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## Knowledge Exchange Seminar Series (KESS)

### Making Better Use of Evidence in Public Policy Making

*'There is nothing a government hates more than to be well-informed; for it makes the process of arriving at decisions much more complicated and difficult.'*

John Maynard Keynes

#### Introduction

Demands for the better use of useful evidence in developing and delivering public services in Northern Ireland are not new. However, they have become more urgent in the face of public expenditure cuts and the need to ensure that such scarce funds are deployed in more cost-effective ways. In this paper we will consider the role of evidence in public policy-making and the associated debates on how to improve its usefulness in Northern Ireland.

This agenda is not new. There has been debate and discussion about evidence-based policy for at least 150 years, from the birth of public health and statistics in the 19th century, through the great expansion of social science in the 1960s, to the 1990's drive for 'evidence-based' decision making. Florence Nightingale, for example, was a great pioneer of research on 'what works' linking rigorous measurement to medical practice. More recently there has been growing interest in more significant institutional change, with the UK Government's outlining its intentions in the Cabinet Office Open Public Services White Paper in June 2011, reiterated in the Department for Business, Innovation and Skills Innovation and Research Strategy in December 2011, and further developed in the Civil Service Reform White Paper of June 2012.

#### Debating evidence

This briefing paper is concerned with what counts as good evidence and the recognition that what counts as high-quality evidence for social policy is a contentious and contested issue. There are various approaches, standards and criteria used by different 'kitemarking' bodies to assess strength of evidence and many debates surrounding the merits and limitations of different approaches. Much of this debate in the past has assumed that evidence stands separate from the context in which it is used. Several decades of research has shown that it is not enough for evidence to be rigorous, clear and well presented. Whether it's taken up depends on who is presenting the evidence, how it's presented, and whether it fits into existing assumptions and professional cultures.

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So what exactly do we mean by using evidence to help inform decision-making? Firstly, let's be clear what we *don't* mean. We are not talking about slavishly following some rigid research conclusions. It's always going to be the case that professional judgement and other sources of information – such as feedback from stakeholders - will always be paramount. Research evidence can often be messy and inconclusive - and fail to give obvious pointers towards the right directions in social policy.

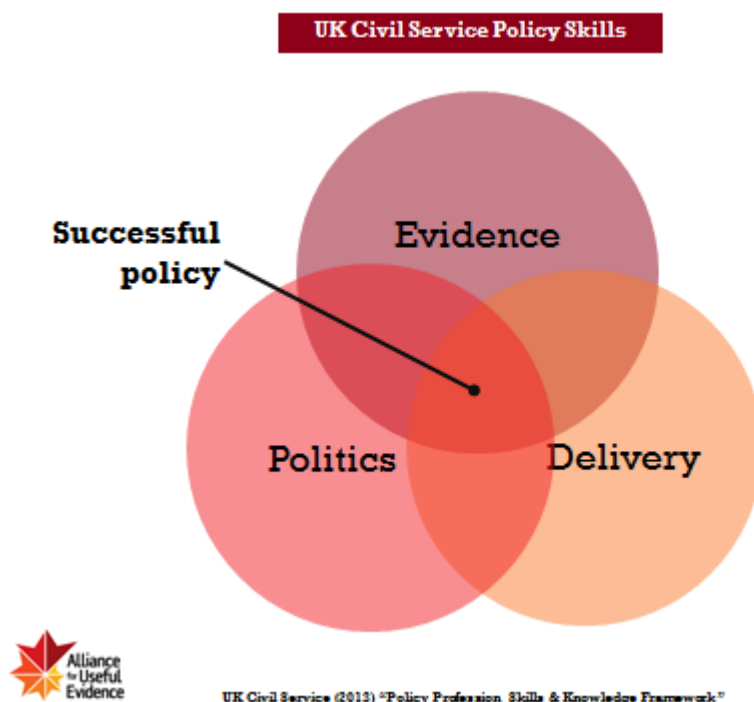
A good start in defining what we mean about evidence is borrowed from medicine. Two decades ago, David Sackett and his colleagues proposed the following definition that has stood the test of time:

*“Evidence based medicine is the **conscientious, explicit, and judicious** use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.”<sup>i</sup>*

This attempt to define Evidence Based Medicine (EBM) was not the first, and was only in a short two-page opinion piece in the *British Medical Journal*. But it has been influential and we would argue it's just as relevant to social policy as it is to medicine. It stresses how research can complement professional judgement – or other sources of information. The definition from Sackett and his colleagues came at a time when most medical decision-making was based on experience, authority and eminence.<sup>ii</sup> Medical practice was *not* informed by the best available scientific evidence. Commentators and researchers such as Ben Goldacre have also argued that social policy is in the same place as medicine 20 years ago: where authority still reigns, not research.<sup>iii</sup>

Another helpful idealised model of policymakers also blends evidence with judgement. It is increasingly recognised by the Civil Service that UK policymakers need to have skills and an understanding of 'politics' and 'delivery' to complement their ability to marshal and apply evidence as described in this model:

**Figure 1 UK Civil Service (2013) Policy Profession Skills and Knowledge Framework**



This civil service model is relevant to others outside policy-making, such as decision-makers in charities or local authorities. The politics might be slightly different – e.g. not manifestos and political parties, but still the small 'p' politics of social policy. Our focus, however, for this briefing is bolstering the top circle of this Venn diagram: evidence. For the UK Policy Profession, evidence is defined very broadly, to even include newspaper articles and legal context. Their framework for skills describes evidence as: 'Facts, figures, ideas, analysis and research'

- Sector and subject knowledge, including the history of the area

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- Evidence from lessons learned, evaluations, academic and other research,
- Parallel initiatives, other sectors & internationally
- Internal and external expertise
- Legal context and legislative framework
- Evidence from accountability processes, the media and interested parties.<sup>iv</sup>

But we should also be wary of expert and professional judgement. Experts can get it horribly wrong and can be ‘predictably irrational’ and consciously, or unconsciously, make errors in important judgements. In medical practice, one study found that “cognitive factors” contributed to 74% of mistaken clinical diagnoses – leading to injuries and death.<sup>v</sup>

## Research as evidence

Therefore our focus is on evidence that is underpinned by research rather than expert opinion or stakeholder views. Much of the debate about evidence quality is couched in these terms and there are several reasons why in this debate we (and others) privilege research as a way of knowing. The conduct and publication of research involves documentation of methods, peer review and external scrutiny. These features contribute to its systematic nature and they provide a means to judge trustworthiness of findings. They also offer the potential to assess the validity of one claim compared to another. However, there are other ways of knowing things. One schema (Breachin and Siddell, 2000) highlights three different ways of knowing:

- Empirical knowing – the most explicit form of knowing, which is often based on quantitative or qualitative research study;
- Theoretical knowing – which uses different theoretical frameworks for thinking about a problem, sometimes informed by research, but often derived in intuitive and informal ways;
- Experiential knowing – craft or tacit knowledge built up over a number of years of practice experience.

It is not easy to maintain strict distinctions between these categories and there is a lot of interaction between them. For example, empirical research may underpin each of the other two categories. It may also be a means of gaining more systematic understanding of the experiences of practitioners and of those who use public services. The debate about evidence quality tends to focus on standards for judging empirical research studies. However, there is variation in the extent to which theoretical and experiential knowledge are also factored in, especially in schemes that seek to endorse particular practices or programmes.

## What counts as good evidence?

Our overall argument is that evidence quality depends on what we want to know, why we want to know it and how we envisage that evidence being used. In varying contexts, what counts as good evidence will also vary considerably. Much of the time it is assumed that what policy-makers, service commissioners and practitioners want to know is whether various practices and programmes are effective - the ‘what works’ question.

This is indeed a key concern but it usually sits alongside other important and complementary questions. Decision makers are interested in why, when and for whom something works, and whether there are any unintended side-effects that need to be taken into account. They are also concerned about costs and cost-effectiveness, and with the distributional effects of different policies. Public perceptions about the acceptability of a particular practice will also need to be considered. Moreover, decision makers will want to know about the risks and consequences of implementation failure. What will be the repercussions of trying something if it subsequently fails to deliver anticipated outcomes and impacts? A stronger case is likely to be needed for high-risk ventures.

More broadly, decision makers need descriptive evidence about the nature of social problems, why they occur, and which groups and individuals are most at risk. Additionally, those working in policy and practice domains can benefit from the ‘enlightenment’ effects of research – research findings and theoretical debates can shed light on alternative ways of framing policy issues with implications for how they might be addressed (Weiss, 1980). For example, should young carers be viewed as disadvantaged youth, social policy assets, part of a hidden and exploited workforce, and/or as a group requiring support in their own right? It may be possible for sub-groups of stakeholders to reach agreement about what counts as good evidence in response to each of the questions and concerns

raised above. However, overall consensus is likely to be an unreachable goal. There will always be dissenting voices and alternative perspectives. Quality judgements are contested because ultimately 'evidence' and 'good evidence' are value labels attached to particular types of knowledge by those able to assert such labelling. In any decision-making setting there will be people with greater power than others to assert what counts as good evidence, but this does not mean that the less powerful will agree.<sup>vi</sup>

Evidence can exist in many forms, from the outcomes of randomised control trials, to autobiographical materials like diaries, to ethnography, with many more beside, with different methodologies and techniques being used at different stages. This creates different interpretations of what the 'truth' is. What is meant by 'evidence-based' is complicated further by the fact that the impact of programmes and policies can be transient, changing over time, situation and context. Maybe the intervention is at an early stage of development, or is localised and involves a small sample size? How do we then judge and compare alternative types of evidence? When can we say a programme or policy is 'evidence-based'?

## Standards of evidence

How can decision makers quickly and easily decide what good evidence is, and more importantly, make use of this? To address some of these challenges, there are debates about having standardised metrics, standards of evidence, kite marks and other regulatory frameworks. Are these the mechanisms needed to institutionalise rigorous evidence into decision making? What else is needed to ensure that information is accessible, useable and relevant?

As part of this discussion about what constitutes 'good evidence' and how different levels, standards and tiers could be developed to help provide clarity on this, Nesta has started using a 'Standards of Evidence' framework to guide its own investments and to provide a common language for talking about evaluations and data. Based upon those developed by Project Oracle, the Standards of Evidence aim to bring impact measurement in line with academically recognised levels of rigour, whilst balancing the demand for evidence with the need to ensure measurement is appropriate for the different stages of innovative product or service development. Figure 2 below summaries the Nesta Standards of Evidence.

**Figure 2: Nesta Standards of Evidence**



These standards start from the basic level (level 1) where you can describe what you do and why it matters, logically, coherently and convincingly. You then move up the scale to areas towards routine data collection (level 2), and the higher levels where you need comparison groups (level 3), and then beyond to evidence of replication and scaling (levels 4 and 5). This level of evidence is appropriate for where you are in developing a policy or intervention. For Nesta it's been particularly helpful tool for their impact investment, helping the ventures they fund articulate how their product or service leads to positive social change.<sup>vii</sup>

Critics of these hierarchies say that they can be overly-rigid and mechanistic, arguing decisions of quality need change according to context. It must be 'horses for courses' and not one-size-fits-all. Interestingly, The National Institute for Health and Care Excellence - nominally one of the UK Government's What Works centres - has now dropped its hierarchy of evidence. Their former Chairman,

Michael Rawlins, has been outwardly critical of 'slavishly' following evidence hierarchies.<sup>viii</sup> He was in favour of a more nuanced sense of deciding what is appropriate, rather than RCTs and systematic reviews always trumping the rest.<sup>ix</sup> As well as ensuring evidence is available, we argue that we should get much smarter in understanding how evidence is used and the ways innovations are diffused and adopted.

## What Works Centres and recent initiatives

The relatively recent creation of the What Works Centres has also promoted the idea of evidence underpinning decision making (though this initiative has not been replicated in Northern Ireland). In March 2013 the UK Government, the ESRC and the Big Lottery Fund, announced plans to create a new network of 'What Works' evidence centres in a bid to improve the links between the supply, and the demand and use of evidence, across key policy areas. This initiative was designed to complement the rapid progress being made in opening up public and administrative data, allowing for greater accountability and faster insights into how different areas of policy are working. There are now 9 independent What Works Centres in the UK, based on the principle that good decision-making should be informed by the best available evidence on what works and what fails. It is argued by government that the What Works Centres are fundamentally different from standard research centres in that they aim to directly support policy makers, commissioners and local practitioners by providing reliable, accessible reviews which consider the likely impact of policy initiatives.

Although there have been a number of important local initiatives designed to improve the evidence base for public policy, such as an embryonic public sector innovation lab, the development of Centre for Effective Services (CES) and the QPOL public engagement project at Queen's University Belfast; it is surprising, given the relative absence of think tanks and research centres in Northern Ireland, that a local What Works Centre has not been set up to assist policy makers in this jurisdiction.

Unlike Scotland and Wales, no such centre exists in Northern Ireland to improve the use of evidence in making better decisions on public services. The development of such a centre in Northern Ireland, perhaps modelled on the Public Policy Institute for Wales, could provide a significant means of support to local policy makers by providing authoritative and independent advice. A recent blog, published by the Alliance for Useful Evidence has looked at this issue in more depth.<sup>x</sup>

Another more recent initiative has been a new framework (developed by the Institute for Government in partnership with the Alliance for Useful Evidence and Sense about Science) which offers a rapid assessment tool to rate government departments on how transparent they are in the use of evidence in policy decisions.<sup>xi</sup> Nesta has also suggested that a 'Red Book for Evidence' should be published by government alongside each budget or spending review. This would set out, to the best of the government's knowledge, what evidence was used to support significant spending decisions. In essence, this would provide an evidence audit trail, showing the 'workings out' behind decisions. The broader aim of these initiatives is that whenever major policy decisions are taken, there would be recognition of the relevant evidence set out. Some departments already do this as a matter of course, and regularly publish evidence surveys as part of the process of producing green and white papers. But practice is very uneven. The same is true of the use of methods such as modelling.

## Conclusion

It should be noted that evidence is not definitive. What works now may not work in the future and what works in one region or nation may not work in another. Which means we need continual challenge and an appetite for rigorous experimentation and evaluation to improve our understanding of policies, programmes and practice. It should also be emphasised that evidence is not the only factor in the decision-making process.

As Geoff Mulgen and Jill Rutter have argued: "Democratically elected politicians have the right to ignore evidence, and it may be wise to disagree with the experts. It is Parliament, not professors, that is sovereign. But we think it would be healthy to cultivate a climate in which politicians should have to say why they ignore evidence, or decide to go against it. The key is that although decision makers are entitled to ignore evidence, they are not entitled to be ignorant of it."<sup>xii</sup>

The Alliance for Useful Evidence is interested in further developing this discussion. As an open access network of over 2,500 members which champions the use of evidence in policy making, we welcome an engagement with policy makers, academics, and other stakeholders on how to improve the use of evidence in public policy making.<sup>xiii</sup>

As Professor Sally Shortall has stated:



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“It is a positive environment in which to develop relationships between policy makers and academics in Northern Ireland. With a solid devolved government and Assembly, there is an increasing appetite to ensure policy is evidence-informed as far as possible. Academics are keen to demonstrate that their research has use-value and is useable. The key in moving forward is to develop open structures and to find a space to develop and foster relationships.”<sup>xiv</sup>

*Alliance for Useful Evidence*

*December 2015*

## Endnotes

- <sup>1</sup> David Sackett, William Rosenberg, Muir Gray, Brian Haynes & Scott Richardson. Evidence based medicine: what it is and what it isn't. *BMJ*. 13 January 1996 p.71
- <sup>1</sup> Carter, M. J. (2010). Evidence-based medicine: An overview of key concepts. *Ostomy/wound management*, 56(4),68-85
- <sup>1</sup> See for example this Twitter exchange with Ben Goldacre responding to our guest blog by Michael Barber on 'evidence-based vs. evidence-informed' teaching <https://twitter.com/bengoldacre/status/629697044232437760>
- <sup>1</sup> UK Civil Service (2013) Policy Profession Skills and Knowledge Framework p.12
- <sup>1</sup> Diagnostic Error in Internal Medicine Mark L. Graber, MD; Nancy Franklin, PhD; Ruthanna Gordon, PhD <http://archinte.jamanetwork.com/article.aspx?articleid=486642&resultclick=1> Accessed 17/11/2015
- <sup>1</sup> See Sandra Nutley, Alison Powell and Huw Davies 'What Counts as Evidence'. Alliance for Useful Evidence (2013) for a fuller discussion
- <sup>1</sup> Impact measurement in impact investing learning from practice Nesta Impact Investments, Eibhlín Ní Ógáin June 2015 [http://www.nesta.org.uk/sites/default/files/impact\\_measurement\\_in\\_impact\\_investing.pdf](http://www.nesta.org.uk/sites/default/files/impact_measurement_in_impact_investing.pdf) Accessed 17/11/2015
- <sup>1</sup> The NICE way; lessons for social policy and practice from the National Institute for Health and Care Excellence Alliance for Useful Evidence/NICE, 2014
- <sup>1</sup> Rawlins M (2014) Evidence, values and decision-making. In *International Journal of Technology Assessment in Health Care*. 2014 Apr 28:1-6.
- <sup>1</sup> See more at: <http://www.alliance4usefulevidence.org/what-works-in-northern-ireland/#sthash.T926cLEk.dpuf>
- <sup>1</sup> See <http://www.alliance4usefulevidence.org/publication/the-evidence-transparency-framework/#sthash.fINuLWmL.dpuf>
- <sup>1</sup> Geoff Mulgen and Jill Rutter. Nesta. 'Making the Best Use of Evidence: The Case for New Institutions'. (March 2013)
- <sup>1</sup> Membership is free and available on this link <http://www.alliance4usefulevidence.org/join/>
- <sup>1</sup> Professor Sally Shortall, Queen's University Belfast. "What counts as 'evidence'? The complexities of providing evidence to inform public policy" [http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge\\_exchange/shortalls.pdf](http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge_exchange/shortalls.pdf) Accessed 17/11/2015

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<sup>i</sup> David Sackett, William Rosenberg, Muir Gray, Brian Haynes & Scott Richardson. Evidence based medicine: what it is and what it isn't. BMJ. 13 January 1996 p.71

<sup>ii</sup> Carter, M. J. (2010). Evidence-based medicine: An overview of key concepts. Ostomy/wound management, 56(4),68-85

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<sup>iv</sup> UK Civil Service (2013) Policy Profession Skills and Knowledge Framework p.12

<sup>v</sup> Diagnostic Error in Internal Medicine Mark L. Graber, MD; Nancy Franklin, PhD; Ruthanna Gordon, PhD <http://archinte.jamanetwork.com/article.aspx?articleid=486642&resultclick=1> Accessed 17/11/2015

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<sup>viii</sup> The NICE way; lessons for social policy and practice from the National Institute for Health and Care Excellence Alliance for Useful Evidence/NICE, 2014

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<sup>x</sup> See more at: <http://www.alliance4usefulevidence.org/what-works-in-northern-ireland/#sthash.T926cLEk.dpuf>

<sup>xi</sup> See <http://www.alliance4usefulevidence.org/publication/the-evidence-transparency-framework/#sthash.fINuLWmL.dpuf>

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