RESEARCH GUIDE

FOR THIRD SECTOR ORGANISATIONS
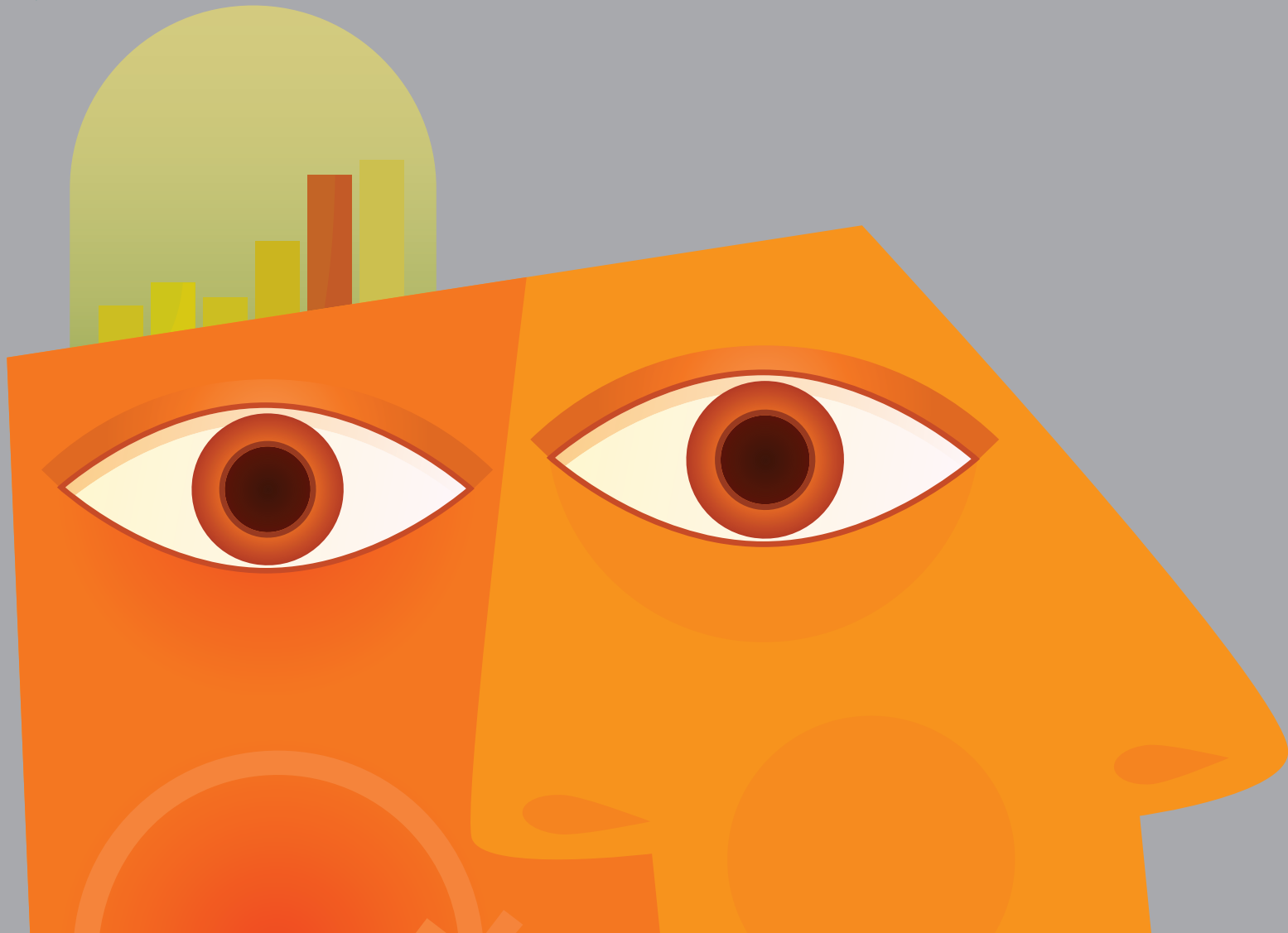
WHAT WORKS FOR CHILDREN, YOUNG PEOPLE OR FAMILIES

RESEARCH GUIDE

Contents

WHAT WORKS FOR CHILDREN, YOUNG PEOPLE OR FAMILIES

Enabling organisations to make **better decisions** about the **impact** of what **they are doing**

Within the community and voluntary sector, the expertise and capacity to commission and/or undertake robust evidence-based research varies greatly. **Enhancing capacity within the sector is critically important** for service providers if they want to know whether their services are having the intended impact on users and, if not, to understand **how they can better tailor their provision to meet service user needs**.

1

INTRODUCTION

INTRODUCTION

1.1 Background

This brief guide has been designed to help community and voluntary organisations to research what works in relation to their service-users i.e. what has been shown nationally and internationally to be most effective in producing the desired outcomes for the people they work with. It should enable organisations in the voluntary and community sector to make better and more informed decisions both about what they are doing and the impact of what they are doing. This document is not a comprehensive guide to research or evaluation, but serves to highlight a number of key aspects of the research process which organisations may wish to consider. In addition, this document signposts sources of more detailed information and guidance.

1.2 Social Research

"I have learnt so much just by gathering existing pieces of research, but it is difficult deciding where to find the most reliable pieces and then how to use them."
(Manager in the Voluntary Sector)

Research can be defined as "a methodological investigation into a subject in order to discover facts, to establish or revise a theory, or to develop a plan of action based on the facts discovered". It covers a very wide range of types of activities. Third Sector (voluntary and community) organisations are frequently engaged in various types of research, from short explorations of an issue to in-depth investigations over many months, even years. Types of issues commonly researched include the following:
- Identifying and analysing the extent and nature of needs (and strengths) in relation to a particular service-user group or community.
- Identifying the views of service-users.
- Mapping the public policy environment relevant to the organisation.
- Mapping existing services impacting on the service-user group (perhaps against a set of specific desired outcomes).
- Evaluating the effectiveness of its own services.
- Investigating the academic/practice literature in relation to their area of work, or one aspect of it e.g. the most appropriate quality standards.
- Analysing the research literature for evidence of what works (sometimes called efficacy or effectiveness) in relation to their service-user group and the particular issues that the organisation is trying to help them with

This guide focuses primarily on how to access, gather and analyse evidence in relation to what works (i.e. what produces positive outcomes) for children, young people and/or families, but much of the guidance applies to other forms of research as well.

Box 1: Do all social programmes for children, young people and/or families do some good?

A commonly held assumption is that social programmes whether for children, young people or families probably do good; and if the intention is good, programme outcomes are also likely to be good.

Up to five years ago there had only ever been one robust evaluation using a Randomised Controlled Trial (RCT) methodology of social programmes to improve the outcomes for children, young people or families in Ireland. Whether any of the huge number of existing programmes delivered in Ireland actually work and do good is, therefore largely a matter of conjecture. Some may well be very effective; it would be really good to have robust evidence of that. Some may not be doing any good at all. Some programmes may actually be doing more harm than good and there is a need to know whether this might be the case or not.

There are numerous examples of the latter – where research evidence suggests that a particular programme is having either no impact or a negative impact on the intended groups of people. For example:

- A large-scale evaluation of a breakfast club programme in Wales showed that the main impact of the programme was that many parents stopped providing breakfast for their children (Murphy et al, 2010).
- Similarly, an evaluation of a primary school programme (Mate Tricks) to promote pro-social behaviour, which blended Dr Lochman's Coping Power Programme with Dr Kumpfers' Strengthening Families programme, showed that it failed to improve social skills, reduce bullying or improve relationships with families and peers (Tallaght CDI presentation, 2012).

The above examples show that it is important to invest in gathering a robust evidence base to make informed decisions about which programmes to introduce and/or expand in a particular area. Basing programmes to improve outcomes for children and young people on scientific research evidence has the potential to transform work with children, young people and families in Ireland.

It is important to be clear from the outset that not all evidence sources carry equal weight in determining whether to expand existing programmes or introduce new programmes. Box 2 below illustrates a hierarchy of robustness of evaluation evidence.
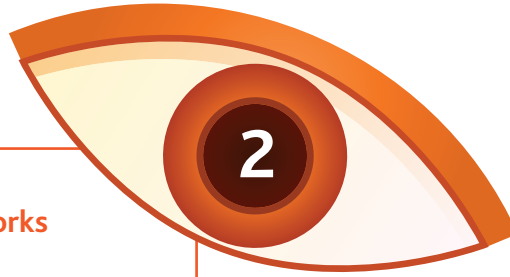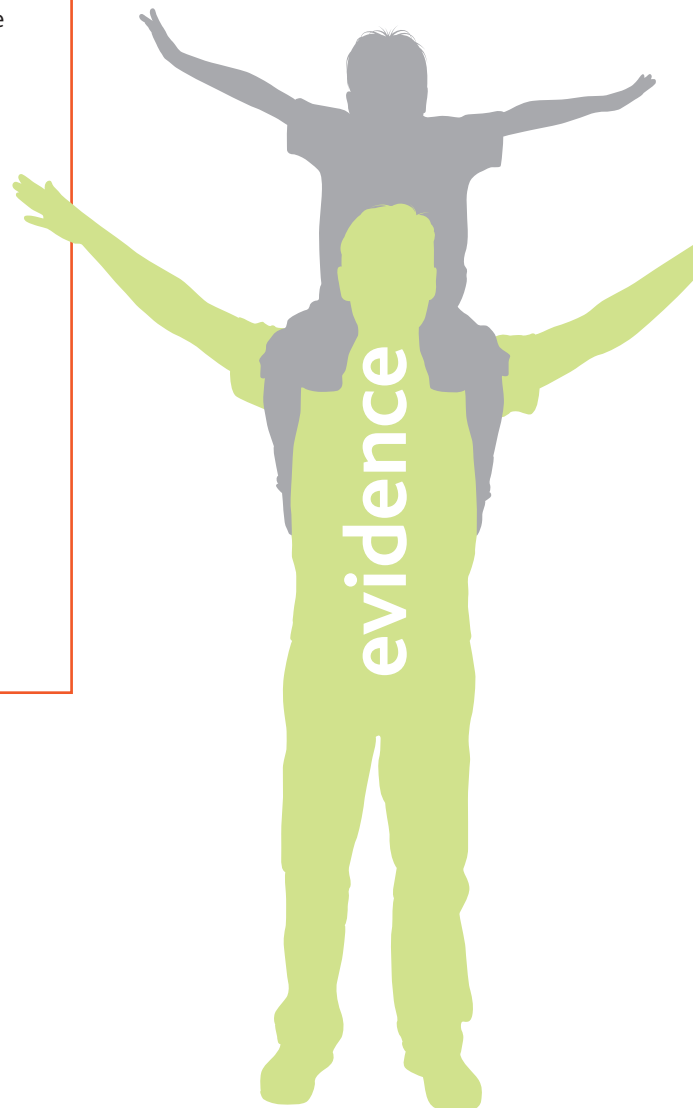
evaluation

Box 2: Hierarchy of the robustness of what works evaluation evidence

A whole range of activities take place under the generic name of evaluation. They do not all have equal value in determining the effectiveness of the service in achieving specific desired outcomes for service-users. A hierarchy of robustness of evaluation evidence might look something like the following:

a.   Experience of those delivering the service
b.   Satisfaction surveys of participants after the intervention
c.   Perceived changes in skills, knowledge, behaviour and/or attitudes of participants assessed after the intervention
d.   Assessed skills, knowledge, behaviour and/or attitudes of participants both before and after the intervention
e.   A controlled trial, but the sample of who does and who doesn't get the intervention is not randomised i.e. it is self-selected, resulting in potential bias in the results
f.   A controlled trial, but sample of who does and who doesn't get the intervention is not randomised, but attempts are made to match cases or characteristics
g.   A small-scale Randomised Controlled Trial evaluation, which is unlikely to have sufficient statistical power to show meaningful differences between the control and intervention groups
h.   A large-scale Randomised Controlled Trial evaluation carried out by the originator of the programme, or someone close to them
i.   A large-scale Randomised Controlled Trial evaluation, carried out by an independent research body, published in a reputable journal
j.   A large-scale longitudinal Randomised Controlled Trial evaluation continued for at least a year after the end of the intervention, published in a reputable journal
k.   A large-scale longitudinal Randomised Controlled Trial evaluations with long-term cost-benefit analysis, published in a reputable journal, published in a reputable journal
l.   At least two large-scale long-term Randomised Controlled Trial evaluation evaluations, published in a reputable journal, published in a reputable journals
m. At least two large-scale longitudinal Randomised Controlled Trial evaluations
n.   At least two large-scale longitudinal Randomised Controlled Trial evaluations with long-term cost-benefit analysis, published in a reputable journals
o.   Systematic reviews of substantial number of primary studies including longitudinal RCTs and cost-benefit analysis, published in a reputable journals

1.3   What are the benefits of research?

Secondary research into the "what works" literature (as opposed to primary research e.g. individual studies and evaluations) can have a wide range of potential benefits to service-users, service providers, organisations and government.

For service-users it can
- Improve their outcomes (and help ensure they are not harmed)
- Help ensure they are provided with the most appropriate and effective services
- Improve the quality of services
- Help ensure their voices are heard and rights protected

For service providers it can
- Help clarify outcomes
- Improve the effectiveness of services/practice
- Improve decision-making in relation to developing new services or expanding/rationalising existing services
- Enhance accountability to stakeholders
- Increase the focus on prevention and early intervention
- Help demonstrate value-for-money

For government it can
- Improve the effectiveness of funding/contracting decisions
- Improve public policy decision-making
- Generate long-term savings for Departmental budgets
- Improve quality assurance of programmes delivered

1.4   Who should do the research?

Organisations wishing to undertake research have various options to do so. Each of these options has its own strengths and weaknesses as highlighted below.

In-house

Organisations may have staff or volunteers with research skills, knowledge and time to carry out research. A few larger voluntary organisations employ dedicated researchers.

Strengths
- Cost – the only significant cost is the time of the staff member or volunteer to carry out the research.
- Service knowledge – an internal member of staff or volunteer is likely to have a good understanding of the service, service-users and issues that need to be researched.
- Control – the organisation is very much in control of the whole research process.

Weaknesses
- Skills and knowledge – does the organisation have staff member(s) or volunteer(s) with the precise level and type of research skills, knowledge and time required?
- Subjectivity – it may be difficult for an existing staff member or volunteer to be free of bias. There may be strong pressure to identify findings that reflect their own views or those of their colleagues. It may be more challenging for the organisation to evaluate the research findings objectively, including rejecting research findings that are not sufficiently robust or objective.

What?
Who?

Research partnership

A third sector organisation alone may not have the capacity or resources to carry out or commission a piece of research. The research issue may, however, be of interest to a number of organisations; therefore, a collaborative approach to commissioning research may be more appropriate.

Strengths
- Resources – a partnership can potentially bring to bear more resources on the research issue than one third sector organisation alone.
- Skills and knowledge – a partner could be a body with a high level of research skills to either carry out or effectively commission the research.

Weaknesses
- Loss of control – organisations/institutions within the collaboration may have competing priorities in terms of the research, so the findings may not be as timely, useful, or as high a quality, as hoped for. Even the precise research question(s) may have to be compromised.
- Potential for misunderstanding – collaborations of any sort require time and effort and carry the risk of disagreement or potential misunderstanding between the different organisations involved.

Placement student

Many courses have short or long work placements which can be taken in a third sector organisation and could involve carrying out relevant research. Some students struggle to identify appropriate research topics, whereas many organisations have relevant research topics they want investigated but no one to do them. Organisations may already have relevant contacts with appropriate lecturers or researchers, which they can use to identify potential students to carry out research for the organisation. The Science Shop (see Box 3) is a particularly useful source of students from Queen's University Belfast and the University of Ulster's three campuses.

Strengths
- Cost – there is little or no cost to the organisation.
- Research skills and knowledge – the academic institution may be able to identify a student with an appropriate level of relevant research skills and topic knowledge.
- Academic supervision – the student is likely to have academic supervision to help ensure appropriate standards are in place.

Weaknesses
- Timing – the timing of the research is likely to have to fit in with the requirements of the academic institution for placements or dissertations.
- Style of reporting – the style of the research report will have to comply with the academic requirements of a particular institution, which may be different to those of a voluntary/community organisation.
- Skills and knowledge – the students may have limited experience of relevant research or real world knowledge of voluntary organisations and service delivery. It may be challenging for the organisation to assess the student's capability to carry out the research to the standard the organisation requires.
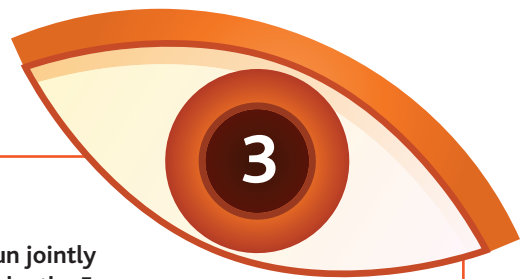
Box 3: The Science Shop[1]

The Science Shop, which is part of an international network of Science Shops, is run jointly by Queen's University Belfast (QUB) and University of Ulster (UU) and supported by the European Commission. It works with community and voluntary organisations who want research carried out by, and with, students (undergraduate or post-graduate) who need to complete a project or dissertation as part of their degree.

Students working on projects will normally have had research training and have a designated university supervisor. Whilst students are not paid for the work they undertake, project organisations are encouraged to make a small contribution towards expenses. Science Shop students work on a broad range of social issues including, for example, children, young people and families, as well as health, marketing/PR, information technology and environmental issues.

Once a project has been discussed, it is placed on the Science Shop database and advertised to students across both universities. If a student is interested in a project, The Science Shop will contact the organisation and a meeting is arranged between the organisation, the student and The Science Shop. At the meeting a number of areas are discussed, e.g. project scope, research method/activities, and timing. If an agreement is reached, The Science Shop will draw up a contract between the organisation and the student.

Commission a researcher, research body or academic institution

There are a range of choices of provider in relation to commissioning research. Northern Ireland has many skilled researchers, a small number of whom have developed particular expertise in investigating the what works (or efficacy) literature in relation to children, young people and/or families. The options for contracting an external body include the following:

- Academic schools, institutes and centres within our academic institutions.
- Specialist commercial research companies.
- Accountancy/management consultancy firms.
- Third sector organisations that carry out research e.g. NICVA, CENI, NCB and SCF.
- Freelance researchers.

For larger research contracts there are also research bodies outside of Northern Ireland that have shown an interest in carrying out research in Northern Ireland.

Each of these different kinds of body has their own strengths and weaknesses. In general, the strengths and weaknesses of commissioning an external person or agency include the following:

Strengths
- Skills and knowledge – potentially the best way of getting the best person or agency with the right skills, knowledge and expertise to carry out the research you require.
- Competition – a tendering process could maximise the likelihood of appointing the most appropriate and cost-effective research organisation/body.
- Quality – a billing schedule can ensure that the researcher or research body is only paid when satisfactory progress is made and the research is of a sufficient standard.

Weaknesses
- Cost – high quality researchers, particularly from large institutions and management consultancies, can be expensive. Although universities are increasingly expected to be able to demonstrate their impact on the world through the relevance and impact of their research, they often charge an administration fee of between 20% and 100%[2] on top of the actual cost of carrying out the research.
- Knowledge and skills – not all large bodies actually have the skills, knowledge or inclination to maximise profitability to carry out research to the appropriate standard. Work may be delegated to less experienced junior staff, sometimes without the necessary support and supervision to ensure quality.
- Sector knowledge - not all researchers or research bodies have an understanding of voluntary or community organisations and the context within which they work. Misunderstandings can easily occur.
- Tendering process – commissioning an outside body usually requires a detailed (and time-consuming) procurement process to recruit and select an appropriate researcher/institution/company. In addition, writing clear and effective tender briefs for a research project requires significant skills within the community or voluntary organisation, otherwise expert support needs to be sourced.
- Controlling the research process – it is much more difficult for the organisation to control the research process and outputs.

Children & young people as researchers

One of the additional options is to engage children and/or young people as researchers. These may be children or young people who are beneficiaries of your organisation, or other children or young people. NCB has recently produced Guidelines for Research with Children and Young People (Shaw, C., Brady, L-M. and Davey, C. 2011). Anyone considering engaging children or young people as researchers are encouraged to consult these Guidelines. NCB also host the Children and Young People as researchers network (CYPAR) , this network aims to share best practice and promote the value of involving children and young people as researchers. For further information see www.ncb.org.uk/cypar
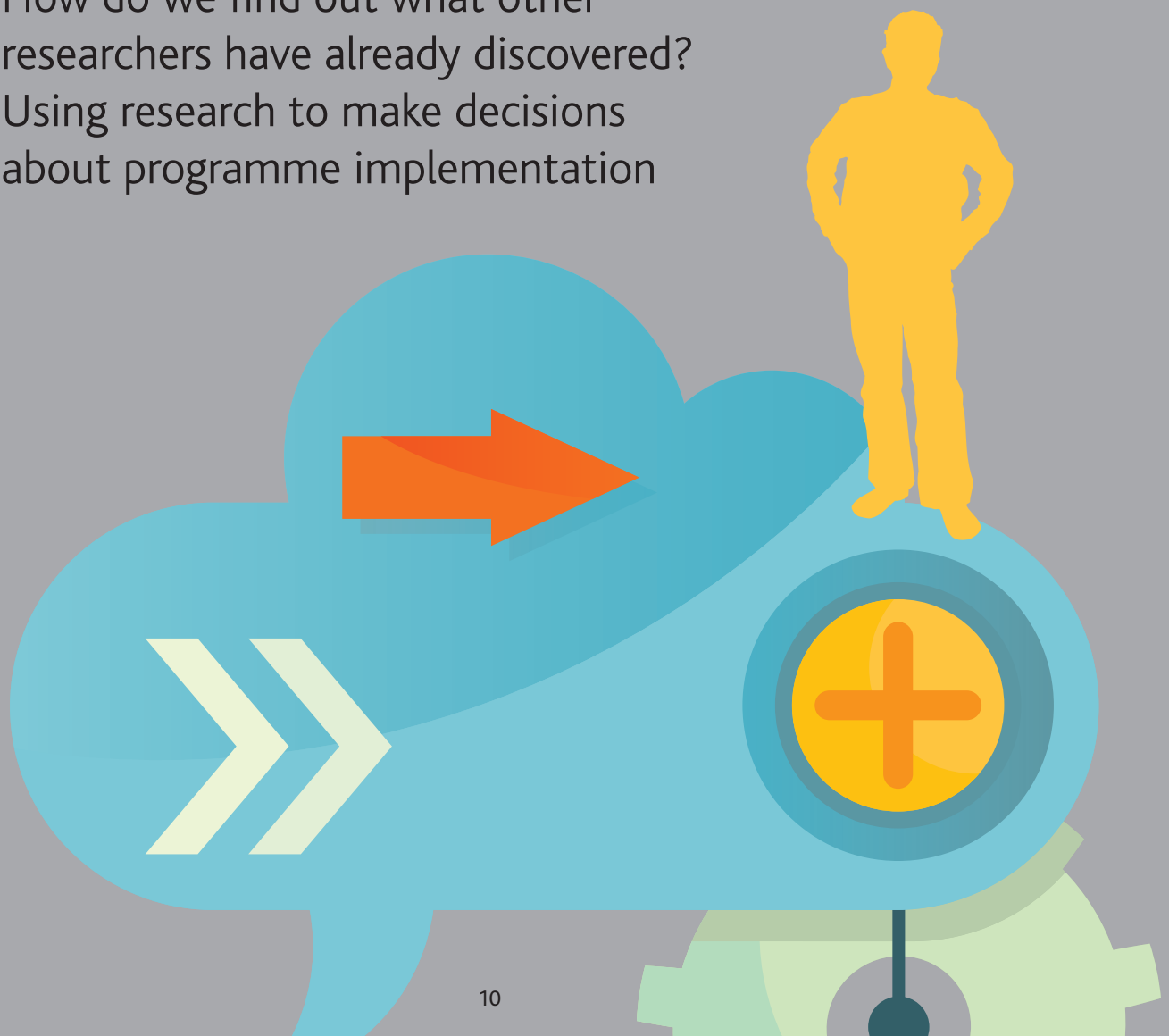
commissioning

"I have learnt so much"

2

INTERNAL PROCESS

for carrying our research into what works

INTERNAL PROCESS for carrying our research into what works

*"The clearer you are about what you want, the more you will get what you want."* (Programme Manager)

2.1 Planning the research

If an organisation is carrying out the research itself, or it has a student placement, the process is likely to be different from commissioning an external research body to do the work. The research process may be something like the following:

- Define the target group and issue, i.e. what service-users or potential service-users will the intervention target? For example, this could be the 20% of 5/6 year old children in Belfast with the lowest levels of literacy. In defining the target issue and group, it is important to be specific.

- Clarify the desired outcome(s) for the target group i.e. what are the specific changes to the lives of the target group[3] that the intervention is designed to achieve e.g. to reduce the average age at which young people first experience sexual intercourse[4]. These outcomes need to be realistic, achievable and related to the content of the intervention.

Box 4: Outputs, Outcomes and Indicators

Funders and commissioners of services are often concerned with inputs i.e. how much money was spent; and on outputs i.e. the amount of activity and participation e.g. number of workshops.
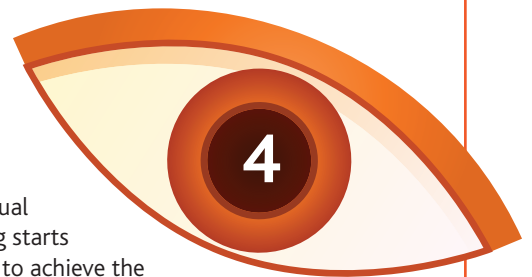
The most important aspect of a service or programme, however, is the planned and actual outcomes i.e. how lives are changed as a result of an intervention. Logic model planning starts with the desired outcomes and works back to what activities would need to take place to achieve the desired outcomes and what resources (inputs) would be needed to carry out those activities to the desired standard. Outcomes are sometimes segmented by time, starting with initial outcomes at the end of a programme; then intermediate outcomes some months later and finally, longer-term outcomes, perhaps one or two years later.

In an example of an education programme for expectant teenage mothers, each of the following possible outputs and outcomes could be distinguished and measured:

- Outputs: The number of pre-natal sessions and the level of participation in the activities e.g. the number of pregnant teenagers attending the programme and their attendance levels.

- Initial outcomes: The teenagers' level of knowledge of prenatal nutrition and health, and proper care, feeding of, and social interaction with, infants.

- Intermediate outcomes: Teenagers follow proper nutrition and health guidelines during pregnancy; deliver healthy babies; and provide proper care, feeding and social interaction to their babies.

- Longer-term outcomes: Babies achieve appropriate 12-month milestones for physical, motor, verbal skills, and develop socially.

Outcomes are only useful to define if they can be measured. Considerable work has taken place to develop ways of measuring a wide range of types of outcomes that initially may seem difficult, if not impossible, to measure. A good performance indicator (outcome measures) should comply with six criteria, as follows:

- *Applicability* – addresses dimensions that are important for the service users and the staff/volunteers working in the organisation, but also enable the collation of data

- *Acceptability* – they are brief and user-friendly in terms of format and language

- *Practicality* – simple to score and interpret, minimal cost to collect and analyse and require little training to collect

- *Reliability* – the method of collecting the information should produce the same result regardless of who is collecting it

- *Validity* – The indicator should measure what it is designed to measure and not something else (ideally using an instrument (e.g. a questionnaire) that has been validated in other reputable published evaluations

- *Sensitivity to change* – the indicator must be sensitive enough to detect the relevant changes that have taken place.

- Agree the main research question or research objective. Example of research objectives could include:
  a. to identify which interventions are likely to have the greatest impact on achieving the desired outcomes in relation to the target group; or
  b. to find out if implementing a particular programme would be better than delivering no programme at all.

- Agree any other research objectives that you want the research to include, in light of the skills, knowledge and time of the research resource you have available, e.g.

  c. Assess the needs of a particular client group
  d. Gather the views of a particular client group, or wider stakeholders
  e. Assess the evidence in relation to the long-term cost-effectiveness of proven or promising interventions
  f. Map the relevant public policy context of the agreed outcome(s)
  g. Explore the implementation requirements of the recommended intervention(s)
  h. Draw up an action plan for implementing the recommended intervention(s)

Box 5: Outcomes for Colin Early Intervention Partnership[5]

In analysing data about needs in the Colin area (comprising Twinbrook, Poleglass, Kilwee and Colin Glen), five cross-cutting themes emerged. Outcomes were developed by the Colin Early Intervention Partnership, as follows:
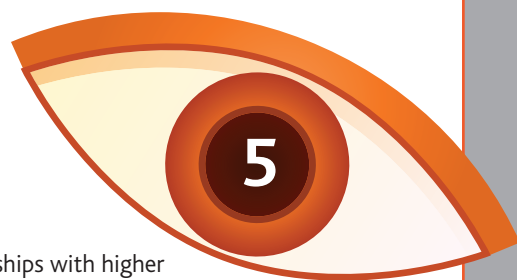
1. Health and Well Being
- Children and young people and parents will enjoy more positive family relationships with higher aspirations for their futures.
- There will be a reduction in rates of suicide, alcohol and drug use in young people and adults.
- Families will enjoy a healthier lifestyle and Colin will be a safer place to live for all.

2. Education and Training
- Children will be better able to manage school transitions
- There will be an increase in qualifications and employment opportunities
- Services and organisations working in Colin will have staff trained to best meet the needs of the community.

3. Parent Support and Engagement
- Family aspirations will be strengthened.
- There will be more parental involvement in service planning.
- There will be more parents feeling confident in asking for services or self referring to support services.
- There will be improved communication within families.

4. Provision and Delivery of Services
- Better service integration and signposting between services
- More local services
- Improved communication within services, between services and between services and the community

5. Community Change/Empowerment
- An incremental reduction in suicide rates, teenage pregnancy, anti social activity, family breakdown
- An incremental increase in employment, educational attainment, confidence & positive mental health
- Growth in social & community capital

- Identify who is going to carry out the research and ensure that they have the time available and who they will be accountable to in relation to the research (who is managing the person carrying out the research? Do they have the appropriate skills and knowledge to supervise the research? Will there be a steering group? Does it require the input of external expertise?).

- Recruit and induct a suitable student, if that is the most appropriate way of getting the research carried out and a suitably knowledgeable student can be identified, either through personal contacts with relevant heads of courses, or through the Science Shop (see Box 3).

- Draw up and agree a research plan, which clarifies the research question/objective, the methodology for carrying out the research, the timetable and reporting process (see Box 6 for suggested headings for the research plan).

Box 6: Suggested headings for a research plan

- Title of the Research.
- Short summary of the research.
- Background to the research (how did it come about? Why is it needed?)
- Target group.
- Outcome area e.g. literacy, anti-social behaviour, social and emotional learning, smoking.
- Research question(s)/objective(s).
- Research methodology e.g. access systematic reviews through specialist websites (see Section 4, below); access full reviews of most relevant studies; analyse and synthesis information gathered; reach conclusions; write up report.
- Criteria for assessing research evidence (see hierarchy of evaluation evidence (Box 2).
- How the research will be used.
- Timetable with milestones.
- Dates to report progress.

2.2 How do we find out what other researchers have already discovered?

What many community groups and voluntary organisations may not be aware of is that there may well be academic researchers who have already investigated the key research question that you want answered. It is therefore critical to find out what work has already been carried out that you can make use of. The following points should be considered in undertaking this task:

- Through relevant specialist websites (see Section 4), starting with those based in Britain and Ireland, identify, analyse and compare any systematic reviews (that analyse and synthesise the main research literature in relation to a particular research question), or meta-analysis studies (a statistical technique that pools the results from several studies into one overall estimate of the effect of an intervention) of what works in relation to your target client group (e.g. teenagers) in relation to the outcomes you are concerned with (e.g. alcohol consumption). Someone may have recently already done most of the work for you.

- If there are no recent systematic reviews that address your particular client group or research question, it will then be necessary to identify credible individual research/evaluation studies which have addressed your specific research question(s). The abstract of a published study should provide enough information to know whether it will be worthwhile to read the full study (see Section 4 for suggested websites to find relevant studies). If there is a systematic review, but it is quite old, it will be necessary to identify more recent individual robust evaluation studies that address your research question. These more recent studies may confirm the conclusions of the systematic review, or provide counter-factual information.

- If the above techniques do not yield robust individual evaluation studies, it may be necessary to identify other rigorous studies by carrying out an electronic search for additional relevant academic journal articles (by using Google Scholar, for example). It may be necessary to try a range of alternative terms for the client group and the kind of evaluation study you are looking for. The target group may be described or spelt differently in a different country. SCIE has a very useful Topic Tree (www.scie-socialcareonline.org.uk) which can help identify appropriate research terms to carry out an internet search in relation to your topic. The study may be described as concerned with "what works", "effectiveness", "efficacy" etc. Google Research Basics is a useful tool for those with no experience of researching online.

Once appropriate research has been sourced, the next step will be to read relevant abstracts and, where the article closely addresses the agreed research question, read the full article(s), which will require access to the relevant journals (perhaps through a library which subscribes to relevant electronic databases of journals). Particular attention needs to be paid to apparently conflicting findings. What were the differences between the studies that may have resulted in conflicting findings or conclusions? The following points should be noted in using the evidence gathered:

- It is important to assess the strength of the evaluation evidence in each of the most relevant studies. The evidence may be anything from very weak to extremely robust, even if it is described as robust and includes a control group (see Box 7). Different types of evaluations may also be more suitable than others in answering different types of questions. Randomised Controlled Trials (RCTs), for example, are most effective in answering the question as to how effective a particular intervention is in achieving particular outcomes, in comparison to a situation where there is no intervention in place at all (the control group), or which of two interventions are more effective. They are little use, on their own, however, in clarifying why or how the interventions work, or don't work, or how they are viewed by the participants, or other stakeholders. Robust quantitative/ experimental research is, therefore, often complemented by more qualitative research.

Box 7: Checklist for reviewing a randomised controlled trial of a social programme to assess whether it has produced valid evidence[6]

Checklist for overall study design
- Random assignment was conducted at the appropriate level – either groups, or individuals, or both.
- The study had an adequate sample size – one large enough to detect meaningful effects of the intervention.

Checklist to ensure that intervention and control groups remain equivalent during the study
- The study report shows that the intervention and control groups were highly similar in key characteristics prior to the intervention (e.g., demographics, behaviour).
- If the study asked sample members to consent to study participation, they provided such consent before learning whether they were assigned to the intervention versus control group.
- Few or no control group members participated in the intervention, or otherwise benefited from it (i.e., there was minimal "cross-over" or "contamination" of controls).
- The study collected outcome data in the same way, and at the same time, from intervention and control group members.
- The study obtained outcome data for a high proportion of the sample members originally randomized (i.e., the study had low sample "attrition").
- The study, in estimating the effects of the intervention, kept sample members in the original group to which they were randomly assigned.

Checklist for the study's outcome measures
- The study used "valid" outcome measures – i.e. outcome measures that are highly correlated with the true outcomes that the intervention seeks to affect
- The study measured outcomes that are of practical importance – not just intermediate outcomes that may or may not predict important outcomes
- Where appropriate, the members of the study team who collect outcome data were "blinded" i.e. kept unaware of who was in the intervention and control groups
- Preferably, the study measured whether the intervention's effects lasted long enough to constitute meaningful improvement in participant's lives e.g. a year, hopefully longer

Checklist for the study's reporting of the intervention's effects
- If the study claims that the intervention has an effect on outcomes, it reports (i) the size of the effect, and whether the size of policy or practical importance; and (ii) tests showing the effect is statistically significant i.e. unlikely to be due to chance.
- The study reports the intervention's effects on all the outcomes that the study measured, not just those for which there is a positive effect.

- If the purpose of the research is to identify whether it is likely that an existing programme you run, or are planning to run, is likely to produce the desired outcomes, the research should have produced the evidence of the aspects of proven interventions that are likely to have resulted in it having a significant impact. Your programme can be adapted accordingly to increase the chances of it having the desired impact.

- If the purpose of the research is to identify specific interventions that work for a particular target group and issue, the above research processes should have produced a prioritised short-list of programmes where there is robust evidence that they work (and the extent that they work).

It will then be necessary to assess the short-listed programmes against other potential criteria. These criteria may include the following:
a. The cost of the intervention – is it affordable? Is it the most-effective intervention in the long-term?
b. The need for the programme to be adapted to the culture of Northern Ireland (e.g. if it was only delivered and evaluated in the USA for example), which can be a time-consuming and costly process (see the Case Study of PATHS). Also the more a programme is changed from the one that was originally evaluated, the less certain you can be that the programme delivered in Northern Ireland will achieve the same outcomes as reported in the original evaluation(s)
c. The requirements of the license holder – some license-holders are very restrictive and/or very expensive
d. What support, training, coaching, materials, etc. is available to implement the programme? And at what cost?
e. Criteria established by potential funders

2.3 Using research to make decisions about programme implementation

It is important to use research appropriately to make recommendations (to senior staff or the board) in relation to the introduction of the appropriate proven programme(s), or adaptation of existing programmes. Part of the consideration in relation to implementing a new programme is how best to resource and implement the recommendation(s), e.g. where will the funding come from? What other organisational resources in terms of staff time will be required to implement the programme.

The research may also have made it clear that continuing to run one or more existing programmes is not supported by the international evidence. The research study may therefore recommend or imply ceasing to run these programmes, which may be very unpopular with some powerful stakeholders, including those who currently work in the programme and clients. It is therefore important to engage the various stakeholders in planning the research in the first place, so they understand the importance of doing the research, as well as planning how to make changes to the services so they are more evidence-based.

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Box 8: Case Study of PATHS

In 2007, a range of voluntary and statutory agencies were brought together in the Lurgan/Brownlow area of County Armagh to identify the needs and desired outcomes for children and young people in the area. A large-scale survey was undertaken of children in the local schools. The results of this survey were compared with the available evidence for children in Northern Ireland, the UK and Europe. This comparison identified a particular problem for local children in relation to social and emotional learning and conduct disorder. It was therefore agreed to focus on this issue as the desired outcome.
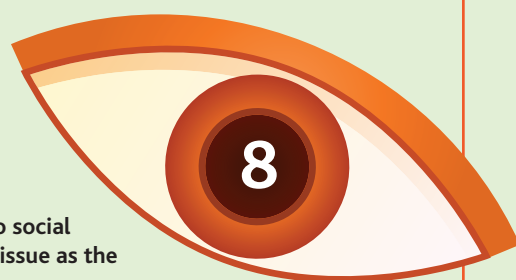
A search of the international what works evidence, particularly Blueprints, identified PATHS® (Promoting Alternative Thinking Strategies) as the most appropriate proven programme to achieve the desired change in the outcome for children aged 5-11.

With funding from Atlantic Philanthropies, a new organisation was established, Together 4 All, which began negotiating with the developer of the programme to adapt it for use in Northern Ireland, as well as with the publisher with a view to becoming the UK and Ireland distributor. It was also agreed to undertake a random control trial evaluation of the programme, involving 12 schools, randomly allocated into the intervention and control groups. The control group schools were to receive PATHS® only after a delay of two years. Specialist Social and Emotional Learning Coaches were appointed support schools in the delivery of the programme, including advising on areas such as curriculum integration and extension. The evaluation was guided by an Expert Advisory Committee, including international experts.

In total, it took around two years to fully adapt the PATHS® programme for the UK and Ireland, involving extensive and prolonged negotiation with both the developer of the programme, concerned with ensuring the fidelity of the content, and the distributor of the programme materials, concerned with the design of the materials. Issues of adaptation included, for example, spelling (from American English), names of characters and sporting references, whilst design issues centred on presentation, updating of illustrations and the physical production of the materials. The end result has been the production of the PATHS Programme for Schools (UK Version) that has been specifically adapted, developed and marketed for schools in the UK and Ireland.

</div>

The evaluation has supported the efficacy of the programme and the original organisation has merged to become part of national children's charity, Barnardos. Sales of the adapted materials in the UK has demonstrated the potential of the adapted programme to be delivered extensively in the UK and Ireland.

Having identified an appropriate proven programme, there are a range of issues to address, in considering whether and how it might be implemented. A number of these have been touched on above. These include the following[7]:
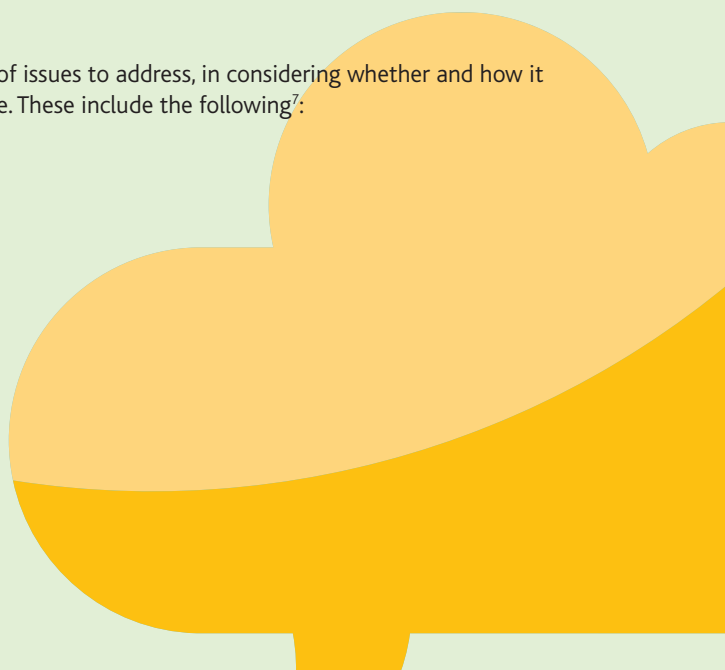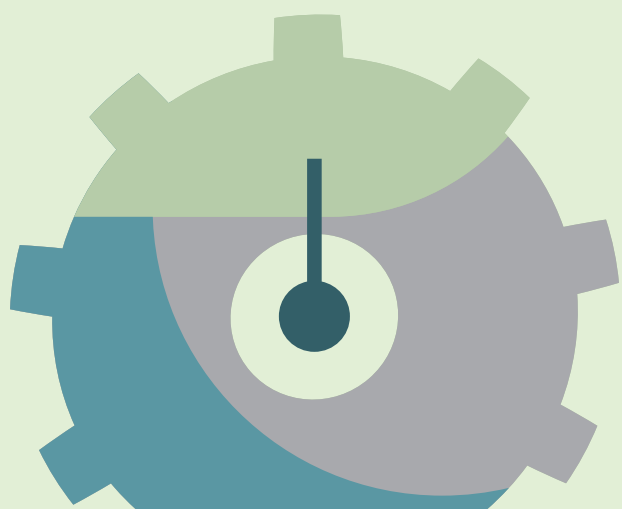
- **Implementations**

    > Where has this intervention been implemented? In what settings? With what populations?
    > What are the particular challenges to effective implementation? How can these be overcome?
    > What common mistakes have been made, and how can we avoid them?
    > Can the developer of the programme provide contact information for two or three directors of implementation sites that are currently in the process of implementing the intervention?

- **Adaptations**

    > Has the intervention been adapted in any ways that might be relevant to its implementation in your setting or population (describe your setting and population)?
    > Has the developer been able to identify whether there are any "core components" of the intervention that must be implemented and/or should not be adapted?

- **Staffing**

    > What are the staffing requirements (number and type)?
    > What are the minimum staff qualifications (degree, experience)?
    > What methods are used to select the best candidates (philosophy, skills)?
    > Is there a recommended practitioner-to-client ratio?
    > Is there a recommended supervisor-to-practitioner ratio?

- **Quality Assurance Mechanisms**

    > What are the core components that define the essence of the intervention?
    > How are supervisors prepared to provide effective support for practitioners?
    > What is the supervision protocol for providing effective support for practitioners?
    > What practical instruments are available to assess adherence and competence of the practitioner's use of the intervention's core components?
    > What tests have been done to ensure the validity and reliability of the fidelity instruments?

- **Training and Technical Assistance**

    > Is training required before a site can implement this intervention?
    > Who conducts the training, and where is it conducted?
    > Can staff at implementation sites be certified to conduct the training?
    > Who is typically trained (practitioners, staff selection interviewers, staff trainers, staff supervisors/coaches, agency administrators)?
    > What is the duration of the training (hours, days)?
    > Is retraining required/available?
    > What on-site support and assistance is provided by the developer, if any?
    > How long does it take for a new implementation site to become a high-fidelity user ?

- **Costs**
    > How much does it cost to secure the services of the developer? What is included in that cost?
    > If it costs more than your budget allows, can you implement only part of the intervention?
    > Do costs include salaried positions? In-kind costs? Special equipment?

3

HOW TO COMMISSION

and manage research into what works, carried out by external researchers or research bodies

3.1. Planning the research
3.2. Recruiting and selecting the researcher
3.3. Managing the research contract

"From a researcher's perspective it is a real challenge gathering evidence from a project that needs to work with clients on a day to day basis, they can't just stop everything to help you, we had to learn how to work around them and not interfere too much with their delivery plans." (Researcher)

3.1 Planning the Research

The various steps involved in tendering research into what works to an outside body usually involve the following: (the first four steps are the same as if it was being carried out internally, or by a student):

- Define the target group and issue, i.e. what service-users or potential service-users is the intervention targeting?

- Clarify the outcome(s) i.e. specific changes to the lives of the target group that the intervention is designed to achieve.

- Agree the main research question/objective, e.g. to identify which interventions are likely to have the greatest impact on achieving the desired outcomes in relation to the target group.

- Agree any other research objectives e.g.

  a. Assess the needs of a particular client group.
  b. Assess the evidence in relation to the long-term cost-effectiveness of proven or promising interventions.
  c. Map the relevant public policy context of the agreed outcome(s).
  d. Explore the implementation requirements of the recommended intervention(s).
  e. Draw up an action plan for implementing the recommended intervention(s).

- Identify a potential budget for the research (not forgetting VAT and expenses). If necessary, seek advice from other agencies about the kind of budget (the number of days required X the daily rate of a researcher, or research body) that might be required to carry out the research. The budget you have available may or may not be published with the tender brief, although if potential bidders are not made aware of the budget you have available you are likely to get a significant proportion of bids that are considerably in excess of the budget you have available.

- Draw up a research brief/terms of reference (see Box 9 for suggested headings for a research brief)
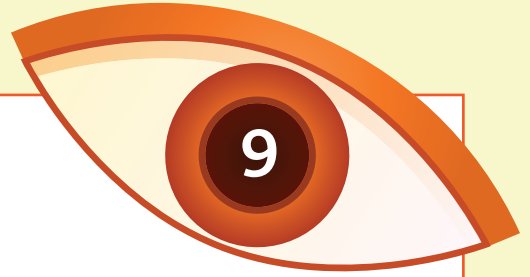
Box 9: Suggested key headings for a research brief

The main headings for a research tender brief might look something like the following:

- Title of the research.

- Background to the organisation and its services.

- Background to the knowledge gap or research question.

- Research question(s)/objective(s) to be addressed by the research.

- Minimum expectations in terms of methodology, if any[8].

- Timescale for the research to be completed.

- Deliverables e.g. interim and final reports.

- The criteria that will be used to assess tender bids.

- What needs to be included in the tender document (related to the assessment criteria).
- Requirement for references
- Requirement for examples of previous research reports.

- Accountability (who in your organisation is managing the contract? And is there a research steering group?)

- Progress reporting timetable.

- Budget (including or excluding VAT and/or expenses) .

- Payment schedule.

- Insurance requirements.

- Intellectual copyright.

- Date and time for tenders to be received (and a statement that late tenders will not be considered).

- Address for tenders to be delivered to and any instructions as to the wording on the tenders (and whether tenders will be accepted by email or not).
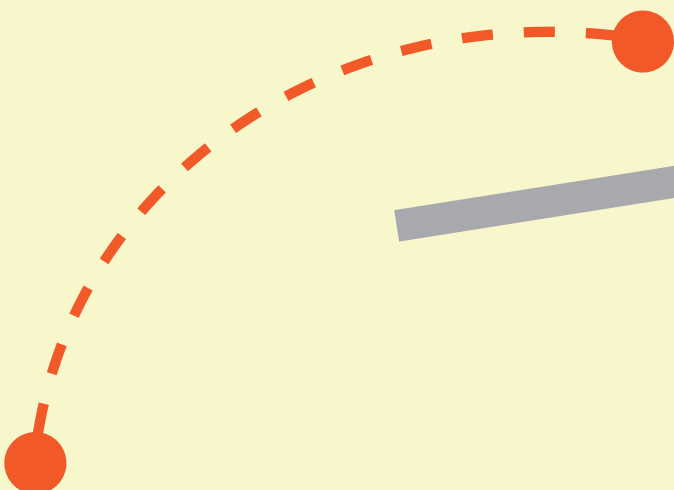
- Agree the commissioning process, timetable and assessment criteria, with an appropriate weighting and rating scale (see Box 10 for an example of a commissioning process and Table 1 for an example of a score sheet to assess written bids)

Box 10: An example of a small research tender timetable

6 January:	Publish tender brief
10 February:	Deadline to receive tenders
17 February:	Shortlist tenders from written proposals
24 February:	Seek references from shortlisted researchers
9 March:	Interview shortlisted researcher(s)
16 March:	Offer contract, subject to agreeing final contract details
19 March:	Inform other bidders
16 April	Agree and sign contract
30 April:	Finalise details of methodology, reporting arrangements, etc.
4 June:	Research commences
30 July:	Researchers deliver progress report
24 September:	Researchers deliver a draft of the research report for discussion with the research steering group
26 October:	Researchers provide 1 hard copy and a PDF of the final report

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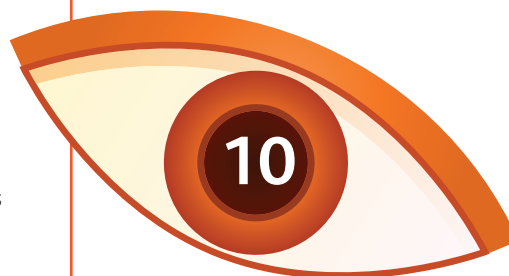
3.2 Recruiting and selecting the researcher(s)

The initial process of recruiting potential researcher(s) or bodies can be done in various ways. Large publicly funded tenders (over £30,000) are required to follow a particularly rigorous recruitment and selection process (which can be accessed through the DFP Central Procurement Unit). Smaller tender processes tend to be done in one of three ways: Advertise the full research brief in the main regional newspapers and seek bids (single-stage process); carry out a two stage process involving seeking initial expressions of interest from suitable researchers through public advertisement, who would then be asked to pitch for the work; or seeking advice from other agencies who regularly contract out work to researchers in this field on as large a list as possible of bodies/ researchers who might consider tendering for the work to invite to pitch for the contract. Other important points to consider in recruiting and selecting appropriate researcher include:

- Send out the research brief and tendering timetable to the select list, or those who request the brief from the public advertisement(s).
- Shortlist the tender proposals as objectively as possible against the predefined or pre-agreed assessment/selection criteria such as:

    a. Company/organisation experience of similar research work.
    b. Experience of the particular researchers (have each of the individual researchers had direct experience of research with the target client group.
    c. Understanding of the brief and context.
    d. Proposed methodology (detail, timetable and appropriateness of the methodology).
    e. Value for money.
    f. Conflict of interest (are there any potential conflicts of interest between the research body or individual researchers and anyone connected with your organisation e.g. close relatives that may affect the objectivity of the research.)
    g. Insurance cover.

timetable

Table 1: An example of a score sheet to assess research bids

Assessment criteria	Score	Weighting	Weighted score
Experience of the research body (depth and relevance)		X 1	
Experience of the specific researcher(s) (depth and relevance)		X 1	
Quality of previous research reports (quality and relevance)		X 1.5	
Understanding of the brief and context		X 1.5	
Methodology (detail, depth and appropriateness)		X 1.5	
Value for money		X 2	
Total Weighted Score			

- Agree the selection interview panel (ensure there is appropriate research expertise, by including external panel member(s) with substantial research experience, if appropriate).

- Agree the questions to ask at interview. This will usually involve examining the tender in more detail, including the methodology and experience of the team. It is useful to see if the research team really understand your specific context and the research task; and have thought through any barriers to achieving to research objective(s). There needs to be flexibility to explore whether the tender document has not been clear.

- Agree the assessment/scoring mechanism e.g. a 5-point scale from 1 for "very poor" or "no information" to 5 for "excellent"; and the weighting of the criteria (i.e. a multiplier (as in table 1 above; what % of the total score is allocated to each of the agreed assessment criterion; increases or decreases in the range of scores panel members can give for each criteria).

- Interview and assess the short-listed researcher(s).

- Take up references (in writing and speaking to them personally).

- Agree the preferred researcher(s).

- Agree the letter of offer and contract and send to preferred bidder.

- Negotiate the details of the contract, if necessary. For example, research contracts need to make it clear who owns the research that is produced (intellectual copyright). Academic bodies usually have an expectation that the research can be published in an academic journal. Voluntary and community organisations normally assume that any research they commission is theirs alone and not be used or published by the research body without explicit written approval. The contract needs to provide clarity on this issue and all meetings with the research team throughout the contract should be recorded and a copy sent to the researchers to confirm what was agreed at each meeting.

"We had to learn how to work around delivery plans."

3.3 Managing the Research Contract

There is time involved in managing a contract and when a contract is not managed properly the result is often not what people want.
(Programme Manager)

There are a number of areas that need to be monitored as part of managing the ongoing contractual obligations on both sides. These include:

- Agree the contract with the preferred researcher/ company/body, to be signed by both parties.

- Agree the precise allocation of responsibilities between the organisation and the researcher(s), so there is no risk of misunderstandings later in the process.

- Agree the schedule of progress reports and meetings between the researcher(s) and the commissioning organisation (a specific research steering group, as well as a specific contact person, may be appropriate) to ensure the contract is effectively managed and monitored.

- Carefully track progress against agreed objectives, process and contract.

- If satisfied with project progress, pay invoices as agreed.

- Provide feedback on draft research report.

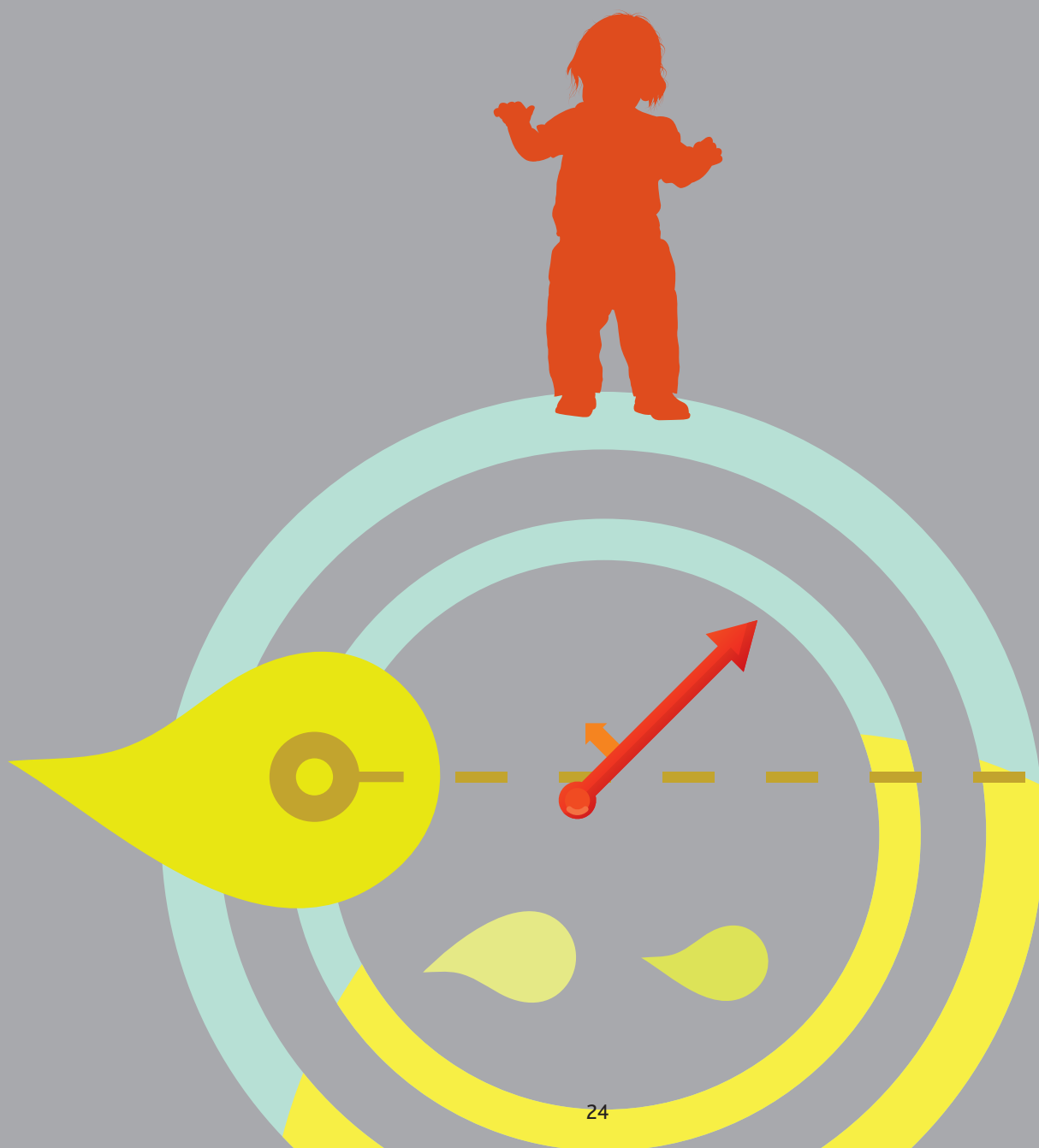- Approve final research report in agreed format.

Result

4

WHERE TO FIND OUT

what works for children, young people and families?

WHERE TO FIND OUT what works for children, young people and families?

There are numerous institutions/organisations that can be approached to access information on what works for children, young people and families. In addition, there are a number of specific databases/repositories, which organisations/individuals may find useful as a source of information. These are detailed below for Northern Ireland specifically and also for other regions in the UK and further afield.

Northern Ireland[9]

- **Centre for Effective Education School of Education Queen's University Belfast**[10]: The Centre is an applied and interdisciplinary research centre committed to improving outcomes for children and young people by ensuring that the design, delivery and evaluation of educational programmes and interventions are informed by the best available evidence. At the time of writing this guide, The Centre is running 10 large-scale research projects, including 6 randomised controlled trials, to a total value of just under £6 million. A further 10 research projects have already been completed. All of the research is underpinned by a commitment to social justice and improving outcomes for disadvantaged children and young people.

- **Centre for Effective Services (CES)**[11]: CES is an independent, all-island organisation that helps children, youth and community services to make better use of evidence of what works so that they can deliver more effective services. CES' multi-disciplinary team work in the areas of practice design and implementation, research and evidence, knowledge dissemination and communication, and organisational development. CES helps ensure that research will have an impact through their work with policy makers, service providers and practitioners. They have been commissioned to capture the learning from the Prevention and Early Intervention Children and Youth Programme, funded through a partnership between The Atlantic Philanthropies and the Irish Government.

- **Improving Children's Lives (Queen's University Belfast)**: Improving Children's Lives is an applied and inter-disciplinary research initiative that links together a number of research centres and institutes at Queen's, including social work; psychology; education; nursing and midwifery; medicine; public health; sociology; law; and pharmacy. Through a programme of research, communication and advocacy activities, it seeks to achieve lasting improvements in the health and wellbeing of children and young people by: encouraging interdisciplinary working; enhancing research capacity; and building further on the extensive range of collaborative relationships with other research centres and organisations responsible for providing children's services both regionally and nationally/ internationally. The initiative aims to improve outcomes for children and young people by generating and making use of the best available evidence from within a children's rights-based framework.

- **Institute of Child Care Research (ICCR) at Queen's University Belfast:** The Institute is a multidisciplinary research unit dedicated to researching the lives of children and young people in Northern Ireland. It aims to play a key role in influencing the development of children's policy and practice in Northern Ireland through: partnerships with research users, by identifying and conducting original research into child care needs and services; by offering training and consultation on undertaking and applying child care research and providing postgraduate research supervision for postgraduate students undertaking and completing child care research. They also manage the Childcare Research Forum which regularly brings together those engaged or interested in research in the childcare field in Northern Ireland[12].

- **NCB**[13]: NCB is a UK charity with an office in Northern Ireland. It has a specialist research centre that undertakes high quality and rigorous research to inform policy and practice across the children's sector.

  Their research portfolio spans the work of NCB, focusing on children who are, or become, vulnerable, marginalised or disadvantaged across eight areas: early years, disability, vulnerable children, education and learning, health and well-being, play, involving young people and sector improvement.
  NCB influences policy and practice development, and builds capacity through methodological innovation actively engaging children and young people in research as participants and in the planning, delivery and dissemination of research projects. NCB's Information Centre and Library has a comprehensive and multi-disciplinary collection of resources (currently 30,000 items, over 150 journals, daily newspapers and online databases) on children and young people.

- **The Institute for Research in Social Sciences at University of Ulster**[14]
  The Institute seeks to harness and develop research undertaken in the Faculty of Social Sciences. It provides an institutional framework for undertaking research and for the development of a research culture through organising seminars, colloquia and lectures, funding participation by Institute members in national and international conferences and a forum for engaging with policy makers and those involved with service delivery in the public and voluntary sectors. There are five associate Research Units within the Institute: Social work and social policy; education; linguistics; politics and international studies; and communication.

- ***ORB Children's Research Database***[15]: The Online Research Bank is a collection of searchable databases containing bibliographies and summaries of research focused on the lives of adults and children in Northern Ireland. There are currently two databases – the ORB Social Policy Database which consists of social policy documents based on research carried out in Northern Ireland since 1990 and the ORB Children's Research Database which is sponsored by the Office of the First Minister and Deputy First Minister and contains a bibliography of key research documents focused on the lives of children and young people in Northern Ireland since 2000 with, in many cases, a summary of the work. The framework for the search categories is based on the United Nations Convention on the Rights of the Child (UNCRC).

- **UNESCO Chair University of Ulster**[16]: The Children and Youth Programme (CYP) is an independent collaboration between the two UNESCO Chairs on the island of Ireland at the UNESCO Centre at the University of Ulster and the UNESCO Child and Family Research Centre at NUI Galway (see below). It is an academic, independent monitoring Programme, focussing on the well–being of children and youth in Ireland and Northern Ireland, using a rights–based approach. The guiding principles of the Children and Youth Programme are to: adopt a rights–based approach; retain academic independence; develop an all–island focus; and ensure that the voice of children and youth is present. Recently they produced a paper on the education of those in detention. Subsequent Reports will deal with issues affecting children and youth, e.g. supporting educational achievement in areas of social deprivation.

Republic of Ireland[17]

- **Centre for Social and Educational Research (CSER)**[18]: CSER at Dublin Institute of Technology (DIT) aims to be a centre of expertise which has an impact on both professional practice and policy, at local, national, European and international levels. Researchers are focused on supporting the improvement of the quality of lives of children, families and communities through the provision of accurate research data and information. Interdisciplinary research is one of the core strengths of CSER and the Centre is closely associated with the Department of Social Sciences and Legal Studies in DIT which comprises the disciplines of law and social sciences and works actively to develop research in both domains. Current research projects include, for example an evaluation of the Tallaght Childhood Development Initiative and a study looking at early childhood care and education in Ireland.

- **Children's Research Centre, Trinity College Dublin**[19]: The Centre at TCD undertakes multi-disciplinary policy and practice-relevant research into the lives of children and young people and the contexts in which they live their lives. The Centre is part of both the School of Psychology and the School of Social Work and Social Policy and has a focus on building capacity and skills in researching children's lives. It works closely with statutory, voluntary and community bodies and is a member of Childwatch International, the international consortium of research centres in the children's field. It also has strong links with Chapin Hall Centre for Children at the University of Chicago, and the International Network of Child Policy Research Centres. The Centre is a member of the International and Youth Research Network (ICYRNet).

- **Department of Psychology, Maynooth**[20] : Members of the Health, Mental Health and Community Psychology research stream conduct research on a wide range of mental and physical health issues that include a focus on the psychological aspects and community context of health and social care. Broad topic areas include, for example: child behaviour and development; mental health care and service provision and psychotherapy. The Department is currently undertaking a four-year evaluation of Incredible Years Ireland for Archways.

- **Geary Institute, University College Dublin**[21] : The Geary Institute conducts research on life course issues and the way public policy affects life outcomes. The hallmarks of the Institute are a unified methodology and cross-disciplinary perspective; and research translation through effective solutions to economic, political, epidemiological and social questions. The Institute is also home to the Irish Social Science Data Archive (ISSD). Two key research themes are health and education. A key aspect of the education research is informing the design, implementation and evaluation of a variety of social interventions including an early childhood cohort study and a parental support services facility.

- **The State of the Nation's Children**[22]: The State of the Nation's Children is the Minister of the Office of Children and Youth Affairs' biennial report. It presents key indicators on important aspects of children's lives, including outcomes on their education, health and social, emotional and behavioural well-being; their relationships with their parents and their friends; and the services available to, and accessed by, them. It also presents data on contextual indicators, describing changes in the demographic characteristics of the population, as well as in children's family settings and living arrangements.

- **UNESCO Child and Family Research Centre Galway**[23] : The UNESCO Child and Family Research Centre at the National University of Ireland, Galway was founded with support from Atlantic Philanthropies and the Health Services Executive. The Centre undertakes research, education and training in the areas of Family Support and Youth Development with an emphasis on prevention and early intervention for children and young people experiencing adversity. The Centre is equally focussed on knowledge creation around 'what works' in the real world of practice and on utilising community based approaches to working with, and for, young people.

rights–based approach

Britain

- **Bandolier:** Bandolier is an independent monthly journal about evidence-based healthcare, for both healthcare professionals and consumers. The electronic version of Bandolier (see http://www.ebandolier.com) has over one million visitors each month worldwide. The impetus behind Bandolier was to find information about evidence of peffectiveness (or lack of it), and put the results forward as simple bullet points of those things that worked and those that did not. Information comes from systematic reviews, meta-analyses, randomised trials, and from high quality observational studies.

- **Barnardo's**[24] : Barnardo's is a leading children's charity in the UK (including Northern Ireland). They have produced a series of guides to what works in a range of areas that affect children's lives and are available for free on their website.

- **Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)**[25]:
C4EO is managed by NCB and aims to help those working in children's services improve the life chances of children and young people, in particular those who are vulnerable. It provides a range of products and support services to improve outcomes. Evidence of excellence in local practice, combined with national research and data about 'what works' is being gathered in one place. C4EO shares this evidence and the best of local practice with all those who work with and for children and young people and provides practical 'hands on support' to help local areas make full use of this evidence. C4EO is a best practice hub for 'what works' in children's services and is used by Local Authorities and voluntary organisations across England. It highlights validated and promising practice.

- **Centre for the Use of Research and Evidence in Education (CUREE):** CUREE works at research and evidence-informed educational practice. Its aim is to help teachers make informed decisions about the most effective and efficient approaches to use in their own context. It searches regularly to find the most useful research, and uses evidence about effective learning processes to create new, engaging and accessible tools for Continuing Professional Development (CPD), for teaching and learning and for organisational development. An independent company, CUREE works in collaboration with schools, networks and Local Authorities across the country to support and inform CPD. Clients also include national organisations such as the government, in particular the DFE (Department for Education) and BIS (Business, Innovation and Skills), the National College, the Training and Development Agency for Schools (TDA), the Learning and Skills Improvement Service and Specialist Schools and Academies Trust (SSAT).

- **Dartington Social Research Unit:** The Social Research Unit was founded at King's College Cambridge in 1963 and subsequently moved to Dartington in 1968 and in 2003 became an independent charity in 2003. The Social Research Unit has investigated children in the youth justice, social care, education, child protection and mental health systems. Much of the early work was undertaken for UK Government with the goal of improving national legislation and policy. They work with various local authorities to improve children's services. The Social Research Unit's initiatives, Prevention Action, Investing in Children, Research in Practice and Blueprints Europe are highlighted elsewhere in this resource listing. They produce a quarterly Journal of Children's Services, as well as a range of other publications.

- **Educational Evidence Portal (eep)**[26]: The eep Project is run by a consortium of bodies and is co-ordinated by CfBT Education Trust. It collates evidence from a range of reputable UK sources using a single search. Evidence includes: research reports, articles, reviews or summaries; statistics or data; practitioner guidance; and inspection reports, policy or statutory documents. eep materials currently cover any area of education and training in the UK. This includes: early years, schools, further, adult, work-based, community and higher education; children's services - in health, social care; youth work; employment - such as in-company training and New Deal; community engagement - involving, for example, parents and community groups. Topic areas include the management and delivery of the education service as well as teaching and learning.

  Materials are selected on the basis of potential interest to, and suitability for, key audiences, rather than from a list of topic areas.

- **Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre):**
The EPPI-Centre is part of the Social Science Research Unit at the Institute of Education, University of London. It carries out systematic reviews and develops review methods in social science and public policy. It is committed to making reliable research findings accessible to the people who need them, whether they are making policy, practice or personal decisions. The EPPI-Centre offers support and expertise to those undertaking systematic reviews. The EPPI-Centre conducts systematic reviews across a range of areas including: education and social policy; international health systems and development; and participative research and policy. These reviews can be found in the online Evidence Library.

- ***Investing in Children***[27] : Investing in Children calculates cost and benefits for competing investment options in children's services - produced by Dartington Social Research Unit – see above.

- ***IRISS***[28] : The Institute for Research and Innovation in Social Services (IRISS) is a charitable company which aims to promote positive outcomes for the people who use Scotland's social services by enhancing the capacity and capability of the social services workforce to access and make use of knowledge and research for service innovation and improvement, through 3 programmes: Evidence-informed practice; Innovation and improvement; and Knowledge media. They run a Champion Network, set up to strengthen links with local authorities, voluntary and private sector organisations and academic institutions teaching social work. The Learning Exchange is a digital library containing audio, video and text based materials to support learning and development. They invite and encourage third parties to deposit materials in the Learning Exchange. IRISS has a very useful free Confidence through Evidence Toolkit to help practitioners become more evidence based through accessing, assessing, adapting and applying evidence.

- ***Joseph Rowntree Foundation (JRF)***[29] : The Foundation is a progressive charitable foundation that commissions programmes of research around key themes, such as child poverty. It produces summaries of its research as "Findings".

- ***NHS Centre for Reviews and Dissemination (CRD)***[30]: The NHS CRD at the University of York contains three databases: Database of Abstracts of Reviews of Effects (DARE), mainly medical but includes wider public health determinants; NHS Economic Evaluation Database (EED) which examines the economic impact of health interventions; and Health Technology Assessments (HTA) which includes the grey literature on health technology assessments, which are not formally published.

- ***National Foundation for Educational Research (NFER):*** NFER is the UK's largest independent provider of research, assessment and information services for education, training and children's services. It aims to make a difference to learners of all ages, especially children and young people, by improving the practice and understanding of those who work with, and for, learners.

- ***National Institute for Health and Clinical Excellence (NICE)***[31] : NICE serves the English & Welsh NHS. It publishes guidelines in three areas: medical treatments/technologies, clinical practice, and health promotion and ill-health avoidance. These appraisals are based primarily on evaluations of efficacy and cost-effectiveness in various circumstances. It also manages NHS Evidence that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal in order to help people to make better decisions. SIGN provides a similar function for the NHS in Scotland.

- ***Prevention Action***[32]: This online news publication produced by Dartington Social Research Unit reports internationally on innovation and effectiveness among programmes for improving children's health and development. It is a very useful way to keep up to date with the emerging literature on what works, as well as wider material on prevention and early intervention.

- ***Research in Practice (RiP)***[33]: RiP builds the capacity for evidence-informed practice in children's services by supporting a network of partners to bring together practitioner expertise with formal research evidence – creating new knowledge and skills to improve outcomes for children, young people and their families.

- ***Social Care Institute for Excellence (SCIE)***[34] : SCIE gathers and disseminates evidence on what works in the broad social care field. SCIE also manages Social Care Online, the UK's largest database of information and research on all aspects of social care and social work. Updated daily resources include legislation, government documents, practice and guidance, systematic reviews, research briefings, reports, journal articles and websites. Every resource listed includes an abstract and links to full text, where available. Social Care Online is a particularly useful resource for researchers working in social work and social care.

- ***TRIPS***[35]: The Department of Education's Research Informed Practice Digests offer easy access to essential research findings for teachers, governors, parents and all those who support them in the education of school age students. The digests are mostly based on research published in journals.

- ***UK PubMed Central (UKPMC)***[36]: UKPMC enhances the visibility of medical research findings. Its content is freely available and can be accessed by all researchers, and not just those based at institutions that subscribe to particular journals. UKPMC currently holds the details of over 17,500 Principal Investigators and 35,000 grants. Using the UKPMC Grant Reporting Service, researchers, administrative staff and the UKPMC funding organisations can determine research outcomes by linking research grants to publications.

Links

- **WAVE (Worldwide Alternatives to Violence)**[37]: WAVE aims to make the world safer by reducing the root causes of violence, including child abuse and neglect, by: understanding the root causes of violence and child abuse; identifying global best practice in addressing child abuse and neglect; and encouraging the adoption of that best practice. WAVE's ultimate aim is to create a wave of action that will end abuse of all children. Its immediate goal is to drive and enable a 70% reduction in child abuse and neglect in the UK by the year 2030. WAVE analyses global good practice for different age groups in relation to parenting, schools, healthcare and community to identify effective ways of tackling the root causes of violence.

- **University of York**[38] : The Centre for Effective Education at York University develops and evaluates programmes and practices for early childhood, primary, and secondary education, focusing in particular on literacy, numeracy, and science. It conducts scientifically rigorous evaluations of programmes and practices, and conduct systematic reviews. They also develop innovative new approaches for the classroom, based on evidence of 'what works'. Their magazine, Better: Evidence-based Education features the latest developments in education research. They are working with organisations across the education system to share knowledge and build support for evidence-based education. This includes working with schools, local authorities, researchers, policy makers, think tanks, and politicians. They also provide specialist stand-alone randomisation and data-management services. Their publications can be searched through their website.

Europe

- **Dartington Social Research Unit:** Dartington Social Research Unit is in the process of establishing a Blueprints Europe, using a similar methodology to Blueprints for Violence Prevention at the University of Colorado, which covers mainly American efficacy studies. This will focus on the evidence from around Europe on what works in relation to children, young people and families.
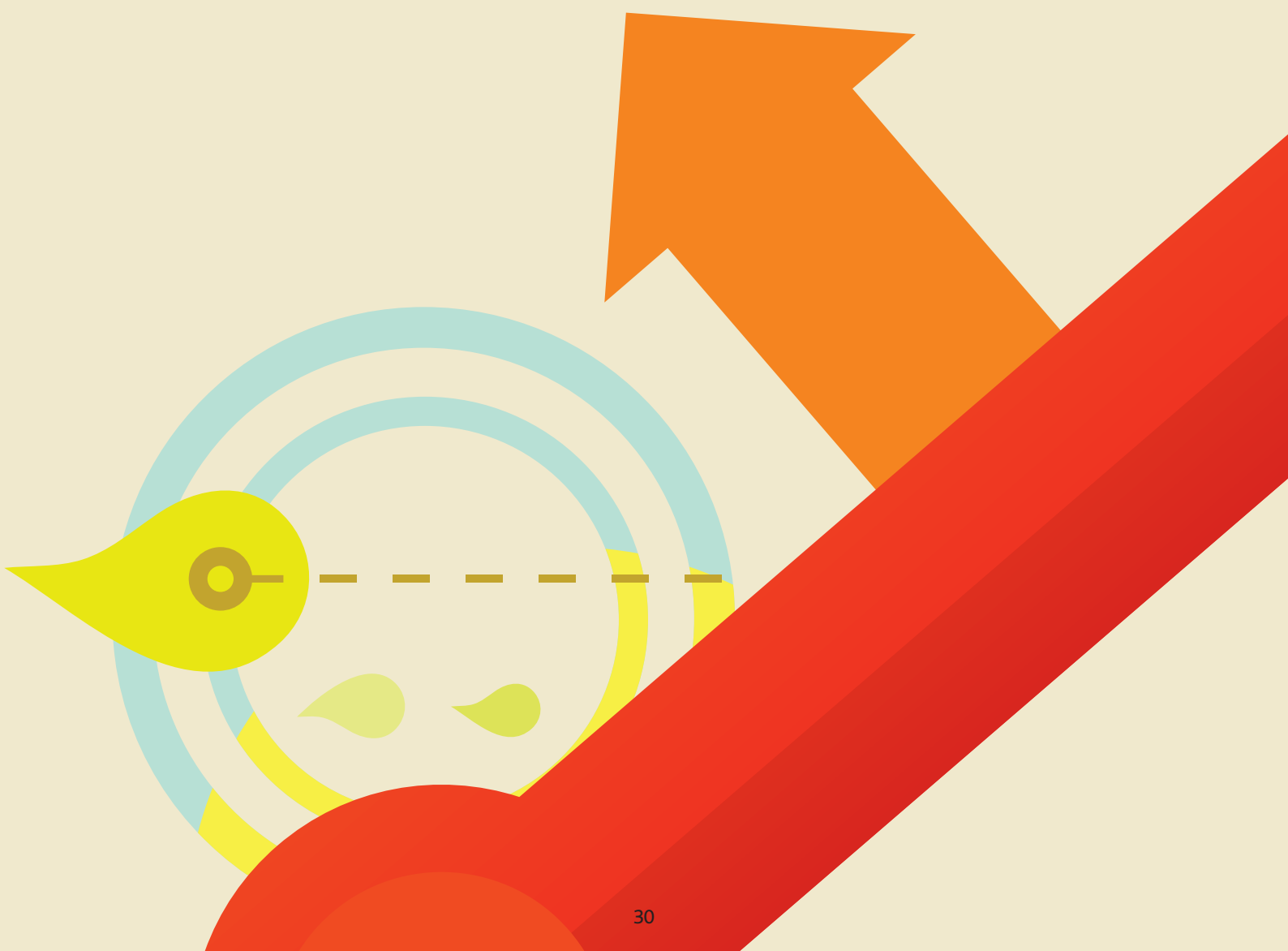
- *Best Evidence Encyclopedia:* This is a free website created by John Hopkins University School of Education's Center for Data-Driven Reform in Education (CDDRE). It provides summaries of scientific reviews of educational interventions from K-12, as well as links to the full texts. They are graded into four categories according to the level of effectiveness.

- *Blueprints for Violence Prevention*[39]: Blueprints, a project of the Center for the Study and Prevention of Violence at the University of Colorado, identifies outstanding violence and drug prevention programmes that meet a high scientific standard of effectiveness, helping governments, foundations, businesses, and other organizations trying to make informed judgments about their investments in violence and drug prevention programmes. Blueprints systematically and continuously reviews the research on violence and drug abuse programmes to determine which are exemplary and grounded in evidence. To date, it has assessed more than 900 programmes. Blueprints' standards for certifying model and promising violence prevention programmes are widely recognized as the most rigorous in use.

- *Child Trends*[40] : This is a non-profit research centre that studies children at all stages of development. It seeks to improve the lives of children and young people by conducting high quality research and sharing it with people and institutions whose decisions and actions affect children through evidence-based guidance. Research themes include: child poverty, child welfare, early childhood development, education, fathering and parenting, health, evaluation, teen sex and youth development. Their website includes the Lifecourse Interventions to Nurture Kids Successfully (LINKS) database on manualised programmes that work and those that don't and effectiveness charts for manualised programmes for 6-11 year olds and 12-17 years.

- *Campbell Collaboration (C2)*[41]: C2 helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, and social welfare. The Campbell Collaboration is an international research network that produces systematic reviews of the effects of social interventions. Campbell is based on voluntary cooperation among researchers of a variety of backgrounds.

- *Coalition for Evidence-based Policy*[42] : The Coalition identifies "top tier evaluated initiatives across the whole spectrum of social policy areas. Their "Social Programmes that Work" website also includes "promising" programmes.

education

health

- **Cochrane Collaboration**[43]: The Cochrane Collaboration is an international network of more than 28,000 people from over 100 countries working together to help healthcare providers, policy-makers, patients, their advocates and carers, make well-informed decisions about health care, by preparing, updating, and promoting the accessibility of over 5,000 Cochrane Reviews, published online in the Cochrane Database of Systematic Reviews. They also have the largest collection of records of randomised controlled trials in the world, called CENTRAL, published as part of The Cochrane Library. The work is internationally recognised as the benchmark for high quality information about the effectiveness of health care.

- **Educational Resources Information Centre (ERIC)**[44]: This is an online digital library sponsored by the Institute of Education Sciences (IES) of the U.S. Department of Education. It provides ready access to education literature to support the use of educational research and information to improve practice in learning, teaching, educational decision-making, and research.

- **NREPP-SAMHSA**[45]: The National Registry of Evidence-based Programmes and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field.

- **Office of Juvenile Justice and Delinquency Prevention's Model Programmes Guide (OJJDP MPG)**[46]: This is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programmes that can make a difference in the lives of children and communities. The MPG database of over 200 evidence-based programmes covers the entire continuum of youth services from prevention through sanctions to re-entry. The MPG can be used to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. The MPG is an easy-to-use tool that offers a database of scientifically-proven programmes that address a range of issues, including substance abuse, mental health, and education programmes.

- **Promising Practices Network (PPN)**: The PPN website is a resource that aims to offers credible, research-based information on what works to improve the lives of children and families. In addition to providing information on Programmes that Work (proven and/or promising), PPN also links to additional research information in all areas related to child well-being, including their physical and mental health, academic success, and economic security. These additional resources include Research in Brief, Resources and Tools and Expert Perspectives. To promote successful implementation of best practices and model programs, PPN also screens and posts evidence-based information on effective Service Delivery. (www.promisingpractices.net)

- **PsycINFO®**[47]: This is an expansive abstracting and indexing database with more than 3 million records devoted to peer-reviewed literature in the behavioural sciences and mental health.

- **What Works Clearing House (WWCH)**[48]: WWCH is an initiative of the U.S. Department of Education's Institute of Education Sciences (IES), as a central and trusted source of scientific evidence for what works in education. They have reviewed thousands of studies on hundreds of education programmes, products, practices, and policies. Their goal is to provide transparent reviews of the research literature. They conduct thorough scientific reviews of the research literature and critically assess the evidence presented.
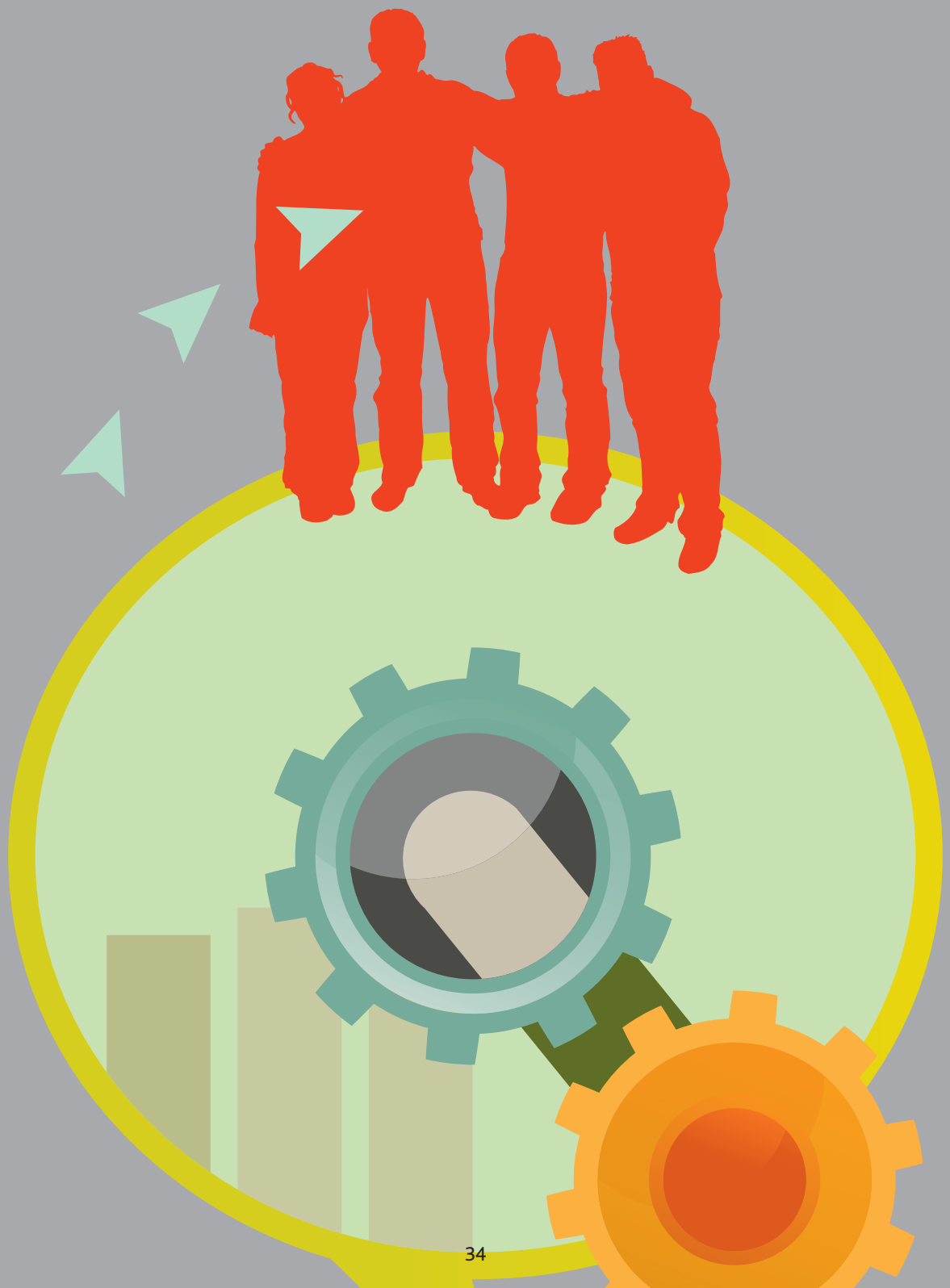
critically assess evidence

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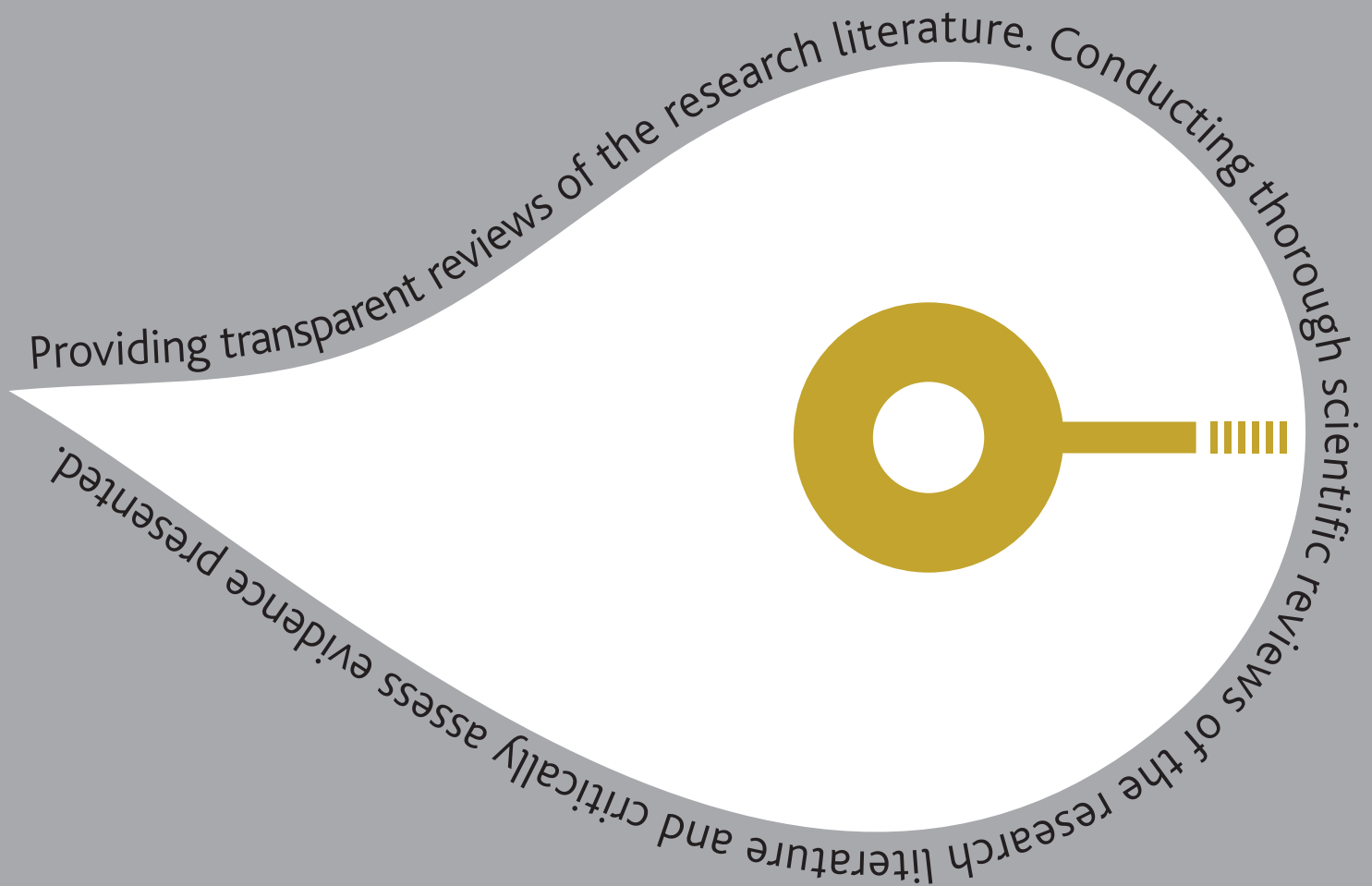
JARGON BUSTER

JARGON BUSTER

All professional areas of work have their own terminology. The field of research is no different. Indeed, with the involvement of academics, it may by worse than some other areas. This jargon can be off-putting for the uninitiated. This glossary is designed to help with the process of understanding this kind of research. It describes some key concepts and terms you will come across when reading research. It is arranged alphabetically.

Abstract: A brief summary of research article or proposal, including key objectives, methods, results and conclusions.

Action research: Action research is small scale qualitative research in which the intention is for the findings to be acted upon within the service, so the service is continuously improved as the evaluation is still going on.

Attention Placebo: An ineffectual but harmless treatment provided to control group members, in order to ensure that both the control and intervention group members believe that they are receiving a treatment.

Attrition: The % of individuals (or groups) originally randomised for whom outcome data could not be obtained. The lower the better (over 25% attrition is usually considered to be of particular concern). The attrition rate for the intervention and control groups should also be similar.

Baseline: A series of measurements taken before an intervention is introduced.

Before-and-after research design: Research that includes a pre-test (before the intervention) and post-test (after the intervention), but has no control group.

Bias: The deviation from the truth or *reliability* of results due to the way(s) in which the study is conducted e.g. by how the groups are allocated into control and test groups, or who is carrying out the research e.g. the people delivering the service. If a study is at high risk of bias then this decreases the reliability (or credibility) of the study's findings.

Blinding: Sometimes referred to as 'masking', it is where steps are taken to disguise allocation to groups to avoid *bias*. In a single-blind study, participants are unaware of which group they have been assigned to, but the researcher does know (or vice versa). In a double-blind trial neither the researchers nor the participants are aware of the allocation to groups.

Case-controlled studies: Individuals with a particular problem are 'matched' with people *(control group)* without the problem to try and make the two groups as alike as possible in terms of age, gender, socio-economic backgrounds, education, physical and mental health, etc. The exposure of the two groups to possible causes is then compared. However, there may be other crucial factors that are not controlled for and may also contribute to changes in the outcome(s)

Case study: A case study is used when the researcher wants to investigate the complexities of a single case (e.g. that of an individual client, family, group, school, organisation or service). A case study needs to be described in detail so that the reader may relate the findings to a similar case. It is also possible to carry out multiple case studies. The consultations for this publication revealed misunderstandings between organisations commissioning evaluations and the researchers about what actually constitutes a case study. It is therefore important to get agreement on this beforehand.

Census: A survey that includes every member of the relevant population.

Closed question: A question used in an interview or questionnaire where the respondent must choose from a list of defined responses.
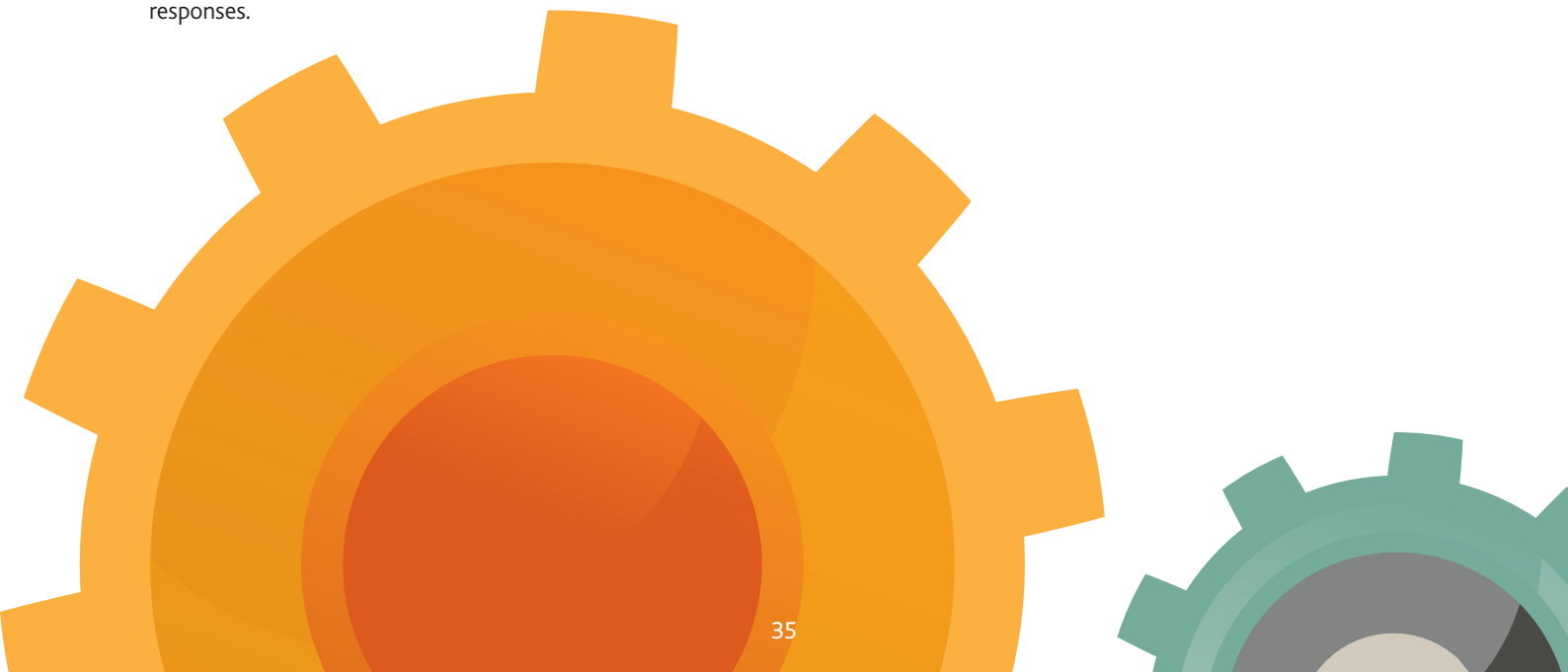
Cohort studies: These collect information from or about individuals at regular intervals, for a long period, often from shortly after birth until later in adulthood. Cohort studies can be used to investigate associations between early development and experiences, and later *outcomes*, e.g. what distinguishes those people who have low educational attainment, or mental health difficulties as adults? A limitation of both *case-controlled* and cohort studies is that there may be other factors not measured which are responsible for the differences in *outcomes* between the groups in the study. There are important ongoing large-scale cohort studies in both Britain and Ireland

Content analysis: A research method or mode of analysis which involves an examination of source material (often textual) to classify, and usually quantify, their themes, concepts or general content. Content analysis can be conducted either quantitatively, for instance by counting the number of times a word or phrase occurs, or qualitatively, which involves coding and organising data into emerging themes and issues.

Control group: The control group is the comparison group that gets a different service/ intervention (or no service/ intervention) from the intervention group. A control group is used in order to try to establish whether any effect found in the intervention group was due to the intervention or would have occurred anyway. How individuals are allocated to the control or intervention groups is very important.

Convenience sampling: A non-probability sampling method in which the sample is based on the most available members of the population of interest.

Covert research: Research in which the researcher does not reveal their true identity and purpose.

Critical appraisal: A systematic way of assessing a research study, and considering it in terms of *validity, bias,* results and relevance to your own work.

Cross-sectional surveys: A representative *sample* of people are surveyed at one point in time.

Cross-tabulation: A way of showing the association between two variables (e.g. height and weight) in a table.

Data: The information that is collected from research, usually in the form of numbers or words.

Dependent variable: The condition or behaviour which may change as a result of the intervention or treatment (the independent variable).

Descriptive statistics: Statistics used to describe data sets, usually using some form of average and standard deviation.

Document analysis: The researcher reads systematically through documents (e.g. meeting minutes) to look for answers to a research question. Some researchers will ask their respondents (children or adults) to record a diary related to certain activities (e.g. medication, homework, diet).

Early Intervention: Early Intervention is concerned with intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention is often in very early childhood, but it may occur at any point in a child or young person's life.

Effect Size: The standardised "effect size" is a measure of the magnitude of the intervention's effect. It is the difference in the mean outcome between the treatment and control groups, divided by the pooled standard deviation. Cohen (1988) suggested that, without other information, an effect size of

- 0.2 is small-modest (the average member of the intervention group had a better outcome than 58% of the members of the control group);
- 0.5 is modest-large (the average member of the intervention group had a better outcome than 69% of the members of the control group); and
- 0.8 is large (the average member of the intervention group had a better outcome than 79% of the members of the control group).

However, as results of evaluations of social programmes have accumulated, more recent studies (see Durkal 2009) have suggested a more cautious approach. The meaning put on an effect size needs to take account of the source, that is, the quality of the research (both the new and previous relevant research) that produces the effect; comparing apples with apples i.e. making comparisons across similar research conditions, particularly when it comes to the type of outcome measure; and the clinical and practical significance of the findings.

Effectiveness: Describes the extent to which an intervention improves the *outcome(s)* (i.e. changes that happen as a result of the *intervention*) for those receiving it and the extent to which these benefits outweigh the harm (if any) caused by the *intervention*.

Efficacy: The extent that a particular intervention has been implemented in accordance with the programme manual of a programme that was evaluated. Induction, training and quality assurance processes are important aspects of ensuring efficacy.

Ethics: Set of moral values or principles. There are important ethical standards and approval processes for carrying out social research.

Ethnography: A *qualitative research* methodology that entails collecting and analysing data in a manner that considers the social and cultural settings of those involved. It can contribute to answering questions of why or how an intervention does or doesn't work, although less so to if it works.

Evaluation (or evaluation research): Evaluation is a process that involves the systematic investigation of pre-determined questions using scientifically robust research methods. Evaluations can describe and assess the quality of implementation (process evaluations), or assess the relationship between outcomes for service recipients and the inputs made by the service (outcome or impact evaluation).

A *process evaluation* involves assessing what activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation.
Process evaluation is used to produce useful feedback for programme/service refinement, to determine which activities were more successful than others, to document successful processes for future replication, and to demonstrate programme/ service activities before demonstrating outcomes.

Outcome evaluation is a systematic process of collecting, analysing, and interpreting data (indicators) to assess and evaluate what outcomes a programme has achieved in terms of changes over time.

Evidence: Knowledge gained from integrating the best available research with the professional judgement of practitioners and service user experience. Evidence is the information that supports or substantiates research findings.

Evidence-based: An intervention or practice which has been robustly evaluated (usually involving one or more RCTs).

Evidence-informed: A bespoke intervention, programme or practice that has been created by taking into account the evidence from the literature on what makes for an effective intervention for the particular client group.

Experiment: A test under controlled conditions, involving a random control group, in order to examine the validity of a hypothesis, or determine the efficacy of an intervention.

External validity: Refers to the extent to which you can generalise the findings from one study and apply them to other populations, settings and arrangements.

Face validity: The extent to which a measure appears to be valid to those being measured.

Focus group: A form of qualitative research where the researcher facilitates and leads a group of individuals through a discussion around a specific topic. Focus groups can be more or less structured and the researcher may choose to be directive or take on a more observing role, depending on the objective of the research. A key feature is that participants are able to interact with each other.

Formative evaluation: Research into progress in a particular programme with a view to improving it.

Frequency: The number and/or percentage of units (e.g. people) in different categories of the variable.
Generalisation: Also known as external validity (see above), it refers to the extent to which you can generalise the findings from one study and apply them to other populations, settings and arrangements.

Grey Literature: Reports which are not formally published and can be difficult to trace. They are often produced by voluntary agencies or governmental organisations.

Grounded theory: An approach to analysing qualitative data in which the researcher looks for issues that repeatedly emerge from the data. Theories are then generated, tested against emerging evidence, and if necessary, amended and re-tested. This data may have been gathered from interviews, *observation* or *focus groups*.

Hawthorne effect: When research participants consciously or unconsciously change their behaviour simply because they know they are being studied rather than due to any *interventions* given.

Heterogeneity: Characterised by variety, diversity or difference.

Homogeneity: This term is used in *systematic reviews* to describe how similar the results of the studies included were. If many studies show similar results there can be greater confidence in the findings. Studies are said to be 'homogeneous' if their results do not vary more than would be expected by chance. As defined above, the opposite of homogeneity is heterogeneity, i.e. where results of the studies vary more than expected.

Hypothesis: A statement or informed speculation, usually about the relationship between two or more variables, to be tested through investigation/research.

**Impact:** The changes, intended or unintended, that occur as a consequence of a programme or intervention.

Implementation Science: The development and use of scientific evidence to support the effective implementation of social programmes.

Indicators: Indicators are measures which permit organisations to ascertain the degree to which identified outcomes are being achieved. Indicators cannot be developed until outcomes are defined. Outcome indicators describe whether and to what extent outcomes are being achieved and if things are changing in the intended way. Indicators are important as they define the evidence to be collected and enable actual results to be compared with planned results. Indicators provide information on the process of change, what works and what does not and how a programme can be more efficient and effective. Using indicators ensure an action focused process. Indicators can be quantitative or qualitative and should be determined from the outset.

Informed consent: A key principle in social research ethics whereby the participants agree in writing to participate in the research under certain conditions. Participants must be given as much information as possible to allow them to make an informed decision.

Innovating services: New or existing services which provide solutions to problems, by applying knowledge and evidence, and effective and efficient.

Intention to treat analysis: A method of analysis for *randomised controlled trials* in which all participants are followed up to the end, regardless of whether or not they actually received or completed the intervention.
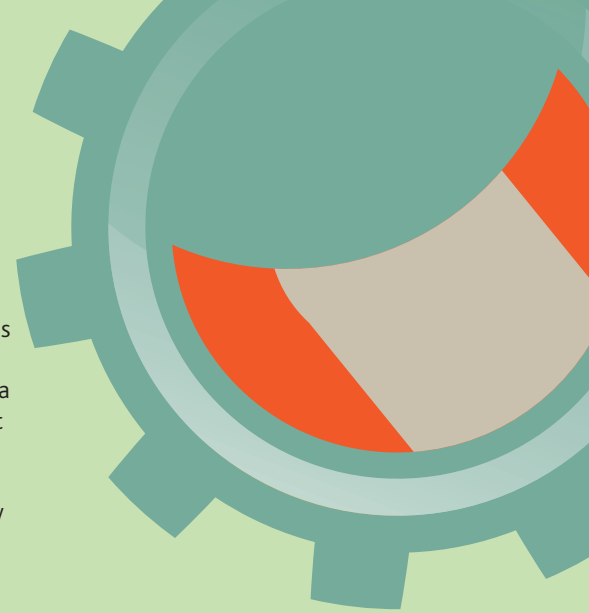
Internal validity: Refers to the extent that a study has been designed and carried out in such a way as to avoid systematic *bias* – which means that it will give you a good estimate of the *effectiveness* of the particular *intervention*.

Inter-rater reliability: The use of two or more researchers to see how far they come to the same conclusions using the same data. Usually measured by the kappa statistic.

Intervention: A service, programme or policy intended to affect the welfare of individuals, families or communities.

Intervention group: The group that receives an *intervention* (service, medicine, treatment), as opposed to the *control group*.

Likert scale: A scale of consecutive values (e.g. strongly disagree, disagree, neither agree nor disagree, agree, strongly agree) to respond to a statement.

Longitudinal study: The same data are collected at different time points over a period of time for the same participants or other phenomena being observed. Used to measure long-term effects or changes.

Manualised: An intervention that has been standardised and written up in such a way as could be replicated by another organisation.

Mean: The most commonly understood way of measuring an average, obtained by taking the sum of all values and dividing it by the number of values.

Median: A type of average. After placing all measures in numerical value (from the smallest to the largest), the median is the value that comes in the middle. It is particularly useful when the outlying numbers are fairly extreme.

Meta-analysis: A statistical technique that pools the results from several studies into one overall estimate of the effect of an intervention. Single studies with a small sample size are prone to report false negative results, ie fail to show a *statistically significant* difference when one exists, which is why a meta-analysis can prove useful, combining data from different trials containing only small numbers of participants.

Methodology: How the research is to be carried out, including the research design, sampling and measurement.

Mixed-methods approach: Using a combination of quantitative and qualitative approaches as part of one research project.

Mode: A type of average – the value occurring most frequently in a series of numbers.

Narrative reviews: In contrast to *systematic reviews*, narrative reviews tend to be less methodically executed, often focusing on easily accessible research, such as that published in major journals. A potential problem with this approach is that authors may consciously or unconsciously refer to those studies that reflect their own biases.

Needs assessment: Research to provide evidence of what kind of programme is required, or whether one is required at all.

Non-probability sampling: The sample has not been selected using random selection; instead sampling techniques have been used that are unlikely to produce a sample that is representative of the population. Non-probability sampling techniques include purposive sampling, opportunistic sampling and convenience sampling.

Non-response: When some members of a sample refuse to become involved in the research, causing a non-sampling statistical error (i.e. an error other than caused by the sampling process).

Normal distribution: A theoretical distribution with 50% of observations falling evenly on either side of the peak of the curve. The value of the mode and median will be the same.

Null hypothesis: An assumption to be tested that no relationship exists between two or more variables.

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Number needed to treat (NNT): This is a means of evaluating the *effectiveness* of an *intervention*. It calculates how many people would need to receive a particular intervention (e.g. family therapy) in order to produce one additional successful *outcome* (e.g. improvements in family functioning).

Observation: In *qualitative research*, observation may be used as a method to record behaviour and interaction within groups or individuals. It is particularly useful in research with young children, or in family interaction. The observations may be audio or video taped or put down in words. The researcher may actively take part in the interaction, known as *participant observation*, depending on the research objective.

Odds: Odds give a ratio of probability (the chances or likelihood) of occurrence to non-occurrence of an event. Odds are a way of expressing the likelihood of an event such as reconviction after an *intervention*.

Odds Ratio (OR): The odds ratio looks at the relationship between the effect in the *control group* versus the *Intervention/ experimental group*. It is the ratio of the odds of the event occurring in the *intervention group* relative to the odds of the event occurring in the *control group*. This is sometimes used as a measure of the *effectiveness* of an *intervention*. The OR is calculated by dividing the odds of the event occurring in the *intervention group* with the odds of it occurring in the *control group*.

Open-ended question: A question in a questionnaire or interview in which the respondent can answer in their own words.

Ordinal value: A variable which has a specific number of categories that can be rank ordered (i.e. from highest to lowest). The distance between the points on the scale (or the categories) may not be the same.

Outcomes: Changes or effects that happen as a result of an intervention. Outcomes may be for individuals, families, communities or organisations. Organisations or services may also set desired outcomes that they hope to achieve. 'Soft' outcomes may occur as changes in thinking, feeling or perceptions, 'hard' outcomes are measurable changes in behaviours, attainment, or status. They may also be conceptualised over differing time frames – immediate, short-term and longer term. They link logically to the activities within an intervention and should be realistic, achievable and measurable particularly in an interagency setting, focussing on outcomes permits agencies to contribute to a shared outcome while at the same time concentrating on individual organisational goals. The idea of adopting an outcomes-based approach is to reorient organisations from a position of primarily focusing on inputs (such as resources) or outputs (such as the number of service users on the books to one where all the work is aimed at the achievement of outcomes (measurable, positive changes) for the user.

Outlier: An extreme value (higher or lower) in a distribution of values, which can distort the mean.

P-value *(statistical significance):* This refers to the probability that the results found by a study have occurred by chance rather than as a result of the intervention. A p-value of 5% (0.05) indicates that there is a 5% probability that the results occurred by chance. A p-value of 5% or less is generally regarded as *statistically significant*.

Participant observation: A type of *qualitative research* in which the researchers participate in the social setting they are observing. *Observation* can be covert (i.e. the researcher is 'under cover') or non-covert. However, ethical issues arise with the use of covert *observation*.

Participation: The process of involving people in decisions that affect their life and the life of the community in which they live. Participation is the involvement and engagement of wider groups of people in decision-making, planning, service design, service delivery and/or evaluation.

Population surveys: A *sample* of the chosen population (e.g. all children in Lisburn), or the whole population in the case of the UK census, is asked to provide responses to questions on the subject of interest. Population surveys can be used to measure the prevalence of problems e.g. how common is depression?

"Post-post" Studies: Evaluation studies that repeat the measurement of the outcomes of a particular intervention some time after the programme has ended (e.g. 3 months, 6 months, a year, 3 years), to determine to what extent the impact of the programme has a lasting effect.

Power: Sometimes referred to as 'statistical power', it refers to the likelihood that a *sample* is large enough to detect a *statistically significant* difference between a *control* and an *intervention group,* if such a difference actually exists. Statistical power is expressed as a percentage – the higher the power, the more powerful the study. Power sampling can be used to calculate the required *sample* size.

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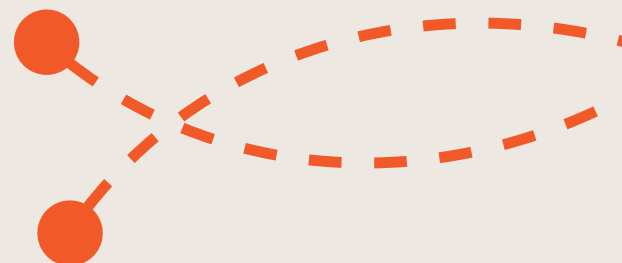
'Pre-post' studies: Sometimes referred to as 'before and after' studies, this type of research design involves taking measurements at the beginning and end of an *intervention* (and sometimes at 'follow-up'). The same measurements are taken at time 1 (pre) and time 2 (post), to see if any changes have occurred after the period of *intervention*. Typically, standardised *outcome* measures are used, such as Goodman's SDQ. Pre-post studies do not contain *control groups*. Those with *control groups* are classified as *quasi-experimental* or experimental studies.

Pre-test: Research undertaken before the introduction of the intervention or programme to create a baseline.

Prevention Science: The use of science e.g. experimental trials to support a prevention and early intervention approach to improving outcomes for children and young people.

Primary research: New research involving the gathering and analysis of original data.

Probability sampling: Sampling using a random control procedure, so that member of the population has an equal chance of being selected for either the intervention or control group.

Protective factors: A protective factor is an attribute, situation, condition or environmental context that works to buffer an individual from the likelihood of adverse effects of a particular problem.

Purposeful (purposive) sampling: Choosing specific participants with particular characteristics, rather than being based on randomised selection. Methodologically, this is the least robust form of sampling.

Qualitative research: Concerned with the meanings people give to their experiences and how they make sense of the world. A range of methods can be used including *participant observation* and non-participant observation, talking with people (interviews, *focus groups*) and reading what they have written. It can be used to find out about social processes and what matters to people, how these vary in different circumstances, and why. It can complement more experimental or quantitative methods.

Quantitative research: Research method using the collection and quantification of data. The results can usually be summarised numerically.

Quasi-experimental studies: These are experimental studies that do not use random assignment to allocate participants to the intervention and control groups. In a quasi-experimental study the two groups are usually matched on key characteristics, and the service may be selectively delivered to the group that needs it most, which can bias the findings. It is methodogically less rigorous than a randomised controlled trial.

Quota sample: A non-probability sampling technique which requires the sample to include specific proportions of different categories of respondents e.g. 50% or men and women, % of age groups that reflect the overall population, etc.

Random sample: In a random sample each case (i.e. person, family or service) in the population of interest has an equal chance of being included in the *sample*.

Randomised controlled trial (RCT): An experiment in which individuals are randomly allocated either to receive an *intervention (intervention group)* or to receive no *intervention* or a different one, such as the standard service *(control group)*. Both groups are measured at baseline (e.g. level of independence, level of anxiety) and at the end of the *intervention* period, and are usually followed up later. The *outcomes* of the two groups are then compared to determine the *effectiveness* of the *intervention* under investigation. It does not, in itself, provide any information on why, or how, the interventions works, but only the extent that it did.

Reliability: Refers to the likelihood that the same results would be found if the study was repeated in the same way if carried out at different times by different researchers.

Risk factors: A risk factor is an attribute, situation, condition or environmental context that increases the likelihood of a particular problem or set of problems occurring, or that may lead to an exacerbation of a current problem or problems.

Replicability: Researchers should provide sufficient information about a study so it can be replicated by others. The notion of replicability implies that research methodology should be completely transparent to its readers, or someone wanting to carry out the same research.

Sample: A subset of cases (i.e. children, young people, or families) selected from the population to be studied.

Sample size and power: The issue of *sample* size – i.e. the number of participants recruited to the study (and randomly allocated to the control and intervention groups) is of crucial importance. It is likely to determine whether a difference will be detected if it really exists. The appropriate size for a particular study depends on the likely size of the effect you are trying to detect – e.g. the likely size of the *odds ratio* (OR), or the magnitude of the difference between two *means*. Where the effect is likely to be small, then larger study numbers are required. Sample size calculations can be performed to estimate the required sample size.

Semi-structured interview: An interview (e.g. face-to-face or via the telephone) where the researcher has a set of themes and core questions they want to discuss with a respondent, but they are not bound by the core questions, and can investigate emerging issues arising during the course of the interview.

Standard deviation (SD): Measures how far results scatter or deviate from the *mean*. The smaller the standard deviation (in relation to the mean), the more similar the scores; the larger the standard deviation (in relation to the *mean*), the more spread out the scores.

Statistical significance (see also P-value): Significance levels show you how likely it is that a result is due to chance. The most common level for accepting that a result is statistically significant and not due to chance is 0.05. This means that the finding has a chance of 5% (0.05) or less of not being true.

Structured interview: An interview (e.g. face-to-face or via the telephone) in which the same predetermined questions are asked to each participant.

Survey: Surveys gather information via a questionnaire or *structured interview* at one point in time to obtain responses from more than one person, which can then be quantified and subjected to statistical analysis.

Systemic change: Systemic change moves beyond thinking about individual services, organisations, or single problems or solutions to thinking about changes to systems (e.g. education, social service, or health systems). It is concerned with the impact of change in one part of the system on the whole system.

Systematic review (SR): A systematic review is a critical assessment and evaluation of existing research that addresses a specific question. SRs are transparent and explicit about the search terms used and range of sources searched. They aim to be exhaustive and comprehensive in the range of sources searched. SRs can be used to look at the *effectiveness of interventions*. When a systematic review pools data across studies to provide an estimate of the overall treatment/ intervention effect, it is called a *meta-analysis*.

T-test: A statistical test used to determine whether there is a *statistically significant* difference between the means of two sets of data.
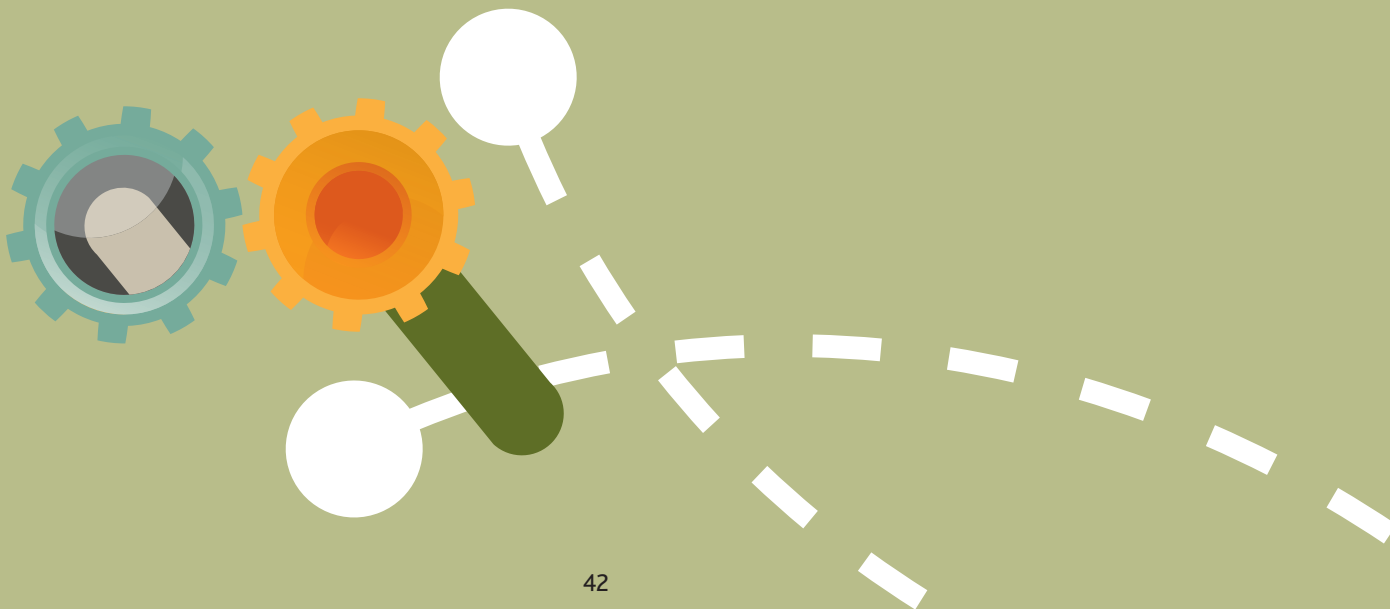
Theoretical sampling: Researchers may have a particular theory in mind that they want to explore and choose their *sample* to reflect this.

Triangulation: The use of more than one theory, method, data source or researcher in a research study to reinforce the trustworthiness of its findings.

Unstructured interview: An interview in which a researcher asks participants very general questions, enabling them to shape the interview in whichever way they see fit, without a predetermined plan for the flow of the conversation.

Validity: Validity refers to the rigour of a study. If a study is valid, it has been carried out in a manner that ensures that results are unbiased, i.e. gives a true picture of the *effectiveness* of an *intervention*.

Variables: A principle factor of experimental studies is that one element is manipulated on purpose by the researcher to see whether it has any impact upon another measure. The element or factor that is being manipulated by researchers (e.g. the teenage pregnancy *intervention* package) is known as the independent variable, whereas the change (or outcome) resulting from the implementation of the independent variable is the dependent variable.

findings

6

FUNDING FOR RESEARCH

FUNDING FOR RESEARCH

The following are some bodies in the UK and Ireland that fund research. Most of them require the involvement of an academic institute or research body in the proposal.

Economic and Social Research Council (ESCR)
ESRC is the UK's largest organisation for funding research on economic and social issues. It supports independent, high quality research which has an impact on business, the public sector and the third sector. At any one time it supports over 4,000 researchers and postgraduate students in academic institutions and independent research institutes. They are a non-departmental public body and receive most of their funding through the Department for Business, Innovation and Skills.

NIHR National Institute for Health Research
The NIHR Health Services and Delivery Research (HS&DR) programme funds research to improve the quality, effectiveness and accessibility of the NHS including evaluations of how the NHS might improve delivery of services. The audience for this research is the public, service users, clinicians and managers.

Arts and Humanities Research Council[49]
The Arts and Humanities Research Council (AHRC) supports world-class research that furthers our understanding of human culture and creativity. With an annual budget of £100 million, the AHRC funds research on a very wide range of subjects, from traditional humanities such as history, English, linguistics, French and other modern languages, philosophy and classics, area and interdisciplinary studies to creative and performing arts such as drama, dance, music, art and design.

British Academy/Leverhulme Small Research Grants
Grants are available to support primary research in the humanities and social sciences. Applications will not be considered for less than £500.

NESTA[50]
Nesta is an independent charity with a mission to help people and organisations bring great ideas to life by providing investments and grants and mobilising research, networks and skills.

Nuffield Foundation[51]
The Nuffield Foundation is a charitable trust it works to improve social well-being by funding research and innovation in education and social policy.

Irish Research Council for the Humanities and Social Science
The Irish Research Council for the Humanities and Social Sciences (IRCHSS) was established in 2000 by the then Minister for Education and Science in response to the need to develop Ireland's research capacity and skills base in a rapidly-changing global environment where knowledge is key to economic and social growth.

The IRCHSS manages a suite of inter-linked research schemes, funding scholars at various career stages, from postgraduate study to senior research project based awards.

Esmée Fairbairn Foundation [52]
The Esmée Fairbairn Foundation aims to improve the quality of life throughout the UK by funding the charitable work of organisations with the ideas and ability to achieve positive change. The Foundation is one of the largest independent grant-makers in the UK.

The Steel Charitable Trust
The Steel Charitable Trust is a grant-making trust supporting general charitable purposes. It is the policy of the Trustees to make grants to a wide range of charitable bodies, including those mentioned in the Deed of Settlement. Grants are made primarily to registered charities in the UK.

Allen Lane Foundation
The Allen Lane Foundation is a grant-making trust set up in 1966. Their support has included research and education aimed at changing public attitudes or policy.

Northern Ireland Government Departments
Most of the Government departments in Northern Ireland have a research strategy and budget and have an Analytical Services Unit or Statistics and Research team responsible for their research programmes.

OFMDFM has a Research & Information strategy and will be spending in excess of £6.7 million over the next three years (2011-2014) delivering this strategy to promote the aims of OFMDFM e.g. equality, human rights, victims, disability, good relations, children & young people, interfaces, etc. They have open calls for proposals; they tender single projects; and they respond to good relevant research ideas. Research grants go to voluntary organisations as well as academic institutions.

In terms of Health and Social Services (DHSSPS), the 2007-2012 strategy for Health and Social Care Research and development was aligned to five strategic priorities:
- Developing an enabling infrastructure to support R&D
- Building research capacity for R&D
- Funding R&D
- Supporting innovation as a means of transferring R&D findings into practice
- Ensuring patient and public involvement in R&D

The Health and Social Care budget is the largest of any of the Departments. It is mostly focused on medical issues. Delivery of the strategy is the responsibility of the Director of Research & Development who is also Chief Scientific Advisor to DHSSPS. The Northern Ireland funding for HSC R&D is managed through the R&D Division of the Public Health Agency.

The Department of Employment and Learning (DEL) has a Research Agenda, Underpinning Success 2012-2015 which indicates the research that it requires to support its departmental objectives.

The Department of Social Development (DSD) is involved in research particularly in relation to neighbourhood deprivation, poverty, welfare benefits, housing, etc. It is responsible for the family Resources Survey.

The Department of Education also commissions research relevant to its aims and priorities. The findings of these research projects are summarised in an annual Research Briefing. It is also responsible for the Northern Ireland Omnibus Survey.
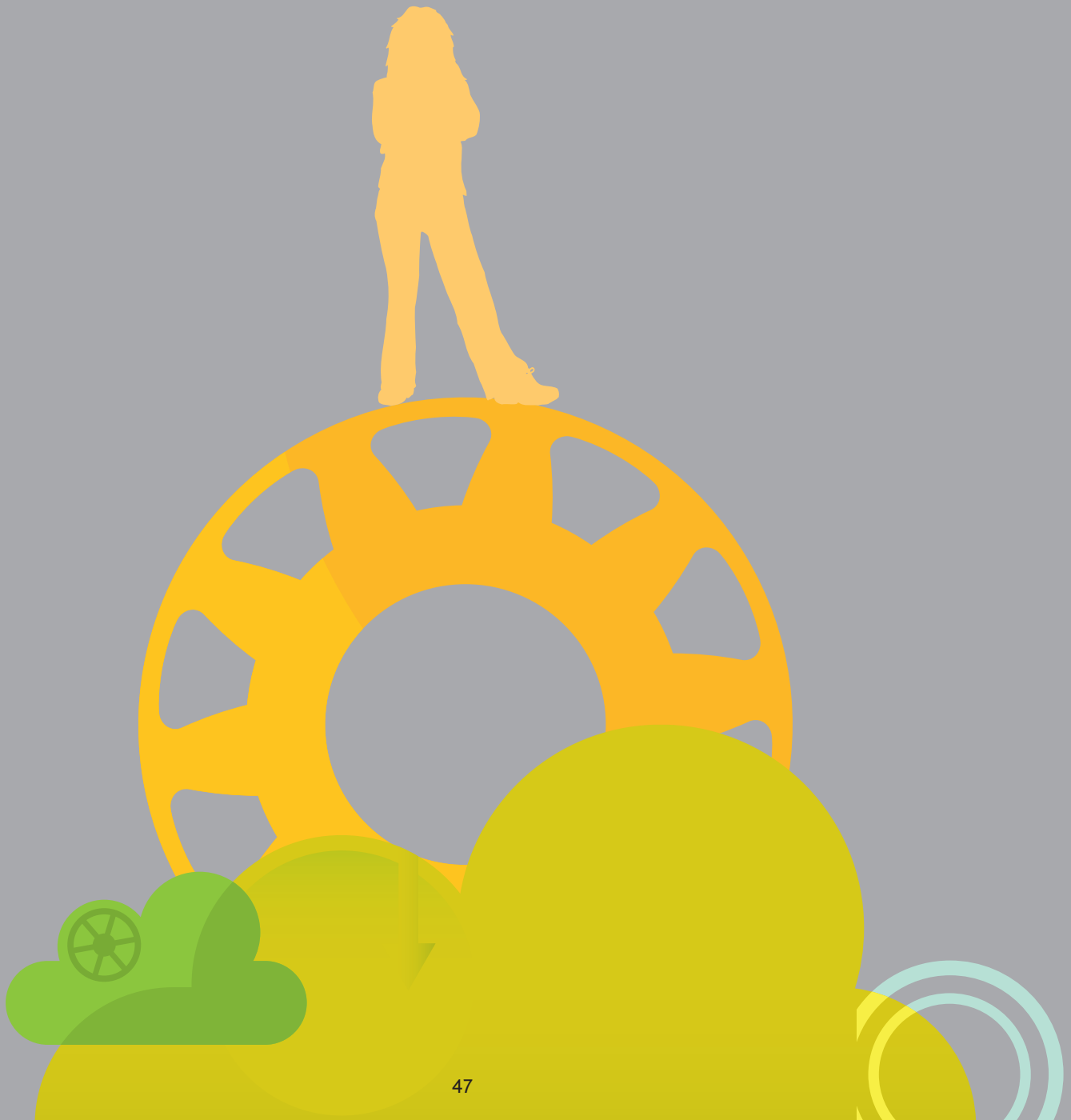
programmes

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7

SUMMARY

Enablers and Barriers to Effective Research into what works

SUMMARY

Enablers and Barriers to Effective Research into what works

The following can help an organisation to effectively research the evidence base in relation to its work:

- Having staff with relevant research skills and experience;
- Being linked into relevant regional, national and international research networks (see Box 11 in relation to the Children's Research Network for Ireland and Northern Ireland) and communities of practice;
- Having easy access to electronic academic journals (either within the organisation, academic body, or through a library);
- Awareness of the work of the relevant staff in the local university departments, schools, centres and institutes (who is doing research work or lecturing related to you area(s) of work?);
- Regular engagement with relevant staff of local academic institutions (e.g. as board members, or members of project steering groups);
- Staff development processes that enable staff to enhance their research understanding/skills;
- A culture that values the articulation of clear outcomes and their regular measurement;
- A culture that supports reflective evidence-based practice that keeps asking "what is the evidence for the work we are doing" and is prepared to stop doing work that is not supported by evidence;
- A commitment to regular evaluation of all aspects of the organisation's work;
- Funders that value clear outcomes and the regular measurement and reporting against these outcomes, not just measuring outputs, the extent the services promote government priorities, or the extent that contracts/grant conditions are served;
- The availability of an appropriate budget for research and evaluation;
- The availability of specialist bodies that regularly assess and synthesise the evidence in relation to the effectiveness of interventions in your area of work; and
- The availability of recent systematic reviews and/or meta-analyses.

Box 11: Children's Research Network

The Children's Research Network for Ireland and Northern Ireland brings together a wide range of professionals with an interest in research on child and family issues across the island of Ireland. The founding Steering Group includes researchers from academia, government, voluntary and independent sectors. The Network seeks to:

- build bridges between researchers in different sectors of this research community
- focus on developing structures and mechanisms to promote the sharing of information, joint learning, joint working and the promotion of better understanding across the different sectors
- link more experienced and early career researchers
- develop a range of membership services that support researchers in this field to build better technical skills

The Aim of the Network is:

- To support the research community in Ireland and Northern Ireland to better understand and improve the lives of children and young people, by creating and maintaining an inclusive, independent, non-profit network through which information, knowledge, experience, learning and skills can be shared.

The objectives of the Network are:

To create opportunities:
- for researchers across the field and from all parts of the health and social research community to meet one another and to build relationships
- to raise awareness of the research issues relevant to children and young people's wellbeing
- to connect the Network with other relevant groupings and networks in Ireland, Northern Ireland and elsewhere

To support research skill development:
- by sharing experiences and exchanging information about activities, including the use of different research methodologies and techniques
- by creating structures and mechanisms for sharing information about training and skills development, using a variety of means and media
- by including early career researchers in the membership alongside more experienced practitioners

Over time, to develop structures and mechanisms for the members:
- to connect with one another around the development of joint projects in research and research dissemination
- critically analyse research knowledge and gaps
- pursue other joint activities that the members may identify as useful in support of the aims of the network

Barriers to researching the evidence base

There are, however, also a range of issues that can get in the way of successfully researching the evidence base and effectively implementing evidence-based practice. These include the following:

* Operating in a field where thinking about outcomes, measurement of effectiveness is less well developed e.g. youth work;
* A lack of robust evaluation studies, systematic reviews and meta-analyses available;
* Lack of relevant studies in the UK or Ireland;
* Contradictory evaluation evidence and/or a lack of information provided to compare evaluation studies;
* The various systematic reviews, meta-analysis studies and comparison websites using different criteria to assess evaluations;
* External or internal "political" pressure to implement or continue certain non-evidence-based programmes;
* Lack of funding for RCT evaluations in your area of work;
* Lack of funding for research staff, or commissioning external researchers;
* A lack of understanding of the hierarchy of evaluation findings in the organisation, and/or in funding bodies;
* A culture of acting before reflecting – "just do something" about this problem;
* Perceived threats to professional autonomy – "I have been doing this job for 20 years, do you not think I know what works and what doesn't";
* A lack of knowledge of where to find and/or how to analyse the relevant evidence of what works;
* Lack of staff with relevant research skills and experience;
* Not being linked into relevant research networks; and
* Inability to clearly articulate the research question to be addressed.

understanding

network

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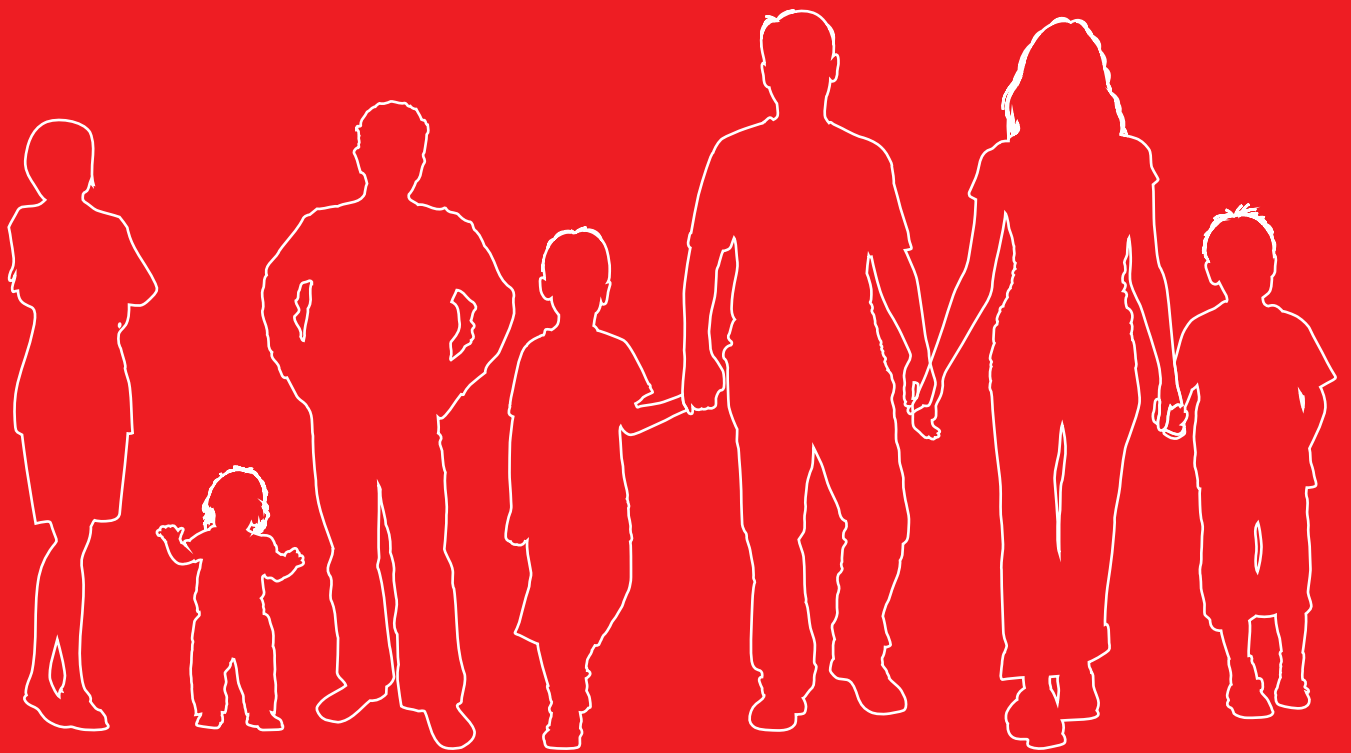
Acknowledgements

Footnotes

1. The Science Shop can be contacted at either Queen's University Belfast on (028 90) 973107 or University of Ulster, on (028 71) 375448. Any information given to one university is passed to the other, so students may come through from either university. The Science Shop website is: www.scienceshop.org.
2. This is charged if the funding comes from a research council.
3. See the Jargon Buster for a full definition of "Outcome".
4. See Box 5 for the very comprehensive set of outcomes developed by Colin Early Intervention Partnership following extensive community consultation.
5. An article on the development of Colin's Outcomes, how they are measuring these outcomes, and other information on the research they commissioned, can be found at: www.newcolin.com
6. Adapted from the Coalition for Evidence-Based Policy website (www.coalition4evidence.org).
7. Adapted from NREPP (www.nrepp.samhsa.gov/pdfs/questions.ask.developers.pdf
8. It should be noted that it is the role of the research team to put forward in their bid the most appropriate research methodology to achieve the research objectives, or answer the research question.
9. Barnardo's and NCB (see below re Britain) operate in Northern Ireland as well as in Britain.
10. http://www.qub.ac.uk/schools/schoolofeducation/centreforeffectiveeducation.
11. Further details are available on the CES website http://www.effectiveservices.org.
12. http://www.qub.ac.uk/research-centres/instituteofchildcareresearch.
13. Resources and publications are available from the website at http://www.ncb.org.uk
14. http://www.socsci.ulster.ac.uk.
15. http://www.ark.ac.uk/orb/child.html
16. http://www.unescocentre.ulster.ac.uk
17. The Centre for Effective Services (see above re Northern Ireland) also operates in the Republic of Ireland.
18. http://www.cser.ie
19. http://www.tcd.ie/childrensresearchcentre.
20. http://www.psychology.nuim.ie
21. http://www.ucd.ie/geary
22. http://www.dcya.gov.ie
23. http://www.childrenandfamilyresearch.ie
24. http://www.barnardos.org.uk/resources
25. http://www.c4eo.org.uk
26. http://www.eep@cfbt.com.
27. http://www.dartington.org.uk/investinginchildren
28. http://www.iriss.org.uk
29. http://ww.jrf.org.uk
30. http://www.york.ac.uk/inst/crd/
31. http://www.nice.org.uk
32. http://www.preventionaction.org
33. http://www.rip.org.uk
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35. http://www.education.gov.uk/schools/toolsandintiatives/tripsresearchdigests
36. http://www.ukpmc.ac.uk
37. http://www.wavetrust.org
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42. http://www.coalition4evidence.org
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47. http://www.apa.org/pubs/databases/psychinfo
48. http://www.ies.gov/ncee/wwc
49. http://www.ahrc.ac.uk
50. http://www.nesta.org.uk
51. http://www.nuffieldfoundation.org
52. http://www.esmeefairbairn.org.uk

"*The clearer you are about what you want, the more you will get what you want.*"
(Programme Manager)

Background

The development of a network of voluntary organisations in Northern Ireland, funded by Atlantic Philanthropies, delivering programmes to improve outcomes for children and young people has played an important role in increasing knowledge and experience of an evidence-based approach, at least amongst grantees.

Bringing in international expertise to advise grantees, has also greatly increased the skills and knowledge of the research and practice communities, particularly in, and between, key academic institutions and voluntary organisations.

However, this research expertise and experience still resides within a relatively small number of people in Northern Ireland. It is still rare for a community or voluntary organisation to be aware of the relevant "What Works" literature in their area of work. Even how to go about carrying out, or commissioning, such secondary research, is not well known within the community and voluntary sector, or most parts of the public sector for that matter.

This brief guide is designed to help bridge this gap. It is not designed as a comprehensive guide to research or evaluation, although it does signpost sources of more detailed information and guidance.

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