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About Nesta

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INTRODUCTION

Over the past few years, there has been much discussion about how we can improve the use of evidence in decision making. This has led to new initiatives, such as the Alliance for Useful Evidence, as well as calls for new institutions and ways of working. These discussions have now led to action. 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.

This brief paper outlines why these centres are needed, the role they will play, and how they will build upon the work already underway and complement existing institutions.

In summary, these are some of the anticipated key features of the ‘What Works’ initiative:

- The What Works centres will improve the links between the supply of evidence, and the demand and use of evidence, across key policy areas, including: active and independent ageing, early intervention, policing and crime, and local economic growth.

- The What Works centres will provide systematic assessment and synthesis of relevant evidence, develop ‘common currencies’ for each sector to enable the selection of interventions, rank interventions where possible, and make recommendations based upon the strength of the evidence, advise commissioners on the evaluation of new programmes, and present and disseminate findings in an easy-to-understand form to enable it to be easily acted upon.

- The What Works centres will be supported by a central function consisting of a chair, advisory council, and an analytical team.

- The What Works centres will aim to be demand led, that is to say they will be useful to their target audiences and those for whom the evidence is relevant, and will work hard to develop easy-to-understand outputs.

- The What Works centres will be completely independent from government, but close enough to have an impact.

- The work of the centres will complement the rapid progress being made in opening up public data, and administrative data, allowing for greater accountability and faster insights into how different areas of policy are working.
WHY WE NEED NEW INSTITUTIONS

Almost every area of human activity benefits from knowledge and evidence, often based on experiment. Scientific discovery depends on gathering data to test hypotheses. Engineers and designers make prototypes and test them, gathering evidence on what works. Doctors proudly practice evidence-based medicine. Entrepreneurs trial new products and services and invest in those that perform well. Some large firms now routinely run randomised trials to test new services.

Yet evidence and experiment do not influence decision making in a consistent way across different areas of public policy. Clinical medicine is in many ways a model – in terms of the scale, depth, and in the range of evidence both funded and used. But even in health there are very major gaps, notably in public health where knowledge is patchy at best, or around issues such as patient engagement.

Beyond health it is commonly recognised that much more could be done to identify what is working, and arguably more importantly, what is not. For instance, out of 70 programmes implemented by the Department for Education, only two or three had been robustly evaluated. Children’s services is another area where attention is needed, with Dartington Social Research Unit arguing that we should strive for 5 per cent of programmes commissioned to be evidence-based in ten years’ time.

Too often new public policies are rolled out nationally with little trialling or evaluation. In effect, governments experiment on the whole population at once. Often the key policymakers in national and local government are not aware of what’s known globally in the fields they’re responsible for. The same is often true of managers and front-line professionals. What’s done may simply be what’s always been done; conversely, new ideas may become fashionable regardless of whether they actually work.

This problem affects all public agencies, but it’s just as much an issue for charities, social enterprises and private providers which often rely on anecdotal evidence to show their programmes work. A recent survey found that 75 per cent of UK charities measure some or all of their impact, but that 25 per cent of UK charities do not measure their impact at all.

The scientific method often shows that apparently well-conceived ideas don’t work. In public policy too there are many examples of seemingly sensible programmes that have been proven ineffective when evaluated: examples include the US D.A.R.E. anti-drug programme, which although widely promoted, turned out to increase drug use in certain areas, or the Scared Straight crime reduction programme, which following evaluation was found to actually increase offending among young people by as much as 28 per cent.

The net result is that effective innovations go unrecognised, while ineffective ones keep running and even grow. A significant share of public spending may be being misallocated as a result – funding less effective approaches, and in some cases causing failures that then drive up costs for other parts of the public sector.

Equally, even when interventions have strong positive evidence of impact, they can still remain small scale. Take Nurse Family Partnership (known as Family Nurse Partnerships in the UK), despite over 30 years of testing and evaluation, and numerous studies showing positive impacts, David Olds the NFP creator points out that only around 5 per cent of children who could benefit in the US actually do so.
The situation is therefore complex. In every field of public policy there is a need for systematic innovation – trying out promising new ideas on a small scale, and then assessing whether they work. But whereas in some fields there is quite a lot of evidence, in others there is an obvious dearth. Even where there is plenty of evidence, there may be a failure to ensure that the evidence being collected and analysed is made relevant to the needs of decision makers, and is acted upon. There are then also challenges surrounding evidence use, such as commissioning models, budget planning, and organisational cultures, which can block and prevent effective programmes from being adopted.\(^7\)

Overall, one of the most striking factors impeding the effective use of evidence is the absence of organisations tasked with linking the supply and demand of evidence.\(^8\) Rare exceptions include the Social Care Institute for Excellence (SCIE), the National Institute for Health and Clinical Excellence (NICE) in health, and more recently, the creation of the Education Endowment Foundation. But there are as yet no equivalent centres or institutions in other areas such as criminal justice or children’s services.

NICE has not been short of controversy.\(^10\) But it has shown the value of independent, rigorous distillation of research. Moreover, it has come to be seen as a model that other fields could emulate, and over the last few years there has been a fair amount of debate about whether we need a ‘NICE for social policy’ or a ‘NICE for criminal justice’.\(^7\)

Advocates acknowledge that NICE cannot simply be replicated in other fields. NICE is a large organisation that benefits from decades of very substantial investment in evidence, and it can rely on the work done by many other institutions producing high-quality research, from academia, the Medical Research Council,\(^12\) to the Wellcome Trust,\(^13\) as well as the pharmaceutical industry’s funding of clinical trials. It also benefits from a culture that values research and its uses – whether in teaching hospitals, medical training or the large readerships for medical journals. These conditions are not mirrored in other policy fields.\(^14\) NICE is also only a partial model in that it steers clear of policy – its outputs are mainly aimed at commissioners and practitioners.

Nevertheless it does provide a very useful prompt to other fields to achieve comparable links between evidence and practice.
BUILDING UPON THE WORK UNDERWAY

This agenda is not new of course. 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. The creation of the What Works centres will further move the idea of evidence underpinning decision making into mainstream.

In doing so, the What Works centres will build upon the considerable progress made. The UK Government is opening up much of its data to be interrogated and used. Nesta has launched the Alliance for Useful Evidence, in partnership with the Big Lottery Fund and the ESRC with 1,000 members, encompassing both users and producers of evidence, from across government, academia, third sector, and beyond.

The Early Intervention Foundation, supported by government, looks set to play an important role in early years and the Education Endowment Foundation is making a concerted effort to raise the game in education (see text box). In addition, the UK has a world-class academic research base to utilise, as well as excellent independent research institutions and foundations.

The UK Government has signalled its interest in advanced methods, such as through the Behavioural Insights Teams use of Randomised Controlled Trials (RCTs). In addition, it is anticipated that a Trial Design Advisory Panel, a free, cross-government advisory service on policy trials, will be launched during 2013. Nesta is also working to advance this methodology through collaborating with Ben Goldacre to create an online trials generator, Randomise Me, which will be an easy to use, free resource for anyone looking to set up and run their own trial.

The recent task force on administrative data also represents a major step forward, and is leading to significant investment in opening up data across government for use in research.

Beyond central government, there are more localised initiatives cropping up. One such example is Project Oracle, a Greater London Authority programme which aims to build the evidence behind providers of youth services - many of which are small and charitable organisations, to help bring them in line with academically rigorous and internationally recognised standards of evidence. Project Oracle supports these organisations by ‘matchmaking’ them with students and academics from local universities. In parallel, commissioners, philanthropic trusts and other funders and decision makers are engaged to help ensure they can interpret and use the evidence available.

Alongside evidence in public policy there is also growing interest in making more use of evidence in the work of non-governmental organisations (NGOs), social enterprises, and in the wider social investment market. New Philanthropy Capital, Big Lottery Fund, the Cabinet Office, and a number of others, have launched ‘Inspiring Impact’, an initiative aiming to help change the ways the charitable sector thinks about outcomes.
Government has launched a number of funding streams to help support the growth of the social finance market, including an investment readiness fund for social entrepreneurs, as well as a fund to support local authorities developing social impact bonds. Big Society Capital has also become an important force encouraging greater rigour in linking funding to impact.

There has been much 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 1 below summaries the Nesta Standards of Evidence.

Figure 1: Nesta Standards of Evidence

- **Level 1**: You can describe what you do and why it matters, logically, coherently and convincingly.
- **Level 2**: You capture data that shows positive change, but you cannot confirm you caused this.
- **Level 3**: You can demonstrate causality using a control or comparison group.
- **Level 4**: You have one + independent replication evaluations that confirms these conclusions.
- **Level 5**: You have manuals, systems and procedures to ensure consistent replication and positive impact.
As well as ensuring evidence is available, we also need to get much smarter in understanding how evidence is used and the ways innovations are diffused and adopted. 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. A Nesta research project is currently analysing how innovations diffuse across general practice in health. We aim to examine and showcase the characteristics of ‘super adopters’, those who are early adopters, embedding innovative approaches into service delivery.\

Our longer-term ambition is for more real-time data on adoption to be available in other areas, such as children’s services or social care, providing clarity on how decision makers are reacting to the emergence of new or better approaches – and also letting citizens hold local providers to account.

At Nesta we’ve suggested some other possible ways to change policymaking norms. One is the idea that there should be a Red Book for Evidence that would be published 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 should be 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.

It should be emphasised that evidence is not usually definitive. What works now may not work in the future. What works in one region or nation may not work in another (and much confusion has arisen from the ill-conceived import of models that appeared to be well-founded in evidence, when the evidence turned out to come from very different social contexts in the US and elsewhere). This 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. 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.
So what are the objectives of the What Works evidence centres and how will they be developed?

Further to Government’s commitment to explore the creation of a NICE-style institute for social policy, there was a ministerial announcement of the What Works initiative at Nesta in March 2013. These new evidence centres have been developed by the Cabinet Office and Departments in collaboration with the Economic and Social Research Council and the Big Lottery Fund.

The What Works network would initially consist of four new centres in active and independent ageing, local economic growth, reducing crime and early intervention. These new centres will be joined by existing bodies, such as the National Institute of Health and Clinical Excellence (NICE) and the Education Endowment Foundation. The Network will be developed and supported by a central What Works function.

Full details about the What Works initiative available here: www.cabinet-office.gov.uk
NEXT STEPS AND CONCLUDING REMARKS

The Economic and Social Research Council has for many years been committed to supporting high-quality research that will have an impact on policymaking and professional practice. We are delighted to now be part of a national, co-ordinated initiative that seeks to strengthen the use of evidence for policy and practice, not only across Whitehall but also at the local and community levels, and indeed with the end users themselves. We believe this new initiative will help to demonstrate the real impact that social science research can have on the lives of ordinary people. We have therefore made a commitment to provide partnership funding for the What Works initiative and to play a central role in its evolution.

This initiative is not, of course, without its risks and challenges. We need to ensure that there is robust and reliable evidence available to inform decision makers and commissioners. This will require the ESRC and the social science community to ensure that we all make better use of existing data. It will also entail us developing innovative approaches and strengthening the quantitative and analytical skills of the research community; translating often complex research findings into language and concepts that everyone can relate to; and identifying areas where new research might be needed to help address key policy questions. Fortunately the UK has, by all recognised measures, a world-class research base and I am confident that we will rise to the challenge.

For this initiative to achieve its full potential it must be a genuine partnership of all stakeholders both within and beyond central government. The Cabinet Office has played an important leadership role in driving this forward but it will be essential to the credibility and success of the initiative that it is not seen to be driven solely from the centre of government. In particular, the individual centres must be regarded as independent and able to also identify what doesn’t work and why. Failed policies and interventions can be a costly and ineffective use of public money.

While the network might appear relatively modest in size at the moment, over the next few years it has real potential to grow, bring in new partners and address an even wider range of policy areas. The nature, size and focus of these ‘centres’ will vary as there is not a ‘one size fits all’ approach. But by sharing best practice and working within a common framework I believe that the network will add real value to the collective endeavour, constituting something more than the sum of its parts and thus enabling the UK to become a global leader in this field. The ESRC will wish to play a central role in helping to make that happen.

Professor Paul Boyle
Chief Executive
Economic and Social Research Council
ENDNOTES


5. Family Nurse Partnership has been tested in England since April 2007. It is being evaluated in England through a formative evaluation of the first ten sites, which will complete early in 2011; and a Randomised Control Trial (RCT) in 18 sites which will report in 2013, to show how effective the FNP programme is compared to other services. For further details see: http://www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyAndGuidance/ DH_118530

6. As quoted by David Olds at an event at the Cabinet Office during September 2012. For further details see: http://www.nursefamilypartnership.org/


10. For instance, see a recent debate in the UK press surrounding the use of QALYs (Quality of Life Adjusted Years) http://www.telegraph.co.uk/health/healthnews/9825871/System-used-to-decide-whether-drugs-are-cost-effective-for-NHS-is-flawed. html


12. Medical Research Council, www.mrc.ac.uk


15. Education Endowment Foundation Teaching and Learning Toolkit available online: http://educationendowmentfoundation.org.uk/toolkit/


23. Education Endowment Foundation, further details: www.educationendowmentfoundation.org.uk


25. Randomise Me is a project Nesta is developing with Ben Goldacre and is due to be launched in May 2013.


27. Project Oracle, further details: http://www.project–oracle.com/

28. Inspiring Impact, further details: http://inspiringimpact.org/about/

29. Further details on Cabinet Office programmes to grow the social investment market: http://www.cabinetoffice.gov.uk/content/growing–social–investment–market


33. Project Oracle, for further details: http://www.project–oracle.com/


35. Nesta will be publishing the project examining ‘super adopters’ in health during early May 2013.

36. Big Lottery Fund, further details: www.biglotteryfund.org.uk/