

# FACING THE CHALLENGE OF DELIVERING EVIDENCE-BASED POLICY PROGRAMMES

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Delivering crime prevention : making the evidence work

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<http://www.aic.gov.au/conferences/2005-cp/>

# Facing the challenge of delivering evidence-based policy programmes



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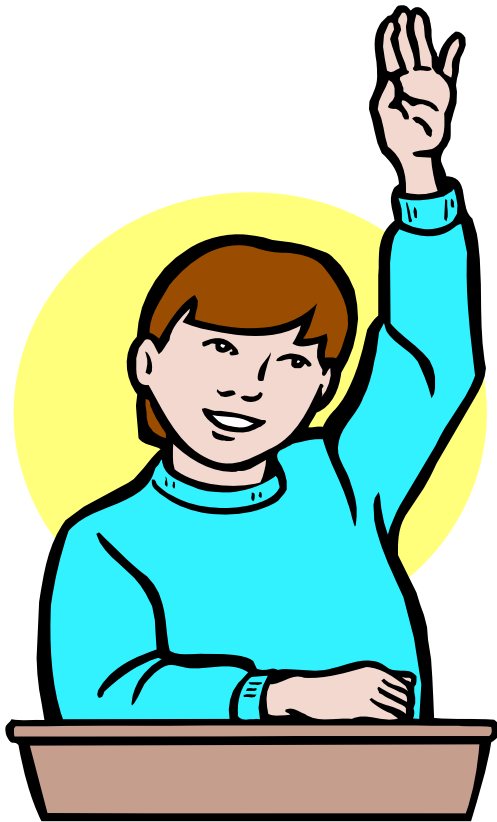
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St Andrews

# 'Making the evidence work'



# 'Making the evidence work'

## Three key questions:

- What counts as evidence?
- What counts as making evidence work?
- Are there programmes of activity to get evidence used and are they effective?

# 1. What counts as evidence?

*“Expert knowledge; published research; existing statistics; stakeholder consultations; previous policy evaluations; the Internet; outcomes from consultations; costings of policy options; output from economic and statistical modelling.”*

*“There is a great deal of critical evidence held in the minds of both front-line staff ... and those to whom policy is directed.”*



What counts as good evidence partly depends on what you want to know

- Understanding the experiences of different groups in society
- Identifying problems and assessing needs
- Assessing what works in addressing problems
- Analysing the costs and benefits of particular courses of action.

# Hierarchy of evidence in healthcare

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- I-1** Systematic review and meta-analysis of two or more double-blind randomised control trials.
- I-2** One or more large double-blind randomised control trials.
- II-1** One or more well-conducted cohort studies.
- II-2** One or more well-conducted case-control studies.
- II-3** A dramatic uncontrolled experiment.
- III** Expert committee sitting in review (GOBSATT); peer leader opinion (e.g. narrative review).
- IV** Personal experience.

# Other sectors?

Avoidance of quality hierarchies

Valuing knowledge from different sources (e.g see [www.scie.org.uk](http://www.scie.org.uk))

General agreement that multiple strands of supporting evidence are better than one-off findings

# Studies of evidence use have found

Credibility of evidence is important

But credibility usually judged by  
perceived trustworthiness of source  
**not** by set standards

# 1. In summary

What counts as good and credible evidence is important but contentious

**2. What counts as 'making the evidence work'?**

# A research impact continuum

**CONCEPTUAL USE**

**INSTRUMENTAL USE**

**Awareness**

**Knowledge &  
understanding**

**Attitudes,  
perceptions, ideas**

**Policy & practice  
change**



## 2. What counts as making the evidence work?

Using evidence to change and improve frontline practice and service outcomes

Never under-estimate the difficulty of changing behaviour on the ground



## 2. What counts as making the evidence work?

Using evidence to change and improve frontline practice and service outcomes

Doing more good than harm, avoiding the overuse and misuse of evidence

### **Replication**

Using broad ideas/ distilling and using effective practice principles/ faithfully replicating the intervention

## 2. In summary

What counts as 'making evidence work' is far from simple or straight-forward

Who replicates what?

How far is evidence transformed as it is used?

### **3. Activities to get evidence used**

Focusing on research evidence

# Typical barriers identified

- Inconclusive nature of most research
- Research not timely or relevant to practice concerns
- Poor communication of research findings
- Implications for practice not clear
- Lack of time to engage with research use
- Competing priorities and low priority attached to research awareness and use
- Competing knowledge about best practice
- Individual resistance to research use
- Hostile organisational/ sector culture

# Generic features of effective practices to increase research impact

- **Research must be translated** - adaptation of findings to specific policy and practice contexts
- **Enthusiasm**- of key individuals - personal contact is most effective
- **Contextual analysis** - understanding and targeting specific barriers to, and enablers of, change
- **Credibility** - strong evidence from trusted source, inc. endorsement from opinion leaders
- **Leadership** - within research impact settings
- **Support** - ongoing financial, technical & emotional support
- **Integration** - of new activities with existing systems and activities

But who is responsible for what?

Who is targeted?

And what is the overall vision for  
achieving evidence use?

# Models for programmes of activity to make evidence work?

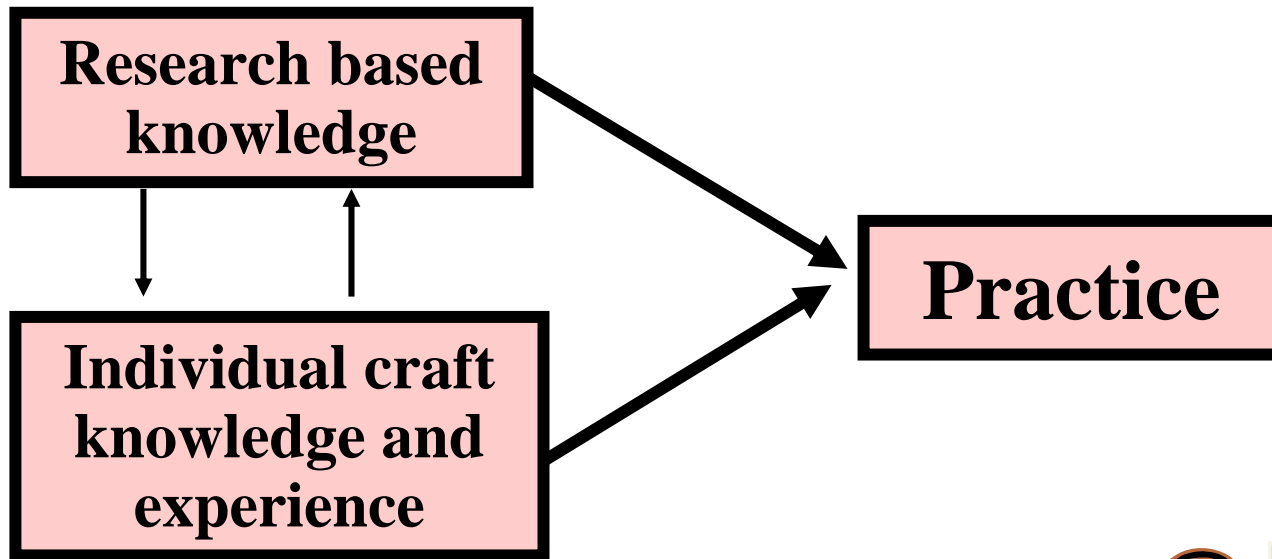
At least 3 models:

- EB Practitioner model
- LOLA (Local Organisational Learning and Accounting) model
- Centre-driven model

# The EB Practitioner model

- Evidence use the professional responsibility of practitioners
  - Strengthen professional training and education
  - Improve supply of/ access to a robust and relevant evidence base
  - Fund structures and intermediaries to support model

# The EB Practitioner model



*Integrating individual clinical expertise with the best available external clinical evidence from systematic research'*

(Sackett et al 1996)



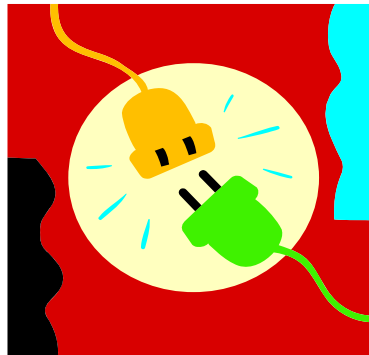
# The EB Practitioner model

## Key issues

- Limited time for practitioners to engage directly with research
- Experiential knowledge tends to hold sway
- Limited autonomy for individuals to change practice
- Lack of fidelity to research findings

# A tentative verdict on the EB Practitioner model

Conceptually appealing but  
disappointing level of research use  
by practitioners

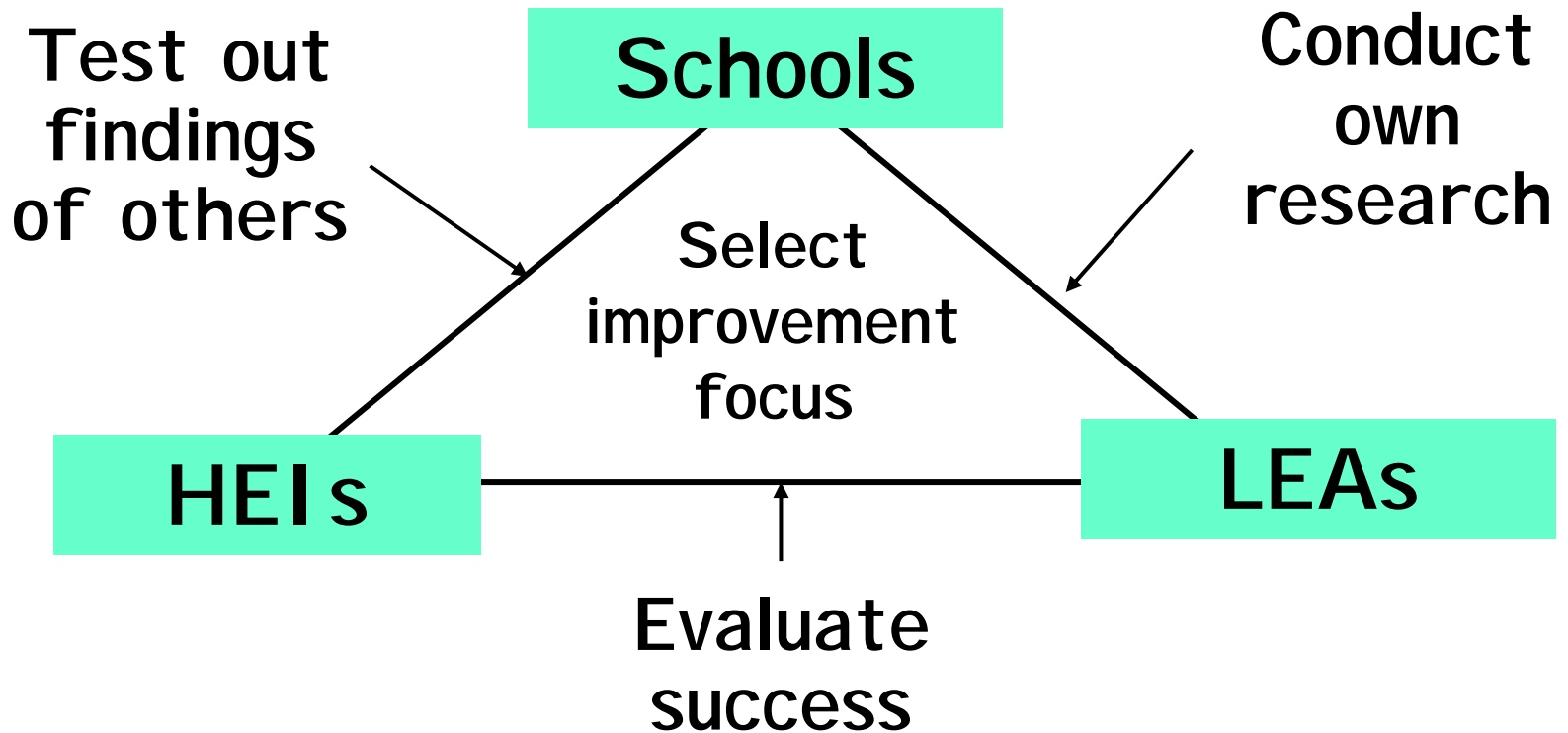


*'Researchers are lost in thought;  
practitioners are missing in action'*

# The LOLA model

- Local organisations define success criteria
- Local investment in measuring impact and effectiveness
- Partnerships with local universities and intermediary organisations
  - Access to wider evidence base
  - Local adaptation of research findings, and ongoing learning

# UK School-based research consortia



# The LOLA model

## Key issues:

- Encouraging local agencies to use existing evidence base
- Adapting findings can serve to reinforce the status quo
- Local capacity to plan and implement good quality evaluations
- Proliferation of small-scale studies

# A tentative verdict on the LOLA model

Promising but encounters capacity  
issues

Partnerships with research  
organisations seem important but  
how to fund and sustain these?

# Centre-driven model

- Central assembly of evidence base
- Centre-periphery dissemination
- Central rewards & controls to promote evidence use
- Centrally-coordinated evaluation to build evidence base

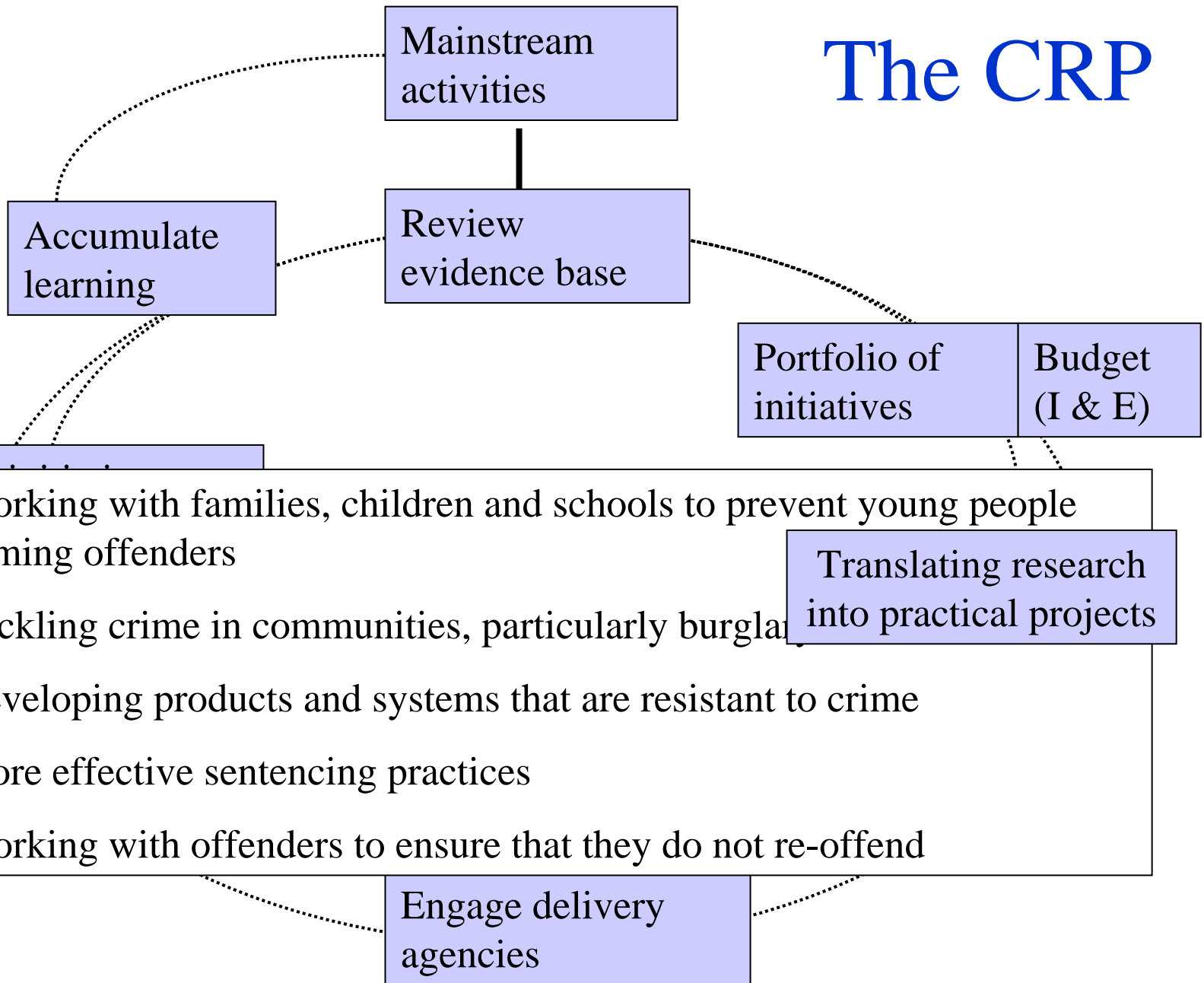
# Crime Reduction Programme (CRP)

*‘the biggest single investment in an evidence-based approach to crime reduction which has ever taken place in any country’* (Home Office, 1999)

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A three-year, £400m cross-government commitment to reducing crime

# The CRP



# Central specification of Offender Management

**Research on what works**



**Evaluation**

Risk & needs assessment tools

National core curriculum of offender programmes

Staff & programme accreditation scheme

New scrutiny regime

# Centre-driven model

## Key issues:

- Absence of robust evidence in many areas of policy concern
- Avoiding a 'one size fits all' approach
- Tends to stifle innovation
- Little encouragement of individual or organisational learning

# A tentative verdict on the centre-driven model

Most appropriate when strong evidence  
of intervention effectiveness across a  
range of contexts

Can provoke resistance and stifle  
innovation

# Which model is best?

No single best model - depends on:

- strength of existing evidence and what you aim to achieve
  - promote documented and evaluated innovations (LOLA?)
  - replicate promising evidence to build evidence base (LOLA/ Centre-driven?)
  - mainstream interventions for which there is robust evidence of effectiveness (Centre-driven/ EB Practitioner?)

# Which model is best?

No single best model - depends on:

- Complexity of intervention
- Value placed on local vs global knowledge and evidence
- Constitutional/ legal framework

**Clashes between the models likely to limit their combined use**

# In Conclusion

- What counts as good and credible evidence is important but contentious
- There are barriers to evidence use but also some general features of effective practices to increase research use
- Making evidence work can involve
  - documenting an innovation
  - replicating promising findings to build evidence
  - mainstream implementation of effective practices
- Different programmes of activity are appropriate for achieving these different purposes

# Finally, when discussing how to make the evidence work think about

- Who decides what counts as evidence?
- How can we integrate or adjudicate between different forms of evidence?
- How can we encourage and refine the art of evidence-informed policy and practice?
- What models of evidence use underpin what is being described or proposed?