Building evidence-based interventions in youth work:
a proposal for reporting practice

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Background & Rationale

Purpose

What is evidence?

Implications for practice

Limitations

Alternative views

Proposed competences

Conclusions

- **The decreased professional status of youth workers ('structural marginality' cf. Spence, 2007)**

- Calls for youth workers to develop competencies in reading and writing for the youth work journals to help build a critical mass of intellectual dialogue (Spence, 2007).

- **The call for Evidence-based** research/ practice/ policy-making
- Ethical requirement not to do **more harm than good**

Examples of past harmful practices in youth work (I)

Cambridge-Somerville Youth Study:

Multiple interventions for preventing delinquency:

- mentoring, parenting courses, **summer camps**
- **500** young people followed **30 years later**

It does more harm than good:

- youth in the treatment group, more likely to:
  - be convicted for **serious street crimes**
  - **died** an average of 5 years younger
  - more likely to have **mental health** problems

(McCord, 2003).

The '**social contagion**' effect.

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Examples of past harmful practices in youth work (II)

***Scare straight*:**

Aim: **to frighten** 'at risk' youth and **to prevent** further delinquent behaviours.

- '**jail tours**' for at-risk youths into an adult prison
- exposure to the reality of prisons
- discussions with adult inmates

It does more harm than good:

- worsen conduct-disorder symptoms (Lilinefeld, 2005).
- substantial **increases in recidivism**: 'chronic relapse into crime' (Aos et al, 2001).

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- To respond to the call for practitioners to contribute at building evidence on youth work.
- To look at the **specific competences** needed for youth workers, in particular those related to the intersection between **research and practice**.
- To familiarize practitioners with the **principles of evidence-based (EB) research/ practice.**

"the integration of **best research** evidence with clinical **experience** and client **values**" (Sackett et al., 2000:1).

EB research & practice minimize **bias** in assessment.

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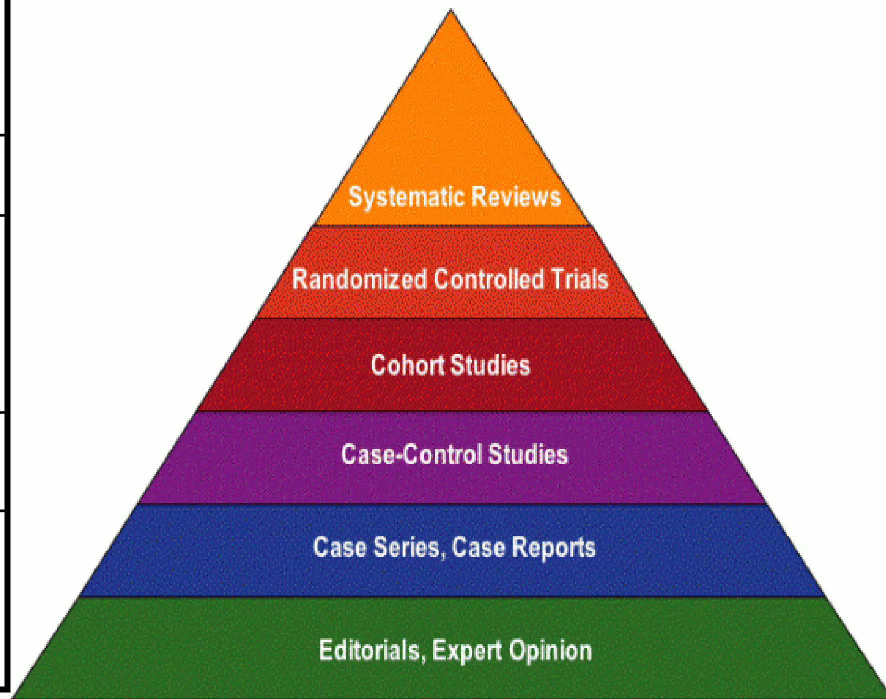
The hierarchy of evidence

Quality of evidence
Excellent
Good
Fair
Poor



Source: http://ebp.lib.uic.edu/nursing/node/12

'Evidence' is based on a rather **narrow definition**.

Alternatively:

evidence-supported practice/ policy

evidence-informed practice/ policy

research based practice/ policy

…

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Evidence needs to travel. There **is** value in replication.

Good practice needs to be validated in different cultural settings, for groups with different social characteristics.

Well reported practices, allow **fidelity** of replication and transferability in other cultural settings.

What works/ what does **not** work/ what works ***for whom***.

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A template for reporting practices ('PICO model').

Problem/ Population

Intervention

Comparison group

Outcome

Time (follow up)

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Problem & Population:

Participants' characteristics that are relevant.

Intervention:

Detailed description → **replication** with fidelity

Intervention manuals (the content; methods; setting & local context; length of sessions & frequency; participants' engagement; staff).

Comparison group (optional):

- a group similar in all respects, **except** the intervention.
- it gives info on **alternatives**.

Outcomes:

- Reduce bias by **blind (masked) assessment**
- Participant flow, incl. **attrition**. How were the non-responses dealt with? 'Cherry picking'? (**confirmation bias**).

<u>**T**ime/ follow up:</u>

Are the **outcomes stable** in time?

Is an end-of-activity evaluation form, **sufficient** for making a judgment on the benefits of an intervention?

What does it measure?
Attitude/ knowledge/ behavior/ …smth else?

Response bias: intention to please, social desirability.

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- **‘Cook book’** approach that inhibits innovation
- **Overstated dichotomy** qualitative vs. quantitative (Mays and Pope, 1996).
- Non availability of relevant literature (**databases**)
- **Time** constrains
- **Long term** follow up
- The absence of **institutional support** for EB practice (the culture of ‘good practice’)
- **Attribution challenge**
- Producing evidence at the highest level is **costly**
- **Matching** the intervention group with a control group is often unfeasible

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- The gap between research and 'real life situations' encountered by practitioners is **not about knowledge transfer**, but about '**knowledge production**' (Van de Ven, 2007).

→The concept of '**engaged scholarship**': 'a form of research that includes multiple stakeholders in defining the aim, designing the study, and analyzing the data' (Longhofer et al., 2013: 158).

Consensus should not be a goal. Build on the '**creative tensions**' (Longhofer et al.,2013)

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- Competency to **search for evidence**
- Awareness at the **value of replicating** successful activities in other cultural settings/ with other groups.
- Awareness that '**what does not work**' is also part of the evidence base
- **Capacity to transfer** relevant information from practice to other professional communities.

- ‘The road to hell is paved with good intentions’
- There are **practical, economic** and **ethical** arguments for building up EB practices
- **What does not work** is also part of evidence
- **Uncertainty** associated with decisions should be highlighted not hidden (Gambrill, 2003)

→ Sharing of knowledge + sharing of ignorance

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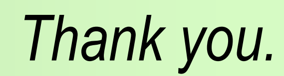
Thank you.