

## Advice on the range of research and development projects that the Council will consider funding

The Council supports studies that will expand the evidence base. **Funding cannot be provided simply to develop a service:** nevertheless the Council is prepared to fund a wide range of methods of collecting evidence. The Council will also fund projects that are designed to develop the knowledge and skills of agency staff or researchers who are keen to follow a career in an alcohol related field.

### Expanding the evidence base

The alcohol field is often faced with the problem of evaluating complex interventions. For example an attempt to research a Community Alcohol Project will be faced with a network of interacting and overlapping interventions. These might include training bar staff, collecting data on injuries from A&E departments, mobilising community support for harm reducing alcohol initiatives and making transport available to ensure that drinkers are able to leave city centres in an orderly way.

Whilst a Randomised Controlled Trial (RCT) could sometimes be the best way to evaluate the effectiveness of an intervention such an approach is not always appropriate or feasible. Frequently questions can be answered without resorting to an RCT

The following notes are intended to present the AERC view on the steps that are often involved in evaluating both complex Research Projects and complex Development Projects.

A helpful document that covers similar ground is the Medical Research Council document on developing RCTs for complex interventions. ([http://www.mrc.ac.uk/pdf-mrc\\_cpr.pdf](http://www.mrc.ac.uk/pdf-mrc_cpr.pdf)).

The AERC will fund studies that focus upon any of the following types of evidence:

1. *Reviews of past research and current theories that suggest questions needing to be researched.*

Rooting a proposed intervention in past work increases the probability that progress will be made. One common reason for failing to obtain an AERC research grant is that important theories and research findings have been ignored.

2. *Modelling a complex intervention*

An important question that has to be considered is: “If we change one component how will this influence other components?” For example, publicising a survey of alcohol related injuries being dealt with in A&E departments could influence all other components of a community approach. Thinking about and modelling these interactions in detail is a crucial step in developing a complex evaluation project.

3. *Consultation, checking the environment and testing ideas*

This might involve interviews and focus groups with key people and agencies. One aim would be to describe the nature and the intended effects of various interrelated activities.

- What local evidence of effectiveness already exists?
- How can change be measured using locally collected data or new measures of key variables?
- Is it possible to identify the processes of change, - what chain of events results in change?
- Can new interventions be added with little or no cost?
- Who are the key players having the enthusiasm and power to implement change?

Ethnographic investigations will be considered by the Council.

#### *4. Exploratory interventions or pilot studies*

Many questions can only be answered when an intervention is initiated. A small scale pilot study can reveal barriers and problems that have to be resolved. Such a study can address many other practical concerns such as:

- How many participants could be recruited over what time period?
- Can campaign literature be easily understood?
- Is there an organisation that is prepared to carry out bar staff training?
- How can the quality, consistency and sustainability of a particular intervention be ensured?

#### *5. Randomised Controlled Trial or similar large-scale evaluation*

The above steps are often necessary when considering various types of research methodology but they are particularly important if an RCT or a large scale project is being planned.

If the exploratory trial is a pilot for an RCT then a number of further questions need to be addressed:

- Are changes produced by the intervention likely to be large or relatively small?
- What participant drop-out rate can be expected?
- How many participants are needed to ensure that the trial has adequate power to identify change?
- What is the most appropriate control condition? Is the best comparator a placebo intervention or existing practice?

- Will the best approach be the implementation of a pragmatic trial that researches interventions that can be easily implemented by current services or agencies?
- What will be the primary and secondary outcome measures?
- Will it be useful to measure resources required to achieve change so that cost effectiveness can be assessed?

#### 6. *Dissemination and measurement of impact*

Dissemination is an important aspect of any project funded by the Council. When results are available we would like to see a brief summary of a dissemination strategy.

Impact can be defined as all changes resulting from a project, including intended as well as unintended effects, negative as well as positive, and long-term as well as short-term consequences. The Council is always looking for evidence of positive impact.

#### 7. *Systematic Reviews of the evidence*

Systematic reviews, for example those provided by the Cochrane Collaboration, are helpful to policy makers who need a clear and rigorous assessment of the evidence base. The Council will fund such a review if there is good evidence that one is feasible.

#### 8. *Methodological research*

Methods of research, for example how to measure alcohol-related behaviour and outcomes or the best design for studies of self-help oriented treatments, are particularly important for the conduct of high quality evaluations. Progress in identifying sound, valid and reliable methods will be supported by the Council.

#### 9. *Developing capacity*

The Council will fund innovative ways of developing the capacity of individuals and organisations. These could involve some of the approaches outlined above or they could involve mentoring, secondments or other innovative methods.

### **Submitting an application**

The two main AERC committees that make decisions about funding are the *Research Committee* and the *People and Organisations Development Committee*. When deciding whether a project is “Research” or “P&O Development” the following points should be considered:

- A methodological sound investigation such as an RCT, a comparison of matched groups or a good qualitative study would be submitted to the Research Committee.

- Reviews of the research literature should be submitted to the Research Committee.
- Exploratory or pilot research studies would be submitted to the Research Committee
- A study with the main aim of developing people or an organisation would be submitted to the P&O Development Committee. Such a study should have a strong evaluation component. The achievement of pre-planned objectives and benefits would be assessed and reported.
- Innovative ways of developing people such as mentoring, shadowing or attachments to an organisation with a proven track record would be submitted to the P&O Development Committee.
- If in doubt the Council will chose the appropriate committee

It should be noted that every study, whether Research or P&O Development should be collecting evidence that would help others. Is there evidence of effectiveness compared to current practice? Is the intervention transferable to other settings? What barriers and problems were faced and how were they overcome? What skills were learned during a mentoring placement?

### **Examples of funded P&O Development applications**

Working with the children and families of problem alcohol and drug users: A Toolkit.

The further development and evaluation of a family and school alcohol awareness programme.

Including family members in routine service provision

Toolkit for Licensing Decisions

### **Examples of funded Research applications**

Referral for alcohol misuse in an emergency department: Results of a randomised trial

Systematic review: Interventions in the alcohol server setting for preventing injuries.

Negotiating alcohol problems in the primary care consultation: power, evidence and practice.

Child risk and parental resistance: Can motivational interviewing improve the practice of Child and Family Social Workers in working with parental alcohol misuse.