

Social Care and Social Welfare

This section of the report summarises the findings of systematic reviews of the effects of interventions in the fields of social work and social welfare, encompassing social, public and fiscal policies, models of service delivery and interventions with individuals, groups and communities.

Fiscal policies

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Connors J, Rodgers A, Priest P. Randomised studies of income supplementation: a lost opportunity to assess health outcomes. <i>Journal of Epidemiological Community Health</i> . 1999;53:725-30.	A systematic review of randomised studies of income supplementation, with particular reference to health outcomes.	<p>Ten relevant studies were identified, all conducted in North America, mostly in the late 1960s and 1970s. Five trials were designed to assess the effects of income supplementation on workforce participation and randomised a total of 10,000 families to 3-5 years of various combinations of minimum income guarantees and reduced tax rates. Two trials were designed to assess re-offending rates in recently released prisoners and randomised a total of 2400 people to 3-6 months of benefits. One trial was designed to assess housing allowances and randomised 3500 families to three years of income supplements. One trial assessed the health effects of 12 months of income supplementation in 54 people with severe mental illness. Finally, one study compared three groups of people who won different amounts of money in a state lottery. In all these studies the interventions resulted in increases in income of at least one fifth. However, no reliable analyses of health outcome data are available.</p> <p>Extensive opportunities to reliably assess the effects of increases in income on health outcomes have been missed. Such evidence might have increased the consideration of potential health effects during deliberations about policies that have major implications for income, such as taxation rates, benefit policies, and minimum wage levels. Randomised evidence could still be obtained with innovative new studies, such as trials of full benefit uptake or prospective studies of lottery winners in which different sized winnings are paid in monthly instalments over many years.</p>
Burgess S, Metcalfe P. Incentives in Organisation. http://www.bris.ac.uk/Depts/CMPO Document 99/016. 1999	A selective overview of a sizeable economic literature relating to the provision of incentives within firms and discusses the suitability of this programme in light of the evidence. The paper related to the reform and extension of variable pay incentives in the public sector. For other excellent recent surveys with a more general ambition, See Prendergast (1999), Malcolmson (1999), Murphy (1999) and Gibbons and Waldman (1999).	<p>Employees do respond to incentives, often in sophisticated ways that may or may not be to the benefit of the organisation as a whole. The design of the scheme is hence extremely important. The pattern of existence of schemes is broadly in line with theory: where a worker has many tasks to perform or where output is difficult to measure, objectively assessed performance related pay is observed less frequently and subjectively assessed bonus payments are observed more frequently. Public sector workers are motivated by more than just their own income. We do not know if the same result holds for workers in the private sector. Differences in the pattern of existence of incentive schemes between the public and private sectors are not easy to interpret but may indicate that there are inefficiently few schemes in the public sector. Other aspects of organisation design such as promotion systems and hierarchical reward structures also provide incentives although there is less evidence on this.</p> <p>This survey reveals several gaps in the empirical literature. We have very little evidence relating to incentives for those whose pay is determined subjectively by their superiors; we do not know how incentive schemes interact with the need for proper behaviour by public servants and we do not have a full understanding of the provision of and response to incentives for teams.</p>

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Kossek EE, Ozeki C. Bridging the work family policy and productivity gap: A literature review. Community-Work and Family. 1999;2(1):7-32.	Reviews the relationship between work-family conflict and 6 work outcomes: (1) performance, (2) turnover, (3) absenteeism, (4) organizational commitment, (5) job involvement, and (6) burnout in a meta-analysis.	Also reviewed are studies on the effects of employer (work-family) policies aimed at reducing such conflict. Policies to aid employees in managing work and family roles can be expensive, and studies show that they are often marginally effective. The review shows that relationships between work-family policies and organizational effectiveness is mixed and their connection to work-family conflict often under-examined. Work-family conflict is a critical link that may shed light on policy impacts. Suggestions on how future studies can build bridges between practitioners and academics and more clearly examine organizational effectiveness links are provided. An appendix of the studies included in the meta-analysis is provided.
Guterman NB. Enrolment strategies in early home visitation to prevent physical child abuse and neglect and the "universal versus targeted" debate: a meta-analysis of population-based and screening-based programs. Child Abuse and Neglect. 1999;23(9):863-90.	A meta-analysis comparing effect sizes from 19 controlled outcome studies across screening-based and population-based enrollment strategies. Effect sizes were calculated on protective services data and on child maltreatment related measures of parenting.	On protective services report data, population-based studies reported a weighted mean effect size attributable to early home visitation of +3.72%, in comparison to -.07% for screening-based studies. On child maltreatment related measures of parenting, population-based studies reported a weighted mean effect size (r) attributable to early home visitation of +.092, in comparison to +.020 for screening-based studies. CONCLUSIONS: The findings indicate that population-based enrolment strategies appear favourable to screening-based ones in early home visitation programs seeking to prevent physical child abuse and neglect. It may be that psychosocial risk screens serve to enrol higher proportions of families for which early home visitation services are less likely to leverage change, and to exacerbate a mismatch between early home visitation service aims and family needs.
Hodnett ED, Roberts I. Home-based social support for socially disadvantaged mothers. [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.	A systematic review of 11 randomised controlled trials of home visiting programmes.	Eight trials examined the effectiveness of home visiting in the prevention of childhood injury. The pooled odds ratio for the eight trials was 0.74 (95% confidence interval 0.60 to 0.92). Four studies examined the effect of home visiting on injury in the first year of life. The pooled odds ratio was 0.98 (0.62 to 1.53). Nine trials examined the effect of home visiting on the occurrence of suspected abuse, reported abuse, or out of home placement for child abuse. Because of the potential for bias in outcome reporting in these studies, pooled effect estimates were not calculated. Home visiting programmes have the potential to reduce significantly the rates of childhood injury. The problem of differential surveillance for child abuse between intervention and control groups precludes the use of reported abuse as a valid outcome measure in controlled trials of home visiting.
Posavac EJ, Kattapong KR, Dew DE. Peer-based interventions to influence health-related behaviours and attitudes: a meta-analysis. Psychological Reports 1999; 85:1179-94.	A meta-analysis of the effects of 47 peer-based health education programmes described in 36 published studies.	The overall effect size was small: the mean d was .190 when controls received no programme and .020 when controls received an alternative programme. Differences between the studies suggested several biases likely to have influenced the effect sizes. Preventive interventions which produce only small effects can be valuable because many participants would not have developed the problem without the programme. This review suggested that, when health education programmes are studies: (a) detailed statistical information should be provided to facilitate using the research findings in meta-analyses

<p>Grossman DC, Varcia CC. Effectiveness of health promotion programs to increase motor vehicle occupant restraint use among young children. American Journal of Preventive Medicine 1999;16(1)12-22.</p>	<p>A systematic review of the effectiveness of non-legislative community and clinical programmes to increase the rate of child motor vehicle occupant restraint use among children under the age of 5.</p>	<p>Programmes to increase the rate of child restraining use among child occupants of motor vehicles appear to have overall moderate short-term effectiveness. There is a substantial 'wash-out' of the magnitude of the positive effects one or more months after interventions end. There is a need for high quality randomised controlled trials to determine the long-term effectiveness of child restraint prevention programmes.</p>
<p>Stanton MD, Shadish WR. Outcome, attrition, and family-couples treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies. Psychological-</p>	<p>A meta-analysis of drug abuse outcome studies that included a family-couples therapy treatment condition.</p>	<p>The meta-analytic evidence, across 1,571 cases involving an estimated 3,500 patients and family members, favours family therapy over (a) individual counselling or therapy, (b) peer group therapy, and (c) family psycho-education. Family therapy is as effective for adults as for adolescents and appears to be a cost-effective adjunct to methadone maintenance. Because family therapy frequently had</p>

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Bulletin. 1997;122:(2)170-91.		higher treatment retention rates than did non-family therapy modalities, it was modestly penalised in studies that excluded treatment dropouts from their analyses, as family therapy apparently had retained a higher proportion of poorer prognosis cases. Re-analysis, with dropouts regarded as failures, generally offset this artefact. Two statistical effect size measures to contend with attrition (dropout d and total attrition d) are offered for future researchers and policy makers.
Durlak JA, Wells AM. Primary prevention mental health programs for children and adolescents: A meta-analytic review. American Journal of Community Psychology. 1997;25:(2):115-52.	A meta-analysis of 177 primary prevention programs designed to prevent behavioral and social problems in children and adolescents.	Findings provide empirical support for further research and practice in primary prevention. Most categories of programs produced outcomes similar to or higher in magnitude than those obtained by many other established preventive and treatment interventions in the social sciences and medicine. Programs modifying the school environment, individually focused mental health promotion efforts, and attempts to help children negotiate stressful transitions yield significant mean effects ranging from 0.24 to 0.93. In practical terms, the average participant in a primary prevention program surpasses the performance of between 59% to 82% of those in a control group, and outcomes reflect an 8% to 46% difference in success rates favoring prevention groups. Most categories of programs had the dual benefit of significantly reducing programs and significantly increasing competencies. Priorities for future research include clearer specification of intervention procedures and program goals, assessment of program implementation, more follow-up studies, and determining how characteristics of the intervention and participants relate to different outcomes.
Mullen PD, Simons-Morton DG, Ramirez G, Frankowski RF, Green LW, Mains DA. A meta-analysis of trials evaluating patient education and counselling for three groups of preventive health behaviours. Patient Education and Counselling 1997; 32(3):157-73.	A meta-analysis of the effectiveness of patient education and counselling on preventive health behaviours. Inclusion criteria: Randomised and non-randomised controlled trials measuring behaviour in clinical settings with patients without diagnosed disease. Behaviours were grouped based on whether the behaviour is addictive and whether the desired change required subtraction of existing behaviours or adding new behaviours.	The weighted average effect size from a random effects model for smoking/alcohol studies was 0.61 (CI = 0.45, 0.77), for nutrition/weight, 0.51 (CI = 0.20, 0.82) and for other behaviours, 0.56 (CI = 0.34, 0.77) indicating that the behavioral outcomes for these subgroups were significantly different from zero. Multiple regression models for the three groups indicated that using behavioral techniques, particularly self-monitoring, and using several communication channels, e.g., media plus personal communication, produces larger effects for the smoking/alcohol and nutrition/weight groups. Conclusions: Patient education and counselling contribute to behaviour change for primary prevention of disease. Some techniques are more effective than others in changing specific behaviours.
Barker M, Bridgeman C. Preventing vandalism: what works? Crime Detection and Prevention Series Paper 56 London, UK: Home Office Police Research Group. 1994	A review of what works in vandalism prevention in the UK.	Subtle approaches aimed at building up social responsibility by showing children the consequences of their vandalism may be helpful in reducing damage caused inadvertently. Making targets less vulnerable, particularly through surveillance, appears to have measurable effects. This may, however, displace vandalism to softer targets elsewhere. Other successful efforts include: instituting packages of measures rather than individual attempts, and creating single-, rather than multi-agency initiatives.
Lester D. Controlling crime	A review of research conducted by the	Results provide evidence that limiting access to a preferred method of committing

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facilitators: evidence from research on homicide and suicide. R.V. Clarke (ed) Crime Prevention Studies, Monsey NY: Criminal Justice Press. 1993;1:35-54.	author and his colleagues over a ten year period which examined the effects of limited access to lethal methods for suicide and for homicide.	suicide and homicide has a preventive effect, more clearly for suicide than for homicide. However, some evidence of some switching of method may take place after limiting access to one method, again more so for suicide than for homicide.
Holbrook AM, Crowther R, Lotter A, Cheng C, King D, Applegate, Brooks A. Meta-Analysis of the Effects of Day Care on Development: Preliminary Findings. 1986;25 ED280613.	A meta-analysis of eleven randomised controlled trials assessing the benefits of benzodiazepines compared with other therapies in the treatment of acute alcohol withdrawal. Benefit was defined as therapeutic success within two days.	Benzodiazepines were superior to placebo (common odds ratio {OR} 3.28, 95% confidence interval [CI] 1.30-8.28). Data on other drugs could not be pooled but none of the alternative drugs was found to be clearly more beneficial than the benzodiazepines. The benzodiazepines should remain the drugs of choice for the treatment of acute alcohol withdrawal.

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Zoritch B, Roberts I, Oakley A. Day care for pre-school children. [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.	A systematic review of randomised controlled trials of day-care for pre-school children. A total of 8 trials were identified, all conducted in the U.S.A.	Results showed that day-care promotes children's intelligence, development and school achievement. Long-term follow up demonstrates increased employment, lower teenage pregnancy rates, higher socio-economic status and decreased criminal behaviour. There are positive effects on mothers' education, employment and interaction with children. Effects on fathers have not been examined. Few studies look at a range of outcomes spanning the health, education and welfare domains. Most of the trials combined non-parental day-care with some element of parent training or education (mostly targeted at mothers); they did not disentangle the possible effects of these two interventions. The trials had other significant methodological weaknesses, pointing to the importance of improving on study design in this field. There is a need for well designed research on day-care to provide an evidence-base for British social policy.
Roth J, Brooks-Gunn J, Murray L, Foster W. Promoting healthy adolescents: synthesis of youth development program evaluations. <i>Journal of Research on Adolescence</i> 1998;8(4):423-59.	A review of the usefulness of the youth development framework based on 15 program evaluations.	The results of the evaluations are discussed and 3 general themes emerge. First, programs incorporating more elements of the youth development framework seem to show more positive outcomes. Second, the evaluations support the importance of a caring adult-adolescent relationship, although these relationships need not be limited to 1-on-1 mentoring. Third, longer-term programs that engage youth throughout adolescence appear to be the most effective. The policy and programmatic implications of these findings are discussed.
Wheeler JA, Gorey KM, Greenblatt B. The beneficial effects of volunteering for older volunteers and the people they serve: A meta-analysis. <i>International Journal of Aging and Human Development</i> 1998; 47(1):69-79.	A meta-analysis of thirty-seven independent studies examining the effects of volunteering amongst older people, both on themselves and the people they serve.	Relatively healthy older volunteers' sense of well-being seems to be significantly bolstered through volunteering. Such relatively healthy older people represent a significant adjunct resource for meeting some of the service needs of more vulnerable elders, as well as those of other similarly vulnerable groups such as disabled children. Averaging across studies, 85 percent of the "clients" who received service from an older volunteer (e.g., peer-counseling of nursing home residents) scored better on dependent measures (e.g., diminished depression) than the average person in comparison conditions did ($U3 = .847$ [Cohen, 1988], combined $p < .001$). The policy implications of such beneficial effects among both older volunteers and the people they serve are discussed.
Ploeg J, Ciliska D, Dobbins M, Hayward S, Thomas H, Underwood J. A systematic overview of the effectiveness of public health nursing interventions: an overview of adolescent suicide prevention programs. University of Toronto, McMaster University. Quality of Nursing Worklife Research Unit. 1996.	A systematic overview summarizing the evidence about the effectiveness of adolescent suicide prevention curricula programs.	There is currently insufficient evidence to support curriculum-based suicide prevention programs. The evidence suggests that there may be both beneficial and harmful effects of the programs on students. In most studies, knowledge related to suicide improved as a result of the programs. However, studies found both beneficial and harmful effects on attitudes related to suicide. One study found an increase in hopelessness and maladaptive coping for males following the intervention. The literature suggests that more broadly based comprehensive school health programs should be evaluated for their effectiveness in addressing the determinants of adolescent risk behaviour.
Schweinhart LJ. 'Lasting Benefits of	This digest reviews various longitudinal	Concerning program effects on school performance, all studies that collected data on

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Preschool Programs'. ERIC Digest. 1994.	studies that examined the long-term effects of programs that served young children living in poverty and at risk of school failure.	children's intellectual performance found that their program groups had better intellectual performance than their no-program groups during the program and for a year or two thereafter. Results of various studies indicated that, compared to the no-program group, program group members were less likely to be placed in special education classes and to be retained in grade, and had higher high school graduation rates. Concerning the programs' effects on community behavior, one study found that, compared to the no-program group, program group members: (1) had fewer criminal arrests; (2) spent less time on probation; (3) reported higher monthly earnings; (4) were more likely to own a home and a second car; and (5) received less welfare assistance or other social services as adults. One study that analyzed the costs and benefits of a preschool program found significant returns to taxpayers from savings in later schooling costs, higher taxes paid by program participants because of their later higher earnings, savings in welfare assistance, and savings to the criminal justice system and to potential victims of crimes. These studies suggest that high-quality programs for young children produce long-term benefits because they empower young children to carry out their own learning activities; parents to work with teachers in supporting children's development; and teachers to engage in practices that support children and parents.

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Pease K. A review of street lighting evaluations: crime reduction effects. In K. Painter and N. Tilley (eds) <i>Surveillance of Public Space: CCTV, Street Lighting and Crime Prevention</i> . Crime Prevention Studies, Monsey, NY: Criminal Justice Press. 1999;10.	A review of the effectiveness of street lighting in preventing crime.	Precisely targeted street lighting generally have crime reduction effects. More general increases in street lighting sometimes have crime prevention effects. In the most recent and sophisticated studies, street lighting improvements have been associated with crime reductions in the daytime as well as during hours of darkness.
Philips C. A review of CCTV evaluations: crime reduction effects and attitudes towards its use. In K. Painter and N. Tilley (eds) <i>Surveillance of Public Space: CCTV, Street Lighting and Crime Prevention</i> . Crime Prevention Studies, Monsey, NY: Criminal Justice Press 1999;10.	A systematic review of the effectiveness of CCTV in reducing crime, disorder and fear of crime.	CCTV can be effective in deterring property crime, but the findings are more mixed in relation to personal crime, public order offences and fear of crime.
Rawlings BA et al. Systematic International Review of Therapeutic Community Treatment for People with Personality Disorders and Mentally Disordered Offenders. Report 17. University of York: NHS Centre for Reviews and Dissemination 1999.	This review covers the democratic therapeutic communities for personality-disordered offenders, found mainly in British and European prisons and hierarchical therapeutic communities for drug users, found mainly in the US.	Evaluative research has looked either at changes in behaviour and reported feelings during treatment, or at changes in behaviour after treatment has finished. Post-treatment follow-up research largely takes the form of reconviction studies. The main body of research finds that therapeutic communities have a positive effect on reconviction and re-offending, and a positive effect on behaviour whilst in prison.
Hollin CR. Treatment programs for offenders: Meta-analysis, 'what works', and beyond. <i>International Journal of Law and Psychiatry</i> 1999;22(3):361-72.	A reviews of meta-analytic studies in the field of offender treatment while concluding that offender treatment is clearly back on the agenda of administrators, practitioners, and researchers.	The meta-analyses have pointed the way toward "what works" in offender treatment, as opposed to the "nothing works" message of the early 1970's. Two main consequences have emerged from this shift. First, there is an overall positive net gain to be seen when treated offenders are compared to nontreatment groups. The second conclusion, and perhaps the more significant, is that not all interventions have the same effect on recidivism: the meta-analyses have shown that some interventions have a significantly higher effect than others. Clearly, treatment will never eliminate crime, but if effective work with offenders can reduce the human and financial costs of victimization then the effort is surely worthwhile.
Kar SB, Pascual CA, Chickering KL. Empowerment of women for health promotion: A meta-analysis. <i>Social</i>	The objective of this paper was to identify conditions, factors and methods, which empower women and mothers (WAM)	Content analysis extracted data from all cases on six dimensions: (1) problem, (2) impetus/leadership, (3) macro-environment, (4) methods used, (5) partners/opponents and (6) impact. Analysis identified seven methods frequently used to EMPOWER

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Science and Medicine. 1999;49(11):1431-60.	for social action and health promotion movements. WAM are the primary caregivers in almost all cultures; they have demonstrated bold leadership under extreme adversity. Consequently, when empowered and involved, WAM can be effective partners in health promotion programs. The methodology includes a meta-analysis of 40 exemplary case studies from across the world, which meet predetermined criteria, to draw implications for social action and health promotion. Cases were selected from industrialized and less-industrialized nations and from four problem domains affecting quality of life and health: (1) human rights, (2) women's equal rights, (3) economic enhancement and (4) health promotion.	(acronym): empowerment education and training, media use and advocacy, public education and participation, organizing associations and unions, work training and micro-enterprise, enabling services and support, and rights protection and promotion. Cochran's Q test confirmed significant differences in the frequencies of methods used. The seven EMPOWER methods were used in this order: enabling services, rights protection/promotion, public education, media use/advocacy, and organizing associations/unions, empowerment education, and work training and micro-enterprise. Media and public education were more frequently used by industrialised than non-industrialised societies (X2 tests). While frequencies of methods used varied in all other comparisons, these differences were not statistically significant, suggesting the importance of these methods across problem domains and levels of industrialisation.
Farrell G. A global empirical review of drug crop eradication and United Nations' drug crop substitution and alternative development strategies. Journal of Drug Issues 1998;28(2):395-436.	A review of twenty years of United Nations' programmes in eleven countries to reduce illicit cultivation of coca bush, opium poppy and cannabis.	Such programmes have little if any significant impact on illicit cultivation at national and regional levels, and less still at global level.
Williams D, McBride AJ. The drug treatment of alcohol withdrawal symptoms: a symptomatic review. Alcohol and Alcoholism 1998;33(2):103-15.	A review of 14 randomised controlled trials of the effects of therapy for alcohol withdrawal symptoms.	All 12 compounds investigated were reported to be superior to placebo, but this has only been replicated for benzodiazepines and chlormethiazole. Further research using better methods is required to allow comparison of different drugs in the treatment of alcohol withdrawal. On the evidence available, a long-acting benzodiazepine should be the drug of first choice. However, the quality of methodological design, even in this highly selected group of studies. Was often poor. Study populations were generally ill-defined, most excluded severely ill patients, control groups were poorly matched and the use of additional medication may have confounded results in some studies. 12 different rating scales were used to assess severity of symptoms across 14 studies
Marsch LA. The efficacy of methadone maintenance interventions in reducing illicit opiate use, HIV risk behavior and criminality: a meta-	A meta-analysis of studies examining the effectiveness of methadone maintenance treatment (MMT) on illicit opiate use (11 studies), HIV-risk behaviours (8 studies)	There was a consistent and statistically significant relationship between MMT and the reduction of illicit opiate use, HIV-risk behaviours and drug and property-related criminal behaviours. The effectiveness of MMT was most apparent in its ability to reduce drug-related criminal behaviours. MMT had a moderate effect in relation to reducing

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analysis. <i>Addiction</i> 1998;4:515-32.	ad criminal activities (24 studies).	illicit opiate use and drug and property related criminal behaviours, and a small to moderate effect in reducing HIV-risk behaviours. MMT's effectiveness was evident across a variety of contexts, cultural and ethnic groups and study designs.
Smart RG, Goodstadt MS. Effects of reducing the legal alcohol-purchasing age on drinking and drinking problems: a review of empirical studies. <i>Journal of Studies on Alcohol</i> 1997;38(7):1313-23.	A review of studies on the effects of reducing the legal age for drinking and purchasing alcoholic beverages.	Suggests there are public health reasons for not introducing such changes in jurisdictions which have not already done so. Both self-report and sales studies indicate that substantial increases in youthful drinking occurred in Canada following the reduction of the legal age for purchasing alcoholic beverages. There are usually greater increases in alcohol-related motor accidents where the purchasing age has been reduced than in comparison areas. No information is available which shows conclusively that reducing the purchasing age has caused increased in educational, family, or public-order problems.
Glanz M, Klawansky D, McAullife W, Chalmers T. Methadone vs L-alpha-acetylmethadol (LAAM) in the treatment of opiate addiction: a meta-analysis of the randomised controlled trials. <i>American Journal of Addiction</i> 1997;6(4):339-49.	A meta-analysis of studies published between 1966 and 1996 and indexed in MEDLINE of the comparative effectiveness of Methadone and L-alpha-acetylmethadol (LAAM). All studies were conducted in standard outpatient opiate addiction treatment clinics. Most participants were men from lower socio-economic classes.	Results revealed a statistically significant risk difference that favoured methadone for retention in treatment and for discontinuation of treatment because of side effects. The risk difference for illicit drug use favoured LAAM, but the difference was not significant. A small treatment difference in favour of methadone was also noted. Findings indicated that LAAM is a relatively effective alternative in the treatment of opiate addiction, given its potential practical and operational benefits in comparison to methadone in certain situations.
Dusenbury L, Falco M, Lake A. A review of the evaluation of 47 drug abuse prevention curricula available nationally. <i>Journal of School Health</i> 1997;67(4):127-32.	Review of the number of available drug prevention curricula which had been tested in rigorous evaluation. 47 curricula were included.	Only 10 had been subjected to rigorous evaluation. 8 of these had shown some positive effect at least some of the time.
Mayo-Smith MF. Pharmacological management of alcohol withdrawal: A meta-analysis and evidence-based practice guideline. <i>JAMA</i> 1997;278(2):144-51.	A meta-analysis of studies pertaining to the pharmacological management of alcohol withdrawal designed to provide an evidence-based practice guideline. Meta-analysis is based on English language articles published before July 1, 1995, identified through MEDLINE.	Benzodiazepines reduce withdrawal severity, reduce incidence of delirium (- 4.9 cases per 100 patients; 95% confidence interval, -9.0 to -0.7; P=.04), and reduce seizures (-7.7 seizures per 100 patients; 95% confidence interval, -12.0 to -3.5; P=.003). Individualizing therapy with withdrawal scales results in administration of significantly less medication and shorter treatment (P<.001). beta-Blockers, clonidine, and carbamazepine ameliorate withdrawal severity, but evidence is inadequate to determine their effect on delirium and seizures. Phenothiazines ameliorate withdrawal but are less effective than benzodiazepines in reducing delirium (P=.002) or seizures (P<.001). Conclusions.-Benzodiazepines are suitable agents for alcohol withdrawal, with choice among different agents guided by duration of action, rapidity of onset, and cost. Dosage should be individualized, based on withdrawal severity measured by withdrawal scales, comorbid illness, and history of withdrawal seizures. beta-Blockers, clonidine, carbamazepine, and neuroleptics may be used as adjunctive therapy but are not recommended as monotherapy.

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Elvik R. A meta-analysis of studies concerning the safety of daytime running lights on cars. <i>Accident Analysis and Prevention</i> , 1996;28(6):685-94.	A meta-analysis of 17 studies. Distinguishes between those examining the relationship between DRL and traffic safety, and studies examining the effect of mandatory DRL on safety.	Use of DRL reduces accidents by 3-12% and multi-party accidents by 10-15%.
Allen M, Burrell N. Comparing the impact of homosexual and heterosexual parents on children: meta-analysis of existing research. <i>Journal of Homosexuality</i> 1996;32(2):19-35.	A meta-analysis of the available quantitative literature comparing the impact of heterosexual and homosexual parents, using a variety of measures, on the child(ren).	The analyses examine parenting practices, the emotional well-being of the child, and the sexual orientation of the child. The results demonstrate no differences on any measures between the heterosexual and homosexual parents regarding parenting styles, emotional adjustment, and sexual orientation of the child(ren). In other words, the data fail to support the continuation of a bias against homosexual parents by any court.
Wells-Parker E, Bangert-Drowns R, McMillen R, Williams M. Final results from a meta-analysis of remedial interventions with drink/drive offenders. <i>Addiction</i> 1995;90:907-26.	A meta-analysis of the efficacy of remediation with drinking/driving offenders included 215 independent evaluations identified through a comprehensive literature search.	Study characteristics, including dimensions of methodological quality were coded using scales and protocols developed by expert panels. Better methodological quality (as indicated by group equivalence) was associated with smaller effect size and less variation in effect size. Among studies with adequate methods (as determined empirically through examination of effect size variation with quality), the average effect of remediation on drinking/driving recidivism was an 8-9% reduction over no remediation. A similar effect size was found for alcohol involved crashes. However, licensing actions tended to be associated with reduction in occurrence of non-alcohol events (e.g. non-alcohol crashes). Exploratory regression analysis and confirmatory within study analysis suggested that combinations of modalities--in particular those including education, psychotherapy/counseling and follow-up contact/probation--were more effective than other evaluated modes for reducing drinking/driving recidivism. Treatment effects are probably underestimated in the literature due to overemphasis on education as a treatment for all offenders and drinking/driving recidivism as the most frequent measure of outcome. <u>Limitations of the primary literature and future research needs are discussed</u>
Wagenaar AC, Zobeck TS, Williams GD, Hingson R. Methods used in studies of drink-drive control efforts: a meta-analysis of the literature from 1960 to 1991. <i>Accident Analysis and Prevention</i> 1995;27(3):307-16.	A meta-analysis of 125 (out of a possible 6000) which met the authors inclusion criteria containing 664 analysis which formed the basis of the meta-analysis. DWI policies and enforcement efforts included: administrative license suspension, illegal per se, implied consent, mandatory jail sentence, limits on plea bargaining, mandatory fines, selective enforcement patrols, regular police patrols, and sobriety checkpoints.	All DWI control efforts were associated with reductions in drink-driving and traffic crashes. The DWI control literature is limited by the preponderance of weak study designs and reports that often fail to include basic data required for meta-analysis.
Agosti V. The efficacy of treatments	Meta-analysis was used to assess the	In the short-term and 1-year follow-up studies, patients in the experimental group drank

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in reducing alcohol consumption: A meta-analysis. <i>International Journal of the Addictions</i> 1995;3(8):1067-77.	relative efficacy of various treatments in reducing alcohol consumption over the short-term, 6 months, and 12 months. All the treatments were administered in well-controlled studies.	much less than the control group. However, between group consumption differences were negligible in the 6-month studies. When the studies were pooled, regardless of the follow-up assessment periods, the experimental group drank significantly less than the control group. These results suggest that, in general, patients who received experimental treatments consumed much less alcohol than patients in the control groups.
Agosti V. The efficacy of controlled trials of alcohol misuse treatments in maintaining abstinence: A meta-analysis. <i>International Journal of the Addictions</i> 1994;29(6):759-69.	Meta-analysis was used to establish the efficacy of various controlled alcohol misuse treatments in maintaining abstinence over short-term, 6- month, and 12-month follow-ups. Effect sizes were measured by odds ratio.	Aggregate effect size differences between experimental and control groups were negligible. Only three of 15 studies found a clinically significant difference between treatment abstinence outcomes.
Poyner B. What works in crime prevention: an overview of evaluations. In R.V. Clarke (ed) <i>Crim Prevention Studies</i> , Volume 1, Monsey, NY: Criminal Justice Press. 1993:3-34.	A review of 122 evaluations of crime prevention projects. Prevention measures are grouped into six general categories: campaigns and publicity, policing and other surveillance; environmental design or improvement; social and community services; security devices and target removal or modification.	Using objective indices of crime, about half of the measures evaluated were found to be effective. Successes were documented in all categories, but target removal or modification enjoyed the most successes, and social and community services the least.
Foxcroft DR, Lister-Sharp D. Lowe G. Alcohol misuse prevention for young people: A systematic review reveals methodological concerns and lack of reliable evidence of effectiveness. <i>Addiction</i> 92(5):531-7.	A systematic review of the methodological quality of evaluations of alcohol misuse prevention programmes for young people, and recorded evidence of effectiveness.	After pre-screening over 500 papers which reported prevention programmes, information was systematically abstracted from 155 papers. Only 33 studies merited inclusion in the review, and most of these had some methodological shortcomings. Twenty-one studies reported some significant short- and medium-term reductions in drinking behaviour. Of two studies which carried out longer-term evaluations, only one reported a significant longer-term effect, with small effect sizes. No factors clearly distinguished partially effective from ineffective or harmful prevention programmes. In conclusion, the lack of reliable evidence means that no one type of prevention programme can be recommended. In particular there is a need to carry out well-designed scientific evaluations of the effectiveness of current or new prevention efforts which target young people's alcohol misuse.
Evans WN, Neville D, Graham, JD. General deterrence of drunk driving; evaluation of recent American policies: 1991.	A review of research and of national and state-level data, 1975-1986.	No evidence that any specific form of punitive legislation is having a measurable effect on motor vehicle fatalities. Mandatory seat belt laws and alcohol taxes are reducing drunk driving fatalities.
Rundall TG, Bruvold WH. A meta-analysis of school-based smoking and alcohol use prevention programs. <i>Health Education Quarterly</i>	A meta-analysis of 47 smoking and 29 alcohol school-based intervention programs published after 1970.	In general, smoking and alcohol interventions have equally modest effects on immediate behavioural outcomes. Smoking interventions, however, have been more successful than alcohol interventions at altering students' long term behavior. All of the alcohol programs and all but one of the smoking programs reviewed successfully increased knowledge

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1988;15(3)317-34.		regarding the risks of these behaviors. Attitude change appears to be more difficult to achieve. The data indicate that for immediate smoking outcomes and long-term alcohol outcomes innovative interventions relying upon social reinforcement, social norms, and developmental behavioral models are more effective than traditional "awareness" programs designed to inform adolescents about the health risks associated with tobacco and alcohol use.
Rosenbaum DP. Community crime prevention: a review and synthesis of the literature. <i>Justice Quarterly</i> 1988;5(3):323-95.	A review of outcome research.	There is a paucity of evidence that such interventions can alter the behaviour and local environments of individuals who are not already predisposed to crime prevention.
Sherman LW. Police crackdowns: initial and residual deterrence. In M. Tonry and N. Morris (eds) <i>Crime and Justice: A Review of Research</i> Chicago and London: University of Chicago Press. 1988;12:1-48.	A review of the effectiveness of police crackdowns covering 18 case studies of various target problems that illustrate the extent and limits of knowledge about crackdowns.	15 of the 18 case studies suggest evidence of initial deterrent effects, including 2 examples of long term effects. In most cases, however, initial deterrent effects 'washed out', sometimes despite continued dosage of police presence and sanctions. Crackdowns might be more effective if limited in duration and rotated across targets.
US General Accounting Office Drinking-Age Laws: an evaluation synthesis of their impact on highway safety. Washington, DC: US GAO. 1987.	Analysis of 49 evaluations of laws raising the legal drinking age.	Raising the drinking age has a direct effect on reducing alcohol related traffic accidents amongst youths affected by the laws. A higher legal drinking age also reduced the number of traffic accidents. It also results in less alcohol consumption and less driving after drinking by the age group affected by the law. Only limited evidence exists for assessing whether a higher drinking age protects youth younger than the minimum age from traffic accidents.
Tobler NS. Meta-analysis of 143 adolescent drug prevention programs: quantitative outcome results of program participants compared to a control or comparison group. <i>Journal of Drug Issues</i> 1986; 16(4):537-67.	A meta-analysis of the outcome results for 143 adolescent drug prevention programs. Five major modalities were identified and their effect sizes computed for 5 outcomes: knowledge, attitudes, use, skills, and behaviour measures.	The magnitude of the effect size depended on the outcome measure employed and the rigor of the experimental design. On the ultimate criteria of drug use, peer programs were significantly different from the combined results of all remaining programs. Peer programs (combining positive peer influence with specific skill training) maintained high effect size for alcohol, soft drugs, and hard drugs, as well as for cigarette use.
Larson RC, Cahn MF. Synthesizing and extending the results of policy patrol studies. Washington DC, US Government Printing Office. 1985	A meta-evaluation of research.	Studies of preventive patrol have not confirmed the presence of absence of any relationship between patrol and crime deterrence, but foot patrol (in contrast to motor patrol) is directly related to increased citizen satisfaction. Response time studies demonstrate that the difference between anticipated and actual response time is a major determinant of citizen satisfaction; the relationship between response time and apprehension rate is ambiguous. Evaluations of team policing are hampered by methodological problems. Theoretical and empirical results favour 1-officer cars over 2-officer cars. Analyses of difference in officer safety are inconclusive.
Susskind EC, Bond RN. The potency of primary prevention: a meta-	A meta-analysis of 47 primary prevention studies, of which 13 provided enough	Wide variability in the effects of prevention programmes. Average effect was an improvement of 8% in outcomes.

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analysis of effect size 1981.	data to calculate an effect size.	
Rubenstein H, American Institutes for Research et al. The link between crime and the built environment: the current state of knowledge. Washington, DC: US National Institute for Justice. 1980;1.	A review of studies examining the link between crime and the built environment. Inclusion criteria were (i) study had an empirical base, (ii) study used the built environment as the independent variable, and (iii) the dependent variable included occurrence of stranger-to-stranger-crimes or fear of crime.	Evidence from 15 studies which met inclusion criteria suggests that changes in the physical environment of reduce crime and the fear of crime. However, findings are inconsistent and do not indicate what are the 'active ingredients'. Because of the lack of cause-effect information the present knowledge base cannot be used to prescribe strategies. Changes in the physical environment are probably the fastest way of reducing fear of crime. Primary mechanisms thought to account for crime reduction and fear reduction are: increasing difficulty of access and creating a social ambience that is mutually protective.
Lundman RJ, Scarpitti FR. Delinquency prevention: Recommendations for future projects. Crime and Delinquency 1978;24(2):207-20.	A review of 40 completed or continuing attempts at the prevention of juvenile delinquency.	Little evidence found for the effectiveness of (then) contemporary or previous delinquency prevention programmes. Recommendations for future projects include separation of implementation and evaluation, enrichment or abandonment of the individual treatment approach, diversification of evaluative measures, and greater sensitivity to the rights of the juveniles involved in future projects
Chaiken JM. What's known about deterrent effects of police activities. Santa Monica, CA: Rand Corporation. 1977.	A review of cross-sectional, longitudinal and experimental studies of the effects of police activities on crime rates.	Studies are consistent with the view that a substantial increase in police activity will reduce crime for a time, but, in the real world, increases in police manpower tend to follow increases in crime. The magnitude and duration of deterrence effects are essentially unknown.
Smart RG. Effects of legal restraint on the use of drugs: a review of empirical studies. Bulletin on Narcotics 1976;28(1):55-65.	A review of empirical studies.	Little can be concluded with any certainty from the data. It appears that successful attempts to reduce the supply of heroin by means of seizures and crop reductions have produced reductions, sometimes small, in illicit heroin availability, heroin addiction, and deaths from heroin. Large reductions in cannabis availability can probably reduce cannabis consumption, at least temporarily, but provably with the substitution other drugs. In general, it appears that legal restraints work best where legal drug distribution is being controlled by bringing pressure to bear on ethically motivated and well-regulated agencies e.g. the pharmaceutical industry and physicians.
Dixon MC, Wright WE. Juvenile delinquency prevention programs: an evaluation of policy related research on the effectiveness of prevention programs. Nashville, TN. Peabody College for Teachers. 1975.	A survey was made of approximately 6,600 abstracts published over a ten year period that describe delinquency prevention services that do not remove youth from their home community. 350 articles, pamphlets and reports were collected.	The overview revealed that certain types of prevention and treatment projects, recreational programmes, guided group interaction, social casework, and detached worker/gang worker projects have failed to show evidence of effectiveness and should be abandoned. Evidence which suggests that community treatment, the use of volunteers, diversion programmes, youth service bureaux, and special school projects hold some promise of success has begun to accumulate.

SOCIAL CARE AND SOCIAL WELFARE: Psychiatric social work

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Abel EM. Psychosocial treatments for battered women: A review of empirical research. <i>Research on Social Work Practice</i> 2000;10(1):55-77	Despite the high incidence of domestic violence, information about the effectiveness of social work practice with battered women is scant. The purpose of this article is to critically review the research on practice effectiveness with abused women. One article published in 1986 and 8 articles published between 1991 and 1996 are analysed. The author examines the outcomes of practice research with battered women in terms of its conceptual adequacy, methodology, and findings.	
Dato PM, Mann R. A synthesis of psychological interventions for the bereaved. <i>Clinical Psychology Review</i> 1999;19(3):275-96.	This review summarizes four major theories of bereavement, presents a qualitative review of bereavement intervention studies, including individual, family, and group therapy, and assesses the overall effectiveness of bereavement intervention studies in a quantitative meta-analysis. Summaries of the theories are drawn from published theoretical works.	Overall, the interventions were largely methodologically flawed, rarely specified what theory of bereavement they were testing, and showed surprisingly weak effect sizes. Possible interpretations for the small effect sizes are discussed, and future directions are outlined. (c) 1999 APA/PsycINFO, all rights reserved) KP: theories of bereavement and effectiveness of individual and family and group therapy in bereavement intervention, therapists and bereaved individuals
Gorey KM, Thyer BA, Pawluck, DE. Differential effectiveness of prevalent social work practice models: A meta-analysis. <i>Social Work</i> 1998;43:3: 269-78.	A meta-analysis of 45 published (1990-1994) independent studies of social work's differential effectiveness by prevalent practice models builds on the more general findings of related meta-analyses that have estimated that three-quarters of the clients who participate in social work interventions do better than the average client who does not.	It found that the effectiveness of interventions based on different practice models--personal versus systemic-structural--was moderated by their primary focus for change. When the focus for change was clients themselves, personal orientations seemed more effective, whereas systemic-structural models were found to be more effective in supporting the change of other targets, such as environmental factors (structural change) rather than personal adaptation to environmental challenges.
Videka-Sherman L. Metaanalysis of Research on Social Work Practice in Mental Health. <i>Social Work</i> 1998;33(4):325-38.	A meta-analysis of 38 research studies on the effectiveness of social work practice in mental health, focusing on (1) relationships between intervention techniques and treatment efficacy and (2) services delivered by social workers to	Findings of Part 1, practice in outpatient settings, show that methodological and theoretical differences in effectiveness were small; however, certain practice techniques were associated with effectiveness. Findings of Part 2 indicate that successful practice involves considerable practitioner activity to engage and maintain clients in treatment, interventions to improve clients' living environments, and creation and support of clients' social networks.

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	the chronically mentally ill.	
Baucom DH, Mueser KT, Daiuto AD, Stickle TR. Empirically supported couple and family interventions for marital distress and adult mental health problems. <i>Journal of Consulting and Clinical Psychology</i> 1998;66(1):53-88.	A review of the efficacy, effectiveness, and clinical significance of empirically supported couple and family interventions for treating marital distress and individual adult disorders, including anxiety disorders, depression, sexual dysfunctions, alcoholism and problem drinking, and schizophrenia.	
Pinquart M. Effects of psychosocial and psychotherapeutic interventions on well-being and self concept in late adulthood: meta-analytical outcomes. <i>Zeitschrift fur Gerontologie</i> 1998;31(2):120-6 (abstract).	The analysis of research on self-concept of the elderly shows a need for more complex methods that measure not only self-esteem and subjective age identity, but also those that reflect the specificity of life in the elderly. The self-concept of 140 elderly living in one community (65-93 years) was analyzed by an age-specific, self-concept interview.	Factor-analysis resulted in a 10-factor assessment with the main factor being "bodily competency and purpose of life". Other factors were subjective age identity, composure, social integration, resignation, etc.. The subjects were cluster-analyzed. The first cluster contained almost 50% of the elderly who had a positive self-concept of competency, social integration, mood, and self-esteem; they were younger, often married, and in good health. Some clusters identified elderly with a moderate self-concept and some problems regarding health and activities of daily life. A very negative self-concept was shown by two groups of socially isolated (7.14%) and strongly physically and/or psychologically handicapped (5.71%) elderly, who had a generally negative self-concept and needed psychosocial therapy. Implications for further research are discussed.
Cornah DK, Stein K, Stevens A. The therapeutic community method of treatment for borderline personality disorder. Southampton, Wessex Institute for Health Research and Development 1997.	A review of the effects of therapeutic communities for people with borderline personality disorders.	Treatment effects are difficult to summarise given the heterogeneity of the client group and methodological problems. Clinically significant improvements have been reported in up to 40% of clients including changes in psychometric test performance, reductions in deliberate self harms fewer hospital admissions (but increased outpatient service use) and reduced criminal behaviour. There have been no randomised controlled trials of the approach. Observational studies show potentially important clinical effects which may be associated with some cost savings to secondary care and prison services, although the validity of these findings remains open to some doubt. Importantly, it remains impossible to conclude which people would be expected to benefit. The treatment's validity is not proven.
Allen M, Burrell N. Comparing the impact of homosexual and heterosexual parents on children: meta-analysis of existing research. <i>Journal of Homosexuality</i> 1996;32(2):19-35.	A meta-analysis summarising the available quantitative literature comparing the impact of heterosexual and homosexual parents, using a variety of measures, on the child(ren).	The analyses examine parenting practices, the emotional well-being of the child, and the sexual orientation of the child. The results demonstrate no differences on any measures between the heterosexual and homosexual parents regarding parenting styles, emotional adjustment, and sexual orientation of the child(ren). In other words, the data fail to support the continuation of a bias against homosexual parents by any court.
Feldman MA. Parenting education for parents with intellectual	This review of parenting education interventions for such parents identified	Overall, initial training, follow-up, and social validity results are encouraging. Generalization and child outcome data are weak. Further research is needed to (a)

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disabilities: a review of outcome studies. <i>Research in Developmental Disabilities</i> 1994;15(4):299-332.	20 published studies with adequate outcome data. A total of 190 such parents (188 mothers, 2 fathers), with IQs ranging from 50 to 79 were involved. Parenting skills trained included basic child-care, safety, nutrition, problem solving, positive parent-child interactions, and child behavior management. The most common instructional approach was behavioral (e.g., task analysis, modeling, feedback, reinforcement).	identify variables associated with responsiveness to intervention, and (b) develop and compare innovative programs that teach parents with cognitive disabilities the necessary generalized skills to demonstrate long-term beneficial effects on their children.
Corrigan PW. Social skills training adult psychiatric populations: a meta-analysis. <i>Journal of Behavior Therapy and Experimental Psychiatry</i> 1991;22(3):203-10.	A meta-analysis of 73 studies of social skills training in four adult psychiatric populations: developmentally disabled, psychotic, nonpsychotic and legal offenders	Patients participating in social skills training programs broadened their repertoire of skills. Changes were maintained at several months follow-up. Patients showed reductions in psychiatric symptoms relating to social dysfunctions. Although results from ANOCVA comparing effect sizes across the four populations (with design quality as a covariate) were non-significant, consistent trends suggested that social skills training had the greatest effect on developmentally disabled groups and the least effect on offender groups. Social skills training was relatively more effective in outpatient than inpatient settings.

SOCIAL CARE AND SOCIAL WELFARE: Delinquency

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Wilson SJ, Lipsey MW. Wilderness challenge programs for delinquency youth; a meta-analysis of outcome evaluations. <i>Evaluation and Program Planning</i> 2000;2(3):1-12.	A systematic review of studies from 1950 of the effects of Wilderness programmes on delinquency.	The overall effect size was .18, equivalent to a recidivism rate of 29% for programme e participants, and 37% for controls. Programmes with the most intensive activities or included a therapeutic component showed the greatest reductions in delinquency.
Petrosino A, Petrosino C, Finchenouer JO. Our well-meaning programs can have harmful effects! Lessons from the Scared Straight experiments. <i>Crime and Delinquency</i> . (in press).	A systematic review of 9 randomised experiments testing the effects of Scared Straight programmes.	Scared-Straight like programmes, including confrontational and interactive sessions with inmates, tours and orientations in prisons, and educational sessions in prisons, not only are ineffective but likely increase crime and delinquency.
Woolfenden S, Williams K. Family and parenting interventions for conduct disorder and delinquency in children aged 10-17 [Cochrane Review currently undergoing editorial process]. In: The Cochrane Library, Issue 2, 2000.Oxford: Update Software.	A meta-analysis of the effects of family and parenting interventions for conduct disorders and delinquency in children aged 10-17.	The evidence suggests that family and parenting interventions for juvenile delinquencies for juvenile delinquents have beneficial effects on reducing criminal activity. This is of major importance to young people, their families and society as a whole. <i>NOT TO BE QUOTED UNTIL REVIEW IS PUBLISHED.</i>
Redondo S, Sanchez-Meca J, Garrido V. The influence of treatment programmes on the recidivism of juvenile and adult offenders: a European meta-analytic review. <i>Psychology, Crime and Law</i> 1999;5 (3):251-78.	A meta-analysis of European studies between 1980 and 1991 (published and unpublished) of treatments aimed at reducing recidivism.	The studies which evaluated recidivism during an average follow-up period of 2 years obtained a global effect size equivalent of a 12% reduction in recidivism. Behavioural and cognitive-behavioural techniques were the most beneficial techniques in reducing recidivism.
Lipsey MW. Juvenile delinquency treatment: a meta-analytic inquiry into the variability of effects. In T.A. Cook et al (eds) <i>Meta-analysis for explanation: A casebook</i> New York, NY: Russell Sage Foundation. 1992:83-127.	A meta-analysis examining the variability in delinquency intervention effects. Covers 443 studies conducted since 1050 in English speaking countries.	Overall treatment programmes effects were positive but there was a larger than expected degree of variability in outcomes. More structured and focused treatments, such as behavioural and skill-oriented approaches, as well as multimodal treatments were most effective. Subject characteristics were unrelated to treatment effects. From his detailed analysis the author concludes that the wide variability in treatment effects implies that whether delinquency treatment is deemed effective depends upon which areas of the research literature are examined.
Roberts AR, Camasso MJ. The effect of juvenile offender treatment programs on recidivism: a meta-analysis of 46 studies. <i>Notre Dame Journal of Law, Ethics and Public</i>	A meta-analysis of evaluations of juvenile offender interventions.	Juvenile offender interventions typically have small, positive effects. The largest effects are for family therapy (ES=.55) and group treatment strategies (ES=.81) The authors note that the evaluations. The authors question the accuracy of group treatment results. Effect sizes decrease dramatically with length of follow up. They emphasise the need to recommend to juvenile justice administrators that they replicate family counselling

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Policy 1991;5(2)421-41.		programs.
Izzo RL, Ross RR. Meta-analysis of rehabilitation programs for juvenile delinquents: A brief report. <i>Criminal Justice and Behavior</i> 1990;17(1):134-42	A meta-analysis of 46 studies of intervention programs for juvenile delinquents revealed a significant difference between programs that included a cognitive component and those that did not.	Cognitive programs were more than twice as effective as non-cognitive programs. These results are consistent with previous qualitative analyses (R. R. Ross, 1980) and provide support for a cognitive model of offender rehabilitation.
Whitehead JT, Lab SP. A meta-analysis of juvenile correctional treatment. <i>Journal of Research in Crime and Delinquency</i> 1989;26(3) 276-95.	A meta-analysis of research reports published from 1975 to 1984.	The results show that interventions have little positive impact on recidivism and many appear to exacerbate the problem. Indeed, the analysis in this article could be considered overly lenient in its interpretation of the results. It appears that the earlier evaluations that claim that 'nothing works' are close to the conclusion to be drawn from more recent evaluations of juvenile treatments.
Breunlin DC, Breunlin C, Kearns DL, Russell WP. A review of the literature on family therapy with adolescents 1979-1987. <i>Journal of Adolescence</i> . 1988;11(4):309-34.	A review updates a 1979 analysis of the literature on the effects of family therapy with adolescents.	Results of outcome studies indicate that family therapy with families of adolescents with problems is viable, and is often superior to more traditional treatments.
Basta JM, Davidson WS II. Treatment of juvenile offenders: Study outcomes since 1980. <i>Behavioral Sciences and the Law</i> . 1988;6(3)355-84.	This review examined the effectiveness of the treatment of adjudicated juvenile offenders, based on a computer-data-based search of the literature published from 1980 to 1987.	The conclusions are that treatment outcomes were positive, but that serious methodological weaknesses still exist in the literature. Improvements still need to be made in sample sizes, use of appropriate and multiple measures of recidivism, random assignment and/or use of appropriate control groups, and long-term follow-up assessment.
Gottschalk R, Davidson WS. Community based interventions. In Gensheimer L K, Mayer, JP.BK: Quay, H. C. (Ed) <i>Handbook of juvenile delinquency</i> . Wiley series on personality processes. New York, NY, USA: John Wiley and Sons. 1987: 266-289.	A meta-analysis of the research literature on community-based interventions with juvenile offenders, post-1975. 90 studies involving over 11,000 participants were examined.	Treatment in community settings did not have a large effect on outcomes. If a strong intervention is used and care is taken during intervention to ensure that it is actually being implemented as designed, then more positive effects may emerge.
Mayer JP et al. Social learning treatment within juvenile justice: a meta-analysis of impact in the natural environment. In J: Apter and P Arnold (Eds) <i>Youth Violence: Programs and Prospects</i> . Elmsford, NY: Pergamon Press 1986;24-38.	A meta-analysis of 39 studies reporting behavioural interventions within the juvenile justice system. Typical study involved an adjudicated male sample in a residential setting. Treatment involved token economies, modelling, contracting, or some other application of social learning theory. Both 'vote count' and	The 'vote count' results agreed with past reviews suggesting that behavioural approaches were for the most part highly effective. The 'effect size' method presented a more mixed picture. The literature suffered from serious methodological shortcomings and findings must therefore be strictly scrutinised.

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	'effect size' methods of research accumulation were employed in assessing recidivism, behavioral and attitudinal outcomes	
Gensheimer LK, Mayer JP, Quay HC. Diverting youth from the juvenile justice system: a meta-analysis of intervention efficacy. In J. Apter and P Arnold (Eds) Youth Violence: Programs and Prospects. Elmsford, NY: Pergamon Press 1986.	A meta-analysis of diversion interventions with juvenile delinquents.	Overall, findings did not provide substantial evidence for the efficacy of diversion programmes. However, it was not possible to determine how far into the system those youths went before they were diverted. The older the subject the less likely for intervention have a positive effect. The data substantiate the ambiguity and diversity of diversion programmes.
Garrett CJ. Effects of residential treatment on adjudicated delinquents: A meta-analysis. Journal of Research in Crime and Delinquency 1985;22(4) 287-308.	A meta-analysis of the primary research literature produced since 1960 was undertaken to assess the amount of change associated with various treatments of adjudicated delinquents. 111 studies identified that used a comparison group of pre-post design.	Results indicated that treatment of adjudicated delinquents resulted in a positive change of .37 standard deviations. No consistent evidence on the relative efficacy of behavioral versus psychodynamic approaches was found. Recidivism was modestly reduced; institutional adjustment, psychological adjustment, and academic performance were all improved following treatment. The results of the meta-analysis suggest that treatment of adjudicated delinquents in an institutional or community residential setting does 'work'.
McMurty SL. Secondary prevention of child maltreatment: A review. Social Work 1985;30(1):42-8	Reviews research on the secondary prevention of child maltreatment, which involves identifying potential child abusers and treating them before the abuse takes place.	Research on attempts to identify parents at risk of maltreating their children shows that, although accurate identification of such parents may eventually be possible, identifying criteria and effective means of intervention to prevent abuse need to be developed. Issues in secondary prevention of child abuse that must be considered include individual screening, applicability of research results, and the accuracy of screening measures. The current feasibility of secondary prevention programs is discussed.
Kaufman P. Meta-analysis of Juvenile Delinquency Prevention Programs. Unpublished paper, Claremont Graduate School, Claremont, California 1985.	A review of 20 studies available up until 1983 which examined the effects of delinquency prevention with preadjudicated youths.	Participants in early interventions programmes appeared to perform better on a wide range of dependent measures compared with controls. Larger effect sizes were associated with pre-experimental designs and with studies in which the internal validity was rated as poor. Several other design factors were associated with study outcome. Author concludes that an accurate interpretation of the early intervention research literature cannot be made without consideration of specific design variables and study characteristics.
Goldstein AP, Pentz M. Psychological Skill Training and the Aggressive Adolescent. School Psychology Review 1984;13(3):311-23.	A review of 30 evaluation-oriented studies of skills training with aggressive adolescents.	Authors conclude there is evidence of the effectiveness of social skills training with different settings, types of youth and target skills.
Winterdyk MA, Griffiths C. Wilderness experience programs: reforming delinquents or beating	A review of the effectiveness of Wilderness experience programmes.	Those studies which used a control group provide mixed support for the efficacy of wilderness experiences in relation to changes on psychological measures and recidivism. Studies had limited follow-up data.

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around the bush? Juvenile and Family Court Journal 1984;35(3):35-44.		
Dixon MC, Wright WE. Juvenile delinquency prevention programs: an evaluation of policy related research on the effectiveness of prevention programs. Nashville, TN. Peabody College for Teachers 1975.	A survey was made of approximately 6,600 abstracts published over a ten year period that describe delinquency prevention services that do not remove youth from their home community. 350 articles, pamphlets and reports were collected.	The overview revealed that certain types of prevention and treatment projects, recreational programmes, guided group interaction, social casework, and detached worker/gang worker projects have failed to show evidence of effectiveness and should be abandoned. Evidence which suggests that community treatment, the use of volunteers, diversion programmes, youth service bureaux, and special school projects hold some promise of success has begun to accumulate.
Berleman WC, Steinburn TW. Crime and Delinquency 1969;15(4):471-8	Not a systematic review. A narrative review discussing five experiments in eastern American cities attempting to prevent delinquency. These involved division of non-delinquents into experimental and control groups with the former receiving contact to prevent delinquency.	Authors conclude that the treatments under review involved insufficient contacts to produce results and that the conditions of the experiments are not adequately reported. (NB: Interventions aimed at delinquency prevention were primarily oriented towards counselling and differ from more recent interventions)
Henderson M, Hollin C. A critical review of social skills training with young offenders. Criminal Justice and Behavior 1983;10(3):316-41	A review of 15 studies in which social skills training (SST) was used with delinquent populations.	The authors concluded at the time that the findings do not provide unequivocal support for the usefulness of SST in reducing criminal behavior of delinquents, and failure to show consistent generalization and durability of training effects must be taken into account when discussing the efficacy of such treatment with young offenders. (31/2 p ref)

SOCIAL CARE AND SOCIAL WELFARE: Child and family support

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Barlow J, Coren E. Parent-training programmes for improving maternal psychosocial health [Protocol for a Cochrane Review]. In: The Cochrane Library, Issue 2, 2000.Oxford: Update Software.	A systematic review of parent training interventions with a focus on maternal psychosocial health.	
Mentore JL. The effectiveness of early interventions with young children 'at risk': a decade in review. PhD. Dissertation, Fordham University, DAI-B 60/07, Jan 2000.	A meta-analysis of studies examining the effects of early intervention programs with children at risk. 86 studies from 1986 through 1998 were examined and a total of 319 effect sizes were yielded from the total sample, with 185 these being from studies of high quality.	Early intervention programmes appear to be efficacious for at risk children. No differences were identified between types of early intervention programmes e.g educational, psychological, medical or mixed. Efficacious programmes were structured and utilised trained intervenors. Programmes were more beneficial for children biologically at risk e.g. low birthweight, premature, than for economically or socially disadvantaged children. Duration, intensity, location and degree of parental involvement did not appear to influence outcome.
Gray E. Early Parenting Intervention to Prevent Child Abuse: A Meta-Analysis. Final Report. National Council of Jewish Women, New York, NY, Center for the Child. No date.	An attempted meta-analysis of 48 studies examining the effects of early parenting interventions. The methodology appeared premature given the great variance in theoretical base and methods of intervention.	Home-visiting programmes produced the greatest and most consistent effects, and more frequently served people at risk for poor parenting.
Comer EW, Fraser MW. Evaluation of six family-support programs: are they effective? Families in Society 1998;79(2):134-48.	Rigorous programme evaluations for six family support programmes	Programme families demonstrated enhanced child, parent and family functioning, as well as gains in both immediate and long term effects on housing and income.
Durlak JA, Wells AM. Evaluation of indicated preventive intervention (secondary prevention) mental health programs for children and adolescents. American Journal of Community Psychology 1998;26 (5):775-802.	Evaluated the outcomes of 130 indicated preventive interventions (secondary prevention) mental health programs for children and adolescents that seek to identify early signs of maladjustment and to intervene before full-blown disorders develop.	Results indicate such programs significantly reduce problems and significantly increase competencies. In particular, behavioral and cognitive-behavior programs for children with subclinical disorders (mean ESs in the 0.50s) appear as effective as psychotherapy for children with established problems and more effective than attempts to prevent adolescent smoking alcohol use, and delinquency. In practical terms, the average participant receiving behavioral or cognitive-behaviour intervention surpasses the performance of approximately 70% of those in a control group. Of particular interest was the high mean effect (0.72) achieved by programs targeting incipient externalizing problems which are customarily the least amenable to change via traditional psychotherapeutic efforts when they reach clinical levels. Priorities for future research include greater specification of intervention procedures, assessment of treatment implementation, more follow-up studies, and identifying how different participants respond to early intervention.
Kazdin AE. Psychosocial treatments for conduct disorder in children. In	This chapter reviews research for 4 psychosocial treatments that have shown	The chapter describes and evaluates the underpinnings, techniques, and evidence on behalf of these treatments. Critical issues that are raised in providing treatment to

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Nathan, Peter E. (Ed); Gorman Jack M. (Ed); et-al. A guide to treatments that work. New York, NY, USA: Oxford University Press. 1998:65-89.	considerable promise in the treatment of conduct disorder in children and adolescents: cognitive problem-solving skills training, parent management training, functional family therapy, and multisystemic therapy. The treatments were selected because they have been carefully evaluated in controlled clinical trials.	children with conduct disorder and their families also are examined.
Magee Quinn M, Kavale KA, Mathur SR, Rutherford RB Jr, Forness SR. A meta-analysis of social skill interventions for students with emotional or behavioral disorders. Journal of Emotional and Behavioral Disorders 1999;7(1):54-64. See also: Kavale KA, Mathur SR, Forness SR, Rutherford RB Jr, Quinn MM. Effectiveness of social skills training for students with behavior disorders: a meta-analysis. Advances in Learning and Behavioral Disabilities 1997;11:1-26	A meta-analysis of social skill interventions for students with emotional or behavioral disorders.	
Tucker S. Gross D. Behavioral Parent Training: an intervention strategy for guiding parents of young children. Journal of Perinatal Education 1997;6(2):35-44.	A review of the effectiveness of Behavioral Parent Training (BPT) as an early intervention strategy for families with young children.	BPT teaches parents how to manage child behavior effectively and to promote parent-child interactions. Studies that have examined the effectiveness of BPT for families with young children are reviewed. Findings largely suggest BPT to be an effective early intervention strategy for families with young children.
Serketich WJ, Dumas JE. The effectiveness of behavioral parent training to modify antisocial behavior in children: A meta-analysis. Behavior Therapy 1996;27(2):171-86.	A meta-analysis of 26 controlled studies on the outcome of behavioral parent training (BPT) for the modification of antisocial behavior in preschool and/or elementary school age children.	Results support the short-term effectiveness of BPT to modify child antisocial behavior at home and school, and to improve parental personal adjustment. However, research still needs to examine if positive changes as a function of BPT are maintained over time, are comparable to changes resulting from other interventions for child antisocial behavior, and are related to important methodological and contextual variables. Findings and directions for future research are discussed in light of the limitations of the current literature on antisocial child behavior.
Roy R, Frankel H. How Good Is Family Therapy? A Reassessment. Toronto, Canada: University of	Summarises and assesses outcome studies pertaining to the effectiveness of family therapy according to life stages and	Overall, the reviewers conclude that family therapy is an effective treatment. However, many studies are limited by methodological flaws such as lack of control groups, small samples, unclear outcome measures, lack of attention to certain variables, and

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Toronto Press 1995.	specific problems	inappropriate data analysis. For example, evaluations of placement prevention programs in child welfare practice have yielded disappointing results because they are conducted too early in the development of the programme or overemphasised placement rates as an outcome measures. Other problems with family preservation research are attributed to demands on staff and lack of standards for selection criteria and case documentation.
Erwin PG. Social problem solving, social behavior, and children's peer popularity. <i>Journal of Psychology</i> 1994;128(3):299-306.	A review of the relative effectiveness of 3 methods of social skills training with socially isolated children: coaching, interpersonal cognitive problem solving, and modeling. A search of the published literature in the area produced a total of 43 studies that met criteria for inclusion in the subsequent analysis.	Social skills training produced significant improvements in children's levels of social interaction, sociometric status, and cognitive problem-solving abilities. No training technique produced a significantly greater improvement than either of the others. Isolated children showed larger increases in their levels of social interaction and sociometric status than non-isolated children. Multi-modal training programs were recommended to capitalise on the independent therapeutic effects which derive from a number of different social skills training techniques.
Weiss HB. Home visits: necessary but not sufficient. <i>Future of Children</i> 1993;3(3)113-28.	A review of experimental and quasi-experimental studies that examine the role of home visiting in successful programmes for children and families.	The most effective programmes will be comprehensive, continuous and family focused. Programme effectiveness rests, in part, on the availability and quality within the community of other services for families as well as on the capacity of the families to connect with such services.
Kazdin AE, Mazurick JL, Bass D. Risk for attrition in treatment of antisocial children and families. <i>Journal of Clinical Child Psychology</i> 1993;22(1):2-16.	160 5-23 year old children referred to treatment because of antisocial behaviour and their families were studied for differences between those who completed outpatient treatment and those who terminated prematurely.	Premature termination was greater for younger mothers, single parents, and minority-group families; for families with socio-economic disadvantages, high stress and more adverse life events, adverse family child-rearing practices; and for mothers with a history of antisocial behaviour in their childhood. Child characteristics associated with premature termination included severity, breadth, and history of antisocial behaviour; academic and educational dysfunction; current contacts with antisocial peers; and multiple (co-morbid) diagnoses. The accumulation of multiple factors placed families at increased risk for dropping out of treatment prematurely.
Berrick JD, Barth RP. Child sexual abuse prevention: Research review and recommendations. <i>Social Work Research and Abstracts</i> 1992; 28(4):6-15.	Reviews 30 research studies on child sexual abuse prevention. Nine studies (published 1981-1990) deal with preschool-age children; 20 studies (published 1984-1991) deal with elementary school-age children; and 1 study (1990) deals with high school-age children.	References and a summary of results are presented in table form, although diversity of research design and instrumentation has allowed for little replication or verification of results. A meta-analysis of 13 of the studies demonstrates that children at all ages can improve their scores on child abuse knowledge measures but does not inform whether type or amount of knowledge sufficiently protects them from abuse. Recommended directions for future research include school and community-based interventions, targeted services, teacher training, and integration of prevention efforts with the total community.
Grossman PB, Hughes JN. Self-control interventions with internalizing disorders: A review and analysis. <i>School Psychology Review</i> 1992;21(2):229-45. .	A meta-analytic review of self-control therapies (SCTs) for children or adolescents (less than 18 years of age) with internalising disorders with symptoms of clinically significant	SCT was found to be effective with internalizing disorders in general, but to be more effective with disorders primarily affecting mood than with somatic disorders. SCT appeared to result in lasting, socially significant changes in behaviour and was relatively inexpensive to administer. Factors that may affect the effectiveness of SCT are (1) use of more than one self-control treatment per intervention, (2) group therapy as opposed to

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	severity. Studies testing self-control interventions (problem solving training, cognitive restructuring, coping skills training, and self-reinforcement) were reviewed.	individual therapy, and (3) older vs younger children.
Kazdin AE. Psychotherapy for children and adolescents. Annual Review of Psychology. 1990;41:21-54	Reviews treatment outcome research in child and adolescent psychotherapy (PT), including an evaluation of treatment effects, exemplary individual studies, and research programs.	Discussion focuses on current deficiencies in treatment evaluation, improving the yield from treatment outcome studies, and methodological features that warrant increased attention. Specific types of treatment facilities and alternative interventions (e.g., foster care placement) are directed toward many of the same ends as PT. PT is one facet of the effort to controvert dysfunction and to improve adjustment of children and adolescents.
Markus E, Lange A, Pettigrew TF. Effectiveness of family therapy: A meta-analysis. Journal of Family Therapy 1990;12(3):205-21.	Meta-analysis, a quantitative literature review technique, is used to evaluate the effectiveness of family therapy (FT) in 19 studies. Patients participating in FT are shown to be better off than 76% of patients with an alternative treatment, a minimal treatment, or no treatment.	Preliminary data suggest that the effect of FT increased during the 1st yr after treatment but then decreased sharply after 18 months. Results are compared to a previous meta-analysis of FT by M. D. Hazelrigg et al.
Cedar B, Levant RF, River C. A meta-analysis of the effects of parent effectiveness training. American-Journal of Family Therapy 1990;18(4):373-84.	A meta-analysis of 26 studies of parent effectiveness training (PET).	PET had an overall effect size of 0.33 standard deviation units, which was significantly greater than the effect size of a group representing alternative treatments. PET had effects on parents' knowledge, attitudes, and behaviour and on children's self-esteem, and these effects endured (up to 26 weeks) after the programs were completed. A trend was found suggesting that the effect on child behaviour may have had a latency period. Better designed studies had significantly greater effect sizes (.45) than less well-designed studies (.26).

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<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Barlow J. Systematic Review of the Effectiveness of Parent-Training Programmes in Improving Behaviour Problems in Children Aged 3-10. (2 nd Edition) Oxford: Health Services Research Unit, Department of Public Health, University of Oxford 1999.	A systematic review of randomised controlled trials of group based parent-training programmes designed to ameliorate child behaviour problems. Inclusion criteria: group-based interventions Parent Effectiveness Training (PET), Adlerian Programmes and Behavioural programmes.	All group-based programmes produced changes in children's behaviour. The more behavioural programmes in which the parent was trained to use reinforcement techniques effectively, appeared to produce the best results compared with PET and Adlerian programmes.
Kaplan SJ, Pelcovitz D, Labruna V. Child and adolescent abuse and neglect research: A review of the past 10 years. Part I: Physical and emotional abuse and neglect. Journal of the American Academy of Child and Adolescent Psychiatry 1999;38(10): 1214-22.	A review of the clinically relevant literature on the physical and emotional abuse and neglect of children and adolescents published during the past 10 years.	During the last decade there has been substantial progress in understanding the symptomatology associated with maltreatment. However, prevention and intervention research studies are relatively rare and frequently have important methodological limitations. Child maltreatment research in the next decade needs to focus on understanding factors leading to resilient outcomes and on assessing the effectiveness of psychotherapeutic and psychopharmacological treatment strategies. Increased resources are needed to support child maltreatment research studies and investigators.
West MM. Meta-analysis of studies assessing the efficacy of projective techniques in discriminating child sexual abuse. Child Abuse and Neglect. 1998;22(11):1151-66.	A meta-analysis of 12 studies assessing the efficacy of projective techniques to discriminate between sexually abused children and non-sexually abused children.	It is possible to discriminate between sexually abused children and non-sexually abused children using projective techniques.
Holmes WC, Slap GB. Sexual abuse of boys: definition, prevalence, correlates, sequelae, and management 1998.	Studies from 1985 to 1997 were included for review if they appeared in peer-reviewed journals; had clear research designs and reported results for at least 20 male subjects. Preference was given to studies with large samples with case-control or cohort designs, and/or with adjustment for effect modifiers or confounders.	166 studies representing 149 sexual abuse sample were identified. Studies were methodologically limited and definitions of sexual abuse varied widely. Evaluation of management strategies was limited. Reviewers conclude that sexual abuse of boys appears to be common, underreported, underrecognized, undertreated, and little is known about effective management.
Fryer GE. The efficacy of hospitalization of non-organic failure-to-thrive children: A meta-analysis. Child Abuse and Neglect 1988;12 (3):375-81.	A meta-analysis of previously published research findings which met certain inclusion criteria. Two categories of outcome measures, physical growth pattern and psychosocial development, were quantitatively synthesized separately using standard meta-analytic techniques.	Hospitalization was found to significantly enhance the probability of sustained catch-up physical growth among non-organic failure-to-thrive (NOFTT) children, but only a comparatively small effect size for hospitalization on their psychosocial development was documented. There remains need for prospective longitudinal study of effectiveness in treating NOFTT children.
Reeker J, Ensing D, Elliott R. A	A review of 15 studies of the	The overall mean effect size across studies was .79. Effect size comparisons based on

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<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
meta-analytic investigation of group treatment outcomes for sexually abused children. <i>Child Abuse and Neglect</i> 1997;21(7):669-80.	effectiveness of group treatment for sexually abused children or adolescents was investigated, based on studies using empirical measures, and sufficient statistical information was reported to calculate effect size.:	response perspective and outcome variable groupings yielded no significant differences. While statistically insignificant, a trend of larger effect sizes for groups comprised exclusively of females was found. CONCLUSIONS: Results from the current meta-analysis support the conclusion that effective group treatments for sexually abused children and adolescents exist and that the current meta-analysis can function as a comparison group for future researchers studying treatment outcome for this population. Suggestions for research are discussed.
Wurtele SK, Owens JS. Teaching personal safety skills to young children: an investigation of age and gender across five studies. <i>Child Abuse and Neglect</i> 1997;21(8):805-14.	A review of the extent to which preschool-aged boys and girls can benefit from instruction in personal safety. Four hundred and six preschoolers were pretested and participated in either the Behavioral Skills Training program (BST; Wurtele, 1986) or a control program. Children were posttested on skill and knowledge gains.	Preschoolers who had participated in the BST program demonstrated greater knowledge and higher levels of personal safety skills compared with controls. Boys and girls reacted similarly to the program, as did children from younger and older age groups. Results provide support for the assertion that most preschool-aged children can benefit from participating in a developmentally appropriate personal safety program. Suggestions for expanding the efforts to prevent child sexual abuse are offered, so that children do not shoulder the full responsibility for prevention.
Rispens J, Aleman A, Goudena PP. Prevention of child sexual abuse victimization: a meta-analysis of school programs. <i>Child Abuse and Neglect</i> 1997;21(10):975-87.	A meta-analytic approach was used to calculate post-test and follow-up effect sizes of 16 evaluation studies of school programs aimed at the prevention of child sexual abuse victimization. Tests of categorical models were used in the analysis of moderator variables.	Significant and considerable mean post-intervention ($d = .71$) and follow-up ($d = .62$) effect sizes were found, indicating that victimisation prevention programs are successful in teaching children sexual abuse concepts and self-protection skills. Intervention characteristics such as duration and content of the program, and child characteristics such as age and SES were important moderators of effect size. Findings corroborate and refine the positive conclusions of traditional narrative reviews. Programs that focus on skill training, allowing sufficient time for children to integrate self-protection skills into their cognitive repertoire, are to be preferred. Future evaluation research should focus on transfer of training.
Finkelhor D, Berliner L. Research on the treatment of sexually abused children: a review and recommendations. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> 1995;34(11):1408-23.	29 studies that used quantitative outcome measures to evaluate the effectiveness of various therapeutic alternatives for sexually abused children.	The studies document improvements in sexually abused children consistent with the belief that therapy facilitates recovery. Only five of the studies reviewed provide evidence that recovery is not simply due to the passage of time or some factor outside therapy. Studies suggest the need to target aggressiveness and sexualised behaviour.
MacMillan HL, MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child physical abuse and neglect: a critical review. Part I. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i>	A review of the effectiveness of interventions aimed at the primary prevention of child physical abuse and neglect. Interventions aimed at the prevention of physical abuse and neglect were classified into six main categories	While many of these programs did not show a reduction in physical abuse or neglect, there is evidence that extended home visitation can prevent physical abuse and neglect among disadvantaged families.

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1994;35(5):835-56.	within the broad group of perinatal and early childhood programs.	
MacMillan HL; MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child sexual abuse: a critical review. Part II. Journal of Child Psychology and Psychiatry and Allied Disciplines 1994; 35(5): 857-76.	A review of the effectiveness of interventions aimed at the primary prevention of child sexual abuse. Interventions aimed at the prevention of sexual abuse were classified into eight main categories based on the method of intervention. All programs had education as the primary focus.	There is evidence that educational programs can improve safety skills and knowledge of children about sexual abuse but no study has produced data that education actually reduces the occurrence of sexual abuse.
Berrick JD, Barth RP. Child sexual abuse prevention: Research review and recommendations. Social Work Research and Abstracts 1992; 28(4):6-15.	A reviews of 30 research studies on child sexual abuse prevention. Nine studies (published 1981-1990) deal with preschool-age children; 20 studies (published 1984-1991) deal with elementary school-age children; and 1 study (1990) deals with high school-age children.	A meta-analysis of 13 of the studies demonstrates that children at all ages can improve their scores on child abuse knowledge measures but does not inform whether type or amount of knowledge sufficiently protects them from abuse. Recommended directions for future research include school and community-based interventions, targeted services, teacher training, and integration of prevention efforts with the total community.
Casto G, Mastropieri M. The efficacy of early intervention programs: A meta-analysis. Exceptional Children 1984;52(5):417-24.	A meta-analysis of the effects of early intervention programs for environmentally at-risk infants	Results show that early intervention has an immediate positive effect of about one-half of a standard deviation. The analysis failed to find long-term benefits and failed to relate the degree of parental involvement to intervention effectiveness. Some support was found for the notion that the degree of structure and training of staff are positively related to effectiveness.

SOCIAL CARE AND SOCIAL WELFARE: Child abuse and neglect - interventions

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Macdonald G, Ramchandani P, Higgins J, Jones DPH. Cognitive-behavioural interventions for sexually abused children [Protocol for a Cochrane Review]. In: The Cochrane Library, Issue 2, 2000.Oxford: Update Software.	A systematic review of the effects of cognitive-behavioural interventions for children who have been sexually abused.	
White P, Bradley C, Ferriter M, Hatzipetrou L. Managements for people with disorders of sexual preference and for convicted sexual offenders [Cochrane Review]. In: The Cochrane Library, Issue 2, 2000. Oxford: Update Software.	A systematic review of the effects of treatments for sexual offenders. The review covered both antilibidinal drugs (a common form of treatment) and psychological interventions aimed at reducing the target sexual acts, urges or thoughts of offenders or patients (people presenting with problems they wish to change). Drug treatments included: testosterone lowering drugs: (i) stilboestrol (an oral synthetic non-steroidal aestrogen), (ii) oestrogen pellets (planted subcutaneously), (iii) medroxyprogesterone acetate (an oral or intramuscular injection synthetic progesterone that lowers testosterone levels) and (iv) cyproterone acetate (an oral antiandrogen that blocks the production of, and opposes the action of testosterone); antipsychotics: any drug usually given for the purposes of management of psychotic illnesses such as schizophrenia; bromides, and surgical castration. Psychological interventions included: behaviour therapy of any type; relapse prevention.	Available evidence does not support the use of anti-libidinal drugs in the diversion of sex offenders. ^a The value of group support/therapy, as widely used in the UK, as an intervention in the diversion of sex offenders is unclear.
Gallagher CA, Wilson DB, Hirschfield P, Coggeshall MB, MacKenzie DL. Quantitative review of the effects of sex offender treatment on sexual reoffending.	A meta-analysis of available data on the effectiveness of sex offender treatment programmes in reducing post-treatment sex offence rates. The study also examined the differential effectiveness of	Sex offender treatment resulted in lowered sexual offending. Cognitive-behavioural approaches appeared particularly promising whereas the data produced less support for behavioural, chemical and generalised psychosocial treatments.

SOCIAL CARE AND SOCIAL WELFARE: Child abuse and neglect - interventions

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Corrections Management Quarterly 3 1999;4:19-29.	behavioural, cognitive-behavioural, medical and other psychosocial approaches to sex offender treatment.	
Polizzi DM, MacKenzie DL, Hickman LJ. What works in adult sex offender treatment? A review of prison- and non-prison-based treatment programs. International Journal of Offender Therapy and Comparative Criminology 1999;43(3):357-74.	An evaluation of 21 studies of sex offender prison- and non-prison-based treatment programs was undertaken using the format of the University of Maryland's 1997 report to the US Congress (L. Sherman et al, 1997).	Eight of the studies were deemed too low in scientific merit to include in assessing the effectiveness of the treatment. Of the remaining studies, approximately 50% showed statistically significant findings in favour of sex offender treatment programs. Of 6 studies that showed a positive treatment effect, 4 incorporated a cognitive-behavioral approach. Non-prison-based sex offender treatment programs were deemed to be effective in curtailing future criminal activity. Prison-based treatment programs were judged to be promising, but the evidence is not strong enough to support a conclusion that such programs are effective. Too few studies focused on particular types of sex offenders to permit any type of conclusions about the effectiveness of programs for different sex offender typologies.
Alexander MA. Sexual offender treatment efficacy revisited. Sexual Abuse: Journal of Research and Treatment 1999;11(2):101-16	A meta-analysis of sex offender treatment efficacy which examined data from 79 sexual offender treatment outcome studies, encompassing 10,988 offenders.	A variety of treated sexual offenders re-offended at rates below 11%. This finding suggests that some effective components of the treatment process may have been identified. Juveniles responded well to treatment. Treatment effects only became apparent after subjects were subdivided by type (e.g. rapists, child molesters, exhibitionists, others).
Grossman LS, Martin B, Fichtner CG. Are sex offenders treatable? A research overview. Psychiatric Services 1999;50(3) 349-61.	Review of research on effectiveness of treatment for adult male sex offenders.	Outcome research suggests a reduction in sex offender recidivism of 30% over seven years. Hormonal and cognitive-behavioural treatment seem most effective. Treatment delivered in outpatient settings seems more effective than institutional settings.
Reeker J, Ensing D, Elliott R. A meta-analytic investigation of group treatment outcomes for sexually abused children. Child Abuse and Neglect 1997;21(7)669-80.	A meta-analysis of the effects of group treatment for sexually abused children and adolescents 15 studies were identified which used empirical measures and provided sufficient statistical information to calculate effect sizes.	The overall mean effect size across studies was .79. Effect size comparisons based on response perspective and outcome variable groupings yielded no significant differences. While statistically insignificant, a trend of larger effect sizes for groups comprised exclusively of females was found.
De-Jong TL, Gorey KM. Short-term versus long-term group work with female survivors of childhood sexual abuse: A brief meta-analytic review. Social Work with Groups. 1996;19(1):19-27.	This meta-analytic review synthesizes the findings of 7 published independent studies dealing with group work with female survivors of childhood sexual abuse and compares the effectiveness of short-term vs long-term methods. Six of the studies were 15 wks or less, and 1 was 50 wks long.	Results of the meta-analysis indicate that, generally, group work had large beneficial effects on female survivors' affect and self-esteem such that three-quarters of the group participants improved. No extant empirical evidence supports the differential effectiveness of either short-term or long-term groups, because only 1 study reported the size of long-term methods' clinical effect. Thus, the question of the differential effectiveness of short- vs long-term group work with female survivors is not yet answerable.
Bourke ML, Donohue B. Assessment and treatment of juvenile sex	A review evaluates support for the assessment and treatment methods used	The heterogeneous nature of juvenile sex offenders and the failure of most measures to assess reliability and validity with this population make it difficult to generalise findings.

SOCIAL CARE AND SOCIAL WELFARE: Child abuse and neglect - interventions

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
offenders: An empirical review. Journal of Child Sexual Abuse 1996; 5(1):47-70.	with juvenile sex offenders.	Standardised assessment and treatment methods for use with prepubescent children are conspicuously absent in the literature.
Hall GCN. Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. Journal of Consulting and Clinical Psychology 1995;63(5)802-9.	Meta-analyses were performed on 12 studies of treatment with sexual offenders (N 1,313).	A small but robust, overall effect size was found for treatment versus comparison conditions ($r = .12$). The overall recidivism rate for treated sexual offenders was .19 versus .27 for untreated sexual offenders. Treatment effect sizes across studies, however, were heterogeneous. Effect sizes were larger in studies that had higher base rates of recidivism, had follow-up periods longer than 5 years, included outpatients, and involved cognitive-behavioural or hormonal treatments. Cognitive-behavioral ($p < .0005$) and hormonal treatments ($p < .00005$) were significantly more effective than behavioural treatments but were not significantly different from each other.
Oates RK, Bross DC. What have we learned about treating child physical abuse? A literature review of the last decade. Child Abuse and Neglect 1995;19(4) 463-73.	A review of outcome studies of interventions targeting children and parents in physically abusive families. Inclusion criteria were: (i) studies had more than five subjects in the sample, (ii) at least 15% of the children in the sample having been physically abused and (iii) either pretest, post-test; comparison group; or randomisation between different treatments used in the design were selected. Between 1983 and 1992 twelve papers meeting these criteria for abusive parents and 13 for treatment of abused children were found. None were concerned with routine service provision.	Although most programmes showed some improvement with treatment, many had no, or very short, follow-up periods so it was not possible to determine if improvements were maintained. The variety of therapeutic interventions considered precluded the possibility of comparing alternative methods of intervention.
Beaulieu KM. Meta-analysis of psychotherapeutic treatments with adult survivors of incest. Psy.D dissertation, University of Northern Colorado, Dissertation Abstracts International 1994;55/05-B: 2001	A meta-analysis of psychotherapeutic treatment for adult incest survivors. 400 papers were identified of which ten met inclusion criteria (listed quantified information of treatment outcome) of which only three contained statistical data which documented change in participants as a result of treatment, and only two of which contained sufficient data to compute an effect size.	Group psychotherapy appears to be an effective treatment for adult survivors of incest. However, data are slight. There is a dearth of data regarding the treatment of male incest survivors. Recommendations for future research include: (1) need for more outcome studies covering both individual and group psychotherapy, which differentiates between types of abuse and which includes work with male incest survivors, (2) examine whether individual psychotherapy provided simultaneously with group therapy enhances treatment outcome, (3) investigation of which psychotherapies are most effective for treating incest survivors, and (4) whether the inclusion of family members in treatment enhances effectiveness.
Wolfe DA, Wekerle C. Treatment strategies for child physical abuse and	Twenty one studies reporting treatment outcomes following interventions with	Findings support the significance of parent-focused interventions that include well-specified training components aimed at improving child rearing competence and stress

Cohn AH, Daro D. Is treatment too late: what ten years of evaluative research tell us. *Child Abuse and Neglect* 1987;11(3):433-42.

Evaluation of 89 federally funded demonstration programmes covering 4 multi-year evaluation studies. Interventions provided for 3,524 families.

Collectively, the studies document treatment approaches which improve clients' functioning (notably lay counseling and various group services including Parents Anonymous, group therapy, and parent evaluation) and suggest greater success with clients experiencing difficulty with sexual abuse than other forms of maltreatment. However, overall over one-third of the parents maltreated their children while in treatment, and over one-half of the families served continued to be judged likely to mistreat their children following termination.

SOCIAL CARE AND SOCIAL WELFARE: Substitute care

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Reddy LA, Pfeiffer SI. Effectiveness of treatment foster care with children and adolescents: a review of outcome studies. Journal of the American Academy of Child and Adolescent Psychiatry 1997;36(5):581-8.	A review of 40 published outcome studies were systematically reviewed to assess the impact of treatment foster care on five dependent variables: placement permanency, behavior problems, discharge status, social skills, and psychological adjustment.	Treatment foster care produced large positive effects on increasing placement permanency and children's social skills. Medium positive effects were found in reducing behaviour problems, improving psychological adjustment, and reducing restrictiveness of post-discharge placement. Few investigations collected data both at time of program completion and follow-up, precluding a test of the durability and generalisability of treatment foster care outcomes.

SOCIAL CARE AND SOCIAL WELFARE: Domestic violence

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Davis RC, Taylor BG. Does batterer treatment reduce violence? A synthesis of the literature. <i>Women and Criminal Justice</i> 1999;10(2)69-93.	A review of the effects of interventions designed to reduce violence in men who batter.	Among a handful of quasi- and true experiments there is fairly consistent evidence that treatment works and that the effect of treatment is substantial. There is little evidence to date that one form of treatment is superior to another or that longer programmes turn out less violent graduates than shorter ones. There are bases for hypothesising that some batterers may fare better in treatment (or fare better in certain types of treatment) than others, but empirical verification has been highly limited to date.
Chard KM. A meta-analysis of posttraumatic stress disorder treatment outcome studies of sexually victimized women. Indiana University. <i>Dissertation Abstracts International</i> 1995.	A meta-analysis of the effects of treatment on female rape, abuse and/or batter survivors diagnosed with PTSD. Only studies with group and individual treatment interventions with comparison/control groups or pre-post-test measures were included.	Meta-analysis of effects (N=467) from 14 studies showed an average effect size of just under one and a half standard deviations (Cohen $d = 1.457$) on multiple measures. Cognitive and psychodynamic interventions were found to have greater impact than supportive or cognitive-behavioural interventions. While all included treatments were effective, cognitive therapy offered in sequential individual sessions was the statistically superior intervention.
Weaver TL, Clum GA. Psychological distress associated with interpersonal violence: A meta-analysis. <i>Clinical Psychology Review</i> 1995;15(2):115-40.	The present meta-analytic review examined the relationship between interpersonal violence and psychological distress, utilizing 50 published or prepublication empirical studies. Studies were included in the review if they quantified psychological distress following childhood sexual or physical abuse, rape, criminal assault, or partner (domestic) physical abuse or rape.	The overall effect size, though heterogeneous, was clinically and practically significant, demonstrating empirically that interpersonal violence has deleterious effects on psychological functioning. Within victimized groups, specific objective and subjective stressor-related factors were examined for the magnitude of their effect on resulting psychological distress. Subjective factors, such as general appraisal, self-blame, and perceived life threat, contributed twice as much to the magnitude of psychological distress as did objective factors, such as physical injury, force, and use of a weapon. Generally, psychological distress in the domains of intra- and interpersonal functioning emerged as theoretically and clinically important avenues for further research.

SOCIAL CARE AND SOCIAL WELFARE: Anti-violence policies/interventions

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
<p>Wekerle C, Wolfe DA. Dating violence in mid-adolescence: theory, significance and emerging prevention initiatives. <i>Clinical Psychology Review</i> 1999;19(4):435-56.</p>	<p>A review of 6 relationships violence prevention programmes designed for and delivered to youth. Programs addressed specific skills and knowledge that oppose the use of violent and abusive behaviour toward intimate partners; one program addressed interpersonal violence more generally, and was also included in this review because of its implications for dating violence initiatives.</p>	<p>Positive changes were found across studies in violence-related attitudes and knowledge, also, positive gains were noted in self reported perpetration of dating violence, with less consistent evidence in self-reported victimisation. However, these findings should be considered preliminary due to limited follow-up and generalisability. This preliminary review of six programs aimed at addressing particular skills and knowledge that oppose the use of violent and abusive behaviour toward intimate partners identified positive changes in violence-related attitudes and knowledge, and positive gains in self-reported perpetration of dating violence. Less consistent evidence in self-reported victimisation.</p>
<p>Tolan P, Guerra N. Youth Violence: What Works. Boulder, CO: University of Colorado, Boulder Center for the Study and Prevention of Violence 1998.</p>	<p>Review of programmes aimed at reducing or preventing youth violence.</p>	<p>Authors point out that most approaches to youth violence have not been well evaluated, so conclusions of this review must be treated with caution. As in their earlier review (see Tolan and Guerra 1994) there is support for the effectiveness of programs at each of four levels. At the individual level there is support for the use of cognitive-behavioural multidimensional programmes, particularly those that combine generic problem-solving skills with other cognitive skills such as perspective taking. Programmes that provide for extensions into real-life skills and situations are more effective than others, and behaviour modification in real-life settings has shown some promise. Overall, the evidence relating to individual analytic therapy, supportive psychotherapy and intensive casework argues against their use. The last sometimes shows negative results. Biomedical interventions have produced equivocal results and are only indicated for extremely violent youths.</p>
<p>Wing JS, Marriott S, Palmer C, Thomas C. Management of imminent violence: clinical practice guidelines to support mental health services. Occasional Paper OP41: 1998:1-111.</p>	<p>A review of the evidence pertaining to the effectiveness of interventions aimed at preventing or dealing with imminent violence in adult users of the mental health services. Review excluded the elderly, people with learning disorders, people with problems due primarily to personality disorders or substance misuse, people receiving domicilliary visits and those attending general practices. Interventions included: environmental interventions, restraining and seclusion interventions, pharmacological interventions, and short-term prediction interventions. Review included descriptive studies as well as others of</p>	<p>There was weak quantitative evidence that training and experience reduces injuries to staff, although it is not clear whether overall incidents of violence (i.e. patient to patient) is reduced. Overcrowding may be a trigger for violence. Wards with cohesive teams with high morale appear to be less violent. It was not possible to draw strong evidence-based conclusions relating to the use of medication but there is some indication that if psychosocial methods have failed then benzodiazepines alone, or an antipsychotic alone can be used with a reasonable degree of safety for managing violent behaviour. Data did not permit conclusions to be drawn about items that would be clinically useful for the short-term prediction of violence across a range of clinical settings. The variety and methodological weaknesses of available dictated a narrative review. The authors develop 18 guidelines for practice under the general headings: <i>ward design and organisation, anticipating and preventing violence</i> and <i>medication in the context of violence</i>. The authors state that the guidelines 'should be seen as a companion to the Department of Health's guidance, the Health and Safety Executive's guidance on managing and assessing violence to staff and the Royal College of Psychiatrists' Council Report on the design of psychiatric facilities. Controlled studies on the use of atypical and short-acting</p>

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	more appropriate design. The aim was to produce clinical guidelines.	depot neuroleptics in such contexts is identified as an area for further research.
Kellermann AL, Fuqua-Whitley DS, Rivara FP, Mercy J. Preventing youth violence: What works? .Annual Review of Public Health 1998;19:271-92.	A review of interventions designed to prevent youth violence.	Between 1985 and 1992, serious youth violence in the United States surged to unprecedented levels. The growing use of firearms to settle disputes has contributed to this phenomenon. Youth are most often victimised by one of their peers. In response to this problem, a wide variety of programmes have been implemented in an attempt to prevent youth violence or reduce its severity. Few have been adequately evaluated. In general, interventions applied between the prenatal period and age 6 appear to be more effective than interventions initiated in later childhood or adolescence. Community-based programs that target certain high-risk behaviours may be beneficial as well. A sustained commitment to evaluation research is needed to identify the most effective approaches to youth violence prevention.
Harris GR, Rice ME. Risk appraisal and management of violent behavior. Psychiatric Services 1997;48(9):1168-76.	A review analyses research published in the last decade on the prediction, management and treatment of violence persons.	Well-controlled studies have shown the effectiveness of behaviour therapy and of behavioral staff training programmes in reducing violence by patients in institutions, chronic psychiatric patients, and other populations. Little is known about which psychotherapeutic or pharmacological treatments reduce violent recidivism under what circumstances. Recent work on the neurophysiology of aggression holds exciting promise but does not yet provide a scientific basis for prescriptive treatment. The most exiting and promising avenues for research on the management of violence like in the joining of biology and psychology.
Tolan P, Guerra N. What works in reducing adolescent violence: an empirical review of the field. Boulder, CO: Center for the Study and Prevention of Violence. University of Colorado 1994.	Reviews programmes within each of 4 intervention categories that reflect risk factors for violence: individual factors, close interpersonal relationships, proximal social contexts and broader societal macrosystems within a biopsychosocial model.	Few evaluations exist. While effective programmes exist at each level examined those assessed typically target individual-level influences. There is some support for cognitive-behavioural multidimensional programmes, those that provide real life skills and behaviour modification. Proximal interpersonal systems programmes such as family-targeted interventions are effective. In this category peer-relation intervention was less effective. Interventions in proximal social settings, although not sufficiently evaluated, reported some success for increased parental involvement in schools, increasing youths' motivation to do well, and opportunities for prosocial roles. .Community organisation programmes have been minimally evaluated. Milieu or token programmes offered in residential setting appear effective while young people are incarcerated but are not promising in the long term. There were no tests of societal level influence.
Buchanan DR, Chasnoff P. Family crisis intervention programs: What works and what doesn't. Journal of Police Science and Administration 1986;14(2):161-8.	Reviews historical and anecdotal evidence that family crisis intervention (FCI) training	Historical and anecdotal evidence that family crisis intervention (FCI) training improves a police officer's performance in the resolution of family disturbance situations. Concludes that FCI training is a good investment for police departments; trained officers are more highly rated by the community, and their attitudes and skills increase. FCI training may also decrease assaults on police officers.

SOCIAL CARE AND SOCIAL WELFARE: Children in care

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Bates BC, English DJ, Kouidou-Giles S. Residential treatment and its alternatives: A review of the literature 1997;26(1):7-51.	This review summarises the literature for residential treatment, family preservation services, treatment foster care, and individualised services and evaluates characteristics of each model, methodological limitations of outcome studies, and treatment effectiveness with children.	Although residential care is often viewed negatively, empirical evidence does not suggest differential levels of effectiveness compared to non-residential alternatives. The results of some non-residential outcome studies are promising, but efficacy claims should be viewed critically due to the absence of methodologically rigorous evaluations for both residential and non-residential approaches. Treatment effectiveness for both residential and non-residential programs continues to be hampered by the use of small, non-random samples, failure to use comparison or control groups, poorly defined subjective outcome criteria, the use of non-standardised assessment tools, and the failure to explicate and link treatment components to outcomes. Future research should focus on establishing empirically grounded placement criteria, identifying what presenting problems are most amenable to each form of treatment, and maximising the maintenance of treatment gains in the post-discharge environment.

SOCIAL CARE AND SOCIAL WELFARE: Substance abuse

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Ley A, Jeffrey DP, McLaren S, Siegfried N. Treatment programmes for people with both severe mental illness and substance misuse [Cochrane Review] In: The Cochrane Library, Issue 1. Oxford: Update Software; 2000.	A review of the effectiveness of treatment programmes within psychiatric care for people with problems of both substance misuse and serious mental illness.	There is no evidence that any one programme is more effective than another in “dual diagnosis” – people with severe mental illness and substance abuse. Reviewers observe that the current momentum for integrated programmes is not based on good evidence. Implementation of new specialist substance misuse services for those with serious mental illnesses should be within the context of simple, well designed controlled clinical trials.
Kirchmayer U, Davoli M, Verster A. Naltrexone maintenance treatment for opioid dependence [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.	A review of the eleven randomised controlled trials of the effects of naltrexone maintenance treatment in preventing relapse in opioid addicts after detoxification.	The available trials do not allow a final evaluation of naltrexone maintenance treatment. A trend in favour of treatment with naltrexone was observed for certain target groups. The place of naltrexone treatment remains uncertain, but may be useful as an adjunct in people for whom the consequences of relapse are severe (parolees, health care professionals). A well-conducted clinical trial is needed in order to obtain better evidence.
Irvin JE, Bowers CA, Dunn ME, Wang MC. Efficacy of relapse prevention: a meta-analytic review. <i>Journal of Consulting and Clinical Psychology</i> 1999;67(4):563-70.	A meta-analysis was performed to evaluate the overall effectiveness of RP and the extent to which certain variables may relate to treatment outcome. Twenty-six published and unpublished studies with 70 hypothesis tests representing a sample of 9,504 participants were included in the analysis.	Results indicated that RP was generally effective, particularly for alcohol problems. Additionally, outcome was moderated by several variables. Specifically, RP was most effective when applied to alcohol or polysubstance use disorders, combined with the adjunctive use of medication, and when evaluated immediately following treatment using uncontrolled pre-post tests.
Griffith JD, Rowan-Szal GA, Roark RR, Simpson DD. Contingency management in outpatient methadone treatment: a meta-analysis. <i>Drug and Alcohol Dependence</i> 1999.	A meta-analysis of contingency management interventions in outpatient methadone treatment settings. Outcome measures of interest was drug use during treatment, as detected through urinalysis.	Contingency management is effective in reducing supplemental drug use for these patients. The analysis of behavioural interventions yielded an overall effect size (r) of 0.25 based on 30 studies. Significant moderators of outcomes included type of reinforcement provided, time to reinforcement deliver, the drug targeted for behavioral change, number of urine specimens collected per week, and type of subject assignment. <u>These factors represent considerations for reducing drug use during treatment.</u>
Kownacki RJ, Shadish WR. Does alcoholics anonymous work? The results from a meta-analysis of controlled experiments. <i>Substance Use and Misuse</i> 1999;34(13):1897-1916	This article reviews the outcome (usually abstinence at 12 months) of 21 controlled studies of AA, with emphasis on methodological quality. Severe selection biases compromised all quasi-experiments.	Randomised studies yielded worse results for AA than non-randomised studies, but were biased by selection of coerced subjects. Attending conventional AA meetings was worse than no treatment or alternative treatment; residential AA-modelled treatments performed no better or worse than alternatives; and several components of AA seemed supported (recovering alcoholics as therapists, peer-led self-help therapy groups, teaching the Twelve-Step process, and doing an honest inventory).
White D, Pitts M. Educating young people about drugs: A systematic review. <i>Addiction</i> 1998;10:1475-87.	A systematic review of interventions targeting illicit drug use which provided sufficient detail of the intervention and design of the evaluation to allow judgements to be made of their	Identified evaluations were delivered in a range of settings including: schools and colleges; community settings; the family; medical/therapeutic settings; mass media. Findings: The majority of studies identified were evaluations of interventions introduced in schools and targeting alcohol, tobacco and marijuana simultaneously. These studies were methodologically stronger than interventions targeting other drugs and implemented

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	methodological soundness. A meta-analysis was conducted combining the data of the methodologically sound studies.	outside schools. Meta-analyses showed that the impact of evaluated interventions was small with dissipation of programme gains over time. Interventions targeting hard to reach groups have not been evaluated adequately. Conclusions: Effort needs to be directed towards the development of improved evaluative solutions to the problems posed by these groups. There is still insufficient evidence to assess the education; more methodologically sound evaluations are required. There is also a need to target interventions to reflect the specific needs and experiences of recipients. [References: 52]
Cross JE, Saunders CM, Bartelli D. The effectiveness of educational and needle exchange programs: a meta-analysis of HIV prevention strategies for injecting drug users. <i>Quality and Quantity</i> 32, 1998;2:165-80.	A meta-analysis examining the effects of educational interventions and needle exchange programmes published in papers between 1984 and 1995.	The weighted mean effect size for 6,251 study participants of 16 educational interventions included in the review was 0.749 (95% CI, 0.708 to 0.790), and the weighted mean effect size for the 1,675 study participants of the 10 needle exchange programmes was 0.279 (95% CI, 0.207 to 0.352). suggesting that both interventions had a positive effect on reducing HIV risk behaviours associated with injecting drug use. However results were dependent on research design, outcome type, and follow-up time.
Minozzi S, Grilli R. The systematic review of studies on the efficacy of interventions for the primary prevention of alcohol abuse among adolescents. [Italian] <i>Epidemiologia e Prevenzione</i> 1997;21(3)180-8.	A systematic review of 21 randomised controlled trials indexed on Medline between 1983 and July 1995.	21 studies covering 27 preventive programmes were included using 5 different interventions. Only 3 were effective on all the outcomes measures utilised and 6 were partially effective. Low methodological quality of studies and range of outcome measures made it difficult to compare the results of different studies and impossible to reach definitive conclusions.
Tobler NS, Stratton HH. Effectiveness of school-based drug prevention programs: A meta-analysis of the research. <i>Journal of Primary Prevention</i> 1997;18(1):71-128.	A meta-analysis of 120 school-based programs (5th-12th) that evaluated success on self-reported drug use measures.	Two major types of programs were identified: Interactive and Non- Interactive. Six factors related to program effectiveness (sample size, targeted drug type of control group, special populations, type of leader, and attrition) were included as covariates. The superiority of the Interactive programs was both clinically and statistically significant to the Non-Interactive programs for tobacco, alcohol, marijuana and illicit drugs and for all adolescents including minority populations. The larger Interactive programs were less effective, although still significantly superior to the Non-Interactive programs, which suggests implementation failures.
Wilk AI, Jenson NM. Meta-analysis of randomised control trials addressing brief interventions in heavy alcohol drinkers. <i>Journal of General Internal Medicine</i> 1997;12(5):274-83.	To assess the effectiveness of brief interventions in heavy drinkers.	Heavy drinkers who received a brief intervention were twice as likely to moderate their drinking 6 to 12 months after an intervention when compared with heavy drinkers who received no intervention. Brief intervention is a low-cost effective preventive measures for heavy drinkers in outpatient settings.
Hoag MJ, Burlingame GM. Evaluating the effectiveness of child and adolescent group treatment: a meta-analytic review. <i>Journal of Clinical Child Psychology</i>	Utilizing 56 outcome studies published between 1974 and 1997, this meta-analysis specifically examines the effect of group treatment with children and adolescents (ages 4-18). Various types of	Results indicate that group treatment was significantly more effective for children than wait-list and placebo control groups (effect size = .61). That is, the average child or adolescent treated by group treatment is better off than 73% of those in control groups. This meta-analysis strengthens and supports conclusions in the current literature and challenges others regarding the treatment of children and adolescents by group treatment.

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1997;26(3):234-46.	group treatment were assessed, including preventative programs, psychotherapy, counseling, guidance, and training groups.	For instance, allegiance of the experimenter, setting of the therapy, socioeconomic status of the patient, and publication year of the study were variables that were significantly related to improvement, whereas diagnosis, content and source of the outcome measure were unrelated to improvement.
Stanton MD, Shadish WR. Outcome, attrition and family couples treatment for drug abuse: a meta-analysis and review of the controlled, comparative studies. <i>Psychological Bulletin</i> 1997;122(2):170-91.	This review synthesizes drug abuse outcome studies that included a family-couples therapy treatment condition.	The meta-analytic evidence, across 1,571 cases involving an estimated 3,500 patients and family members, favours family therapy over (a) individual counselling or therapy, (b) peer group therapy, and (c) family psycho-education. Family therapy is as effective for adults as for adolescents and appears to be a cost-effective adjunct to methadone maintenance. Because family therapy frequently had higher treatment retention rates than did non-family therapy modalities, it was modestly penalised in studies that excluded treatment dropouts from their analyses, as family therapy apparently had retained a higher proportion of poorer prognosis cases. Re-analysis, with dropouts regarded as failures, generally offset this artefact. Two statistical effect size measures to contend with attrition (dropout d and total attrition d) are offered for future researchers and policy makers.
Heneghan AM, Horwitz SM, Leventhal JM. Evaluating intensive family preservation programs: a methodological review. <i>Pediatrics</i> 1996;97(4):535-42.	A review of the adequacy of evaluations of family preservation services (FPS), which are designed to support families and prevent out of home placements of children at risk of abuse or neglect, and to assess the effectiveness of FPS at reducing out of home placements of children. References published from 1977 to 1993 were identified from a computerized search of databases for English-language publications using the key phrases "family preservation," "child abuse," and "family-based services." Unpublished references were identified by mail or phone from a listing of more than 200 programs in a national directory. Of 802 references initially identified, 46 program evaluations were reviewed. Ten studies met the following inclusion criteria: (1) evaluated an intensive family preservation program, (2) included outcome data in the report, and (3) used a comparison group. Five were randomized	Only two studies were rated acceptable, four were adequate, and four were unacceptable. Methodological shortcomings included poorly defined assessment of risk, inadequate descriptions of the interventions provided, and nonblinded determination of the outcomes. Rates of out of home placements were 21% to 59% among families who received FPS and 20% to 50% among comparison families. The relative risk of placement was significantly reduced by FPS in only two studies (one randomized trial and one quasi-experimental study). Despite current widespread use of FPS to prevent out of home placements of children, evaluations of FPS are methodologically difficult and show no benefit in reducing rates of out of home placements of children at risk of abuse or neglect in 8 of 10 studies. Consistent, methodologically rigorous evaluations are needed to determine the effectiveness of FPS and to guide social policy for high-risk children and their families.

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<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	trials, and 5 were quasi-experimental studies (nonrandomized).	
Allen M, Burrell N. Comparing the impact of homosexual and heterosexual parents on children: meta-analysis of existing research. <i>Journal of Homosexuality</i> 1996;32(2):19-35.	A meta-analysis of the available quantitative literature comparing the impact of heterosexual and homosexual parents, using a variety of measures, on the child(ren). The analyses examine parenting practices, the emotional well-being of the child, and the sexual orientation of the child.	The results demonstrate no differences on any measures between the heterosexual and homosexual parents regarding parenting styles, emotional adjustment, and sexual orientation of the child(ren). In other words, the data fail to support the continuation of a bias against homosexual parents by any court.
Edwards ME, Steinglass P. Family therapy treatment outcomes for alcoholism. <i>Journal of Marital and Family Therapy</i> 1995;21(4):475-509.	A meta-analysis of 21 studies from 1972-1993 of family-involved therapy for alcoholism, evaluating them for design adequacy, clinical significance, and effect size. The review is divided into studies of family involvement in 3 phases of treatment: initiation, primary treatment, rehabilitation, and aftercare.	It is concluded that family therapy is effective in motivating alcoholics to enter treatment. Once the drinker enters treatment, family-involved treatment is marginally more effective than individual alcoholism treatment. The data suggest that 3 factors may mediate the effect of treatment: gender, investment in the relationship, and perceived support from the spouse for abstinence. Modest benefits have been obtained in family-involved relapse prevention programs.
Shadish WR, Ragsdale K, Glaser RR, Montgomery LM. The efficacy and effectiveness of marital and family therapy: A perspective from meta-analysis. <i>Journal of Marital and Family Therapy</i> 1995;21(4):345-60.	A meta-analysis of 163 randomised trials of the effects of marital and family therapy (MFT).	Across 163 randomised trials, MFT demonstrated moderate, statistically significant, and often clinically significant effects. No orientation was yet demonstrably superior to any other, nor was MFT superior to individual therapy. Cost-effectiveness information was scant but supportive. Randomised experiments yielded very different answers from nonrandomized experimental studies of the effects of MFT, calling into question whether the 2 types should be mixed in reviews. New differences were found in the ways that marital therapy (MT) and family therapy (FT) studies are conducted, making them harder to compare. Questions still exist about whether any psychotherapy, including MFT, yet has sufficient information about how well research generalises to everyday clinical practice.
Suss HM. The effectiveness of the treatment of alcoholics: results of a meta-analysis <i>Psychologische Rundschau</i> 1995;46(4):245-66.	A meta-analysis of 23 experimental and 21 non-experimental prospective studies.	Different general success rates for total abstinence and improvement of drinking behaviour are found depending on the method of calculation (handling of treatment dropouts and follow-up dropouts).
Elmquist DL. A systematic review of parent-oriented programs to prevent children's use of alcohol and other drugs. <i>Journal of Drug Education</i> 1995;25(3):251-79.	A systematic review of the characteristics of twenty-two instructor-led parent-oriented programs designed to prepare parents to prevent their children's alcohol and other drug use. To conduct this program review, the author developed	The results of the reviews are summarized according to program characteristics. Recommendations are based upon the review results. These results and recommendations can help prospective users make an informed decision before they adopt or invest in a program

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	120 criteria for analysing and reviewing the characteristics of the programs. The criteria were grouped under five main topics or components: 1) general characteristics, 2) instructional characteristics, 3) skills addressed, 4) generalisation methods, and 5) evaluation. The author then trained two uninformed reviewers to review with reliability each program	
Ennett ST, Tobler NS, Ringwalt CL, Flewelling RL. How effective is drug abuse resistance education? A meta-analysis of Project DARE outcome evaluations 1994.	A meta-analysis of eight studies of the effectiveness of Project DARE (Drug Abuse Resistance Education) the most widely used school-based drug use prevention program in the United States.	Weighted effect size means for several short-term outcomes also were compared with means reported for other drug use prevention programs. The DARE effect size for drug use behaviour ranged from .00 to .11 across the eight studies; the weighted mean for drug use across studies was .06. For all outcomes considered, the DARE effect size means were substantially smaller than those of programs emphasising social and general competencies and using interactive teaching strategies. CONCLUSIONS. DARE's short-term effectiveness for reducing or preventing drug use behaviour is small and is less than for interactive prevention programs.
Hansen WB. School-based substance abuse prevention: A review of the state of the art in curriculum, 1980-1990. Health Education Research 1992;7(3):403-30.	A review of substance use prevention studies published between 1980 and 1990	Six groups of programs (Information/Values Clarification, Affective Education, Social Influence, Comprehensive, Alternatives and Incomplete programs) were identified. Reports were analyzed for two major threats to validity, selection bias and statistical power. Program groups generally have similar selection biases but have important differences in statistical power. Comprehensive and Social Influence programs were found to be most successful in preventing the onset of substance use.
Bruvold WH. Meta-analysis of the California School-Based Risk Reduction Program. Journal of Drug Education 1990;20(2):139-52.	A review of 8 projects meeting certain inclusion criteria, viz. comparison groups, pre-testing, participant tracking, control of attrition, dependent variable validity, and effect size computation. 6 of the 8 studies were based upon a rational model and 2 on a developmental model of intervention.	The rational model programs impact more on knowledge and less on attitudes and behaviour. Developmental programmes impact more on attitudes and behaviour and less on knowledge At present the results indicate that the developmental approach, because of its effects on behaviour, has more potential for deterring drug use.

SOCIAL CARE AND SOCIAL WELFARE: People with learning disabilities

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Felce D. Quality of Life for People with Learning Disabilities in Supported Housing in the Community: A Review of Research. The Centre for Evidence-Based Social Services, University of Exeter, Exeter. 2000.	Narrative review of 148 research articles comparing quality of life for people with learning disabilities in different residential service models. Also sets out a framework for quality of life assessment covering physical, material, social, productive, emotional and civic well-being, and user satisfaction.	Standard approaches to care in this field still fall well short of the outcomes exhibited in the best of international research. In other words, routine services in Britain are not necessarily in line with the best of international experience revealed by research. Outcome research reveals that ordinary housing within the community appears to be the most advantageous model for the provision of services for people with learning disabilities. Thus “normalised”, homely environments with ordinary housing architecture and domestic furnishings should be adopted as the norm. Housing should be near to community amenities and to family and established friends. Small size, community location and ordinary housing, however, do not guarantee quality- a complex array of environmental factors interact to determine outcome quality. There is little evidence that staff qualifications or characteristics effect the quality of outcomes.
Simons K, Watson D. New Directions? Day Services for People with Learning Disabilities in the 1990s. A Review of the Research. Exeter: The Centre for Evidence-Based Social Services, University of Exeter 1999.	A narrative review of 130 published research sources on the effects of day services for people with learning disabilities.	There is a lack of evaluative research on many aspects of day services. There is still considerable confusion about the function of day services. Day services are in the early stages of fundamental reform. The performance of day services is very variable. There is an important, potential role for employment-related support services. Wider policy changes would appear to provide a favourable context for the modernisation of day services.
Swanson HL. Reading research for students with LD: A meta-analysis in intervention outcomes. Journal of Learning Disabilities 1999;32(6):504-32.	Provides a meta-analysis of instructional research with children and adolescents with learning disabilities in the domains of word recognition and reading comprehension. Provides a meta-analysis of instructional research with children and adolescents with learning disabilities in the domains of word recognition and reading comprehension. The results of the synthesis showed that a prototypical intervention study has an effect size (ES) of .59 for word recognition and .72 for reading comprehension.	The results of the synthesis showed that a prototypical intervention study has an effect size (ES) of .59 for word recognition and .72 for reading comprehension. Four important findings emerged from the synthesis: (1) ESs for measures of comprehension were higher when studies included derivatives of both cognitive and direct instruction, whereas ESs were higher for word recognition when studies included direct instruction; (2) ESs related to reading comprehension were more susceptible to methodological variation than studies of word recognition; (3) the magnitude of ES for word recognition studies was significantly related to samples defined by cutoff scores, whereas the magnitude of ES for reading comprehension studies was sensitive to discrepancies between IQ and reading when compared to competing definitional criteria; and (4) instructional components related to word segmentation did not enter significantly into a weighted least square hierarchical regression analysis for predicting ES estimates of word recognition beyond an instructional core model, whereas small-group interactive instruction and strategy cuing contributed significant variance beyond a core model to ES estimates of reading comprehension.
Swanson HL, Hoskyn M. Experimental intervention research on students with learning disabilities: A meta-analysis of treatment outcomes. Review of Educational	Summarizes a comprehensive synthesis of experimental intervention studies that have included students with learning disabilities. Effect sizes for 180 intervention studies were analyzed across	The overall mean effect size of instructional intervention was positive and of high magnitude ($M = 0.79$). Effect sizes were more positive for a combined model that included components of direct and strategy instruction than for competing models. Interventions that included instructional components related to controlling task difficulty, small interactive groups, and directed responses and questioning of students were

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Research 1999.	instructional domains, sample characteristics, intervention parameters, methodological procedures, and article characteristics.	significant predictors of effect size; and interventions that varied from control conditions in terms of setting, teacher, and number of instructional steps yielded larger effect sizes than studies that failed to control for such variations. Results are supportive of the pervasive influence of cognitive strategy and direct instruction models for remediating the academic difficulties for children with learning disabilities.
Swanson HL, Hoskyn M. Definition treatment interactions for students with learning disabilities. <i>School Psychology Review</i> 1999;28(4):644-58.	Investigated whether intervention outcomes for students with learning disabilities (LD) vary as a function of IQ and/or reading level. Effect sizes for 180 intervention studies were analyzed across instructional domains (e.g., reading, mathematics), and sample characteristics (e.g., intelligence, reading).	The findings were (1) a significant intelligence * reading level interaction emerges related to the magnitude of treatment outcomes indicating that studies which produced the highest effect sizes reported the smallest discrepancy between intelligence and reading when compared to other studies; (2) effect sizes were higher for strategy instruction and direct instruction-only models when studies met cut-off score criteria (study samples report standardized IQ scores at or above 85 and reading scores at or below the 25th percentile) when compared to other studies; and (3) effect sizes were more positive for a Combined Strategy and Direct Instruction model when compared to competing instructional models, but the difference in magnitude was weakened when compared to competing models when samples were defined as meeting cut-off score criteria. Overall, the results support the notion that variations in how LD samples are defined are related to the magnitude of treatment outcomes.
Lumley VA, Miltenberger RG. Sexual abuse prevention for persons with mental retardation. <i>American Journal of Mental Retardation</i> . 1997;101(5):459-72	A narrative review of issues relating to ways of reducing the apparently increased risk of sexual abuse among people with "mental retardation" (learning disability). The problem of sexual abuse among persons with learning disability, skills for preventing sexual abuse, and methods for assessing prevention skills are discussed. No search methods described and the authors do not state that the paper constitutes a comprehensive review. Because very little research on teaching sexual abuse prevention skills exists, research on abduction prevention programs for persons with learning disability as well as on sexual abuse prevention programs for children, was reviewed. Suggestions for future research in the area of sexual abuse prevention for persons with learning disability are	The authors postulate that as behavioural skills training (BST) has been successful in people with learning disabilities for abduction training and that BST has been successful in sexual abuse prevention for children, then BST techniques should be explored in sexual abuse prevention for people with learning disabilities. The other main conclusion is that existing research has typically measured improvements in knowledge but that these do not necessarily translate into action. Therefore, skills need to be assessed as outcomes. This can be done using role play and/or <i>in situ</i> assessment (i.e., under controlled conditions, using confederates to approach people to test their reactions).

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	discussed.	
Didden R, Duker PC, Korzilius H. Meta-analytic study on treatment effectiveness for problem behaviors with individuals who have mental retardation. <i>American Journal of Mental Retardation</i> 1997;101(4): 387-99.	A meta-analysis of 482 empirical studies on treatment of problem behaviors of individuals with mental retardation was conducted. A metric of treatment effectiveness was computed for 1,451 comparisons between baselines and treatments, 34 topographies of problem behaviour, and 64 treatment procedures.	Analysis of variance with percentage of nonoverlapping data as the dependent variable and comparison as the basic unit of analysis revealed that treatment of externally destructive behaviors had significantly lower mean percentage of nonoverlapping data scores than did treatment of socially disruptive and internally maladaptive behaviors. Response contingent procedures were significantly more effective than were other procedures. No significant interactions were found. Results of a stepwise regression showed that only performing a functional analysis made a significant contribution. These results may lead to more objective assignment of treatment procedures to problem behaviors.
Forness ST, Kavale KA. Treating social skill deficits in children with learning disabilities: A meta-analysis of the research. <i>Journal of Learning Disabilities</i> 1996;29:226-37.	A meta-analysis of 53 studies from the past 15 yrs on social skills training or intervention for children with learning disabilities (LDs).	<i>Learning Disability Quarterly</i> . 19, (1): 2-13 Although social skills deficits seem to be characteristic of children with LDs, such deficits appear highly resistant to treatment. Across the 53 studies analyzed, the training mean effect size obtained was only .211, with very few differences among teachers, peers, or children who judged effectiveness of training. Children with LDs seemed the most impressed with their social skills after training. However, peers without LDs tended to view the same results as significantly less positive. Teacher impressions were modest regarding the impact of training on overall social adjustment and almost negligible regarding intervention for such problems as conduct disorders or hyperactivity. Among all 3 groups, actual social interaction was rated among the least improved skills.
Feldman MA. Parenting education for parents with intellectual disabilities: a review of outcome studies. <i>Research in Developmental Disabilities</i> 1994;15(4):299-332.	Parents with intellectual disabilities (i.e., IQ < 80; mental retardation) are overrepresented in child maltreatment cases and have a variety of parenting skill deficits. Their children are at risk for neglect, developmental delay, and behavioral disorders. This review of parenting education interventions for such parents identified 20 published studies with adequate outcome data. A total of 190 such parents (188 mothers, 2 fathers), with IQs ranging from 50 to 79 were involved. Parenting skills trained included basic child-care, safety, nutrition, problem solving, positive parent-child interactions, and child behaviour management.	The most common instructional approach was behavioral (e.g., task analysis, modeling, feedback, reinforcement). Overall, initial training, follow-up, and social validity results are encouraging. Generalization and child outcome data are weak. Further research is needed to (a) identify variables associated with responsiveness to intervention, and (b) develop and compare innovative programs that teach parents with cognitive disabilities the necessary generalized skills to demonstrate long-term beneficial effects on their children.
Corrigan PW. Social skills training	A meta-analysis of 73 studies of social	Patients participating in social skills training programs broadened their repertoire of

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adult psychiatric populations: a meta-analysis. Journal of Behavior Therapy and Experimental Psychiatry 1991;22(3):203-10.	skills training in four adult psychiatric populations: developmentally disabled, psychotic, nonpsychotic and legal offenders	skills. Changes were maintained at several months follow-up. Patients showed reductions in psychiatric symptoms relating to social dysfunctions. Although results from ANOCVA comparing effect sizes across the four populations (with design quality as a covariate) were non-significant, consistent trends suggested that social skills training had the greatest effect on developmentally disabled groups and the least effect on offender groups. Social skills training was relatively more effective in outpatient than inpatient settings.

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<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Cuijpers P. Psychological outreach programmes for the depressed elderly: A meta-analysis of effects and dropout. <i>International Journal of Geriatric Psychiatry</i> 1998;13(1):41-8.	A meta-analysis of the effectiveness of these 14 outreach programmes in which psychological treatment was offered to depressed elderly in the community.	The effect size is large (0.77), comparable to the effect sizes found in younger adults. In a regression analysis it was found that the effect sizes of cognitive behavioural therapies are larger than those of other therapies. The mean dropout rate is 23%. It was also found that dropout was larger in group interventions, in cognitive-behavioural therapies, in interventions with more female participants, and in interventions offering more sessions. It is noted that analyses of the dropout rate should be part of every meta-analysis of intervention studies.
Engels GI, Vermey M. Efficacy of nonmedical treatments of depression in elders: A quantitative analysis. <i>Journal of Clinical Geropsychology</i> 1997;13(1):17-35.	Meta-analysis of 17 studies on the efficacy of nonmedical (psychological) treatments for depression in the elderly showed that treatment was more effective than placebo or no treatment. Effects were equal for mild and severe depression and proved to be maintained over time.	The mean effect size indicated that the mean treated client was better off than 74% of the clients in control conditions. Behavior therapy and cognitive-behavior therapy separately produced larger effect sizes than a combination (cognitive-behavior therapy), reminiscing therapy, and anger expression. The attention-placebo factor proved to be important. Individual therapy produced better results than group therapy. A number of client characteristics, treatment characteristics, and research characteristics had an impact on the magnitude of the effect sizes. Because of the small number of studies, the interdependence of these variables could not be studied. It is concluded that psychological therapies are effective for treating depression in the elderly. However, given the small sample size of this meta-analysis, the results have to be interpreted with caution.
Carlson M, Fanchiang SP, Zemke R, Clark F. A meta-analysis of the effectiveness of occupational therapy for older persons. <i>American Journal of Occupational Therapy</i> 1996;50(2): 89-98.	Conducted a meta-analysis to determine the degree of effectiveness of occupational therapy (OT) in enhancing the psychosocial well being, daily functioning, and physical health of older persons (mean age 60+ yrs). 15 relevant studies were included from various journals on OT and gerontology. The design variables included year of publication, type of research design, treatment setting, type of OT, duration of treatment, and type of outcome variable.	Results show that OT services for older people produced positive results across a wide range of treatment contexts. Beneficial effects of treatment extended to functional activities of daily living and psychosocial outcomes. Physical outcomes were also found to be beneficial, although not every meta-analytic test yielded such results. It is concluded that OT can contribute to the quality of life of elderly persons when incorporated in health care programs.
Evans RL, Connis RT, Hendricks RD, Haselkorn JK. Multidisciplinary rehabilitation versus medical care: A meta-analysis. <i>Social Science and Medicine</i> 1995;40(12).	A meta-analysis of 68 studies, published 1974-1994, to compare the effect of specialised rehabilitative care and conventional medical care on improvement of health outcomes on the basis of survival, functional ability, and discharge location.	Results indicated that rehabilitation services were significantly associated with better rates of survival and improved function during hospital stay, but significance was not observed at follow-up. Rehabilitation participants return to their homes and remain there more frequently than controls, function better at hospital discharge, and have a better chance of short term survival. However, long term survival and function were the same for experimental and controls. The sustaining benefit of returning home may justify inpatient rehabilitation, although services may need to be continued at home or in sub-

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<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Scogin F, McElreath L. Efficacy of psychosocial treatments for geriatric depression: A quantitative review. <i>Journal of Consulting and Clinical Psychology</i> . 1994;62(1):69-73.	A meta-analysis of 17 studies examined the efficacy of psychosocial treatments for depression among older adults. Studies were included only if a comparison was made to a control condition (no treatment, delayed treatment, or placebo treatment) or another psychosocial intervention.	acute care settings to optimise their effectiveness. Results indicated that treatments were reliably more effective than no treatment on self-rated and clinician-rated measures of depression. Effect sizes for studies involving participants with major depression disorder were also reliably different from zero, as were effect sizes from studies involving participants with less severe levels of depression. These findings compare favorably with several other quantitative reviews of treatments for depression. Results suggest more balanced presentations of the potential benefits of psychosocial interventions are warranted.
Klawansky S. Meta-analysis on the treatment of depression in late life. In: L.S. Schneider, and C.F. Reynolds (Eds) <i>Diagnosis and treatment of depression in late life: Results of the NIH Consensus Development Conference</i> . Washington, DC 1994.	A meta-analysis of the diagnosis and treatment of geriatric depression. Based on randomised controlled trials published between 1960 and 1991 that compared [drug] treatments for depression in elderly patients.	Highlights the fact that the small number of RCTs makes it premature to expect to obtain summary results from formal meta-analyses of antidepressants.
Gorey KM, Cryans AG. Group work as interventive modality with the older depressed client: A meta-analytic review. <i>Journal of Gerontological Social Work</i> 1991; 16(1-2):137-57.	This review analyses 19 empirical studies dealing with the effectiveness of group work intervention with depressed older clients (aged 65+ years).	Overall, group work was found to account for 32% positive change in client affective states; however, most of this improvement (87%) appears to be attributable to non-specific interventive variables (i.e., factors outside the control and intent of the group worker). Group work is optimally effective for clients who live alone and are moderately to severely depressed. Client age is no factor in group work effectiveness, and the most effective format is constituted by small client groups and interventions of short duration.

SOCIAL CARE AND SOCIAL WELFARE: People with physical disabilities

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
<p>Mountain G. Occupational Therapy in Social Services Departments. A Review of the Literature. Exeter: Centre for Evidence-Based Social Services, University of Exeter/College of Occupational Therapists. 2000.</p>	<p>A narrative review of 150 published research sources on the effects of occupational therapy services in social services departments.</p>	<p>Outcomes of provision of equipment and housing adaptations are positive in the main from the service users' perspective, once the service has been received. However, the purported problem of non-utilisation and dissatisfaction with disability equipment is poorly researched. Work is needed to review whether users' experiences have improved in recent times.</p> <p>It is often difficult to isolate the specific outcomes of social services occupational therapy from the conclusions drawn from wider studies, which have looked at global outcomes of services to older people with disabilities. Studies which, have examined different factors which impact upon levels of independence (particularly for older people) suggest that the contribution of occupational therapists can be significant.</p> <p>Local authority occupational therapy is a specialist role which can be highly effective. However, outcomes are often compromised by requirements set by existing legislation and the need for better collaborative working between the different organizations who are required to be involved.</p> <p>There are benefits to be gained by specialist health services directly providing small items of equipment. Outcomes of equipment provision are demonstrably improved if time is spent educating people about correct usage. For those people who are hospitalised, there are strong arguments for commencing this education during admission, with follow up after discharge. Research also supports the value of follow up home visits to evaluate the effectiveness and safety of prescribed equipment, to determine the impact of education upon the confidence of the user, and to explore the contribution of the device towards the quality of their overall lifestyle.</p> <p>Studies demonstrates the adverse effects of disjointed, service led occupational therapy, particularly for people being discharged from hospital care. Research suggests that services can either be duplicated by hospital and social services employed occupational therapists, or conversely that services which are needed are not provided. Cessation of occupational therapy upon discharge from hospital can be highly detrimental for people with complex needs for rehabilitation. Evidence also demonstrates that assessments conducted in hospital prior to discharge do not accurately predict ability to cope once home.</p> <p>Outcomes for users and for services can be improved through close working relationships between occupational therapy and home care. Benefits can be derived from promoting independence and thus reducing demand for care services, and by training home care staff to prescribe simple pieces of equipment.</p> <p>Evidence demonstrates that access to community rehabilitation provided by occupational therapists can significantly improve outcomes for people who have had a CVA, and those who care for them. However, there are unanswered questions about whether this benefit is primarily a consequence of the provision of a dedicated service staffed by specialists;</p>

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		or derived from rehabilitation provided in a community setting. There is little evidence of occupational therapy input or outcomes with respect to visual impairment or visual problems created by the environment, even though these are commonly encountered in the community, particularly among older people.
Godfrey M, Randall T, Long A, Grant M. Home Care: A Review of Effectiveness and Outcomes. Nuffield Institute of Health, University of Leeds; Health Care Practice Research and Development Unit, University of Salford. 2000.	A systematic review of published research articles on outcomes, and service-user/carer satisfaction with different models of home care provision. (Research addresses the methodological quality of 101 international studies)	Service users in all schemes have multiple health and social care needs. The most widely addressed services – outcome measures were community tenure and cost difference vis a vis hospital or other residential care and home care. No impact on acute hospital admissions was found. However, lower mortality rates were associated with the use of these services. Service users report good levels of satisfaction with service, improvements with health and social wellbeing. There was no favourable impact on carers however.
Bauman LJ, Drotar D, Leventhal JM, Perrin EC, Pless IB. A review of psychosocial interventions for children with chronic health conditions. Pediatrics 1997;100(2): 244-51.	A review of randomised controlled trials of the effectiveness of psychosocial interventions for children with chronic health conditions.	Some psychosocial interventions can help children and families cope with the psychological and social consequences of chronic health conditions. However there is a need for more methodologically rigorous evaluations.
Test DW, Wood WM. Natural supports in the workplace: The jury is still out. Journal of the Association for Persons with Severe Handicaps 1996;21(4):155-73.	The potential impact of natural supports on both supported employment policy and practice is considered, and a review of the research literature to document the contributions of strategies based on the concept of natural supports to supported employment is presented.	Results are discussed in terms of separating the concept of natural supports from strategies based on the concept of natural supports. Future research areas are examined, and the potential problems of having natural supports as policy without empirical support for practice.

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Pharoah FM, Mari JJ, Streiner D. Family intervention for schizophrenia [Cochrane Review] In: The Cochrane Library, Issue 2, 2000. Oxford: Update Software.	A systematic review of randomised and quasi-randomised controlled trials of the effects of family psychosocial interventions in community settings for the care of those with schizophrenia or schizophrenia-like conditions compared to standard care.	<p>Main results: Family intervention may decrease the frequency of relapse (one year OR 0.57 CI 0.4-0.8, NNT 6.5 CI 4-14). The trend over time of this main finding is towards the null and some small but negative studies may not have been identified by the search. Family intervention may decrease hospitalisation and encourage compliance with medication but data are few and equivocal. Family intervention does not obviously effect the tendency of individuals/families to drop out of care. It may improve general social impairment and the levels of expressed emotion within the family. This review provides no data to suggest that family intervention either prevents or promotes suicide.</p> <p>Reviewers' conclusions: Clinicians, researchers, policy makers and recipients of care cannot be confident of the effects of family intervention from the findings of this review. Further data from already completed trials could greatly inform practice and more trials are justified as long as their participants, interventions and outcomes are generalisable to routine care.</p>
Lart R, Payne S, Beaumont B, Macdonald G, Mistry T. Women and secure psychiatric services: a literature review. CRD Report 1999;14:1-102.	A scoping review of services for mentally disordered women offenders which incorporates a review of the effectiveness of different service delivery models.	<p>Women make up less than one-fifth of the population in secure settings in the UK, but are a heterogeneous group in terms of age, personal, psychiatric and forensic histories. As a group they differ from men in that they are less likely to have committed serious criminal offences but are more likely to have experienced previous psychiatric admissions. They had different patterns of diagnoses than men, being more likely to be diagnosed as having a personality disorder, or as having a borderline personality disorder. This is particularly true of women in medium secure services. Services in secure psychiatric settings either provide gender blind services (in which the particular needs of women are not considered) or include women as an 'afterthought'. Services do not address the needs of women, who often have histories of physical and sexual abuse. Research has not addressed the impact of available services on women and no studies exist on the effectiveness of psychiatric care for women in secure accommodation</p>
Cuijpers, P. The effects of family interventions on relatives' burden: A meta-analysis 1999.	A meta-analysis is conducted to test the hypothesis that family interventions have a positive effect on the burden and distress of relatives of psychiatric patients	An analysis of the 16 studies that were found, indicate that family interventions can have considerable effects on relatives' burden, psychological distress, the relationship between patient and relative and family functioning. Interventions with more than 12 sessions have larger effects than shorter interventions. Several other success predictors can be hypothesised to be related to outcome.
McRoberts C, Burlingame GM, Hoag M, Cuijpers J. Comparative efficacy of individual and group psychotherapy: A meta-analytic perspective. Group Dynamics 1998;2(2):101-17.	Recent reviews of the group psychotherapy literature indicate that group is a beneficial and cost-effective treatment format. However, collective findings on the differential efficacy of group when compared with individual therapy remain problematic, incomplete,	Results were consistent with previous reports that indicated no difference in outcome between the group and individual formats. This finding generally held true when client, therapist, methodology, treatment, and group variables were examined for possible relationship with effect sizes comparing group and individual therapy. Results bolster past findings that group therapy can be used as an efficacious cost-effective alternative to individual therapy under many different conditions.

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	<p>or controversial. To remedy this problem, the authors conducted a meta-analysis of 23 outcome studies that directly compared the effectiveness of the individual and group therapy formats when they were used within the same study.</p>	
<p>Baucom DH, Mueser KT, Daiuto AD, Stickle TR. Empirically supported couple and family interventions for marital distress and adult mental health problems. <i>Journal of Consulting and Clinical Psychology</i> 1998;66(1):53-88.</p>	<p>This article evaluates the efficacy, effectiveness, and clinical significance of empirically supported couple and family interventions for treating marital distress and individual adult disorders, including anxiety disorders, depression, sexual dysfunctions, alcoholism and problem drinking, and schizophrenia. In addition to consideration of different theoretical approaches to treating these disorders, different ways of including a partner or family in treatment are highlighted: (a) partner-family-assisted interventions, (b) disorder-specific partner-family interventions, and (c) more general couple-family therapy. Findings across diagnostic groups and issues involved in applying efficacy criteria to these populations are discussed</p>	
<p>Diamond GS, Serrano AC, Dickey M, Sonnis WA. Current status of family-based outcome and process research. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> 1996;35(1):6-16.</p>	<p>Reviewed advances in family-based therapy (FBT) research and their implications for future research. Selected studies on the treatment of schizophrenia, depression, anxiety, eating disorders, attention deficit, conduct disorder, and substance abuse are presented, as well as several process research and meta-analytic studies.</p>	<p>Results indicate that FBT has been shown to be effective for treating schizophrenia, conduct disorder, and substance abuse, and some data support their effectiveness in the treatment of eating disorders. Few studies have targeted internalising disorders. A process research tradition is emerging, but it is in need of methodological advances. Meta-analytic studies suggest that FBT is as effective as other models. The authors conclude that more well-designed studies with diverse populations are needed to assess accurately the effectiveness of this increasingly popular treatment approach.</p>

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Taylor S. Meta-analysis of cognitive-behavioral treatments for social phobia. <i>Journal of Behavior Therapy and Experimental Psychiatry</i> 1996;27(1):1-9.	A meta-analysis was conducted using 42 treatment-outcome trials for social phobia. Six conditions were compared: Waiting-list control, placebo, EXP (within-session exposure and homework exposure), CT (cognitive restructuring without exposure exercises), CT + EXP, and SST (social skills training). All interventions, including placebo, had larger effect sizes than that of the waiting-list control, and the interventions did not differ in drop-out proportions. Only CT + EXP yielded a significantly larger effect size than placebo. Effects of treatments tended to increase during the follow-up period. These results support the use of cognitive-behavioral treatments for social phobia, especially the use of CT + EXP.	
Cook JA, Razzano LA, Straiton D, Madison RY. <i>Psychosocial Rehabilitation Journal</i> . 1994;17(3):103-16.	Explores the challenges faced when attempting to secure employment and ways in which rehabilitation staff can best market the value of working with persons with mental illness.	Research on employer attitudes, financial incentives, employment policies, job task analysis, job development efforts, and support is outlined. Results of a study of 62 employers and matched nonemployers of persons with psychiatric disabilities revealed that traditional concerns about workers with mental illness (poor social skills, behavior control problems, mental confusion) are not problematic issues for employers in long-term employment relationships.
Cook JA, Razzano LA, Straiton DM, Ross Y. Cultivation and maintenance of relationships with employers of people with psychiatric disabilities. <i>Psychosocial Rehabilitation Journal</i> 1994;17(3):103-16.	Explores the challenges faced when attempting to secure employment and ways in which rehabilitation staff can best market the value of working with persons with mental illness. Research on employer attitudes, financial incentives, employment policies, job task analysis, job development efforts, and support is outlined.	Results of a study of 62 employers and matched non-employers of persons with psychiatric disabilities revealed that traditional concerns about workers with mental illness (poor social skills, behaviour control problems, mental confusion) are not problematic issues for employers in long-term employment relationships

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Videka-Sherman L. 'Metaanalysis of Research on Social Work Practice in Mental Health' <i>Social Work</i> 1988;33:325-38.	A meta-analysis of 38 research studies on the effectiveness of social work practice in mental health, focusing on (1) relationships between intervention techniques and treatment efficacy and (2) services delivered by social workers to the chronically mentally ill.	Findings of Part 1, practice in outpatient settings, show that methodological and theoretical differences in effectiveness were small; however, certain practice techniques were associated with effectiveness. Findings of Part 2 indicate that successful practice involves considerable practitioner activity to engage and maintain clients in treatment, interventions to improve clients' living environments, and creation and support of clients' social networks.