



# GREEN LIST PREVENTION

Inclusion- and Rating-Criteria for the  
CTC Programme - Databank

Crime Prevention Council of Lower Saxony  
Frederick Groeger-Roth, Dr. Burkhard Hasenpusch  
German Version 1.11.2011  
English Translation 15.01.2016



*The following inclusion- and rating-criteria are reviewed regularly by the authors and are adapted to new developments if necessary.*

## **A) Inclusion-Criteria for the Programme - Databank**

Inclusion in the Green List is restricted to activities that fulfil the following criteria for an “evaluated prevention programme”:

1) A **programme** is defined as a measure or an intervention which

- is replicable in another location or in the future (by means of an explicit guideline for action such as a written manual or a procedural outline),
- is oriented towards one or more measurable goals,
- for the individual participants is limited in time, but can be offered continuously as an intervention,
- is provided in addition to an existing basic infrastructure of services.

2) **Prevention programmes** are defined as programmes that start before the problematic behaviour emerges or stabilizes in the target group. Programmes can in principle aim at a primary, secondary or tertiary level of prevention. The target group may be universal (aimed at the population as a whole), selective (at an elevated risk) or indicated (with initial signs of problematic behaviour). In the CTC-databank only primary- or secondary prevention programmes or universally or selectively oriented programmes are included, since this corresponds to the direction of the CTC-approach. The evaluation procedure, however, is also adequate for tertiary and indicated prevention programmes, this also applies to intervention (treatment) approaches.

3) There is at least one science-based **evaluation study** of the programme available from the German language area.

4) The databank for the **implementation of the CTC-strategy** only includes programmes aiming at reducing one or more risk factors or at strengthening one or more protective factors. Only those factors are included which were identified within the CTC-strategy as relevant for adolescent problem behaviour (violence, delinquency, substance abuse, school drop-out, teenage pregnancies, depression and anxiety).

5) The programme can be implemented in Germany. This implies the **availability** of materials, training or technical support, unless the programme can be implemented without additional support.

## **B) Rating of the Prevention Programmes**

In the databank, programmes of the rating levels 1 to 3 are recommended for implementation by prevention stakeholders, in addition there is a category “on the threshold” and one “not included”.

### **Level 1: Effectiveness theoretically well-grounded**

If one of the following criteria is not met, the programme is classified as “on the threshold”. If the first three criteria relating to conceptual quality are not met, the programme is classified as “not included”.

#### **1 a) Conceptual Quality**

- There is a theoretically well-defined model of the programme’s effectiveness, the assumed underlying mechanisms have been defined clearly (basing on scientifically recognized theoretical models).
- The methods and instruments applied are theoretically well-grounded.
- There is a strong logical relationship between „analysis of the problem – malleable factors – goals – target groups – used methods“
- The programme is targeted at research-based risk- and protective factors
- The target group(s) are described comprehensively and precisely.
- Instructions for implementation and manuals are clearly deduced from the model.
- Goals are defined explicitly and are measurable
- Unless the programme was developed in Germany, the original context and the adaptations made are described.

#### **1b) Implementation Quality**

- The methods and instruments applied are didactically well edited and described intelligibly.
- The needed materials / manuals are available and up to date.
- The required training and instruction is available.
- Incurred costs are listed clearly.
- Support / technical assistance during implementation is available.
- Instruments for quality control during the implementation are available.

#### **1c) Evaluation Quality**

- At least one evaluation study at the level 0 stars with (predominantly) positive results.

### **Level 2: Probable Effectiveness („promising“)**

- 1 a) and b) as above
- At least one evaluation study 1 to 3 stars with (predominantly) positive results.

### **Level 3: Proven Effectiveness („effective“)**

- 1 a) and b) as above
- At least one evaluation study 4 or 5 stars with (predominantly) positive results and at least sufficient conclusiveness.

## C) Rating of the Evaluation Studies

### 1) Rating of the Evaluation Design

Level	Type of Evaluation / Design
***** Five Stars	<ul style="list-style-type: none"> <li>• Randomized Controlled Trial (RCT) with follow-up (not less than 6 month, also below)</li> </ul>
**** Four Stars	<ul style="list-style-type: none"> <li>• Quasi-Experimental Design (QED) with follow-up</li> </ul>
<i>Threshold Level 3: Proven Effectiveness</i>	
*** Three Stars	<ul style="list-style-type: none"> <li>• RCT without follow-up</li> <li>• QED without follow-up</li> </ul>
** Two Stars	<ul style="list-style-type: none"> <li>• “clinical” RCT or QED with or without follow-up (not in routine context)</li> <li>• Pre-post assessment with control-group(s) in routine context</li> </ul>
* One Star	<ul style="list-style-type: none"> <li>• Benchmark / Norm-reference-study</li> <li>• Theory of Change – study</li> </ul>
<i>Threshold Level 2: Probable Effectiveness</i>	
0 No Star	<ul style="list-style-type: none"> <li>• Participant-satisfaction assessment</li> <li>• Pre-post assessment without control-group</li> <li>• Goal-attainment study</li> <li>• Quality-assurance-study</li> </ul>
<i>Threshold Level 1: Effectiveness Theoretically Well-Grounded</i>	
No statement on effectiveness possible	<ul style="list-style-type: none"> <li>• Analysis of literature and documents, process descriptions etc.</li> </ul>

## 2) Assessment of the Conclusiveness of Evaluation Results

Evaluation studies are recognized if they include a well-documented presentation of results (appropriate to the respective design of the study) corresponding to common scientific standards.

Studies with control-groups should report effect sizes (Cohen's d if possible). There should be at least one significant positive effect in a relevant dimension of behaviour and in at least one target group. In "follow-up" studies (at least six months after completion of the intervention) at least one positive effect should persist.

Level of the Evaluation Design	Weak Conclusiveness	Sufficient Conclusiveness	Strong Conclusiveness	Very Strong Conclusiveness
<b>4 – 5 Stars</b>	intervention- and control-groups n < 20  or  no study in the German language area with 4-5 stars, but one or more studies with at least sufficient conclusiveness from abroad*	intervention- and control-groups n = 20 - 50  and  at least one study with this type in the German language area  or  2 or more 4-5 star studies with weak conclusiveness in the German language area	intervention- and control-groups n > 50  or  2 or more studies with sufficient conclusiveness in the German language area with high quality*	criteria as in strong conclusiveness  plus  at least one large-scale field experiment in the German language area  or plus  2 or more studies with strong conclusiveness from abroad*
<b>1 - 3 Stars</b>	preliminary (* - **) or weak (***) conclusiveness			
<b>0 Stars</b>	no conclusiveness			

### \* Levels of transferability in case of programmes developed abroad

- transferability given: several studies with at least sufficient conclusiveness in the German language area
- transferability likely: at least one such study in the German language area (threshold value)
- transferability possible: no study in the German language area, but a sufficient justification because of comparable target groups and circumstances (leads to a classification at level 1 "Effectiveness theoretically well-grounded")
- unclear: leads to a classification as "on the threshold".

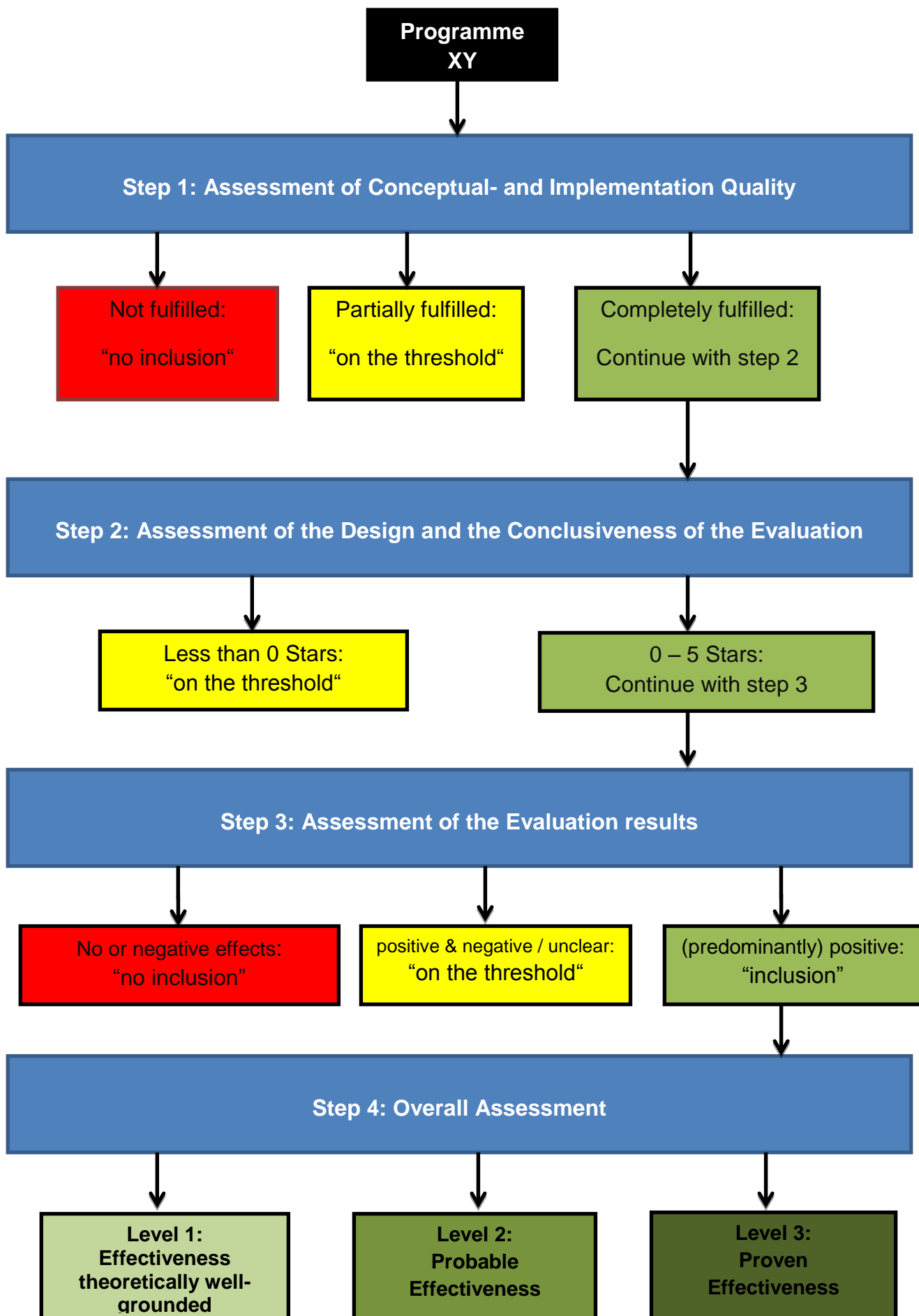
### 3) Assessment of Evaluation Results:

- positive only: in all dimensions measured a significant effect in the desired direction
- predominantly positive: in the majority of the dimensions measured a positive significant effect (threshold value for a recognition)
- partly positive and partly negative: effects in several dimensions are in the undesired direction
- no effect
- largely negative / negative only

### D) Overall Synopsis of the Assessment Grid

Conceptual and Implementation Quality	Evaluation Level and Conclusiveness	Evaluation results	Overall Assessment
1 a – c are fulfilled	4 to 5 stars: sufficient conclusiveness or better	(predominantly) positive	<b>Proven Effectiveness</b>  (level 3)
1 a – c are fulfilled	1 to 3 stars or 4 to 5 stars with only weak conclusiveness	(predominantly) positive	<b>Probable Effectiveness</b>  (level 2)
1 a – c are fulfilled	0 stars	(predominantly) positive	<b>Effectiveness theoretically well-grounded</b>  (level 1)
1 a – c are (partly) fulfilled	no evaluation or less than 0 stars	partly positive and negative or unclear (all levels)	<b>on the threshold</b>
1 a – c are (not) fulfilled	all levels	no or negative effects	<b>no inclusion</b>

## Flowchart for the Assessment of Programmes



## E) The Theoretical Model

The assessment of programmes in the databank followed the theoretical model proposed by Jan Veerman and Tom van Yperen (Veermann / van Yperen 2007). Their “developmental model” for effective interventions presupposes that interventions (e.g. prevention programmes) should not just be distinguished according to the simple issue of whether they are “evidence based” or “not evidence-based”.

Rather, programmes usually are on a developmental path on which several levels (a descriptive, a theoretical, an indicative or a causal level) of conclusiveness can be reached. The lower the level of development, the more freely the types of evaluation designs can be chosen. Evidence of effectiveness at the causal level, however, can be provided only by those evaluation designs which allows for causal assignment.

The practical consequence of this model therefore is not a call for more randomized control studies first of all, but instead the requirement that interventions such as prevention programmes need to formulate more explicitly their assumptions regarding the influence of underlying factors and mechanisms so that they can be tested accordingly (e.g. with RCT’s). Programme developers thus are intended to be motivated by recommendation lists such as the present databank to further improve their approach following the developmental model. In contrast to many inclusion criteria used in the US, Veermann and van Yperen assign more importance to the theoretical models of **why** and **how** something is assumed to be effective, without diminishing the importance of methodologically well controlled evaluation studies.

This model also forms the basis of the Dutch databank of effective youth interventions:

[www.youthpolicy.nl/yp/Youth-Policy/Youth-Policy-subjects/Netherlands-Youth-Institute-Effective-youth-interventions](http://www.youthpolicy.nl/yp/Youth-Policy/Youth-Policy-subjects/Netherlands-Youth-Institute-Effective-youth-interventions)

### Developmental Model adapted from Veermann / van Yperen

Level of Conclusiveness	Type of Research
<b>4. Causal Conclusiveness</b> <i>Show: the effect was caused by the intervention</i>	- Randomized Controlled Trials (RCT) ..... - Quasi-Experimental Studies
<b>3. Indicative Conclusiveness</b> <i>Show: the objectives are achieved</i>	..... - “Theory of change” - Studies - Goal-Achievement-Studies
<b>2. Theoretical Conclusiveness</b> <i>Reason: why should the measure be effective?</i>	- Common Principles from Systematic Reviews and Meta-Analyses - Expert knowledge - Logic Models
<b>1. Descriptive Conclusiveness</b> <i>Describe: what is done?</i>	- Process-Evaluation - Document-Analysis



## **References:**

**Hawkins, J.D., Catalano, R.F.** (2004): Communities That Care Prevention Strategies Guide. South Deerfield, MA: Channing Bete

**Ince, D., Beumer, M., Jonkman, H. & Vergeer, M.** (2007): Veelbelovend en effectief. Overzicht van preventieprojecten en programma's in de domeinen Gezin, School, Kinderen en jongeren, Wijk. Vierde druk, Netherland Youth Institut, Utrecht

**Netherland Youth Institut NJI** (2008): Database of Effective Youth Interventions, Utrecht

**Veermann, J.W. / van Yperen, T.A.** (2007): Degrees of freedom and degrees of certainty: A developmental model for the establishment of evidence-based youth care, Evaluation and Program Planning 30: 212 – 221

**van Yperen, T.A.** (2007): Integraal erkend. Naar een afstemming erkenning jeugdinterventies. Netherland Youth Institut, Utrecht

**van Yperen, T.A. / van Bommel, M.** (2009): Erkenning interventies: criteria 2009-2010, Erkenningscommissie (Jeugd)Interventies, Netherland Youth Institut, Utrecht



With support from the Prevention of and Fight against  
Crime Programme of the European Union  
European Commission - Directorate-General Home  
Affairs.

This publication reflects the views only of the author,  
and the European Commission cannot be held  
responsible for any use which may be made of the  
information contained therein.

**Published by:**

Landespräventionsrat Niedersachsen  
(Crime Prevention Council of Lower Saxony)  
Niedersächsisches Justizministerium  
(Ministry of Justice of Lower Saxony)  
Am Waterlooplatz 5 A  
30169 Hannover  
[www.lpr.niedersachsen.de](http://www.lpr.niedersachsen.de)

