizing, policymakers sought to intervene earlier in families' service pathways and prevent problems from escalating (Toikko et al., 2023;

Zhu et al., 2026b). This shift toward universal early support fundamentally reshaped the boundaries of child welfare in Finland. At the same time, it created a valuable natural policy experiment, providing an opportunity for rigorous quasi-experimental evaluation of policy impacts using national panel data (Zhu et al., 2026a).

Poland's child welfare system has also recently undergone a significant transition. Historically, the system in Poland relied heavily on institutional care, but over the past two decades substantial reforms aimed at strengthening family-based care, prevention, and deinstitutionalisation were introduced. Poland is also currently developing a new, integrated early childhood development model to provide coordinated, cross-sectoral support from birth to school entry. This reform aims to replace a previously fragmented system in which services varied significantly across municipalities, while also strengthening early identification of developmental delays and promoting family-centred intervention (Fajfer-Kruczek, 2025).

Prevention and Early Intervention approaches in Canada and the United States also increasingly reflect a shift away from reactive child protection systems toward more preventative, family-centred, and community-based models of support. Across both countries, there is growing recognition that strengthening families early, addressing social and developmental needs proactively, and reducing unnecessary entry into child welfare systems can lead to better long-term outcomes for children and communities. Although approaches differ across jurisdictions, both countries place increasing emphasis on collaboration across sectors, culturally responsive services, and evidence-informed interventions.

In Canada, PEI is shaped through a combination of federal, provincial/territorial, and Indigenous policy frameworks. Recent reforms have focused on moving beyond protection-led responses toward approaches that prioritise family strengthening, prevention, and community-based support. Particular emphasis has been placed on recognising Indigenous leadership and self-determination within child and family services. Canada's First Nations Child and Family Services programme supports community-led early intervention initiatives and strengthens Indigenous authority in child welfare decision-making. Provinces such as Ontario and British Columbia have also introduced legislative reforms that prioritise prevention, least-disruptive interventions, and greater Indigenous governance of services. Alberta provides a notable example through its Wellbeing and Resilience Framework (2019a), which adopts a trauma-informed and family-centred approach integrating both Western and

Indigenous perspectives. The framework promotes child wellbeing, caregiver resilience, social connectedness, and strengths-based practice while supporting family preservation and collaborative working. Its accompanying evaluation (2019b) structures also demonstrate a strong commitment to evidence-informed practice through the use of measurable indicators and theories of change across varying levels of intervention.

3.2.2 Targeting Mental Health

Targets for prevention and early intervention in child and youth mental health are embedded in several countries. Key elements include early detection of psychological problems, access to services before problems escalate, strengthening early childhood development, building life skills and competencies in social and emotional learning.

Austria provides an example of how prevention and early intervention principles can be embedded within national health policy. The *Child and Youth Health Strategy 2024* (Kinder- und Jugendgesundheitsstrategie) places mental health promotion, early identification, and early support at the centre of child and adolescent health policy. The strategy emphasises strengthening children's life skills, improving the early detection of difficulties, and expanding support for children and young people experiencing mental health, psychosomatic, or developmental needs.

The *National Mental Health Strategy* further strengthens this preventative orientation by emphasising mental health promotion, suicide prevention, early identification of vulnerable children, anti-stigma initiatives, and locally based community services. A key aim is stated as *Promoting appropriate services for vulnerable stages of life: disseminating knowledge about mental illness and stress in general, especially among young people. Prevention must begin with the identification of children at risk.*

Austria's *National Austrian Suicide Prevention Plan* launched in 2017 calls for special attention to be paid to risk factors in the environment in which children grow up as well as to signals indicating difficult family circumstances. It calls for Increased support for families at risk, with special attention to the problems of single parents and migrants. The role of education systems, children's groups, youth clubs, associations, interest groups in recognising potentially vulnerable young people is also noted.

3.2.3 Preventing Harm and Violence

Among the PEI frameworks targeting violence emerged as a key issue. violence against children forms a core objective of the European Union. The *Strategy on the Rights of the Child* includes specific actions to combat violence against children noting ‘The promotion of integrated child protection systems is intrinsically linked to the prevention and protection from violence’ (EC, 2021b, p. 12). The *Recommendation on developing and strengthening integrated child protection systems in the best interests of the child* (EC, 2024) includes the categories of violence online, in virtual worlds and across a broad range of instances such as domestic violence, human trafficking, sexual abuse, gender-based violence, female genital mutilation and child marriage, as well as all forms of bullying and corporal punishment.

In Spain the law for child protection, the LOPIVI Organic Law 8/2021 guarantees the fundamental rights of children and adolescents to their physical, mental, psychological and moral integrity against any form of violence ensuring the free development of their personality. Title III of the law addresses awareness, prevention and early detection including the obligations of the state to have a strategy to eradicate violence against children and adolescents; involvement of Higher Education in the fight against violence against children and adolescents; granting officials working in social services the status of law enforcement officers in their duties in protecting minors and guarantee the safe and responsible use of the internet by children and adolescents, families, educational staff and professionals who work with minors.

The protection of harm is also emerging as an element of the digital space. In response to an increase in sexual abuse of children by almost 140%, especially in the digital environment the government of the Slovak Republic adopted a *National Concept for the Protection of Children in the Digital Space (2020–2025)*. The document and an accompanying Action Plan include a prevention focus on education, digital literacy and safe behaviour online for children, parents and teachers as well as procedures for responding to risks including cyberbullying and abuse and cooperation between schools, social services, police, and other institutions.

The Slovak Government’s National Strategy for the Protection of Children from Violence – “Violence-Free Childhood for All Children” (2023–2029) is a comprehensive, multi-sector policy framework aimed at preventing, identifying, and responding to all forms of violence against children (see below).



Figure 4: Case Study – Slovakia

3.2.4 Across the lifecourse: from Birth to Adulthood:

Strategies ranged from those that prioritise the earliest stage in a child's development to those oriented in ensuring preparation for adulthood and engaged citizenship.

In England, *Giving Every Child the Best Start in Life* (Department for Education, 2025) places pregnancy to age five at the centre of efforts to improve children's outcomes and reduce inequality. The policy emphasises early childhood development, family support, and school readiness, reflecting the view that early investment can help overcome barriers to opportunity and improve long-term outcomes. Child development is a core focus of the framework, which sets a headline target of 75% of children achieving a Good Level of Development by age five. The policy reflects a

preventative approach that prioritises support during the earliest stages of life to improve developmental outcomes and reduce inequalities before they become entrenched.

Japan's *Basic Act on Children* (Act No. 77 of 2022), also translated as the *Act on the Promotion of Children's Policies*, provides a legislative framework for coordinating child-related policies across government ministries. Grounded in both the Japanese Constitution and the UNCRC, the Act adopts a holistic and rights-based approach aimed at supporting the lifelong development and wellbeing of children and young people.

CASE STUDY: JAPAN  	
<i>Basic Act on Children (Act No. 77 of 2022)</i> <i>(Act on the Promotion of Children's Policies)</i>	
 LEGISLATIVE FOUNDATION	- The Basic Act on Children (Act No. 77 of 2022), also known as the Act on the Promotion of Children's Policies, establishes a central legislative foundation for child-related policy in Japan. - It provides a framework for coordinating government action across ministries and promotes a whole-of-government approach to children and youth policy.
 FUTURE-ORIENTED & LIFE COURSE PERSPECTIVE	The Act adopts a future-oriented vision to realise a society where all children and youth and leaders of the next generation can: “build the foundations for the lifelong development of personality and equally thrive as independent individuals.” It recognises that investment in children's current wellbeing, learning and development is essential for shaping positive outcomes across their lifetime and for building a sustainable and inclusive future society.
 SIX BASIC PRINCIPLES	The Act establishes six basic principles that underpin all measures for children and youth in their current and future development: - Children are respected as individuals; their fundamental human rights are guaranteed and they are protected from discrimination. - Children are equally guaranteed the right to welfare, to be adequately fostered, loved and protected, and to have equal access to education. - Children have opportunities to express their views and to participate in social and civic life. - The views of all children and youth, and their best interests, are given due weight in accordance with their age and maturity. - The family is the foundation of child-rearing; parents and other legal guardians have primary responsibility for child care. - A social environment is established where people can aspire to having families and parenting.
 KEY ORIENTATION	The Basic Act on Children reflects an integrated, rights-based and preventative approach that places children and young people's current wellbeing and future development at the centre of public policy.  Rights-based approach  Participation and voice  Family support and responsibility  Prevention and wellbeing  Life-course and future-focused

Figure 5: Case Study - Japan

3.2.5 Preventing Family Separation

Preventing children from entering alternative care and supporting families to stay together is a core objective of UNICEF (2024). UNICEF estimates that approximately 337,000 children and young people across 36 European countries are living in residential care settings, including large-scale institutions. Many of these children are among the most vulnerable, including children with disabilities, children affected by migration, and those living in poverty. UNICEF highlights that marginalised families are more likely to lack access to essential services such as family support, healthcare, and education, increasing the risk of family separation. It calls on governments to invest in statutory family support services, strengthen the social service workforce, and provide early identification and intervention for children at risk, helping families remain together wherever possible and prevent unnecessary entry into care.

Increased focus on the prevention of family separation is also reflected in the European Expert Group on the *Transition from Institutional to Community-Based Care* 2024 Call for Member States to: (1) Place measures towards deinstitutionalisation at the heart of their National Action Plans starting from prevention, through the development of community-based and family-based services, including systems of family-centred early childhood intervention, financial support to families, and of foster care programmes; and (2) Put the necessary measures in place to ensure that social welfare, social protection, and social services prioritise the strengthening of families and communities, taking proactive measures to prevent unnecessary separation of children from their families (p. 4)

Since 2018, Greece has been restructuring its child protection system to emphasise early identification of risk, family support and deinstitutionalisation of children into family-based care (UNICEF, 2020). Accordingly, the country is developing community centres, child and family support hubs, municipal social services, parenting programmes and psychosocial supports designed for low-threshold accessible and non-stigmatising services designed to help families access support early before problems escalate (EC, 2022a). In the Czech Republic the child and family support system has been moving from a historically institutional model to prevention, early help and family-based care. PEI is a part of its national child protection reforms over the last decade that prioritise reduced reliance on institutional care through expanded early help services (raná péče); strengthened family support services and improvement of coordination across sectors.

France's National Strategy for Child Protection and Prevention (Stratégie Nationale de Prévention et de Protection de l'Enfance 2025-2027 SNPPE) ACTE 2 prioritises improving intervention quality and long-term care to prevent situations escalating including home-based interventions to prevent placement, supporting youth leaving the care system as well as deploying mobile professional teams to assist foster families and those caring for children with specific needs.

In Scotland, *The Promise* represents a major national commitment to transform how the country cares for children and young people. Published in 2020 following Scotland's Independent Care Review, it signals not just a programme of reform but a fundamental shift in the ethos underpinning the care system itself. Rather than maintaining a system primarily oriented around protection from harm, *The Promise* reframes the purpose of care as the active nurturing and protection of safe, loving, and respectful relationships. This shift is reflected in its emphasis on listening to children, supporting families earlier, and ensuring that care-experienced people are treated with dignity and respect. Crucially, it marks a move away from a system defined by processes and measurable outputs toward one that prioritises lived experience of children moving through it. Data traditionally collected on the care system is critiqued for reflecting what is easiest to measure - system activity and standardised outcomes arguing "These processes are driving out a clear focus on relationships" (p. 27).

3.2.6 Financial Rationale: Making the Case for PEI

A growing body of economic evidence highlights the costs associated with delayed intervention and unmet need. The strongest synthesis of the economic case for prevention and early intervention in the United Kingdom has been undertaken by the Early Intervention Foundation (EIF, 2022). Its landmark analysis estimated that almost £17 billion was spent annually in England and Wales on the costs of late intervention, equivalent to approximately £287 per person. These costs relate to the acute, statutory, and crisis responses required when children, young people, and families experience significant difficulties, including child maltreatment, domestic abuse, mental health difficulties, youth offending, and exclusion from education and employment.

More recent evidence from the National Children's Bureau and the NSPCC suggests that these pressures have continued to increase. For the first time, local authorities in England now spend more on children's residential care placements than on all early

intervention services combined. At the same time, expenditure on late intervention services has increased substantially, while spending on preventative services has declined (Franklin, Larkham and Mansoor, 2023).

Although the relationship between early investment and later savings is often difficult to demonstrate directly, these findings provide important evidence of the financial implications associated with delayed intervention. It can be argued, that at one level, the rationale for early investment in the wellbeing of children and young people is primarily economic, designed to correct the consequences of poverty. As the European Child Guarantee states “Tackling disadvantage from early years is a cost-effective investment, including from a long-term perspective, as it contributes not only to the inclusion of children and their higher socioeconomic outcomes when they are adults, but also to the economy and society through better integration into the labour market and social life and improvement in the school-to-work transition” (Council of the European Union, 2021, Recital 19). However, the findings from the UK reinforce the argument that sustained investment in prevention and early intervention may contribute to reducing future demand for more intensive statutory and crisis services while helping to create more sustainable child and family service systems.

Iceland provides a notable example of making a financial case for investment in PEI. There, the *Act on the Integration of Services in the Interest of Children's Prosperity* ("Prosperity Act") seeks to improve child wellbeing through the provision of integrated and coordinated services for children and families, with a strong emphasis on early intervention. Prior to its introduction, the Minister for Education and Children commissioned an independent economic assessment to examine the costs and projected benefits of the reform for both central and local government. The analysis concluded that the Act was likely to reduce adverse childhood experiences, strengthen children's resilience, and generate long-term social and economic benefits. Although the full impact will not be realised until children benefiting from the reforms reach adulthood, the assessment found the legislation to be cost-effective, with returns comparable to other successful public investments. The Prosperity Act is supported by a dedicated data and analytics function within the Ministry of Education and Children.

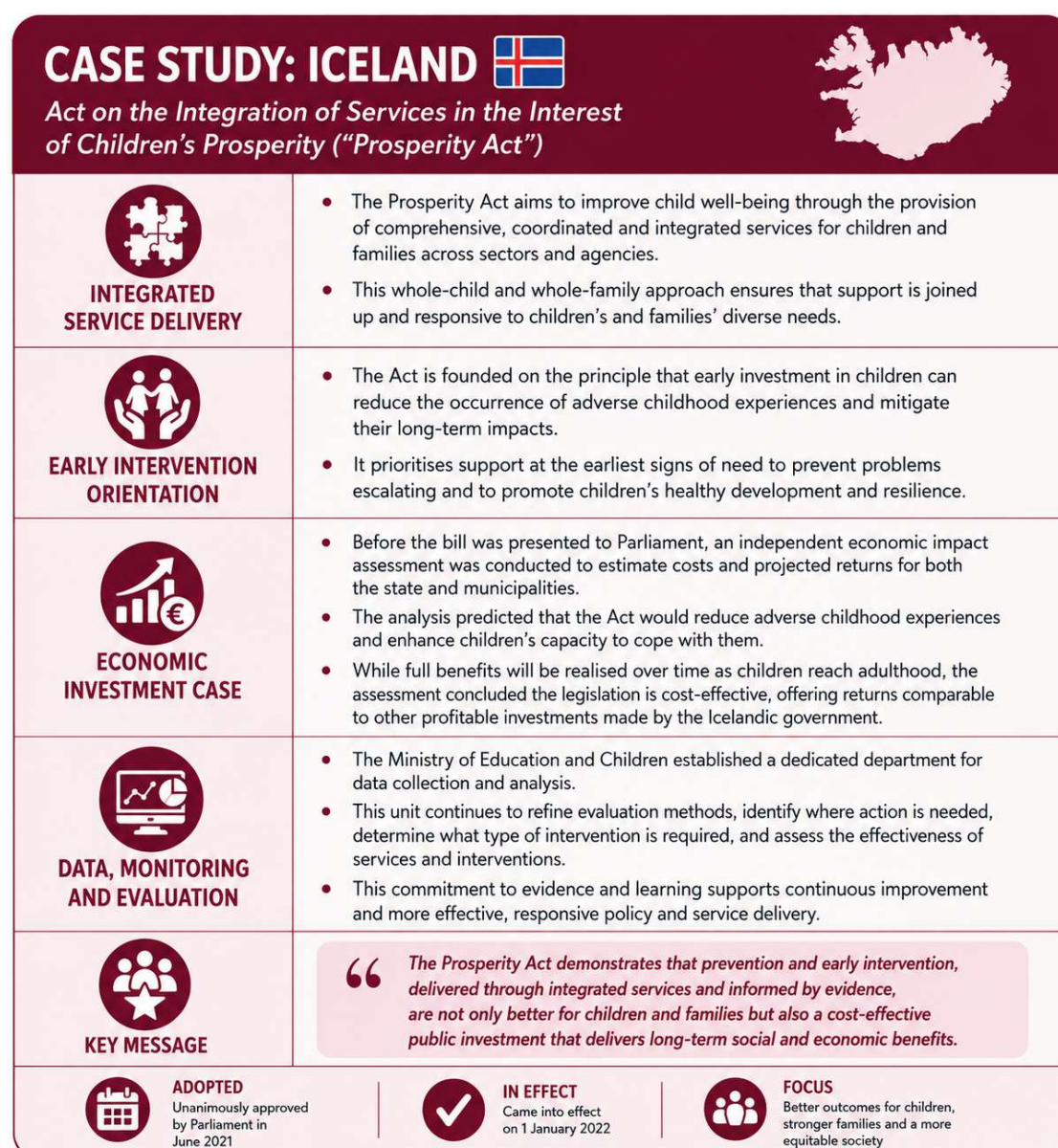


Figure 6: Case Study - Iceland

3.3 Legislative Support for PEI

PEI orientations and initiatives exist both with and without legislative underpinning, reflecting a piecemeal evolution shaped by specific sectoral priorities rather than an overarching strategic vision as noted above. PEI-related measures may be supported by legislation in some areas, while in others they operate through policy guidance, strategies, or programmes without a statutory basis. Norway's Child Welfare Act (2023) prioritises early intervention and supportive home-based measures, while Sweden's recent Social Services Act reforms aim to reduce barriers to support by allowing families to access counselling and parenting programmes without formal assessments. In Luxembourg the Law on Youth (2008, 2020) emphasises early

support, strengthening families and prevention of risk (EC, 2022b). Luxembourg represents a comparatively well-resourced and prevention-oriented model characterised by strong welfare supports, extensive early childhood services, and high levels of interdisciplinary collaboration. France's reforms, including the Taquet Law and the First 1,000 Days Strategy, focus on prevention in early childhood, family-based care, and multidisciplinary community supports. In the United States, prevention and early intervention policy has been significantly shaped by the Family First Prevention Services Act (2018), which seeks to reduce family separation by investing in supports before children enter foster care systems. The legislation enables funding for evidence-based mental health, substance misuse, and parenting programmes targeting children and families considered at risk of child welfare involvement. However, the legislation primarily funds secondary and tertiary prevention measures, with more universal primary prevention supports remaining comparatively limited. At state level, California illustrates how broader child wellbeing approaches are being developed through its five-year prevention plan, which aims to transform child welfare into a more holistic and preventative system. The model places strong emphasis on cross-sector collaboration, community-based organisations, culturally responsive supports, and voluntary family engagement. Importantly, local prevention planning processes incorporate the perspectives of families and individuals with lived experience to ensure services are community-driven, accessible, and less stigmatising.

3.4 Integration Cross-sector Collaboration to Support Prevention and Early Intervention

3.4.1 Integrated Policy and Service Frameworks

Across OECD countries, there is growing recognition that the complex and interconnected needs of children and families cannot be effectively addressed through isolated policies or fragmented services. Consequently, governments are increasingly adopting integrated policy frameworks that coordinate action across health, education, social protection, justice, and family services to improve child wellbeing and strengthen prevention and early intervention (OECD, 2023). Reflecting this shift, the OECD's *Steering from the Centre of Government in Times of Complexity* (2024) advocates "whole-of-government" approaches to complex policy challenges such as child welfare. Rather than developing separate initiatives within individual sectors, integrated policy frameworks seek to align priorities, coordinate

implementation, and formalise collaboration across government departments and agencies (Dirwan and Thévenon, 2023).

The rationale for integration is particularly compelling for vulnerable children and families, whose needs frequently span multiple policy domains. The OECD's *Changing the Odds for Vulnerable Children* (2019) describes child vulnerability as arising from the interaction of individual factors, such as disability or health needs, with environmental influences including poverty, parental ill-health, family violence, neighbourhood disadvantage, and educational inequality. These interacting risks accumulate over time, meaning that improving child wellbeing requires coordinated action that simultaneously reduces risk factors and strengthens protective factors. As the OECD concludes, "a whole-of-government approach to child policy is required for the development and implementation of child well-being strategies" (OECD, 2019, p. 22).

Integrated approaches are closely aligned with prevention and early intervention because they facilitate earlier identification of need, improve access to support, strengthen information sharing between professionals, and enable more coordinated responses across services (OECD, 2015). Conversely, fragmented systems often operate in organisational silos, making it more difficult to recognise emerging concerns and increasing the likelihood that families experience disconnected or delayed support (Dirwan and Thévenon, 2023; OECD, 2023; OECD, 2024).

3.4.2 Features of Integrated Policy Frameworks

Although integrated policy frameworks vary across countries, they share a number of common characteristics. Based on their review of OECD countries, Dirwan and Thévenon (2023) identify six core features:

- a shared vision and overarching objectives;
- clearly defined priorities supported by implementation plans;
- cross-government governance and coordination mechanisms;
- clearly specified actions, resources and stakeholder responsibilities;
- accountability, monitoring and performance frameworks; and
- time-bound implementation, review and reporting processes.

Together, these features provide the governance architecture required to coordinate policies and services across sectors and support more coherent prevention and early intervention systems. Serapioni (2023) further argues that integration represents the highest level of collaboration, requiring organisations to move beyond cooperation

towards shared values, joint decision-making, and collective responsibility for outcomes.

3.4.3 Implementing Integrated Approaches

Translating integrated policy into practice requires effective cross-government and cross-sector collaboration, particularly where responsibilities span health, education, housing, justice, and social services. Many jurisdictions have therefore introduced legislative, governance, and accountability mechanisms to strengthen interagency working.

In Germany, the Federal Child Protection Act and the Law on Cooperation in Child Protection (KKG) establish statutory duties for health, education, youth, and social service professionals to cooperate and share information where child welfare concerns arise. Similarly, Lithuania's 2018 Child Rights Protection System Reform strengthened interagency collaboration through a centralised child protection system promoting early identification, coordinated responses, and access to preventative family support.

Other jurisdictions have emphasised governance structures rather than legislation. In California, the Child and Family Enrichment Cabinet oversees locally developed Comprehensive Prevention Plans designed jointly by child welfare agencies, community organisations, and families with lived experience. Northern Ireland's Early Learning and Childcare Strategy is coordinated through a cross-departmental Programme Board responsible for implementation, resource alignment, monitoring, and policy coherence across government.

Information sharing also emerges consistently as a critical enabler of integrated working. England's *Working Together to Safeguard Children* (2026) emphasises that practitioners should share information proactively when concerns first arise and clarifies that data protection legislation should not be interpreted as a barrier to lawful information sharing where safeguarding children is concerned. Collectively, these examples demonstrate that effective prevention and early intervention depend not only on shared strategic objectives but also on governance arrangements, statutory duties, leadership, information-sharing mechanisms, and accountability structures that support coordinated action.

3.4.4 Examples of Integrated Policy Reform

Many countries have introduced broader reforms to embed integrated approaches to child and family wellbeing.

Germany provides a legislative model in which the Federal Child Protection Act and the Law on Cooperation in Child Protection establish formal mechanisms for collaboration across health, education, youth, and social services. Spain's Organic Law on the Comprehensive Protection of Children and Adolescents against Violence (LOPVI) similarly promotes coordinated prevention through awareness raising, professional training, early identification, and integrated responses across multiple sectors.

Elsewhere, integration has largely been achieved through national policy strategies. In New Zealand, the *Child and Youth Strategy* (2024–2027) and the *Oranga Tamariki Action Plan* coordinate action across government agencies to reduce child poverty, prevent harm, support families during the first 2,000 days of life, and reduce unnecessary entry into care. England's *Working Together to Safeguard Children* (2023) similarly positions multi-agency collaboration, relationship-based practice, and whole-family working at the centre of safeguarding.

Broader system reforms are also evident across Europe. Poland is transitioning towards a biopsychosocial model that integrates health, education, and social services; Switzerland combines universal, targeted, and statutory supports within a decentralised cantonal system; Portugal's National Early Intervention System (SNIPI) emphasises multidisciplinary, community-based and family-centred support; while Italy has strengthened integrated provision through its 0–6 Early Childhood Education and Care System and Child Guarantee initiatives.

Although these reforms differ in structure and governance, they demonstrate a common international trend towards greater policy integration, cross-sector collaboration, and coordinated support for children and families experiencing vulnerability.

3.4.5 Implications for Prevention and Early Intervention

Evidence from across OECD countries suggests that integrated policy frameworks provide the organisational conditions necessary for effective prevention and early intervention. Successful systems are characterised by shared strategic leadership, formal governance arrangements, coordinated implementation across sectors,

effective information-sharing mechanisms, and clear accountability for outcomes. However, implementation remains challenging. Devaney et al. (2021) identify legislative backing, dedicated implementation processes, adequate resources, and ongoing monitoring and evaluation as critical conditions for successful interagency collaboration. Similarly, Dirwan and Thévenon (2023) note that integrated plans often struggle to move beyond high-level strategic ambitions into routine practice, highlighting the importance of sustained political commitment, administrative capacity, and investment.

Overall, international evidence suggests that while integrated governance alone does not guarantee improved outcomes, it provides an essential foundation for earlier identification of need, more coordinated family support, and more effective prevention and early intervention systems.

3.5 Rights-based Frameworks

Rights-based frameworks provide a core point of reference for PEI strategies, serving in many respects as the ultimate standards against which intentions actions and plans are upheld and shortcomings identified. The *United Nations Convention on the Rights of the Child* (UNCRC) includes several provisions to strengthen families, reduce risks, support children's development and ensure access to services. In relation to family, these include the rights for children as far as possible, to know and be cared for by their parents (Article 7); to preserve their identities, including family relations (Article 8); not be separated from parents against their will, unless this is in the best interests of the child (Article 9). A number of rights focused on the prevention of harm are notable for addressing children at risk. These include the right to protection from all forms of violence, injury or abuse, neglect, maltreatment or exploitation, including sexual abuse (Article 19); right to protection from economic exploitation (Article 32) and special protections and support for children deprived of a family environment through abuse, neglect or loss of parents (Article 20) and for children with disabilities (Article 23) to live with dignity and independence. For the most marginalised in society, rights include protection for refugee and asylum-seeking children (Article 22); for prevention of abduction, sale, and trafficking (Article 35) and the right to non-discrimination (Article 2). Inclusion of children's voices is fundamental with the right of children to express their views and be heard (Article 12).

Access to services and to systems that act early to support development is contained in the right to the enjoyment of the highest attainable standard of health (Article 24) and to an adequate standard of living (Article 27). The UNCRC also addresses the obligation on States to put in place the infrastructure needed for realisation of rights. As set out in Article 4 ‘States Parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention....’

The EU *Strategy on the Rights of the Child* (EC, 2021b) builds on the children’s rights set out in the UNCRC outlining how these can be implemented within the European Union context. Developed in consultation with over 10,000 children, the strategy identifies six strategic objectives for strengthening the Commission’s work namely: (i) child participation in the EU’s political democratic life; (ii) socio-economic inclusion, education and health; (iii) combating violence against children and ensuring child protection; (iv) child friendly justice; (v) digital and information society; and (vi) a global dimension that empowers all children including during crisis and conflict.

A strong rights-based and child-centred perspective is increasingly shaping policy across Europe. For example, Denmark and Lithuania both ground child welfare policy within legislative frameworks that recognise children as rights-holders entitled to support and participation in decisions affecting them. In Japan, the *Basic Act on Children* (2022) establishes broad principles for children’s rights, participation, welfare, education, family support, and government accountability. Germany similarly embeds PEI within constitutional and child rights principles, balancing parental responsibilities with state oversight where child safety thresholds are met. Early childhood intervention is based also on the German Constitution (*Grundgesetz*, GG) (Art. 6 Section 2 GG), in which the rights and duties of parents to look after and raise their children is guaranteed, but the watchfulness of the state community safeguarding these activities is also provided for by law. Turkey has introduced ambitious child-rights reforms and a national family-centred early intervention programme focused on early identification and coordinated supports for young children at risk of developmental delay.

The Danish approach to social policy is focused on a rights-based approach, where legislation on what support and services persons in need should receive, makes up an overall legal framework for the municipalities who are tasked with providing these services. Thus, Children in need in Denmark are legally guaranteed access to the

services described in the European Child Guarantee. Much of the legislative framework described in the initial Danish National Action Plan for the European Child Guarantee accounts for the general rights and approaches towards helping vulnerable children in Denmark.

In Lithuania, the framework for child protection and welfare policies has a legal underpinning in the Law on Fundamentals of Protection of the Rights of the Child (1996). The instrument sets out a broad range of principles grounded in the rights of the child. Included is right of the child shall have the right to take part in the preparation and implementation of child right protection programmes. Likewise, the Concept of State Policy on Child Welfare (2003) centres on children as rights-holders with the best interests of the child the primary consideration in all decisions affecting children. In line with the United Nations Convention on the Rights of the Child, it recognises child as an independent rights-holder, entitled not only to protection but also to participation in decisions that affect them.

Spain's *Estrategia Estatal de Derechos de la Infancia y la Adolescencia* (2023-2030) [State Strategy for Children's and Adolescent's Rights] (see below) articulates a series of eight strategic goals to be achieved by 2030 which are key for the full guarantee of the rights of children and adolescents and develop fully in equal conditions, without discrimination, in healthy, inclusive and safe environments, free from violence and where their opinions are heard and taken into account.



Figure 7: Case Study - Spain

Taken together, these international examples demonstrate that children's rights are increasingly being translated into practical policy and legislative frameworks that shape PEI systems. Rather than viewing children solely as recipients of protection, rights-based approaches position them as active rights-holders entitled to participation, family life, access to services, protection from harm, and support to achieve their full potential. Across jurisdictions, these principles are reflected in policies that strengthen families, promote early identification and intervention, support integrated service delivery, and place children's best interests at the centre of decision-making.

Overall, the material reviewed suggests that rights-based frameworks provide both the ethical foundation and the policy direction for PEI. They establish clear obligations on governments to invest in children and families, intervene early to prevent harm, reduce inequalities, and ensure that children have equitable access to the supports and services necessary to realise their rights and wellbeing.

3.6 Effective and Skilled Workforce

Delivering effective PEI services within integrated, whole-of-government systems requires a skilled workforce capable of recognising and responding to emerging needs at an early stage. Across countries, workforce development is increasingly viewed as a critical enabler of effective PEI, with an emphasis on relationship-based practice, interagency collaboration, cultural competence, and child-centred approaches.

For example, Australia's *National Quality Standard for Early Childhood Education and Care* (2025) identifies several principles that are relevant across child and family services. Alongside adequate staffing levels and workforce experience, these include fostering secure and respectful relationships with children, building collaborative partnerships with families and communities, and promoting effective leadership, clear roles, and a culture of continuous improvement.

Similarly, *Working Together to Safeguard Children* (2026) in England emphasises the importance of ensuring practitioners have the knowledge and skills required to identify emerging concerns and respond appropriately. Key competencies include understanding when and how to share information, recognising signs of abuse, neglect, and exploitation, understanding domestic and sexual abuse, identifying risks associated with online environments and emerging technologies, and recognising that children and families may experience multiple and overlapping needs. The guidance also highlights the importance of trauma-informed, anti-discriminatory, and culturally responsive practice, recognising how racism, discrimination, and previous experiences with services can influence engagement and outcomes.

Workforce capability within integrated systems also requires practitioners to work effectively across organisational boundaries. Germany's Early Childhood Intervention Networks provide an example of this approach, bringing together health, social care, and family support services through interdisciplinary and multi-professional networks. Core competencies include understanding the roles and expertise of partner agencies, knowledge of local service pathways and procedures, a shared understanding of

prevention and early intervention, and the ability to collaborate effectively in planning and delivering coordinated responses. These networks are further supported through jointly developed quality standards that promote consistency and continuous improvement (National Centre for Early Prevention, 2018).

A further dimension of workforce capability relates to participation and children's rights. Consistent with the UNCRC, practitioners are increasingly expected to engage children meaningfully in decisions that affect them. Guidance in England highlights the need to ensure that all children can express their views, including those with communication difficulties, refugee and migrant children, victims of trafficking and exploitation, and children for whom English is not their first language. This requires practitioners to develop specialised communication skills and to adapt their approaches to ensure participation is inclusive, accessible, and responsive to children's individual circumstances.

Taken together, the evidence suggests that effective PEI systems require a workforce that is not only technically competent but also skilled in collaboration, relationship-based practice, participation, and cultural responsiveness. Workforce development therefore represents a critical component of integrated strategies designed to improve outcomes for children and families.

3.7 Outcome Frameworks

Across the jurisdictions reviewed, approaches to outcome-setting varied from high-level aspirational statements to those underpinned by detailed plans for delivery and accountability. Typically, strategies adopting a 'whole child' approach recognise that children's wellbeing and needs span multiple domains with outcomes targeting interconnected areas. Outcomes reviewed ranged from those focused primarily on addressing deficits to more holistic models that conceptualise outcomes in strengths-based terms encompassing domains such as identity and belonging; wellbeing and mental health; education and learning; positive relationships; agency, voice and participation; and hope and future orientation.

Family outcomes prioritise improving family functioning to care safely for children and reducing exposure to risk factors including socio-economic and structural barriers so that all children have fair opportunities regardless of their background. Community outcomes include stronger, more connected communities bolstered by local prevention and early support systems. Together such outcomes are prioritised to

support children in growing up safe, healthy, included, and able to reach their full potential. For the most part, the characterisation of outcomes and setting of affiliated goals signals a shift in the discourse to reflect a well-being orientation. Also emphasised are participation and voice, recognising children's rights to be heard, alongside social and emotional development, focused on relationships, confidence, and identity.

This type of shift in underlying ethos can be observed in New Zealand, where the Ministry for Children has begun to reframe its approach around relational and lived-experience outcomes. Designed with a Youth Advisory Group, *Strategic Intentions 2024-2029: Statement of Intent* introduces a new performance and outcomes system prioritising outcomes that matter most to children and young people. Ngā Wawata (see below) is a holistic, people-centred framework organised around three interconnected domains: whānau (family), tamariki (children) and communities. At its core, it describes a system where families are strong, supported and able to nurture and protect children, where confident children feel secure, valued and able to grow towards their potential. Surrounding both is the wider system with robust, thriving and culturally sustaining communities supporting long-term wellbeing and positive life outcomes.

Ngā Wawata – outcomes for tamariki & whānau

MANA WHĀNAU (EMPOWERED WHĀNAU)				
What we want to achieve	Tamariki are provided safe environments	Tamariki are comfortable to be themselves	Whānau are supported and connected in their journey	Whānau develop the tools they need
How we will know	Tamariki feel safe	Tamariki feel they can be themselves	Whānau feel supported	Whānau feel they're developing useful skills
MANA TAMARIKI (CONFIDENT CHILDREN)				
What we want to achieve	Tamariki influence the decisions made about them	Tamariki grow into empowered young adults	Tamariki experience personalised support	Tamariki are prepared for their life journey
How we will know	Tamariki feel they have a say in their life	Tamariki feel capable	Tamariki feel supported	Tamariki feel prepared for life
MANA HĀPORI (THRIVING COMMUNITIES)				
What we want to achieve	Tamariki find their communities	Tamariki feel they belong in their communities	Partners experience genuine partnership	Partners deliver the services tamariki and whānau need
How we will know	Tamariki feel they have supportive relationships outside of home	Tamariki feel they have somewhere they belong	Partners feel respected	Partners feel capable/equipped to deliver services to tamariki and whānau

Figure 8: Ngā Wawata

Source: Strategic Intentions 2024-2029: Statement of Intent p. 22

3.7.1 Wellbeing Outcomes

A notable trend across some jurisdictions is a shift in policy orientation towards wellbeing and resilience outcomes. For example, in Canada Alberta's *Wellbeing and*

Resilience: A Framework for Supporting Safe and Healthy Children and Families (2019a) replaced the earlier *Prevention and Early Intervention Framework for Children, Youth and Families* (2012), reflecting a broader conceptual emphasis on promoting positive child and family outcomes. The framework adopts a trauma-informed approach to guide government agencies, service providers, and communities in strengthening resilience among children and families.

Accompanying the overarching framework, Alberta developed a Wellbeing and Resiliency Evaluation Framework (2019b) to assess the extent to which publicly funded services achieve intended wellbeing and resilience outcomes. The framework measures outcomes across three interrelated domains: (i) child development and wellbeing; (ii) caregiver capacity and resilience; and (iii) social connections and support. Together, these domains provide a comprehensive framework for evaluating services across the continuum from universal prevention to intensive early intervention.

A particular strength of the framework is its explicit distinction between implementation and outcomes. It specifies indicators for monitoring programme delivery while also measuring changes experienced by children and families, including improvements in caregiver capability, based on the premise that strengthening adult caregivers enhances children's resilience. The framework further supports continuous performance monitoring through routine reporting, enabling government to compare outcomes across regions, identify service gaps, and inform ongoing system improvement (Alberta Children's Services, 2019b).

Iceland has developed a national child wellbeing dashboard to monitor outcomes across five key domains: Education, Quality of Life, Health and Wellbeing, Security and Protection, and Participation and Social Connection. The framework reflects a growing international emphasis on measuring child wellbeing using multidimensional indicators that extend beyond child protection outcomes. Similar to the OECD Child Well-being Dashboard, which assesses children's outcomes across material wellbeing, physical health, social and emotional wellbeing, and education and skills, the Icelandic approach recognises that effective prevention and early intervention should be evaluated across multiple aspects of children's lives.

As part of its transition from a child protection and foster care system towards a child wellbeing system, California's five-year State Prevention Plan under the Title IV-E

Prevention Program places considerable emphasis on measuring outcomes associated with prevention and early intervention. Rather than focusing solely on child protection indicators, the framework assesses a broader range of child and family wellbeing outcomes, including improvements in positive parenting practices, children's achievement of developmental milestones, parental emotional and mental health, reductions in children's behavioural difficulties, improvements in children's behavioural and emotional functioning, and enhanced parental capabilities.

Australia (see below) provides a strong example of how high-level strategy can be translated into coordinated action and measurable outcomes through a structured sequence of national framework, action plan, and outcomes framework. *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031* sets out a 10-year, prevention-focused and culturally informed strategy, with a clear vision for children to grow up safe, supported and able to reach their full potential. While universal in scope, it prioritises groups at greatest risk of entering out-of-home care, signalling a targeted approach to disadvantage. This strategic intent is not left at the level of aspiration. It is operationalised through the *First Action Plan 2023–2026*, which translates long-term goals into defined outcomes, priority actions, and accountable delivery across four national focus areas.

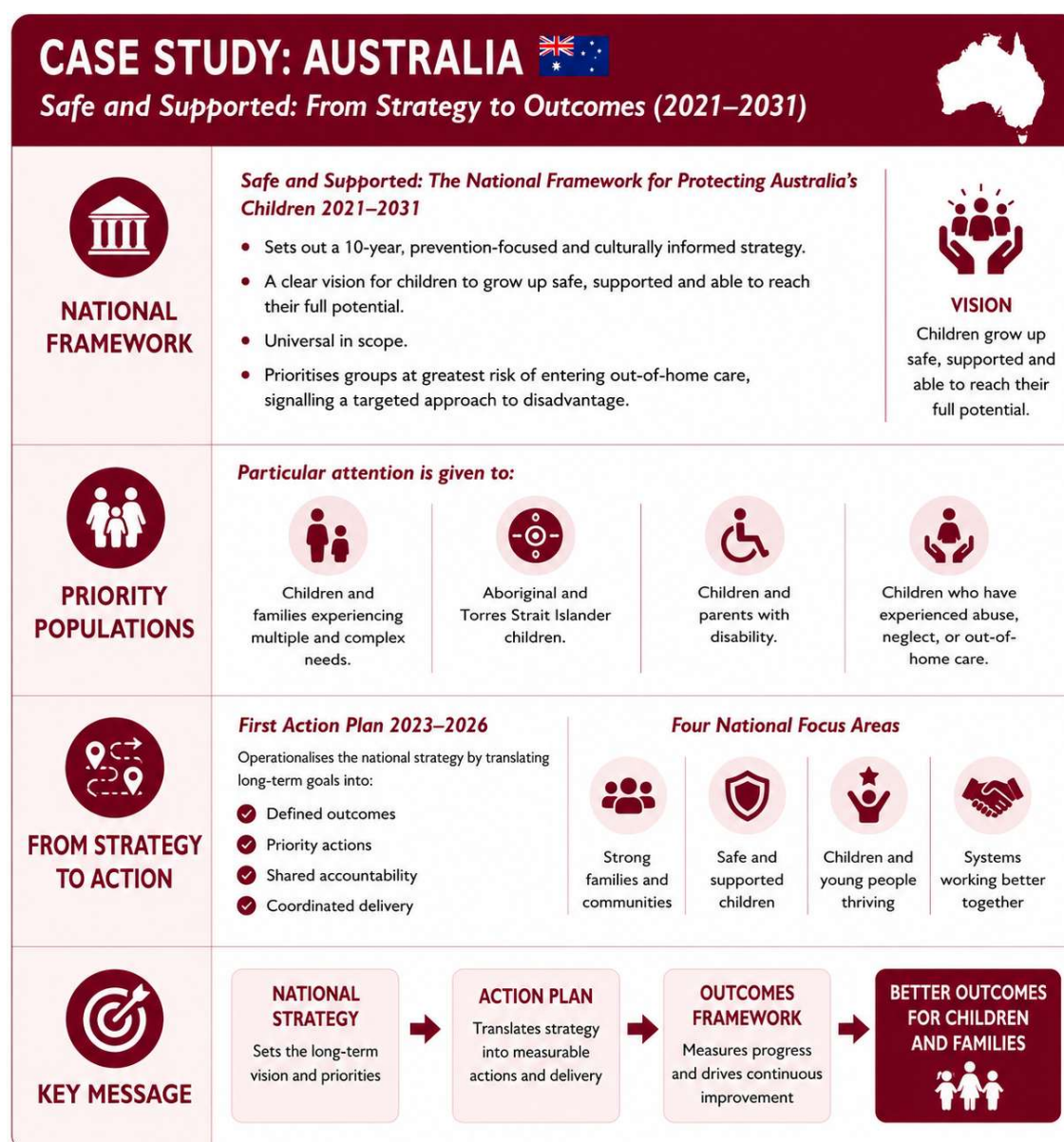


Figure 9: Case Study - Australia

This is reinforced by a complementary Outcomes Framework that specifies changes at both child and family level and system level over 10 years. Child and family level outcomes include:

- Children grow up in safe nurturing homes supported by strong families and communities;
- Children, young people and families and their experiences are accurately represented in the evidence about them;

- Children, young people and families have their needs met by an efficient and skilled workforce.

System level outcomes include:

- Systems and services prioritise resourcing, strengthening and supporting families to stay safe;
- Child and family support policies are consistently based on reliable evidence including lived experience;
- The child and family support system has the capacity to respond effectively and adapt to meet future demand.

Its inclusion of ‘interface outcomes’ addressing broader social determinants further reflects a shift toward whole-of-system thinking and cross-sector accountability. Importantly, the Action Plan is designed as a living document, enabling it to adapt in response to emerging evidence and evolving policy priorities.

In England the *Children’s Social Care National Framework* (2023) provides statutory guidance on the purpose, principles, practice and expected outcomes of children’s social care. It is designed to support a consistent national approach across local authorities, with a deliberate shift away from process-driven compliance toward outcomes that reflect real differences in children’s lives, particularly in relation to safety, stability, family support, and wellbeing. These outcomes span both preventative aims (supporting families to stay together) and protective responsibilities (ensuring children are safe and cared for).

To support this shift, the government introduced the *Children’s Social Care Dashboard*, which operationalises the framework through a structured set of indicators. The dashboard enables monitoring of progress over time, comparison across local areas, and system-wide learning and improvement linking high-level outcomes to observable trends in practice. The dashboard is organised around four core outcome areas:

Outcome Area	What Success Looks Like	Example Indicators
1. Children, young people and families stay together and get the help they need	Families receive timely support and difficulties are prevented from escalating.	Children in Need rate; repeat referrals; re-referrals within 12 mths; assessments completed within timescales; duration of social care involvement; uptake of early help and family support services.
2. Children and young people are supported by their family network	Family and community networks are strengthened and utilised before formal care options are required.	Number and proportion of kinship placements; use of family group decision-making; family network approaches; stability of family-based placements.
3. Children and young people are safe in and outside their homes	Risks are identified early and harm is reduced over time.	Child Protection Plan (CPP) rate; repeat CPPs; duration of CPPs; referrals due to abuse or neglect; serious incident notifications; entries to care due to safeguarding concerns.
4. Children in care and care leavers have stable, loving homes	Children who cannot remain at home experience stability, permanence, and positive transitions to adulthood.	Children Looked After rate; placement stability; placement duration; foster versus residential care placements; distance from home; care leaver accommodation; education, employment and training participation.

Table 1: Children's Social Care Dashboard

Source: Department for Education (2023) Children's social care: dashboard and indicators update. London: Department for Education, pp. 18-25.

This outcomes framework reflects a whole-system approach to prevention and early intervention. The four domains capture the extent to which families receive timely support, children remain connected to family and community networks, risks to safety are reduced, and children who require alternative care experience stability and positive transitions to adulthood. Collectively, the indicators provide a balanced approach to monitoring both preventative activity and longer-term child welfare outcomes.

3.8 Section Summary

Among the range of jurisdictions featured above a shift from predominantly reactive, protection-oriented systems towards models that place greater emphasis on prevention, early support, and more integrated service delivery is widespread. In this context, the current policy landscape is marked by a diversity of approaches that have developed incrementally over time, often shaped by specific sectoral priorities rather than through a coherent, strategically coordinated national PEI frameworks.

The examples demonstrate a clear and continuing movement toward prevention and early intervention systems that are more integrated, rights-based, family-centred, and community-focused. Typically, in alignment with whole of government approaches there is growing recognition that improving outcomes for children requires coordinated support across interconnected sectors, including health, education, social care, and child protection. A strong emphasis on reducing institutional care, strengthening family functioning and addressing poverty and social exclusion are core components of policies that view children's well-being as closely linked to family circumstances and early life conditions. Efforts to promote more integrated and holistic approaches to child and family wellbeing are prominent across jurisdictions. Also prioritised as part of strengths-based approaches are participation and voice, recognising children's rights to be heard, alongside social and emotional development, focused on relationships, confidence, and identity.

The experiences of the countries examined also point to a consistent set of enabling factors and barriers in the implementation of PEI frameworks. Governance and systems within child protection and early intervention frameworks require structures, processes, and capacities to design, implement, and sustain outcomes-focused approaches including formal mechanisms for monitoring and evaluation, alongside strong coordination and communication processes that enable alignment across agencies. Central to this is improved information-sharing and the strengthening of workforce capability across the child and family sector. Common challenges include regional disparities in service access, workforce shortages, fragmented governance, inconsistent coordination, and difficulties faced by vulnerable groups in accessing support.

Overall, the experiences of countries in the study highlight that developing effective PEI systems is an ongoing and long-term process requiring sustained political

commitment, investment, cross-sector collaboration, and a continued focus on equity to ensure that all children and families can access timely and appropriate support.

Section Four: Assessing Outcomes Linked to PEI and Examining Effectiveness of PEI Models

The review identified 62 sources from a range of countries encompassing diverse study designs and PEI orientations, frameworks and models. The evidence base included randomised controlled trials, quasi-experimental studies, qualitative implementation research, system-level analyses of expenditure and outcomes, and policy-focused reviews and case studies. A substantial proportion of sources were conceptual or review papers that did not report primary quantitative outcome data, reflecting the complexity of evaluating system-level PEI approaches.

The geographical distribution of the evidence was concentrated in high-income countries, particularly the United States (n=16), Ireland (n=9), England (n=8), Australia (n=5), and Canada (n=3). Smaller numbers of studies originated from Denmark (n=2), Finland (n=2), Portugal (n=2), and Spain (n=2), with single-country studies from Northern Ireland, Norway, Scotland, and Italy. Several sources adopted a comparative or international perspective, including studies spanning Australia and Canada, Canada and Finland, the United States and the United Kingdom, North Macedonia, Moldova, and Romania, as well as analyses covering 27 European countries and broader international evidence.

Overall, the evidence base is weighted towards Western high-income welfare states, with particularly strong representation from English-speaking jurisdictions and more limited contributions from Nordic, Southern European, and cross-national studies. This distribution should be considered when interpreting the findings, as differences in welfare systems, service structures, and policy contexts may influence both the implementation and effectiveness of PEI approaches.

Importantly, only a subset of the evidence reported measurable outcome data. Much of the literature focused on implementation processes, governance arrangements, service integration, and contextual factors influencing delivery. Consequently, assessing effectiveness requires consideration not only of quantitative outcomes but also of the organisational, relational, and system conditions that support successful prevention and early intervention.

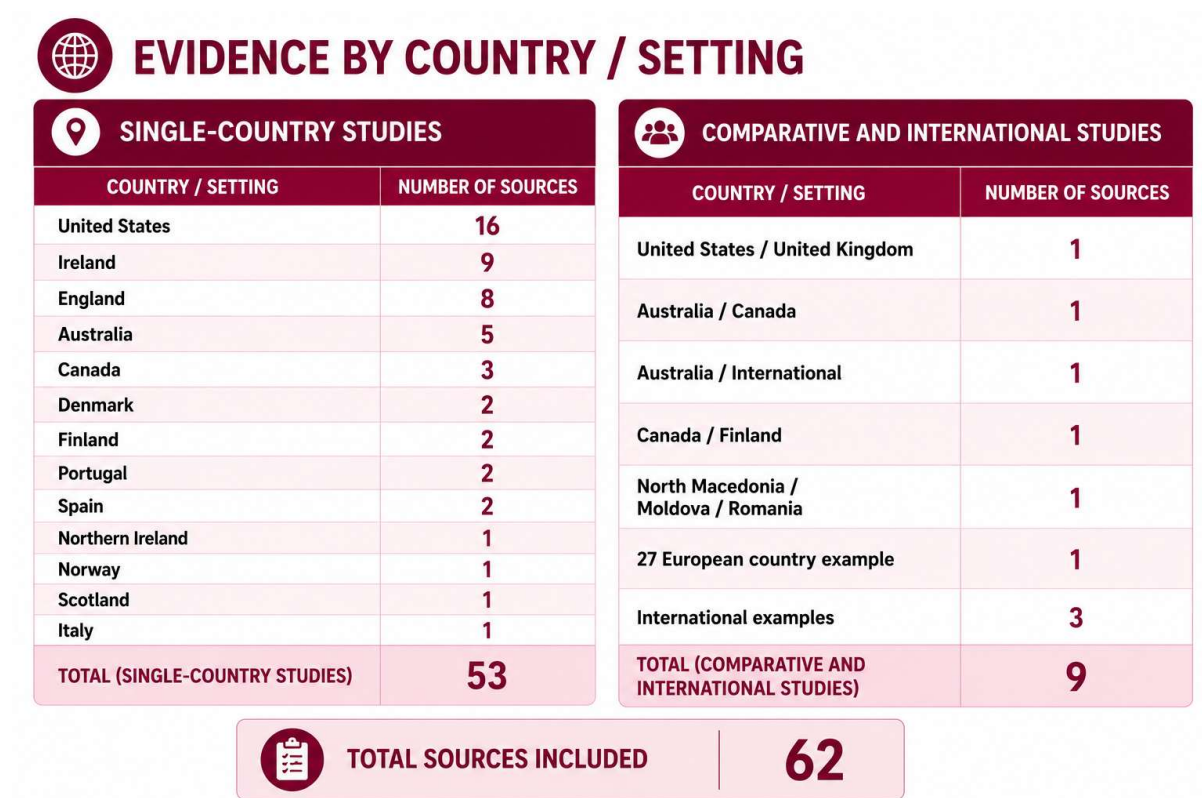


Figure 10: Geographic Location of Literature Sources

4.1 Quantitative Studies

Seventeen sources included in the review reported quantitative outcome data relating to child development, child and family wellbeing, school readiness, parental self-efficacy, and family stability. These studies provide the strongest direct evidence of the relationship between PEI components and measurable outcomes, although they represent only a subset of the overall evidence base. The remaining sources primarily contributed conceptual, qualitative, implementation, governance, and contextual evidence rather than comparable quantitative estimates, reflecting the complexity of evaluating prevention and early intervention initiatives, particularly at system and policy levels. Findings are presented in two stages. The 17 studies containing primary quantitative outcome measurements are firstly set out in order to highlight direct measurable statistical evidence regarding PEI effectiveness. Table 2 summarises the quantitative findings, including reported effect sizes and levels of statistical significance where available.

While quantitative studies offer important evidence of effectiveness, the broader mixed method evidence base suggests that understanding PEI outcomes also requires

consideration of implementation processes, service integration, governance arrangements, and contextual factors that influence how interventions are delivered and sustained. As the majority of the literature (n=45) consists of qualitative, policy-focused and conceptual research, a thematic synthesis of all 62 included sources are integrated and reviewed into overarching themes in Section 4.2.

Study	Outcome Related to	Key Finding	Effect Size / Statistic	Statistical Significance
Lindrooth et al (2025)	Family engagement / wellbeing	Family-centred care coordination was associated with reduced disengagement from early intervention services	4.6 percentage point reduction	p < 0.01
	Goal attainment	Family-centred care coordination increased the likelihood of meeting care plan goals before age 3	3.5–4.6 percentage point increase	p < 0.01
Trillingsgaard et al (2024)	Child socio-emotional development	Mother-reported child socio-emotional problems were lower at 10 months in the intervention group	d = -0.13	95% CI [0.40, 4.30]
	Child socio-emotional development	The effect was not sustained at 19 months	Not sustained	Not significant
Webb (2023) In Defence of Ordinary Help	Child welfare (CIN rates)	Higher early help expenditure was associated with lower Children in Need rates between 2010/11 and 2014/15	1% increase in expenditure associated with 0.37%–0.48% decrease in CIN rates	Significant
Webb et al (2024) Austerity, Poverty &	Service quality (inspections)	Each £100 increase in preventative spending	69% increase in odds of positive	Significant

Children's Services Quality		per child was associated with higher odds of a positive inspection outcome	inspection (95% CI: 27.5%, 124%)	
Bennett et al (2021)	Care entry (adolescents)	Reductions in prevention spending were associated with increased care entry among 16-17-year-olds	Every £10/child decrease associated with 1.9 additional entries per 100,000	95% CI: 0.7 to 2.9
	Care entry (preschool)	No statistically significant association was identified for children aged 1-4 years	No significant association	Not significant
Zhu et al (2026a) Rebalancing Prevention and Protection Services	Child protection plans	Finland's 2015 reform was associated with reduced use of protection plans, particularly in higher-revenue municipalities	Not reported	Significant
	Child removals	Child removals increased following the reform, particularly in more affluent municipalities	Not specified	Significant
Winter et al. (2018) An evaluation of the EI support service in NI	Parental self-efficacy	Statistically significant improvements were reported on the TOPSE Empathy and TOPSE Play subscales	Not reported	Significant for 2 of multiple outcomes
Leite & da Silva Pereira (2020)	Family competence development	Families reported benefits in competence development and in access to knowledge and information	Mean 5.26 (competencies); 5.19 (knowledge) on 6-point scale	Not specified
	Child internalising	Significant improvement was reported in youth	d = 2.5	p = .05

Waid et al. (2022) Promoting Health and Social Equity	behaviours	internalising behaviours		
	Service barriers	A significant reduction in total service barriers was reported	d = -0.66	Significant
Champine et al., (2018) Service Characteristics & Family Involvement	Child behaviour (internalising)	Significant reductions in children's internalising problem behaviours were reported	d = 0.36	p < 0.01
	Child behaviour (externalising)	Significant reductions in children's externalising problem behaviours were reported	d = 0.51	p < 0.01
	Caregiver stress	A significant reduction in caregiver stress was reported	d = 0.36	p < 0.01
García et al., (2025b) The Role of Dosage	Child wellbeing	Child wellbeing scores improved up to approximately 39 months of programme exposure, after which gains plateaued	Significant improvement until 39 months	Significant
Rodriguez et al (2018) Meitheal & CFSNs. Final Report	Maternal wellbeing	Statistically significant improvements were reported in maternal wellbeing and broader family outcomes	Not reported	Significant
	Child self-reported wellbeing	Improvements in child self-reported wellbeing were observed but were not statistically significant	Not reported	Not significant
Devaney et al. (2022) A Critical Analysis of	Child emotional/behavioural	Among children with higher levels of need, emotional and	37% reduction	Not specified

EI in the Irish CPW system	difficulties	behavioural problems were reported to decrease by 37%		
	Parental distress	Parental distress and stress were reported to decrease by 30%	30% decrease	Not specified
Agazzi et al. (2019) Trauma Informed Behavioural Parenting for EI	Child trauma symptoms	Reductions were reported in child post-traumatic stress symptoms and functional impairment, although statistical significance was marginal for PTSD-related outcomes	rMPRB = 0.64 (PTSD); 0.53 (FI)	p = 0.059
	Parent-child interaction	Dysfunctional parent-child interactions were significantly reduced	rMPRB = 0.89	p = 0.012
Scaini et al (2022) The Cool Kids	Anxiety symptoms	Significant reductions were reported in total anxiety and anxiety subscale scores	Not reported	Significant
Sanders et al. (2018) A population approach to the prevention of child maltreatment	Child behaviour	37% reduction in serious behavioural and emotional problems (population-level)	37% reduction	Significant (place-randomised trial)
Clarke et al. (2023) What are the Economic costs of childhood socio-economic disadvantage?	Economic costs of disadvantage	Childhood socio-economic disadvantage costs on average 3.5% of GDP annually across 27 European countries	3.5% of GDP equivalent	Not specified

Table 2: Quantitative Evidence from Included Studies (n=17)

Several patterns emerge from the quantitative evidence. First, effect sizes for universal, individual-level programmes tend to be small to moderate. The only completed randomised controlled trial (RCT) in the review (Trillingsgaard et al., 2024) reported a modest short-term effect on child socio-emotional problems at 10 months ($d = -0.13$), but this effect was temporary and was no longer evident at the 19-month follow-up. The authors concluded that universal group-based parenting support delivered in well-resourced settings produced effects that were “too modest to be the argument that can carry the weight of policy going forward” (p. 8). This finding aligns with other literature that highlights while universal provision is important in respect of reaching families and destigmatisation, it may produce limited measurable effects unless it is embedded within broader systems of support (Sanders et al., 2018).

In contrast, interventions targeting children and families with higher levels of need generally reported larger effect sizes. These included a trauma-informed behavioural parenting pilot ($rMPRB = 0.53\text{--}0.89$), an early childhood system of care intervention ($d = 0.36\text{--}0.51$) and the Navigate Your Way family navigation model ($d = 2.5$ for internalising difficulties) (Agazzi et al., 2019; Champine et al., 2018; Waid et al., 2022). However, these findings should be interpreted cautiously, as the strongest effects were often reported in smaller studies and were typically derived from uncontrolled or less rigorous study designs. Similar patterns are seen in the Irish and Northern Irish evidence where more targeted approaches were associated with improvements in maternal wellbeing, parental empowerment, parental self-efficacy and child emotional and behavioural outcomes (Rodriguez et al., 2018; Winter et al., 2018; Devaney et al., 2022). Overall, the evidence suggests that targeted interventions may produce greater measurable improvements for children and families experiencing higher levels of risk or adversity, whereas universal programmes tend to generate smaller effects that may be more difficult to detect using conventional outcome measures (Champine et al., 2018; Agazzi et al., 2019; Waid et al., 2022).

Second, system-level analyses from England consistently demonstrate associations between preventative expenditure and reduced demand for statutory child protection services. Between 2010/11 and 2014/15, a 1% increase in early help expenditure was associated with a 0.37%–0.48% reduction in Children in Need rates (Webb, 2023). Similarly, each additional £100 of preventative spending per child was associated with a 69% increase in the likelihood of a positive Ofsted inspection

outcome (Webb et al., 2024), suggesting that investment in early intervention may contribute to improvements in service quality and system performance. Bennett et al. (2021) found that reductions in prevention spending were associated with an estimated additional 1.9 adolescents per 100,000 entering care per year. These findings should be viewed in conjunction with wider English literature on austerity, inequality and rationing which shows that preventative expenditure fell most sharply in more deprived areas and that high poverty areas experienced more intensive child welfare interventions in conditions of widening inequality (Webb and Bywaters, 2018; Webb et al., 2020; Devaney, 2018). Furthermore, Bennett et al. (2021) found no association between prevention expenditure and care entry among preschool children aged 1 - 4 years suggesting that the impact of preventative investment may vary across developmental stages.

Overall, these findings provide strong evidence that sustained investment in prevention and early intervention is associated with reduced demand for statutory services. However, they also indicate that the effects of preventative expenditure may differ according to age group, service context and wider system conditions.

Third, evidence from Finland's 2015 reform illustrates the complexity of system-level prevention reforms. The reform transferred family work from the child protection system to general social services with the aim of strengthening universal and preventative support. While the reform was associated with reductions in child protection plans, it was also linked to increases in child removals, particularly in more affluent municipalities (Zhu et al., 2026a). These findings suggest that structural reforms designed to strengthen prevention do not automatically lead to improvements across all child welfare outcomes. Changes to service responsibilities and referral pathways may produce unintended consequences, particularly where implementation disrupts existing relationships, support arrangements or access to services. The Finnish evidence highlights the importance of considering how preventative reforms are implemented, as well as the wider organisational and contextual factors that influence their effects.

Fourth, the evidence suggests that the duration and intensity of intervention are important, although benefits may diminish over time. The Spanish Family Intervention Programme found that child wellbeing scores improved with longer periods of engagement, reaching their highest levels after approximately 39 months of intervention, with no additional gains observed beyond this point (Garcia et al., 2025).

The programme was also more effective for single-parent families with higher socioeconomic status suggesting that family circumstances may influence the relationship between intervention dosage and outcomes. These findings indicate that sustained engagement can be beneficial but that longer interventions do not necessarily result in continued improvements.

4.2 Synthesis of Qualitative and Quantitative Evidence

The mixed method evidence suggests that the effectiveness of PEI cannot be attributed to individual programmes or interventions alone. Rather, outcomes appear to be influenced by a number of recurring system, practice, and service characteristics. Across the evidence base reviewed, six interrelated framework elements emerge consistently within studies reporting positive outcomes and effective implementation experiences. These relate to: (1) sustained investment and preventative resource allocation; (2) universal and targeted approaches to support; (3) family-centred and relationship-based practice; (4) Engagement and Access Barriers, (5) community governance and culturally responsive provision; (6) Implementation: Leadership, Collaboration and Workforce Capacity.

The following sections examine each of these elements in greater detail before considering their combined contribution to the effectiveness of PEI systems.

4.2.1 Funding (sustained investment; resource allocation)

Sustained and adequate funding emerged consistently across the evidence as a prerequisite for effective prevention and early intervention. Studies highlighted the importance of long-term investment in preventative services and demonstrated that reductions in early help expenditure are associated with increased demand for statutory child protection and welfare services. Sustainable early intervention requires secure, long-term funding (Hickey et al., 2020). This shifts the focus from viewing prevention as an isolated program cost to treating it as a core pillar of a public health approach to social work (Canavan et al., 2019a).

Evidence from England suggests that investment in early help and family support can reduce demand for more intensive interventions. Webb (2023) argues that “ordinary help” such as flexible, relationship-based community support contributes to reductions in the number of children identified as being “in need”, but that its effectiveness has been undermined by austerity measures and a policy emphasis on funding only interventions supported by experimental evidence. Similarly, Webb and

Bywaters (2018) found that local authorities in the most deprived areas experienced the greatest reductions in preventative expenditure, including substantial cuts to services such as Sure Start Children's Centres. National policy analyses also demonstrate that strategic frameworks such as Family Hub's require secure, long-term financial backing in order to achieve their preventative intent (House of Lords, 2024). On a broader level, the English literature on expenditure shows that cuts to early help and prevention weakened the protective capacity of local systems and shifted practice towards higher thresholds and later interventions (Webb, 2023; Webb and Bywaters, 2018; Bennett et al., 2021; Devaney, 2018).

The evidence also suggests that preventative investment is more strongly associated with improved outcomes than expenditure focused solely on statutory safeguarding responses. Webb et al. (2024) found that safeguarding expenditure alone was not associated with improved inspection outcomes, reinforcing the argument that preventative investment helps address what the authors term "failure demand" – the escalating cost of unmet need and delayed intervention. Devaney (2018) similarly explains that when resources decrease practitioners respond by raising thresholds and rationing access resulting in families presenting at a more severe level of need before support becomes available to them. Webb et al. (2024) also states that poverty and geographical inequality have an impact on intervention rates and constrain the effectiveness of early help systems especially in affluent but unequal areas. Webb et al. (2020) found that child welfare intervention rates increase most sharply in affluent but unequal areas demonstrating how local poverty and inequality shape demand for services. Clarke et al. (2023) in their analysis of 27 European countries show that the long-term labour market and income penalties associated with childhood disadvantage are lower in countries with stronger social protection systems. The authors found that the economic penalties associated with childhood poverty are substantially lower in countries with more comprehensive social welfare systems suggesting that supportive public policies can reduce intergenerational disadvantage and its long-term social and economic cost. Similarly, Bilson (2019) makes a case for investing in family support upstream rather than relying on costly downstream crisis responses. Prevention oriented investment is not only socially desirable but economically rational.

Several studies highlighted the consequences of inadequate or inequitable funding arrangements. Sanders et al. (2018) argue that preventing child maltreatment requires

secure, long-term funding combined with clear accountability mechanisms. When funding paths are constrained or rationed, vulnerable populations such as families facing housing instability or those who are socio-economically disadvantaged face immediate barriers to accessing basic services (Lee et al., 2022). Evidence from North Queensland illustrates how funding structures can unintentionally reinforce inequalities. Restrictive government funding arrangements have channelled Aboriginal and Torres Strait Islander community-controlled organisations towards crisis intervention services, while mainstream organisations receive a greater share of prevention funding (McCalman et al., 2025). This limits the capacity of Indigenous organisations to deliver culturally grounded, preventative support within their communities. Braithwaite and Ivec (2021, 2024) likewise suggest that unless financing arrangements genuinely support community authority, governments risk reproducing rhetorical commitment to prevention without allocating power or resources in practice. Funding in this sense is not just a resource issue but a governance issue that shapes what models of care can be delivered.

Overall, the evidence suggests that prevention and early intervention require sustained investment, equitable resource allocation, and supportive social policies. Funding instability, austerity measures and structural inequalities can undermine the effectiveness of PEI and limit its capacity to prevent adversity and reduce longer-term demand for statutory services.

4.2.2 Universal and Targeted Support Approaches

The evidence comparing universal and targeted prevention and early intervention approaches is nuanced, particularly in relation to the allocation of resources and the populations being served. Overall, the findings suggest that universal approaches may contribute to population-level prevention, while targeted interventions often produce larger effects for children and families experiencing higher levels of need or vulnerability.

Evidence relating to universal programmes produced mixed findings. Trillingsgaard et al. (2024) found that Denmark's universal Family Startup Programme resulted in only modest improvements in child socio-emotional outcomes at 10 months, with effects no longer evident at the 19-month follow-up. The programme did not reduce healthcare utilisation, and the authors concluded that the relatively small effects did not justify the costs of nationwide implementation in well-resourced settings. This suggests that universal supports alone may have limited measurable impact as also

found in the conceptual literature suggesting universalism without sufficient intensity may produce weaker observable outcomes especially where needs are already complex or cumulative (King, 2018; Veenstra et al., 2020). However, Webb (2023) found that universal, open-access services in England contributed to reductions in Children in Need (CIN) rates during the early 2010s by helping to prevent family difficulties from escalating. These benefits were subsequently weakened by austerity-driven reductions in service provision.

In contrast, targeted interventions for higher-risk populations generally reported larger effects. Champine et al. (2018) found that an early childhood system of care for children experiencing severe emotional and behavioural difficulties produced moderate effects on externalising behaviours ($d = 0.51$), while Agazzi et al. (2019) reported large improvements in parent-child interactions within a trauma-informed parenting intervention ($rMPRB = 0.89$). Waid et al. (2022) evaluated a family navigation model intended to improve access to prevention and early intervention services and reported large improvements in youth internalising behaviours as well as meaningful reductions in service barriers. In addition, Winter et al. (2018) examined the Early Intervention Support Service (EISS) in Northern Ireland targeting families with children seeking to improve a range of outcomes through early support including parental self-efficacy and family functioning and found significant improvements on some parental self-efficacy measures. In Ireland, Meitheal-related evidence also suggests better outcomes for higher-need families than for lower-risk groups including reductions in child emotional and behavioural difficulties and parental distress (Rodriguez et al., 2018; Devaney et al., 2022; Devaney et al., 2025). These findings suggest that specialised, trauma-informed and high-intensity interventions may be particularly effective for children and families experiencing greater levels of adversity. However, targeted systems may also carry risks as they may miss emerging needs, intensify stigma or depend too heavily on gatekeeping thresholds and crisis-based referral pathways (Devaney, 2018; King, 2018).

Several sources advocate for a blended approach that combines universal provision with targeted support, often described as proportionate universalism. This model provides a non-stigmatising baseline of support available to all families while increasing the intensity of intervention according to levels of need. Such approaches aim to ensure that vulnerable populations receive specialised support without the limitations associated with highly targeted systems that may restrict access or

increase stigma (Doyle et al., 2023; Rodriguez et al., 2018). Evidence from the population-level implementation of Triple P in South Carolina reported a 37% reduction in serious behavioural and emotional problems, suggesting that blended approaches can produce meaningful outcomes when implemented at scale (Sanders et al., 2018).

Finland provides a practical example of proportionate universalism through a legislative framework that separates universal family support from emergency child protection services (Veenstra, 2020). However, evidence from Finland's 2015 child welfare reform produced mixed findings (Zhu et al., 2025), illustrating that structural reforms alone do not guarantee improved outcomes. The findings suggest that changes to funding arrangements and legislative frameworks must be accompanied by sufficient workforce capacity, implementation support and service infrastructure if intended benefits are to be realised.

Overall, the evidence suggests that neither universal nor targeted approaches alone are sufficient. Rather, the strongest evidence supports blended models that combine universal access with targeted support according to need, consistent with the principles of proportionate universalism where sufficient preventative infrastructure, flexible thresholds and equitably resource distribution are in place (Doyle et al., 2023; Canavan et al., 2019; Devaney et al., 2022; Webb and Bywaters, 2018; Nata and Cadima, 2019).

4.2.3 Family-Centred and Relationship-Based Practice

Across a wide range of settings, family-centred approaches and the quality of relationships between practitioners and families are consistently associated with improved engagement, participation, and outcomes. The evidence suggests that relationships are not simply a mechanism for delivering services but are themselves a central component of effective prevention and early intervention.

Several studies demonstrate the benefits of relationship-based and family-centred approaches. In Colorado, the GO4IT initiative found that family-centred care coordination reduced service disengagement by 4.6 percentage points and improved goal attainment, with personalised services and strengthened provider–caregiver relationships identified as key mechanisms of change (Lindrooth et al., 2025). Similarly, the Meitheal model in Ireland, which places family participation and practitioner–family collaboration at the centre of practice, was associated with

improvements in maternal wellbeing and parental empowerment (Rodriguez et al., 2018; Devaney et al., 2022; Devaney et al., 2025). Similar patterns are evidence in Portuguese early intervention where family outcomes were linked to gains in parental competence and access to information (Leite and Pereira, 2020).

Strengths-based approaches have also been found to strengthen practitioner–family relationships and increase parents’ sense of empowerment. Toros & Falch-Eriksen (2021) in their review found that strengths-based practice built stronger rapport and increased families’ sense of empowerment. Healy and Rodriguez (2020) also suggest that practitioner confidence is important in enabling relational, participatory models such as Meitheal to function well. Further, Pogany et al. (2025) show that shared power and lived-expert involvement are not merely engagement tools but important components of systems change.

The importance of relationships is particularly evident when working with families who have experienced adversity, trauma or previous negative experiences of services. Mason et al. (2020) argue that parental non-engagement in child protection is frequently rooted in histories of complex trauma and “epistemic mistrust”, whereby professional intervention is viewed as unsafe or threatening. Agazzi et al. (2019) suggest that trauma-informed approaches can improve parent-child interactions and reduce trauma-related symptoms. For parents who have experienced systemic or interpersonal harm, resistance to services may represent an adaptive response rather than deliberate non-compliance. The authors argue that trauma-informed, trust-building relationships are therefore a prerequisite for effective engagement and that without addressing this underlying mistrust, prevention and early intervention services are unlikely to reach those families most in need.

Evidence from Norway similarly highlights the importance of relational trust, respectful communication and professional flexibility. Terrefe (2025) found that meaningful parental participation within the Norwegian Child Welfare Service depended upon practitioners creating emotionally safe environments that reduced power imbalances and fears associated with child removal. In contrast, adversarial, risk-focused, or overly investigative approaches increased parental distrust and contributed to disengagement. These findings suggest that procedural systems alone are insufficient to support effective early intervention and that relationship quality is fundamental to collaborative practice.

The importance of trust is further illustrated by parent peer advocacy programmes. Damman et al. (2025) found that parents with lived experience of child protection involvement provided emotional, practical, social and advocacy support across multiple domains. Peer advocates were able to establish trusting, non-judgemental relationships because they were not associated with the coercive powers of statutory systems. Their experiential knowledge also enabled them to translate professional language, reduce parental anxiety, and help families navigate complex child protection processes. This “epistemic advantage” allowed peer mentors to support engagement in ways that professionals alone may struggle to achieve.

Overall, the evidence suggests that family-centred and relationship-based practice is a core mechanism underpinning effective prevention and early intervention. Trust, empathy, collaboration, and meaningful participation appear central to engaging families, particularly those who have experienced trauma, disadvantage, or previous negative experiences of services.

4.2.4 Engagement and Access Barriers

Securing and maintaining family engagement emerges as a significant challenge across prevention and early intervention services. Evidence suggests that the availability of services alone does not guarantee participation and that barriers to access and sustained engagement can limit the effectiveness of otherwise well-designed interventions.

Several studies report difficulties in recruitment, retention and programme completion. Home visiting programmes, for example, frequently experience low enrolment rates, high levels of participant attrition and difficulties sustaining family engagement over time (Guastaferro et al., 2020). These findings highlight the importance of implementation strategies that actively support participation rather than assuming that families will engage once services become available.

Evidence indicates that relatively simple engagement strategies can improve service uptake. Schilling et al. (2022) found that interventions including physician reminders, direct advertising, financial or material incentives, interpersonal narratives and audit-and-feedback mechanisms substantially increased referral rates within primary care settings, raising referrals from 13% to 55%. Similarly, parenting programmes in southeastern Europe found that personalised telephone contact, text reminders and consistent implementation practices were associated with improved parental

engagement (Williams et al., 2022). Conversely, practical barriers frequently limit participation. Rigid scheduling arrangements, inconvenient appointment times, transport difficulties and a lack of childcare can reduce programme attendance and completion rates (Williams et al., 2022). These findings suggest that accessibility and flexibility are important components of effective prevention and early intervention services.

The evidence also highlights the influence of broader socioeconomic and structural barriers. Families experiencing homelessness face particular challenges, including housing instability, frequent relocation, limited physical space and mistrust of services, all of which can impede access to early intervention supports (Lee et al., 2022). Similarly, rapid demographic change may place additional pressures on existing support systems. In Finland, increasing migration and changing population needs coincided with reductions in family support services and increases in child protection interventions, illustrating how pressures on early support infrastructure can contribute to greater reliance on statutory responses (Zhu et al., 2025).

Several studies further suggest that institutional cultures and professional discourses may themselves act as barriers to engagement. King (2018) found that risk-oriented and deficit-based approaches within health visiting services can marginalise parents' own understandings of their needs and experiences. By prioritising professionally defined risk over families lived realities, services may inadvertently alienate those they are intended to support.

Overall, the evidence suggests that engagement should be understood as a core component of prevention and early intervention rather than simply an implementation issue. Flexible, accessible and relationship-based approaches appear particularly important for reaching vulnerable families, while practical, socioeconomic and institutional barriers may limit the capacity of PEI services to engage those most in need.

4.2.5 Community Governed and Culturally Responsive Provision

International evidence from Australia, Canada and New Zealand consistently demonstrates that community governance, cultural responsiveness and self-determination are fundamental components of effective prevention and early intervention for First Nations populations (McCalman et al., 2025; Wood et al., 2025; McGuire and Roche, 2025). Across the literature, mainstream child welfare systems

are criticised for being grounded primarily in Western worldviews, individualised understandings of risk, and conventional clinical approaches to child protection (Duthie et al., 2019; McGuire and Roche, 2025). Policy responses frequently emphasise administrative reform, organisational restructuring, and technical risk assessment tools while giving insufficient attention to the underlying causes of family vulnerability.

Three interrelated factors emerge consistently across the evidence as drivers of risk and inequality within Indigenous communities: colonisation, intergenerational trauma, and ongoing social exclusion. Histories of protectionism, assimilation policies, forced removals and cultural disruption have contributed to the erosion of traditional parenting practices, family structures, language and cultural identity.

Intergenerational trauma, arising from repeated experiences of separation, loss and institutional harm, continues to affect family wellbeing across generations. These experiences are compounded by persistent socioeconomic disadvantage, poverty and systemic exclusion with mainstream services often failing to provide effective support before families reach crisis point.

The continuing effects of these historical and structural factors are reflected in the significant overrepresentation of Indigenous children within statutory child welfare systems. In Australia, Aboriginal and Torres Strait Islander children are substantially more likely to be subject to child protection investigations and out-of-home care placements than non-Indigenous children (McCalman et al., 2025; McGuire and Roche, 2025; Braithwaite and Ivec, 2024). Similar patterns are evident in Canada, where Indigenous children account for a disproportionately high percentage of children in state care despite representing a much smaller proportion of the overall population (Wood et al., 2025; Duthie et al., 2019). Some authors argue that there are now more Indigenous children in state care than during the height of historical residential school systems (Wood et al., 2025; Duthie et al., 2019).

Several studies suggest that government child welfare systems frequently function more as systems of surveillance and monitoring than as sources of support (Wood et al., 2025). Young people in care often experience placement instability, cultural disconnection, and elevated risks of further trauma and harm (McGuire and Roche, 2025). These experiences may contribute to later involvement in youth justice systems, homelessness, and ongoing social disadvantage.

In response, the literature consistently emphasises the importance of shifting from state-centred and risk-oriented approaches towards community-controlled, culturally grounded, and relationship-based models of care (McCalman et al., 2025; Braithwaite and Ivec, 2024). Indigenous concepts of social and emotional wellbeing, kinship, spirituality, and collective responsibility are viewed as important sources of resilience and protective capacity (Duthie et al., 2019). Self-determination changes the nature of family support from top-down monitoring and risk management to holistic, place-based and community-led approaches focused on healing and restoration.

Several recent initiatives illustrate the potential effectiveness of these approaches. The Dene Matriarchal Model in Cold Lake First Nations, Alberta, re-established Indigenous authority over child welfare decision-making and embedded cultural continuity as a central consideration within care decisions. Through family circles, spiritual protocols, and the leadership of Dene grandmothers, 47 children were returned from state care to their families within a 15-month period (Wood et al., 2025). The intervention also challenged the routine use of psychotropic medication among children in care and promoted culturally grounded approaches to healing and family support.

Similarly, the Birthing in Our Community (BiOC) programme in Brisbane adopted an Aboriginal-led, multi-agency maternity model that incorporated Indigenous health workers, continuity of care and early holistic support for mothers and families. The programme demonstrated significantly lower rates of infant removal compared to mainstream maternity services (McGuire & Roche, 2025). The Early Assessment Referral Links (EARL) trial in Victoria similarly demonstrated the value of co-designed, strengths-based approaches that integrated traditional child-rearing practices within health services. By building trusted relationships and improving engagement with health services, the programme substantially reduced statutory care entry rates among participating children (McGuire and Roche, 2025).

Despite these positive examples, important structural barriers remain. Research from North Queensland found that child and family services remain heavily skewed towards crisis intervention, with approximately two-thirds of services focused on late-stage responses rather than prevention (McCalman et al., 2025). Long waiting times limited early intervention services, and gaps in provision for younger children were commonly reported.

The evidence also identifies significant governance and funding challenges. Community-controlled organisations frequently receive a relatively small proportion of prevention funding while being expected to manage the most complex and high-risk cases. In contrast, mainstream organisations often receive funding for preventative services without equivalent levels of community accountability. Fragmented funding arrangements, short-term contracts, and multiple reporting requirements can undermine the delivery of culturally safe, place-based support. Performance measures focused on administrative outputs may also conflict with Indigenous concepts of social and emotional wellbeing.

Several authors argue that achieving the ambitions of initiatives such as Closing the Gap requires governments to move beyond procedural compliance and towards building institutional trustworthiness (Braithwaite and Ivec, 2021). This includes transferring decision-making authority and investment to community-controlled organisations, strengthening co-design processes, and ensuring that funding models reflect local social, emotional, cultural, and kinship structures. Given the substantial costs associated with statutory care and out-of-home placements, reallocating even a modest proportion of crisis expenditure towards community-led prevention may generate both improved outcomes and long-term economic benefits.

Overall, the evidence suggests that community governance and self-determination are not simply additional components of prevention and early intervention for Indigenous communities but central mechanisms through which effective support is achieved. Community-controlled services, culturally grounded approaches, and investment in Indigenous leadership appear essential for improving outcomes and reducing the overrepresentation of Indigenous children in statutory child protection systems.

4.2.6 Implementation: Leadership, Collaboration and Workforce Capacity

The evidence suggests that the effectiveness of PEI is shaped as much by implementation quality as by programme implementation. Leadership, workforce capacity, inter-agency collaboration, and organisational infrastructure consistently emerge as important factors influencing the success or failure of PEI initiatives.

Evidence from Ireland illustrates the importance of implementation conditions. The Prevention, Partnership and Family Support (PPFS) programme found that leadership support, inter-agency collaboration, and high levels of practitioner commitment

facilitated successful implementation, while limited resources and barriers to family engagement constrained progress (Canavan et al., 2019a). These findings suggest that effective implementation depends upon organisational commitment and supportive practice environments as well as the quality of interventions themselves.

The evidence also highlights the importance of implementation fidelity. The evaluation of Early Intervention Support Services (EISS) in Northern Ireland found that broad target populations and highly flexible intervention delivery may have contributed to limited measurable outcomes (Winter et al., 2018). The authors suggest that excessive adaptation and the absence of clear programme structures can weaken intervention effectiveness, particularly when services attempt to address multiple needs across diverse populations.

Several studies identify workforce development and ongoing professional support as important implementation mechanisms. West et al. (2024) found that Goal Plan Strategies (GPS) coaching for home visitors successfully used audio-based distance coaching to support practitioners, with effectiveness enhanced by tailoring coaching to practitioners' levels of experience. Similarly, Loomis et al. (2024) found that trauma-informed CARE training improved practitioners' knowledge and attitudes towards trauma-informed practice, with improvements maintained at follow-up. However, the training did not significantly alter patterns of inter-professional collaboration, suggesting that brief training programmes may improve individual practice without necessarily changing wider organisational behaviours.

These findings indicate that sustainable practice change requires more than one-off training events. Ongoing supervision, clinical coaching, reflective practice, and organisational support appear necessary to embed new approaches and influence system-level change.

Service coordination and integration also emerge as important features of effective PEI systems. West et al. (2018) identified 37 indicators for measuring the implementation of home visiting coordination systems, highlighting the importance of infrastructure, collaboration, and long-term outcome monitoring. Cross-jurisdictional case studies similarly demonstrate that integrated service delivery requires formal structures and clear organisational responsibilities.

In Pennsylvania, successful coordination between early intervention and child welfare services was supported by formal partnerships and established referral pathways

(Mapes and Mitcheltree, 2019). In England, Family Hubs have sought to strengthen collaboration through statutory duties to cooperate and formal information-sharing arrangements (House of Lords, 2024). Similarly, the Youth Wellness Hubs Ontario initiative demonstrated the feasibility of integrated, low-barrier services that combine youth mental health, substance use, primary healthcare, and social supports within a single community-based model (Henderson et al., 2023).

Overall, the evidence suggests that effective PEI depends not only on the design of programmes but also on the leadership, workforce capacity, collaborative infrastructure, and implementation supports that enable services to operate effectively. Sustainable change appears to require strong leadership, investment in workforce development, ongoing professional support, and formal mechanisms that support collaboration across organisations and sectors.

4.3 Section Summary: Synthesis of Findings

The evidence reviewed suggests that no single PEI framework or model is consistently associated with improved outcomes across all populations and contexts. Rather than identifying a universally effective model, the literature points to a set of interacting factors that influence the effectiveness of PEI systems. Outcomes appear to depend less on specific programmes and more on how interventions are funded, targeted, implemented, and experienced by children and families.

In relation to universal and targeted approaches, the evidence demonstrates important trade-offs between population reach and intervention intensity. Universal programmes generally produce smaller individual-level effects, as illustrated by the Danish randomised controlled trial, which reported only modest and temporary improvements in child socio-emotional outcomes ($d = -0.13$) (Trillingsgaard et al., 2024). However, universal approaches may generate broader population-level benefits when implemented at scale, as demonstrated by the 37% reduction in child behavioural problems associated with the population-based Triple P rollout (Sanders et al., 2018). In contrast, targeted interventions aimed at higher-risk groups often produce larger individual effects, including moderate to large improvements in behavioural and family outcomes (Champine et al., 2018; Agazzi et al., 2019) but reach substantially fewer children and families.

The evidence therefore provides support for proportionate universalism, whereby universal services provide a foundation of support that is supplemented by more

intensive interventions for those with greater levels of need (Doyle et al., 2022). However, the successful implementation of this approach depends upon sustained investment. Evidence from England demonstrates that reductions in preventative expenditure disproportionately affected universal services in deprived communities, thereby undermining the equity principles on which proportionate universalism depends (Webb and Bywaters, 2018).

The findings also suggest that the effects of preventative investment vary across age groups and service contexts. English expenditure studies found that reductions in preventative spending were associated with increased entries to care among adolescents but not among younger children. This may reflect differences in the pathways through which services influence outcomes. Adolescent services, including youth support, recreation, and youth justice programmes, may affect crisis risk more immediately, while early childhood services such as health visiting and Sure Start are likely to influence outcomes through longer-term processes involving parenting capacity, child development, and family functioning. Consequently, the benefits of early childhood investment may be less visible within short-term administrative indicators. The weakening association between early help spending and reductions in Children in Need rates over time may therefore reflect the cumulative erosion of preventative infrastructure following repeated funding reductions (Webb, 2023).

Evidence from Finland similarly demonstrates that structural reform alone does not guarantee improved outcomes. The transfer of preventative family support services to general social services reduced the use of child protection plans but was accompanied by increased child removals. These findings suggest that reorganising services without sufficient attention to workforce capacity, continuity of relationships, and local implementation may disrupt established support pathways. The variation observed across municipalities further indicates that local resources and service capacity influence how structural reforms translate into practice (Zhu et al., 2025).

Community governance and cultural responsiveness emerge as particularly important factors for Indigenous populations. Evidence from Australia and Canada consistently demonstrates that community-controlled, culturally grounded services outperform mainstream approaches for First Nations families (McGuire et al., 2025; Wood et al., 2025; Duthie et al., 2019; McCalman et al., 2025). The findings highlight both the effectiveness of culturally responsive practice and the continuing impact of

institutional racism, colonisation, and historical child removal policies within mainstream systems (Duthie et al., 2019; Braithwaite and Ivec, 2024). The Alberta case study, in which culturally grounded decision-making facilitated the return of 47 children to their families, demonstrates that community governance can produce measurable improvements in family stability and child welfare outcomes (Wood et al., 2025). Importantly, these approaches do not simply adapt existing programmes but represent fundamentally different models of support in which decision-making authority rests within communities themselves.

The evidence also consistently identifies relationship quality as a central mechanism through which PEI produces outcomes. Studies from Colorado, Ireland, Norway, and elsewhere demonstrate that trust, collaboration, family participation, and strengths-based practice contribute to improved engagement and better outcomes (Lindrooth et al., 2025; Toros and Falch-Eriksen, 2021; Terreffe, 2025; Rodriguez et al., 2018). Conversely, adversarial practice, rigid procedures, and failure to recognise families' experiences and histories can undermine participation and reinforce mistrust (Terreffe, 2025; Braithwaite and Ivec, 2024; Mason et al., 2020). This relational dimension may help explain why similar policy frameworks produce different outcomes across contexts. Workforce capacity, organisational culture, and the extent to which services are experienced as supportive rather than coercive appear to influence the effectiveness of PEI as much as programme design itself.

Overall, the findings suggest that effective prevention and early intervention depend upon the interaction of multiple factors rather than any single programme model. Sustained investment, proportionate universalism, culturally responsive and community-led approaches, relationship-based practice, and strong implementation systems emerge as the principal characteristics associated with improved outcomes. These elements appear to operate together, reinforcing one another within broader systems of support for children and families.

Section Five: Discussion and Conclusion

5.1 Introduction

This review sought to examine the core components and governance features of Prevention and Early Intervention policies, policy frameworks and literature associated with improved outcomes for children and families. Drawing together evidence from international policy, research, and practice literature, the review explored how prevention and early intervention are conceptualised, implemented, and experienced across different policy and service contexts. In doing so, the review provides an evidence-informed understanding of the core components, governance features, and wider factors that appear to support effective prevention and early intervention, while also identifying important implications for future policy, practice, and investment.

5.2 Understanding Prevention and Early Intervention

At an overall level, the review demonstrates that prevention and early intervention have become increasingly important features of many contemporary child and family policy and practice internationally. Although the terminology, policy frameworks, and service arrangements vary across jurisdictions, there is growing consensus that supporting children and families earlier, before difficulties escalate, may have the potential to improve outcomes, strengthen family functioning, and reduce reliance on crisis-oriented interventions.

A consistent finding across the review is the need for greater conceptual clarity regarding prevention and early intervention. Within the child welfare field, **prevention** refers to efforts aimed at stopping child abuse, neglect, or maltreatment before it occurs, as well as preventing existing difficulties from worsening or becoming more deeply entrenched. Early intervention may refer either to support provided early in a child's life or to assistance offered at an early stage in the development of a difficulty, regardless of the age of the child or young person. These definitions emphasise both the timing of support and the objective of preventing escalation.

This review indicates that prevention and early intervention should not be understood as discrete programmes, interventions, or service categories. Rather, they represent an orientation towards child and family wellbeing that brings together child protection, family support, children's rights, child development, public health, and

social investment perspectives. Across the evidence reviewed, children's outcomes were consistently shown to be influenced by multiple interacting factors operating across families, communities, services, and wider social environments.

Although prevention and early intervention are often presented as separate concepts, in practice they are best understood as complementary approaches operating across a continuum of support. Preventative efforts can be conceptualised along a continuum encompassing primary, secondary, and tertiary prevention, reflecting varying levels of need, risk, and intervention intensity. This continuum is also often described as ranging from universal provision to targeted, specialist, and statutory services (Canavan et al., 2021; Ofsted, 2022). Within this continuum, the primary distinction relates to the timing, intensity, and type of support provided rather than to fundamentally different objectives. Early identification and a timely response remain central principles throughout, reflecting the view that recognising and responding to need at the earliest possible stage is preferable regardless of the level of intervention required or the age of the child or young person. Prevention seeks to reduce the likelihood of difficulties arising by strengthening protective factors and promoting positive outcomes, whereas early intervention involves responding promptly when needs or risks first emerge. Both approaches share the common aim of improving outcomes for children and families and reducing the likelihood that more intensive intervention will be required at a later stage.

Importantly, this continuum should not be understood as linear. Family circumstances and levels of need are dynamic and may fluctuate over time in response to changing contexts, resources, life events, and coping capacities. Families may require more intensive interventions at one stage and subsequently benefit from universal or targeted preventative supports as circumstances improve. Different members within the same family may also require different forms or intensities of support simultaneously. Furthermore, formal services typically operate alongside the critical contribution of informal supports provided by families, friends, communities, and social networks (Mc Gregor and Devaney, 2020a; 2020b). A key foundational principle of the Prevention and Early Intervention Continuum is that early intervention is always preferable to late intervention, that children's and families' circumstances can often be prevented from becoming more entrenched or escalating further, and that timely, appropriate support can reduce the need for more intensive or crisis-driven interventions at a later stage.

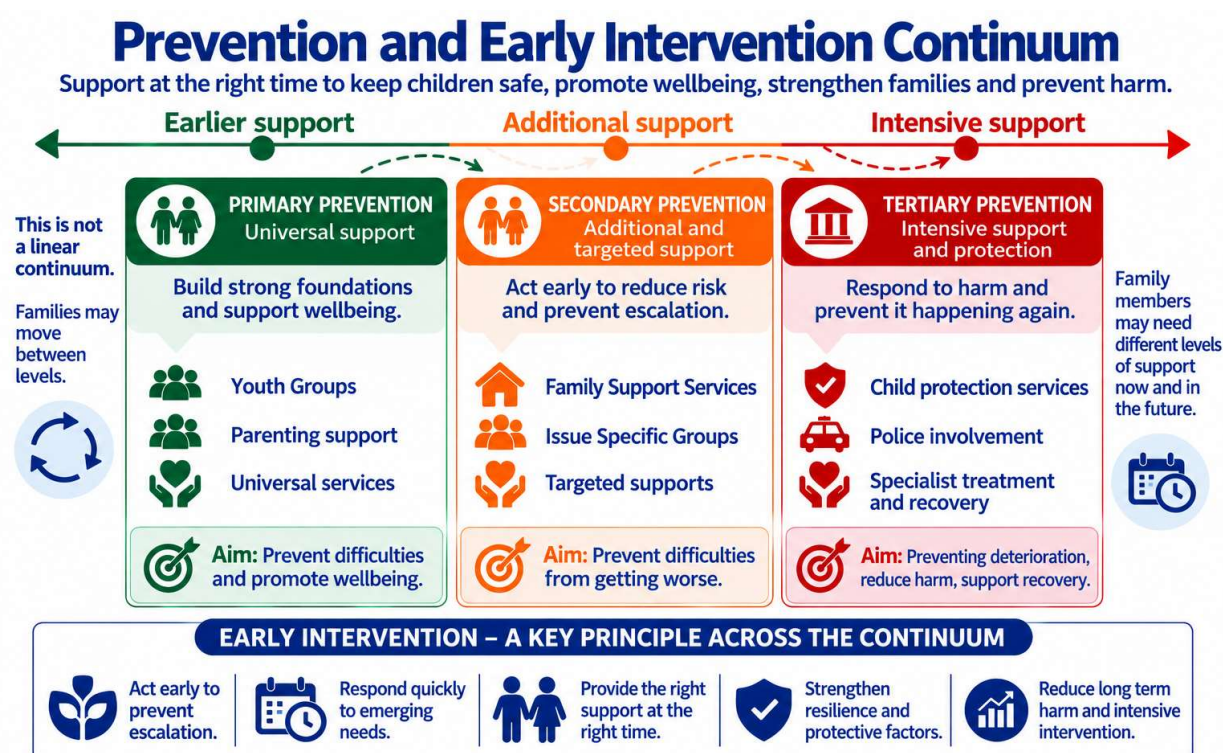


Figure 11: Prevention and Early Intervention Continuum

5.3 Prevention and Early Intervention as a System Orientation

The review also demonstrates that prevention and early intervention are interpreted differently across policy contexts. While European frameworks frequently employ the language of prevention and early intervention explicitly, many international policies pursue similar objectives through broader concepts such as child wellbeing, family support, early childhood development, public health, and children's rights. Despite these differences, a shared emphasis on early support, reducing adversity, and strengthening protective factors is evident across jurisdictions.

The findings further highlight the importance of context. Poverty, inequality, social exclusion, housing insecurity, and community disadvantage were consistently identified as factors influencing both family vulnerability and service effectiveness. Prevention therefore extends beyond individual programmes and requires coordinated action across health, education, social protection, housing, and community services.

Taken together, the findings suggest that prevention and early intervention are best understood as a system orientation that combines early support, strong relationships, integrated services, sustained investment, and attention to the wider social and economic conditions that shape children's lives. No single model guarantees improved outcomes; rather, effectiveness depends upon how these elements interact within particular policy, organisational, community, and family contexts.

5.4 PEI Components and Governance Features: Key Messages from the Policy Review

The international policy reviewed demonstrates that PEI has become an increasingly prominent feature of child and family policy across OECD countries. However, there is no single, universally adopted model of PEI. Rather, countries have developed diverse approaches shaped by their legislative traditions, welfare systems, governance arrangements, and national priorities. While terminology varies considerably - including prevention, early intervention, early help, child wellbeing, resilience and family support - the underlying policy direction is remarkably consistent: intervening earlier, strengthening families, and preventing needs from escalating into statutory child protection involvement.

A notable finding is the widespread transition from reactive, crisis-oriented child protection systems towards approaches that prioritise child wellbeing, prevention, and family support. Across jurisdictions, prevention is increasingly positioned not as a discrete programme but as a whole-system orientation that seeks to strengthen protective factors, reduce risk, and improve children's long-term wellbeing. This shift is accompanied by growing recognition that effective prevention extends across the life course, beginning before birth and continuing throughout childhood and adolescence.

The review also highlights an increasing convergence around integrated, whole-of-government approaches. Countries are recognising that children's outcomes cannot be improved through isolated sectoral responses alone and are instead adopting more coordinated approaches spanning health, education, social protection, justice, and child welfare. Although governance arrangements differ considerably, successful systems consistently incorporate shared strategic leadership, cross-sector collaboration, clear accountability, information-sharing mechanisms, and coordinated implementation. At the same time, implementation remains challenging, with

fragmented governance, siloed services, workforce pressures, and limited resources continuing to constrain delivery.

Another important finding concerns the growing influence of children's rights on PEI policy. Across jurisdictions, the UNCRC increasingly provides both the ethical foundation and legislative direction for reform. Rights-based approaches position children not only as recipients of protection but as active rights-holders whose participation, wellbeing, family life, and access to services should shape policy and practice. PEI orientations, frameworks and models are therefore increasingly viewed as mechanisms through which governments fulfil their obligations to realise children's rights.

The review further demonstrates a shift in how countries conceptualise success. Rather than focusing solely on preventing harm or reducing statutory intervention, many jurisdictions are adopting broader child wellbeing frameworks that measure outcomes across multiple domains, including child development, mental health, family functioning, participation, resilience, social connectedness, and educational attainment. Outcome frameworks are increasingly linked to implementation plans, performance monitoring, and continuous improvement, reflecting a growing emphasis on evidence-informed policy and accountability.

Taken together, these findings suggest that contemporary PEI systems are characterised by several common features. They are increasingly integrated, rights-based, family-centred, community-oriented, and outcome-focused. Successful implementation depends not only on policy ambition but also on sustained investment, legislative support, workforce capability, robust governance, integrated service delivery, and effective monitoring and evaluation. While considerable variation remains between jurisdictions, the international evidence points towards an emerging consensus that improving outcomes for children requires coordinated systems that intervene early, strengthen families, and address the broader social determinants of children's wellbeing.

5.5 The Potential for PEI to Improve Outcomes

One of the clearest findings emerging from this review is that no single PEI framework is consistently associated with improved outcomes across all populations, service settings, or policy contexts. Rather than identifying a universally effective model, the evidence points to a number of interacting factors that influence the

effectiveness of PEI systems. Outcomes appear to depend less upon individual programmes and more upon how services are funded, targeted, implemented, and experienced by children and families. The complexity of evidencing PEI is also noteworthy. Outcomes are often long term, indirect, and shaped by multiple interacting influences, making simple measures of effectiveness difficult. Understanding what works requires attention not only to outcomes, but also to implementation, context, relationships, and the mechanisms through which change occurs.

The evidence highlights important tensions between universal and targeted approaches. Universal services offer broad population reach, reduce stigma, and create opportunities for early identification and support. However, they frequently produce relatively modest effects at an individual level. In contrast, targeted interventions directed towards children and families experiencing greater levels of adversity often demonstrate stronger individual outcomes but reach substantially smaller populations. These findings suggest that neither universal nor targeted approaches alone are sufficient. Consequently, the principle of proportionate universalism emerges as a particularly important organising framework. Universal services provide a foundation of support for all children and families, while additional resources and interventions are directed towards those experiencing greater levels of need. However, the evidence demonstrates that achieving this balance depends upon sustained investment. Reductions in preventative expenditure, particularly within universal services, appear to disproportionately affect disadvantaged communities and may undermine the equity objectives that prevention and early intervention seek to achieve.

The review also highlights the growing economic evidence supporting investment in PEI. While much of the PEI literature focuses on improving outcomes for children and families, an increasingly important body of evidence demonstrates the financial consequences of delayed intervention and unmet need. The economic evidence reviewed reinforces the case for PEI as both a social and fiscal investment. Findings from the United Kingdom illustrate the growing costs associated with delayed intervention, with increasing expenditure on statutory and residential care occurring alongside declining investment in preventative services. While the relationship between early investment and downstream savings is complex, the international evidence reviewed suggests that sustained investment in prevention and early

intervention can improve outcomes for children and families, reduce future demand for intensive services, and support the long-term sustainability of child and family systems.

The review also suggests that the impacts of preventative investment may vary across age groups and service contexts. Services aimed at adolescents may influence outcomes more immediately through reductions in crisis situations and statutory involvement, whereas early childhood interventions often operate through longer-term pathways involving child development, parenting capacity, family functioning, and resilience. Consequently, the benefits of early intervention may not always be visible within short-term administrative indicators, highlighting the importance of adopting longer-term perspectives when evaluating effectiveness.

The evidence further demonstrates that structural reform alone is insufficient to improve outcomes. Changes to service organisation or governance do not automatically lead to better results unless accompanied by adequate resources, workforce capacity, continuity of relationships, and effective implementation. Local service capacity and organisational conditions appear to influence how policy reforms translate into practice and ultimately affect outcomes for children and families.

Particularly strong evidence was identified in relation to culturally grounded and community-led approaches. Studies involving Indigenous and marginalised communities consistently demonstrate the value of community governance, cultural responsiveness, and locally controlled services. These approaches appear to strengthen engagement, improve family outcomes, and address some of the limitations associated with mainstream systems. The findings suggest that culturally responsive practice represents more than programme adaptation and may require different forms of decision-making, governance, and service delivery.

Perhaps the most consistent finding across the review concerns the importance of relationships. Trust, collaboration, participation, and strengths-based practice repeatedly emerge as central mechanisms through which prevention and early intervention produce positive outcomes. Families appear more likely to engage with services when they experience relationships characterised by respect, shared decision-making, and recognition of family strengths. Conversely, adversarial, highly procedural, or coercive approaches may undermine engagement and reduce effectiveness.

Taken together, these findings suggest that effective PEI depends upon the interaction of multiple factors rather than any single programme model. Sustained investment, proportionate universalism, relationship-based practice, culturally responsive approaches, strong implementation systems, and supportive organisational environments emerge as the principal characteristics associated with improved outcomes. These elements appear to operate collectively within broader systems of support, reinforcing one another in ways that influence the experiences and outcomes of children and families.

5.6 The Challenge in Evidencing Prevention and Early Intervention

Although the evidence base on PEI has expanded somewhat, several important gaps remain. First, much of the available evidence focuses on individual programmes or local initiatives rather than whole-system PEI approaches, limiting understanding of how governance, policy, financing, and service integration influence outcomes at a national level. Second, relatively few longitudinal studies examine the sustained impact of PEI over time or assess longer-term outcomes for children, families, and communities. Similarly, very few studies have considered the social return on investing in children and young people earlier with a preventative focus. Third, evaluation evidence continues to be constrained by methodological challenges, including the complexity of prevention systems, difficulties in measuring harms avoided or outcomes that do not occur, and variation in how PEI are defined and operationalised across countries. This makes comparison between jurisdictions challenging and limits opportunities for cumulative learning.

Further gaps are evident in relation to implementation. While there is growing recognition that successful prevention depends on cross-sector collaboration, workforce capacity, sustainable investment, and strong governance arrangements, comparatively less research examines how these system-level conditions are established, maintained, and scaled. There is also limited evidence regarding the equity impacts of PEI, particularly for children experiencing multiple and intersecting forms of disadvantage, including poverty, disability, migration, and ethnic marginalisation. Finally, comparatively little research explores children's and families' lived experiences of PEI services or examines how participation and co-production influence implementation and outcomes. Collectively, these gaps highlight the need for more longitudinal, comparative, and systems-oriented research capable of

capturing the complexity and potential of PEI within diverse policy and service contexts.

5.7 Conclusion: Key Messages

This review identified nine overarching conclusions that characterise Prevention and Early Intervention policies, system orientations, and practice internationally. Although the ways in which countries organise and deliver Prevention and Early Intervention differ, the international evidence demonstrates a high degree of consistency in the principles and system conditions associated with effective implementation. Figure 12 summarises these nine interconnected conclusions, which collectively provide a framework for informing future policy, practice, implementation, evaluation, and investment.

1. A shared understanding of Prevention and Early Intervention is fundamental

The review establishes a clear conceptual understanding of Prevention and Early Intervention as the foundation for policy and practice. It demonstrates that early intervention is a foundational principle of prevention, with prevention applying across the entire child welfare continuum from universal services through to targeted, specialist, and statutory interventions. Importantly, both Prevention and Early Intervention are relevant throughout childhood and adolescence, with early intervention referring to responding promptly when needs first emerge rather than being confined to the early years. While jurisdictions use different terminology and policy frameworks, a shared understanding of PEI is essential for coherent policy development, implementation, evaluation, communication, and cross-sector collaboration.

2. Child wellbeing is the overarching goal

Across many jurisdictions reviewed, there is a clear shift in child and family policy from predominantly reactive child protection responses towards approaches that promote child wellbeing, strengthen families, reduce adversity, and support positive development throughout childhood and adolescence. Rather than intervening only when significant harm has occurred, contemporary Prevention and Early Intervention policies seek to identify needs earlier, strengthen protective factors, and provide timely support that enables children to thrive within their families and communities wherever possible. Although the pace and nature of implementation vary across countries, improving children's wellbeing has emerged as the central objective

underpinning prevention and early intervention policy. This shift reflects a broader recognition that safeguarding children extends beyond responding to abuse and neglect to creating the social, economic, and service conditions that enable all children to experience safe, healthy, nurturing, and inclusive childhoods.

3. Prevention and Early Intervention requires a whole-system approach

The review consistently demonstrates that effective Prevention and Early Intervention depend upon integrated governance, cross-sector and cross-disciplinary collaboration, legislative support, workforce capability, shared accountability, and coordinated implementation across health, education, social care, justice, and community services. Children and families frequently experience interconnected needs that cannot be addressed by a single service or profession, requiring coordinated responses that span organisational and sectoral boundaries. Successful systems are characterised by clear governance arrangements, shared strategic priorities, defined roles and responsibilities, effective information sharing, sustainable funding, and mechanisms that support joint planning, implementation, and evaluation. Legislative and policy frameworks also play an important enabling role by clarifying responsibilities, strengthening interagency cooperation, and embedding collaboration within routine practice. Together, these system-level conditions support more timely, holistic, and coordinated responses, improving continuity of support and reducing fragmentation for children and families.

4. Children's rights provide the foundation for Prevention and Early Intervention

The review demonstrates that Prevention and Early Intervention are increasingly framed as mechanisms through which governments fulfil their obligations to realise children's rights. International policy frameworks position prevention not only as an effective means of improving outcomes but also as a fundamental approach to ensuring that children can enjoy their rights to protection, participation, development, family life, health, education, and wellbeing. Children's rights are presented as a guiding principle for policy design, service delivery, and decision-making, reinforcing the importance of listening to children, supporting parents and caregivers, addressing inequalities, and ensuring timely access to appropriate supports. Consequently, prevention and early intervention are increasingly understood as essential components of a rights-based system.

5. Relationships are central to effective practice

The review consistently identifies trusting, respectful, and strengths-based relationships between children, families, practitioners, and communities as one of the strongest contributors to successful Prevention and Early Intervention. Across the evidence, positive relationships are recognised as the foundation for meaningful engagement, enabling practitioners to build trust, identify needs at an earlier stage, and work collaboratively with children and families to develop appropriate and responsive supports. Relationship-based practice promotes participation, strengthens family confidence and resilience, and increases the likelihood that families will engage with services before difficulties escalate. The evidence also highlights that these relationships are most effective when supported by continuity of care, skilled and reflective practitioners, sufficient time and resources, and organisational cultures that prioritise partnership, respect, and shared decision-making. Consequently, relationship-based practice is not simply a feature of effective Prevention and Early Intervention but a central mechanism through which positive outcomes are achieved.

6. Sustained investment is essential

The review highlights that Prevention and Early Intervention are increasingly recognised as both a social and an economic investment. Across the evidence, sustained and predictable investment emerges as a fundamental condition for effective PEI, enabling services to intervene before difficulties escalate and reducing future demand for more intensive and costly statutory interventions. Rather than viewing prevention as an additional cost, the literature consistently frames it as an investment that strengthens children's wellbeing, enhances family resilience, and contributes to improved educational, health, and social outcomes over the life course.

The evidence also suggests that meaningful returns on investment are unlikely to be realised through short-term or fragmented funding arrangements. Preventative approaches require long-term commitment to build workforce capacity, establish trusting relationships with children and families, develop integrated services, and embed effective practice across systems. Consequently, many international policy frameworks advocate sustained investment in PEI as a strategic approach to improving outcomes while enhancing the long-term sustainability and effectiveness of children's services.

7. Measuring outcomes associated with Prevention and Early Intervention is complex but achievable

Demonstrating the impact of Prevention and Early Intervention remains methodologically challenging because outcomes are often realised over extended periods, are multidimensional in nature, and are influenced by a complex interaction of individual, family, community, and system-level factors. Many of the intended benefits involve preventing adverse outcomes from occurring, making them inherently difficult to observe and attribute directly to specific interventions. Variations in how PEI is defined, implemented, and evaluated across jurisdictions further complicate comparison and synthesis of evidence. Despite these challenges, the review identified a growing body of international evidence demonstrating that robust evaluation is possible through the use of comprehensive outcome frameworks that measure progress across multiple domains, including child wellbeing and development, family functioning, parental capacity, participation, resilience, service quality, and broader system performance. Increasingly, countries are combining quantitative indicators with qualitative evidence and longitudinal monitoring to better understand both outcomes and the processes through which prevention and early intervention achieve their impact.

8. Implementation determines effectiveness

No single Prevention and Early Intervention orientation or service model is consistently associated with improved outcomes across all contexts. Instead, the evidence suggests that effectiveness depends less on the specific model adopted and more on the quality of its implementation and its responsiveness to local needs and circumstances. Successful Prevention and Early Intervention are underpinned by sustained investment, strong governance and leadership, integrated multi-agency working, a skilled and supported workforce, meaningful engagement with children and families, and culturally responsive approaches that reflect the needs of diverse communities. The review also highlights the importance of continuous learning through monitoring, evaluation, and adaptation, recognising that PEI operates within complex and dynamic systems. Consequently, rather than seeking a single 'best' model, the evidence supports the development of flexible, evidence-informed systems that can be adapted to different organisational, community, and policy contexts while maintaining a clear focus on improving outcomes for children and families.

9. Equity should remain a central consideration

The evidence consistently demonstrates that children and families experiencing poverty, inequality, discrimination, disability, migration, and other forms of social disadvantage are more likely to encounter cumulative risks and therefore require proportionately greater levels of support. Consequently, effective Prevention and Early Intervention systems need to combine universal services that are accessible to all children and families with targeted and intensive supports for those experiencing additional or complex needs. This balance helps to reduce stigma, promotes earlier identification of need, and ensures that resources are directed towards those most likely to benefit. The review also highlights that achieving equitable outcomes requires more than equal access to services; it requires approaches that are culturally responsive, accessible, and sufficiently flexible to address the diverse circumstances and structural barriers affecting different populations. In this way, equity becomes a guiding principle for PEI, ensuring that support is distributed according to need with the aim of reducing inequalities and improving outcomes for all children and families.

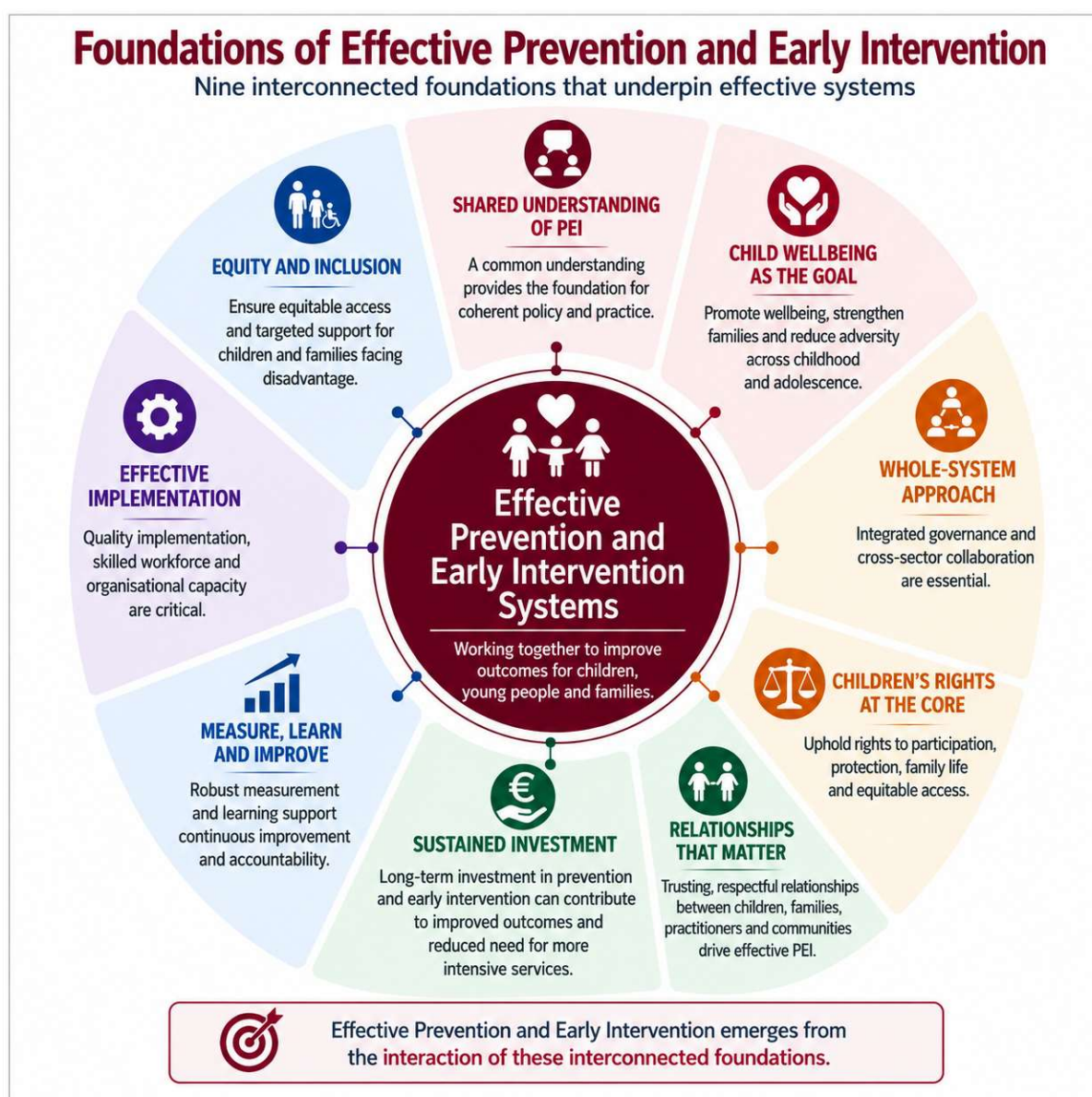


Figure 12: Foundations of Effective Prevention and Early Intervention

Figure 12 presents a synthesis of the overall findings from this review. Across the international evidence, Prevention and Early Intervention system orientations are characterised by a shared understanding of Prevention and Early Intervention, a focus on child wellbeing and children's rights, integrated governance, trusting relationships, sustainable investment, skilled workforces, equity and proportionate support, evidence-informed implementation, and robust approaches to outcomes measurement. Collectively, these interconnected foundations provide a framework to inform future policy development, implementation, evaluation, and investment in Prevention and Early Intervention, with the overarching aim of improving outcomes and reducing inequalities for children, young people, and families.

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Appendices

Appendix 1: List of Literature Sources

Study	Study Type	Country	PEI Focus	Intervention Type
Agazzi et al. (2019)	Mixed methods pilot	USA	Targeted early intervention	Trauma-Informed Behavioral Parenting in Part C
Bennett et al. (2021)	Quasi-experimental	England	Universal and targeted	Prevention spend and care entry rates
Bilson (2019)	Policy analysis	International	Targeted prevention	Economic case for family support investment
Braithwaite & Ivec (2021)	Observational	Australia	Universal with targeted interventions	National Framework for Protecting Children
Braithwaite & Ivec (2024)	Observational	Australia	Integrated prevention & early intervention	National Framework, Indigenous self-determination
Canavan et al. (2019)	Mixed method	Ireland	Integrated prevention & early intervention	PPFS programme public health approach
Champine et al. (2018)	Observational	USA (CT)	Targeted early intervention	Early childhood system of care
Cita (2024)	Descriptive & Case study	USA	Integrated	IDEA Part C policy organisations
Clarke et al. (2023)	Observational	27 EU Countries	Targeted, prevention focus	Economic costs of childhood disadvantage
Damman et al. (2025)	Scoping review	USA / UK	Targeted prevention	Parent peer advocacy in child protection

Devaney (2019) Thresholds	Policy analysis	England	Prevention and early intervention continuum	Rationing and thresholds in family social work
Devaney (2020) Prev & EI with Children YP & Families	Observational	Ireland	Targeted, integrated	PPFS and Meitheal implementation
Devaney et al. (2022) Irish CP&W	Case study / Mixed methods	Ireland	Targeted universalism	Meitheal model critical analysis
Devaney et al. (2021) Systems Change	Mixed methods	Ireland	Integrated prevention & early intervention	PPFS programme system change
Devaney et al. (2025) Review	Mixed methods	Ireland	Targeted early intervention	Meitheal national practice model review
Doyle et al. (2022)	Review / Policy analysis	International	Blended universal and targeted	Population-based evidence-based parenting supports
Duthie et al. (2019)	Review	Australia; Canada	Universal, prevention-focused, integrated	Trauma and Indigenous child maltreatment
Garcia et al. (2024)	Policy analysis	USA	Targeted prevention & early intervention	Child welfare reform vs. abolition
García et al. (2025)	Quasi-experimental	Spain	Targeted home visiting	Family Intervention Program dosage & profiles
Guastaferro et al. (2020)	Overview of pilot projects	USA	Universal prevention	Engagement in home visiting programmes
Healy & Rodriguez (2020)	Exploratory mixed methods	Ireland	Prevention-focused, community-led	Meitheal model and youth worker confidence

Henderson et al. (2023)	Descriptive (Prog development)	Canada (ON)	Integrated early intervention	Youth Wellness Hubs Ontario (YWHO)
Hickey et al. (2020)	Quasi-exp / Mixed methods	Ireland	Targeted early intervention	Parent and Infant (PIN) implementation
Hidalgo et al. (2022)	Observational	Spain	Mix of universal and targeted	Quality standards of family support programmes
House of Lords (2024)	Policy analysis	England	Integrated, prevention focus	Family Hubs and early intervention
Toros & Falch-Eriksen (2021)	Systematic review	International	Not specified	Strengths-based practice in child welfare
King (2018)	Qualitative	Scotland	Targeted; proportionate universalism	Health visiting and vulnerability framing
Klika et al. (2022)	Case study	USA	Universal prevention	Thriving Families, Safer Children framework
Labrenz et al. (2023)	Observational pilot	USA (TX)	Targeted	TXPOP family engagement model
Lee et al. (2022)	Qualitative	USA (Boston)	Targeted early intervention	Early intervention access for homeless families
Leite & Pereira (2020)	Observational	Portugal	Integrated early intervention	National System of Early Childhood Intervention
Lindrooth et al. (2025)	Quasi-experimental	USA (CO, MA)	Targeted early intervention	Family-centred care coordination (GO4IT)
Loomis et al. (2024)	Observational	USA	Targeted	CARE trauma-informed training for providers

Mapes & Mitcheltree (2019)	Observational / Case study	USA (PA)	Targeted early intervention	Service coordination between EI and child welfare
Marcellus et al. (2022)	Mixed methods	Canada (BC)	Prevention-focused	Nurse-Family Partnership & child protection
Mason et al. (2020)	Mixed methods	England	Not specified	Complex trauma and epistemic trust in protection
Mccalman et al. (2025)	Mixed method	Australia (FNQ)	Crisis-oriented (needs prevention shift)	First Nations service system mapping
McGuire & Roche (2025)	Scoping review	Australia	Targeted secondary prevention	Culturally relevant early intervention (Aboriginal)
Nata & Cadima (2019)	Secondary analysis	Portugal	Targeted	Parent- and family-focused support programmes
Pontoppidan et al. (2022)	Quasi-cluster RCT (protocol)	Denmark	Targeted early intervention	Minding the Baby home visiting intervention
Pogany et al. (2025)	Participatory action research	USA (KS)	Prevention focus	Lived expert engagement for system change
Rodriguez et al. (2018)	Mixed methods longitudinal	Ireland	Integrated prevention & early intervention	Meitheal/PPFS organisational culture change
Rodriguez et al. (2019)	Observational	Ireland	Integrated, universal scope	Help seeking and help providing in PPFS
Sanders et al. (2018)	Review (RCT / Quasi-exp)	Australia / Int'l	Universal population-based	Population approach to parenting support

Scaini et al. (2022)	Quasi-experimental	Italy	Universal prevention	Cool Kids school-based anxiety prevention
Schilling et al. (2022)	Observational	USA	Targeted early intervention in primary care	PriCARE implementation in primary care
Stuart et al. (2023)	Qualitative (systems mapping)	Australia (QLD)	Integrated, prevention focus	Service system leverage points in disadvantage
Terrefe (2025)	Observational	Norway	Targeted early intervention	Co-production with immigrant parents
Trillingsgaard et al. (2024)	RCT	Denmark	Universal prevention	Group parenting support (Family Startup Program)
Veenstra (2020)	Collective ethnographic case	Canada; Finland	Universal (FIN); Targeted (CAN)	Comparative child welfare paradigms
Waid et al. (2022)	Single-group mixed method	USA	Prevention-oriented navigation	Navigate Your Way family service navigation
Webb & Bywaters (2018)	Observational	England	Shift targeted to universal; child protection	Expenditure trends under austerity
Webb (2023) Ordinary Help	Observational	England	Targeted prevention & early intervention	Early help/family support spending & CIN rates
Webb et al. (2020) Inequalities	Observational	England	Targeted prevention	Socioeconomic gradients & inverse intervention law
Webb et al. (2024) Austerity & Quality	Observational	England	Universal prevention & targeted intervention	Preventative spending & inspection outcomes
West et al. (2018)	Modified Delphi process	USA	Targeted prevention	Service coordination

				framework (MIECHV)
West et al. (2024)	Mixed methods	USA (MD)	Targeted prevention	Goal Plan Strategies training in home visiting
Williams et al. (2022)	Mixed methods	N. Macedonia / MD / RO	Targeted	Parent engagement in parenting programmes
Winter et al. (2018)	Quasi-experimental	Northern Ireland	Targeted early intervention	Early Intervention Support Service (EISS)
Wood et al. (2025)	Case study	Canada (AB)	Targeted, integrated, community-led	Indigenous community-led welfare (Bill C-92)
Zhu et al. (2025a) Rebalancing	Quasi-experimental	Finland	Universal prevention	2015 child welfare reform shifting family work
Zhu et al. (2025b) Notifications	Observational	Finland	Targeted for immigrant populations	Immigration and child welfare protection systems

A Literature Review of State Prevention and Early Intervention (PEI) Policies for Children and Families that are most Strongly Associated with Improved Outcomes

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