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

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EPLM Conference 2013, 20.-22.03. Berlin.
Workshop 4: Competence and Training
• 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.
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).
• 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.
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

…
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**.
A template for reporting practices (‘PICO model’).

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**Background & Rationale**

**Purpose**

**What is evidence?**

**Implications for practice**

**Limitations**

**Alternative views**

**Proposed competences**

**Conclusions**
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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)**.
Time/ follow up:

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.
‘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
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)
• 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
References:


Thank you.