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Conference Abstract

## The Search for Evidence in LTC

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### Abstract

**a) Introduction.** One characteristic of emerging practice in long-term care (LTC) for older people is the lack of evidence concerning specific interventions that have been applied. While evidence-based medicine has started to become a mainstream issue, practitioners and policymakers in the realm of LTC seem to lack guidance for this kind of working. This is in part due to the still emerging nature of LTC as a discreet system, but also due to the tensions that exist in how evidence is understood and used for both health and social care practice and policy. An aspect of the EU 7th Framework INTERLINKS project was to investigate how accumulated practice examples had evaluated their interventions.

**b) Methods.** A methodological and transversal analysis of 59 practice examples that described implemented projects was conducted using the following broad dimensions: Category 1 – robust pluralist evaluation; Category 2 – robust single evaluation approaches; Category 4 – developing and employing evaluation tools; Category 4 – limited evaluation.

**c) Results.** Eight examples demonstrated robust pluralist evaluation (Category 1), 17 demonstrated strong elements of evaluation using predominantly single methods, either quantitative or qualitative (Category 2); four examples demonstrated ways in which instruments had been developed and tested that sought to assist practitioners in measuring levels of care (Category 3); and in 30 examples, evaluations were incomplete or on-going, or included limited amounts of data drawn from small scale investigations, informal feedback, screening tools, audits, or a range of different un-co-ordinated sources (Category 4).

**d) Discussion and Conclusion.** Given the small amount of fully evaluated projects, what seems to be evident in INTERLINKS, is that evidence still struggles to move away from the 'informal'. It was of interest that in Category 4, despite small scale or absent evaluation, projects were being rolled out or parts of them were being replicated elsewhere, as they were seen as innovative, significant and relevant, and there was an urgency to address perceived need. This would signify a movement away from seeking outcomes and effects towards 'precautionary' implementation due to service and political imperatives.

### Keywords

evidence in ltc, integrated care, pluralist methods

**Presentation** available at <http://www.integratedcarefoundation.org/content/31-long-term-care-project-interlinks>