EARLY YEARS POLICY FORUM

Principles of 'what works' for early-intervention services

Why we developed these principles

The Families Commission undertook work on early-intervention programmes in 2009/10 as part of a wider project looking at service provision for families and whānau.

We reviewed available literature, research and evaluations of programmes and services on early intervention overseas and in New Zealand, providing an overview of 'what works' in early intervention.

How we created the principles

The Families Commission developed the principles as a guide for assessing whether programmes have the potential to be effective forms of early intervention.

From the review of international literature, research and evaluations we were able to develop an initial set of 'what works' principles. We further refined these principles in the light of New Zealand research and evaluations, and the recent work completed by the Families Commission on innovative practice.

Alongside the principles we developed a set of questions that could be applied to a programme or service to test their actual or potential effectiveness as forms of early intervention. These questions could be used by those implementing early-intervention programmes to reflect on them, and could also be used to assist in the first stages of programme planning and development. The questions are not intended as a means of fully evaluating a programme, although the resulting information could contribute to evaluation findings.

It should be noted that all of the work undertaken on developing the principles has been paper-based. In order to assure their accuracy and validity the principles and supporting questions need to be further tested with programme providers and families. As these principles are in draft form, we welcome comments.

Principles of effective early intervention

Principle		Reflective questions
A family-centred focus	Early interventions should work with the whole family, building on existing skills and support networks (noting the safety and welfare of the child will always be paramount). They should use a participatory approach and involve families in every aspect of programme development and review, and share information readily with the family. Working with families rather than doing things to or for them is more likely to produce lasting change. The family's social context must be considered.	• Who does the intervention engage with (mothers, fathers, children, extended family)? • How is the range of services or activities decided? How are families involved in the development, implementation and review of their services? • To what extent are families' strengths and existing networks built on in developing and implementing interventions? • How is information shared with families?
Cultural appropriateness	Programmes need to be culturally appropriate in both content and delivery. Programmes 'borrowed' from overseas need to be reviewed by representatives of the cultural groups with whom they are to be used. They may need to be adapted, or a new programme designed from scratch. Kaupapa Māori programmes will be an option for Māori.	• What is the intervention's kaupapa? Is it consistent with the clients' preference? • What has been done to ensure the intervention is developmentally and culturally appropriate?
Strong engagement and retention strategies	Interventions must be persistent in their efforts to engage families and have a range of engagement strategies and entry points to deal with high refusal and drop-out rates. Interventions with such strategies have a much greater chance of success. Re-engagement opportunities should be readily available. Creating 'back-door' opportunities for 'hard-to-reach' families to engage on their own terms can be effective.	• What are the programme's participation and completion rates? • How does the intervention engage with families, at what points and over what period of time? • What happens if initial efforts to engage family members are unsuccessful? If a family repeatedly misses appointments or meetings? • What range of communication methods is used to engage families? • How is engagement sustained over time? If the intervention is targeting hard-to-reach families: • What back-door opportunities exist for the family to engage support? • What, if any, active strategies are in place to locate and engage with hard-to-reach families?

Strong relationships	In early intervention, relationships are the tool of change. Strong relationships are characterised by mutual trust, respect, warmth, openness and honesty. Sustained contact can lead to the development of trusted relationships between parents and those providing the programmes. Strong relationships are particularly crucial to successful engagement with hard-to-reach families. A key worker model will often be used.	• To what extent is relationship-building built into the intervention? Is time allowed for this process? • Who is primarily responsible for building a relationship with each family? Is a key worker model used, and if so, what are the worker's responsibilities? • How long does the intervention expect to have a relationship with the family for and how are exit points negotiated? • What happens in situations where a relationship is hard to build or where difficulties occur? • How do families provide feedback on relationships with providers? • To what extent are workers energetic and passionate about their work?
Sound base of theory and intervention logic	Interventions should have a strong and evidence-based theory. The intervention will have a defined target audience and clear, measurable objectives with logical links between the objectives and the intervention activities. Everyone involved with the intervention should understand the goals and be able to articulate them. Services that take account of the context of parenting – social and economic factors, the nature and strengths of the community and wider family – are likely to be more effective.	• What is the theory behind the intervention? • What evidence or research is the intervention theory based on? • Is the service intended to be universal, targeted or a mixture? Who is the intended audience? Are they being reached? • Are the goals of the intervention clearly laid out and understood by those involved?[1] • How do intervention activities link with intervention goals? • Can workers explain how what they do helps to achieve the goals of the intervention? • How will we know when the intervention has achieved its goals?
Structure and flexibility	Targeted programmes are stronger when they have a well-planned curriculum that includes a clearly defined sequence of activities and regular delivery (programme fidelity). No single approach will suit all families, however. Agencies should have the flexibility to respond to families' particular circumstances, and advocate to ensure the right combination of support services. For hard-to-reach families, engagement needs to be	• What is the range of services or activities offered by the intervention? • Does the intervention have a structured set of activities? If so, how was the set of activities decided? • To what extent is the intervention loyal to the intended structure? • What is the range of ways in which the intervention is delivered (home-based, centre-based, individual, group)?

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[1] Including funders, providers, staff and families.

	well established before they can be expected to respond to a structured programme. Programmes should be embedded within more general service provision (ranging from short to longer term) according to accurate assessment of need. Innovative practice suggests that, for such families, interventions should be prepared to take and manage necessary risks, tackle difficult issues and do things differently in order to elicit change.	• Are there inbuilt review points to assess progress and identify further needs? • How do families access additional services? • To what extent are programmes flexible, responsive and tailored to the family's needs? • What types of risks might need to be taken to address needs?
Prolonged interventions of varying intensity	Effective, permanent change takes time, and quick-fix programmes rarely have lasting effects. Families achieve better outcomes when services are more frequent, longer-lasting (often into the school years) and provided to both parents and children. The family's level of need should guide the intensity of the intervention. High intensity does not need to be maintained over time, however, and families may move in and out of periods of more intense engagement. 'Booster' sessions are effective in maintaining change.	• What amount of contact (frequency and length of each contact) is the intervention designed to have with families, and over what period? • How is the amount of contact determined? • What opportunities exist for families to re-engage with the intervention after a break? • Does the intervention include periodic 'booster' or follow-up sessions to maintain change? • How are exit points negotiated?
Accessibility	Early-intervention services need to be delivered in a non-stigmatising manner, from a convenient location at a comfortable, welcoming venue. Natural gathering places should be considered and transport provided where necessary. Delivery should be at a time that suits families, and where the intervention requires parent attention, childcare should be available. Robust outreach is likely to be required with hard-to-reach families.	• Is the intervention perceived by clients as non-stigmatising? (Where is it located? What other services are in the same location? Is it a universal service or provided within one?) • How do families get to the early-intervention location and what, if any, assistance is provided? Are families visited at home? • What times are services and other activities delivered, and how are those times decided? • What provision is made for children if parents need uninterrupted time to participate in activities? • Is the intervention culturally accessible? Is it provided in a range of languages?
Well-run, co-ordinated and integrated services	Organisations providing early intervention need to be soundly governed and managed, financially viable and secure and have effective networks and relationships with other agencies. Workers should be skilled and committed to the work they do with families. Appropriate	• How effective is the programme or organisation's management? • How secure is the organisation's status and funding? • What level of training and skill do workers have? What access to training do workers have and how regularly do they attend

	training and supervision must be provided to workers regularly. For hard-to-reach families, having staff who are skilled, diverse, flexible and reflective of the make-up of the community is important. Families in need of early intervention often have multiple disadvantages including family breakdown, housing insecurity, lack of education, family violence and substance use. Cross-agency action is likely to be required to effect change. Agencies and informal supports must link with one another, share information appropriately and work collaboratively in order to support families.	recognised training? • How are workers supported and supervised and by whom? • To what extent do workers reflect the make-up of the community? • How broad is the workers' range of skills and approaches? • What formal and informal links does the intervention have with other services or informal supports in the area? How effective are these? • How does the intervention involve families with other services when they are needed? • Is information shared between the intervention and other providers? If so, how are the ethics and practicalities managed? • What barriers exist to service integration and what efforts are made to address them (eg, competitive contracting models)? • How does the intervention fit within the broader mixture of intervention services available to clients?
Built-in evaluative practice	Measurement of outcomes and effectiveness shows what works and what doesn't, and allows programmes to evolve to improve service delivery.	• How is the intervention monitored? • What data are being collected to enable monitoring of outcomes? • How will outcomes be evaluated when intervention activities may differ broadly from family to family?

Programme fidelity and flexibility

The principles described above suggest intervention programmes should be grounded in theory, with a structured curriculum and evidence base of effectiveness, while at the same time being flexible enough to respond to a family's particular circumstances. We acknowledge the potential for conflict between these two requirements in that adaptations to a programme may result in the factors that originally made the programme effective being modified. We believe, however, that it is possible to have a programme that is broadly framed and enables some flexibility in implementation.[2]

We stress, however, that new programmes or those being significantly adapted should, as far as possible, be based on the other principles described above, and should be carefully evaluated for their effectiveness.

We also believe that when working with hard-to-reach families, we may need to look beyond 'programmes'. Engagement with hard-to-reach families needs to be well established before they can be expected to respond to a structured programme. Similarly, a family's complex issues may require a complex response, and agencies should have the flexibility to respond to families' particular circumstances by advocating to ensure the right mixture of support services.

REFERENCE

O'Connor, C., Small, S. A., & Cooney, S. M. (2007). 'Program fidelity and adaptation: Meeting local needs without compromising program effectiveness'. *What Works, Wisconsin – Research to Practice Series, Issue 4.* University of Wisconsin-Madison and University of Wisconsin-Extension.

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[2] O'Connor, Small, and Cooney (2007) suggest some forms of programme adaptation are acceptable (changing language, replacing images, replacing cultural references, modifying some activities and adding relevant evidence-based content) while other forms of adaptation are more risky (reducing the 'dosage' of a programme, changing staff-participant ratio, removing topics, changing theoretical approach, using untrained staff or reducing the staffing level). They identify strategies for maintaining programme effectiveness including:

- selection of a programme which meets identified needs
- ensuring staff members are committed to programme fidelity
- contacting the programme developer for their input
- determining the key elements that make the programme effective
- assessing the need for cultural adaptation
- staying true to the duration and intensity of the original programme
- taking steps to avoid programme drift
- staying up to date with programme revisions and new materials.