Ten Steps to Transform the Use of Evidence

Evidence-based decision making and rigorous evaluation of social policy is vital to developing radical, innovative solutions to the problems facing society today. The benefits of grounding decision making in rigorous evidence are clear. It is stating the obvious to say investing in programmes, services and policies that are shown to work increases the chance of achieving positive outcomes. Yet despite decades of producing excellent research it is often not acted upon.

Evidence informed programmes and policies have been defined as the *"the basis for decision making and action; a process for ensuring that an individual or group of individuals gets the best possible intervention, service, or support based on an assessment of needs, preferences, and available options".* This is a statement most would struggle to find fault with. Yet the evidence agenda is rife with controversy. Despite decades of debate, we are still far from ensuring that all services provided are the most effective that they could be.

Attempting to remedy this is not new, yet we still haven't managed to institutionalise rigorous evidence in the decision making process across all areas of social policy and practice. We also recognise that we are not at ground zero. Evidence of effective policies, programmes and practice does exist and some decision makers do use research and evidence. But as we've noted before, this isn't consistent. In a time of intense pressure on resources, public service reform, development of outcomes-based procurement and more decentralised decision making, the need for timely, accessible and reliable evidence is becoming ever more important.

The UK Alliance for Useful Evidence is being created to fill this gap.

Over ten days we outlined a number of the challenges and barriers that are frequently encountered when trying to improve the use of evidence in decision making. As you'll see they a raise a number of questions for how they can be overcome. We want to work with a wide range of organisations to create an Alliance for Useful Evidence that will develop the practical solutions to actively overcome these, helping to transform the use of evidence in decision making.

The UK Alliance for Useful Evidence was announced at an event at NESTA on 24 October 2011. For further details on how you can get involved please see our website.

As always we welcome your thoughts.

Ruth Puttick
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October 2011

Day 1:
Moving beyond discussing evidence based

Ruth Puttick – 10.10.2011

Since the 1990s the term 'evidence-based' has become a central part of public policy discourse in the UK. Yet, despite the term becoming common parlance, we lack an agreed understanding of what it actually means. What evidence do we need in order to know that a programme 'works'? Who does it work for? When and in what situations?

What 'evidence' means varies across different areas of social policy and practice. It 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.

Many organisations use terms like 'Top Tier', or 'Promising' or 'Model' to classify programmes and help decision makers select those interventions or approaches that are deemed 'to work'. These commonly draw upon studies where the intervention has been evaluated using random assignment to signal to decision makers which programmes are backed by 'strong evidence'. This is fine in theory but what about those situations where these methods are not appropriate? 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'?

Or should we be looking at this from another angle? Instead of thinking about what evidence based is, we could usefully turn the debate on its head and instead think about what it is not. For instance, we know that it should not simply be lip service or a PR exercise to funders. We know research – however generated – should be high quality, rigorous and the results triangulated. We know it should not be about crowding out innovative new approaches. And we know that the problem is not always a lack of evidence, rather a lack of *quality* evidence or the appreciation of it.

Which leads to the question, what do decision makers actually want and need and when do they require this? Who do we want rigorous evidence to influence? 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?

Over the coming days we will be discussing the issues and wider systemic factors that can hinder and even disincentivise the use of available, rigorous evidence. Although generating robust evidence is the necessary starting point, if we are to improve decision making across public services then we must make sure that this information isn't ignored.

Day 2:
Enabling evidence and innovation to co-exist

Ruth Puttick – 11.10.2011

As an agency tasked with stimulating innovation in the UK a question we're frequently asked is *"How can you both stimulate innovation and have an evidence agenda?"* We would argue that evidence is a vital part of innovation. Research and development is, after all, a traditional cornerstone of a functioning innovation system. If we fail to test and experiment with new innovations, how do we know whether they work?

Yet we recognise the need to balance the drive for better evidence of effectiveness without creating insurmountable barriers to those developing innovative new approaches. From our research to date there are a number of potential barriers that could hinder developing innovations. For instance, many providers developing potentially effective approaches lack the skills, capabilities or willingness to evaluate themselves. Providers can find the prospect of evaluation daunting, for instance, would unfavourable findings mean they lose their future funding?

When identifying effective programmes many <u>organisations</u> rely on academic literature as the primary source of information and evidence. Academic literature can provide a robust and reliable evidence base, but the 'lag' between research into 'new' practice can lead to potentially better approaches not gaining the recognition they deserve. This means many approaches can remain below the radar. Then there are the <u>well documented instances</u> of academic publication bias which can complicate the reliance of academic literature even further.

To gain academic attention, there may need to have been a <u>randomised control trial</u> (RCT). As we will discuss tomorrow, the 'gold standard' of RCTs should be the level of ambition we aim for in those instances where this is appropriate, but we need to recognise that this could be a long way off for many providers, especially if the intervention is at an early stage of development. For instance, we don't want to be in a situation where an intervention is selected as it reaches perceived 'top tier' standards of evaluation when there could be (potentially) better solutions which have a 'lower standard' of evidence and need more investment and support. To ensure innovation and evidence can coexist we need to understand what an appropriate scale of evaluation is for different size programmes at different stages of development.

This is where programmes like the Greater London Authority's <u>Project Oracle</u> are so important. Oracle builds the evidence behind the interventions and approaches being developed by community groups and charities, many of which are very small and struggle to evaluate their work. Oracle clearly demonstrates that it is possible to develop the capacity and capabilities of providers to move up academically rigorous 'standards of evidence' at a speed which is appropriate to the provider as their approach develops and matures. The other interesting element of the Oracle approach is that it is not obligatory for those receiving GLA funding to take part, instead they willingly sign up in recognition that evaluation can be a useful tool in improving their approach and in attracting additional funding and support.

Evidence is vital to the innovation system. A lack of evidence may lead to a lack of confidence in new approaches, and in a time when we need to be developing effective solutions to tackle many of our long-term challenges, we need to ensure that the best approaches don't remain marginal.

Day 3:
Debunking the myths about Randomised Control Trials (RCTs)

Ruth Puttick – 12.10.2011

There is much contention around the use of Randomised Control Trials (RCTS), with examples of their use being blocked or vetoed. Yet if used correctly, they can be one of the most powerful tools in helping test whether a service you receive is effective, or indeed harmful.

Yesterday we discussed the need for evidence to not trample on innovation, yet we need to ensure that, where appropriate, 'top tier' evaluation methodologies are used. Randomised Control Trials test the efficacy of an intervention by randomly assigning the intervention among members of a treatment or user population. Although no-one would argue that randomised trials are the only form of evidence, or that they are always appropriate or able to answer every question, it is clear that even when they should and could be undertaken, they face a number of barriers.

The idea of subjecting people to experiments can have extremely negative connotations. Take a homeless project in the US, for instance. When it was announced that the intervention was going to be evaluated with random assignment there was huge controversy with comments that it was unethical to deny access to the programme for the control group, in effect treating the vulnerable as 'lab rats'. Of course, there are strong counter arguments. First, the 'unethical' stance presupposes that the intervention is beneficial – of course testing that assumption is the whole point of the experiment. Second, often we are testing a new intervention: the 'control group' may simply continue with current provision. Third, many programmes are not funded sufficiently to treat everyone: access is already restricted to a select group.

Another reason why random assignment is often shunned is that it is perceived to be a difficult, time consuming and expensive methodology. Yes, it can be a difficult technique to administer in some circumstances, but if a large-scale randomised field experiment can be undertaken to assess impacts on counterinsurgency in war-torn Afghanistan, then there should be plenty of scope in more domestic circumstances. And they can be done reasonably cheaply, such as a reading programme that was found to increase achievement scores by 35-40 per cent, with the main expenditure being the cost of books. Then there are studies where existing data can be drawn upon to greatly reduce costs, such as when researchers analysed the guidance given to potential US College applicants, with a huge sample of over 22,000 families. Or a study which drew upon college enrolment data to analyse the impact of coaching as an eight site randomised trial for $15,000. With the UK's move to open data, this kind of analysis could be undertaken here.

Another misconception is that RCTs only involve quantitative analysis, that practitioner and service user perspectives are lost, and that RCTs are somehow an overtly 'centralist' approach. Again, this need not be the case. It has been argued before that RCTs are not the opposite of qualitative research with further calls for a need to develop rigorous mixed methods for effective evaluation. At a conference earlier in the year discussing evaluations in Europe, it was clear that the findings generated from the qualitative element of an RCT were just as useful as the quantitative data, if not more so.

As well as overturning the 'myths' to enable more and better RCTs to be undertaken, we need to build the capacity of the research community to undertake such analysis. As Ben Goldacre has noted, RCTs are an underused tool in social policy evaluation. For instance, an RCT into the effectiveness of different forms of outreach from Sure Start centres was the first time such analysis of social policy had been commissioned by local authorities in Greater Manchester.

<u>Although a well conducted RCT should rightly be considered a gold standard in demonstrating the effectiveness of an intervention</u>, we don't believe that they are the answer to every research question or that they are the only methodology which should be used. Indeed we believe alternative, rigorous approaches need to be further explored to stimulate innovative research techniques. Yet the rejection of random assignment techniques because of misunderstandings is a huge missed opportunity for improving the quality of our public services.

Day 4: Institutionalising the demand for evidence

Ruth Puttick – 13.10.2011

Despite decades of producing excellent research, its use in decision making remains limited in many areas of social policy and practice. The answer may not always be generating and gathering more evidence, rather we should focus on stimulating the demand for it.

We have noted the need to build the evidence behind innovative new approaches and that when appropriate we need to be using more intensive methodologies like RCTs. But is the lack of evidence behind much decision making due to a lack of data? Or is it that – beyond health – the demand for research and data is not always institutionalised in decision making across some areas of social policy? As we've said previously, producing research and analysis is not the end result. We need to actively build the absorptive capacity of decision makers to judge and integrate the best evidence into their decision making and ensure it is in a format that is accessible.

This returns to one of the questions that we raised at the beginning of this blog series: how do we make the demand for evidence stronger? What do decision makers want and need? How do we make evidence useable and compelling so that it cannot be overlooked or ignored? And can we design institutions that make evidence-based decisions the easy option, and ignoring evidence harder?

There are some interesting programmes that are attempting to do this. Take the French Experimentation Fund for Youth. The French Ministry of Youth Affairs created a fund in 2008 to support the 'mainstreaming' of experimental – especially randomised – methodologies into the policy making process. Eighteen months ago there were 'a few' experiments of this nature in France, but now due to the Fund there are 350 funded projects, involving a range of institutions (both providers and evaluators) covering numerous topics. As well as robustly testing NGO-led interventions to help ground research in practical terms, the fund has also helped build capacity across the evaluation community and stimulated demand for evidence of this nature across Government.

Understanding complex data can be time consuming and require technical skills. What can we do to translate such information into useable formats? The Commonwealth Scientific and Industrial Research Commission, Australia's science agency, developed an interesting approach. They drew upon clinical studies to develop a cookbook on healthy eating, making scientific data useable by a wide audience. Another interesting approach has been developed by Duke law professors who attempted to make intellectual property law accessible to the general public by writing a comic book.

Then the public themselves have a key role to play in stimulating demand for information on effectiveness. People expect the drugs they receive will have been tested, but do people know that the requirements for testing and evaluating can be lower in other areas? For instance, out of 70 programmes implemented by Department for Education, only two or three had been robustly evaluated. This means a high proportion are potentially ineffective. Are people aware of the differences in research and evaluation across the public services they receive? The public are a key ally in helping drive demand for evidence of effectiveness. If we are to make evidence harder to ignore then the voice of users will be crucial. This is something we'll return to on Day 7.

We recognise that in some fields there is a need for more evidence. But just as often the priority may be to stimulate more demand for what is available. If we are to ensure that the most effective programmes and policies are being used across our public services, we need to ensure that evidence is both easier to understand, and decision makers find it much harder to ignore.

Day 5: Dealing with negative findings

Ruth Puttick – 14.10.2011

Most people would recognise that we need to improve how we measure the impact of services and programmes. Yet what do we do when an evaluation brings back negative findings? In the quest for 'what works' do we shy away from discussing what doesn't?

It is commonly acknowledged that testing is essential to see what is effective. To truly learn about effectiveness we need to know what hasn't been successful. But how then do we deal with negative findings?

As a programme developer could this mean the termination of funding and reputational damage? Or, for a politician, could the admittance of a particular policy being less than successful provide ammunition for the opposition to discredit their programme of work? Does this then lead to negative findings being hidden or even actively disincentivise evaluations being undertaken at all?

Then there are differing degrees of 'failure'. There are well-known examples of ineffective programmes, such as Scared Straight or DARE, but how do we deal with those when the findings are arguably less clear cut? When do we decide that negative findings are indicative of areas to improve or of total failure? How do we decide when to make improvements or pull the plug entirely? How much latitude do funders give providers to amend or adapt their approach if they found that they weren't meeting certain outcomes? Should evaluation be about pass or fail, or can we see it as a tool for continual improvement?

Alongside providers feeling like they need to give success stories to funders, the same can be true of some evaluators, researchers and academics who prefer to discuss the positive outcomes of experiments and evaluations. For instance, evaluators commissioned to undertake studies may feel compelled to tell the provider who is funding the work what they want to hear, toning down negative findings about a programme to try and secure future contracts. Then there are the widely discussed issues of publication bias. This can mean that the 'boring' findings of unsuccessful studies are less likely to get written up or published in an academic journal. To counter this one journal has created a 'negative results' section. Although it is a positive move that these studies are made available, not giving them the same emphasis as studies in mainstream publications could lead to them being overlooked.

To advance the evidence agenda we need to emphasise what doesn't work as strongly as we strive to find what does. For this to happen and for programmes and policies to improve, there needs to be a move towards being more open and frank about negative findings, perceiving them as an experiment to learn from. This will only happen if honesty is encouraged and with evaluations used for improvement, not as a test of pass and fail.

Day 6: Managing the politics of decision making

Ruth Puttick – 17.10.2011

Research, evidence and data do not exist in a vacuum. To influence decision making, sources of information have to compete with a myriad of other factors, ranging from political pressure, lobbyists, public opinion, ideology and personal values. If the research findings clash with the dominant view, how can these factors be managed to embed evidence into decision making?

It can be difficult to challenge perceived wisdom, especially when it seems at first glance rather harmless. Take Patz, a doctor working in post war America, for instance. Patz observed a link between the use of pure oxygen to treat premature babies and sight loss. To investigate this further he proposed to test this with a clinical trial. However the National Institute of Health refused to fund it, fearing the study would *"kill a lot of babies by anoxia [lack of oxygen] to test a wild idea"*. This isn't unsurprising, most people would assume that giving oxygen to babies is a natural thing to do. Undeterred Patz borrowed money from his brother and undertook what is believed to be the first randomised control trial in ophthalmology. The findings overturned the common sense thinking of the time to reduce childhood blindness in the USA by 60 per cent.

Letting the evidence 'speak for itself' is not easy, especially in instances where the 'politics of electoral anxiety' conflict with the potential controversy arising from the research findings. The walk out by scientists at the Advisory Council on the Misuse of Drugs (ACMD) is an interesting example of scientific research and politics colliding. Nutt, a pharmacologist at Bristol University and Imperial College London, was sacked after he criticised the Government's decision to upgrade the legal classification of cannabis, arguing that research indicates it is less harmful than cigarettes and alcohol. The conflict between research and political ideology were shown in Nutt's comments that politicians were 'distorting' and 'devaluing' the research evidence in the debate over illicit drugs, whilst Alan Johnson, former Home Secretary, said Nutt had *"crossed a line"* into politics amounting to *"lobbying against government policy"*.

Then there are other instances when findings are ignored. The US-based Scared Straight is a good example of this. Scared Straight involves young people visiting prisons and talking to inmates, with the experience supposed to prompt them to think twice about offending. This may sound sensible, but rigorous evaluation shows that it is not only ineffective but that is actually damaging to the young people involved. Despite this evidence, Scared Straight remains in use worldwide.

Alongside policymakers and governments, it can also be hard to sell evidence to the general public if they are 'emotionally invested' in a particular approach. Take prisons for instance. Fundamentally many see prisons as a necessary place of punishment and it could be political suicide for government to challenge the *status quo*, yet research shows there is a lack of understanding of the justice system in much of the population. Then there are the debates about smaller class sizes, seemingly a common sense way of increasing attainment, yet research into its impacts are inconclusive and arguably the money spent on reducing class sizes could be more usefully spent to improve pupils learning experiences in other ways.

As we've said before, generating evidence is only one piece of the puzzle. Too often findings can be toned down, or worse still, ignored entirely. How do we overcome and manage these tensions? What needs to change to enable the interface between research and decision making to be less influenced by values, opinions and politics? Indeed, can we ever do this?

Day 7: Making the debate relevant

Ruth Puttick – 18.10.2011

Not everybody thinks that evidence is the most important thing in the world. But most would recognise that knowing whether a programme of intervention is going to be harmful to them, their family or friends, is a big deal.

At an event earlier in the year, Michael Little from Dartington Social Research Unit said we should strive for 5 per cent of UK's children's services to be evidence-based. If 5 per cent is a realistic target, how low must the prevalence of evidence-based programmes be now? How many programmes or policies are a waste of money, demonstrating little or no impact, or worse still, are actually damaging to the children receiving them? Are the parents and the general public aware of this?

Parents are quite rightly concerned about the drugs and healthcare their children receive. This is clearly demonstrated in the media by the controversy surrounding the prescription of anti-depressants to adolescents or vaccines such as the MMR, for example. Yet do we have the same level of scrutiny in other areas of our public services? For instance, we may not wish to receive an untested and unknown type of medicine but are we willing to receive a dosage of a treatment programme in another area, such as social care or education that is yet untested? Indeed, even when certain interventions, such as the education programmes Scared Straight or DARE have been tested and are shown to be ineffective, they remain in use worldwide. How can we ensure the evidence generated in areas beyond health is more accessible and useable so people can make more informed judgements about the services that they or their family receive?

The voice of service users is gaining strength, with people able to influence the decisions that affect their lives, accessing information to decide upon what they deem to be the best types of treatment. Take health for instance. There are numerous examples of public campaigning to the National Institute for Health and Clinical Excellence (NICE) when a treatment that patients, their relatives and campaign groups believe to be effective is being withheld. Is there access to such information to enable people to make informed decisions and judgements in other areas of public services? Or do people believe that the supposed lack of evidence is an indication that services are effective, rather than that they may actually have not been tested at all?

We have noted previously that the public are a key ally in advancing the evidence agenda, with a lead role to play in helping demand better evidence to underpin the decision making in public services. If we are to successfully stimulate demand for rigorous evidence on effectiveness, then we need to ensure that we don't cut the public out, ensuring they are able to decide what are the best quality programmes and treatments for them and their families. This means ensuring the debate and discussion is relevant to what people want – positive, impactful public services. This means we need to talk in terms of improving quality of life, which is what driving the evidence agenda is really all about.

Day 8:
Opening up data for better, cheaper evidence and the new army of armchair evaluators

Dan James – 19.10.2011

We have talked about the need for more and better use of evidence, but this does not always mean commissioning costly academic research. Instead we can find new ways of utilising the information already available and empowering wider society to make use of it. This means that as well as innovating with new programmes and policies, we also need to innovate with the tools we use to evaluate them.

From the perspective of a small provider of public services, the main reasons why evidence is not often forthcoming could be summarised as: cost, capacity and complexity. The giants of big pharma are able to invest in labs, experts and clinical trials, but a small neighbourhood-based youth organisation may find it hard to even get their hands on relevant data, let alone make comparisons with other organisations and groups in other areas. Commissioning academics to perform a rigorous trials or evaluation could cost as much as the service itself.

However, open data is a recent innovation trend that provides opportunities to lower the cost and increase the capacity for evaluation of smaller-scale interventions.

Making the most of what is available

Many billions of data points exist (it would be interesting to know exactly how many) that when assembled together could shed light on how effectively different public services perform, at relatively low cost. But many of these currently languish on internal databases and locked in filing cabinets, or buried in non-reusable reports to public bodies and funders.

Government, both national and local, holds fine-grained and robust data that, when shared, could help smaller organisations assess their impact in a much more evidence-based manner. However, getting hold of such data is not always easy – many datasets are held across different organisations, in different and potentially inaccessible formats. Open data portals can provide a hub for organisations to easily post datasets as well as host apps that enable others to easily interrogate them. The London Datastore, for instance, provides a wealth of datasets with users encouraged to interrogate the raw data and present it in a meaningful way.

Other bodies also hold a wealth of information about social programmes. Charitable funders routinely require monitoring reports from grant recipients, but these rarely see daylight. Sharing such information with other funders could help them build up an evidence-base on what is effective. NESTA's approach to learning for the Neighbourhood Challenge programme has short-circuited this loop, asking funded projects to blog their progress direct to the public. Public service providers can also benefit from opening up their data: TfL's developer zone provides a wealth of live feeds that can be used to both make services more useful and evaluate how they perform.

Stimulating new sources of interpretation and evaluation

To think of open data as simply a means for organisations to access previously withheld datasets is to miss the second way in which open data can promote the use of evidence. Ministers have promised an army of 'armchair auditors' access to open data to help 'root out waste and inefficiency'. Of course much of the public would find such data difficult to manipulate: we need innovative intermediaries to help us understand and manipulate data. NESTA's own Make it Local has partnered local councils with design agencies to demonstrate

how locally, public bodies can make their data really useful to citizens. The media can also play a role: data journalism is driving demand for statistical and technical skills within traditional media outlets as readers become more and more familiar with medians, geo-coding, APIs and visualisations.

Necessary but not sufficient

While open data should be welcomed and encouraged – the Government's progress so far with data.gov.uk and current consultation appear to be moving the agenda in the right direction - its ability to empower people in and of itself should not be overstated. Open data can help us push the envelope of opportunities to bring evidence to bear on social policy, but there are plenty of programmes and interventions where open data alone is not sufficient. Some data are not collected: we often know little about those that don't use particular interventions or public services, or vital social transactions that take place in civil society, families and informal networks. There are holes in the data landscape for other obvious reasons; for example, we have no official record of the amount of illegal drugs sold in the UK. Similarly, the design of policies can limit the usefulness of open data in testing the effectiveness of policies: rolling out policies nationally, rather than in randomly selected trial areas means we have no way of guessing what might otherwise have happened in the absence of the policy. All of these gaps still require careful and often sophisticated field research.

Open data provides opportunities to lower the cost and increase the demand for evidence, but it will also take time to shift the debate from the domain of the nerds to a wider democratisation of evidence.

Day 9:
Evidence in the real world

Ruth Puttick – 20.10.2011

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*"You say 'evidence'.
Well, there may be evidence.
But evidence, you know, can
generally be taken two ways"*

Dostoevsky, 'Crime and Punishment', 1866

The blogs over the past two weeks have demonstrated that embedding rigorous evidence in decision making is not always a straightforward task. As the quote below shows, this is further complicated by data not always showing a single course of action for decision makers to take.

Earlier in the week we discussed how decision making is influenced by politics, values, ideology and objectives. The interpretation of data is influenced in much the same way. Take the widespread discussion surrounding climate change or the value of herbal medicine, for instance. Or the well-documented case of the MMR jab, when parents were caught between doctors and the scientific community – the supposed 'experts' – disagreeing over whether there is a potential link to autism. When situations like that arise how do decision makers then weigh this up? What course of action should be taken?

Then there may be other instances when the evidence may not yet be available to provide specific solutions or guidance. Systematic reviews are seen as an effective way of putting research studies in a scientific context. However, a key criticism is that they *"often conclude that little evidence exists to allow the question to be answered"* (although there is a counter-argument that this a useful finding in its own right). If further analysis is then needed, *"How can the need for rigour be balanced with the need for timely findings of practical relevance?"*

Identifying effective programmes and policies are not the end result of course. We have already noted the need to drive the demand for such evidence, but we also need to improve our ability to ensure that they are implemented with fidelity to the original model to help increase their chances of success when they are rolled out. For instance, if a programme is evaluated and found to be effective, can we rely on these findings to implement it in a different area or context? Improving our understanding of implementation science is crucial.

Even when a programme has been successfully identified, implemented and scaled, the need for evaluation does not end. We need to ensure that the programme or policy continues to be effective. The most intensive work is arguably over, but we should still ensure that its impacts are as optimal as they could be. Yet we need to ensure that we recognise what types of evaluations are needed at different stages. The National Institute for Health and Clinical Excellence (NICE) has a grading system which starts at 'very low' to indicate where any estimate made is uncertain, up to 'high' which shows that any further research is unlikely to change confidence in estimates of effects. Do we need similar systems in other areas to ensure the most appropriate evaluations are being undertaken at different stages, and prevent efforts in those areas where further research may not reveal anything new?

What has become clear over this blog series is that we need to be strengthening the supply and generation of research, as well as the demand for it. The next blog post will discuss the development of the UK Alliance for Useful Evidence, a new initiative being developed to play this role. The Alliance for Useful Evidence will explore the infrastructural improvements and changes that are needed to embed rigorous evidence in decision making across social policy and practice.

As with all the challenges we have discussed over the past few days, those outlined here should not excuse rigorous testing and evaluation. Instead we hope that they set the need for rigorous research to be set within context.

Day 10:
Developing a UK Alliance for Useful Evidence

Ruth Puttick – 21.10.2011

We are delighted to announce that we are working with the ESRC – and others – to create an Alliance for Useful Evidence.

As the past few blogs have shown, there are a number of issues and challenges that can prevent evidence being used in decision making. We believe that many of these are not insurmountable and that we need to actively overcome them to ensure that high-quality evidence can have a positive impact on our public services. We are building the UK Alliance for Useful Evidence to fill this role.

The Alliance for Useful Evidence will be a global community of individuals and organisations – from academia, government, third sector, think tanks, service providers, funders, and more – with a commitment to developing the evidence base to ensure decision making across our public services draws upon the most effective approaches and solutions.

The UK Alliance for Evidence will provide a much needed focal point for driving the evidence agenda in the UK. We believe there is huge value in developing a collective voice to advocate for decision makers to generate and use rigorous evidence, and to also aid collaboration and knowledge-sharing across the Alliance. We have already received a great deal of interest from organisations from around the world, and of course, we are partnering with the US Coalition for Evidence-Based Policy to learn from their expertise and involvement in the Obama evidence reforms.

We recognise that this agenda is not new. We also recognise that there are lots of organisations doing excellent work in this field. The Alliance for Useful Evidence will not compete with or replace these; instead it is our intention to forge linkages with them, promoting learning and collaboration across different areas of social policy.

Our aim is not to promote any particular method, but rather to act with others as an honest broker, raising the quality of both the supply of research and also the demand for it. We need to ensure that evidence is commissioned and carried out in ways that make it more likely to be used and useful; and we need to work with the users of evidence to make it easier for them to act on what's known. We recognise that even the best evidence can be imperfect or incomplete, but it's no longer legitimate for any members of the public, government and others to be ignorant of it.

Thank you for all the comments we have received about the blog series and the development of the UK Alliance for Useful Evidence. If you would like further information or to get involved, please see our website for details.

If you missed the announcement of the Alliance for Useful Evidence, you can watch the discussion with Sir Michael Rutter, Ron Haskins and Geoff Mulgan.