Agenda

2:00 – 2:05 PM	• Attendees log-on, & Introductions.
2:05 – 2:20 PM	• Findings from the rapid review: Evidence, challenges and risks relating to virtual and digital delivery
2:20 – 2:30 PM	• Qualitative Investigation and Evaluation Support
2:30 – 2:45 PM	• Q&A

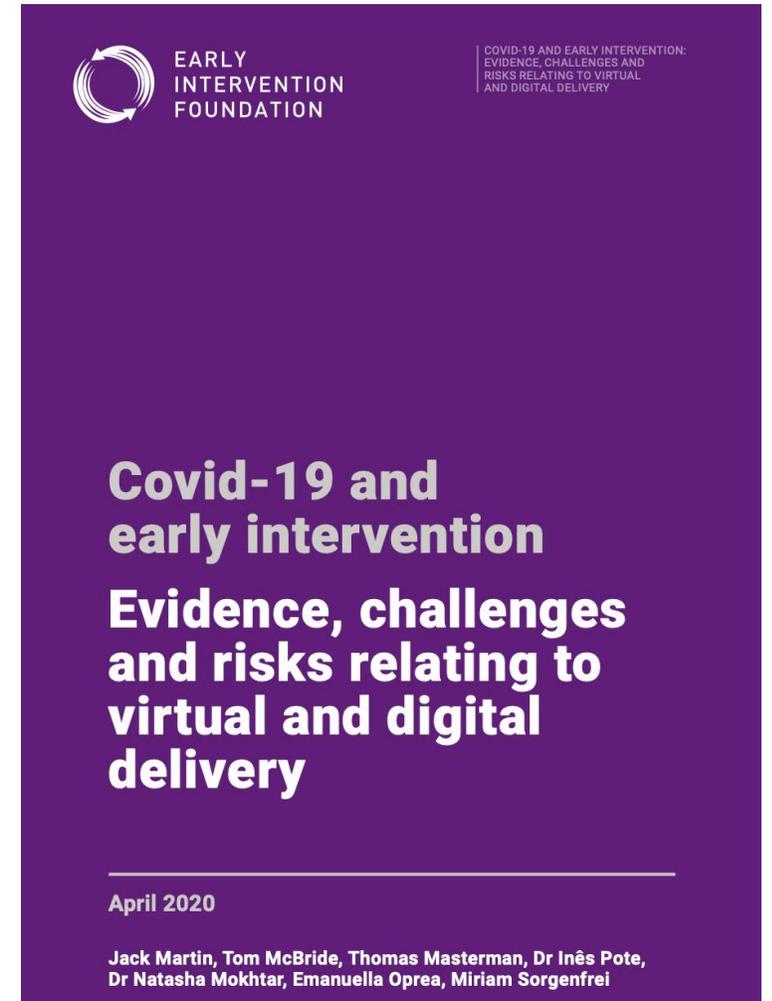# EARLY INTERVENTION FOUNDATION

COVID-19 and Early Intervention

Findings from the rapid review: Evidence, challenges and risks relating to virtual and digital delivery

The work, why we've done it, what we hope it will achieve

We have rapidly pulled together a report summarising what we do and don't know about the current delivery of Virtual and Digital services - their effectiveness, the opportunities, the challenges and risks. We have also examined sector response to COVID-19. We have done this to:

1. Enable EIF to provide rapid advice to **government** and the wider community on the delivery of V&D services, to support high-quality decision-making.
2. Support **local commissioners** to make high-quality, evidence-based decisions about V&D delivery.
3. Support **programme developers and providers** as they rapidly adapt to the constraints imposed by the current context, providing guidance around translating face-to-face programmes to virtual/digital platforms, to help produce adaptations with a better chance of success.
4. Support **evaluators** by drawing attention to common pitfalls in the evaluation of these services, to produce higher-quality and more informative evaluations in the future.

EARLY
INTERVENTION
FOUNDATION

COVID-19 AND EARLY INTERVENTION:
EVIDENCE, CHALLENGES AND
RISKS RELATING TO VIRTUAL
AND DIGITAL DELIVERY

Covid-19 and early intervention

Evidence, challenges and risks relating to virtual and digital delivery

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Our questions, and how we've tried to answer them

1. **What is out there?** 2. **Does it work?** 3. **What are the effective components?**	4. **What are the advantages/disadvantages/challenges?** 5. **What is the sector response to COVID?**
Method 1 – *Review of clearinghouses/lists of EBP* • We have searched 33 authoritative clearinghouses to identify V&D programmes. Programmes were included if entirely or mostly V&D; have end goal of improving outcomes for C&YP (0-18). • We have drawn out evidenced programmes from the list as exemplars, and provided some analysis of the characteristics of the identified programmes.	**Method 3** – *Survey* • We developed a short survey intended to gauge sector response to COVID, particularly in terms of how business-as-usual has changed and the extent to which moves towards V&D are being undertaken (and the challenges in doing so). • This survey was sent out to programme providers known to EIF, as well as more widely via EIF's organisational newsletter.
Method 2 – *Review of reviews* • We rapidly searched a small number of bibliographic databases and key journals to identify reviews (evidence syntheses) of studies investigating the effectiveness of certain types of V&D interventions. • We have synthesised these findings qualitatively to look for common themes on what works and what doesn't.	**Method 4** – *Review of broader literature and informal conversations* • To supplement the research, we also drew on in-house expertise at EIF and conducted a number of informal conversations with programme developers and practitioners.

What we found – What works?

Method 1 - *Review of clearinghouses/lists of EBP*	Method 2 – Review of reviews
• There were over 100 (116) 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** (75%); there are fewer interventions focused on issues such as **mental health, substance misuse, risky sexual behaviour, crime and antisocial behaviour and child maltreatment** (between 3 and 11 identified programmes each). • The interventions identified cover a wide range of delivery models. Broadly 68% were **interactive/personalised interventions** (without professional support), a further 21% were static, educational, **non-interactive/personalised interventions** (21%), and a much smaller number involved **direct professional support** (10%). • In terms of strength of evidence, 22% had robust evidence, 27% had preliminary evidence, 39% had **no evidence**, and 12% had evidence of no effect.	• We identified 39 reviews (21 mental health; 9 substance misuse; 6 child behaviour/crime; 4 risky sexual behaviour). • 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. • Virtual and digital interventions often face high levels of attrition, where participants drop out or fail to complete the intervention.

What we found – What works?

Mental health and wellbeing	Child behaviour and antisocial behaviour
The review of reviews identified: • A wide range of intervention types, mostly internet-based, and consisting of working through a set of online modules. These interventions targeted outcomes such as depressive symptoms, anxiety, stress and self-esteem. • Evidence that interventions in this space can be as effective as traditional face-to-face services. • Personalisation, and practitioner support, can increase effectiveness. *An example programme from the clearinghouses:* • **Overcome Social Anxiety** aims to reduce social anxiety in young people aged 18 or over with existing issues. Involves a series of modules involving cognitive behavioural therapy. A randomised control trial found that, after completion of the programme, participants had significantly reduced social anxiety.	*The review of reviews identified:* • A wide range of intervention types, including self-directed interventions for parents to improve child behaviour, antibullying programmes, and online interventions aiming to reduce intimate partner violence. • Evidence that interventions in this space can be as effective as traditional face-to-face services. • Personalisation, and practitioner support, can increase effectiveness. *An example programme from the clearinghouses:* • **Triple P Online** aims to reduce behavioural problems and antisocial behaviour. The programme is delivered via a website which contains eight interactive modules focusing on positive parenting principles. Two randomised control trials found that, after completion of the programme, children of participants had significantly improved behaviour.

What we found – Examples of benefits and challenges

- Building a trusted relationship between practitioner and participant is an essential element of effective delivery for many interventions. Evidence suggests:
    - The quality of this relationship is associated with improved outcomes.
    - Those who feel listened to and treated with respect are more likely to remain in an intervention.
    - The more adverse a person's circumstances, the more important it is for them to have a secure and supportive relationship with trusted practitioners.

- There's a sense that people are concerned these qualities may be more difficult to achieve when services are working remotely with individuals.

- However, our review found that whilst the extent of research on the therapeutic alliance in V&D services is still limited, there is promising evidence that it is possible to successfully build these sorts of relationships remotely.

- Our review also identified some practical tips for building this relationship remotely:
    - Delivering the first session in person.
    - Increase contact time.
    - Adapting the practitioners' behaviour and communication style.

Recommendations

Recommendations arising from this work include:

1. **V&D can work and can support continuity in the current crisis -** There are some V&D interventions with evidence of improving outcomes that could be made available more widely across all outcome domains. Commissioners should consider the evidence-based programmes that exist.
2. **Adapt carefully -** We shouldn't assume that interventions will work equally well when delivered through virtual methods. Adaptation of existing interventions needs careful thought, and should include a focus on identifying the core components that must be maintained.
3. **Prioritise personalisation, interactivity, and professional support -** V&D interventions that are tailored to the individual and involve regular contact with a practitioner are more likely to be effective. Those selecting services to deliver should bear this in mind, and those developing and adapting interventions should, where feasible, include contact between participants and practitioners.
4. **Pay attention to engagement -** Those developing V&D services need to consider how to develop strong engagement strategies for their interventions. It is also important to develop monitoring systems to identify quickly if interventions are struggling to reach their intended recipients or attrition rates are concerningly high.

Other work of interest from the What Works Centres:

- **Education Endowment Foundation's review of Distance Learning.**

- **What Works Centre for Social Care rapid review of remote working and remotely delivered interventions, & qualitative piece on how LA's are responding to challenges.**

COVID-19 and Early Intervention

Qualitative Investigation and Evaluation Support

Impact of Covid-19 on early intervention- qualitative investigation

- Joint EIF and Action for Children

- 31 interviews with:
  - Heads of service/service leads
  - Senior commissioners
  - Headteachers

- Opportunity sample, with consideration of region

- To develop a 'real time' picture of the unfolding impact of Covid-19 on early intervention (including universal EY provision and targeted family support).

- To get a sense of the critical questions that local decision makers have at this time.

- To gather views on how EIF may be able to lend support to local decision makers.

- To use this information to inform the shape of our work programme over the rest of the year and to identify short-term opportunities to use existing content to support local audiences.

Emerging Findings

Response

- Partnership working/data sharing
- Flexible staffing
- Embracing digital technology and accelerated change

Concerns

- Challenges in identifying new cases- changes to referral pathways
- Those missing out under current provision- widening the gap

As lockdown eases…

- Uncertainties about transition
- Potential for spike in demand after lockdown eased

What now?

- Which digital adaptions are here to say
- Peer support

Test and Learn

- Work with local areas that are experimenting with digital and remote delivery.

- Short-term, practical support on evaluating these types of services

- This could include quick and hands-on support to confirm an intervention's theory of change, review data to better understand population demand, identify valid and reliable measurement tools, and more.

- We're in listening mode, and we will design our support around need

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Q&A