**Criteria for inclusion to ‘*What Works’***

*What Works* is maintained and further developed by its Moderating Group, who meet quarterly to ensure that *What Works* remains as up-to-date and as comprehensive as possible. Submissions to *What Works* are reviewed each quarter through a robust and independent process to ensure quality and fairness of approach. Further information on how to submit an intervention, the deadlines and appeals process are given on the *What Works* website.

Below are the criteria that are applied to every submission to *What Works*. These criteria are used to determine the level of evidence currently available for the intervention, whether ‘indicative,’, ‘moderate’ or ‘strong.’

When submitting an intervention, **please either fill in this form with your comments or reference where the detail can be found in your intervention submission form.** This will enable the *What Works* Moderating Group to make as informed a decision as possible as to the intervention’s level of evidence.

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria to consider** | **Essential** | **Desirable** | **Comments** |
| 1. *Conceptual and theoretical underpinning*
 |  |  |  |
| 1. Information about the approach or intervention explains the rationale and the evidence base for the approach
 | **Y** |  |  |
| 1. We expect evidence to be published within the last 10 years but will review the necessity of this on a case by case basis
 | **Y** |  |  |
| 1. The intervention makes theoretical and practical sense and the steps in the intervention are transparent, accessible and easy to follow
 | **Y** |  |  |
| 1. *Access and delivery*
 |  |  |  |
| 1. The intervention is manualised or presented in such a way that it is possible for a service to adopt it without adaptation
 | **Y** |  |  |
| 1. There is enough clear information to enable a service or practitioner to deliver the intervention
 | **Y** |  |  |
| 1. Information is provided about: the target client group

staff required to deliver the intervention the setting where the intervention should take place | **Y** |  |  |
| 1. The intervention is feasible and information is presented to allow practitioners to make a decision regarding whether an intervention can be introduced within budget, given available resources, materials, and time.
 | **Y** |  |  |
| 1. The intervention is clear and specific around the resource implications of delivery, including information on materials and levels of staff competence/training.
 |  | **Y** |  |
| 1. It is clear in the information whether there is formal training involved and a procedure to be followed or if the intervention/approach is principally a set of materials to be freely used.
 | **Y** |  |  |
| 1. *Population*
 |  |  |  |
| 1. The intervention is for children and young people (age range 0-25) and addresses speech, language and/or communication.
 | **Y** |  |  |
| 1. *Research Design*
 |  |  |  |
| 1. The evidence includes appropriate experimental control for the question being asked (see descriptions of strong, moderate and indicative evidence).
 | **Y** |  |  |
| 1. The evidence relates to the exact intervention being submitted.
2. (Please note: Published papers on similar interventions, the theoretical basis for the intervention, elements of the intervention in conjunction with other interventions, or interventions ‘inspired by’ the intervention submitted will not be accepted)
 | **Y** |  |  |
| 1. It is clear how children were allocated to the intervention and control groups.
 | **Y** |  |  |
| 1. It is made clear what happened to all the children who started in a study; if some did not complete the intervention, it is stated why this was.
 | **Y** |  |  |
| 1. Assessors were ‘blind’ to the nature of the research and evaluation so as not to create a bias.
 |  | **Y** |  |
| 1. *Outcomes*
 |  |  |  |
| 1. Outcomes on child speech, language and/or communication form part of the evidence.
 | **Y** |  |  |
| 1. Outcome measures used are both valid and reliable.
 | **Y** |  |  |
| 1. *Evaluation*
 |  |  |  |
| 1. There is a description of how the intervention has been formally evaluated, with the appropriate experimental control for the question being asked.
 | **Y** |  |  |
| 1. The level of evaluation (indicative/moderate/strong) is indicated and explained, e.g. moderate because there was a single randomised controlled study carried out.

Levels:Evidence may be graded as **strong** if it includes at least one systematic review plus subsequent trials as available.Evidence may be graded as **moderate** if it meets one of the following criteria:1. Single (or multiple) randomised controlled trial
2. Quasi-experimental study

Evidence may be graded as **indicative** if results have been analysed using appropriate statistics to show a statistically significant difference using one of the following research measures:1. Control and targeted items are measured in a before and after design
2. Recently standardised assessments are used as comparison and control measure (standardised on an appropriate sample) in a before and after design. The control measure is one that is not expected to change with the intervention.

And **one** of the following research designs:1. A case series with a multiple baseline design
2. A matched control group is used in a group comparison (sample size large enough to calculate an effect size)

N.B. Descriptive case studies without any experimental control will not be accepted. | **Y** |  |  |
| 1. The intervention has been evaluated wider than by the initial developer and a description of this evaluation is included.
 |  | **Y** |  |
| 1. It is demonstrated that it is possible to assess treatment fidelity that is, the capacity of those who use the programme to stick to what is expected in the manual, with an explanation of what makes it easy/difficult to stick to the programme as originally intended.
 | **Y** |  |  |
| 1. *Publication*
 |  |  |  |
| 1. The evidence is published in a peer reviewed journal written in English
 | **Y** |  |  |