

## **BUILDING EVIDENCE-BASED INTERVENTIONS IN YOUTH WORK: A PROPOSAL FOR REPORTING PRACTICE AND FOR DEVELOPING COMPETENCIES**

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To a certain extent, the call for ‘evidence-based’ research/ practice/ policy-making became the discourse of the moment in the field of youth work and beyond. This conference presentation responded to the need for practitioners to contribute at building evidence on youth work. It was based on the understanding that practitioners need competences in making their practice transferable in other settings/ for other groups and for informing further research on ‘what works’. It aimed to familiarise practitioners with the principles of evidence-based research and to equip them with a standardised protocol of reporting their actions. The ultimate goal was for their practice to enable replication and to inform research that feeds back into more sensible interventions. The first part of the presentation provided background information on the rationales and principles of evidence-based research/ practice. It briefly presented the ‘hierarchy of evidence’- a ranking of research designs with the highest capacity to provide valid findings on ‘what works’. The second part presented a standardised way of reporting practice, which includes: problem/ population; intervention, comparison group, outcomes and time frame. Lastly, it touched upon several limitations related to the evidence-based approach in general, and to the process of documenting the practice in youth work, in particular. Several competences to be considered in developing the professional profile of youth workers were presented.

### **Why evidence-based youth work?**

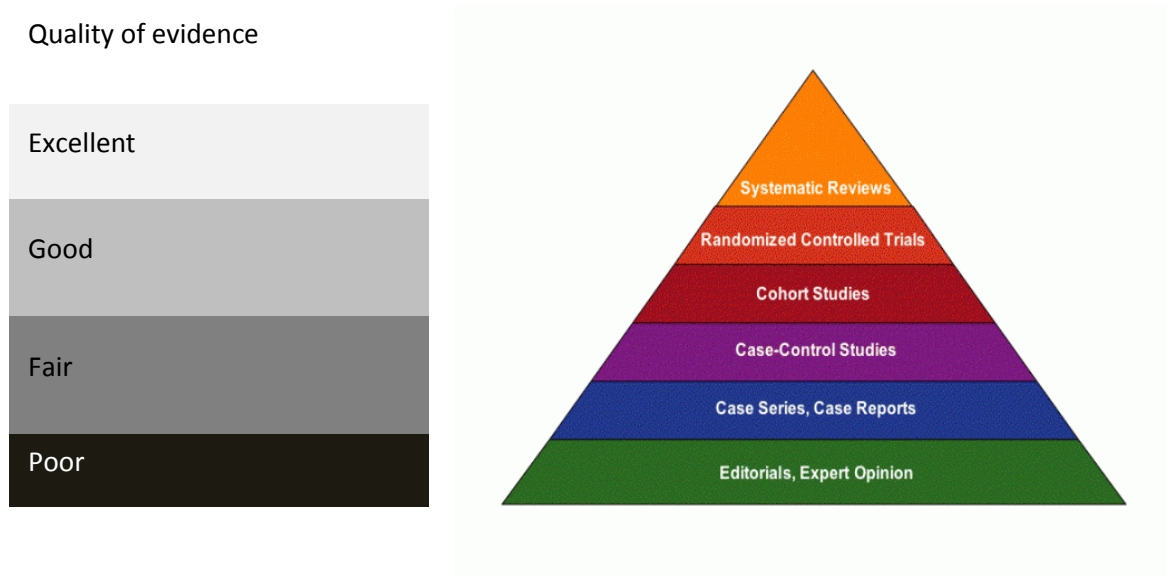
Just like medical interventions can do more harm than good, there is no reason to believe that youth work is not liable to the same risks. There are several examples of past harmful practices

in youth work, such as the classic examples of the 30 years *Cambridge-Somerville Youth Study* and *Scare straight*, both interventions aiming to prevent further delinquent behaviours among young people. The harmful consequences for those involved demonstrate that youth work needs to seriously consider the ethical imperative of the unacceptability 'to experiment with people's lives unless there is some evidence that what is being done in the name of good is actually likely to be of some help' (Buchanan, 2005:3).

## What is evidence?

Evidence-based practice emerged as an approach in medicine and later extended in the social field. It has been defined as 'the conscientious, explicit and judicious use of best currently available evidence, integrated with client values and professional expertise, in making decisions about the care of individuals' (adapted from Sackett et al., 2000). The literature on evidence-based practice agrees in regard to some principles: an evidence-based decision-making is declining judgements based on (i) the power of authority, (ii) on anecdotal experience or (iii) on tradition (Gambrill, 2003). Evidence comes in many forms. However, not each type of research has the same capacity to demonstrate efficiency. Some research designs are more powerful than others in demonstrating *what works* and *what does not work* (see Fig.1).

**Fig.1. Research ranking hierarchy**



Source: adapted from University of Illinois at Chicago. 'Evidence-Based Practice in the Health Sciences'.

URL: <http://ebp.lib.uic.edu/nursing/node/12>

As seen above, 'evidence' has a narrow and rigorous definition. When the practice is not based on strict methodological designs (see above), it is better to speak about: 'practice which is evidence-supported' or 'research based practice' etc. Unless supported by systematic evaluations and research, *good practice* is situated at a lower level in the hierarchy of evidence. In order to test and replicate *what* works and to engage in analyzing their practice, youth workers need to use a standardized, more systematic protocol for reporting interventions. This needs to include: problem/ population; intervention, comparison group, outcomes and time frame (PICO model cf. Petticrew & Roberts, 2006).

### A proposal for competences in youth work

*The road to hell is paved with good intentions.* The presentation argued that youth work should be made responsive to the principle of preventing harm. It provided ethical arguments for replacing the existing culture of good practice in youth work with one of 'good examples of practice' (Kristensen 2011: 10). It advocated the need for a platform not only for eliciting innovative practice, but also for recognizing the added knowledge coming from their replication and called for a more systematic protocol for reporting interventions.

Ultimately, several competences<sup>1</sup> for developing the professional profile of youth workers, have been proposed and discussed at the conference: (i) the capacity to relate to different professional communities, in order to inform their actions; (ii) awareness at the value of replicating successful activities in other cultural settings/ with other groups; (iii) awareness that 'what does not work' is also part of the evidence base; (iv) capacity to transfer relevant information from practice to other professional communities; (v) capacity to contribute to a professional database/ knowledge-centre on youth activities informed by evidence.

### References

Buchanan, A. (2005). 'Evidence-Based Social Interventions. A new ideology or an ethical imperative? Relevance to Lithuania', *Socialinis Darbas* 4(2): 113-120.

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<sup>1</sup> Competences are defined as an 'overall system of dispositions, capabilities, skills, and knowledge which are used to manage and master complex situations and tasks successfully' (Fennes and Otten, 2008: 27).

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