

Resumen de los estándares de evidencia del Proyecto Dartington ¹

1. Evaluation quality

Good enough

- The intervention has been evaluated by at least one randomized controlled trial (RCT) OR two quasi-experimental (QED) evaluations (initial quasi-experimental evaluation and a replication) with the following characteristics:
 - (a) Assignment to the intervention is at a level appropriate to the intervention, i.e. individual, school, etc. (to reduce spill-over effects, etc.)
 - (b) There is use of measurement instruments that are appropriate for the intervention population of focus and desired outcomes.
 - (c) Analysis is based on 'intent-to-treat'.
 - (d) There are appropriate statistical analyses.
 - (e) Analysis of baseline differences indicates equivalence between intervention and comparison groups.
- There is a clear statement of the demographic characteristics of the population with whom the intervention was tested.
- There is documentation regarding what participants received in the intervention and counterfactual conditions.
- There is no evidence of significant differential attrition.
- Outcome measures are not dependent on the unique content of the intervention.
- Outcome measures reflect *Evidence2Success* key developmental outcomes or outcome domains.
- Outcome measures are not rated solely by the person or people delivering the intervention.

Best

- There are two RCTs OR one RCT and one QED evaluation (in which analysis and controls rule out plausible threats to internal validity).
- There is a minimum of one long-term follow-up (at least 6 months following completion of the intervention) on at least one outcome measure indicating whether results are sustained over time.
- The evaluation results indicate the extent to which fidelity of implementation affects the impact of the intervention.
- Dose-response analysis is reported.
- Where possible or appropriate there is analysis of the impact on sub-groups (e.g. do the results hold up for different age groups, boys and girls, ethnic minority groups?).
- There is verification of the theoretical rationale underpinning the intervention, provided by mediator analysis showing that effects are taking place for the reasons expected.

¹ For further information please contact naxford@dartington.org.uk.

2. Intervention impact

Good enough

- There is a positive impact on an *Evidence2Success* key developmental outcome or outcome domain.
- There is a positive and statistically significant effect size, with analysis done at the level of assignment (or, if not, with appropriate correction made).
OR
There is a reported sample size weighted mean effect size of .2, with a sample size of more than 500 individuals across all studies.
- There is an absence of iatrogenic effects for intervention participants. (This includes all sub-groups and important outcomes.)

Best

- If two or more RCTs or at least one RCT and one QED have been conducted, and they meet the 'good enough' methodological criteria stipulated for Evaluation quality, there is evidence of a positive effect and an absence of iatrogenic effects from a majority of the studies.
- There is evidence of a positive dose-response relationship that meets the 'best' methodological standard for identifying this in Evaluation quality.

3. Intervention specificity

Good enough

- The intended population of focus is clearly defined.
- The outcomes of the intervention are clearly specified and meet one of the *Evidence2Success* key developmental outcomes or outcome domains.
- Please identify the risk and promotive factors (using the agreed list if possible) that the intervention seeks to change, using the intervention's logic model or theory explaining why the intervention may lead to better outcomes.
- There is documentation about what the intervention comprises.

Best

- There is a research base summarizing the prior empirical evidence to support the causal mechanisms (risk and protective factors) that underlie the change in outcomes being sought.

4. System readiness

Good enough

- There are explicit processes for ensuring that the intervention gets to the right people.
- There are training materials and implementation procedures.
- There is a manual(s) detailing the intervention.

- There is reported information on the *financial* resources required to deliver the intervention.
- There is reported information on the *human* resources required to deliver the intervention.
- The intervention that was evaluated is still available.

Best

- The intervention is currently being widely disseminated.
- The intervention has been tested in 'real world' conditions.
- Technical support is available to help implement the intervention in new settings.
- There is a fidelity protocol or assessment checklist to accompany the intervention.