SUMMARY

Covid-19 and early intervention

Evidence, challenges and risks relating to virtual and digital delivery

April 2020

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About EIF

The Early Intervention Foundation (EIF) is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

EIF is a research charity, focused on promoting and enabling an evidence-based approach to early intervention. Our work focuses on the developmental issues that can arise during a child's life, from birth to the age of 18, including their physical, cognitive, behavioural and social and emotional development. As a result, our work covers a wide range of policy and service areas, including health, education, families and policing.

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Disclaimer

This review has been produced rapidly in order to inform the ongoing sector response to the Covid-19 crisis. While we are satisfied that our work provides a high-quality and independent overview of the evidence related to the virtual and digital delivery of services to children and young people, the limitations of the methodological approach, including the limited set of bibliographic databases searched, mean that there is a possibility that we have missed key sources of evidence and interventions. The findings and conclusions should be read with this risk in mind.

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Summary

In response to the Covid-19 crisis and its impact on public services across the UK, the Early Intervention Foundation (EIF) has conducted a rapid review of the evidence relating to the virtual and digital delivery of interventions for children and young people. We are defining virtual and digital services as those which can be delivered remotely without any traditional face-to-face interaction between provider and participant. This may include delivery via digital interfaces, such as video conferencing and online training courses, as well as contact by phone, email or chatroom.

The findings of our work are intended to support the sector as it rapidly adapts to the constraints on delivery imposed by widespread social distancing and lockdown.

In this report we set out the evidence on virtual and digital delivery of interventions across a range of relevant domains, highlight the challenges and risks associated with virtual and digital delivery, and provide the findings from an EIF survey asking intervention developers and providers about their response to the crisis.

We find:

- There are over 100 virtual and digital interventions for children and young people listed on clearinghouses and online programme databases.
  - The majority of these are focused on education or physical health; there are fewer interventions focused on issues such as mental health, substance misuse, risky sexual behaviour, crime and antisocial behaviour and child maltreatment.
  - The interventions identified cover a wide range of delivery models, including one-to-one or group-based services, unguided self-help, and games and apps, aimed at various age groups and target cohorts.
- Synthesis studies, aggregating findings from multiple studies investigating the impact of individual interventions, provide a clear and consistent set of messages about virtual and digital interventions.
  - Virtual and digital interventions can be effective in improving outcomes for young people across a wide range of intervention types and outcome measures.
  - There is little evidence to suggest that virtual and digital interventions are more effective than traditional face-to-face approaches. When these comparisons are made, typically, virtual and digital interventions are found to be less effective, or equally as effective.
  - In general, interventions which have some form of personalisation and/or contact with a practitioner – rather than self-directed, non-interactive learning – are more likely to improve outcomes.
  - In common with other interventions in the field, the evidence is strongest for short-term outcomes measured immediately after the intervention has been completed; there is less evidence on long-term outcomes.
  - In terms of achieving larger and more enduring effects, the evidence seems to be stronger for interventions focusing on mental health and wellbeing than for those focusing on substance misuse, risky sexual behaviour and teen pregnancy, or crime, violence and antisocial behaviour.

- Virtual and digital interventions often face high levels of attrition, where participants drop out or fail to complete the intervention. Overcoming challenges in keeping children and young people engaged in an intervention will be an essential element of successful remote delivery.

- The sector is rapidly mobilising to allow remote delivery of interventions. In an EIF survey of 88 programme developers and providers – most of whom are working in the UK – the great majority (91%) were continuing to deliver interventions. However over three-quarters of respondents were doing so with major adaptations to standard delivery.

  - Adaptations included moving resources and content online to facilitate remote access, and using phones, messaging services such as Whatsapp, and video conferencing software such as Skype, Zoom, and Microsoft Teams to deliver sessions. Some developers have begun to redesign the content and format of their interventions to make them easier to deliver remotely.

  - Although continuing with services, several providers had paused the delivery of some components of interventions, such as group sessions or certain therapies and activites that have yet to be adapted for remote delivery. This means that some interventions currently being run are not delivering the full, standard complement of sessions and content, and may not be as effective as a result.

  - Interventions that already used virtual and digital components in their delivery were more likely to have seen only minor adaptions to the way in which they are being provided. On the other hand, the eight interventions that have stopped delivery all reported having no virtual and digital components in their existing delivery model.

  - Some programme developers expressed an interest in retaining or further incorporating virtual and digital components devised in response to the Covid-19 crisis into the standard delivery of their interventions in the future.

In the final chapter of the report, we draw a set of conclusions for developers, providers and commissioners about what our findings mean for how they support vulnerable children and young people during the pandemic and beyond, and make a series of recommendations.

Broadly, these recommendations include:

- developing plans to address the challenges we identify, such as issues of retention and getting vulnerable children and young people to engage with services

- focusing on the importance of contact between participants and practitioners

- clearly identifying the core components of an intervention that must be maintained in any adaptation from face-to-face to virtual and digital delivery

- developing monitoring systems to identify quickly if interventions are struggling to reach their intended recipients or attrition rates are concerningly high

- working collaboratively to design evaluations which will improve the evidence base on effective approaches to virtual and digital delivery of interventions for children and young people beyond the immediate crisis.

To read the full report, please visit:

https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery