



EARLY  
INTERVENTION  
FOUNDATION

# 10 Steps for Evaluation Success: Turning a good idea into an effective intervention

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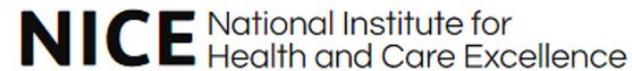


# Aims of the presentation

- Understanding 'what works' from the perspective of the EIF evidence standards
- Introduce the 10 Steps framework
- Describe how the framework can be used to develop interventions and improve their quality
- Describe how the framework can be used to inform commissioning decisions
- Describe how the steps can be used to monitor implementation quality as interventions are delivered on the ground



# Who we are

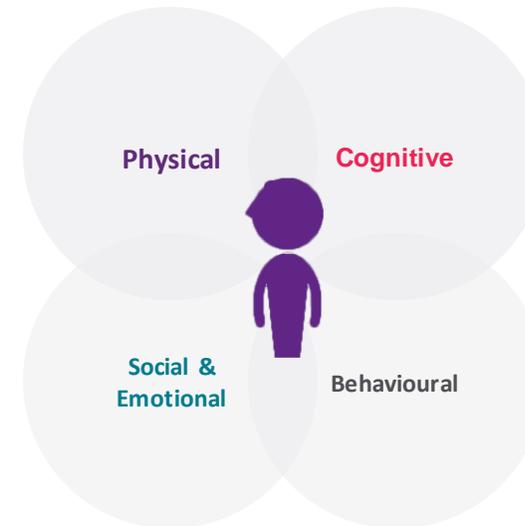




# What is early intervention?

*Effective early intervention works to prevent problems from occurring, or to tackle them head-on before they get worse.*

- EIF's remit as a What Works Centre is to consider the strength of evidence underpinning interventions and practices that aim to improve child outcomes within 7 overlapping 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.

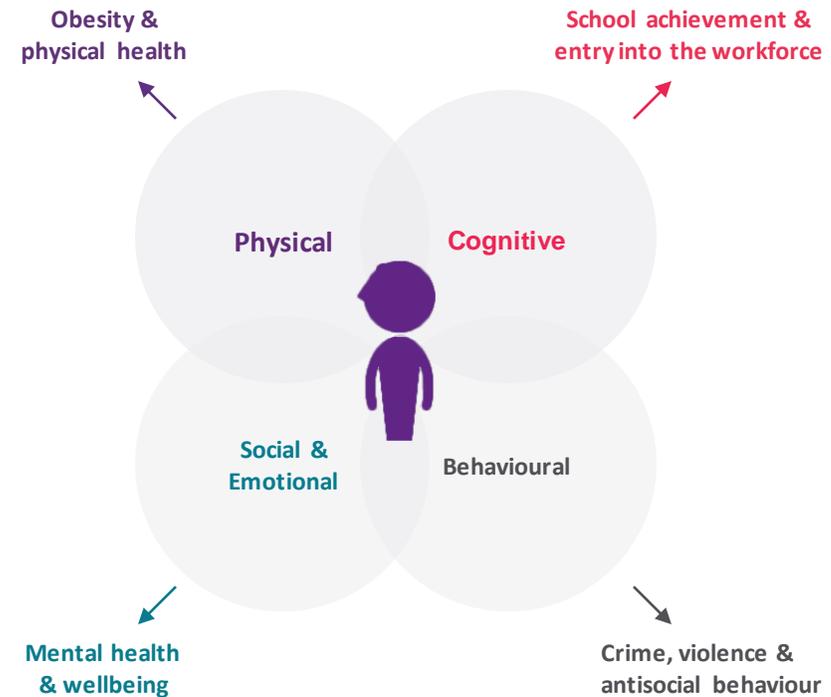




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- Studies consistently show that short-term improvements within any one of these domains can lead to benefits throughout childhood and later life.

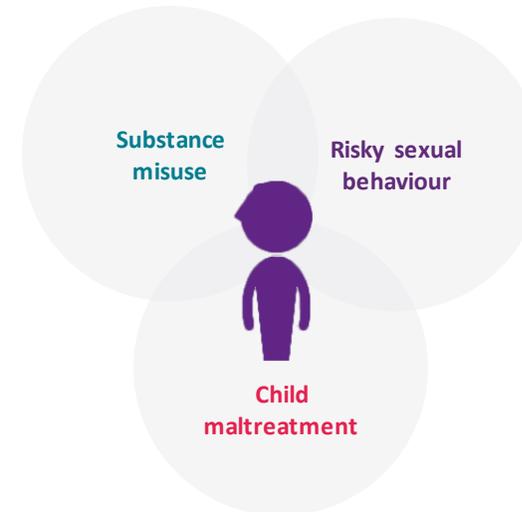




# What is early intervention?

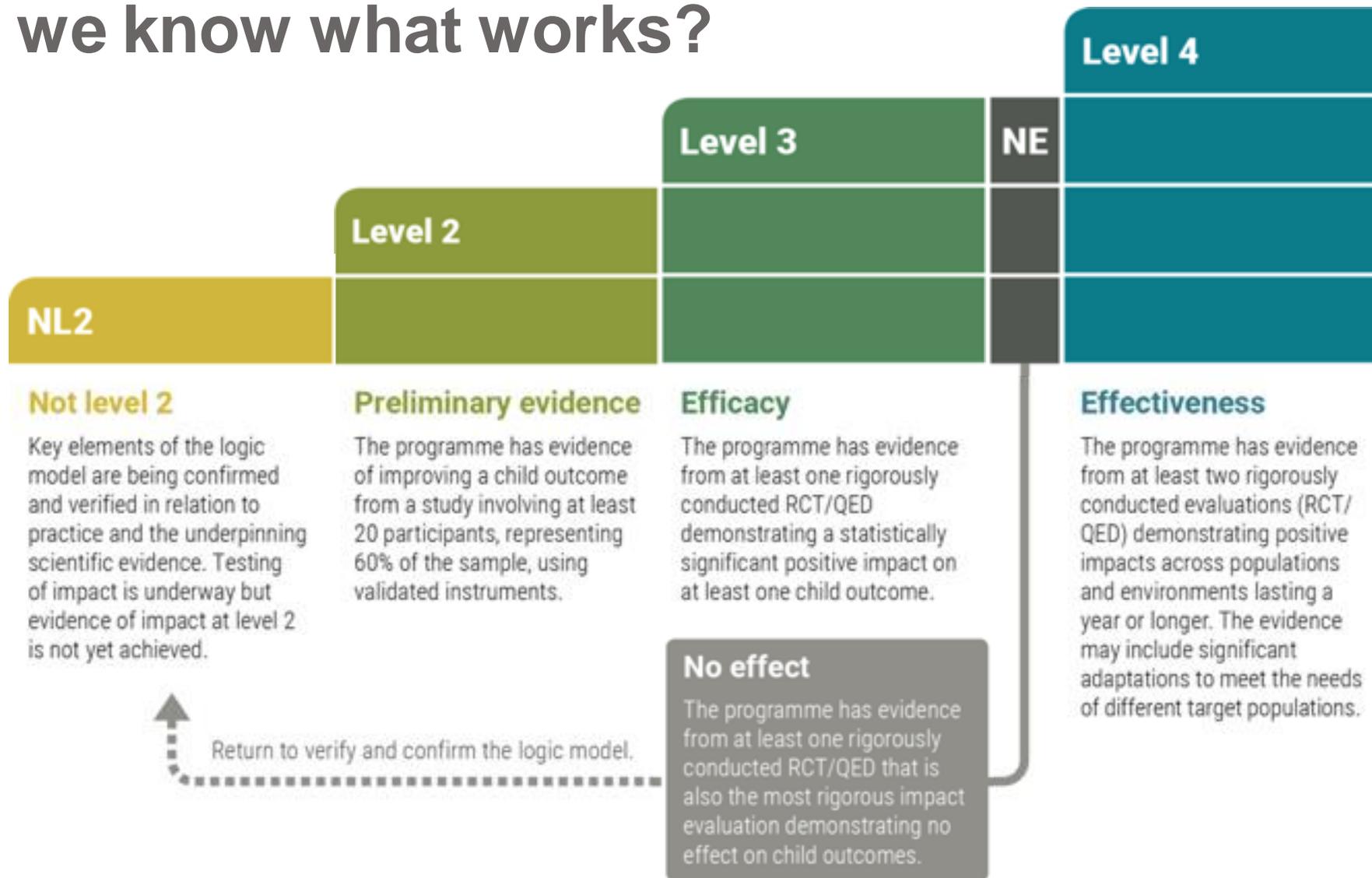
*Effective early intervention works to prevent problems from occurring, or to tackle them head-on before they get worse.*

- EIF 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.



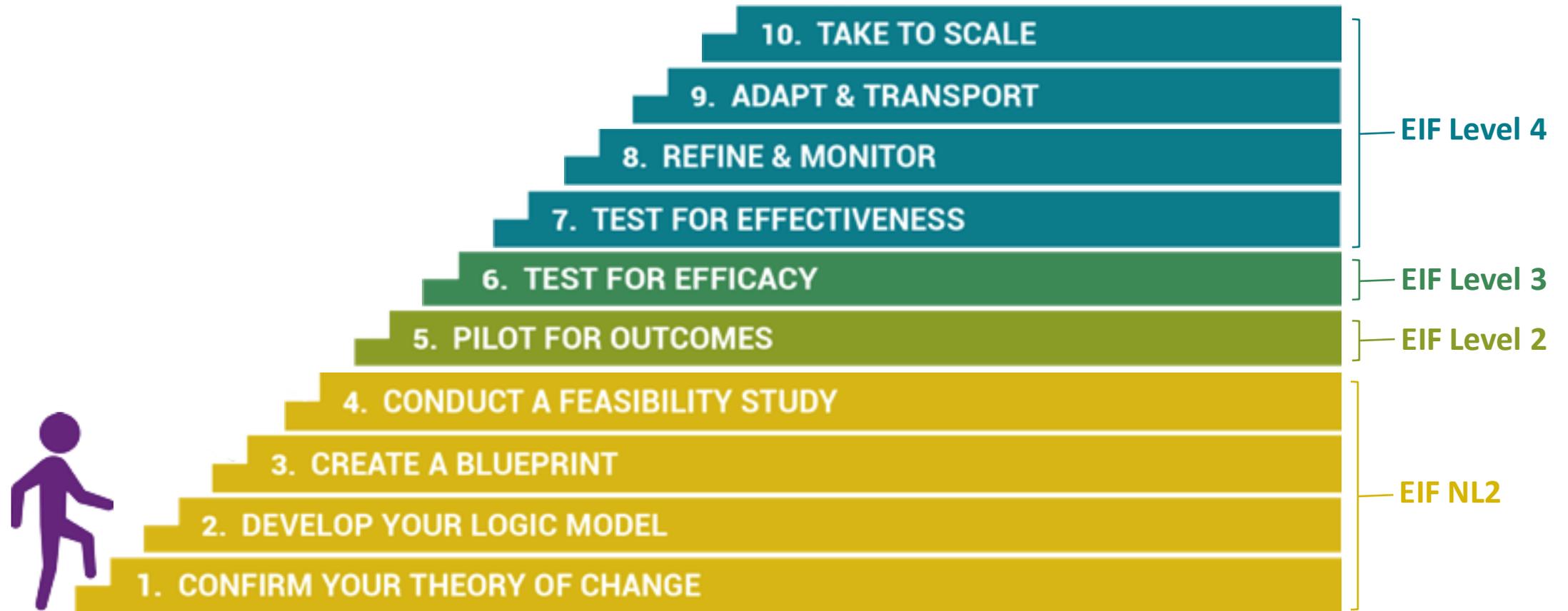


# How do we know what works?





# 10 Steps for Evaluation Success





# Step 1: Build a science-based theory of change

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?

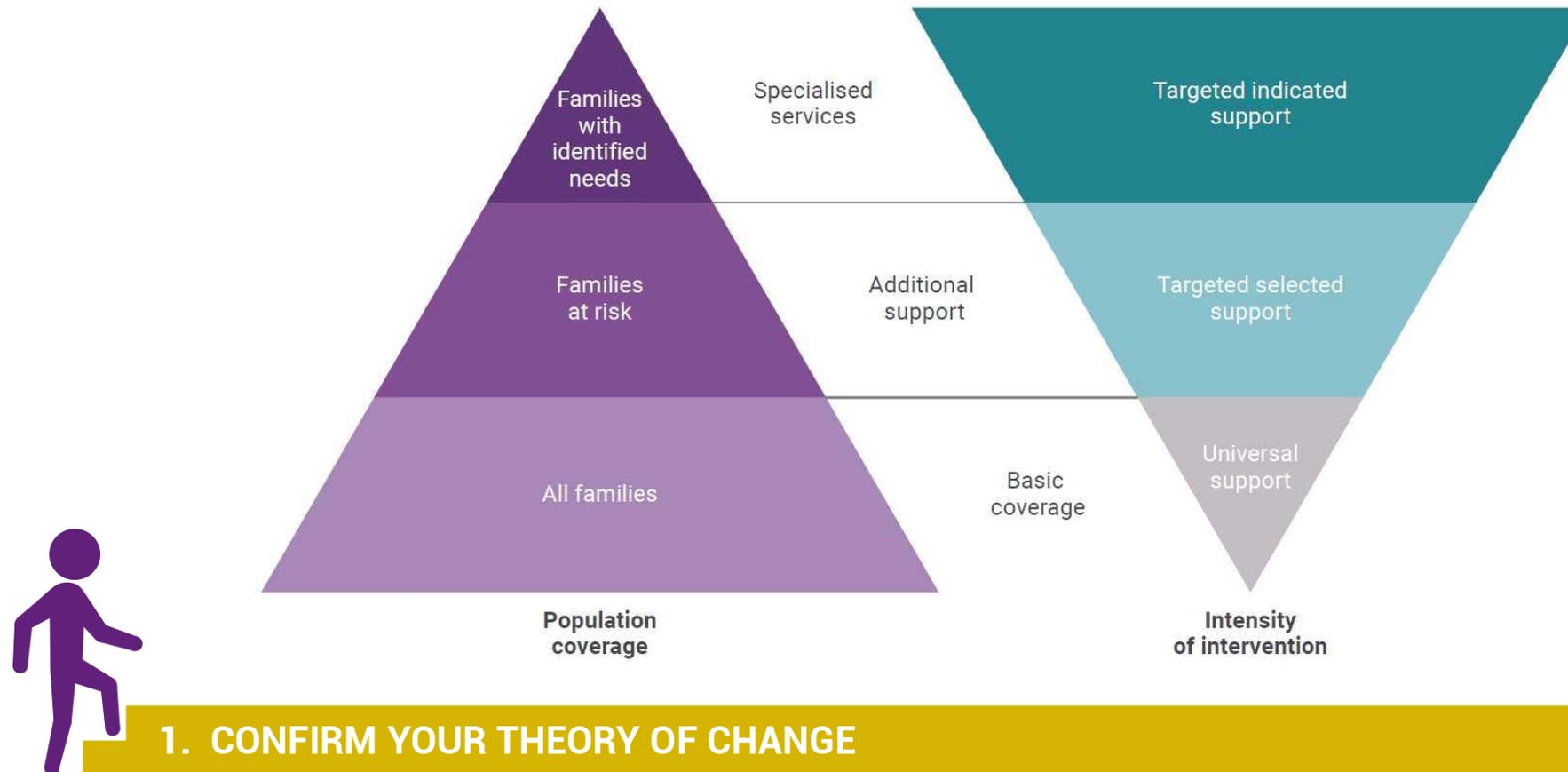


1. CONFIRM YOUR THEORY OF CHANGE



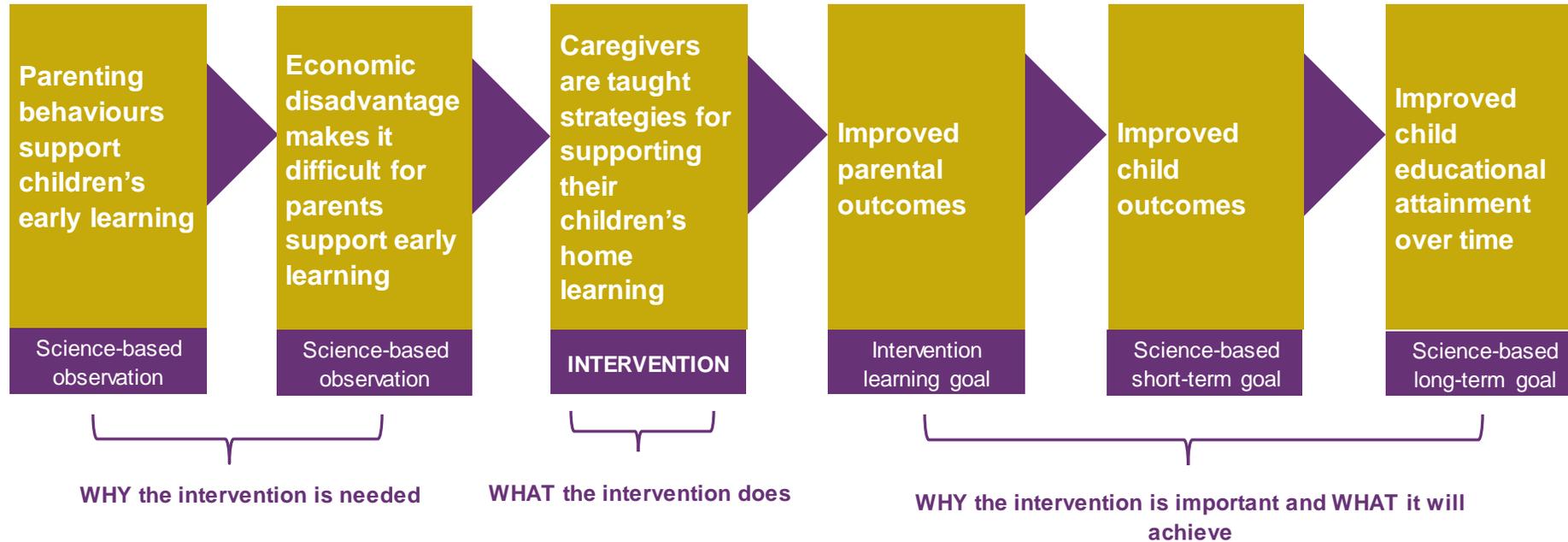
# Step 1: Build a science-based theory of change

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





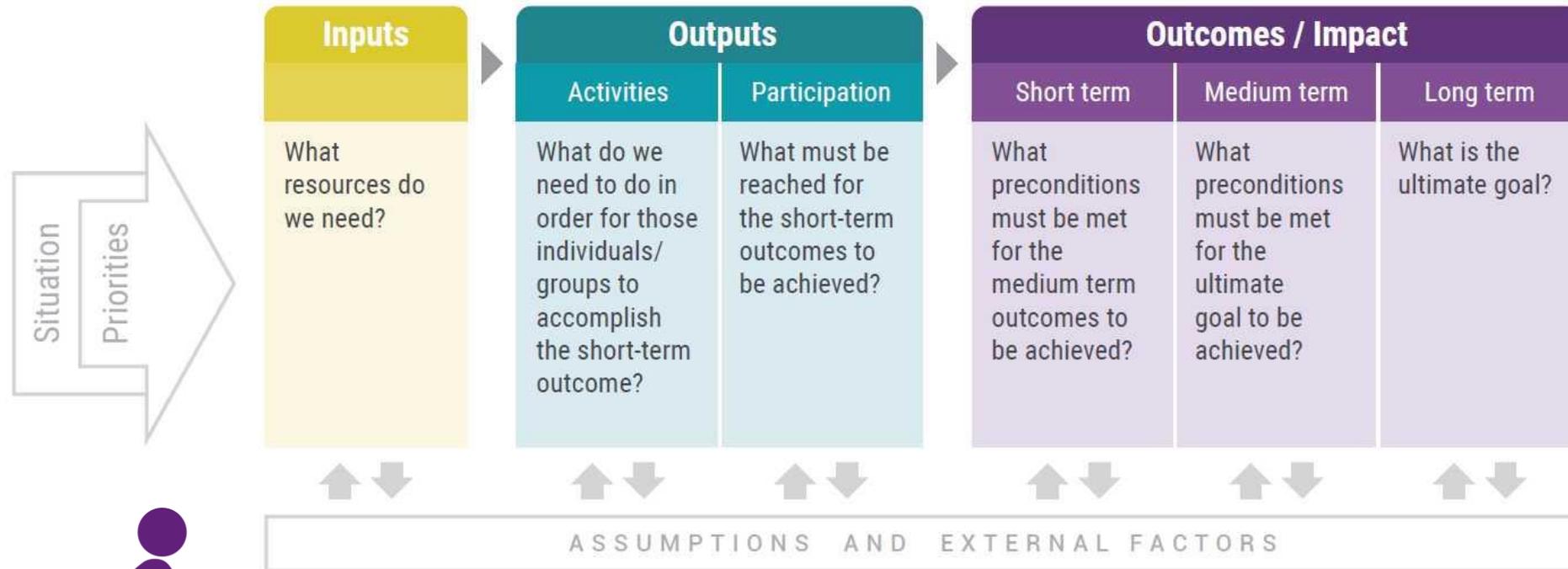
# Step 1: Build a science-based theory of change



## 1. CONFIRM YOUR THEORY OF CHANGE



# Step 2: Develop a logic model



**2. DEVELOP YOUR LOGIC MODEL**

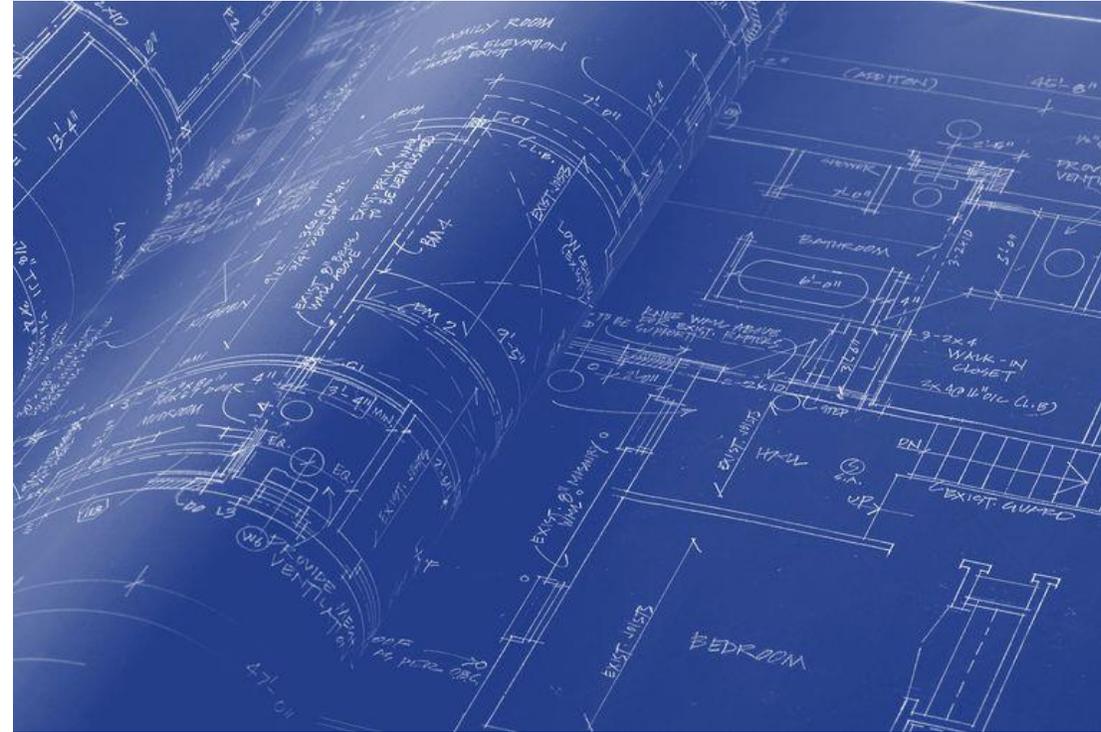
1. Confirm your theory of change



# 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

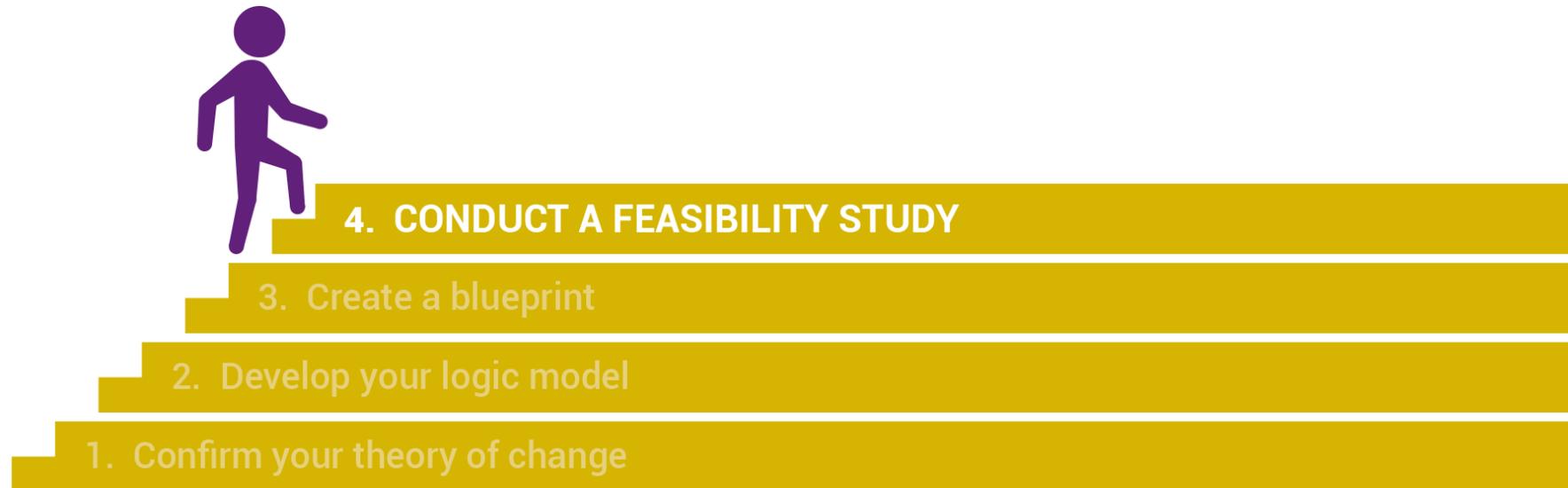
Week	Activity	Specific Objective	Short-term outcome	Long-term outcome
1	Antenatal Nutrition A nutritionist provides information on antenatal food requirements; group discussion about current diet	Mothers know about optimal nutrition during pregnancy	Mothers change their eating habits	Mothers have healthier 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.



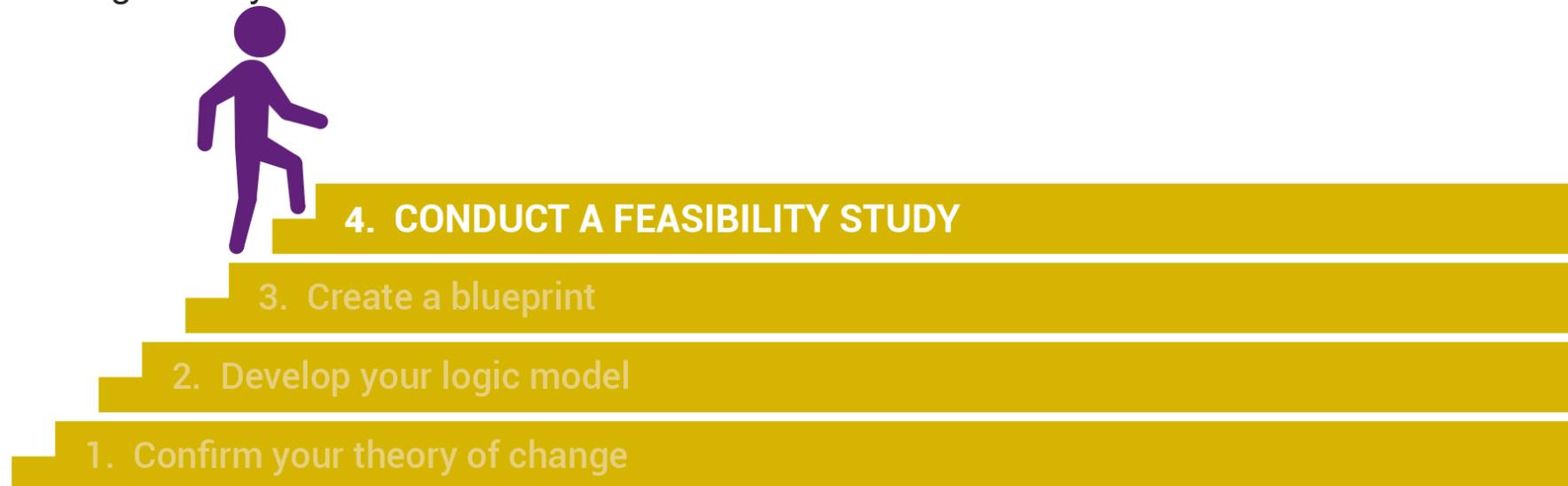


# Step 4: Conduct a feasibility study

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 users' progress through the system.





# Step 5: Conduct a pilot study

*We strongly advise not to skip this step!*





# Step 5: Conduct a pilot study

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

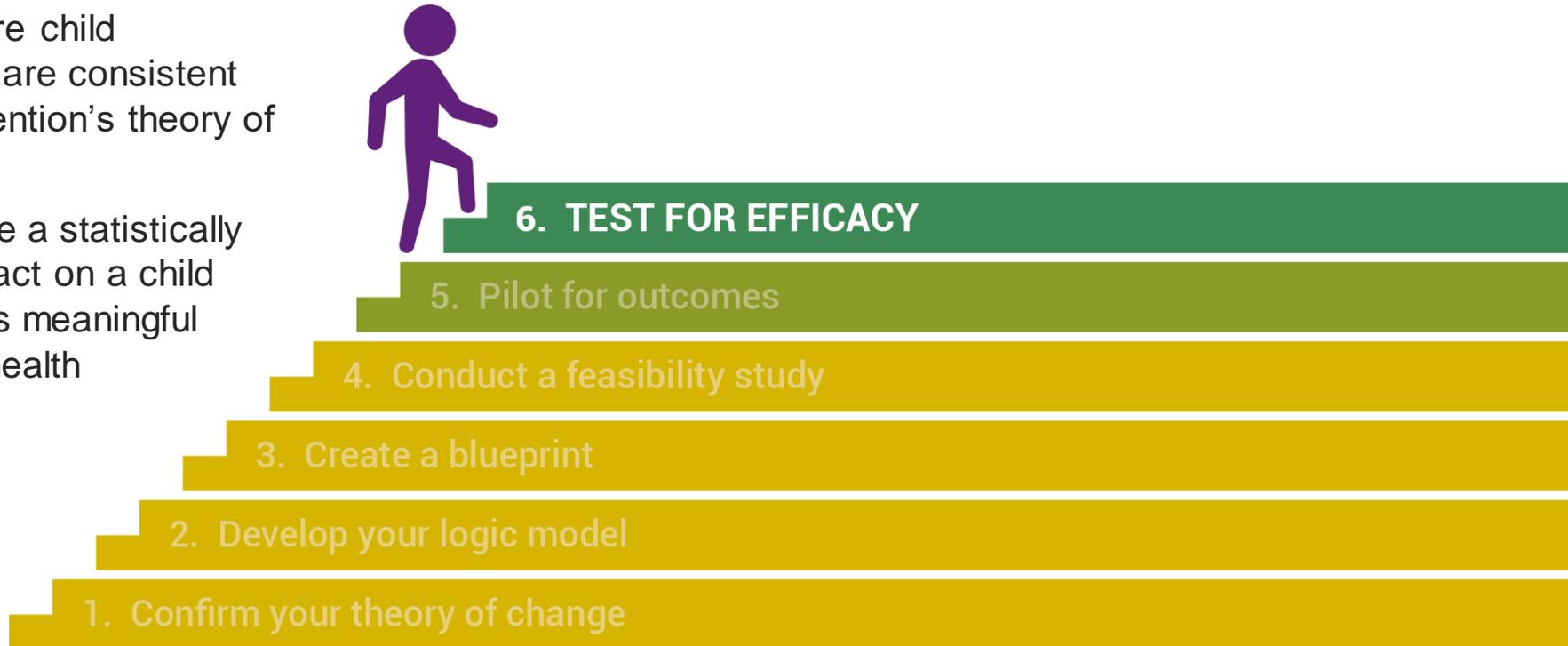
2. Develop your logic model

1. Confirm your theory of change



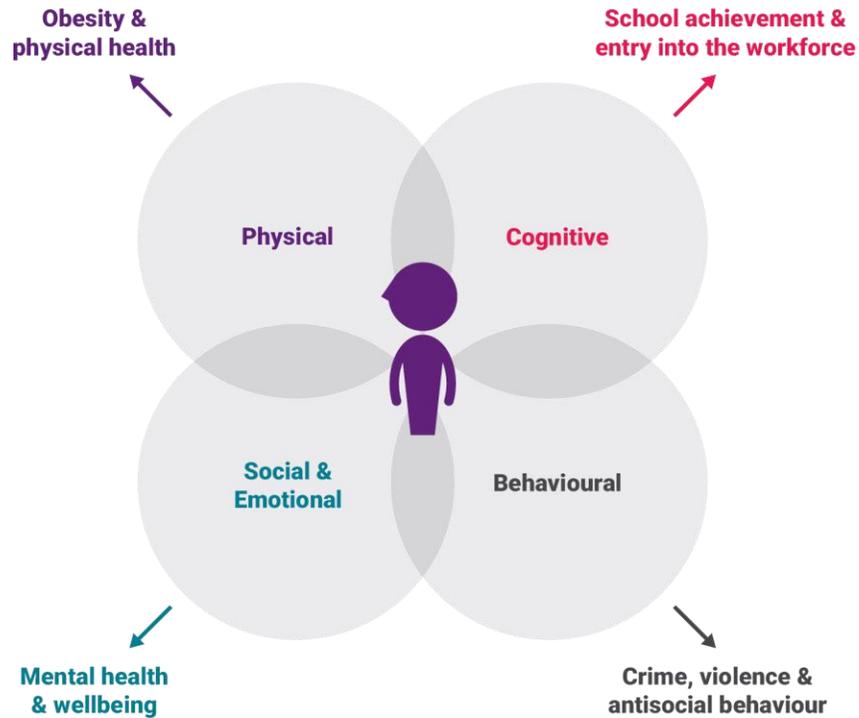
# Step 6: The efficacy study

- 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 public health perspective

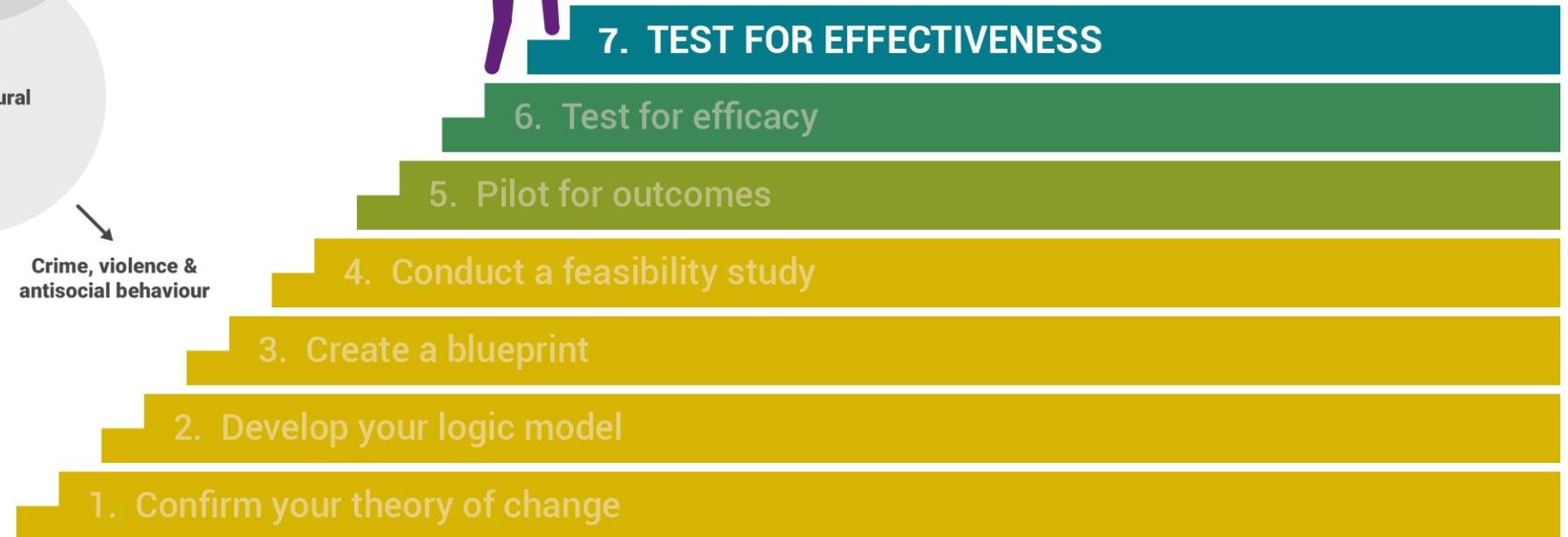




# Step 7: an effectiveness study



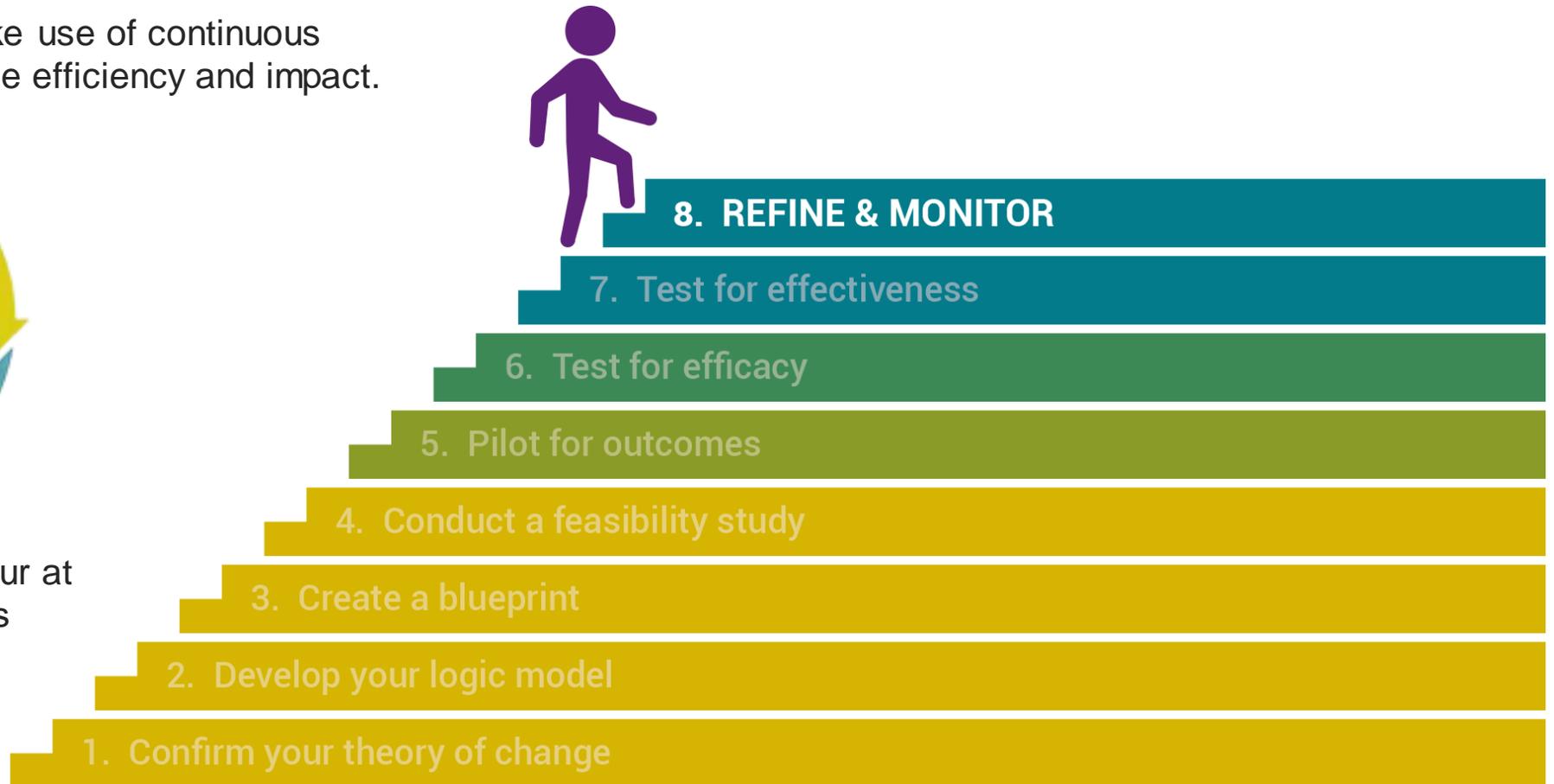
- Aims to replicate the findings from the first efficacy study in real world circumstances
- Should also consider the longer term impact of the intervention on at least one EIF child outcome





# Step 8: Refine & 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.



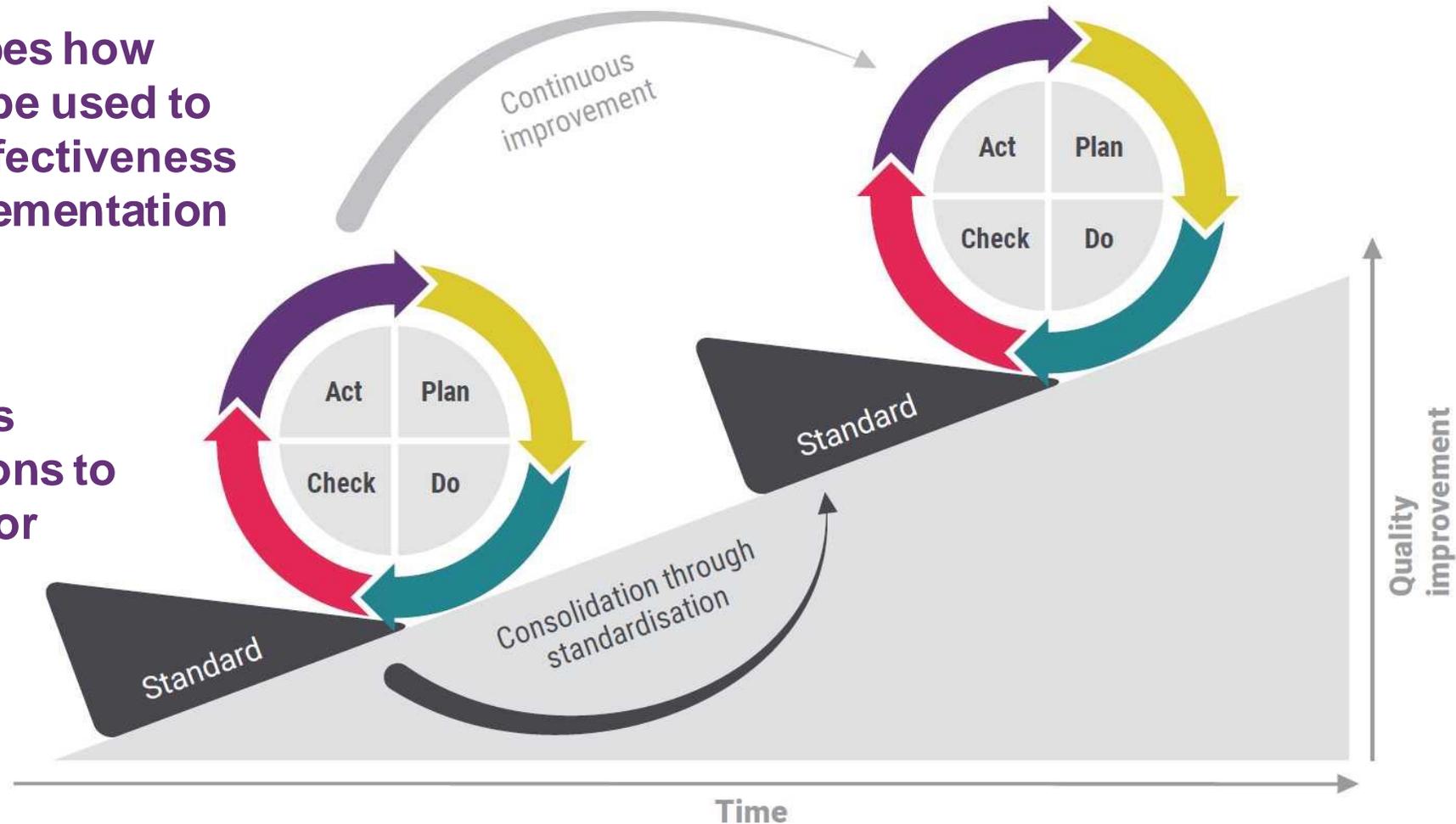
- Refinement can and should occur at any time during an intervention's development, but is particularly necessary when taking an intervention to scale



# Step 8: Refine & Monitor

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

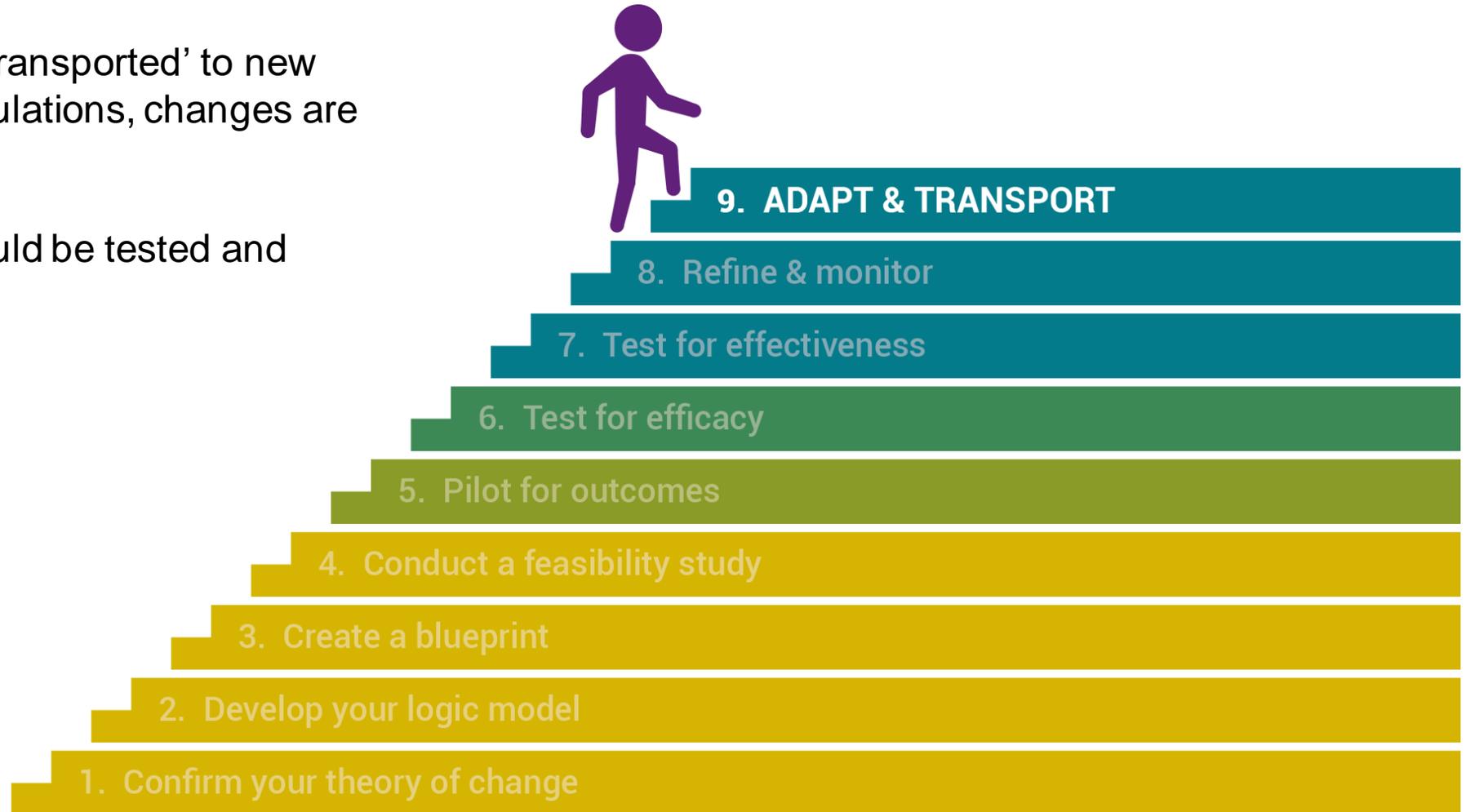
Refinements may include changes to the intervention's eligibility criteria, modifications to the workforce requirements or duration of delivery.





# Step 9: Adapt & Transport

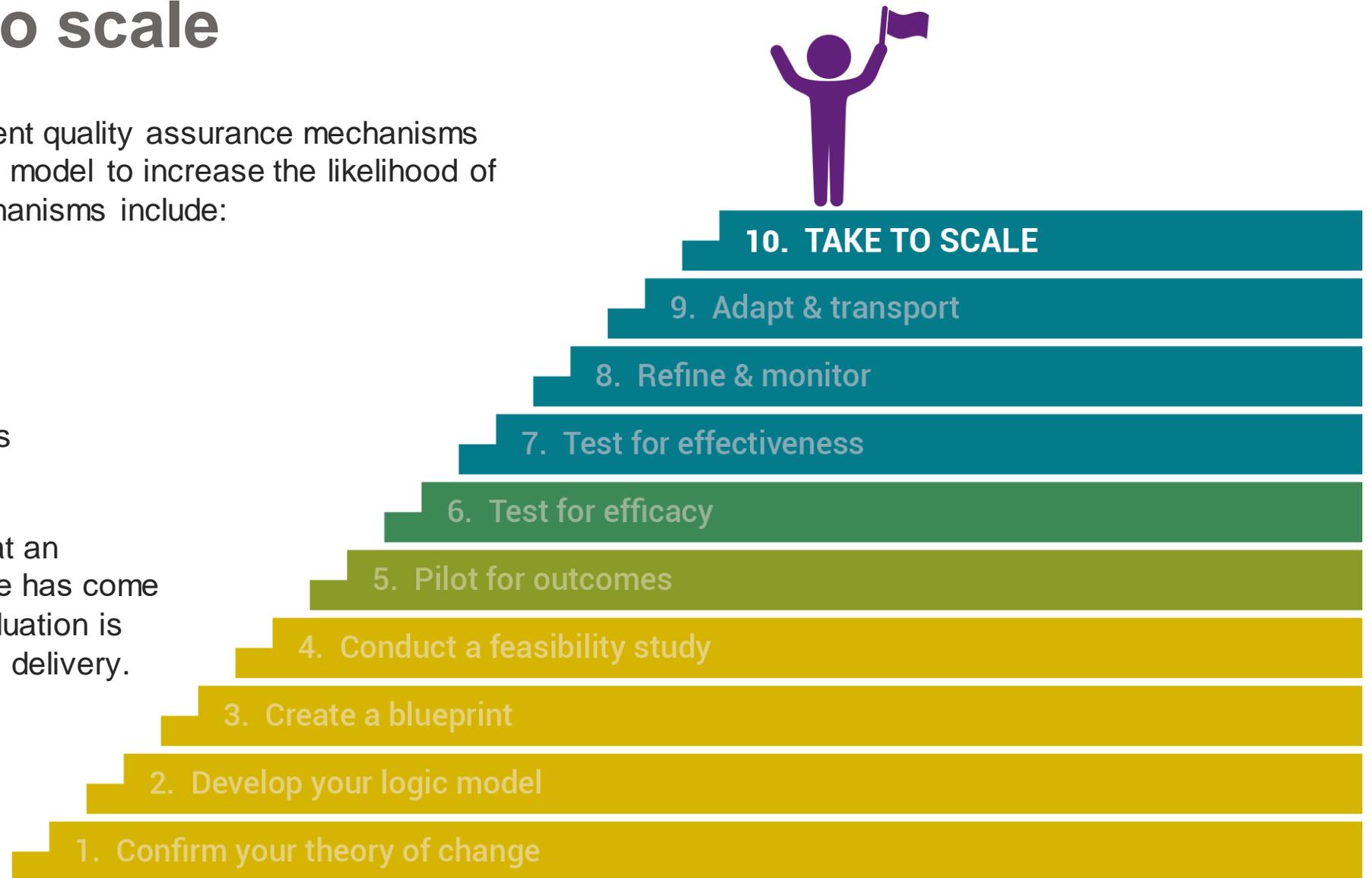
- When interventions are ‘transported’ to new contexts, cultures or populations, changes are likely necessary.
- All of these changes should be tested and monitored.





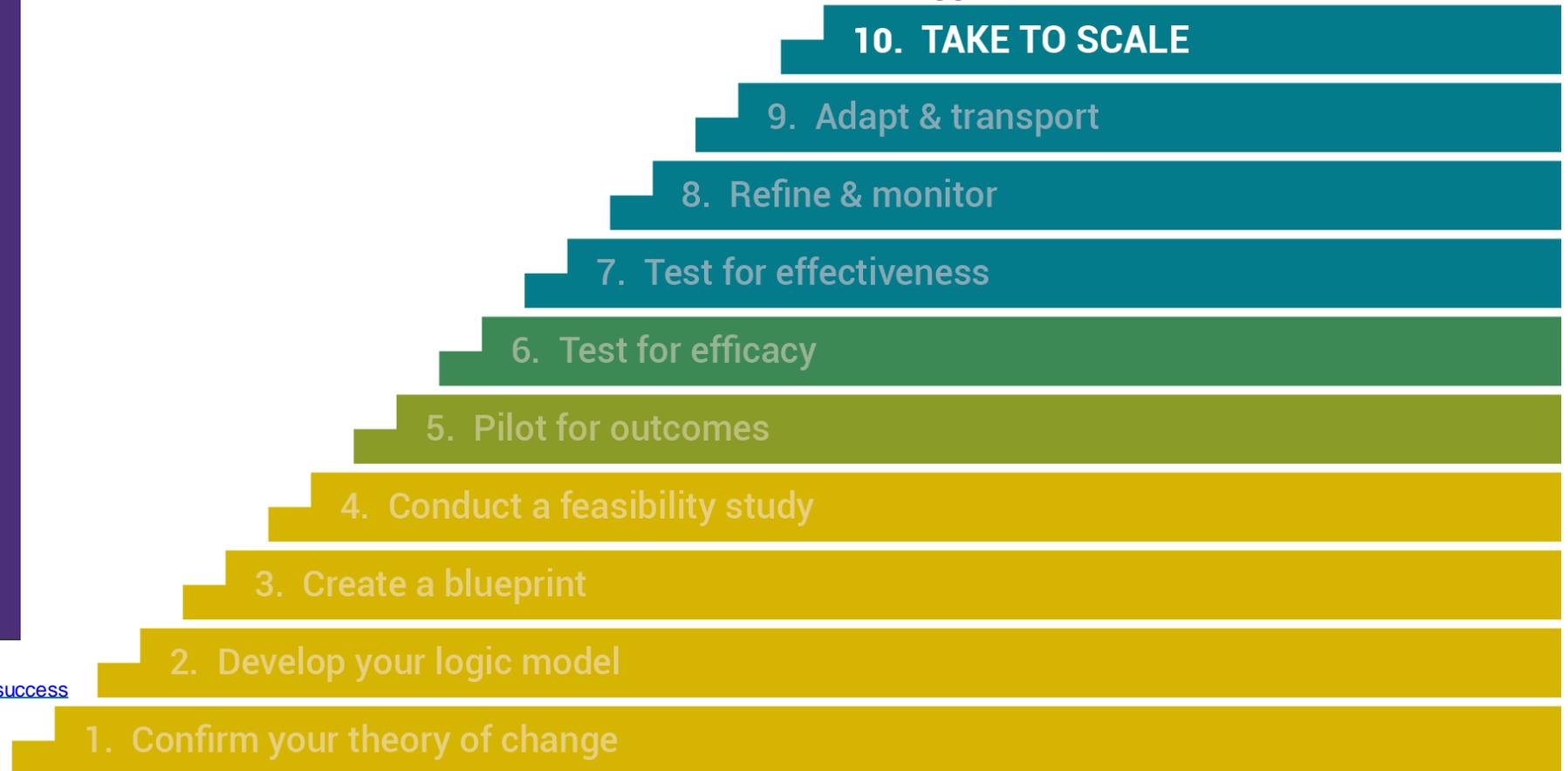
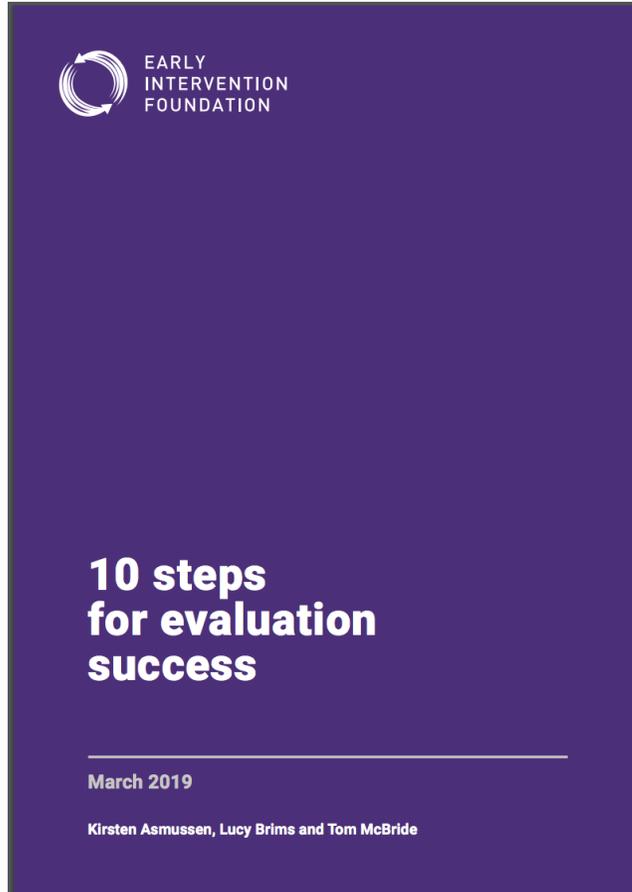
# Step 10: Take to scale

- 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>