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## **What Works in Europe?**

**Identifying, Reviewing and Rating Evidence-Based  
Programmes in a European Context**

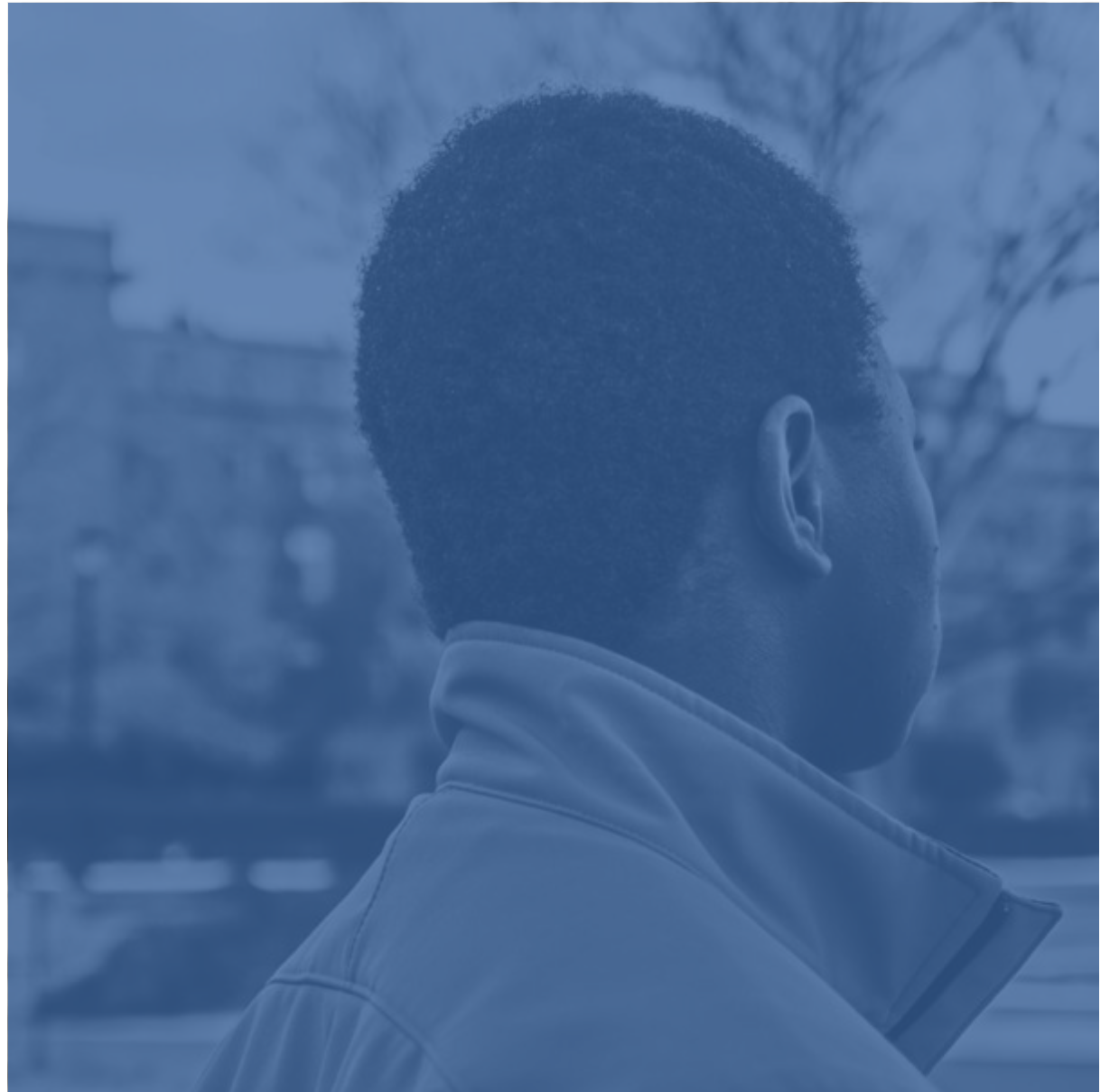
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**May 2016**

- Communities that Care (CtC) is a a method to help communities prevent crime, violence and alcohol and drug misuse
- Most CtC sites implement evidence-based programmes (EBPs)
- These EBPs used to be sourced from a CtC guidebook but now they come from Blueprints: [www.blueprintsprograms.com](http://www.blueprintsprograms.com)
- Most of these programmes were developed and tested in the US
- So, what about looking 'east not west'?
- Because some US imports have proven ineffective in Europe
- And some home-grown European programmes have quietly emerged
- And there has also been a growing interest and investment in Europe in RCTs/QEDs



- To find evidence-based prevention and early intervention programmes tested and found effective in Europe
- *Imported* (from outside Europe) or *home-grown* (developed in Europe)
- For children and young people aged 0-22
- Covering outcomes in education, behaviour, substance misuse, physical health, emotional well-being, relationships (i.e. relevant to CtC)



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Aims of this part of the European CtC project



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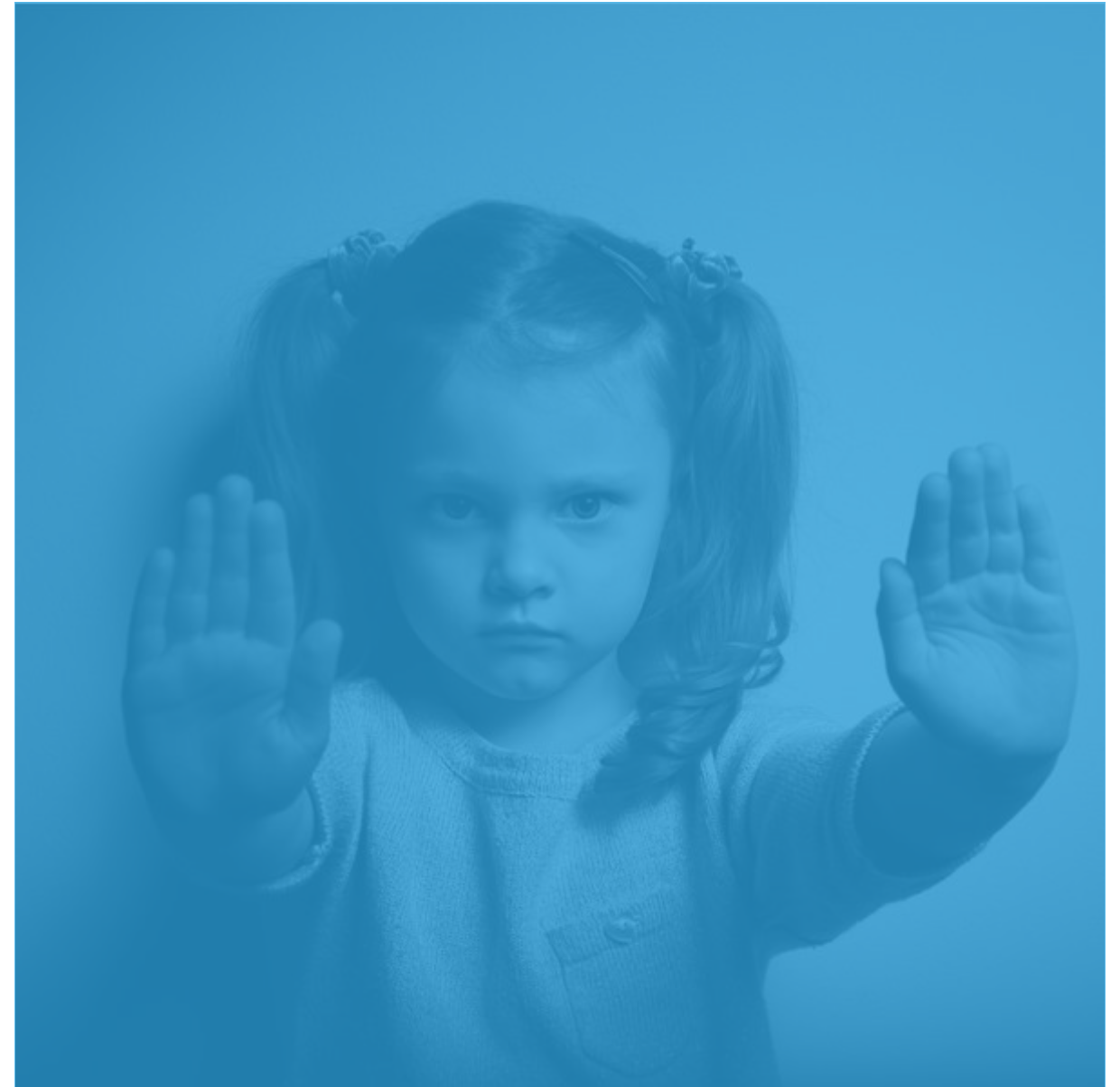
## Search process

1. Online databases of interventions
  - International
  - Country-specific
2. Participants in the consortium
3. Selected journals

Not an exhaustive search!

## Review process

1. Obtain relevant studies
2. Preliminary review (focusing on type of study, quality, impact, level, and availability) – designed to help prioritise the studies requiring full review
3. Full review (using Blueprints system)



1. Intervention specificity
2. Evaluation quality
3. Intervention impact
4. System readiness

<http://investinginchildren.eu/standards-evidence>

<http://www.blueprintsprograms.com/programCriteria.php>





Recommendation	Rating	Tested in 2+ European countries?	Good evaluation quality?	RCT?	Positive impact?
'Implement'	A	Yes	Yes		Yes/Mixed Plus
	B1	No	Yes	Yes	Yes/Mixed Plus
	B2	No	Yes	No	Yes/Mixed Plus
'Test further'	C1	Yes	No		Yes/Mixed Plus
	C2	No	No		Yes/Mixed Plus
	D1	Yes	Yes		Mixed Minus
	D2	Yes	No		Mixed Minus
	D3	No	Yes		Mixed Minus
	D4	No	No		Mixed Minus
	E1	Yes	No		No/Negative
	E2	No	No		No/Negative
'Avoid for now'	F1	Yes	Yes	Yes	No/Negative
	F2	Yes	Yes	No	No/Negative
	F3	No	Yes	Yes	No/Negative
	F4	No	Yes	No	No/Negative

Number of programmes	Selection criteria met at screening stage	Reason for exclusion
243	<ul style="list-style-type: none"> <li>• QED/RCT in Europe</li> <li>• Relevant outcomes</li> <li>• 0-22 years</li> </ul>	<p>81 programmes were excluded because articles were not in English or no study article was available</p> <p>46 programmes were excluded because it was not clear if they were available</p> <p>24 programmes were excluded because they focused only on treatment or had no impact</p>
162	<ul style="list-style-type: none"> <li>• Publication in English that is available</li> </ul>	
116	<ul style="list-style-type: none"> <li>• Programmes likely to be available</li> </ul>	
92	<ul style="list-style-type: none"> <li>• Focus on early intervention and prevention</li> <li>• Programmes have a positive impact in Europe</li> </ul>	

## Inclusion criteria and screening process

Level of prevention	Number of programmes	Percentage of programmes
Universal	46	50%
Selective	28	30%
Indicated	32	35%
Treatment	5	5%

Age (years)	Number of programmes	Percentage of programmes
0-2	17	18%
3-5	45	49%
6-11	57	62%
12-14	44	48%
15-18	28	30%
19+	2	2%

Outcome domain targeted	Number of programmes	Percentage of programmes
Behaviour	63	69%
Education	25	27%
Emotional well-being	32	35%
Physical health	8	9%
Positive relationships	21	23%

Risk factor domain targeted	Number of programmes	Percentage of programmes
Family	38	41%
School and work	16	17%
Individual/peers	34	37%
Community	7	8%
Economic	7	8%

Protective factor domain targeted	Number of programmes	Percentage of programmes
Family	36	39%
School and work	13	14%
Individual/peers	53	58%
Community	6	7%
Economic	1	1%

## Overview of 92 programmes reviewed [1]



Country	Number of programmes originating from country
<i>'Imported' programmes</i>	32 (35%)
Australia	4
Canada	3
United States of America	25
<i>'Home-grown' programmes</i>	60 (65%)
Austria	1
Denmark	1
Finland	2
Germany	13
Ireland	5
Italy	1
Netherlands	5
Norway	4
Romania	1
Spain	2
Sweden	4
Turkey	1
United Kingdom	20

## Overview of 92 programmes reviewed [2]



Number of programmes evaluated	Countries in which evaluations took place (EU unless otherwise stated)
0	Bulgaria, Estonia, France, Hungary, Latvia, Malta, Poland, Slovakia, Slovenia, Liechtenstein (EEA)
1-5	Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Finland, Greece, Iceland (EEA), Italy, Lithuania, Luxembourg, Portugal, Romania, Switzerland (Other), Turkey (Other)
6-10	Spain
11-15	Ireland, Norway (EEA), Sweden
16-20	
20+	Germany (21) , the Netherlands (22), United Kingdom (35)

## Overview of 92 programmes reviewed [3]

Provisional rating	'Imported' programmes	'Home-grown' programmes	All programmes
<b>'Implement'</b>	<b>5 (16%)</b>	<b>12 (20%)</b>	<b>17 (18%)</b>
A	3 (9%)	1 (2%)	4 (4%)
B1	2 (6%)	10 (17%)	12 (13%)
B2	0 (0%)	1 (2%)	1 (1%)
<b>'Test further'</b>	<b>24(75%)</b>	<b>45 (75%)</b>	<b>69 (75%)</b>
C1	5 (16%)	4 (7%)	9 (10%)
C2	2 (6%)	19 (32%)	21 (23%)
D1	1 (3%)	0 (0%)	1 (1%)
D2	7 (22%)	3 (5%)	10(11%)
D3	1 (3%)	3 (5%)	4 (4%)
D4	5 (16%)	11 (18%)	16 (17%)
E1	3 (9%)	0 (0%)	3 (3%)
E2	0 (0%)	5 (8%)	5 (5%)
<b>'Avoid for now'</b>	<b>3 (9%)</b>	<b>3 (5%)</b>	<b>6 (7%)</b>
F1	2 (6%)	1 (2%)	3 (3%)
F2	0 (0%)	0 (0%)	0 (0%)
F3	1 (3%)	2 (3%)	3 (3%)
F4	0 (0%)	0 (0%)	0 (0%)

## Provisional evidence ratings

		0 to 2	3 to 5	6 to 11	12 to 14	15 to 18	19+
Physical health	Implement	0	0	0	1	1	0
	Test further	4	3	3	0	0	0
Emotional well-being	Implement	2	7	8	2	0	0
	Test further	2	9	18	7	6	0
Positive relationships	Implement	4	3	3	1	0	0
	Test further	5	6	9	4	3	0
Behaviour	Implement	8	8	10	7	4	0
	Test further	3	18	26	27	18	2
Education	Implement	2	2	3	1	0	0
	Test further	4	10	10	4	2	0

Programmes x rating, target outcome and age



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	Overview	Summary of studies in Europe	Provisional rating
Good Behaviour Game (GBG)	A classroom-based behaviour management strategy for elementary school teachers to use alongside standard curricula. A team game with rules associated with rewards is played for 10 minutes three times a week to start with, after which length and frequency gradually increase.	3 RCTs in Netherlands, 1 RCT in Belgium	<b>C1</b> Largely positive effects across two countries, but analysis not ITT and baseline differences
Incredible Years (Parent)	A parent training programme that emphasises developmentally appropriate parenting skills to promote children's social competence and emotional regulation and to reduce behaviour problems. Delivered in a group format over 10-20 weekly sessions depending on child's age.	1 RCT, 2 QEDs in Portugal; 1 RCT, 1QED in Netherlands; 2 RCTs each in Sweden, Ireland and Norway; 6 RCTs, 1 QED in UK (14 RCTs and 4 QEDs)	<b>A</b> Largely positive effects in good quality evaluation in multiple countries
KiVa	An anti-bullying programme including (a) <i>universal</i> classroom lessons (10 x 2 hours over school year) and school-level actions to prevent bullying and (b) <i>targeted</i> individual level strategies to address bullying incidents.	3 RCTs and 1 QED in Finland	<b>B1</b> Largely positive effects in good quality evaluation(s) in one country
MDFT (Multi-dimensional Family Therapy)	A family-centred treatment simultaneously addressing substance use, behavioural problems and mental health disorders in young people. Implemented in diverse settings.	1 RCT across Belgium, France, Germany, Netherlands, and Switzerland	<b>Not included</b> (study population had cannabis use disorder – treatment)
Expect Respect	A programme for addressing teenage relationship abuse and building healthy relationships. Toolkit contains lesson plans for teachers.	No studies meeting inclusion criteria identified	<b>N/A</b>

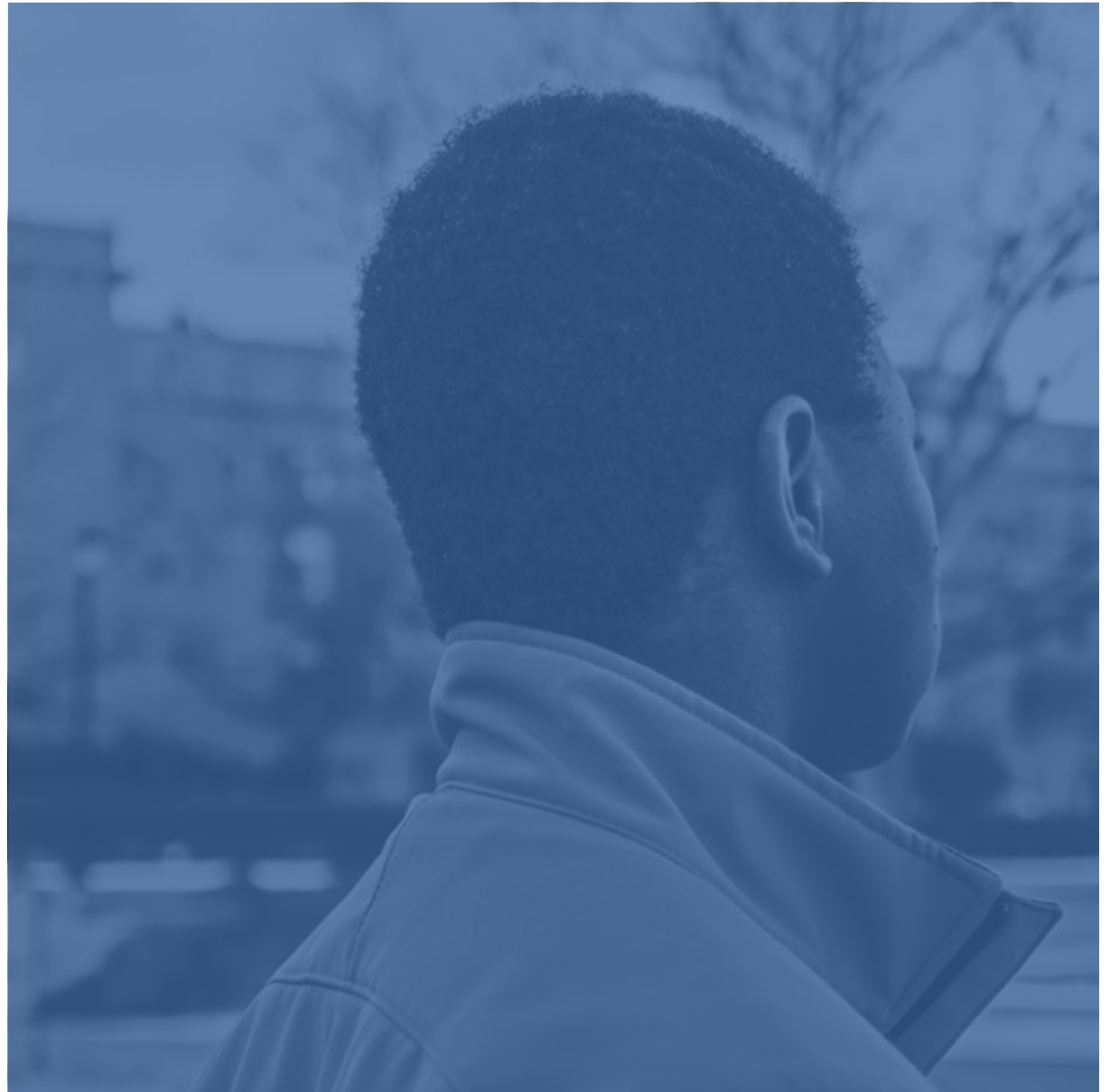
## Programmes implemented in Estonia

## Strengths of the research

- A large number of programmes and studies were reviewed, including both home-grown and imported programmes
- Rigorous screening and review process
- Rating system combined the traditional focus on evaluation quality with a focus on Europe and attention to transportability

## Limitations of the research

- Only English-language publications were reviewed
- Evidence ratings are provisional because undertaken by members of the research team rather than an expert panel
- The extent to which programmes are ready for dissemination was not reviewed





- Europe is putting its own mark on the EBP movement
- Imported programmes are not universally unsuccessful in Europe
- The issue of transportability presents difficulties when rating programmes
- There is a need to improve the quality of studies conducted in Europe
- There are some promising home-grown programmes in Europe
- But in many countries there are likely to be few – if any – tested-and-effective options
- The future success of CtC may depend on applying ‘what works’ lessons locally
- There will be a European CtC database but programme databases need re-thinking



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## Reflections



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