



What Works Centre for Children & Families

Evaluating early help services: How do we know what works?

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Foundations: What Works Centre for Children & families

What Works Ireland Evidence Hub
**How evaluation evidence can improve outcomes
for children and families**

Wednesday, 18 October 2023





Foundations

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A fundamental role of a What Works Centre is to evaluate the quality of evidence and translate it into use.

We're researching, generating, and translating evidence into practical solutions that shape better policy and practice and lead to more effective family support services, so more vulnerable children have the foundational relationships they need to thrive in life.



Key principles: Why is robust evidence important?

Since resources will always be limited, we should provide services which have been shown through proper evaluation to be effective
-- Archibald Cochrane

Primum non nocere
(First, do no harm)

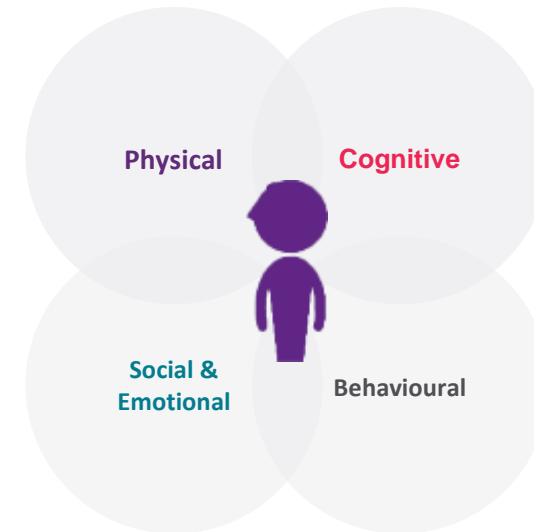


- This means ensuring that the interventions that we offer are not harmful
- This also means that we reduce the extent to which ineffective interventions deny or restrict access to effective interventions
- Evidence is also essential for ensuring quality and consistency in delivery

Key principles: Understanding what ‘works’



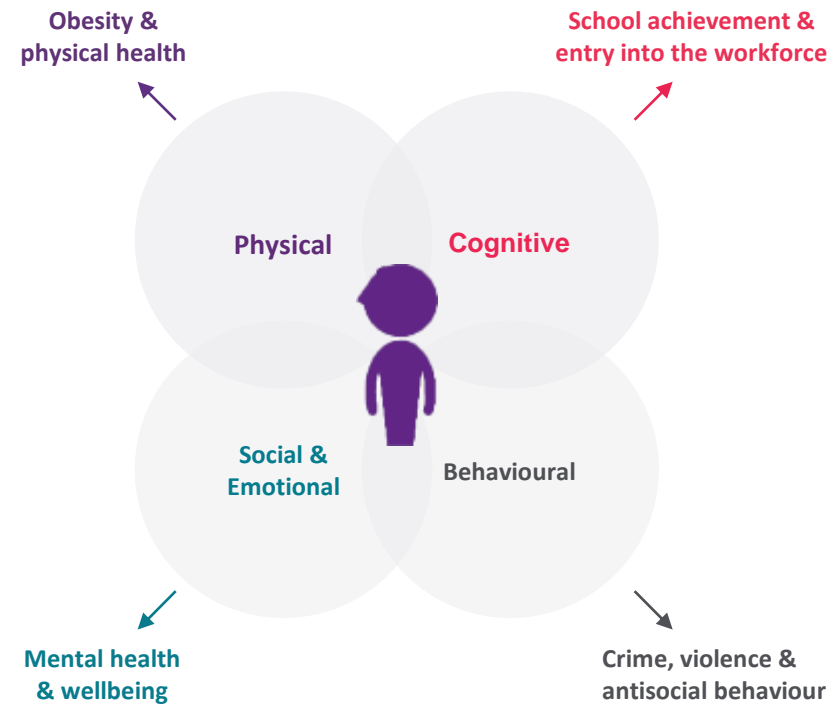
- Foundations assesses evidence strength to consider the effectiveness of interventions for supporting children’s development within 7 important developmental domains.
- The first four involve domains fundamental to children’s development. While these domains are conceptually distinct, they are highly integrated when it comes to supporting children’s overall development.



Key principles: Understanding what 'works'



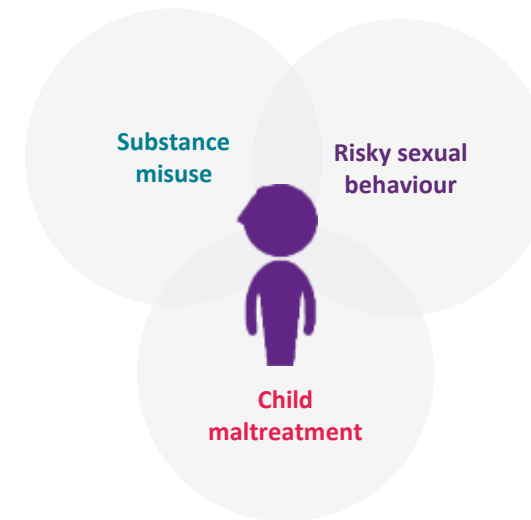
- Studies consistently show that short-term improvements with in any one of these domains can support optimal development throughout childhood.



Key principles: Understanding what ‘works’

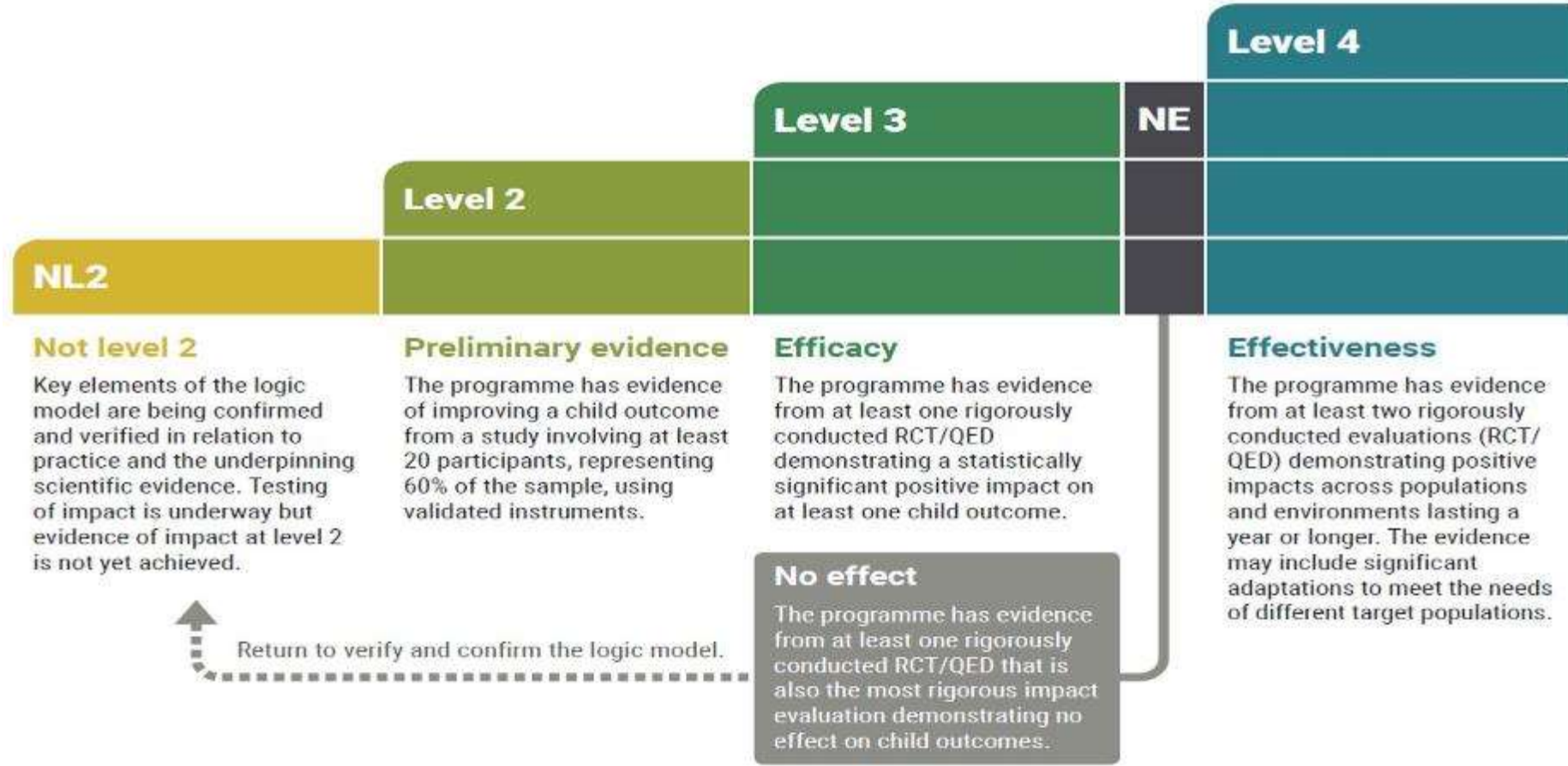


- Foundations also considers the extent to which interventions have evidence of reducing child substance misuse, risky sexual behaviour or child maltreatment. All three of these risks are associated with poor life outcomes when children reach adulthood.
- Clearly, these are not the only domains of child development, nor do they encompass all important child outcomes. However, they are widely understood to provide the most consistent public health benefits.





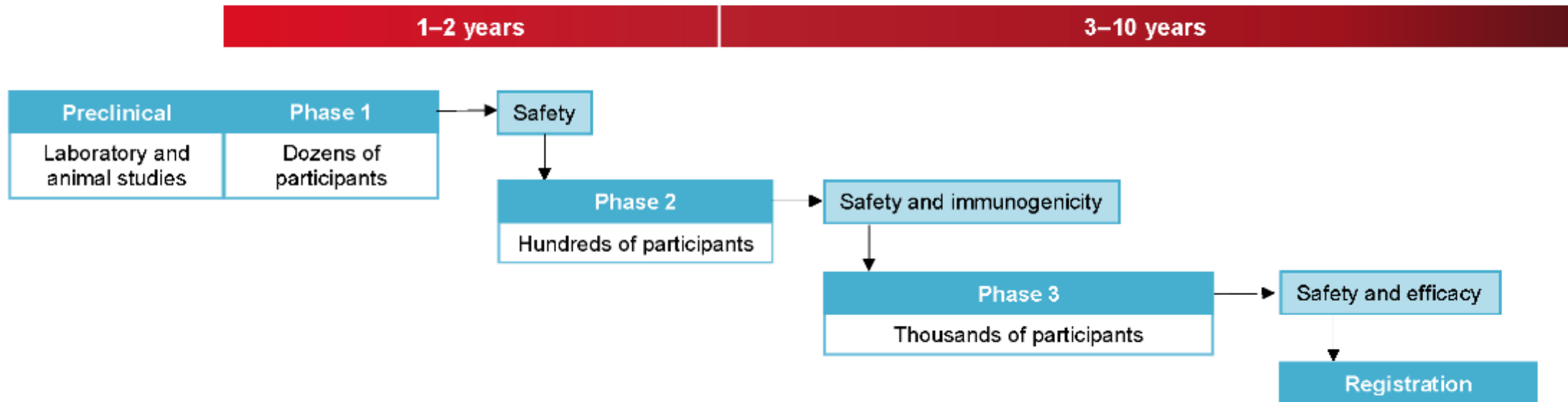
Foundations Standards of Evidence



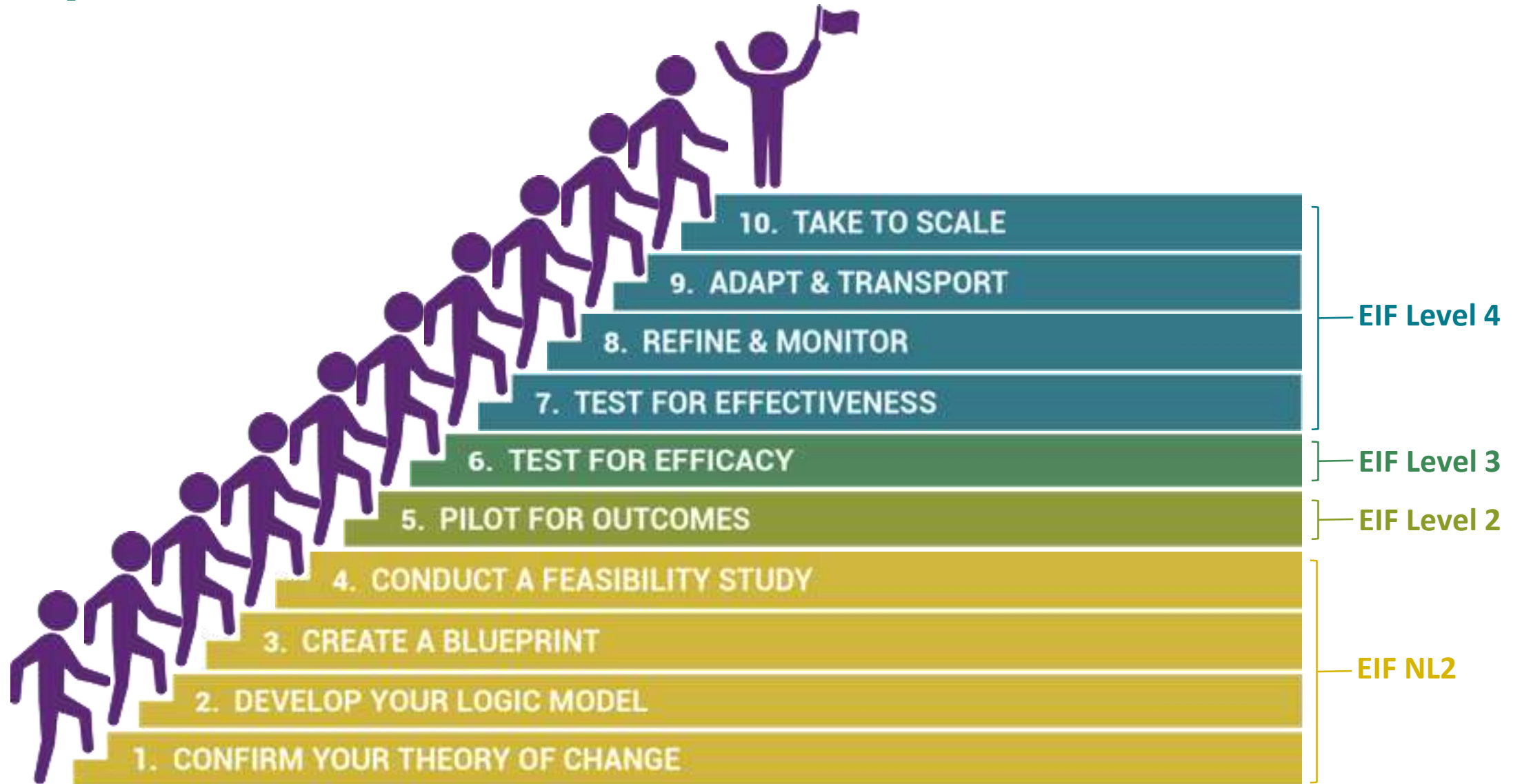


Foundations Standards of Evidence

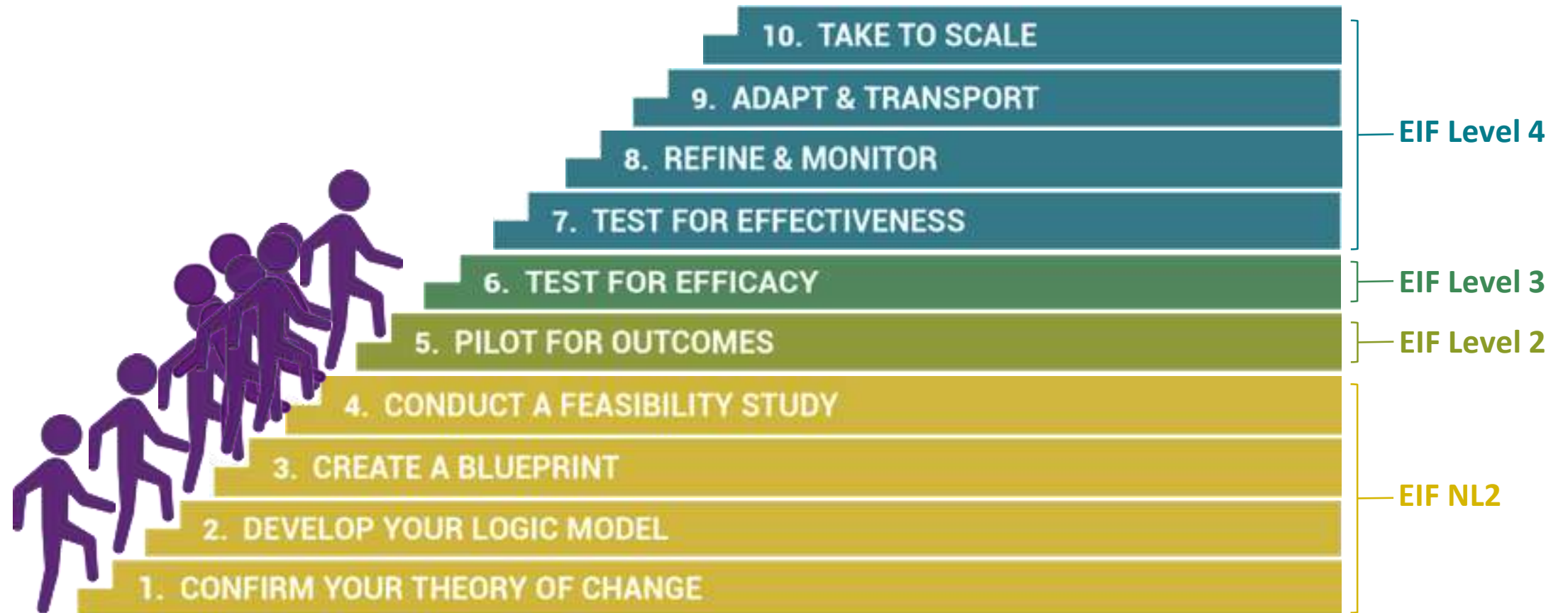
Conventional pathway of vaccine development



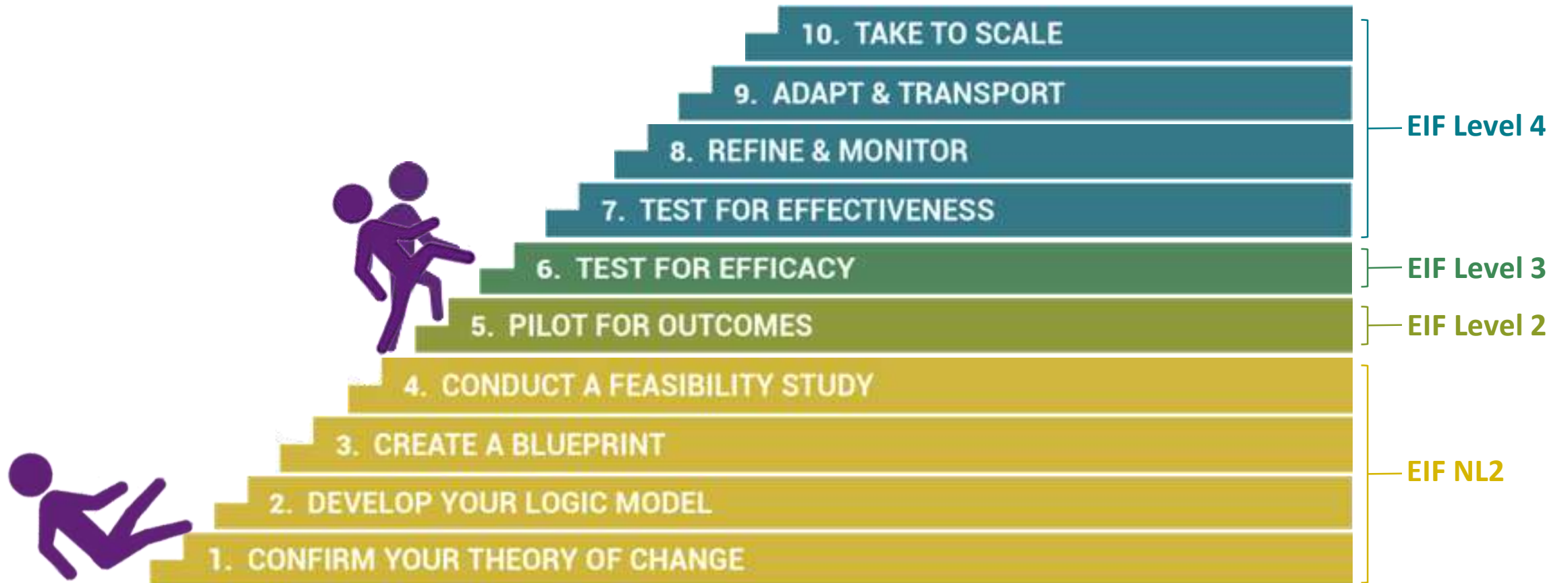
10 Steps for Evaluation Success



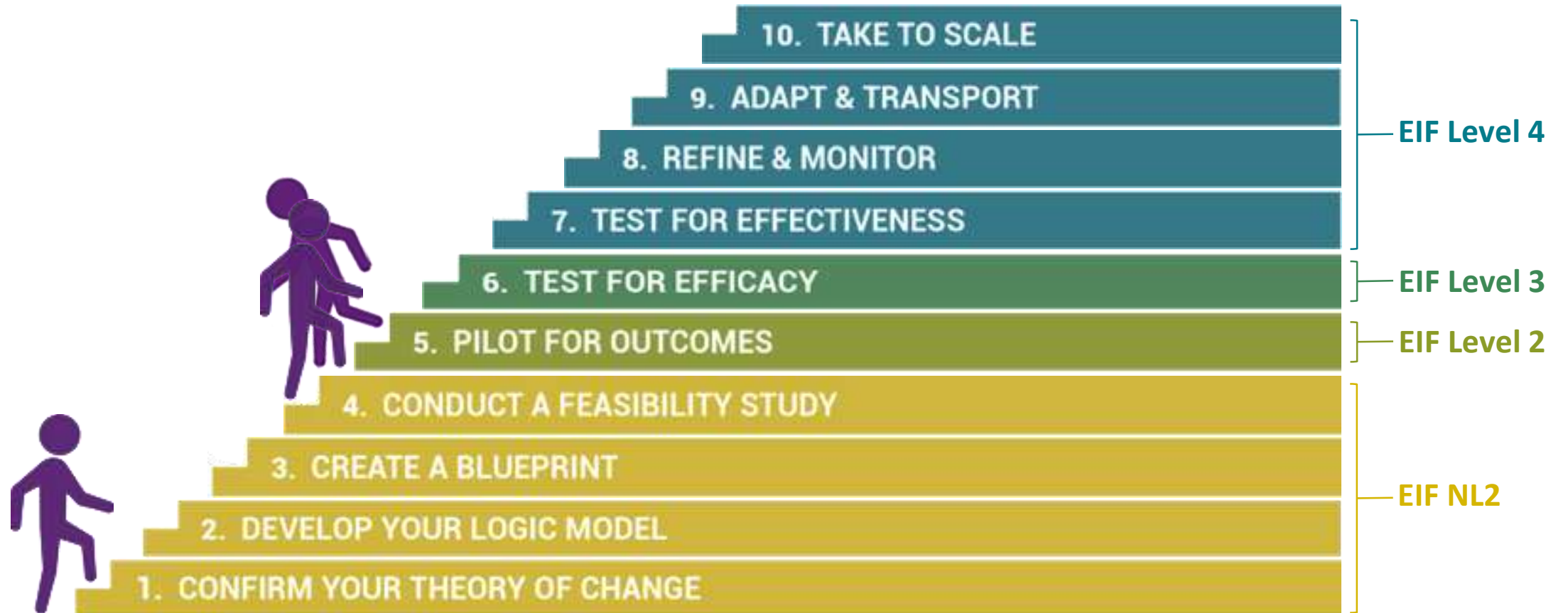
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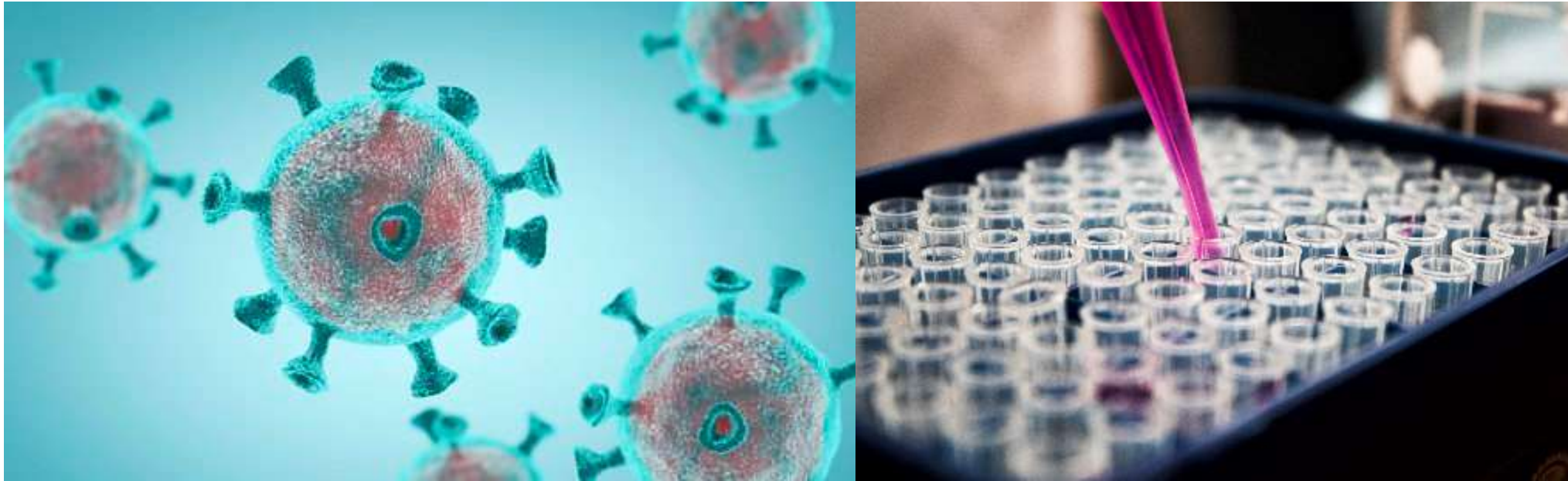


Step 1: Build a science-based theory of change



1. CONFIRM YOUR THEORY OF CHANGE

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A good Theory of Change aims to answer three related why questions:

- **What** is the intervention's primary child outcome and **WHY** is this outcome important for children's development? It is important that the answers to these questions are **science-based**.
- **Why** is the intervention needed from the perspective of children's development? What developmental processes does it address?
- **Why** will the intervention provide value over current provision?

Once these questions have been answered, you can consider:

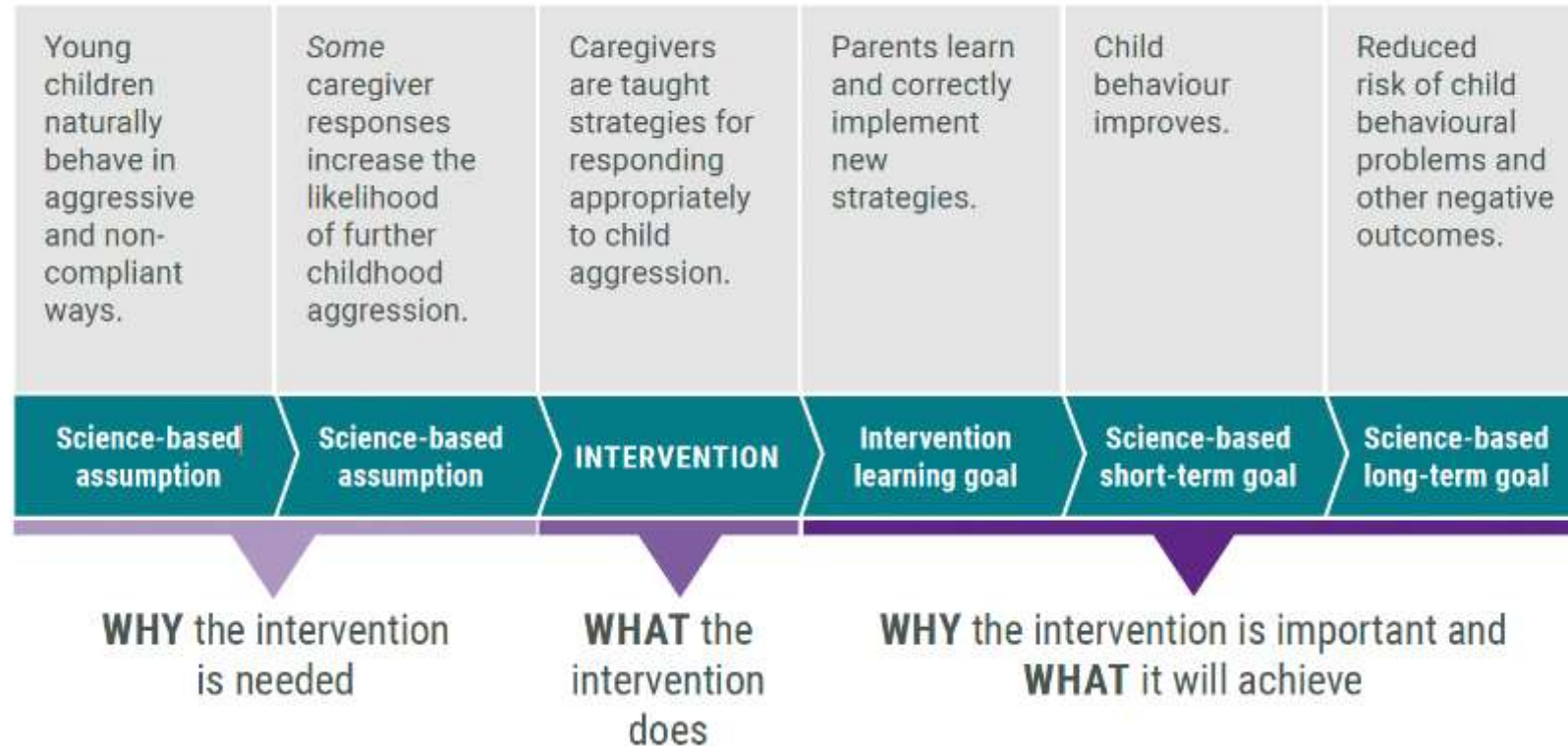
- **What** will the intervention do?



Step 1: Build a science-based theory of change



A theory of change linking parenting interventions to short-, medium- and long-term child benefits

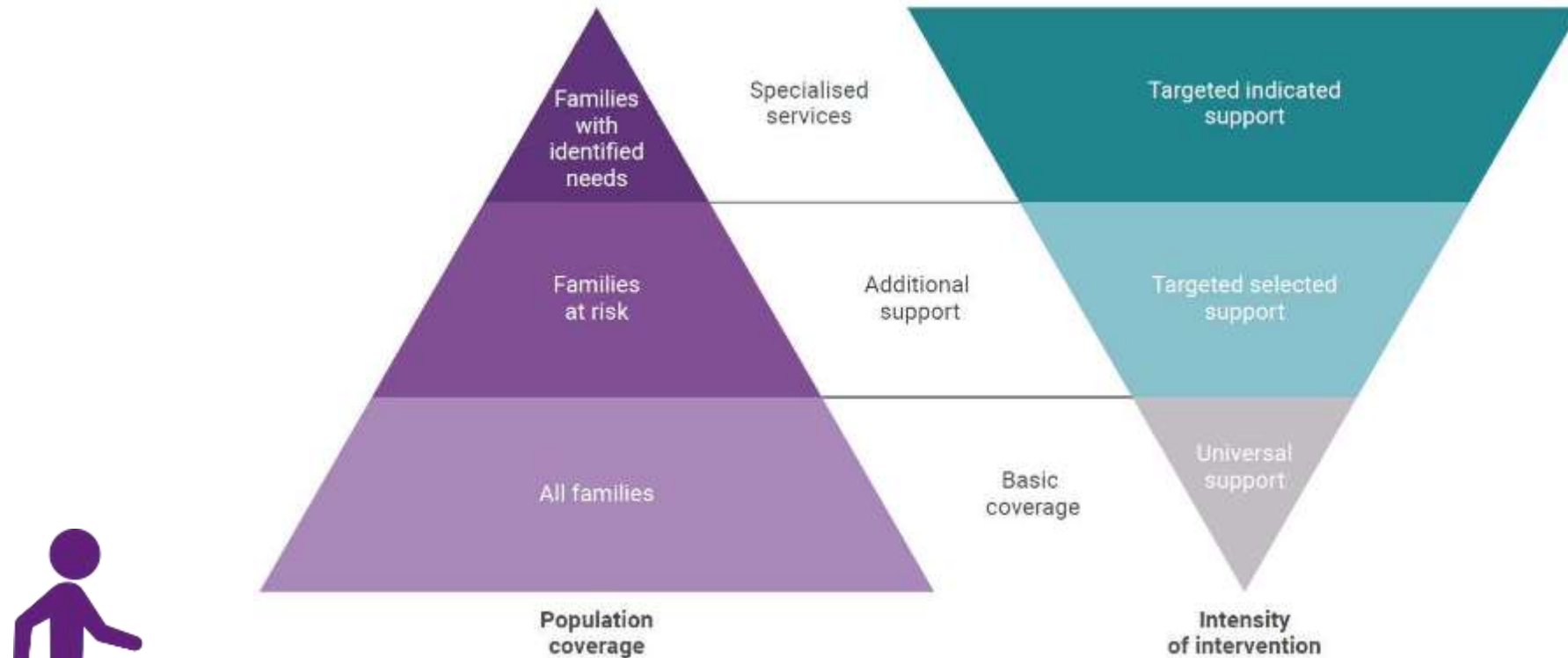


1. CONFIRM YOUR THEORY OF CHANGE

Step 1: Build a science-based theory of change



A good theory of change will also specify, in some detail, who the intervention is for and how much of it they will receive



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Step 1: Build a science-based theory of change



A more developed Theory of Change also specifies in some detail:

- **Who** the interventions is for and who the intervention is not for.
- **How much** of the interventions parents and children will receive.

These details are more likely when the science base is fully established.



1. CONFIRM YOUR THEORY OF CHANGE

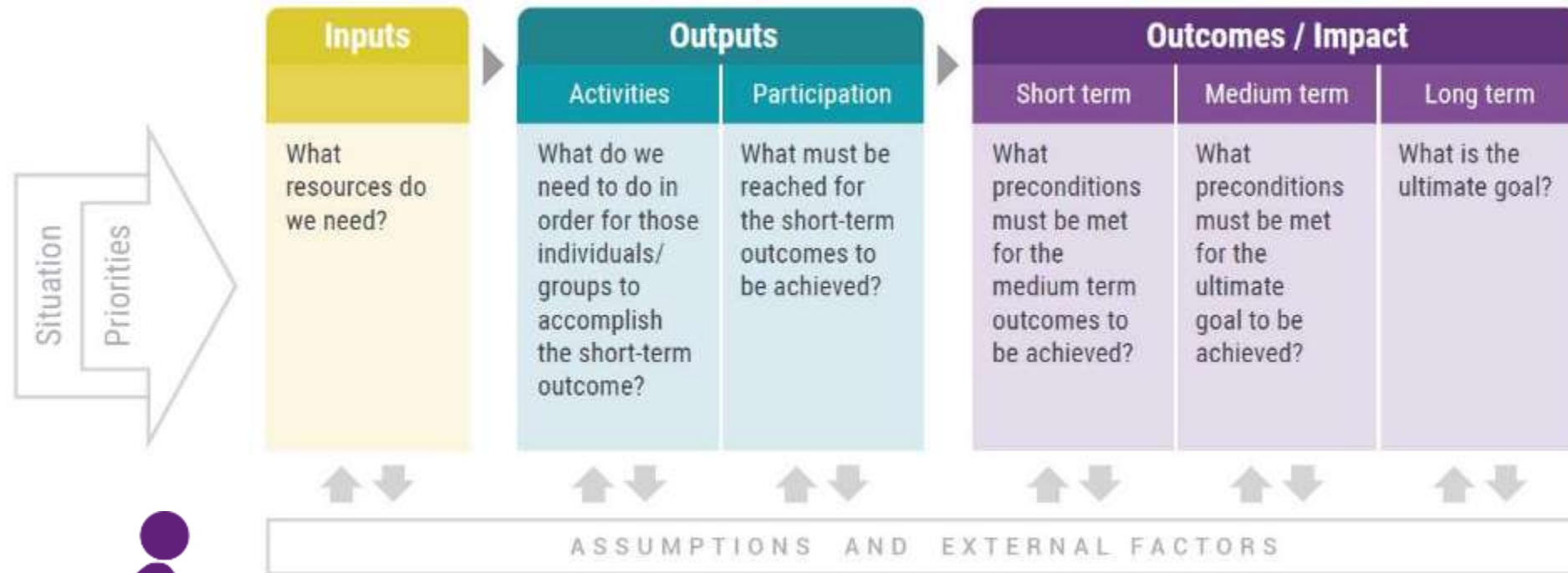
Step 2: Develop a logic model



2. DEVELOP YOUR LOGIC MODEL

1. Confirm your theory of change

Step 2: Develop a logic model



2. DEVELOP YOUR LOGIC MODEL

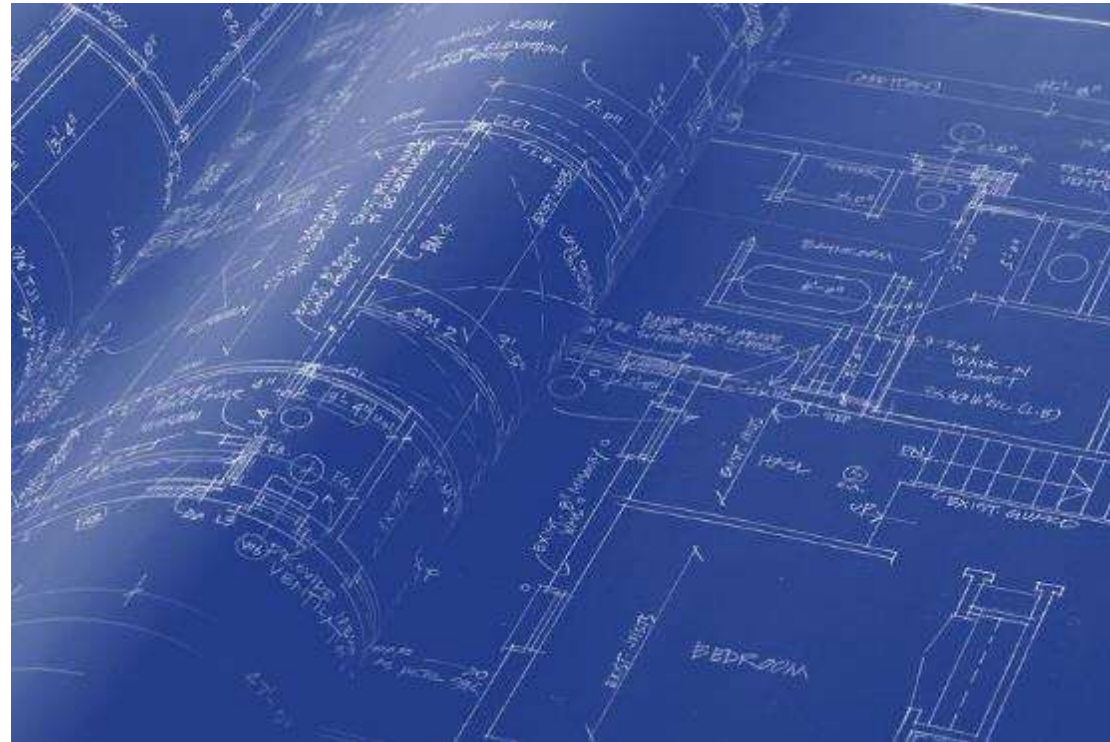
1. Confirm your theory of change

Step 3: Create an intervention blueprint



What is an intervention blueprint?

A blueprint links the intervention's specific learning or behaviour change goals to specific activities



3. CREATE A BLUEPRINT

2. Develop your logic model

1. Confirm your theory of change



Table 2: Blueprint for a six week antenatal programme

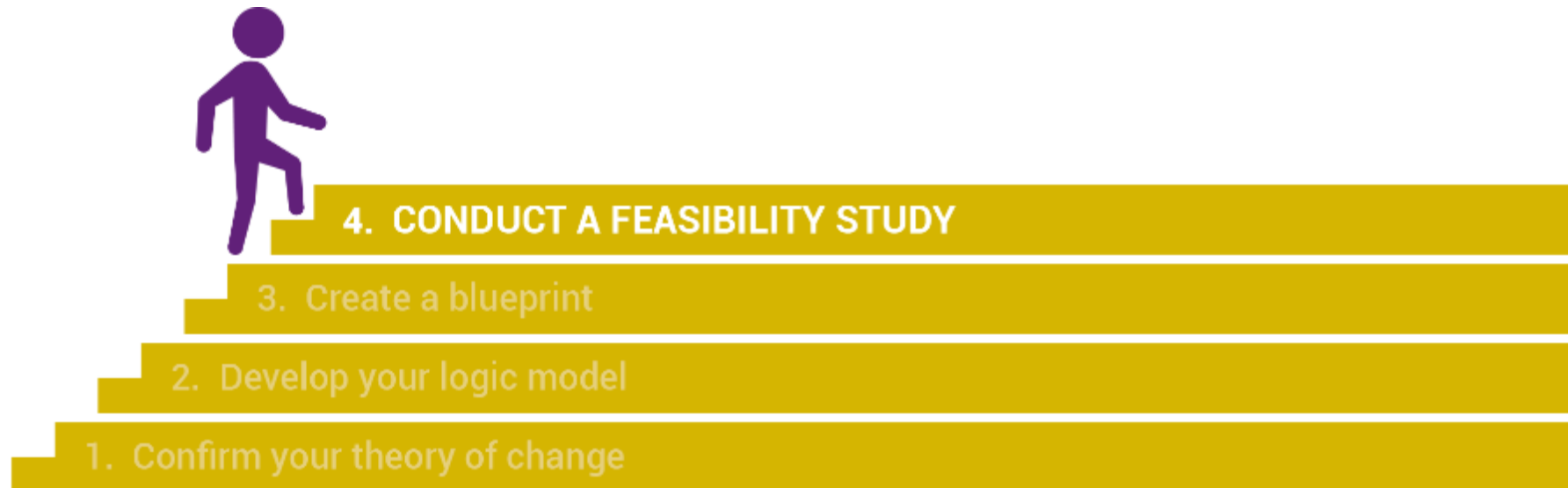
Week	Activity	Specific Objective	Short-term outcome	Long-term outcome
1	Antenatal Nutrition A nutritionist provides information on antenatal food requirements; group discussion about current diet	Mothers know about optimal nutrition during pregnancy	Mothers change their eating habits	Mothers have healthier babies, who receive improved nutrition as they develop
2	Childbirth options Mothers watch a video about childbirth options. This is followed by a group discussion methods for managing pain management and what to expect if a C-section is required.	Mothers have knowledge about what to expect during birth	Mothers feel greater confidence and positive anticipation about the baby's arrival	Mother's report fewer complications during their child's birth
3	Breastfeeding Mothers receive information about the benefits of breastfeeding and strategies for coping with complications that may occur. Mothers will have opportunities to discuss their concerns and practice breastfeeding with a doll.	Mothers will have improved knowledge of how to breastfeed	Mothers will breastfeed their infant	The infant will have improved physical health
4	Infant health. Mothers will learn how to care through opportunities to practice cleaning and changing a baby's nappies with a doll. Mothers will also receive an introduction to sensitive responding through a video of mother and child interaction.	Mothers will have knowledge of how to care for their infant and be better able to understand their infant's cues.	Mothers will be able to adequately care for their infant and respond sensitively to them.	The infant will have improved physical and emotional health
5	Establishing a routine: Mothers will discuss how to balance their own needs with their baby's. Mothers will watch a video of mothers talking about how they established a routine with their infant. Mothers will then discuss options within the group and each mother will be given a template to develop their own postnatal support plan.	Mothers will be familiar with strategies for establishing eating and sleeping routines. Mothers will have developed a postnatal support plan.	Mothers feel better able to balance their needs with their child. Babies experience a more predictable environment.	An improved mother/infant relationship.
6	Family and community: Mothers will be introduced to family resources within their community. A paediatrician will also present on the importance of immunization and some of the myths surrounding it. This will be followed by a group discussion about sensitive responding to a variety of baby needs.	Mothers will know about the importance of immunization and where and when to get it done.	Mothers will be better able to access community resources. Children are likely to have all of their immunizations.	A healthier child Additional child benefits obtained through greater access to community resources Greater maternal confidence
1 - 6	Developing social networks: Mothers will have opportunities to form social networks with each other, the midwives, their health service and the wider community.	Mothers will have made friends through participation in the programme.	Mothers will experience greater confidence and wellbeing.	Greater maternal confidence Improved access to community resources

Our Step 3 guidance provides specific examples of how a blueprint can be used to further articulate the intervention's short-term outcomes and link them to specific activities

Step 4: Conduct a feasibility study



- A feasibility study considers whether an intervention **can** work; not whether it does work.
- A comprehensive feasibility study does this by considering the feasibility of an intervention from the perspective of those delivering it and receiving it.
- A comprehensive feasibility study also considers whether those delivering and receiving the intervention perceive its value in a way that is consistent with its theory of change.
- A comprehensive feasibility study is an excellent way for understanding how an intervention is best implemented so that quality assurance systems can be established. This means carefully analysing whether and how the outputs of the logic model are achieved.



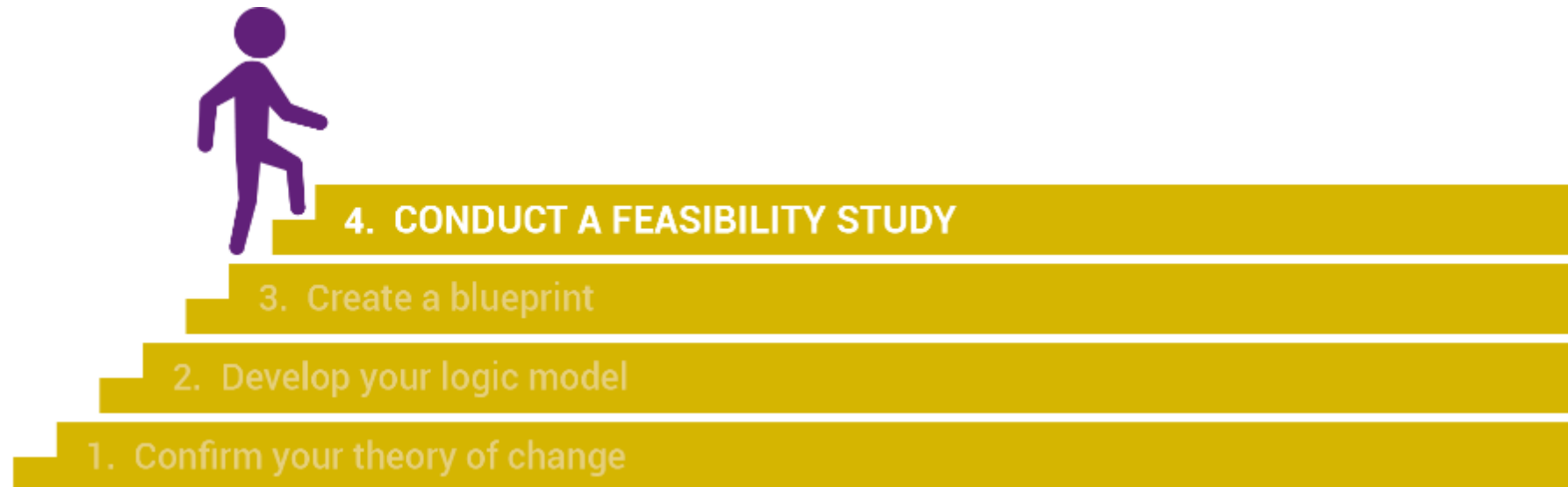
Step 4: Conduct a feasibility study



Information collected in a well-designed feasibility study (also referred to as a process evaluation) includes:

- Understanding participant reach by establishing systems for routinely collecting information about recruitment and retention
- User demographics
- Follow-up depth interviews with those not reached by the intervention
- User satisfaction surveys.

A feasibility study is particularly useful for gaining a **preliminary** understanding of potential outcomes by tracking or monitoring users' progress through the system.



Step 5: Conduct a pilot study



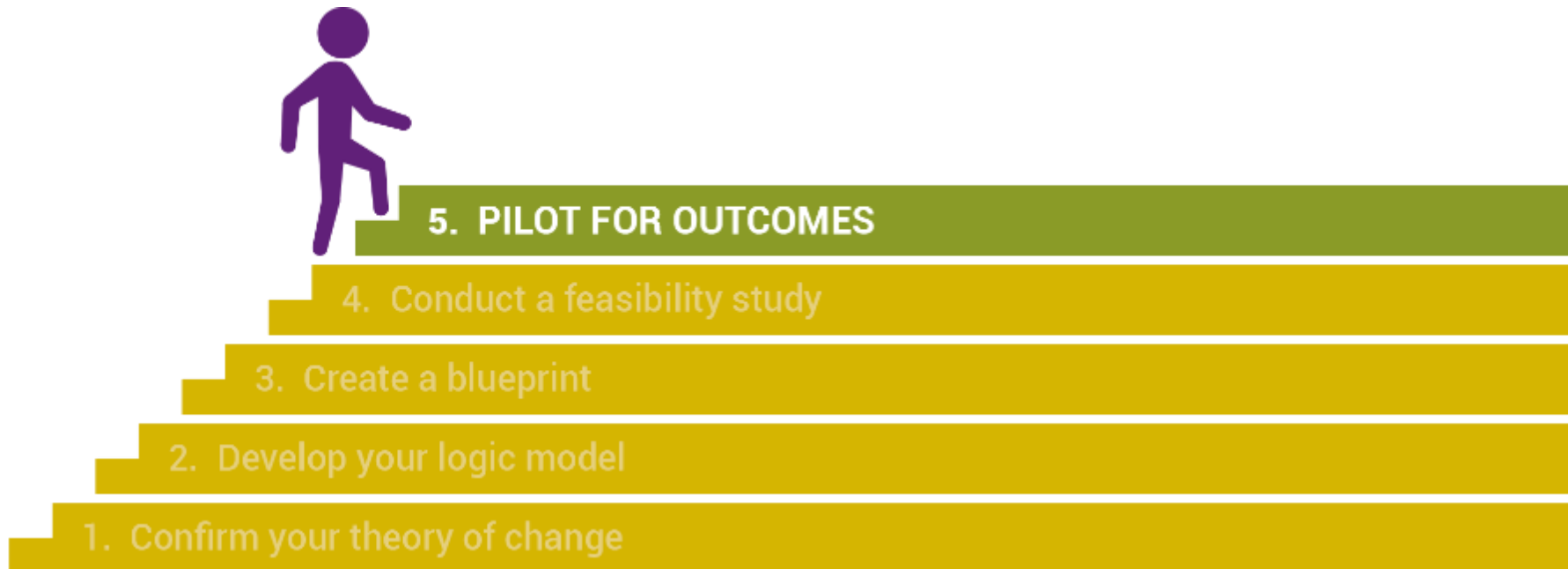
We strongly advise not to skip this step!



Step 5: Pilot for outcomes



A Step 5 (Phase 2 clinical trial) is the point at which the intervention's potential for achieving meaningful child outcomes is tested.



Step 5: Pilot for outcomes



From the perspective of the Foundations evidence standards, the first pilot study need not be large or complex – but should meet the following criteria:

- The study must include at least 20 participants
- They must complete validated measures before and after the intervention
- Those completing must represent 60% of the original population
- The study must observe positive and meaningful child change



5. PILOT FOR OUTCOMES

4. Conduct a feasibility study

3. Create a blueprint

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This criteria is deceptively simplistic



5. PILOT FOR OUTCOMES

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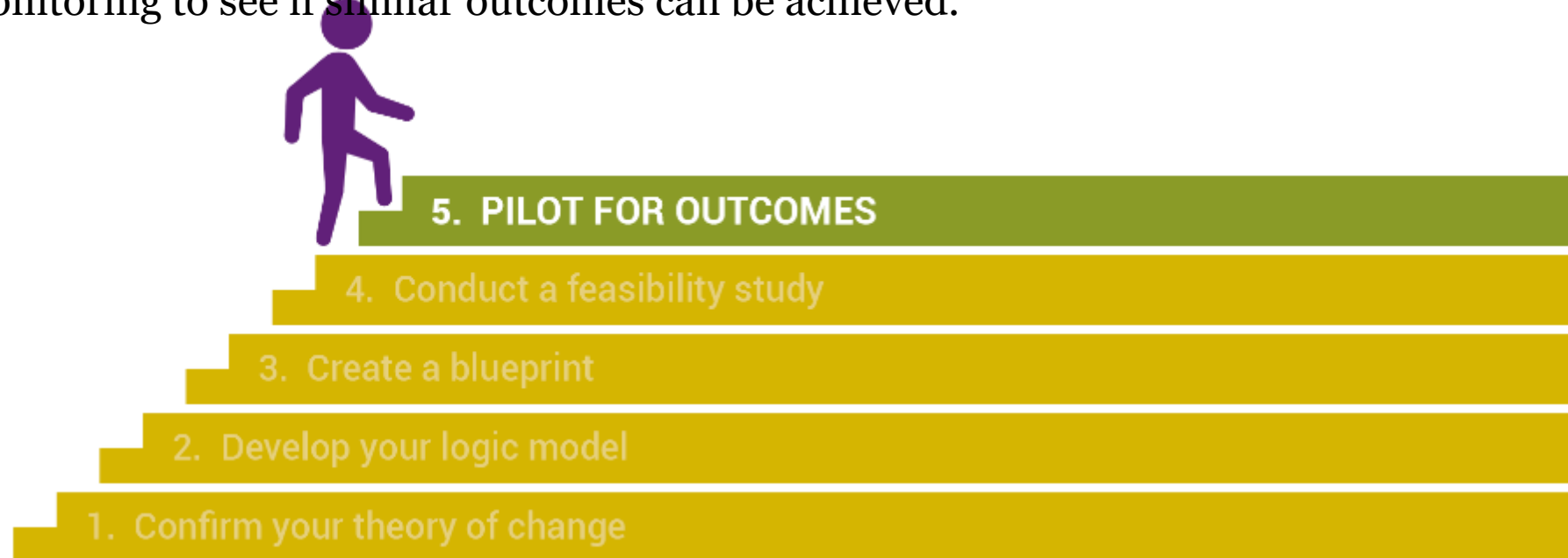
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Step 5: Pilot for outcomes



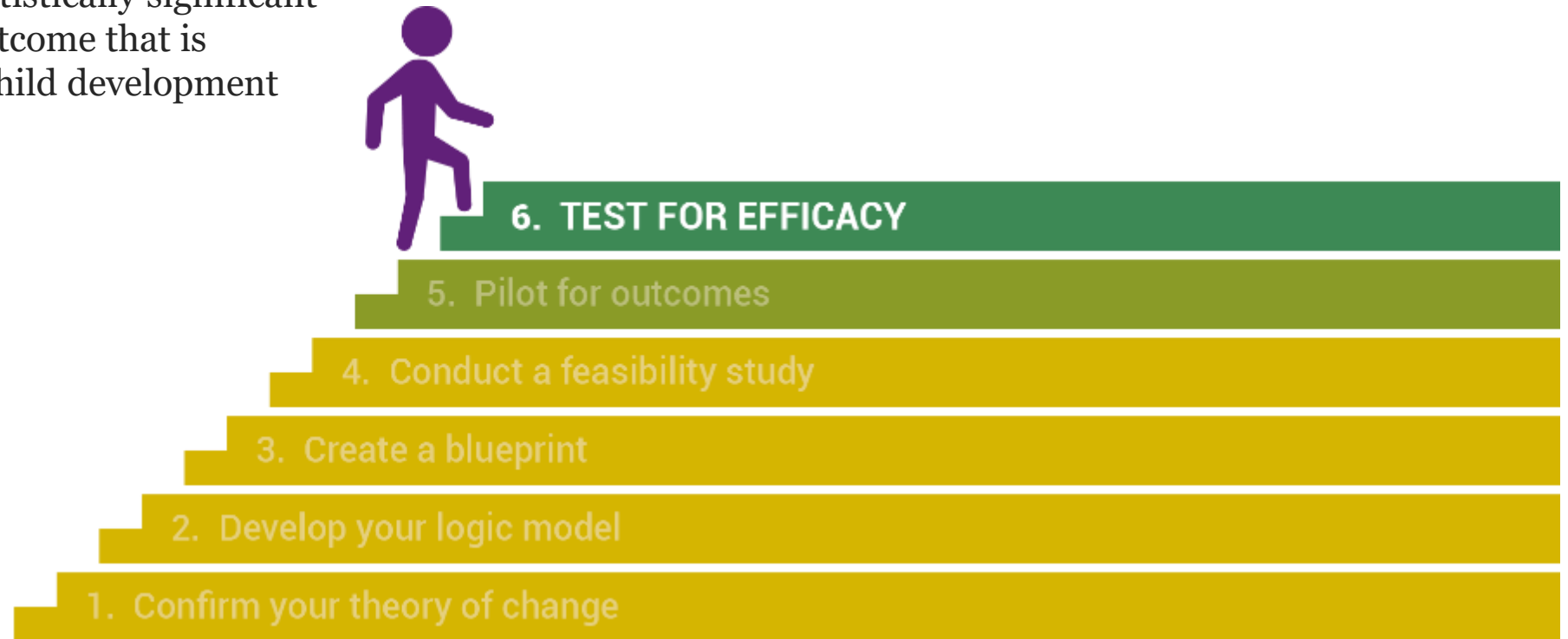
- Positive findings from a pilot evaluation are typically highly biased, so are unreliable. They therefore cannot tell us if an intervention worked.
- However, they are useful for understanding if the intervention is ready for an efficacy trial.
- Local areas might also want to consider offering these interventions within the context of close monitoring to see if similar outcomes can be achieved.



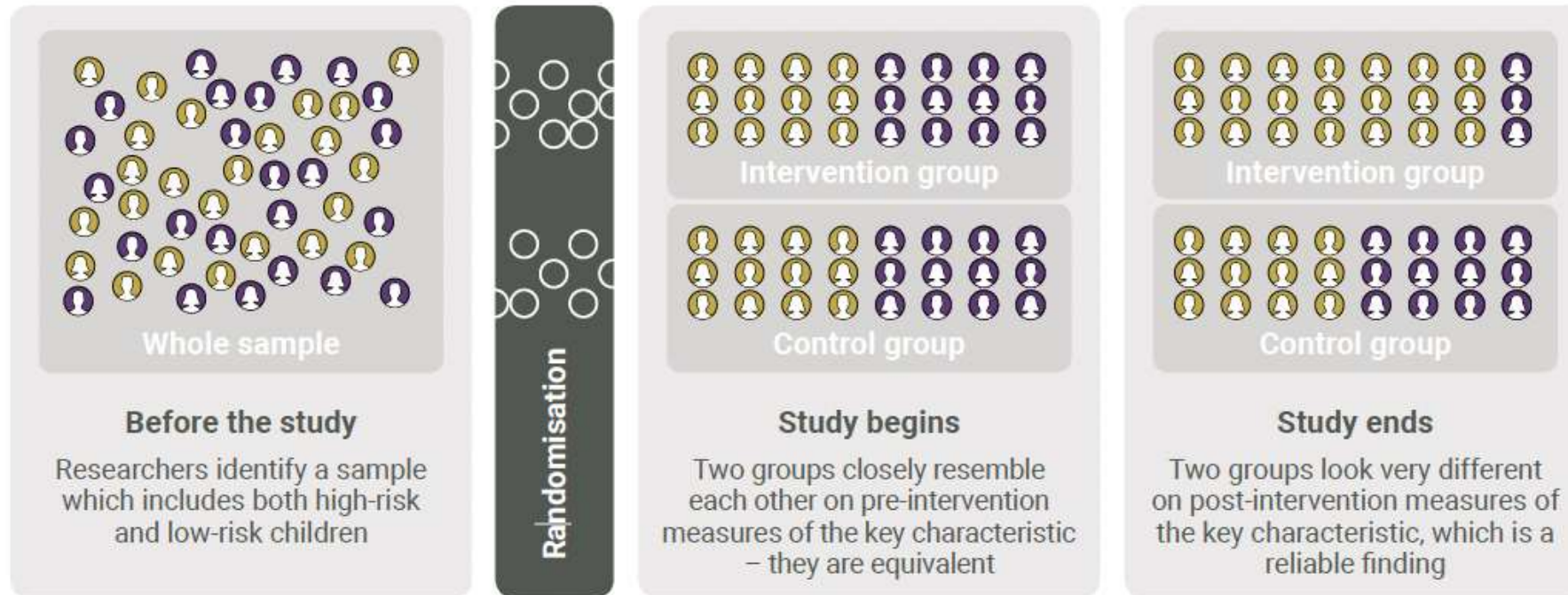
Step 6: Conduct an efficacy trial



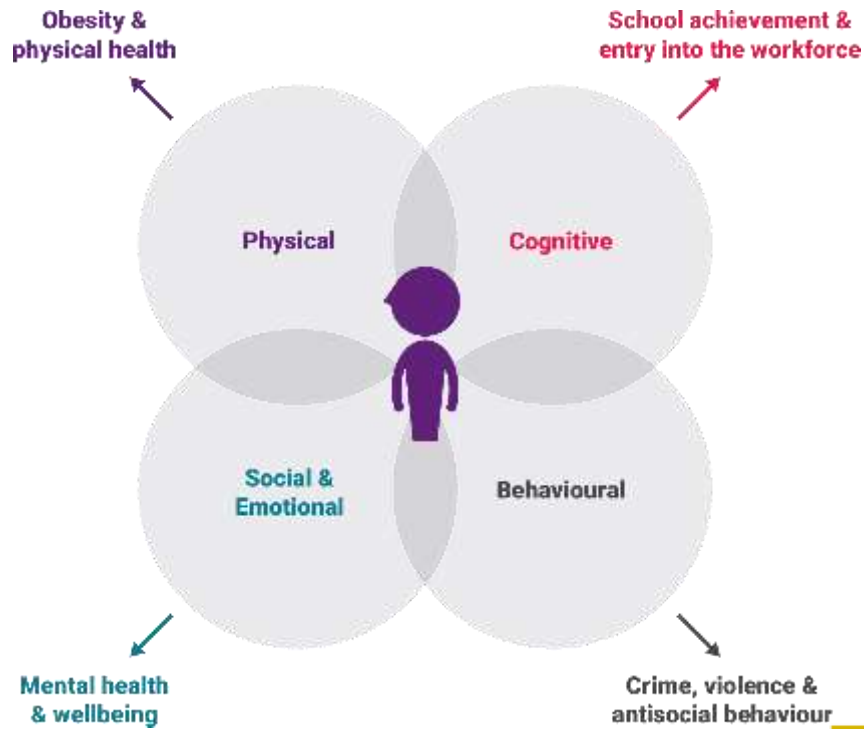
- The evaluation design must be rigorous enough to assign causality to the intervention model
- Study should take place under ideal circumstances
- Should measure child outcomes that are consistent with the intervention's theory of change
- Should observe a statistically significant impact on a child outcome that is meaningful from a child development perspective



Step 7: Conduct and effectiveness study



Step 7: Conduct and effectiveness study



- Aims to replicate the findings from the first efficacy study in real world circumstances
- Aims to replicate the methods used in the first efficacy study, but in real world circumstances
- Should also consider the longer term impact of the intervention on at least one EIF child outcome



7. TEST FOR EFFECTIVENESS

6. Test for efficacy

5. Pilot for outcomes

4. Conduct a feasibility study

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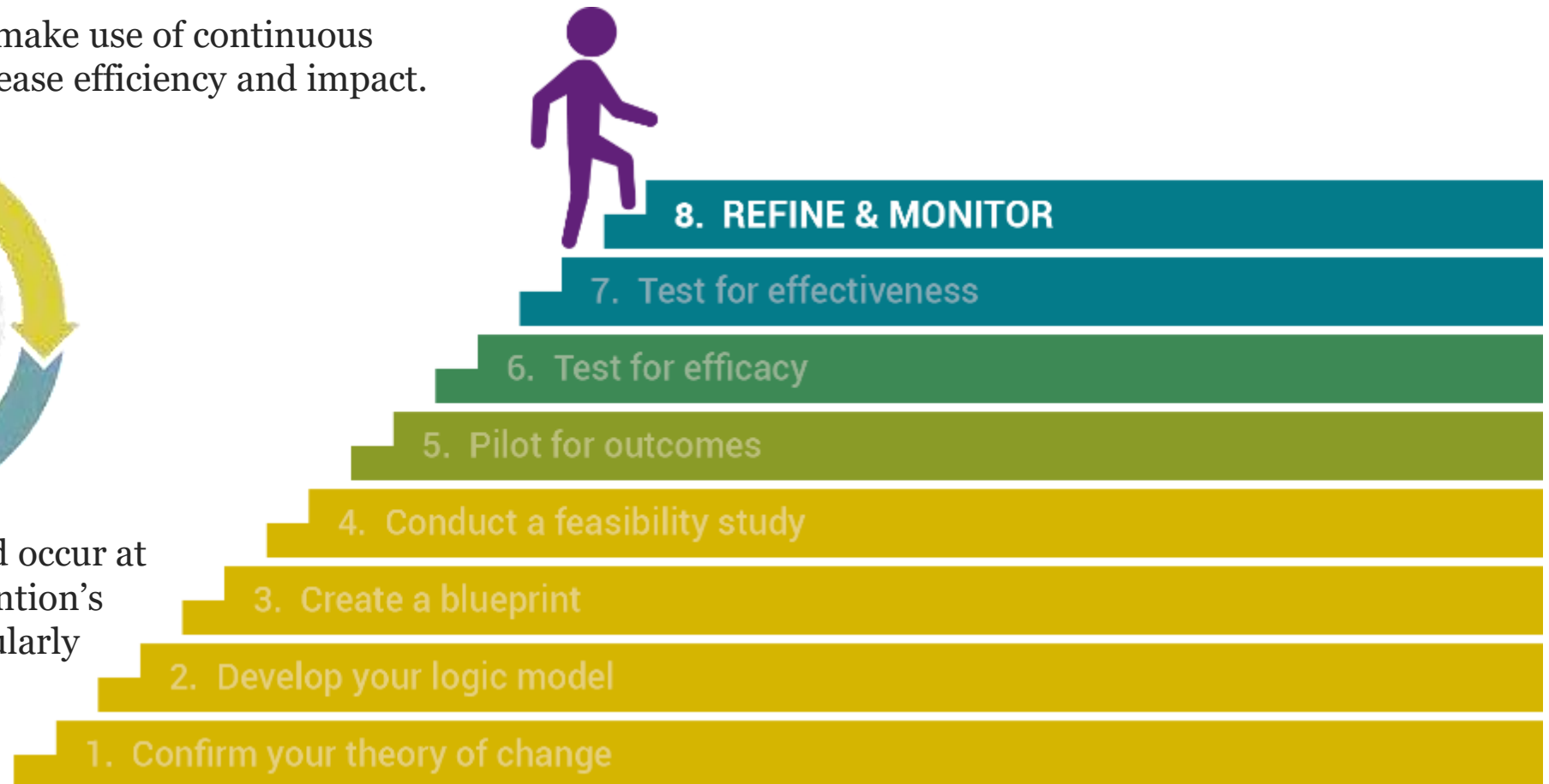
Step 8: Refine and monitor



- Intervention refinement involves testing and modifying the ways in which an intervention is implemented to make sure it achieves its intended outcomes every time it is delivered.
- Refinement should ideally make use of continuous improvement cycles to increase efficiency and impact.



- Refinement can and should occur at any time during an intervention's development, but is particularly necessary when taking an intervention to scale

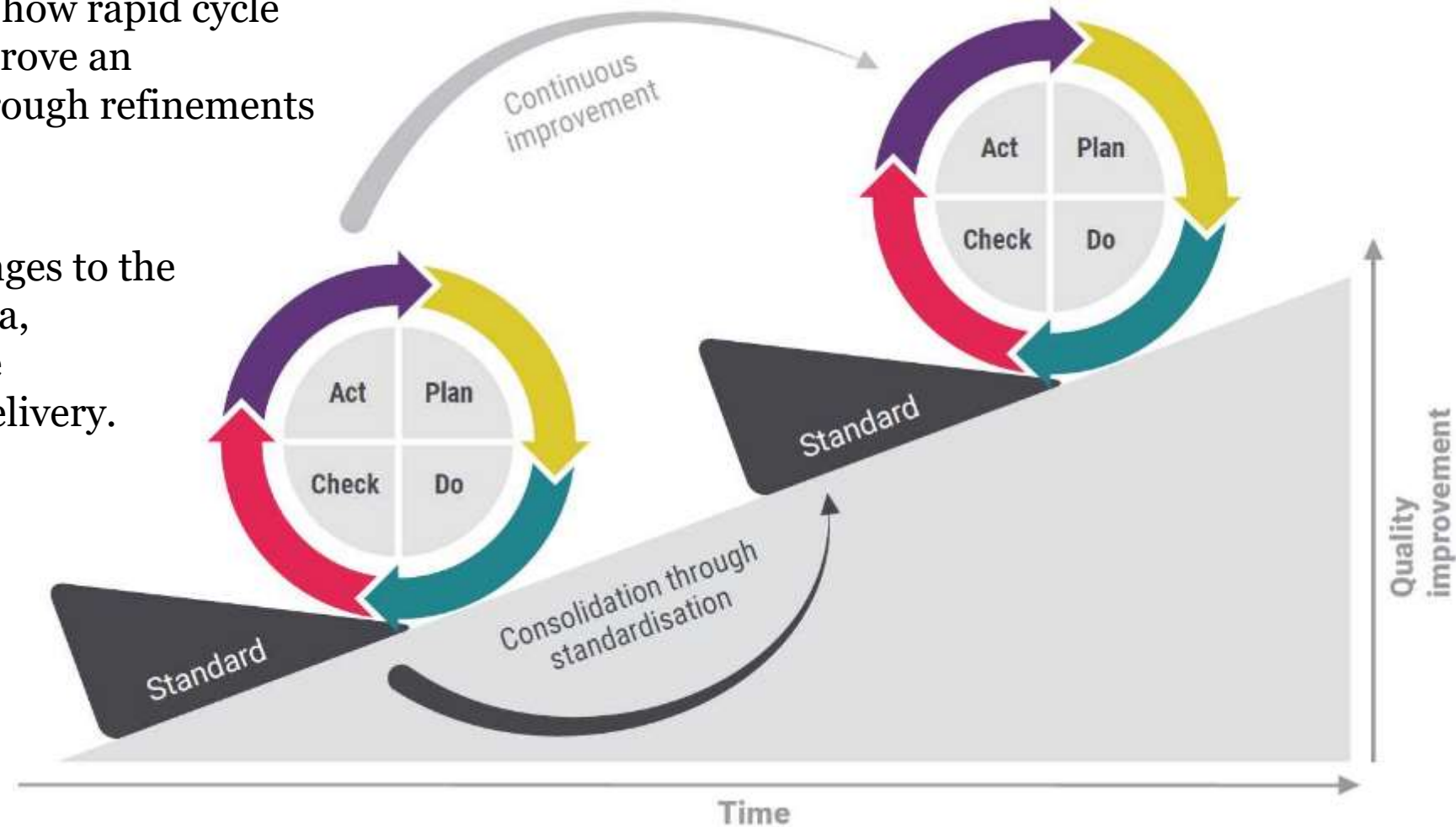


Step 8: Refine and monitor



Our Step 8 guidance describes how rapid cycle evaluations can be used to improve an intervention's effectiveness through refinements in implementation processes.

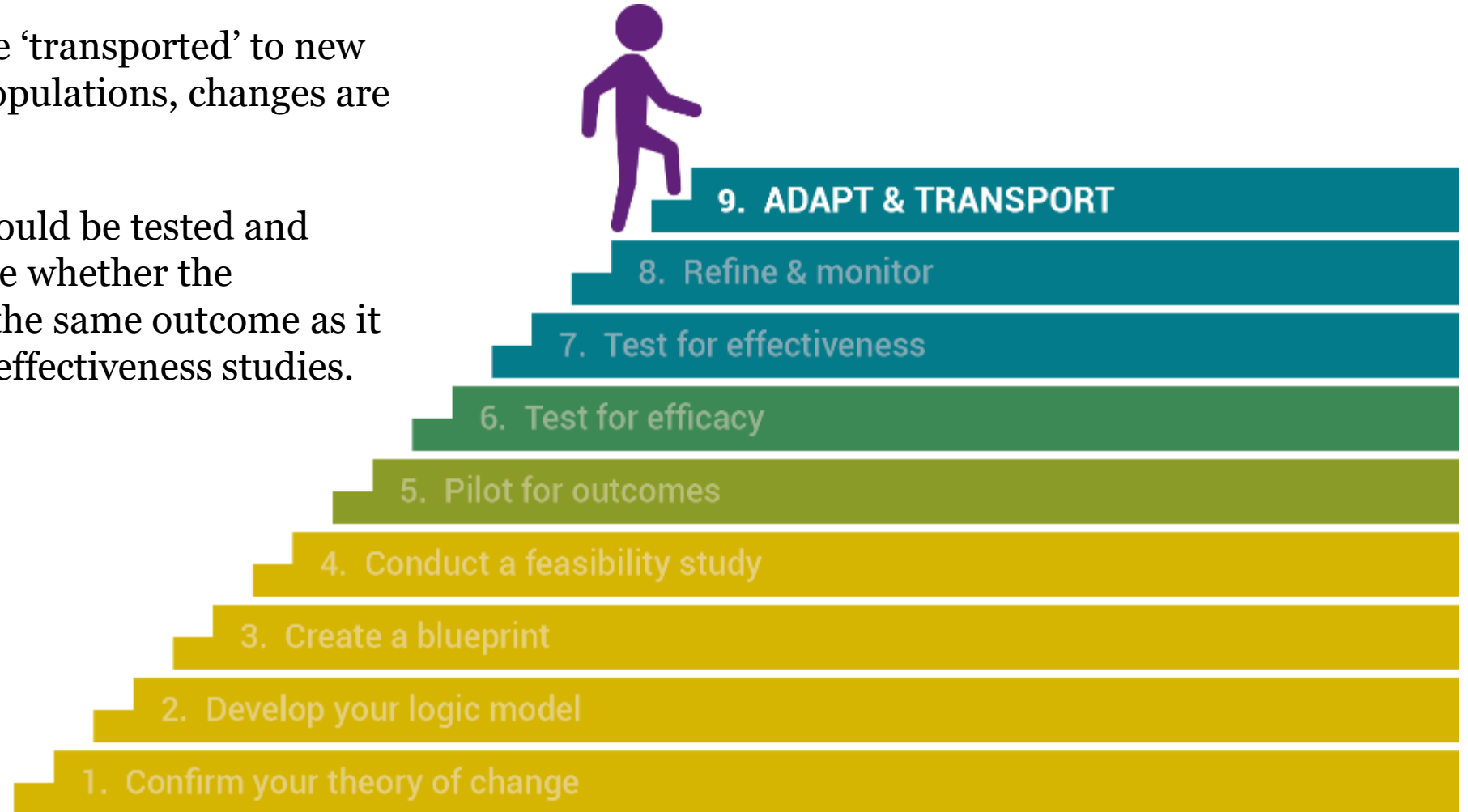
Refinements may include changes to the intervention's eligibility criteria, modifications to the workforce requirements or duration of delivery.



Step 9: Adapt and transfer



- When interventions are ‘transported’ to new contexts, cultures or populations, changes are likely necessary.
- All of these changes should be tested and monitored to determine whether the intervention achieved the same outcome as it did in the efficacy and effectiveness studies.



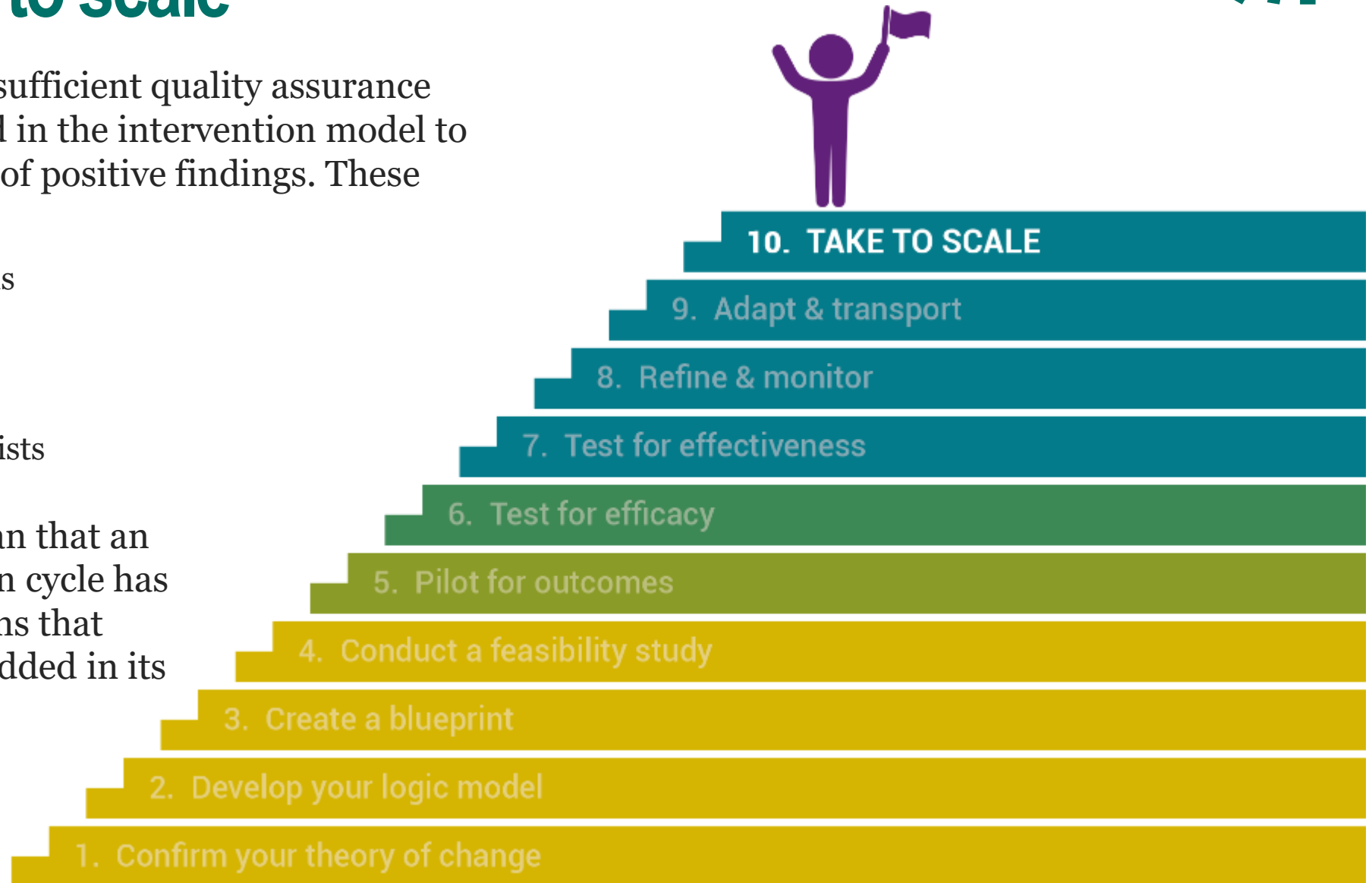
Step 10: Take to scale



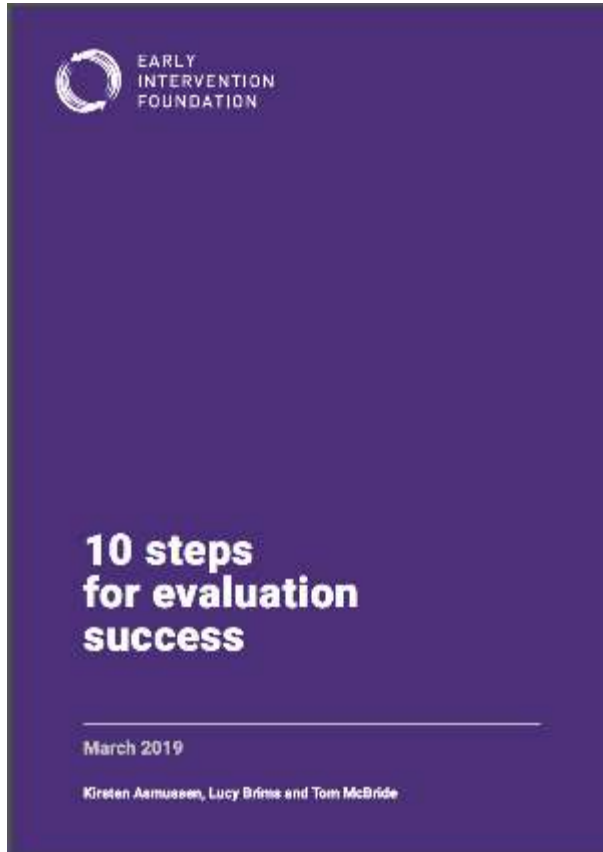
- Scalability means that sufficient quality assurance mechanisms embedded in the intervention model to increase the likelihood of positive findings. These mechanisms include:

- Train the trainer models
- Certification
- Licensing
- Implementation checklists

- Scalability does not mean that an intervention's evaluation cycle has come to an end. It means that evaluation is fully embedded in its ongoing delivery.



Step 10: Take to scale



<https://www.eif.org.uk/resource/10-steps-for-evaluation-success>

