

MOVISIE – NCJ – NISB – NJi – RIVM

# **Dutch Recognition System for Interventions**

**criteria for joint quality assessment**

**2013-2018**

# Dutch Recognitions System for Interventions

## Criteria 2013-2018

### Introduction

The aim of this strategy memorandum is to introduce the revised Dutch Recognition System for Interventions, as it will be realised by the collaborating parties with effect from 2013. This initially concerns interventions that are used in physical activity & sport, health promotion, youth healthcare, youth welfare, educational developmental stimulation, youth care and the social sector.

Following the increasing calls since the start of the century for more insight into the effectiveness of approaches in the youth sector as well as in public healthcare, the Netherlands Youth Institute (NJI) started to develop a recognition system for youth interventions. The National Institute of Public Health and the Environment (RIVM) was asked to start something similar for health promotion. In consultation with the Netherlands Centre Youth Health (NCJ) and the Netherlands Organisation for Health Research and Development (ZonMw) the recognition system for interventions was subsequently elaborated to gain a better view into the effectiveness of existing interventions and to increase the quality of professional practice in these sectors. After a pilot phase, the recognition system officially started in 2008. More organisations have become involved since.

This strategy memorandum is the product of the collaboration between NJI, NCJ, RIVM, NISB (National Institute for Sport and Physical Activity) and MOVISIE, with input from their respective support groups. With the signing of a collaboration agreement, these five parties have subscribed to the reorganisation of the recognition system with room for diversity. This strategy memorandum is based on the more detailed memorandum<sup>1</sup> about the revision of the criteria that the five collaborating partners jointly produced in response to the evaluation of the initial phase of the recognition system<sup>2</sup>.

### Objective

The general objective of the Recognition System for Interventions is to improve the quality of interventions in the working areas concerned.

More specifically the objective of the recognition system is to:

- *provide insight into the quality, feasibility and effectiveness of interventions.* From a wide range of studies we know that the quality of many interventions realised in practice is not clear. The positive assessment will show professionals, researchers, quality officers, policy makers and financiers to what extent an intervention is considered to work and/or is feasible. Such an overview also provides clarity about how well developed interventions are.
- *create an upward pressure in quality development.* Studies into the effectiveness of interventions in everyday practice have revealed that these interventions are in need of improvement. The quality assessment should act as a strong driver for quality improvement by (a) producing good descriptions of the objective, the target group and the approach, (b) clearly describing the factors that influence the feasibility (c) specifying the theoretical basis (i.e. the relationship between objective, target group and activities, the mediators and moderators and effective ingredients), and (d) doing research into the efficacy.
- *accumulate and exchange knowledge about effective principles or elements.* By bringing together knowledge about the effectiveness of different interventions and working areas and by making the system explicit and accessible, the accumulation and exchange of knowledge about 'what works' theory based or evidence based) can also be facilitated across disciplines.

<sup>1</sup>Zwicker, M., Dale, D. van, Dunnink, T., Bisseling, R., Rensen, P., Bool, M., and Yperen, T. van (2012). Erkenninginterventiesvoorjeugd, sport en leefstijl: criteria 2013-2018 [Recognition interventions for youth, sport and lifestyle: criteria 2013-2018]. Internal memorandum.

<sup>2</sup>Lanting, L.C., Zwicker, M.C., Kuiper, J.I., Adriaensens, L., Kok, M.O. & Dale, D. van (2012). **Evaluatie van het erkenningstrajectvoorinterventies** [Evaluation of the Dutch Recognition System for Interventions]. RIVM briefrapport 255001004/2012. Bilthoven: RIVM.

- *harmonise recognition systems.* In recent years there has been a considerable increase in assessment and recognition practices for preventive and curative services in various areas. As a result of the content-specific overlap between these areas there is a risk that developers will ‘shop around’ with their service and consequently databases or overviews will be incomplete. This will lead to a loss of quality in the overviews and a lack of clarity for the users. Harmonising the various systems will lead to a common language and common criteria that will result in overviews of recognised services.

In 2013, CGL, NCJ, NJi, NISB and MOVISIE will start a process to ascertain what the possibilities and boundary conditions are to allow the effective elements to play a greater role in the assessment. In doing this the institutes will attempt to realise more co-creation, in which the meaning of the term effective elements (also referred to as effective principles) and how this term can be used in the recognition system will be jointly examined with professionals from everyday practice, policy and science.

In addition, the five collaborating institutes will start a process with the aim of giving qualitative research a more visible and possibly also bigger role in the recognition system. To this end they will initially ask experts in this area from the different sectors to jointly itemise which types of qualitative research exist, which quality requirements need to be attached to these, and what type of evidence these research types can provide.

### **Five parties, one system, two types of assessment**

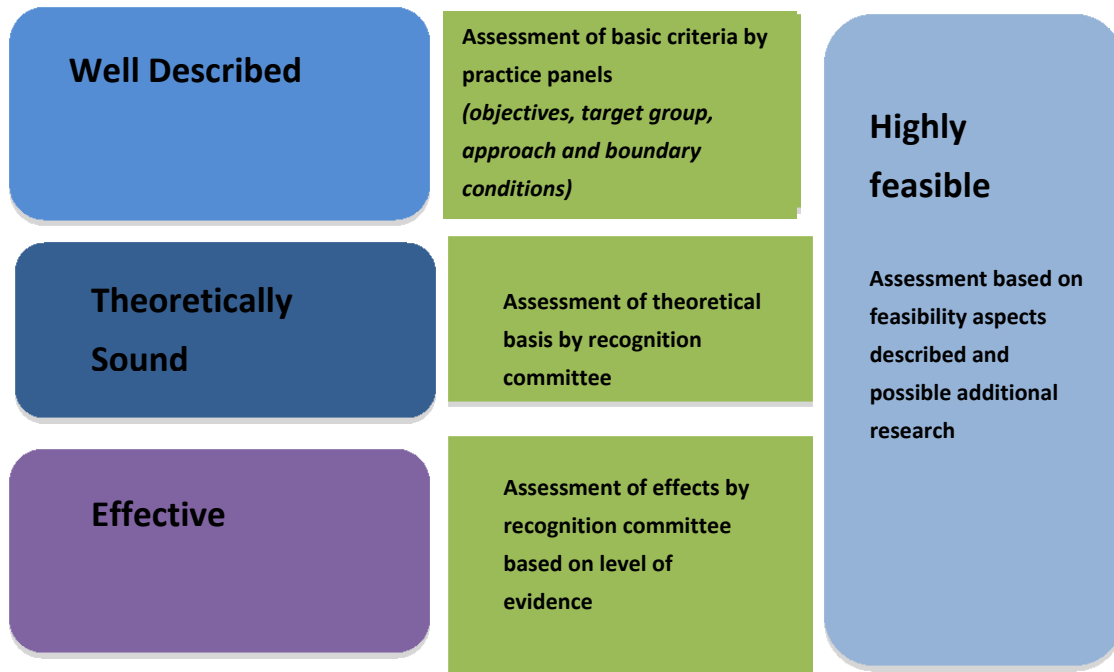
We understand the recognition system for interventions to mean the entire pathway of describing, submitting, assessing, recognising and publishing that youth, sport, lifestyle and social interventions<sup>3</sup> can go through. With this we distinguish two types of assessment:

- an assessment of the description of the objective, target group, approach and boundary conditions by professional practitioners or other experts from the sector concerned. In the sectors health promotion and sport & physical exercise as well as in the social sector, this happens in the form of a peer review by practice panels. Based on this, interventions can receive the assessment ‘Well Described’. For the broad field of youth this happens by means of the so-called ‘quick scan’ of the NJi and in expert groups. This assessment is not linked to a published evaluation but is intended as an introductory step for assessing the higher levels of recognition.
- an assessment of the theoretical basis and/or effectiveness of the intervention by a recognition committee made up of representatives from science, practice and policy. Interventions that are assessed as good by the Recognition Committee receive a recognition such as ‘Theoretically Sound or ‘Effective’. In 2013 subcommittees were active for the assessment of interventions in the areas of youth care, youth welfare, developmental stimulation, youth health care, health promotion and sport & physical exercise.

For both types of assessment the possibility of assessing for feasibility will also be available with effect from 2013. The assessment of feasibility will be used by both the practice panels and the Recognition Committee, dependent on which assessment an intervention has been submitted for. This means that a total of four assessments are possible. The relationship between these assessments is shown in the diagram below.

---

<sup>3</sup> For sport & physical exercise, lifestyle and social sector interventions all ages may belong to the target group. These areas are not limited to youth as the intervention target group.



In the annexes to this strategy memorandum, you can read more about the background, design and working methods of the various assessments. The annex about the recognition committee also states the current composition of the five subcommittees.

The criteria presented in the annexes have not yet been fully operationalised. There are two reasons for this. First of all the committees that assess the interventions must have the opportunity, based on their expertise, to weigh up the aspects that need to be included in an assessment in relation to the type of intervention under consideration. It is not possible to draw up detailed criteria or such a weighting without making the system unnecessarily complicated. There are also differences between the working areas involved that make it necessary to give a certain amount of freedom concerning how the criteria are specified.

The five collaborating partners have agreed to give the different sectors they represent this space and to respect each others' decisions in this regard. At the end of 2013 the criteria will be made more tangible – where this is necessary and useful – based on the experiences acquired.

**MOVISIE**

**Netherlands Centre Youth Health (NCJ)**

**Netherlands Institute for Sport and Physical Activity (NISB)**

**Netherlands Youth Institute (Nji)**

**RIVM Centre for Healthy Living (CGL)**

**February 2013**

**©2013 MOVISIE / NCJ / NISB / Nji / RIVM**

If the source is clearly stated then everything in this publication may be reproduced and/or published via social media, printing, photocopying or in any other manner.

# Annex A Well Described: assessment by practice panels

## 1. Background

Thinking about the objectives and approach is a first important step in the quality development of interventions. Practice has shown that in the various working areas there are many interventions that, in principle, qualify for a positive assessment on the basis of this first step. For the sectors health promotion and sport & physical activity as well as the social sector it has also been decided to publish an assessment of interventions that are described well in terms of these basic aspects but as yet lack or have only a very limited theoretical support. This is the assessment Well Described. The realisation of this part of the recognition system is being developed and supported by CGL, NISB and MOVISIE.

An important step in separating the wheat from the chaff is that a process evaluation is required for this assessment. In other words an assessment of what happens in practice must already have taken place. There must be insights into the scope, appraisal from users and implementers, and the success and failure factors. Based on the description, the manual and the process evaluation, professionals from everyday practice and knowledge institutes assess the interventions for this level. For this basic assessment a deliberate choice was made to include the evaluation of professionals from everyday practice, as they are in an ideal position to assess whether it is also an intervention with a high chance of being implemented.

## 2. Objective

The assessment of interventions as Well Described has been set up with the objective of:

- making an initial separation of the wheat from the chaff for a large provision of interventions in the area of sport & physical activity and health promotion as well as in the social sector;
- making the often implicit practice knowledge explicit;
- providing a step up to further quality development (as part of a broader quality system that will be jointly realised with the field).

For the youth care and healthcare sector, supported by NJi, other methods are being used to achieve the same objectives, for example by describing pedagogic approaches for the *Databank Methodieken Pedagogische Kwaliteit* [Methodologies for Pedagogic Quality Databank], making a quick scan available for the quality of provision in youth care and providing in-company training for the description and substantiation of the entire provision offered by institutions.

## 3. Procedure and method of assessment

The Well Described assessment is realised by a panel made up of just practice reviewers and staff from institutes and is a form of peer review. Each institute has its own panel of professionals in the areas concerned.

There are three independent reviewers for each intervention, two from everyday practice and one from a knowledge institute, who assess the intervention, in writing, for various aspects based on fixed criteria. The evaluation of the three assessors does not have to be unanimous; the overall final assessment is realised on the basis of the majority of the assessments.

The assessments are tallied by the organising knowledge institute and, in principle, no consultation between the assessors takes place. A positive or negative overall final assessment is based on two or three positive or negative assessments. If the assessors reach different conclusions for the final assessment then they are shown

each other's assessments so that they can adjust their own assessment based on their own insights. The assessment can be adjusted in a positive or negative direction.

The assessors selected are informed about the assessment procedure during an instruction meeting. In a group context they have practiced the sections of the assessment form using case studies. Each year there is a review meeting in which difficulties in the assessment of interventions are discussed and the assessors can make joint agreements about the assessment process. The organising knowledge institute solely has an organisational role and not an assessing one.

#### **4 Current state of affairs and future steps**

The aim is that the different knowledge institutes will use the same criteria and procedures so that an unequivocal interpretation exists about the status of Well Described. However, a number of points still need to be elaborated on in this respect.

##### *Criteria*

The criteria for Well Described have been established and agreement has been reached between the knowledge institutions. The explanation of the criteria has not yet been fully elaborated. For many aspects the worksheet and manual of the Recognition Committee can be used. In addition a further explanation is needed for some sections such as the process evaluation. This explanation will follow in 2013.

##### *Procedure*

MOVISIE will start on the Well Described system in 2013. The exact elaboration will, in principle, follow the working method described above. The details of this still need to be elaborated.

##### *Period of validity*

At CGL Well Described has a temporary status. This will lapse after three years and then the intervention will either have been proposed and accepted within the recognition system or it will have failed to gain the qualification Well Described. The idea behind this is that developers and owners of interventions will then make the necessary effort to improve the substantiation of the intervention and in so doing will receive recognition from the recognition committee as Well Substantiated (or possibly Effective).

How NISB and MOVISIE will deal with this will be established in 2013.

#### **5. Criteria Well Described**

For this assessment an intervention should be clearly described with respect to the objectives, the target group, the approach, boundary conditions, transferability, experience with the implementation and the available materials. A second important requirement is insight into the feasibility aspects such as the availability of a manual, costs, time required, etc. These aspects are further detailed in the Conditions for implementation (Annex C).

## ***Elaboration criteria Well Described***

### ***1. Description***

#### **Background**

- Nature, size, spread and possible consequences of the problem or theme are clearly described.

#### **Target group**

- The target group for the intervention is clearly described on the basis of relevant characteristics; possible inclusion and exclusion criteria are stated.
- If the target group is involved in the development of the intervention then how this happens is described.

#### **Objectives**

- The objectives have been formulated as tangibly as possible and if relevant are distinguished in main objective and sub-objectives.

#### **Approach**

- Design: the sequence, frequency, intensity, duration, timing of activities, recruitment method and location of the intervention are described.
- Content: the method of the intervention is described as completely as possible in concrete activities.
- A description is given of the parties involved in the implementation and how these parties collaborate.

### ***2. Accountability: impetus for substantiation***

- The relationship between background, objectives, target groups and approach is clearly described.

### ***3. Implementation***

#### **Costs**

- The necessary costs of and/or hours needed for the intervention are stated.

#### **Expertise**

- The specific skills and vocational training of the professionals who will implement the intervention are described.

#### **Support needed from people**

- Which people are needed to support the intervention is stated and how this support can be created is described.

#### **Manual**

- A manual is available.
- The manual contains a description of the objectives, target group and materials as well as the content of the various activities.



### **Support for realising the intervention**

- If support is offered for implementing and realising the intervention then this is described.

### **Quality control**

- How the quality of the intervention realised must be monitored is described.

### **4. *Research into the realisation***

- The scope of the intervention is stated.
- The opinions and experiences of professionals who have implemented the intervention are stated.
- The opinions and experiences of the final target group are stated.
- The success and failure factors of the intervention are stated.
- Optional: describe an example of implementing the intervention.

# Annex B Theoretically Sound and Effective: assessment by the Recognition Committee for Interventions

## 1. Design

After a thorough substantive preparation, the Recognition Committee for Interventions started its work in June 2007, as the then Recognition Committee for Youth Interventions. Now in 2013 this Recognition Committee is made up of five subcommittees, each of which has expertise in a specific working area:

1. Youth care, psychosocial development and pedagogic prevention;
2. Youth healthcare, prevention and health promotion (for youth);
3. Educational developmental Stimulation, education-related provision and youth welfare work;
4. Health promotion and prevention for adults and the elderly;
5. Sport and physical activity for all ages.

Each subcommittee is made up of experts from science, policy and everyday practice. An up-to-date overview of the chairs and members can be found in Annex F. The Recognition Committee can eventually be expanded with other subcommittees with a specific expertise.

The activities of Subcommittees 1 and 3 are coordinated and supported by the Netherlands Youth Institute (NJI). RIVM Centre for Healthy Living (CGL) and the Netherlands Centre for Youth Health (NCJ) coordinate Subcommittee 2. Subcommittees 4 and 5 are coordinated and supported by RIVM and the Netherlands Institute for Sport and Physical Activity respectively.

All of the interventions for young people and their care providers recognised by the Recognition Committee are published via the website of the *Databank Effectieve Jeugdinterventies* [Databank Effective Youth Interventions] of the NJi ([www.nji.nl/jeugdinterventies](http://www.nji.nl/jeugdinterventies)). All recognised interventions in the area of lifestyle are found in the intervention database of the CGL. Together with the NISB, CGL is working on an improvement process in 2013 as a result of which the revised database will also contain all sport and physical activity interventions. Using this database all lifestyle interventions will be published on [www.loketgezondleven.nl](http://www.loketgezondleven.nl) of RIVM and all sport and physical activity interventions on [www.effectiefactief.nl](http://www.effectiefactief.nl) of NISB. All recognitions that are relevant for youth healthcare will also be included on the website of the NCJ at [www.ncj.nl](http://www.ncj.nl).

Behaviour interventions for youth and adult delinquents are assessed by a separate recognition committee of the Ministry of Security and Justice<sup>4</sup>. The two recognition committees regularly consult each other. Recognised interventions for young people from the justice committee can also be found in the *Databank Effectieve Jeugdinterventies* [Databank Effective Youth Interventions] of the NJi and, insofar as these concern lifestyle interventions, in the database of the CGL as well.

## 2. Objective

The aim of the recognition committee ties in with the general objective of the Recognition System for Interventions: providing a contribution to the further quality improvement of interventions in the working areas concerned. Its primary task in that respect is to establish the quality and effectiveness of the interventions submitted to it.

---

<sup>4</sup>See [www.rijksoverheid.nl/onderwerpen](http://www.rijksoverheid.nl/onderwerpen)>openbare orde en veiligheid > recidive en veelplegers> Erkeningscommissie Gedragsinterventies Justitie. [link to Recognition Committee Behavioural Interventions for the Dutch Justice System (in Dutch only)]

The Recognition Committee for Interventions does not issue any binding recommendations with respect to the implementation of interventions and the supporting institutions do not attach any consequences to the recognitions issued. Other parties, such as municipalities, implementing organisations, professional associations, sector organisations, financiers of care or financiers of research are responsible for putting the recognition issued to good use. For example, professional associations can include the use of recognised interventions in practice guidelines and financiers can make efforts to preferably contract care providers that make use of recognised interventions.

### **3. Developments**

#### ***Evaluation 2011***

In 2011, the supporting institutes at that time (RIVM CGL, NJi and NCJ) carried out an evaluation into the process of describing, assessing and recognising interventions, as realised in the period since 2007<sup>5</sup>. This evaluation revealed that the recognition system is making good progress: it provides insight into the quality and effectiveness of interventions and encourages quality development. However, points for improvement were also stated such as: more accessible levels for effectiveness, making worksheets and criteria suitable for complex programmes as well, and devoting more attention to the applicability of the interventions.

#### ***Better boost towards effectiveness***

In all of the sectors involved a need was found for a better boost to allow theoretically sound interventions to develop towards a recognition such as Effective. Within youth care, a lot is already being done to collect monitoring data about individual institutions. Such data is, amongst other things, necessary for the performance indicators applicable to the sector. As within the individual institutions these data are often used for evaluation purposes, it has been proposed that such data can also be given a place within the recognition system. In this way the collection, organisation and analysis of monitoring data could eventually also be rewarded with the recognition effective according to first indications.

#### ***Broad approaches and programmes***

Within the working areas concerned different types of intervention are being developed and implemented. In health promotion and the social sector there is an important role for wider community approaches, in which several types of provision (for example education, policy and environmental measures) are combined. In youth care, care programmes are increasingly being offered, in addition to single therapies and group interventions, which have a flexible provision of several modules aimed at different sub-target groups. This range of interventions also requires an expansion of the requirements set for research into the effects of interventions. Different types of intervention have different types of effective elements and different objectives and so different types of outcome measure as well. Some designs are not or scarcely feasible for certain types of intervention. The best available design then needs to be applied.<sup>6</sup> The Recognition Committee and supporting knowledge institutes try to make the possibilities, and with this the boost for further growth, as broad as possible without of course compromising the generally applicable requirements for levels of evidence.

#### ***Consideration for flexibility in the implementation***

---

<sup>5</sup>Lanting, L., Zwikker, M. Kuiper, J., Adriaensens, L., Kok, M. and Dale, D. van. (2012). Evaluatie van het erkenningstraject voor interventies [Evaluation of the Recognition System for Interventions]. RIVM briefrapport 255001004/2012, Bilthoven.

<sup>6</sup>Craig, P. Dieppe, P. Macintyre, S. Michie, S. Nazareth, I., Petticrew, M. (2010). Developing and evaluating complex interventions. An introduction to the new Medical Research Council. In: Killoran, A. and Kelly, M. Evidence Based Public Health; effectiveness and efficiency. Oxford University Press, Oxford.

In the implementation phase many interventions are strongly dependent on the organisational context in which they are implemented. Often the implementation as recognised by the Recognition Committee cannot be adopted exactly. To ensure that the quality and effectiveness are nevertheless maintained, information is required about the boundary conditions for implementation, the effective principles, and the flexible elements of an intervention or programme.<sup>7</sup>

### ***Space for qualitative research***

In the evaluation of interventions there is increasingly more place for qualitative evaluation research in addition to quantitative research. Such research can provide very relevant information for the theoretical basis (the potential effectiveness) but also provide insights into the clarifying mechanisms (how does that work?). Just as in quantitative research, qualitative research can therefore provide important information about effective elements and the degree of flexibility of an intervention as well as the boundary conditions necessary for implementation. For many interventions a correct combination of these two types of research provides the most useful information. This development towards the use of so-called *mixed methods* has been taking place for some time in the evaluation research into interventions at both a national and international level.<sup>8,9,10</sup>

A role for qualitative research is referred to at various places in this strategy memorandum, for example in the criteria for the implementation aspects of an intervention. However, the goal is to give qualitative research a place in the entire process. At present it is still not completely clear what types of study design are needed, how the quality of qualitative research can be assessed, and whether this type of research can also say something about causality. In 2013, this aspect will be further elaborated for the recognition system, based on literature research and consultation with experts in collaboration with the Recognition Committee and the various working areas.

## **4. Criteria for theoretically sound and effectiveness**

### Theoretically sound

A sound theoretical basis of the intervention is a very important step in its development: it at least provides a plausible case that the intervention *could* work. Furthermore, the theoretical basis is nearly always a condition for research into the effects. After all with a theory it can be specified which outcomes are predictable, which mediators and moderators play a role, and which concepts are relevant to measure. The theory also has a practical use: it prevents the intervention from becoming a ‘black box’ that must be implemented as such as well. Through the theoretical and/or empirical specification of the effective elements it is easier to make a plausible case as to why and how this intervention could or could not work for other target groups or situations. That facilitates the potential generalisation of the knowledge and the working method. In addition, the effective

---

<sup>7</sup> Kok MO, Vaandrager L, Bal R, Schuit J: Practitioner opinions on health promotion interventions that work: Opening the ‘black box’ of a linear evidence-based approach. *Social science & medicine.*; 2012; 74(5):715-23

<sup>8</sup> Craig, P, Dieppe, P, Macintyre, S, Michie, S, Nazareth, I, Petticrew, M. Developing and evaluating complex interventions. An introduction to the new Medical Research Council. In: Killoran, A. and Kelly, M. *Evidence Based Public Health; effectiveness and efficiency.* Oxford University Press, Oxford, 2010.

<sup>9</sup> Kelly, M., Morgan, A., Ellis, S. Younger, T. Huntley, J., Swann, C. Evidence based public health: A review of the experience of the National Institute of Health and Clinical Excellence (NICE) of developing public health guidance in England. *Social Science and Medicine:* 2010; 71, 1056-1062

<sup>10</sup> Koelen, M, Vaandrager, L. and Colomé, C. Health promotion research: dilemmas and challenges *J. Epidemiol. Community Health* 2010;55;257-262

principles or elements form the core of the intervention that may not be tampered with. An understanding of the effective principles makes it clear for the professional which aspects, mechanisms or working methods can or most certainly cannot be omitted. However, it is not always clear how effective principles are defined and within and between working areas there is still a certain amount of confusion about this.<sup>11</sup> In 2013, the knowledge institutes that support the Recognition System will further investigate the definition of the term effective principles (See Annex C).

Various forms of quantitative and qualitative research can provide insights into the possible effective principles or elements of an intervention. The substantiation is always based as much as possible on such research.

### ***Effective***

Using research to demonstrate that the intervention not only works in theory but is also effective in practice is usually the next step in the development towards effectiveness. With 'effective' we mean: the intervention makes a contribution, demonstrated by research to the solution of the problem formulated. To answer the question about effectiveness a combined approach is being worked on within the recognition system. On the one hand this system places an emphasis on research into the effects of interventions via controlled designs such as RCTs and quasi-experimental research and on the other hand provides space for other designs appropriate to the objective and target group of the intervention.

The activities in health promotion, sport and the social sector are often implemented at several levels, including larger groups in society. Alternative study designs such as community trials, cluster randomised trials, step wedge designs, et cetera are available for this. Internationally it is also recognised that something else is needed for public health. For example, NICE -the National Institute for Health and Clinical Excellence- in the UK is calling for space for other designs and also advises searching for evidence in the theory and logic modelling<sup>12</sup>. Another emerging form is realistic evaluations<sup>13</sup>. The recognition system with the current criteria offers more space for alternative designs and in the assessment the committee will take into consideration the most feasible study design for the type of intervention in question. In 2013 the supporting institutes will elaborate in more concrete terms which designs that can be per type of intervention. In the recognition system, effectiveness is assessed in levels ranging from an intervention recognised as effective on the basis of limited evidence to an intervention recognised as effective on the basis of strong evidence. A brief summary of the three levels of effectiveness is now given.

#### *1. First indications for effectiveness*

The studies that have been realised for this level give the initial indications for an effect of the intervention (indicative level of evidence). This could, for example, be well-realised observational research such as case studies and cohort studies. Research based on monitoring data also belongs to this category. In that case it concerns interventions for which baseline and follow-up measurements have shown that during the implementation of the intervention behaviour, skills, cognitions, feelings et cetera have been sufficiently changed in accordance with the objective of the intervention. These baseline and follow-up measurements must

---

<sup>11</sup>Wartna, J. Vaandrager, L. Wagemakers, A. Koelen, M. Er is geen enkele werkzaam principe dat altijd werkt. Een eerste verkenning naar het begrip werkzame principes. [There is not a single effective principle that always works. A initial exploration of the term effective principles]. Health and Society Research Group, Wageningen University, 2012.

<sup>12</sup>Kelly, M., Morgan, A., Ellis, S. Younger, T. Huntley, J., Swann, C. Evidence based public health: A review of the experience of the National Institute of Health and Clinical Excellence (NICE) of developing public health guidance in England. *Social Science and Medicine*: 2010; 71, 1056-1062.

<sup>13</sup>Pawson R., Tilly, N. *Realistic Evaluation*. Sage Publications Ltd. London, 1997.

have been carried out at different locations and an adequate response must have been obtained using instruments that operationalise the objective of the intervention well.

2. *Good indications for effectiveness*

In this case, the initial research indicates that during the implementation of the intervention the objective has been sufficiently achieved (behaviour, skills, cognitions, feelings et cetera change sufficiently in accordance with the objective of the intervention), whereas that objective is not or is significantly less achieved if there is no intervention or if the intervention is compared with the usual situation or approach. This therefore concerns, for example, quasi-experimental designs, not necessarily carried out in practice or with a follow-up, but also observational studies that have been realised very well or time series studies.

3. *Strong indications for effectiveness*

At this level there is enough research of sufficient quality to assume that the intervention works better in the target group than the usual situation or approach and that this can be ascribed to the intervention (strong level of evidence). In this case we are referring to controlled research such as RCTs and quasi-experimental studies, but also several N=1 studies and time series, for example.

At the end of this strategy memorandum, a table is given with a classification of research according to level of evidence. This table provides starting points for the Recognition Committee in assessing research into the effects of interventions for an intervention, but it is not a guideline. The committee's assessment is always in part determined by its expertise. This means that when they review the research, the committee can also give argued reasons for deviating from the classification of levels of evidence for study designs. The committee might do this if it thinks that the studies have not been carried out carefully enough, or if a study with a weak level of evidence has been carried out very well and this underpins or undermines the results of a stronger design. The crucial factor is therefore the persuasive power of how the studies were realised. Should the committee deviate from the classification given then it will of course provide clear arguments as to why it did this.

## ***Elaboration criteria Theoretically Sound and Effective***

### **Theoretically Sound**

#### ***Criteria for the description (these largely apply to Well Described as well)***

- The target group for the intervention is clearly described on the basis of relevant characteristics; possible exclusion criteria or contraindications are stated.
- If the target group is involved in the development of the intervention then it is detailed how this is done.
- The objectives are formulated SMART (if relevant per sub-target group) and if relevant differentiated in main objectives and sub-objectives.
- The design is described, in other words the sequence, frequency, intensity, duration, timing of activities, recruitment method and location where it will be implemented.
- The content, in other words the procedure for the intervention, is described as completely as possible in concrete activities.
- The materials needed and their availability are clearly described.

#### ***Criteria for the theoretical underpinning***

- The problem, risk or theme is completely and clearly described with data about, for example, the nature, severity, size, spread, perception of those involved, costs and other possible consequences.
- An analysis has been made of how the problem has arisen in which the possible causal, risk, maintenance, mitigating or protective factors are described.
- The factors that will be tackled with the intervention are stated and linked to the objectives and sub-objectives of the intervention (justifying objectives).
- The effective elements (or techniques or principles) in the approach are stated and justified, in the framework of a change model or an intervention theory, or based on the results of research carried out previously.
- Target groups, objectives and working method fit together: a justification is given of how the approach chosen will be able to effectively achieve the objectives for this target group.
- Where relevant, sources are stated with respect to the theoretical underpinning.

### **Effectiveness**

#### ***General criteria for effectiveness***

The following applies to all levels of effectiveness:

- The outcomes found are the most relevant given the objective and the target group for the intervention.
- The changes relate to the objective and the target group of the intervention:
  - The studies reveal that the intended target group has been effectively achieved.
  - The instruments used provide a reliable and valid operationalisation to measure the realisation of the objectives of the intervention.
  - Satisfactory statistical techniques have been used (if applicable).
- The size of the effect is indicated in terms of Cohen's D or the data to calculate Cohen's D are specified.
- The size of the effects is reasonably convincing and matches the objective and the target group of the intervention.

- Possible negative effects have been stated.
- The research has been documented such that replication of the study is possible.
- The intervention has been implemented as intended. It has been demonstrated that the elements of the intervention have actually been applied.
- In the committee's opinion there are enough studies from which it is apparent that during the implementation of the intervention changes occurred in accordance with the intervention's objective.

### ***Criteria per level of effectiveness***

For the assessment of the level of evidence for individual studies a table has been included at the end of this memorandum. This table provides starting points for the Recognition Committee but the assessment of the quality of the research is also determined by the quality of how it was realised, as evident from the documentation supplied. The committee bases its opinion about how well the research was realised on its own expertise.

#### ***1. Initial indications for effectiveness***

- See the general criteria for effectiveness.
- The design of the empirical research provides for at least a weak causal level of evidence. There is a baseline measurement (prior to/ at the start of the intervention) and a follow-up measurement (at the end of the intervention), without a control condition.
- Regarding the number of studies, two Dutch studies into the intervention in question is sufficient.

#### ***2. Good indications for effectiveness***

- See the general criteria for effectiveness.
- The design of the empirical research provides for at least a moderate causal level of evidence. The research has a quasi-experimental/experimental or another design (for example, repeated case studies, a study into the correlation between the extent to which the intervention is applied and the extent to which the intended outcomes have occurred, or a cohort study). The studies have not necessarily been carried out in everyday practice or have not yet been followed up.
- The number of studies can vary considerably, dependent on the quality and nature of the study. Rules of thumb for the minimum are:
  - There are at least two Dutch studies into the intervention in question with a moderate to fairly strong level of evidence or one Dutch study into the intervention in question in combination with at least one national or international study into this or a comparable intervention with at least a moderate level of evidence. In the latter case convincing arguments have been given that the objective, target group, approach and theoretical model of the comparable intervention are sufficiently applicable in the Dutch situation and/or to the intervention in question. The Recognition Committee will ultimately assess the comparability.
  - For Dutch research into the intervention in question with a strong to very strong level of evidence one study is sufficient for the recognition at this level of effectiveness.
  - For repeated case studies at least six cases must have been carried out by different treating practitioners in different conditions *or* at least ten cases must have been carried out in a single setting.

#### ***3. Strong indications for effectiveness***

- See the general criteria for effectiveness.
- The design of the empirical research provides for at least a strong causal level of evidence. The



research has a quasi-experimental/experimental or, if that is not possible, another design (for example, repeated case studies, a study into the correlation between the extent to which the intervention is applied and the extent to which the intended outcomes have occurred, or a cohort study) of high quality. The studies have been carried out in everyday practice and have a follow-up period of at least six months.

- The number of studies can vary considerably, dependent on the quality and nature of the study. Rules of thumb for the minimum are:
  - There are at least two Dutch studies into the intervention in question with a strong or very strong level of evidence or one Dutch study into the intervention in question in combination with at least one national or international study into this or a comparable intervention with a strong or very strong level of evidence. In the latter case convincing arguments have been given that the objective, target group, approach and theoretical model of the comparable intervention are sufficiently applicable in the Dutch situation and/or to the intervention in question. The Recognition Committee will ultimately assess the comparability.
  - In the case of repeated case studies there are at least ten cases carried out by different treating practitioners under different conditions.

### **5. Recognition subject to reservations**

Interventions that lack an adequate description or theoretical basis often only need a few minor gaps to be filled in, which is easily done by means of a few minor modifications. In such cases the committee can issue a '*Recognition subject to reservations*'. This means that, in effect, there is a recognition subject to the developer or owner providing the missing information or implementing the modifications requested. The developer of the intervention is given the opportunity to provide the information required within a period of six months or to add this to the description of the intervention.

### **6. Period of validity of the recognition**

A recognition on the basis of practice panels has a validity of three years. The assessment of the recognition committee has a validity of five years. That is useful for two reasons.

- First of all the recognition system must reflect the current state of affairs. The effects of interventions can come into a completely different light due to developments in everyday practice. As a consequence previously issued recognitions can lose their value, for example because the level of the 'care as usual' has strongly improved over the course of time. An intervention can also gain power because, for example, research has revealed that a small effect previously considered 'negligible' nevertheless appears to have a large influence.
- Secondly the system must ensure an upward pressure. Previously issued recognitions are not a qualification for life. The further development of everyday practice requires a continuous investment in the maintenance of quality (for example keeping material up-to-date so that it continues to fit the target group) and preferably further development (has further research been done or have efforts in this direction been made).

After the period of validity of either three or five years has expired then, in principle, a new assessment will take place, the standard reassessment. For interventions with an assessment 'well described' it is expected that after a period of three years these interventions must have been developed enough to be assessed by the Recognition Committee. Three years gives the opportunity for professional competencies to be further developed so that the

theoretical underpinning of the intervention can be realised<sup>14</sup>. If the intervention (and the level of the care as usual in the working area concerned) reveal no important changes to the detriment of the approach when it is reassessed, then the intervention can in principle remain at the same level of recognition. However, it is of course preferable that after a period of three or five years the intervention has developed further in another dimension or has achieved a following level of effectiveness. An intervention that is not recognised during the standard reassessment is either removed from the databases or is marked there as being a non-recognised intervention dependent on the database in which it is listed.

---

<sup>14</sup>This does not apply to interventions from the social sector as a Recognition Committee has not yet been set up for this. The period until social sector interventions need to be reassessed (including updating) remains three years though.

## Annex C Conditions for implementation: assessment by practice panels or recognition committee

### 1. Criteria for implementation conditions

Within all of working areas involved there was a need for more information about the applicability or feasibility of the interventions recognised by the committee. Feasibility, or the synonymous term applicability, is an umbrella term that refers to the information the professional can use to estimate whether the intervention is also suitable for implementation in his or her own context<sup>15</sup>.

To be able to assess that, the professional first of all needs information about the concrete implementation of the intervention and who has to do that. The degree of *transferability* of an intervention is determined by the availability of a clear description of the intervention in the manual, the availability of training courses to implement the intervention and a protocol for transfer (how do you ensure that the intervention becomes known in the organisation and is implemented). An intervention has added value if a clear course of implementation has been elaborated and described.

The other important question with respect to the feasibility of an intervention is: are the conditions for implementing an intervention actually present in practice? This concerns aspects such as *boundary conditions and context*. What are the boundary conditions and context variables that are vital for the implementation (must everybody have followed a basic training course, does there have to be a certain degree of collaboration or support in the organisation or municipality, which policy is important, what are the costs, etc.)? An understanding of these aspects increases the chances of the intervention being successfully implemented by an organisation that wants to adopt it.

The *assessment* of the feasibility initially concerns a full and clear description of the aspects that are important for the implementation of an intervention (transferability, boundary conditions and possible context variables). Additional research can strengthen the conclusions about the feasibility and offer the committee the opportunity to provide an extra evaluation for the feasibility of the intervention concerned. This needs to be elaborated in greater detail.

#### Exception Sport & Physical Activity interventions in pilot 2013

In principle, the Recognition Committee does not issue an assessment about implementation aspects without a recognition such as Theoretically sound or Effective. In 2013, Subcommittee 5 will investigate whether an exception can be made for the sports sector. Sports interventions are often very well elaborated with respect to feasibility and implementation and also want to receive recognition for this. Subcommittee 5 will therefore investigate whether it is possible and desirable to assess an intervention solely for the implementation aspects in addition to an assessment such as Well Described.

---

<sup>15</sup>Sman, C. van der, Adriaensens, L. Contextcriteria toevoegen aan Erkenningssysteem Interventies [Adding Context Criteria to Recognition System for Interventions]. Discussiestuk [Discussion document], VeiligheidNL, Amsterdam, 2012.

## 2. Research into the implementation

Research into implementation should mainly provide insights into the scope of the intervention and what users and implementers consider to be the success and failure factors. This type of research can also provide insights into important context variables that were influential for the successful implementation or the effectiveness of the intervention. A process evaluation is the most prevalent type of research used to gain an insight into how the intervention was implemented. But other forms of research also provide insights into important aspects of the implementation. Which types of research these are and how they can be evaluated in the recognition system will be further elaborated in 2013.

### *Elaboration of the criteria for Implementation conditions*

- The intervention is transferable:
  - there is a manual or protocol for transfer. The manual contains a description of the objectives, target group and materials and the content of the activities.
  - there is support for the introduction of the intervention (training the trainer, supervision, helpdesk, etc.).
  - there is a system for implementation or, if relevant, an implementation plan for broad (national) implementation of the intervention.
- Data about maintenance, quality care and safeguarding are specified. It is described who is responsible, what will be done, and how regular maintenance and embedding of the intervention (for example, licences, monitoring system, registrations, return days) will be realised.
- The boundary conditions essential for the implementation are specified. These are the boundary conditions at the level of:
  - the intervention (use of personnel, use of time, costs (specified)),
  - the implementing professionals (training, experience, competencies),
  - the organisation (internal and external support, possibilities for internal and external collaboration).
- It is likely that the objective can be realised within the boundary conditions and costs stated.
- If the intervention has not been developed in the Netherlands then the original context is briefly described and the modifications made to adapt the intervention to the Dutch situation are explained.
- If relevant to the problem or the area of implementation, the intervention offers space for flexibility: the manual contains information about the effective principles or elements that must be adhered to.
- A pre-test or process evaluation has been carried out<sup>16</sup> and
  - the study design is described,
  - data are available about, for example, the scope, success and failure factors and the assessment of implementers,
  - the results are positive and/or
  - the intervention has been modified (insofar as necessary) on the basis of these results.
- If applicable: research reveals the relevant context factors that influence the effect and implementation of the intervention.
- *The design of the qualitative research into implementation conditions is transparent and satisfies the criteria for qualitative research (exact criteria will be drawn up in 2013).*

---

<sup>16</sup>In 2013 this requirement is not yet obligatory for the wider youth field; during the course of the year it will be further examined from which date it will be realistic to require this for interventions in youth care.

# Annex D Communication

An important aspect of the recognition system is the communication about the quality and effectiveness of the interventions, in the databanks but also via other communication channels. With the recognition system the collaborating partners are serving a very diverse group. Information about the dimensions and levels must therefore be brief, simple and appeal to a wide public, and of course cover the meaning. The evaluation of the recognition system revealed that the communication about the assessments should be simpler as well as clearer (more transparent).

Therefore the following approach towards communicating about the assessment was chosen:

1. **Well Described**  
For sport and physical exercise interventions only, an assessment of the implementation aspects will be added to this part in 2013.
2. **Theoretically Sound** + assessment of implementation aspects.
3. **Effective** with level awarded stated in words or symbols + assessment of the implementation aspects.

Under this, more information about the assessment and the levels concerned will be added to the databanks:

Well described	Good description, manual and process evaluation
Theoretically Sound	Satisfies the criteria for Theoretically Sound; strong and less strong points according to the Recognition Committee (see criteria) are published on the websites
Effective	Classification in levels according to level of evidence of the total number of studies supplied: Effective            1. Initial indications for effectiveness Effective            2. Good indications for effectiveness Effective            3. Strong indications for effectiveness
Conditions for realisation	Insufficient Sufficient Good (sufficiently clear and substantiated by research); Strong and less strong implementation aspects (see criteria) will be stated on the websites

The most important arguments from the Recognition Committee for the assessment given are placed in an easy to find location on the website. Consideration is always given to stating the strong and weak points of the intervention according to the Recognition Committee.

## **Annex E Implementation and elaboration from 2013 onwards**

In 2013, the practice panels and subcommittees supported by NJi, NISB, RIVM and NCJ will jointly start to assess the interventions using the new criteria. MOVISIE will not start with a recognition committee yet but will start with the practice assessment, the basic level Well Described. Due to the time needed for the implementation of the new criteria and worksheets, the first assessments using the new criteria will not take place before the summer of 2013 at the earliest. For the entire implementation and the associated communication, the collaborating partners will draw up a joint communication and implementation plan at the start of 2013 in consultation with a group of users.

### ***2013: pilot and elaboration***

In this strategy memorandum, it has been stated that some aspects have not yet been elaborated. We will use the year 2013 for the joint elaboration of aspects such as qualitative research, types of interventions and effective elements. We will also submit a number of descriptions, partly as a pilot, to the different subcommittees and will document and evaluate these experiences.

### ***Qualitative research***

The role of qualitative research has not yet been described clearly enough in this memorandum. This is partly because the recognition system has been set up from the perspective of the traditional evidence-based concept (the 'conventional' paradigm). Due to the collaboration with NISB and MOVISIE and the emergence of other types of interventions, other research traditions are now coming into play that make more use of qualitative methods (the 'constructivist' paradigm). However, the collaborating partners have not yet fully incorporated this into the memorandum. During the next year the role and criteria for qualitative research will be elaborated in more concrete terms. It will also be established which specific expertise in this area still needs to be added to the existing subcommittees.

### ***Effective elements or principles***

Professionals want to know what the effective elements of an intervention are and which elements they can possibly leave out. More attention has been paid to this in the revised worksheet and the criteria. The term effective elements or principles does, however, lead to a lot of confusion and needs to be further defined. This is definitely needed as the supporting knowledge institutes (especially RIVM and NJi) want to investigate in the forthcoming period whether the effective elements can and should be given more emphasis in the assessment. RIVM has been commissioned by the Ministry of Health, Welfare and Sport to investigate what will happen to the recognition system if interventions are reviewed more on the basis of effective principles. Together with the field of practice NJi will consider the possibilities for the future grouping of very similar interventions (consolidation of interventions) in everyday practice but possibly in the assessment as well.

So during the next year the collaborating institutes will further elaborate this term in collaboration with practitioners. The institutes will therefore collaborate with professional practitioners more than was previously the case and jointly (in co-creation) draw up recommendations for the assessment and application of effective principles. The underlying objective of this exercise is to give everyday practice a greater role in the further development of the recognition system.

### *Types of interventions*

There is a single assessment framework for all types of intervention, even though the assessment of a complex programme of different activities is different from that of a simple course or introductory module. The question therefore arises as to whether we need to subject different types of interventions to the same process. The worksheet has been made suitable for complex interventions. However, what should be done about very simple interventions from which little can be expected initially but that nevertheless provide a good start for a structured approach? Must these also be subjected to a detailed assessment in a recognition system or is a simple and more efficient (and cheaper) approach desirable in such cases? This problem can partly be solved with a recognition from a practice panel, such as Well described, but this recognition only has a validity of three years. In a nutshell: is it desirable that all interventions receive a place in the recognition system or are there interventions that can be placed outside of this according to their nature and relative importance in everyday practice? And where should such interventions be placed then?

This problem is particularly prevalent in the area of health promotion, but this is not just a question for RIVM but for other knowledge institutes as well.

# **Annex F Recognition Committee, Advisory Board, Sounding Board**

## **Recognition Committee**

In principle, committee members and chairs serve for a period of four years with the one-off possibility of extending the period by another four years. The supporting knowledge institutes try to replace members of the subcommittees gradually so as to minimise the loss of knowledge and experience acquired.

The division in subcommittees given below is flexible: collaboration between members from different subcommittees is possible if the nature of the intervention to be assessed makes this desirable.

### ***Subcommittee 1. Youth care and psychosocial/pedagogic prevention***

#### Chair

- Prof. Jan Janssens (Radboud University Nijmegen)

#### Secretariat

- Nienke Foolen, MSc (Netherlands Youth Institute)
- Eva Blaauw, MSc (Netherlands Youth Institute)

#### Science

- Prof. Maja Dekovic (Utrecht University)
- Dr Frits Goossens (VU University Amsterdam)
- Prof. Evert Scholte (Leiden University)
- Prof. Trees Pels (VU University Amsterdam, Verwey-Jonker Institute)
- Dr Ramon Lindauer (De Bascule O&O)

#### Policy and practice

- Marjan Koopman (Spirit)
- Dr Xavier Moonen (Koraal Groep)
- Nina Draaisma (Altra)
- Nelleke Polderman (Basic Trust)
- Wil Joosten (Oosterpoort)

### ***Subcommittee 2. Youth Healthcare, prevention and health promotion***

#### Chair

- Prof. Gerjo Kok (Maastricht University)

#### Secretariat

- Laura Cloostermans (RIVM / Centre for Healthy Living)
- Trudy Dunnink, MZO (Netherlands Youth Institute)

#### Science

- Dr Pepijn van Empelen (Erasmus University Rotterdam)
- Dr Magda Boere-Boonekamp (University of Twente, TNO)
- Prof. Frans Feron (Maastricht University)
- Prof. Jantine Schuit (VU Medical Center Amsterdam, RIVM)
- Dr Paul Kocken (TNO)



Policy and practice

- Hans Keizer (Tactus Deventer)
- Nelleke Maas (Thebe Thuiszorg)
- Joke van Wieringen (Pharos)
- Ingrid Staal (GGD Zeeland)

***Subcommittee 3. Educational developmental stimulation, education-related provision and youth welfare***

Chair

- Prof. Bieuwe van der Meulen (University of Groningen)

Secretariat

- Nienke Foolen, MSc (Netherlands Youth Institute)
- Eva Blaauw, MSc (Netherlands Youth Institute)

Science

- Prof. Jeanet Bus (Leiden University)
- Prof. Folkert Kuiken (University of Amsterdam)
- Dr Helma Koomen (University of Amsterdam)
- Prof. Hans van Luit (Utrecht University)

Policy and practice

- Dr Berend Schonewille (Sardes)
- Erna Reiling (Welstede Kinderopvang Ede)
- Rineke Oomen (JSO)
- Tine Doets (Gemeente Schiedam)

***Subcommittee 4. Health promotion and prevention for adults and the elderly***

Chair

- Dr Stef Creemer (Maastricht University)

Secretariat

- Dr Djoeke van Dale (RIVM / Centre for Healthy Living)
- Dr Loes Lanting (RIVM / Centre for Healthy Living)

Science:

- Dr Marcel Pieterse / Stans Drossaert (University of Twente)
- Dr Cindy Veenhof (NIVEL)
- Dr Janneke Harting (AMC)
- Dr. Judith. Kuiper (Veiligheid)

Policy and practice

- Wim van Dalen (Dutch Institute for Alcohol Policy)
- Jan Bouwens (Netherlands Organisation for Health Research and Development)
- Stephan Cremer (GGD Amsterdam)
- Willemien Willems (Parnassia Bravo Group)

***Composition Subcommittee 5. Sport and Physical Exercise.***

Chair

- Prof. Paul Verweel, (Utrecht University School of Governance, Utrecht University)

#### Contacts

- Dr Godelief Willemse (Netherlands Institute for Sport and Physical Activity)
- Femke van Brussel-Visser (Netherlands Institute for Sport and Physical Activity)

#### Science

- Dr Cindy Veenhof (Nivel)
- Dr Hugo van der Poel (Mulier Institute)
- Dr Jacques van Rossum (Stichting Human Quality & Performance, Stichting Positief Coachen)

#### Policy and practice

- Gert-Jan Lammens (Rotterdam Sportsupport)
- Michiel de Haan (Gemeente Tilburg)
- Daphne van Rhee (Gemeente Utrecht)
- Martin Ho Suie Sang (Netherlands Basketball Association)
- Dr Laura Jonker (Royal Netherlands Football Association)
- Christel van den Hooven (SportZeeland)
- Richard Kaper (Netherlands Olympic Committee\*Netherlands Sports Federation)

## **Advisory Board**

Since 2004, a Steering Group has been active for the *Databank Effectieve Jeugdinterventies* [Databank Effective Youth Interventions]. This was expanded in 2008 to a Steering Group for all databanks involved and the Recognition Committee. In 2012 this group was transformed into an Advisory Board for the entire recognition system.

The Advisory Board meets twice per year.

### ***Advisory Board Effective Interventions***

Ms J. Aalberts (Joyce), VU University Amsterdam and NIP/NVO

Ms G.J.W. Bakker-Camu MSc (Betty), Stichting Vitras CMD

Ms I. Coene (Ingrid), GGD Gelre-IJssel

Mr J. Faber (Jan), The Netherlands Association of VET Colleges

Prof. C. Hosman (Clemens), emeritus professor Radboud University Nijmegen and Maastricht University (chair)

Mr J. Botter (Jur), Executive councillor in Heemstede

Dr S. Mulder (Saakje), Director Sport Fryslân

Prof. P. Leseman (Paul), Utrecht University

Prof. S.A. Reijneveld (Menno), University Medical Center Groningen

Prof. T. van Yperen (Tom), Netherlands Youth Institute and University of Groningen

### ***Discussion partners***

Ms C. Gelauff-Hanzon (Carolien), Netherlands Youth Institute, Expertise Centre

Dr M.T.W. Leurs (Mariken), RIVM / Centre for Healthy Living

Mr F.H.J. Strijthagen (Ferdinand), Netherlands Centre Youth Health

### ***Secretary***

Mr G. van den Berg (Gert), Netherlands Youth Institute

(The secretary serves for a period of two years and is supplied in turn by one of the collaborating institutes)

## **Soundboard meetings**

NJi, RIVM, NCJ, NISB and MOVISIE test the content and quality of the entire recognition system in a broader context as well. They therefore hold soundboard meetings that involve a wide range of interested parties, such as client organisations and implementing workers. The Advisory Board receives a copy of the results.

## Annex G Criteria for causal level of evidence of empirical research

Causal level of evidence design	Study characteristics
Very strong	The same criteria apply here as in the level below with the difference that: <ul style="list-style-type: none"> <li>There is an experimental study design (i.e. there is a random allocation of study subjects to research groups) <i>or</i> there is another design that demonstrates the causal relationship between intervention and effect v.</li> </ul>
Strong	The same criteria apply here as in the level below with the addition that: <ul style="list-style-type: none"> <li>There is a follow-up (rule of thumb: 6 months) <i>or</i> there is another design that provides sufficient oversight of the stability of the results.</li> </ul>
Fairly strong	The same criteria apply here as in the level below with the difference that: <ul style="list-style-type: none"> <li>The study was carried out in everyday practice/ is representative for everyday practice.</li> </ul>
Reasonable	The same criteria apply here as in the level below with the difference that: <ul style="list-style-type: none"> <li>It is a study with an experimental or quasi-experimental design and a control group (care as usual) <i>or</i> a repeated N=1 study with a baseline <i>or</i> a time series design with a single or multiple baseline <i>or</i> alternating treatments <i>or</i> a study into the correlation between the extent to which an intervention has been used and the extent to which the intended outcomes have occurred.</li> <li>The design is of high quality.</li> <li>The study has <i>not</i> been carried out in everyday practice / is not representative for everyday practice or the representativeness for everyday practice is not known.</li> </ul>
Moderate	The same criteria apply here as in the level below with the addition that: <ul style="list-style-type: none"> <li>The results are comparable with other research into the effects of the usual situation, practice or care (care as usual) or another form of care for a similar target group.</li> </ul>
Weak	The requirements that apply to this level are: <ul style="list-style-type: none"> <li>The research is documented such that replication of the study is possible.</li> <li>The measured effect is related to the objective and the target group of the intervention.</li> <li>The measurement has been carried out with reliable and valid instruments.</li> <li>A baseline measurement (prior to/ or at the start of the intervention) and a follow-up measurement (at the end of the intervention) have taken place.</li> <li>The results have been analysed using a satisfactory statistical technique, have been tested for significance, and an accepted outcome measurement (such as Cohen's d or an Odds Ratio) has been or can be calculated.</li> </ul>
Very weak	The study does not satisfy the minimum requirements for an empirical study with a causal level of evidence.

The level of evidence in this table always concerns a single study. For a more detailed explanation see the Manual *Zicht op Effectiviteit*.<sup>17</sup>

<sup>17</sup> Yperen, T.A. van & Veerman, J.W. (2008). *Zicht op Effectiviteit. Handboek voor praktijkgestuurd effectonderzoek in de jeugdzorg. [View on Effectiveness. Manual for practice-driven research into the effects of interventions in youth care]* Delft: Eburon.