



What Works Centre for Children & Families

10 STEPS FOR EVALUATION SUCCESS: TURNING SCIENCE- BASED THEORIES INTO EFFECTIVE INTERVENTIONS

Dr Elspeth Wilson and Maduran Sundaresan
Friday 19th September 2025



EVIDENCE DRIVEN CHANGE MAKING

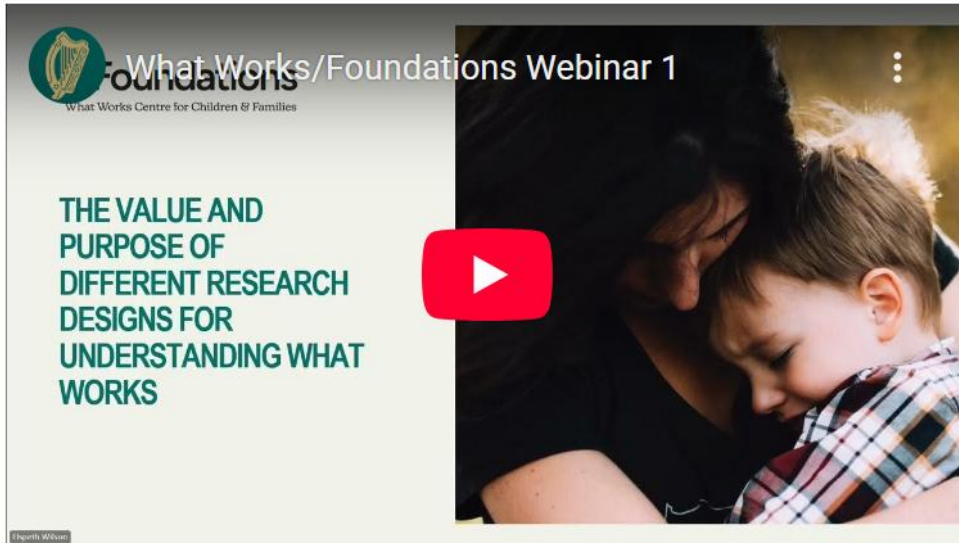
Generating and championing
actionable evidence that
improves services to support
family relationships

What Works Ireland Evidence Hub



The *What Works* Ireland Evidence Hub provides information about prevention and early intervention programmes that have been evaluated and shown to improve outcomes for children and young people. The Evidence Hub is the first tool of its kind in Ireland, developed by the Department of Children, Disability and Equality in conjunction with the What Works for Early Intervention and Children's Social Care (WWEICSC) (now [Foundations](#)).

LAST TIME....



<https://whatworks.gov.ie/resources/prevention-and-early-intervention-webinars-2025/>



Quantitative Research Design

Experimental

Non-Experimental

Pre-
Experimental

Quasi-
Experimental

True
Experimental

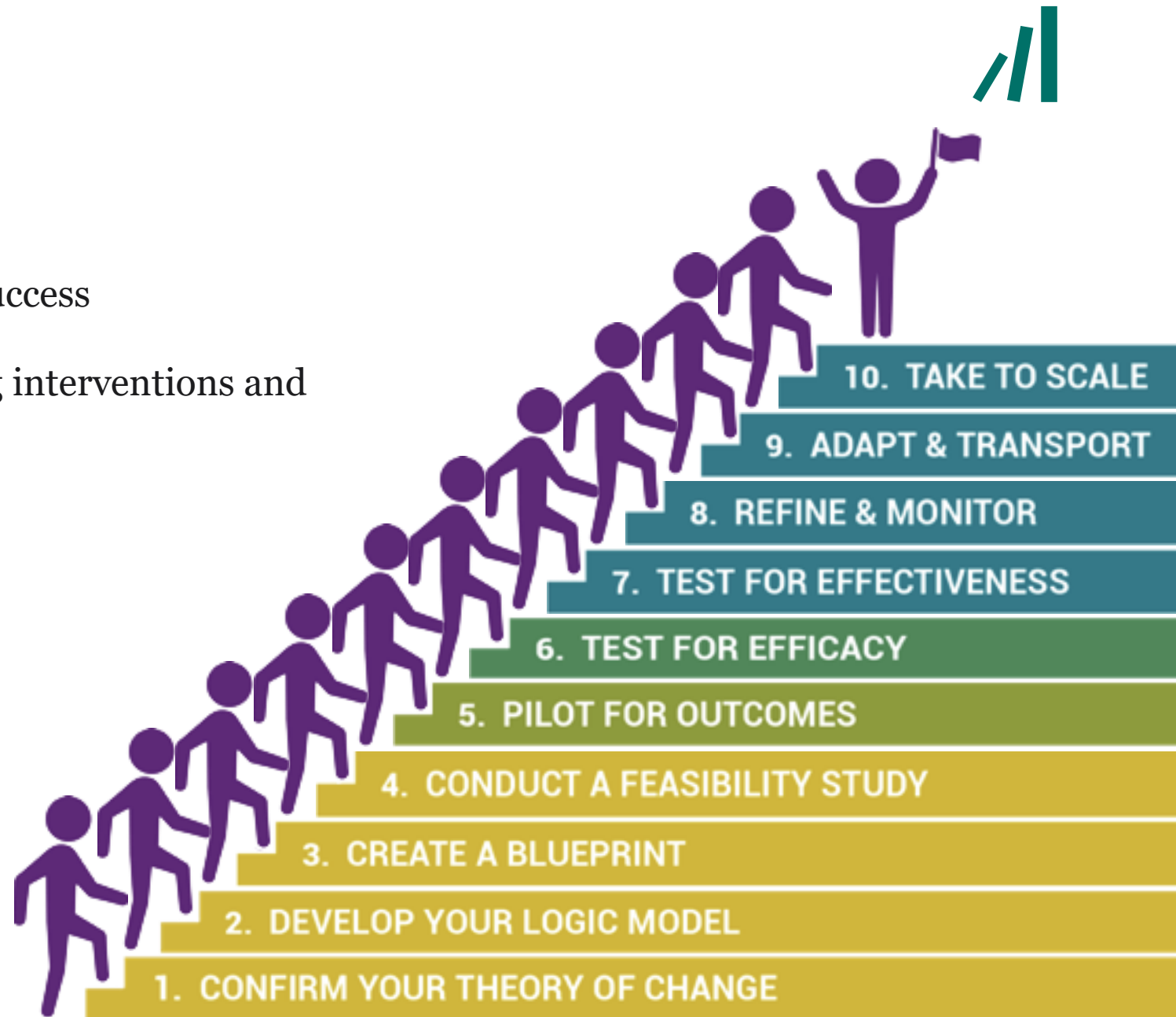
Cross-Sectional /
Repeated Cross-
Sectional

Correlational

Observational

AIMS FOR TODAY

- Understand the 10 steps for evaluation success
- See the value of each stage for developing interventions and ways to support children and families



WARM UP



What do you think of when you hear the term ‘evaluation’ in the context of children’s services?

If you have been involved in an evaluation – in any way – what was the experience like? Pick an emoji! 🙄 😍 🤔 🧐 😄

INTRODUCING OUR CASE STUDY....



INTRODUCING OUR CASE STUDY....



NELI: Nuffield Early Language Intervention

2008



Developmental research



19 schools –
152 children



20 week oral
language vs phonics
programme



**2020
onwards**



Online training and
assessment tool,
remote support



Over 11000 schools
across UK



20 week oral
language intervention



INTRODUCING OUR CASE STUDY...



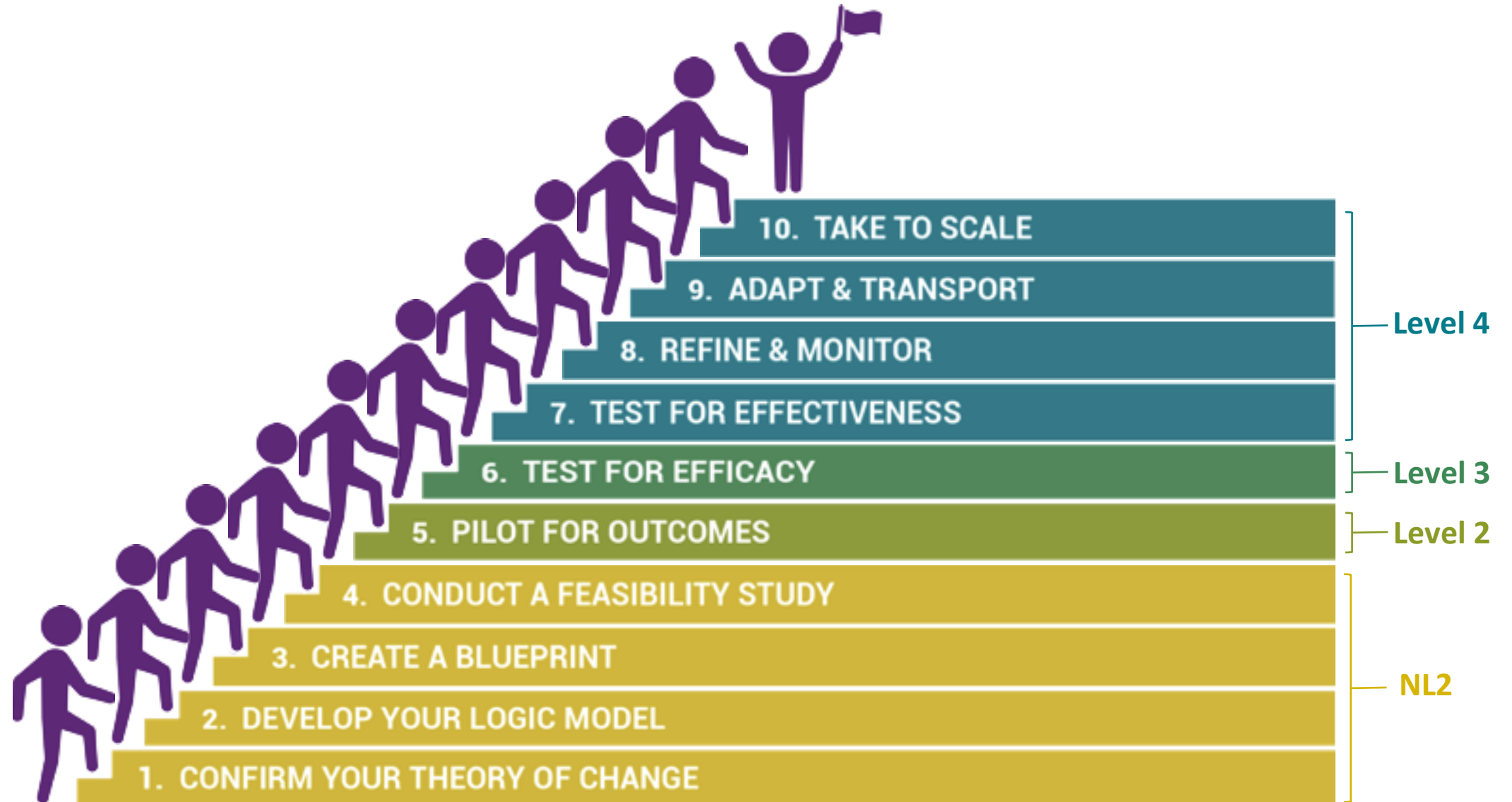
Find the Nuffield Early Language Intervention on the [What Works Evidence Hub](#)

Find out:

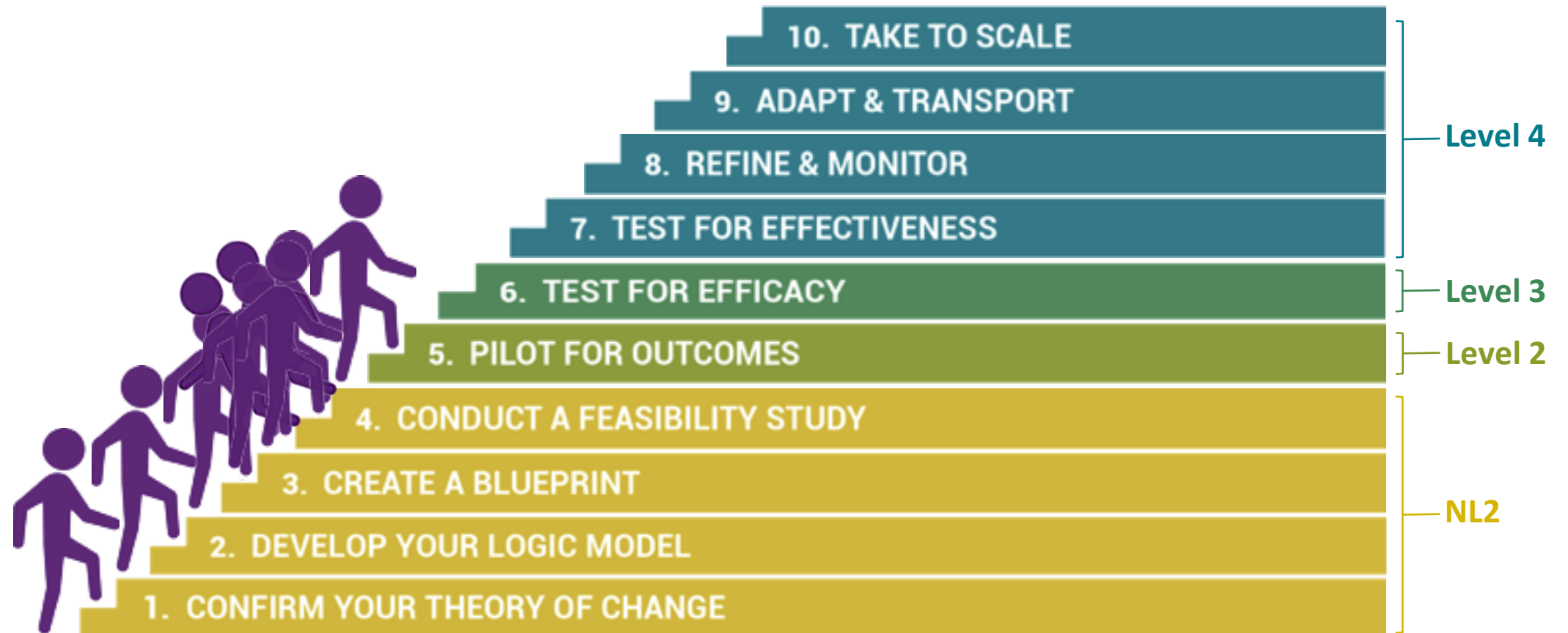
- What kind of evidence it has
- What kind of positive outcomes have been demonstrated in children



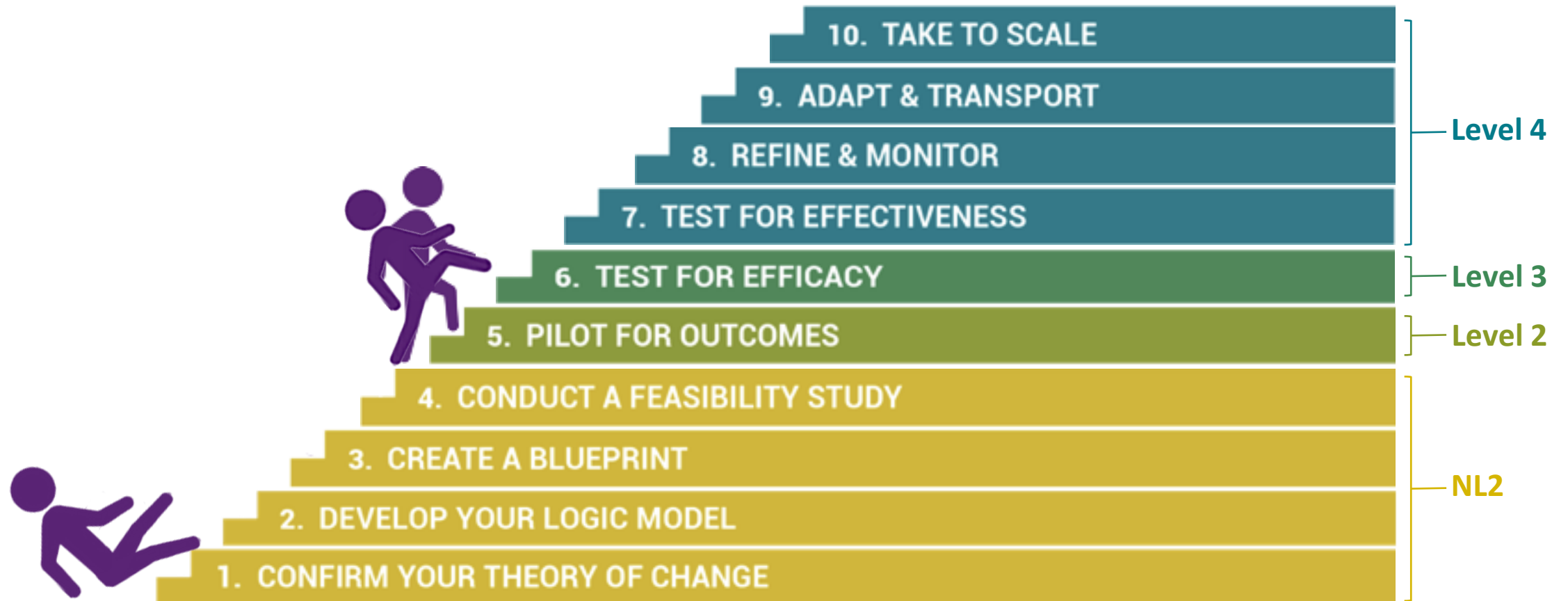
INTRODUCING THE 10 STEPS



INTRODUCING THE 10 STEPS



INTRODUCING THE 10 STEPS



STEP 1: BUILD A SCIENCE-BASED THEORY OF CHANGE

Theory of change

Logic model

Intervention blueprint

Feasibility study

Pilot

Efficacy test

Effectiveness trial

Refine & monitor

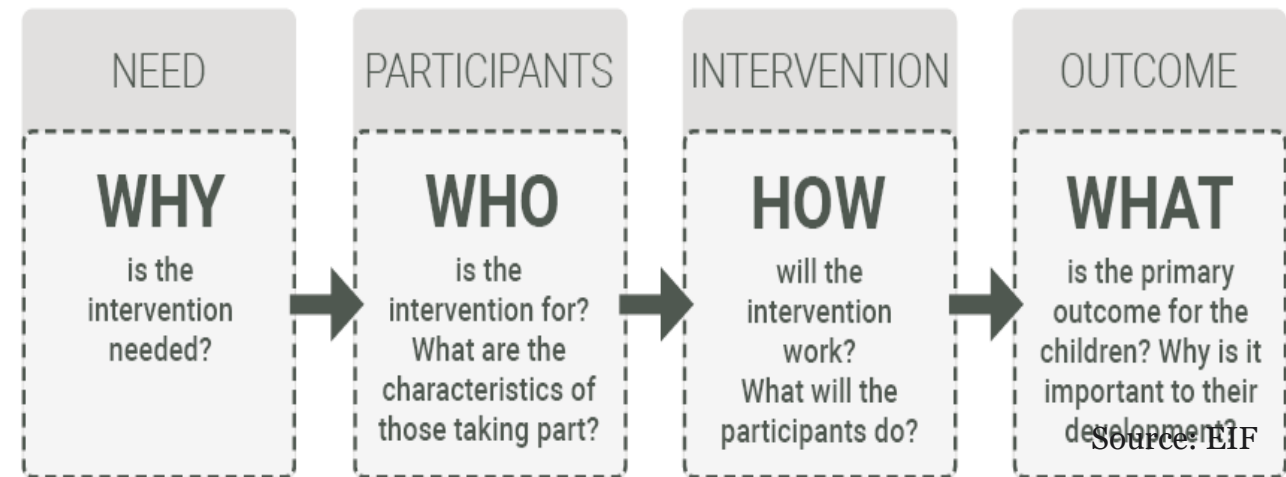
Adapt & transfer

Scale

Theory of Change = tool used to set **how** and **why** a change is expected to be achieved

- A Theory of Change can be developed for an intervention, programme or service.
- It can be a diagram, written description or both
 - Helpful to develop a narrative theory of change to explain the theory and underlying logic in the diagram

The core elements of a theory of change: why, who, how and what



STEP 1: BUILD A SCIENCE-BASED THEORY OF CHANGE

Theory of change

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Efficacy test

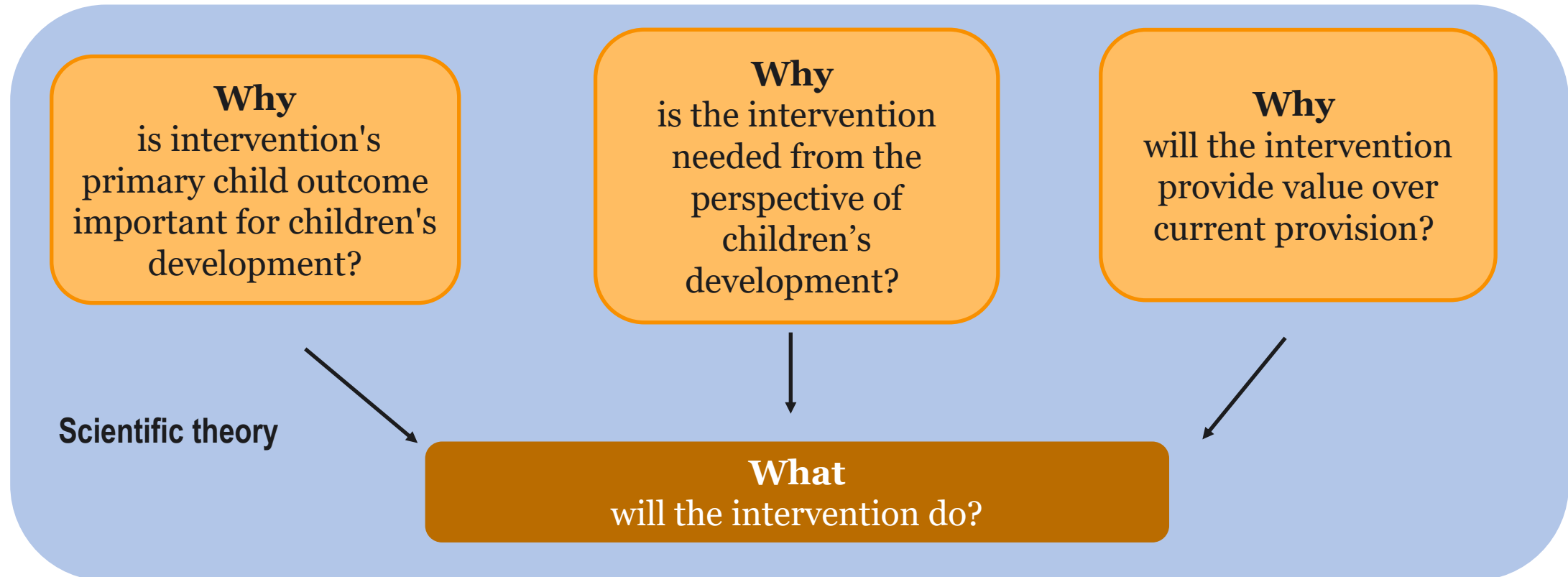
Effectiveness trial

Refine & monitor

Adapt & transfer

Scale

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

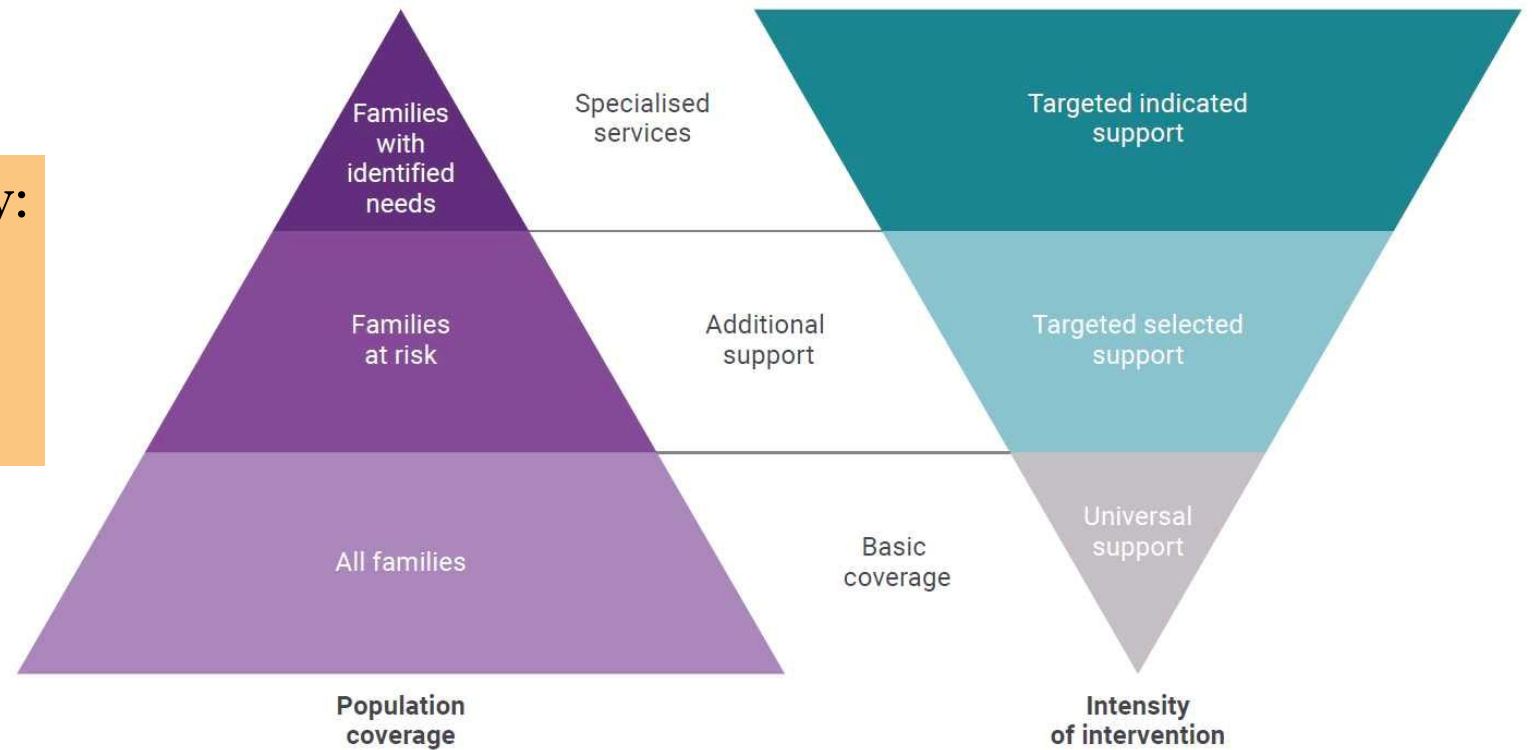


STEP 1: BUILD A SCIENCE-BASED THEORY OF CHANGE

Theory of change > Logic model > Intervention blueprint > Feasibility study > Pilot > Efficacy test > Effectiveness trial > Refine & monitor > Adapt & transfer > Scale

A good theory of change will also say:

- who the intervention is for
- how much of it they will receive (dose)



STEP 1: CASE STUDY – NELI



Theory of change > Logic model > Intervention blueprint > Feasibility study > Pilot > Efficacy test > Effectiveness trial > Refine & monitor > Adapt & transfer > Scale

Theory of change



WHY?

SCIENCE-BASED ASSUMPTION

Delays in early language development, including reduced vocabulary and expressive language skills, can persist throughout school and negatively impact academic achievement.

SCIENCE-BASED ASSUMPTION

Early language development is an important part of children's ability to learn at school, including learning to read, and contributes to social and emotional development.

WHO?

SCIENCE-BASED ASSUMPTION

Children with poor language are less able to engage in learning at school and may experience psycho-social difficulties.

HOW?

INTERVENTION

The mixture of small group and individual sessions focus on improving children's vocabulary, developing narrative skills, encouraging active listening, and building confidence in independent speaking.

WHAT?

SHORT-TERM

Improved child receptive and expressive language
Improved reading.

MEDIUM-TERM

Increased learning at school
Reduced social and emotional difficulties.

LONG-TERM

Increased child school achievement.

STEP 1: CASE STUDY – NELI



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The Simple View of Reading (Gough & Tunmer 1986)

Word recognition



Language
comprehension



Reading
comprehension

Phonological awareness
Phonics / decoding
Fluency

Sentence structure and
vocabulary
Background knowledge

STEP 1: BUILD A SCIENCE-BASED THEORY OF CHANGE

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Why are Theories of Change useful?

For delivery

- Help teams work together to achieve shared understanding of an intervention and its aims
- Encourage teams to engage with existing evidence base
- Quickly communicate intervention rationale

For evaluation

- Determine RQs – outcomes and what is measured
- Act as the basis for claims about why an effect may be observed

STEP 1: BUILD A SCIENCE-BASED THEORY OF CHANGE

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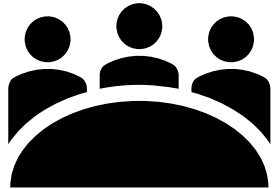
Efficacy test

Effectiveness trial

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Adapt & transfer

Scale



Participatory approaches - multidisciplinary stakeholder workshops

Develop a shared understanding

Creates consensus on intervention aims and outcomes and their scientific foundation

Evidence Integration

Validates that intervention activities are supported by current research

Quality Assurance

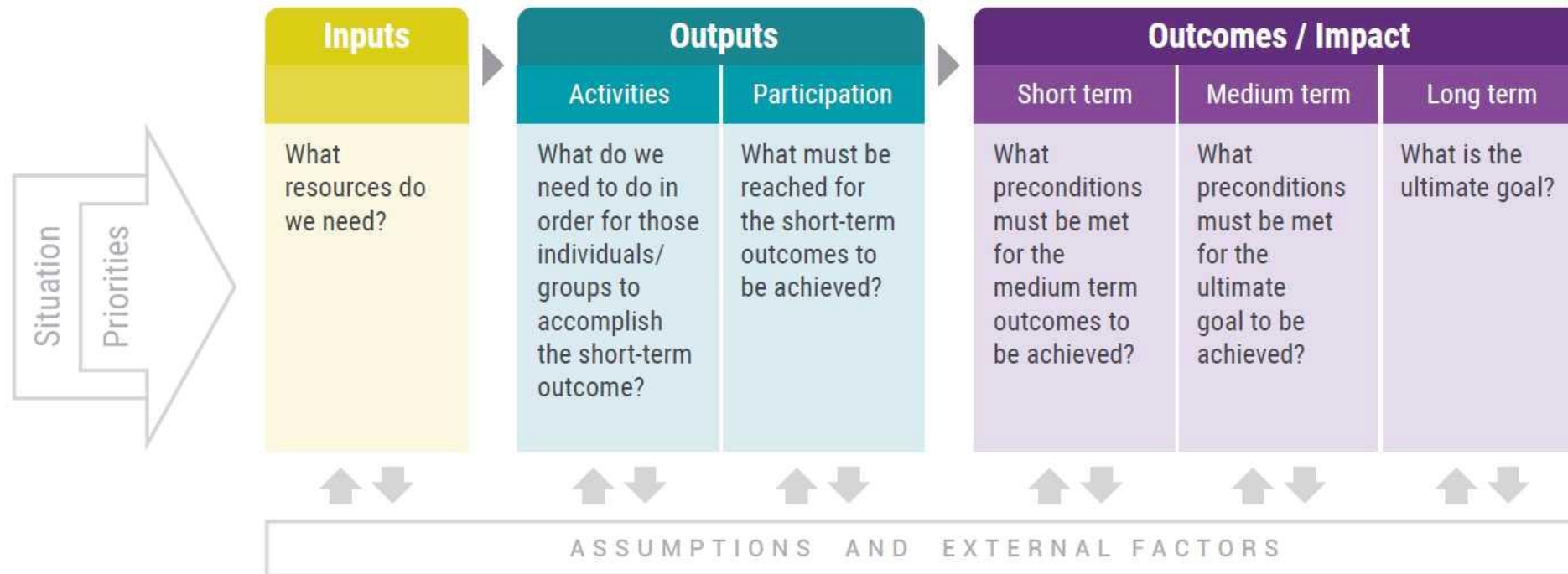
Identifies gaps between practice and evidence based approaches

Stakeholder Alignment

Ensures all perspectives are considered and integrated into the intervention design

Example: [Walsall: Developing a theory of change for local reducing parental conflict support - Foundations](#)

STEP 2: DEVELOP A LOGIC MODEL



THEORY OF CHANGE VS LOGIC MODEL



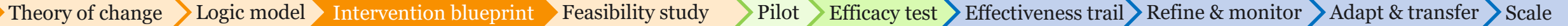
TOC

- Describes **mechanisms** by which the intervention will achieve its anticipated outcomes
- Establishes causes of change and causal pathways for **why** you think an intervention will achieve the intended outcomes
- We will do **x** to address **y**, and we expect it will address **z** outcomes **because of...**

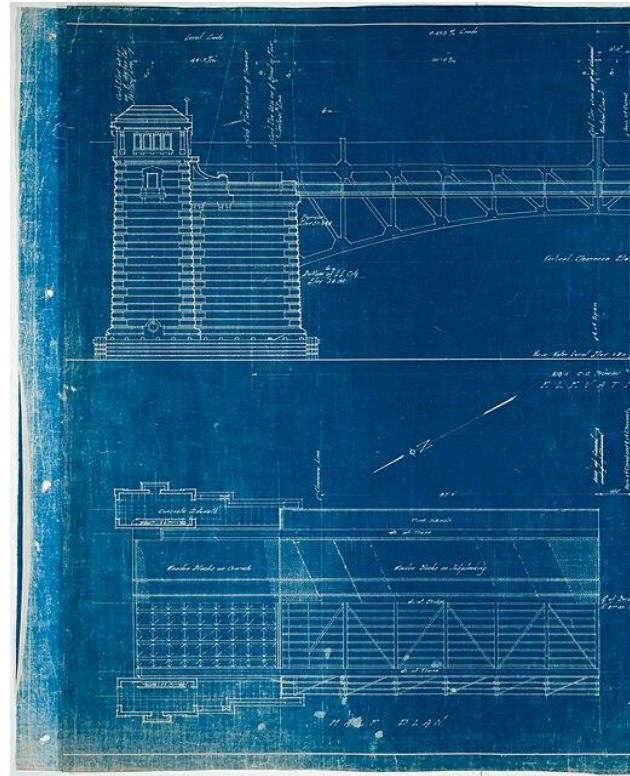
LOGIC MODEL

- Linear sequence showing what interventions' intended outcomes are
- Sets out specific activities and outputs of an intervention and links them with the need and intended outcomes
- We will do **x**, to address **y**, towards **z** outcomes

STEP 3: CREATE AN INTERVENTION BLUEPRINT



- A blueprint links the intervention's specific learning or behaviour change goals to specific activities
- A blueprint also outlines intervention activities in more depth and provides learning materials that support a wide-range of learning styles and needs.



- Will the intensity achieve the outcomes?
 - Are the activities engaging and appropriate?
 - How are the activities, objectives and outcomes connected?
- > *Training and monitoring*



Table 2: Blueprint for a six week antenatal programme

Week	Activity	Specific Objective	
1	Antenatal Nutrition A nutritionist provides information o antenatal food requirements; group discussion about current diet	Mothers know about optimal nutrition during pregnancy	
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	
3	Breastfeeding	Mothers will have improved knowledge	

Short-term outcome	Long-term outcome
Mothers change their eating habits	Mothers have healthier babies, who receive improved nutrition as they develop
Mothers feel greater confidence and positive anticipation about the baby's arrival	Mother's report fewer complications during their child's birth
Mothers will breastfeed their infant	The infant will have improved physical

STEP 4: CONDUCT A FEASIBILITY STUDY



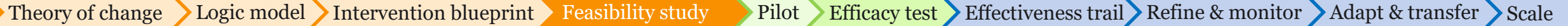
WHEN IS A FEASIBILITY STUDY NEEDED?

- When there is a need to find out whether an intervention *can* work
- When there is no observational or experimental evidence to support the theory of change
- When there are questions around the recruitment and delivery plan
- When there isn't any evidence of impact yet
- Also called an *impact and process evaluation (IPE)*

WHAT QUESTIONS DOES A FEASIBILITY STUDY ANSWER?

- Did the intervention manage to recruit and retain children and families successfully?
- Did the intervention identify and address any barriers to recruiting participants?
- Was the intervention implemented as intended?
- Did the intervention work, or was it perceived to work, as intended?

STEP 4: CONDUCT A FEASIBILITY STUDY



WHAT KINDS OF RESEARCH METHODS ARE USED?

- Qualitative research methods, e.g. focus groups, interviews, surveys, workshops
- Observational data
- Analysis of administrative data (e.g. recruitment, retention, fidelity monitoring)
- Theory-building
- Realist evaluation
- Economic analysis scoping

HOW DOES IT BENEFIT THE INTERVENTION?

- Documents how an intervention is best implemented
- Helps to establish quality assurance systems
- Refines the Theory of Change
- Provides findings to improve the delivery and content of the intervention

STEP 4: CASE STUDY – NELI



Theory of change → Logic model → Intervention blueprint → Feasibility study → Pilot → Efficacy test → Effectiveness trail → Refine & monitor → Adapt & transfer → Scale

Improving early language and literacy skills: differential effects of an oral language versus a phonology with reading intervention

Claudine Bowyer-Crane,¹ Margaret J. Snowling,¹ Fiona J. Duff,¹
Elizabeth Fieldsend,¹ Julia M. Carroll,² Jeremy Miles,³ Kristina Götz¹
and Charles Hulme¹

¹Department of Psychology, University of York; ²Department of Psychology, University of Warwick; ³Department of Health Sciences, University of York

Background: This study compares the efficacy of two school-based intervention programmes (Phonology with Reading (P + R) and Oral Language (OL)) for children with poor oral language at school entry. **Methods:** Following screening of 960 children, 152 children (mean age 4;09) were selected from 19 schools on the basis of poor vocabulary and verbal reasoning skills and randomly allocated to either the P + R programme or the OL programme. Both groups of children received 20 weeks of daily intervention alternating between small group and individual sessions, delivered by trained teaching assistants. Children in the P + R group received training in letter-sound knowledge, phonological awareness and book level reading skills. Children in the OL group received instruction in vocabulary, comprehension, inference generation and narrative skills. The children's progress was monitored at four time points: pre-, mid- and post-intervention, and after a 5-month delay, using measures of literacy, language and phonological awareness. **Results:** The data are clustered (children within schools) and robust confidence intervals are reported. At the end of the 20-week intervention programme, children in the P + R group showed an advantage over the OL group on literacy and phonological measures, while children in the OL group showed an advantage over the P + R group on measures of vocabulary and grammatical skills. These gains were maintained over a 5-month period. **Conclusions:** Intervention programmes designed to develop oral language skills can be delivered successfully by trained teaching assistants to children at school entry. Training using P + R fostered decoding ability whereas the OL programme improved vocabulary and grammatical skills that are foundations for reading comprehension. However, at the end of the intervention, more than 50% of at-risk children remain in need of literacy support. **Keywords:** Early intervention, oral language, phonological awareness, early literacy, RCT.

Logistically hard to organise

Teacher was not supportive

Benefits of a quiet space for children to speak up

Resources time-consuming to prepare

Snowling et al 2022

STEP 4: FEASIBILITY STUDY EXERCISE



Choose one of these feasibility studies to look at, and:

- Find out what kind of questions were they asking. What were the main aims?
- Think about why we might have conducted a feasibility study

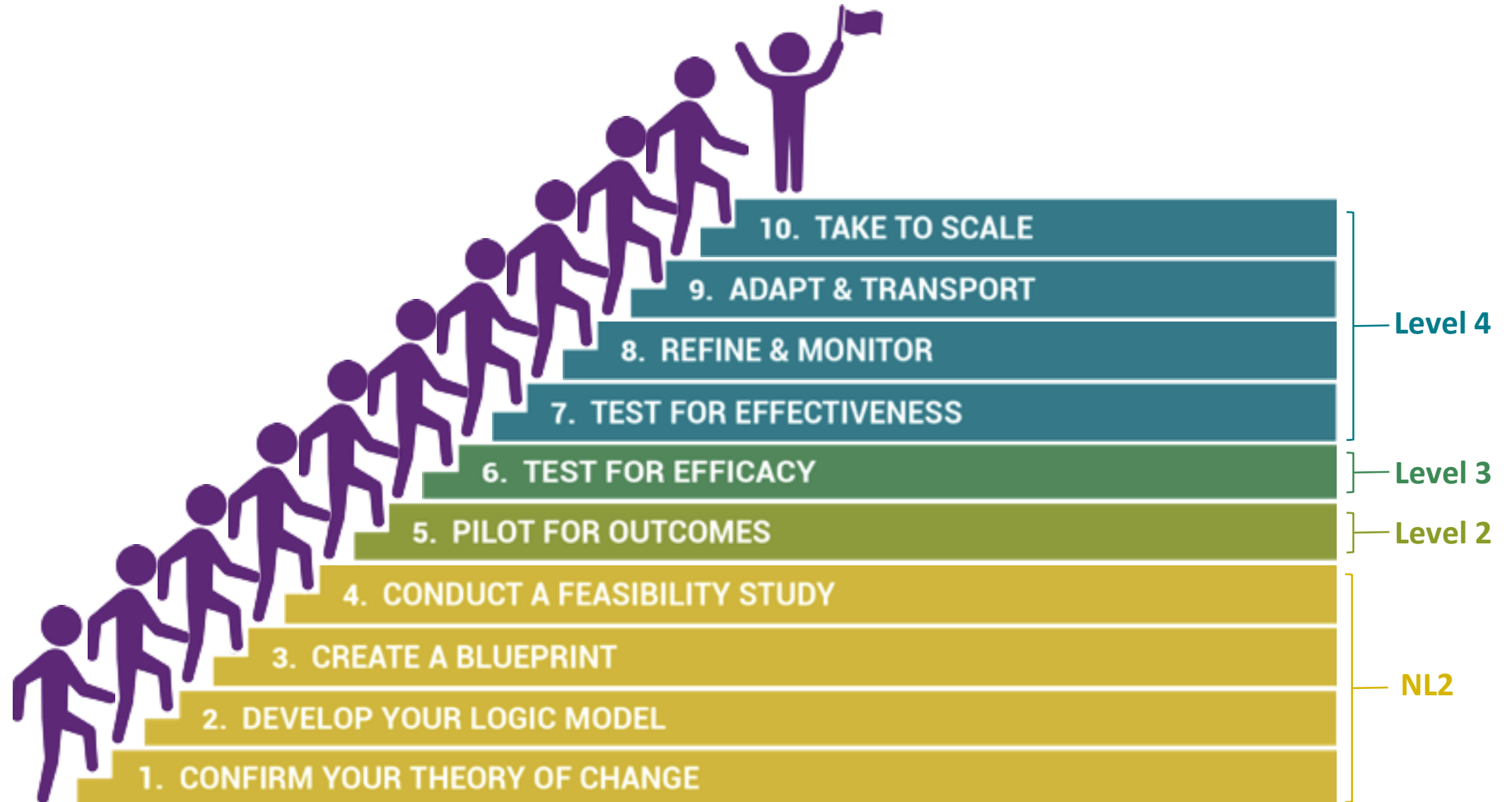
5 minutes



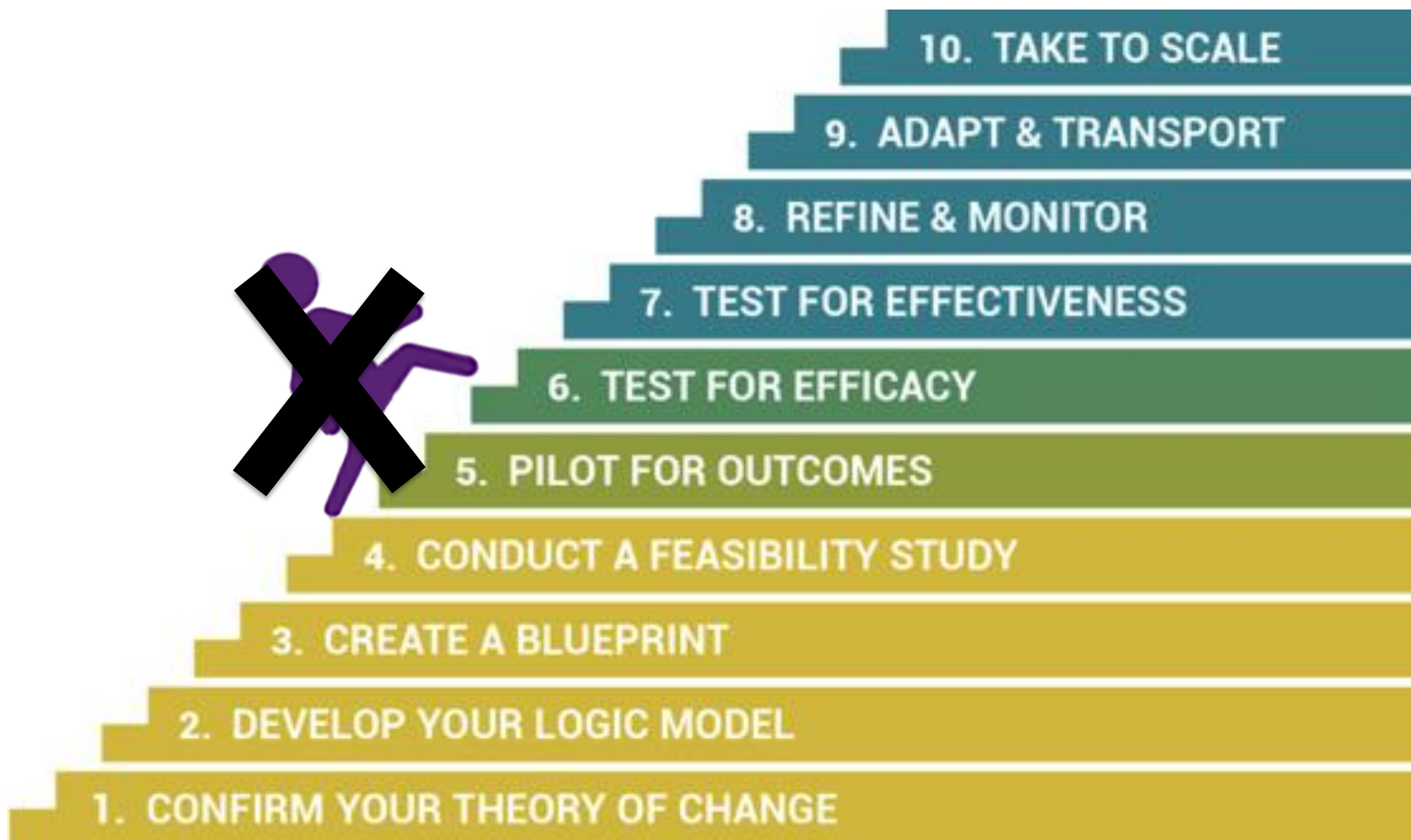
[Staying Close Feasibility Study – Foundations](#)

[A feasibility study of the Restart programme – Foundations](#)

FOUNDATIONAL STEPS Q&A



STEP 5: CONDUCT A PILOT STUDY



STEP 5: PILOT FOR OUTCOMES



WHEN IS A PILOT STUDY NEEDED?

- The intervention is relatively new or not yet evaluated
- The intervention may be implemented and evaluated in another country but not yet in Ireland
- The intervention is delivered on a small-scale
- The ideal design has been identified (e.g. through a feasibility study)
- There are concerns about risks of a larger evaluation, e.g. acceptability of a randomised design or whether an outcome measure is viable.
- *A small-scale early stage evaluation*

WHAT QUESTIONS DOES A PILOT STUDY ANSWER?

- What is the best dosage? (length of intervention)
- What is the cost of delivering and evaluating the intervention?
- Did the intervention have the expected effect on the outcome? (preliminary evidence)
- Was there any difference in outcomes across different subgroups of participants?

STEP 5: PILOT FOR OUTCOMES



WHAT RESEARCH METHODS ARE USED?

- Quantitative impact evaluation: Randomised control trial or quasi-experimental design
- Could also be a single-group pre-post study, for very preliminary indication of impact

High risk of bias!
The results are
preliminary.

HOW DOES IT BENEFIT THE INTERVENTION?

- Help to establish readiness for full-scale evaluation
- Can improve programme delivery and quality assurance
- Identifies appropriate and validated tools to measure outcomes for children and families

STEP 5: CASE STUDY – NELI



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Look at [this study](#) of NELI – just read the abstract!

What features of a pilot study does it have?

Which pilot study research questions does it answer?

3 minutes



STEP 5: CASE STUDY – NELI



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- The intervention is relatively new or not yet evaluated
- The intervention is delivered on a small-scale
- Did the intervention have the expected effect on the outcome? (preliminary evidence)
- Randomised control trial
- Help to establish readiness for full-scale evaluation
- Can improve programme delivery and quality assurance
- Identifies appropriate and validated tools to measure outcomes for children and families

STEP 6: CONDUCT AN EFFICACY TRIAL



WHEN IS AN EFFICACY TRIAL NEEDED?

- There is evidence that the intervention and an evaluation is feasible
- There is already preliminary evidence that the intervention has a positive impact
- The intervention is delivered in ideal conditions, including involvement of developers; strict eligibility criteria (children and families included in the trial); intervention manual, training and QA are available

WHAT QUESTIONS DOES AN EFFICACY TRIAL ANSWER?

- Did the intervention have the expected effect?
- Did outcomes differ across different subgroups and locations? E.g. children at different stages of their care journeys; children at different ages; children from different cultural backgrounds; families who engaged more or less in the intervention

STEP 6: CONDUCT AN EFFICACY TRIAL



WHAT RESEARCH METHODS ARE USED?

- Primarily a design which has least risk of bias: individual-level RCT
- May also use other more pragmatic designs (e.g. Cluster RCT)

HOW DOES IT BENEFIT THE INTERVENTION?

- Can establish that an intervention works in one place at one time leading to wider uptake
- May identify some causal mechanisms leading to a better understanding of how the intervention works
- Identifies which subgroups or locations benefit more or less from the intervention

STEP 6: CASE STUDY – NELI



Theory of change > Logic model > Intervention blueprint > Feasibility study > Pilot > **Efficacy test** > Effectiveness trail > Refine & monitor > Adapt & transfer > Scale

Efficacy of language intervention in the early years

Silke Fricke,¹ Claudine Bowyer-Crane,² Allyson J. Haley,³ Charles Hulme,⁴ and Margaret J. Snowling³

¹Department of Human Communication Sciences, University of Sheffield, Sheffield; ²Department of Psychology, Sociology and Politics, Sheffield Hallam University, Sheffield; ³Department of Psychology, University of York, York;

⁴Division of Psychology and Language Sciences, University College London, London, UK

Background: Oral language skills in the preschool and early school years are critical to educational success and provide the foundations for the later development of reading comprehension. **Methods:** In a randomized controlled trial, 180 children from 15 UK nursery schools ($n = 12$ from each setting; $M_{\text{age}} = 4;0$) were randomly allocated to receive a 30-week oral language intervention or to a waiting control group. Children in the intervention group received 30 weeks of oral language intervention, beginning in nursery (preschool), in three group sessions per week, continuing with daily sessions on transition to Reception class (pre-Year 1). The intervention was delivered by nursery staff and teaching assistants trained and supported by the research team. Following screening, children were assessed preintervention, following completion of the intervention and after a 6-month delay. **Results:** Children in the intervention group showed significantly better performance on measures of oral language and spoken narrative skills than children in the waiting control group immediately after the 30 week intervention and after a 6 month delay. Gains in word-level literacy skills were weaker, though clear improvements were observed on measures of phonological awareness. Importantly, improvements in oral language skills generalized to a standardized measure of reading comprehension at maintenance test. **Conclusions:** Early intervention for children with oral language difficulties is effective and can successfully support the skills, which underpin reading comprehension. **Keywords:** Intervention, language, mediation, reading, education.

Nuffield Early Language Intervention

University College London and ICAN

Implementation cost ?



Evidence strength ?



Impact (months) ?



[EEF Summary](#)

[Evaluation Conclusions](#)

[Were the schools in the trial similar to my ...](#)

[Could I implement this in my : >](#)

[Research Results](#)

Project info

Independent Evaluator

 The Institute for Fiscal Studies

Pupils: 350 • Schools: 34 • Grant: £736,546

Key Stage: EY, 1 • Duration: 2 year(s) • Type of Trial: Efficacy level evidence

Improving spoken language skills in young children around the time that they start school

Completed February 2014

[Fricke et al 2013](#)

[EEF efficacy trial – Fricke et al 2017](#)

STEP 6: CASE STUDY – LIGHTHOUSE



Theory of change > Logic model > Intervention blueprint > Feasibility study > Pilot > Efficacy test > Effectiveness trail > Refine & monitor > Adapt & transfer > Scale

LIGHTHOUSE PARENTING PROGRAMME



[Supporting parenting](#)

March 22, 2024

LIGHTHOUSE PARENTING PROGRAMME

Highlights

The evaluation had high recruitment and retention rates, with social care teams and participants expressing positive views about the programme. However, there was no statistically significant evidence that the Lighthouse Parenting Programme produced better outcomes than those who received the usual children's social care treatment. Further research is needed to fully understand the impact and effectiveness of the Lighthouse Parenting Programme in the children's social care sector, however the report presents some interesting learnings for those that are delivering Lighthouse.

- Moved from a pre-post single group evaluation as well as service data to an RCT – needed more piloting in-between
- Pre-post studies almost always have larger effects – make an intervention look more promising than it really is!
- There was poor fidelity – implementation issues
- Smaller sample size than planned
- *When steps are skipped, it's hard to interpret why there is no evidence for a positive impact!*

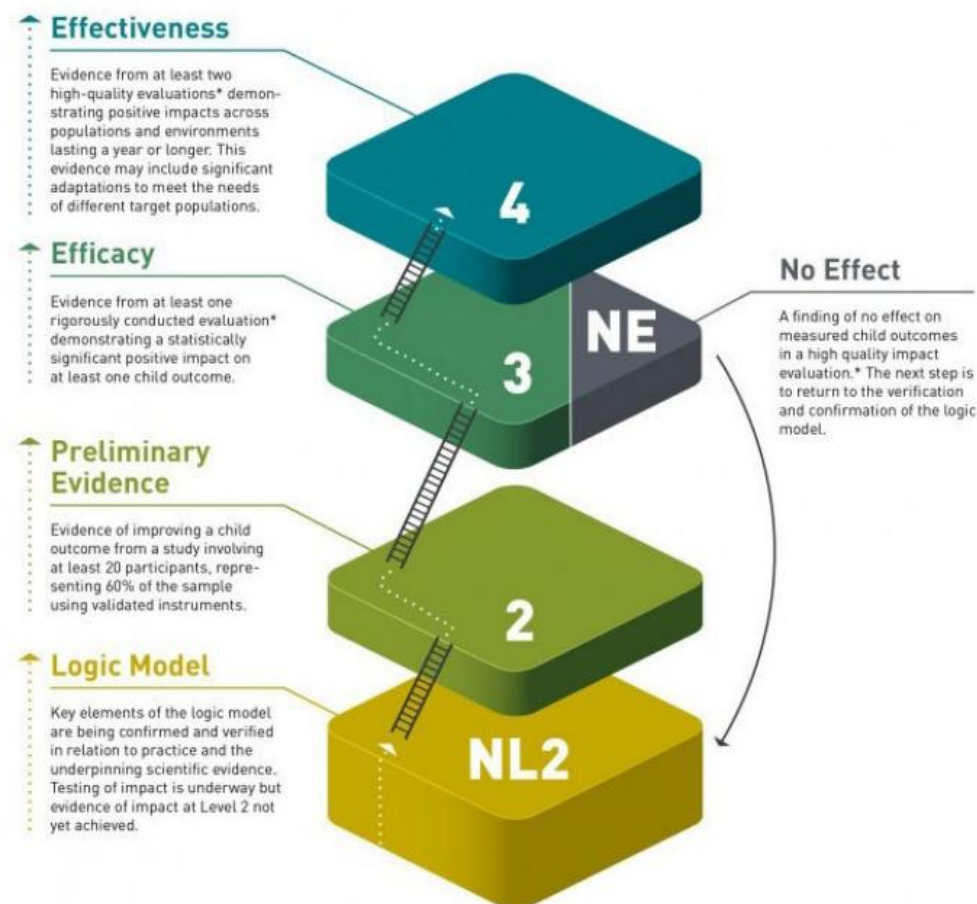
STEP 6: CONDUCT AN EFFICACY TRIAL



OUR EVIDENCE STANDARDS SUMMARY

Efficacy test → Effectiveness trail → Refine & monitor → Adapt & transfer → Scale

For more information about our evidence standards, see our [Technical Guide](#)!



STEP 7: CONDUCT AN EFFECTIVENESS STUDY



Theory of change > Logic model > Intervention blueprint > Feasibility study > Pilot > Efficacy test > **Effectiveness trial** > Refine & monitor > Adapt & transfer > Scale

WHEN IS AN EFFECTIVENESS TRIAL NEEDED?

- The intervention is well-developed
- There is already good, promising evidence that the intervention works
- The intervention is delivered at scale
- It is delivered in real-world conditions, including train-the-trainer approach, implementation guidelines, broad group of beneficiaries, routine monitoring data
- *May also be a pragmatic evaluation*

WHAT QUESTIONS DOES AN EFFECTIVENESS TRIAL ANSWER?

- Did the intervention have the expected effect?
- Did outcomes differ across different subgroups and locations? E.g. children at different stages of their care journeys; children at different ages; children from different cultural backgrounds; families who engaged more or less in the intervention

STEP 7: CONDUCT AN EFFECTIVENESS STUDY



WHAT RESEARCH METHODS ARE USED?

- Pragmatic designs (e.g. Cluster RCT, Stepped-wedge, quasi-experimental design)

HOW DOES IT BENEFIT THE INTERVENTION?

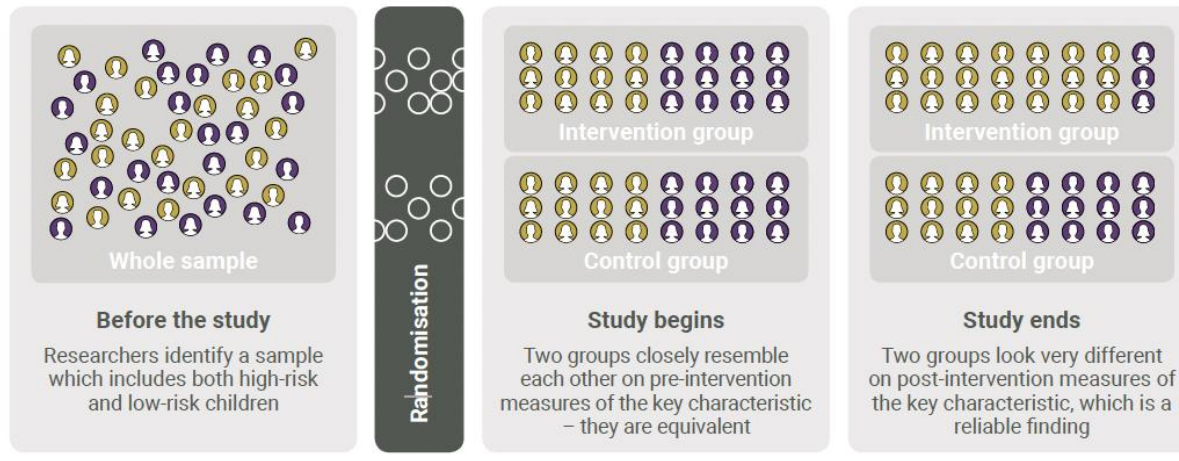
- Can establish that an intervention works across a range of locations or contexts
- May identify long-term outcomes of the intervention
- May identify some causal mechanisms leading to a better understanding of how the intervention works
- Identifies which subgroups or locations benefit more or less from the intervention

STEP 7: RESEARCH DESIGNS

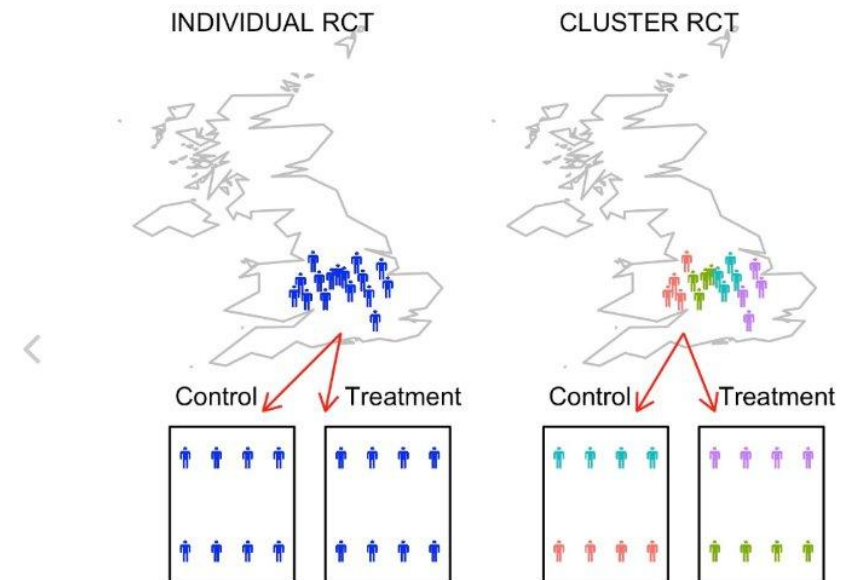


Theory of change > Logic model > Intervention blueprint > Feasibility study > Pilot > Efficacy test > Effectiveness trial > Refine & monitor > Adapt & transfer > Scale

Individual RCTs



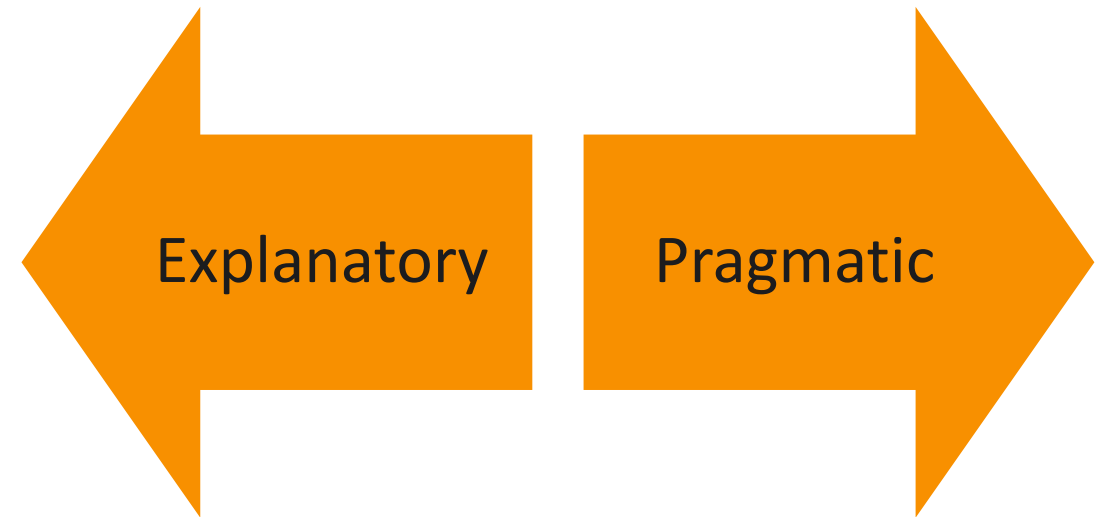
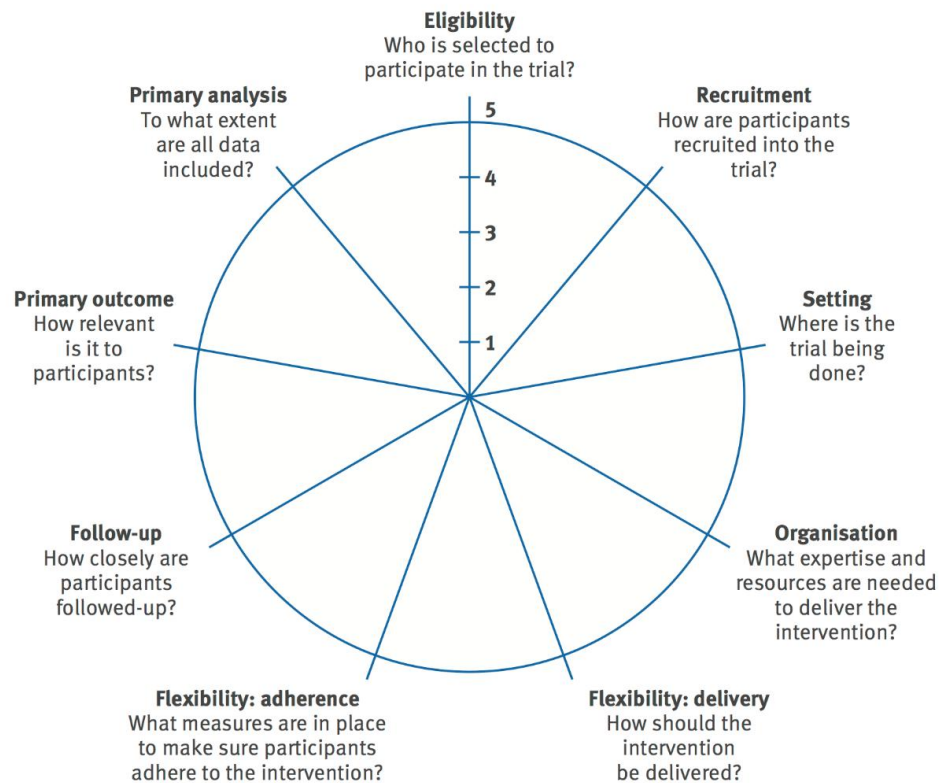
Cluster RCTs



[Cluster RCT Figure taken from: Chapter 16 Cluster Randomized Control Trials | Evaluating What Works \(bookdown.org\)](#)

Figure 16.1: In the Individual RCT, location is irrelevant and cases are assigned to intervention at random. In the Cluster RCT, there are four geographical clusters, two of which are randomly assigned to each intervention group

STEP 7: RESEARCH DESIGNS



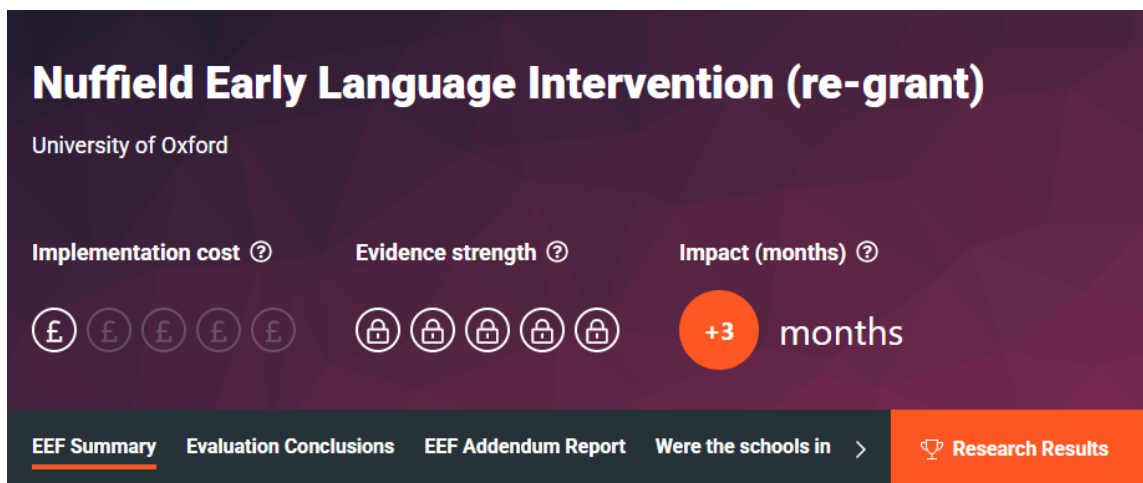
www.precis-2.org

The PRagmatic-Explanatory Continuum Indicator Summary 2 (PRECIS-2) wheel.
Adapted from [BMJ 2015;350:h2147](https://doi.org/10.1136/bmj.2015.350.h2147)

STEP 7: CONDUCT AN EFFECTIVENESS STUDY



Theory of change > Logic model > Intervention blueprint > Feasibility study > Pilot > Efficacy test > **Effectiveness trial** > Refine & monitor > Adapt & transfer > Scale



- 1156 children across 193 schools!
- Given implementation issues with the longer 30-week intervention, just tested the 20-week intervention
- External organisation providing the training (less developer involvement)
- Cluster RCT design

Project info

Independent Evaluator



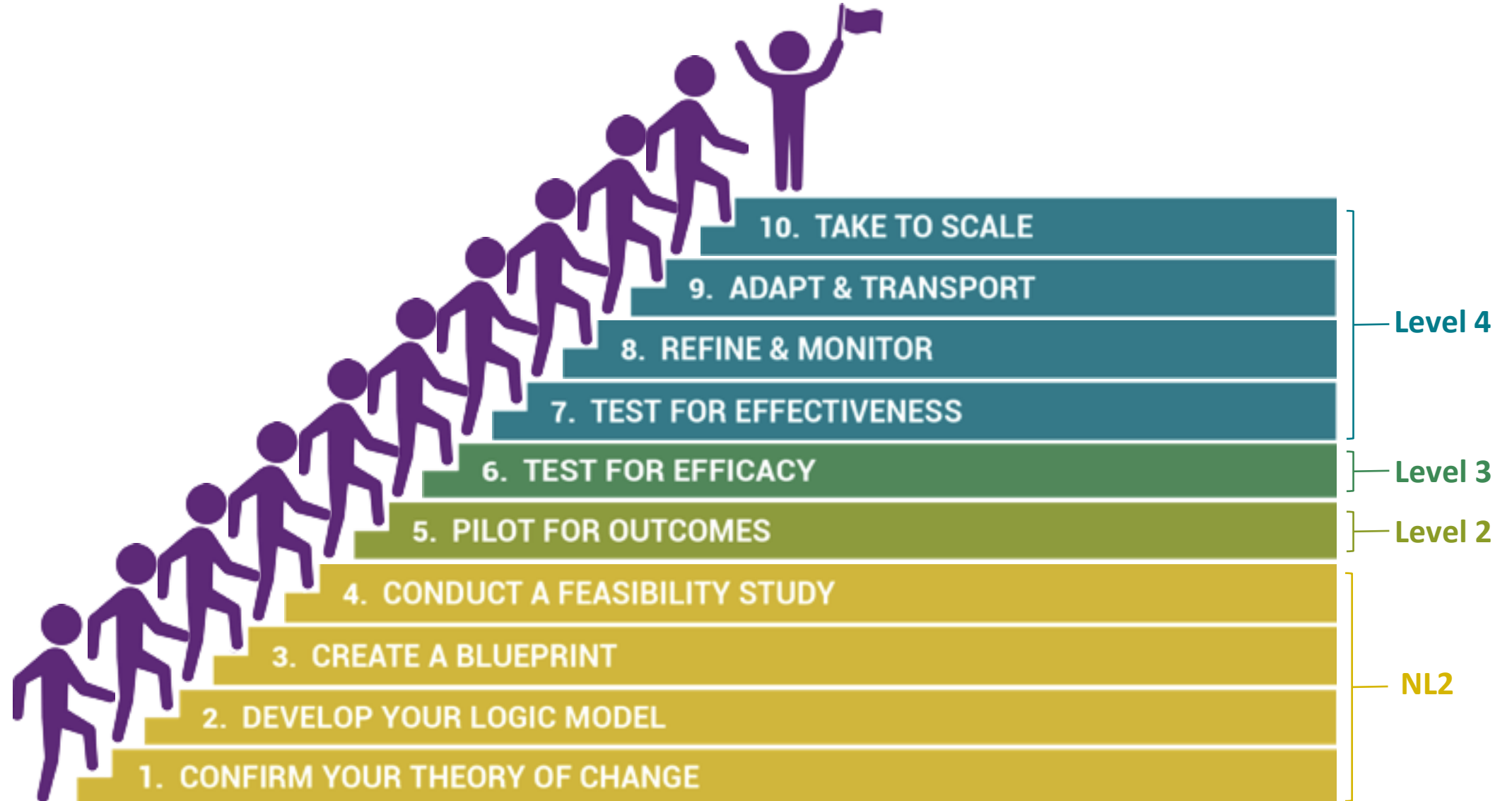
Training Teaching Assistants to support early language development

Pupils: 1156 • Schools: 193 • Grant: £526,443

Key Stage: EY • Duration: 2 year(s) 11 month(s) • Type of Trial: Effectiveness level evidence

Completed May 2020

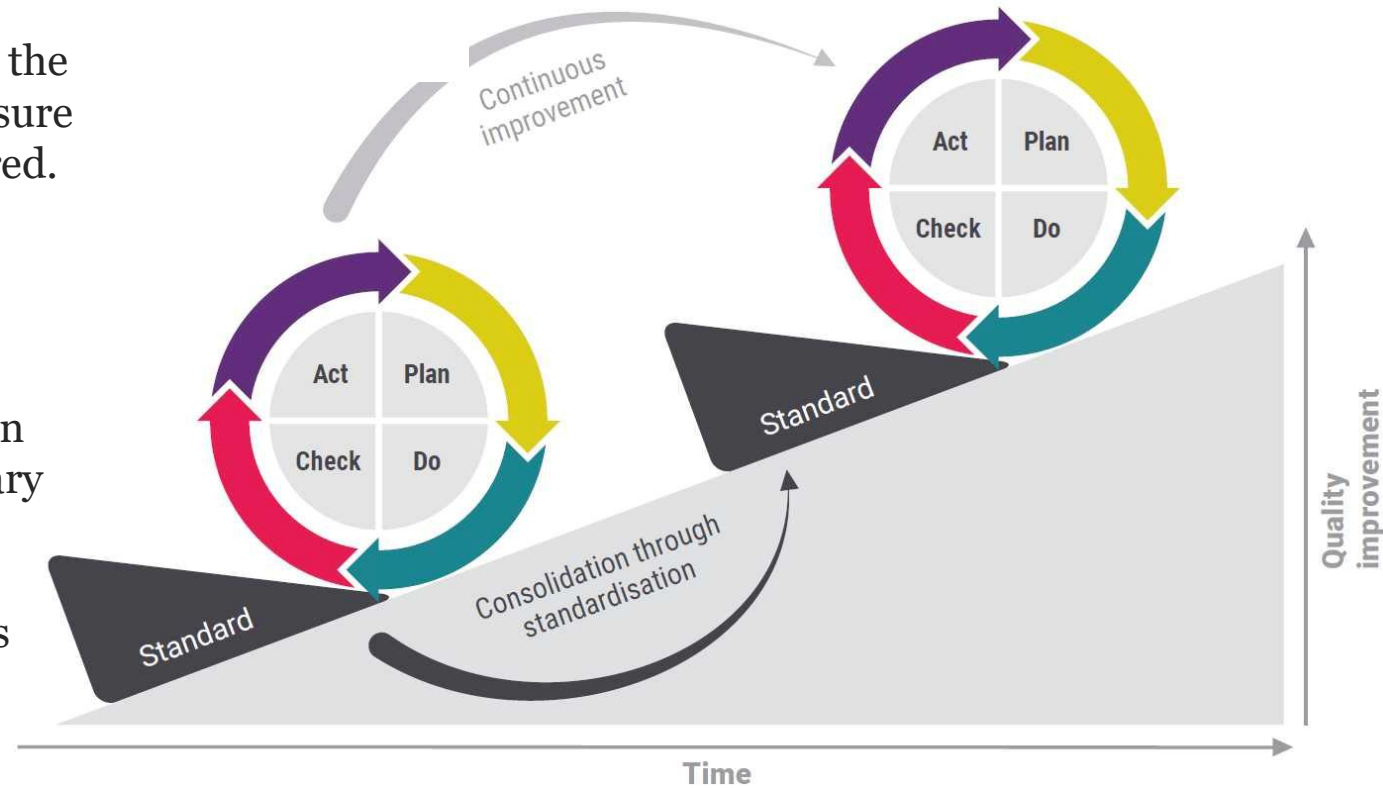
IMPACT EVALUATION STEPS Q&A



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
- 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 they are often adapted.
- Testing and monitoring these adaptations can help to find out whether the intervention is still as effective.

The intervention might not be effective because....

- It is not as appropriate for that context
- It is not implementable as well in the new context
- The Business As Usual is already better in the new context
- Many other reasons....



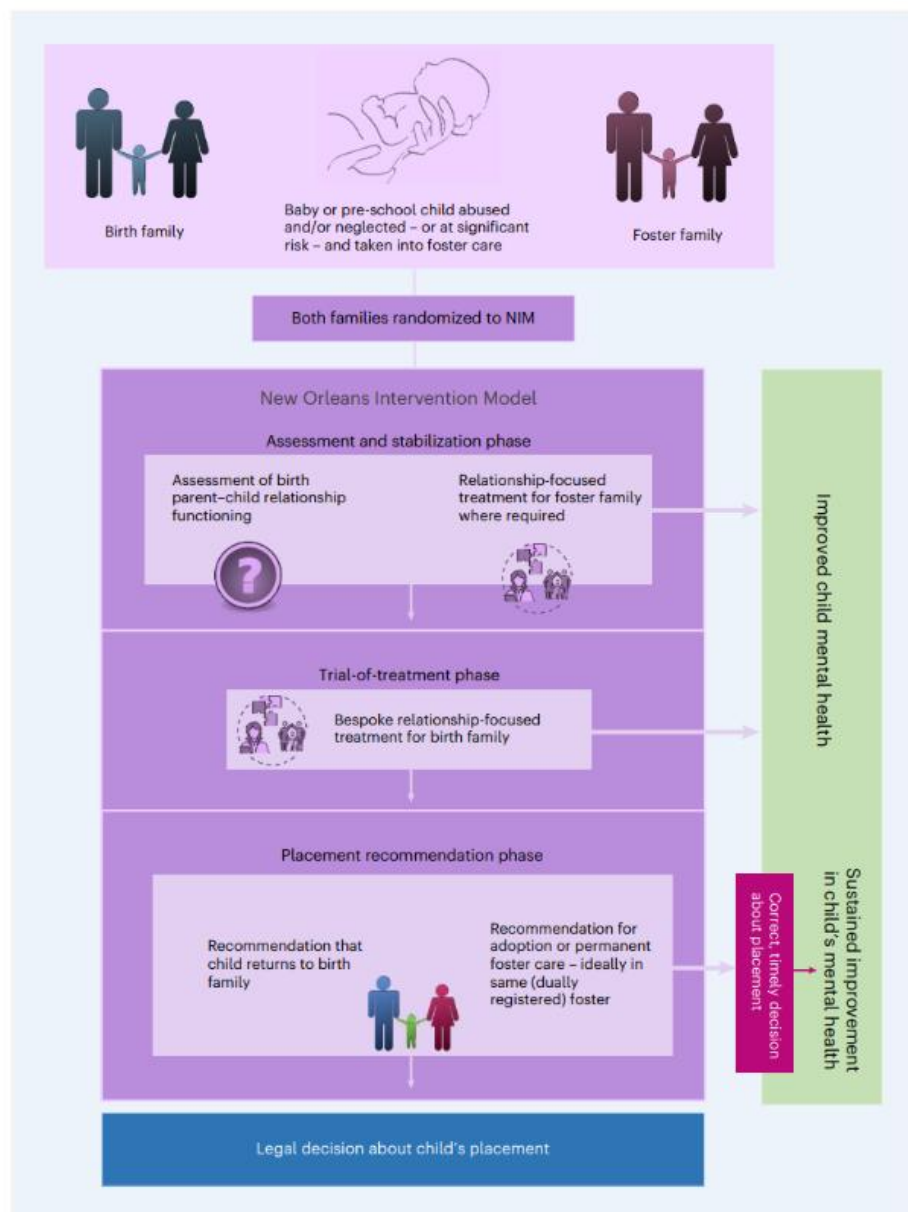


Fig. 1 | NIM is a complex intervention. Complex interventions can have several components and several actors and can target a range of behaviors¹². NIM involves an infant or pre-school child or children, with an experience of or risk of maltreatment, with both their birth and foster family. NIM aims to improve both

the child's mental health and the decisions made about the child's permanent placement. A timely decision about permanent return home or adoption should facilitate sustained improvements in the child's mental health.

STEP 9: CASE STUDY



Efficacy test → Effectiveness trial → Refine & monitor → Adapt & transfer → Scale

The BeST? Services Trial | King's College London

No effect of the intervention compared to social work services as usual, on the main outcome (SDQ at 2.5 years)

The UK legal context made it impossible to deliver to all families in the trial

STEP 10: TAKE TO SCALE



Theory of change > Logic model > Intervention blueprint > Feasibility study > Pilot > Efficacy test > Effectiveness trail > Refine & monitor > Adapt & transfer > Scale

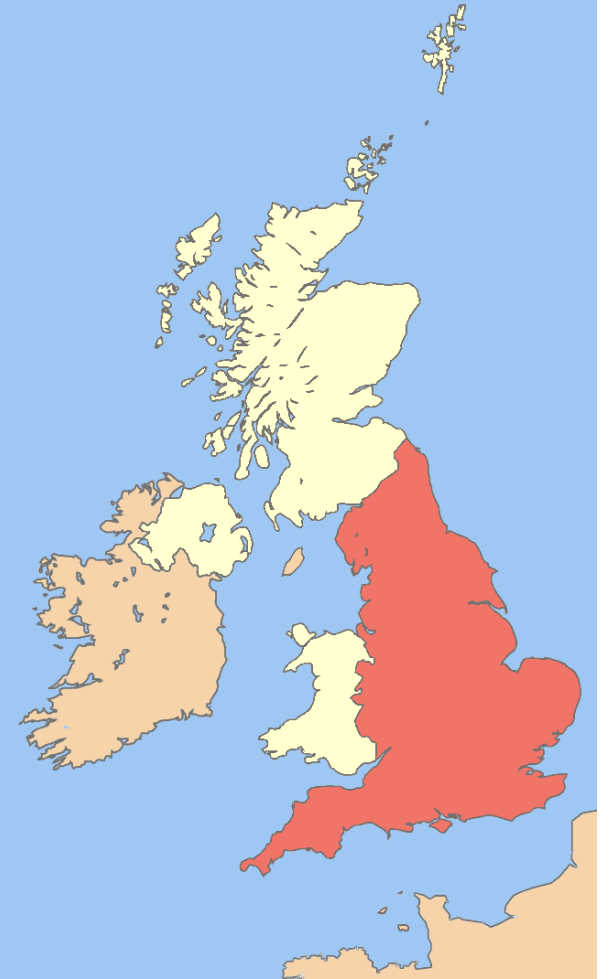
Scaling requires:

- Ongoing monitoring
- Train the trainer models
- Possible certification and licensing
- Implementation checklists

Evaluation is embedded in the intervention's delivery

CASE STUDY – NELI

- As a response to the COVID pandemic, rolled out nationally
- Taken up in around 11,000 schools across UK
- Online training developed
- Online language screening app to identify children who would benefit from the intervention



Q&A

