Lessons in using evidence to inform policy

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The challenges and opportunities of using data and evidence to improve commissioning, policy and practice:

• What is early intervention?
• How have standards of evidence been applied to early intervention?
• What works to support parents and families?
• How should evidence be used?
Some background

• EI is early in development of problem, not necessarily early in life

• EI works in principle if done well but
  1. Magical thinking
  2. Implementation
  3. Targetting, assessment and referral must be right
  4. External validity
  5. EI is not ONE thing

• Programmes, practices and systems
Action to improve lives and deliver cashable savings

Late intervention costs

- Youth substance misuse: £450m (3%)
- Child injuries and mental health problems: £610m (4%)
- Youth economic inactivity: £3.7bn (22%)
- Crime and anti-social behaviour: £5.2bn (31%)
- Child protection and safeguarding: £6bn (36%)
- School absence and exclusion: £680m (4%)

The ELF Guidebook

What outcomes do you want to improve?

- The family and the home
- Positive early child development
- Support children’s mental health & well-being
- Prevent child maltreatment
- Enhance school achievement & employment
- Prevent crime, violence & anti-social behaviour
- Prevent substance misuse
- Prevent risky sexual behaviour & teen pregnancy
- Prevent obesity & promote healthy physical development
- SEE ALL PROGRAMMES
3 ASPECTS OF COMMISSIONING

- Strength of evidence
- Cost benefit analysis
- Implementation
What works for whom, when...

Into adulthood
- Youth
- Secondary
- Primary
- Preschool
- Toddlerhood
- Infancy
- Perinatal
- Antenatal
## Strength of evidence principles

<table>
<thead>
<tr>
<th>Label</th>
<th>H</th>
<th>–3</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Best evidence</strong></td>
<td>Harm</td>
<td>Null</td>
<td>No logic model</td>
<td>Logic model</td>
<td>Preliminary</td>
<td>High quality</td>
<td>High quality replicated</td>
</tr>
</tbody>
</table>

- **Label**: The level of confidence in the evidence.
- **Best evidence**: The quality and replication of the evidence.
- **Harm**: Indicates harm or benefit.
- **Null**: No effect.
- **Logic model**: The presence of a logical model to support the evidence.
- **Preliminary**: Evidence that is not yet fully validated.
- **High quality**: Evidence that is well-replicated and robust.
The EIF strength of evidence rating

**Effectiveness**
Evidence from at least two high-quality evaluations* demonstrating positive impacts across populations and environments lasting a year or longer. This evidence may include significant adaptations to meet the needs of different target populations.

**Efficacy**
Evidence from at least one rigorously conducted evaluation* demonstrating a statistically significant positive impact on at least one child outcome.

**Preliminary Evidence**
Evidence of improving a child outcome from a study involving at least 20 participants, representing 50% of the sample using validated instruments.

**Logic Model**
Key elements of the logic model are being confirmed and verified in relation to practice and the underpinning scientific evidence. Testing of impact is underway but evidence of impact at Level 2 not yet achieved.

**No Effect**
A finding of no effect on measured child outcomes in a high quality impact evaluation.* The next step is to return to the verification and confirmation of the logic model.

*High quality evaluations do not need to be randomised control trials if a relevant and robust counter-factual can be provided in other ways.
The ELF intervention cost rating scale

<table>
<thead>
<tr>
<th>Description of cost to set-up and deliver</th>
<th>1 Low cost</th>
<th>2 Medium cost</th>
<th>3 Medium cost</th>
<th>4 High cost</th>
<th>5 Medium cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicative Range (Estimated unit cost range per child participant)</td>
<td>£100-£499</td>
<td>£500-£999</td>
<td>£1,000-£2,000</td>
<td>£1,000-£2,000</td>
<td>£1,000-£2,000</td>
</tr>
</tbody>
</table>

This is not a rating of market prices/fees.

The rating summarises a wide variety of data about how resource-intensive a programme is to deliver. This can include market prices, but will also take into account a programme’s training, implementation and staffing requirements, as well as the length of intervention dose and the size of the treatment unit.
# Programme Description

**Brief Description** – Based on the version of the programme evaluated in its best evidence.

<table>
<thead>
<tr>
<th>Primary outcome domain:</th>
<th>Delivery Model:</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Age:</th>
<th>Level of Need:</th>
<th>Universal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddlerhood</td>
<td></td>
<td></td>
</tr>
</tbody>
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**Full Description** - Based on information agreed with the programme developer, this section describes the programme more generally in terms of recommended or typical implementation.

### Example programme description

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### Ratings Summary

<table>
<thead>
<tr>
<th>Strength of Evidence of Child Outcomes</th>
<th>3</th>
</tr>
</thead>
</table>

### Programme Costs

| 1 |

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### Impact

<table>
<thead>
<tr>
<th>Placeholder text</th>
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</thead>
</table>

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### Implementation Summary

Based on information provided by the programme developer, this section describes the programme more generally in terms of recommended or typical implementation.

#### Example text

**In Detail**

<table>
<thead>
<tr>
<th>Level of need</th>
<th>Universal</th>
<th>Moderate need</th>
<th>Low need</th>
<th>High need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
<th>Universal</th>
<th>Targeted: Selective</th>
<th>Targeted: Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Programme requirements

<table>
<thead>
<tr>
<th>Format</th>
<th>Example format</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sessions</th>
<th>15 sessions of 3 hours duration each</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of practitioners required</th>
<th>2</th>
</tr>
</thead>
</table>

### Practitioner requirements

<table>
<thead>
<tr>
<th>Job Title of Practitioner – 1st</th>
<th>Family support worker</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Qualification Level – 1st</th>
<th>Recommended QCF 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Programme training – 1st</th>
<th>32 hours</th>
</tr>
</thead>
</table>

### Supervision requirements

<table>
<thead>
<tr>
<th>Number of supervisors</th>
<th>2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of supervisor – 1st</th>
<th>Host-agency supervisor providing case-management supervision</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Qualification level – 1st</th>
<th>Recommended QCF 6</th>
</tr>
</thead>
</table>

### Host agency requirements

<table>
<thead>
<tr>
<th>Licensing fee</th>
<th>No</th>
</tr>
</thead>
</table>
Parent-child interactions

- Parents and carers provide the context and basis for child development
- Learning within these three domains takes place through interactions between parent or carer and child
- These dynamic interactions have important impacts on life chances
Attachment (n=28)
- NE: 2
- NL2: 15
- 2: 6
- 3: 3
- 4: 2

Behaviour (n=27)
- NE: 2
- NL2: 10
- 2: 5
- 3: 9
- 4: 1

Cognitive (n=20)
- NE: 1
- NL2: 10
- 2: 7
- 3: 0
- 4: 2
Headline findings 1

There are a range of effective and proven programmes, differing by approach and rationale.
Headline findings 2

Overall, the evidence is strongest for programmes that target based on early signals of risk in child development.
Available programmes which focus on children’s behavioural development tend to have better evidence of effectiveness than those focused on attachment or cognitive development.
Headline findings 4

Although the case for early intervention is very well made, the overall evidence base for the programmes available now in the UK needs further development
Conclusions

• Use evidence
• Use evidence carefully
• Build and add to the evidence
• Support learning from evidence
• Avoid magical thinking