

WHY WE NEED TO CREATE A 'NICE FOR SOCIAL POLICY'

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Introduction

There has been much discussion about whether we need a 'NICE for social policy'. By this, people mean an equivalent to the National Institute for Health and Clinical Excellence (NICE), which provides evidence to the NHS on which drugs and treatments are cost-effective. The suggestion is that a NICE for social policy could be created to improve the ways evidence is used and made useful in other areas of policy. This is a timely debate, although NICE can't be copied wholesale, we do believe that the strong interconnections between evidence and practice across much of the UK healthcare system should be our aspiration in other areas of social and public policy.

This paper outlines why we need to explore a centre – or a network of evidence centres – which help to institutionalise evidence in the decision making process. When exploring new centres or infrastructural changes there are a number of key features which need to be considered; in summary these include:

- That any new developments are demand led, that is to say they are useful to those who will be the target audiences and for whom the evidence will be relevant. As well as being useful, evidence will need to be used, which means new developments will need to institutionalise the demand for evidence, amongst commissioners, policymakers, and other decision makers.
- Any new evidence centres should be close enough to government to have impact, but with enough independence to be critically objective of it.
- It could perform the roles of advancing methodological development, evidence synthesis and translation, ensuring high quality and rigour, and allocating kite-marking and accreditation to exemplar performance, policy and programmes.

- To innovate and advance new methodologies, particularly those that enable agile, rapid, low-cost impact evaluations to be undertaken, but which don't compromise on quality and rigour.
- To advance the use of administrative data and other sources, as well as developing new ways of visualising and communicating such information.
- To have a clear definition of the types of evidence and what quality looks like at different stages and levels, but balancing the need for evidence without trampling innovation.

The role of the National Institute for Health and Clinical Excellence

The National Institute for Health and Clinical Excellence (NICE) is a special health authority that serves the National Health Service (NHS) in England and Wales. NICE provides guidance to support healthcare professionals, and others, to help make sure that care provided is of the best possible quality and offers the best value for money. NICE provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, for the NHS, local authorities, charities, and anyone with a responsibility for commissioning or providing healthcare, public health or social care services.¹

Why we need a NICE for social policy

Before we outline what a NICE for social policy could look like, we will start by saying why it is needed. Despite the idea that policy and practice should be underpinned by rigorous evidence being widely accepted, billions of pounds are spent every year on social policies and programmes with little rigorous evidence on the impacts that these have.² Although the drive for evidence-based policy and practice is not new, the context of reduced budgets, devolved commissioning, and the development of new procurement mechanisms such as payment by results and social impact bonds, brings a renewed focus on finding what is effective.³

In some fields there is a need for more evidence, but just as often the priority is to ensure that the evidence being collected and analysed is made relevant to the needs of decision makers. Equally, there are challenges surrounding evidence use, such as commissioning models, budget planning, and organisational cultures. Overall, one of the most striking factors is the absence of organisations tasked with linking the supply and demand. There is the Social Care Institute for Excellence (SCIE) and the National Institute for Health and Clinical Excellence (NICE) in health, yet there are no equivalent centres or institutions in other areas such as education, criminal justice, or children's services.

It should be emphasised that there are a myriad of reasons why NICE is a good ambition, but not a good blueprint. For instance, the R&D system in health is completely different from other areas of social policy so that NICE doesn't undertake much, if indeed any, primary data collection. Instead there are a number of other institutions that produce high-quality research, from academia to the Wellcome Foundation and Nuffield, alongside the ways in which the pharmaceutical industry funds a great deal of clinical trials. In addition, the organisational cultures across the medical field, such as how the line between practice and research is indistinguishable within teaching hospitals, or the ways in which doctors are trained, all have a contributing role to play, and may be vastly different across different policy areas. This means that although we can learn useful lessons from NICE, we need to think much more laterally if new evidence centres are to be embedded and function effectively across the different fields of social and public policy.

What an equivalent to NICE in social policy could look like

The creation of any new institution or set of institutions is complex, and it becomes even more so when it comes to establishing an organisation that could potentially perform the role of NICE across social policy – from education, criminal justice, youth services, and beyond, whilst being relevant to the spectrum of decision makers that need to be engaged and influenced. This section outlines what is needed to enable this to happen.

Ensuring it engages with the widest possible audience

Although engagement and consultation will vary at different stages when exploring and developing new centres, it is imperative that any NICE for Social Policy involves a wide spectrum of evidence producers, users, and others, to ensure it does not replicate what is happening elsewhere, and to help ensure that it is fit for purpose.

There is a huge amount of excellent work underway. We have a world-class university sector, and a variety of other producers of evidence – ranging from independent researchers, consultants, providers themselves, and beyond. Rather than trying to compete or duplicate these, they need to be engaged and supported ensuring evidence is visible, accessible, usable and used.

As we increasingly move towards a world of decentralised decision making, the number of decision makers continually expands. This means that any NICE equivalents will need to engage and influence a range of both producers and users of evidence,⁴ encompassing policymakers and commissioners across central and local government, academia, third sector, independent research organisations, service providers, and the end users of services themselves. We have argued before that service users have been left out of much of the debates surrounding evidence for social policy, when they are in fact a vital ally in helping to identify problems and issues in service delivery, whilst also helping to hold decision makers to account for the ways in which services are delivered.⁵

Deciding upon size and organisational form

Alongside agreeing the overall objectives for a NICE for social policy, there needs to be discussion on what resource is needed to achieve this.

The National Institute for Health and Clinical Excellence has around 250 staff and a budget of approximately £60 million per year. In the current spending context, it is probably unlikely that any equivalent developments in social policy would be of a similar size. Though there is an argument that investing to identify the most effective approaches would deliver more efficient public services, helping to recoup any investment.

In terms of organisational design there are a number of options to be considered, with three listed in the table below.

	What this could look like	Potential benefits of this approach	Potential drawbacks
Option 1: Creation of an entire new entity	One organisation is created which undertakes all the tasks required	This may enable co-ordination and consistency of approach and methods	Could duplicate and replicate what is underway elsewhere May not garner buy-in from outside organisations
Option 2: Creation of a network	Tasks required are distributed and commissioned across a network of expert organisations, such as independent research institutes and academics	Could effectively draw upon and make more of work currently underway May help foster buy-in from the wider community of evidence users and producers	Co-ordination may be complicated leading to differences in quality across the network, and overall voice and impact may be weak
Option 3: Creation of a hybrid	The network in Option 2 would be co-ordinated and managed by an entity (either new or tasked to an existing organisation). The co-ordinating body would set the strategy and commission work to ensure it was successfully delivered	Could ensure greater strategic direction whilst drawing upon existing capabilities and work underway externally The co-ordinating body could ensure various strands of work across the network are coherent and have a strong and impactful voice	If the task of commissioning work from the network is tasked to an existing entity, this organisation needs to be seen as objective, neutral and not having a conflict of interest when taking on the role of an independent figurehead

Defining the areas of focus for a NICE for social policy

Interlinked with the discussion about size and form will be an overlapping examination and consideration of where to focus.

Social policy is vast, spanning education, health, social care, criminal justice, and beyond. This could require any new centres to focus on certain areas initially, or to develop individual centres which focus on specific topics. We have previously proposed a model which involved a central hub that developed expertise in a number of areas and then applied these skills to help a network of centres make developments in particular fields, such as education, early years, reducing crime, or sustainability.⁶ This would enable cross-pollination of ideas and innovative approaches across different fields.

If areas of subject focus are to be explored these could be selected based upon a variety of criteria, including in the areas of greatest government expenditure, where there is a strong availability of evidence, but there are barriers affecting its update, or alternatively, where the field is particularly underdeveloped and little is known about what is – or isn't – effective. These challenge areas could then be reviewed, altered, expanded or changed over time.

Arguably we shouldn't limit the scope of any new infrastructure to simply social policy alone. Regardless of whether social policy, innovation policy, or business policy, are being discussed, there are very similar challenges and barriers that affect them. Yet there is a counter argument about needing to balance breadth and depth when deciding where to focus and prioritise initially.

There is also a decision to be made around whether any NICE for social policy focuses upon policy, programmes and practice, or a mix of these. Of course, in reality the split is rarely neat,⁷ but the different spheres will require different resources and encompass different audiences. Although the distinctions are rarely mutually exclusive, the table below begins to outline some of the differences between these three components.

What a NICE for social policy could focus upon	What we mean by this	Audiences to involve and influence
Policy	<p>Testing, experimenting and learning from what is effective policy, in terms of guidelines, legislation and principles that are implemented to impact and change conditions conducive to human welfare.</p> <p>Social policy has been defined as “public policy and practice in the areas of healthcare, human services, criminal justice, inequality, education, and labor”.⁸</p>	Policymakers at a central and local level
Programmes	The approaches and models being developed to address social challenges, either within the public sector or outside by providers, for instance, Family Nurse Partnerships. Tasks could involve developing, testing and evaluating different programme models.	<p>Commissioners and other funders (such as philanthropic trusts)</p> <p>Providers across third sector, private sector and public sector</p> <p>Service users</p> <p>Front line practitioners</p>
Practice	Best practice skills and culture. Tasks could involve training or creating communities of practice	<p>Front line practitioners</p> <p>Providers</p>
Interventions	Types of products, such as technologies, developed to address specific challenges or to enhance ways of working	<p>Front line practitioners</p> <p>Service commissioners</p>

NICE arguably excludes the first two options and instead focuses upon evidence and publishes guidelines for medical treatment and procedures, clinical practice and guidance on health promotion.⁹ A 'NICE for social policy' will need to be explicit about whether it wants to encompass all the elements, or whether it is excluding certain spheres.

Defining what evidence means

Any new centre will need to be very clear as to what 'evidence' means and what 'quality' looks like. Many institutions, such as Washington State Institute for Public Policy and the Cochrane Collaboration, draw upon academically published literature. Although to an extent this can assure certain quality criteria have been met, it can mean that publication lag can delay new approaches being identified, or arguably more commonly, those approaches which aren't on the radar of academia could be missed out. This means a NICE for social policy should consider wider sources of evidence, such as from independent research organisations or evaluations commissioned from the providers themselves.¹⁰ Many argue that evaluations undertaken by the provider can lead to overstated claims and unreliable findings, however, not including them at all could miss out on a potentially rich and insightful evidence stream. These two views, however, aren't irreconcilable, if there are appropriate levels and standards of evidence which clearly denote the strength – and by extension – reliability of the claims, then all evidence could be duly considered.¹¹

By defining what is working, we also need to be clear on when something is failing. At what point does developing and testing stop, when it's recognised that a programme or policy is not going to be effective?¹²

Deciding upon a location

NICE is quasi-autonomous from government. Any social policy equivalent should ideally strive to be the same. Too far from government and it could lose impact, yet too close and it could lose powers of objectivity or critique. Another possibility is being based in an academic setting. Although advantageous as it could mean it would draw upon cutting-edge expertise and research, it may also mean that it doesn't engender 'buy in' from other audiences (see Annex 1 for the locations of other evidence centres).

What a NICE for social policy could do

In some fields new research will need to be generated, whilst in other areas the challenge is one of awareness-raising, dissemination and translation. The crucial role that a NICE for social policy should do is effectively marry the supply of evidence with demand, plugging gaps where needed, and ensuring evidence is available, useable, and crucially, it is used. This section briefly outlines what a NICE for social policy could do to help meet these goals.

Increasing and improving the prevalence of useful evaluations

Social programmes and policies have changed, evolved and been amended over the past few decades, yet the ways in which we evaluate these have remained relatively static. With the opening up of public services there is a plethora of new approaches and interventions available that may be more efficient, so the need for experimentation and testing becomes ever more important. Therefore any new evidence centres must help facilitate the generation of low cost and agile impact evaluation tools and methods.

This does not necessarily need commissioning costly research, instead we can find new ways of utilising the information already available and empowering society to make use of it. This involves using administrative data more efficiently, or opening up the wealth of evidence held by the funders of social programmes, such as the Big Lottery Fund.¹³

There may be times when any new initiative realises that there is little available evidence in certain fields. If generating this is beyond its scope or capabilities, then there could be systems in place to trigger academia, research councils, government departments, or others, to begin to fill these gaps.

Another key area to explore is the ways in which we use experimentation in policy development. The Obama Administration has recently developed a way in which more policies are evaluated and tested.¹⁴ It is proposed that federal agencies should demonstrate how they have used evidence and how they will commit to effective testing and experiment of policies within their Budget 2014 submissions. This includes a decisive call for greater testing and experimenting, including details on how departments have sponsored low-cost rigorous evaluations using administrative data, how agencies have 'waived' legal or regulatory provisions in order to enable rigorous testing of programmes to be carried out, as well as potentially incentivising evidence-based practices in agency grant-making programmes.¹⁵

Balancing evidence with innovation

Standards and scales of evidence can be exceptionally useful in helping to judge the evidence behind claims. Many organisations use terms like 'top tier' or 'proven' to classify programmes and help decision makers to select those interventions that are deemed to be working. These commonly draw upon studies where the intervention has been evaluated using random assignment. This can be useful in fields where there is a strong evidence base of well conducted RCTs; however, there are many fields where these types of evaluations may be lacking. Equally, there are instances when this method isn't appropriate, such as when the intervention is at an early stage of development, it is very localised or involves a small sample size. This can make it hard to judge and compare innovations which have alternative types of evidence. RCTs could then be seen as what to aim for, but recognising that other types of evaluation need to be considered, especially when an intervention is at an earlier stage of development. Any new evidence centre should then ensure that the bar isn't set so high that providers can start to work their way through the levels. Project Oracle's Standards of Evidence are a very useful starting point.¹⁶

Powers of accreditation

To help aid decision making, a suggested role for a NICE for social policy has been as an accreditation body.¹⁷ The Cabinet Secretary Jeremy Heywood has suggested that kite-marks could be awarded to effective social policy schemes such as those rehabilitating prisoners or drug addicts.¹⁸ There could also be accreditation to acknowledge high performing organisations, such as the Early Intervention Foundation or the Education Endowment Fund. The signalling as to what is effective could be useful in guiding commissioners and others in decision making, however it does assume that there will be rationality in decision making, a key point which we will return to.

Advice and guidance for both evidence users and producers

To help advance the understanding of evidence and building the case for what is working, a key role for a NICE for social policy will be to draw all this research, insight and expertise together to provide a rich source of advice and guidance, in a timely useable and accessible way. This can be advice on what is – or is not effective, guidance on what counts as evidence at different stages, or the ways in which this can be measured. This could involve engaging policymakers, practitioners, providers, researchers, users, and beyond, demanding greater consideration to be paid to ensuring evidence is timely, appropriate and accessible to different audiences.

Stimulating the demand for evidence and enabling it to be acted upon

Even when rigorous evidence does exist, a range of barriers can prevent its uptake, ranging from a lack of awareness, perceived unreliability, or facets of the organisational culture that can resist or block. NICE has power to ensure its guidelines are implemented, and although any new centre may not have such authority, it will need to ensure the available levers and incentives to ensure that the demand for evidence becomes institutionalised in decision making. If accrediting powers are granted to a NICE for social policy, then there will need to be incentives for funding to flow to these policies or programmes.

Evidence must be seen as iterative and evolving

The expression 'what works' is commonly used when talking about effective programmes. However, we would not want this to be taken that the adoption of an 'evidence-based programme' is the end result.¹⁹ Issues will need revisiting to ensure what is working now continues to be effective. This means any accreditation and kite marking scheme will need very careful thinking through.

This also has implications for how any 'NICE for social policy' offers other forms of advice and guidance. It should be made clear that the identification of 'proven practice' is not the end result. There are countless examples of perceived wisdom subsequently being overturned,²⁰ therefore there needs to be continual monitoring and evaluating to ensure that the 'what works' is 'still working'.²¹

What else needs to happen

There are a number of wider systemic changes that may need to occur if a NICE for social policy is to become embedded successfully:

- Decommissioning regimes: for instance, once alternative and more effective approaches have been identified, we need to ensure decommissioning of the incumbent service can take place.²²
- Dealing with negative findings: to be truly experimental, we need to be frank and honest about what is not working, as much as what is. This involves accepting that for some programme developers and service delivery organisations this could mean the termination of funding.²³
- Training and skills development to ensure new ways of working can take place, as well as incentives to encourage changing practice.

Learning from other organisations and other countries

As the table in Annex 1 shows there are a wealth of research institutions that produce, generate, synthesise and communicate evidence in a variety of ways. Although we can easily see their size, scale, budget and operational model, it should be noted that there are very few evaluations of their actual performance and impact.²⁴ To get a better understanding of what mechanisms are – and are not – effective at generating evidence and then getting this used there is a need to be 'evaluating the evaluators'.²⁵

The Alliance for Useful Evidence will be a useful ally when developing a NICE for Social Policy. The Alliance takes a campaigning stance to ensure evidence is not ignored. This resource could be drawn upon to feed into exploration and development of evidence centres, as well as helping to embed the centres once they have been established.²⁶

Concluding remarks

We strongly endorse plans for a centre akin to NICE to be established in other areas of social policy, yet we equally recognise that evidence is only one piece of the puzzle. Any creation of a 'NICE for social policy' should be set within the context that decision making is influenced by a plethora of other factors, including, ideology, politics, cost, timescales, opinion, values and personal judgement. In addition, evidence is rarely definitive or has absolute objectivity. However, the challenges should not excuse action. Although these issues and concerns need careful consideration, the overall ambition of finding safe, efficient ways of delivering our public services to improve the outcomes for all service users, should not be compromised.

Annex 1: What do we know about institutions that already operate in this field and what they do?

We have looked at a number of institutions that already operate and summarised the range of approaches taken. Further details are provided in Table 1.

Working groups or research boards to establish standards and/or direct research

In 2003, in response to recommendations made by the Coalition for Evidence-Based Policy, the US Office of Justice Programs and other Federal agencies developed a common scale based on evaluation methods to rank the effectiveness of programmes and to decide whether or not they are ready for dissemination.

A broader proposal has been made for a UK national public services research board in which services could share and learn evidence skills, expertise and organisational arrangements from each other and then apply these.²⁷ For example police and probation services would learn about medical schools and profession-led practice guidelines from the NHS, and the NHS would learn about management training from the police service.

Similar approaches have been taken for specific sectors. Crime prevention panels in countries such as Canada, Finland and Australia also set a national research agenda, support systematic reviews, provide technical assistance to local agencies and fund pilot programmes.

Expert institutes and/or databases of effective approaches

The most well-known expert institute, the National Institute for Health and Clinical Excellence (NICE), produces science-based practice guidance and manages a national database of evaluations of new and existing medicines, treatments and procedures. NHS Evidence acts as a 'Google for healthcare', ranking search results from credible medical sources; the NHS Evidence 'Accreditation Mark' also denotes those organisations that have met criteria for producing high-quality information. Similarly, the Cochrane Collaboration is an international network of researchers and practitioners who prepare systematic reviews of healthcare evidence.²⁸

Somewhat similar initiatives exist in other fields, but they do not as yet ensure universal coverage across social policy. The Social Care Institute for Excellence (SCIE) is an independent charity, funded by the Department of Health and the devolved administrations in Wales and Northern Ireland, which produces and disseminates evidence about what works in social care. The Evidence for Policy and Practice Information Co-ordinating Centre (EPPI Centre), based at the Institute of Education and part-funded by the ESRC, reviews evidence in education and health promotion, while the Campbell Collaboration produces systematic reviews in education, crime and justice, and social welfare.

In the US context, the University of Colorado's Center for the Study and Prevention of Violence 'Blueprints' framework identifies effective violence and drug prevention programmes. Similarly, the Promising Practices Network operated by the RAND Corporation offers research-based information on children and families. Amongst others, two academic research centres – J-PAL (MIT) and EdLabs (Harvard University) – conduct experimental evaluations in poverty reduction and education respectively.

The Blueprints for Violence Prevention programme at the University of Colorado has a data base of 'proven' and 'promising' approaches. (Dartington Social Research Unit is currently seeking support to move Blueprints to the UK.) Similarly, RAND's Promising Practices Network is a searchable database of 'promising' and 'proven' interventions from across children services.

University-based 'public service schools'

Following the healthcare model, it has been suggested that service-specific 'public service schools' should be established in research-intensive universities to integrate training, practice and research.²⁹ These schools would train practitioner-academics, distil and disseminate international evidence to inform professional practice (so helping to develop an evidence-informed profession), generate and implement new evidence, and lead national research efforts.

Practitioner-academics would also be well-placed to develop prototype services based on their research. They could work with providers, including small providers, to help them establish the effectiveness of their approaches and receive increased investment, so enabling these approaches to scale. Where some of these schools already exist in areas of social policy they should adhere to a scientific approach to ensure that the most effective approaches are identified and replicated.

A somewhat analogous model which blurs boundaries between practitioner and academics is the Center for Court Innovation, a New York-based think tank that acts as the court system's independent research and development arm, testing demonstration projects and assisting practitioners to launch their own programmes. The Center is currently working with The Young Foundation to launch an independent institution in the UK (the Centre for Justice Innovation).

Applied policy research institutes

The Washington State Institute for Public Policy carries out practical non-partisan research at legislative direction on issues such as education, welfare, children and adult services, and criminal justice. The Institute uses its own analysts and economists, academic specialists and consultants to undertake systematic reviews and compile 'consumer reports' to detail the potential benefits to service users, taxpayers and the wider state that could be accrued against the cost of certain interventions.³⁰

Some ESRC research centres also fall into this category. For example, the Third Sector Research Centre is currently reviewing research on civil society organisations. Its 'Knowledge Portal' will allow practitioners to search for evidence and other resources relating to the third sector.

Assistance for smaller providers to establish rigorous evidence for their approaches

The GLA's Project Oracle combines a number of these models, with a particular emphasis on working with providers to establish evidence for their approaches. Project Oracle's aim is to establish a coordinated approach to evaluation and establish mechanisms for identifying and sharing effective practice for youth services, starting with youth violence. The project includes an evaluation toolkit and is developing an easy-to-use web resource of effective practice. It has now been expanded to draw upon academic research capabilities to enable providers to move up through the standards.³¹

The Early Intervention Foundation, as recommended by the Allen Review, represents another hybrid approach, in its proposed role as advocate for early intervention, a hub for evidence, and a broker between investors and programmes.

In summary, there are some common features if the examples we have reviewed in Annex 1 are:

- Most, but not all, tend towards supply-side interventions: generating new research.
- Comprised predominantly by supply-side professions (academic researchers, policy-researchers).

- Almost all are publicly funded; in the US private foundations also play a considerable role.
- Most are core-funded, but some are funded on a project-by-project basis (e.g. WSIPP).
- Many are structured as networks, but many also maintain a large core of staff.
- It is possible to leverage a large amount of voluntary contributions from the academic community, though this may be dependent on the main activities being the production of journal-published papers.
- Most institutions appear to focus on a particular policy domain, rather than more across the market.
- We know little about the comparative impacts on practices and policy between these institutions.

Table 1: Information on various evidence centres and initiatives

This list is not exhaustive, rather it is intended to give a flavour of the types of organisations and initiatives underway in the UK and internationally.

Name	Country	Institutional form	Headcount	Budget (£)	Funding source	Staff	Area of focus/ policy areas	What does it do?	Evaluation approach
Experimentation Fund for Youth	France	Government funding stream	12 managing administration of fund	€230 million (€53 million of which come from 'private sources')		Policy and academic researchers (Affiliate J-PAL Professors)	Youth services	Proposals are solicited for thematic calls (i.e. reducing school drop-out rates) from either a) NGOs who feel they have a particularly good intervention and an evaluator (of their choosing); or b) a state-led programme (in this instance there must be a national evaluation). They stress that there is no programme funding for the 'intervention', with the Experimentation Fund only funding the evaluation of it. They aim to "set strong methodological requirements for evaluations".	RCTs only
Campbell Collaboration	Based in Norway, but international scope	Network	-3 + ? network	0.6m/year	Administration and network of academics	Public bodies and private foundations (UK=Home Office)	Education, Crime and Justice, Social Welfare.	Provides statistical meta-analyses on education, criminal justice, health, and social welfare interventions.	Only findings from RCTs are included
NICE	UK	Regulatory body	-250	60m/year	Department of Health	Research analysts; project management	Health	To publically rule on what is the most effective and cost effective options available to the NHS.	Using the Accreditation Mark
EPPI Centre	UK	Academic Research Centre	-20	?	Cochrane, ESRC, UK Govt Departments	Academic researchers	Education, Health and Social Policy.	Methodological programme of evidence-based work on social programmes to influence education policy.	Systematic reviews
Center for Court Innovation (NB - Young Foundation incubating UK equivalent - Centre for Justice Innovation)	USA	NGO	175 Full time employees	\$17.6m in 2010	87% government grants; 13% private foundations and fee-for-service contracts	Project managers, researchers, technical assistance	Justice	The Center has 3 primary areas of work; research, demonstration projects and expert assistance. The centre focusses on creating new programs that test innovative approaches to public safety problems.	There are experts from within the criminal justice field who test the effectiveness of the program. The line between 'practice' and 'research' is very blurred.
Third Sector Research Centre	UK	Attached to University	>35	Funded for 5 years initially, by ESRC (£5 million), OCS (£5 million) and Barrow Cadbury Trust (£250,000).	Economic and Social Research Council, Office of Civil Society and Barrow Cadbury Trust.	Academic researchers, knowledge exchange teams	Third Sector research - across policy areas	TSRC commissions independent research which is then actively disseminated via the knowledge sharing website.	It commissions studies in social finance, service delivery, workforce and workplace development, impact and quantitative analysis

Name	Country	Institutional form	Head-count	Budget (£)	Funding source	Staff	Area of focus/ policy areas	What does it do?	Evaluation approach
Project Oracle	UK	Accreditation body and capacity building programme led by Greater London Authority	1-3	TBC once funding confirmed	GLA (now in second phase, money secured from local authorities and ESRC)	Research project management. Plus a 'match making service' between projects and academic researchers	Young people in London	Project Oracle aims to bring providers of youth services- many of which are small and charitable - in line with academically rigorous standards of evidence.	Developed 'Standards of Evidence' with a theory of change at Level 1 to multi-site, independent RCTs at level 5.
Government Social Research Service	UK	Professional grouping within civil service	-1,000	?	UK Government Departments	Social Researchers	Cross social policy.	The GSR provides evidence to understand, develop, implement, monitor and evaluate government policies and services.	
University of Colorado Blueprints for Violence Prevention	USA	Academic Research	?	?	University	Academics	Violence Prevention	The Blueprints mission is to identify truly outstanding violence and drug prevention programs that meet a high scientific standard of effectiveness. This means the program is used by governments as a resource.	Blueprints have evaluated over 900 programmes. Each program is evaluated by Blueprints then by an independent advisory board.
RAND Promising Practices Network	USA	Network	-8 + ? Network	?	Independent foundations; RAND corporation	Admin; experts	Various	The PPN is a group of individuals and organisations who are dedicated to providing quality evidence-based information about what works to improve the lives of children, families, and communities.	A team of RAND researchers from different fields evaluate the network
Washington State Institute for Public Policy	USA	Research Institute	-12	300k-700k per project	Funded on a project-by-project basis, as directed by the legislature. A local college provides administrative support to the institute.	Academic and policy researchers	As directed by Washington State legislature.	The aim of the institute is to provide impartial research to Washington State.	They have a multi stage model, starting with meta analyses and modelling using their econometric model . They produce 'Which?' style consumer reports that list different programme options.
EdLabs	USA	University department	?	?	University (and some matched funds)	Academic	Education research	EdLabs is an education research and development Lab devoted to closing the achievement gap. It was set up by Harvard University.	Ed-Labs complete rigorous tests to ensure interventions work and are effective.
Coalition for Evidence Based Policy	USA	Not for profit research network	4 core staff and + advisory board	\$500,000	Philanthropic foundations (and small Government contracts)	Researchers	Promoting the use of evidence in governmental decision making	Established to promote the use of evidence in policy and decision making by ensuring government implements policy that is proven to work and that is backed up by evidence. The UK is the Alliance for Useful Evidence is its sister organisation.	Classify according to 'top tier' criteria

Name	Country	Institutional form	Head-count	Budget (£)	Funding source	Staff	Area of focus/ policy areas	What does it do?	Evaluation approach
J-PAL	USA based with 54 affiliate professors worldwide	Academic department and international network	-200	?	Endowment	Research (90%); Operations (5%); Policy (5%)	Poverty alleviation	Research Evaluations; Policy.	Randomised evaluations are carried out by a team of professors who test the effectiveness of programmes.
Cochrane Collaboration	Worldwide	Network	? + 28,000 network	1.9m (core)+ 19m (group)	State health research institutes in developed countries (UK NIHR equivalents), non-profits, universities	Academic researchers; Administration	Health	They are a network of more than 28,000 people who work together to promote the best available research evidence to healthcare providers.	Their '8-point scale' explicitly asks for enough information for intervention to be replicable.
Social Care Institute for Excellence (SCIE)	UK	Independent charity	80 staff	?	Department of Health and devolved administrations in Wales, Scotland and Northern Ireland	Various	Social care (including older people, disabilities, families)	SCIE gathers and analyses knowledge about what works and translate that knowledge into practical resources, learning materials and services including training and consultancy. It aims to improve the knowledge and skills of those working in care services, including managers, frontline staff, commissioners and trainers.	Studies available on Research Register for Social Care.
Early Intervention Foundation	UK	TBC - currently being tendered for Department for Education (deadline for applications 31 May 2012)	TBC	<£3,500,000 To become self financing after 2 years	Department of Education for first two years only	TBC	Early years	It is currently being tendered for. The brief stipulates that it will i. provide advice and support to local commissioners on evidence, social finance and payment by results relating to early intervention to assist their own procurement and evaluation, and ii. build the evidence base on what works in early intervention in the UK.	To be determined by the successful applicant. It is likely that the approach will be based upon the standards of evidence outlined in the Allen Review. ³²
Education Endowment Fund	UK	Charity	-7 staff	£125 million	Founded by the education charity the Sutton Trust, as lead charity in partnership with Impetus Trust, the EEF is funded by a £125m grant from the Department for Education. With investment and fundraising income, the EEF intends to award as much as £200m over the 15-year life of the Foundation	Grant managers and researchers	Education	An independent grant-making charity dedicated to raising the attainment of disadvantaged pupils in English primary and secondary schools by challenging educational disadvantage, sharing evidence and finding out what works.	All projects are independently evaluated, where possible, using RCTs.

Endnotes

1. See: www.nice.org.uk/about
2. For instance, out of 70 programmes implemented by Department for Education, only two or three had been properly evaluated (see http://www.rssnews.org.uk/articles/20100604_1). Or in children's services where Dartington Social Research Unit argue that we should strive for 5 per cent of 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?
3. The Open Public Services White Paper (June 2010) made this an explicit objective, stating *"To support better commissioning and innovation in public services, open public services require robust accreditation of what works. Both commissioners and providers need to know which programmes are proven to work. We will consult on how to establish credible accreditation bodies for public services which can mirror the work on the National Institute for Health and Clinical Excellence in the health services."*
4. It should be emphasised that there is no clear distinction between 'users' and 'producers' of evidence, with most performing dual roles.
5. See: 'Day 7: Making the Debate Relevant.' From Puttick, R. (2011) 'Ten Steps to Transform the Use of Evidence.' London: Nesta.
6. <http://www.nesta.org.uk/library/documents/EvidenceRoundtables.pdf>
7. Nutley, S.M., Walter, I. and Davies, H.T.O. (2007) 'Using Evidence: How Research Can Inform Public Services.' Bristol: The Policy Press.
8. <http://www.hks.harvard.edu/centers/wiener>
9. See: www.nice.org.uk/aboutnice
10. Many won't consider evaluations undertaken by the provider due to concerns about the objectivity and reliability of findings, one such institution is Washington State for Public Policy. See: www.wsipp.gov
11. One example of Standards of Evidence are those used by Project Oracle, a Greater London Authority programme. See: <http://www.london.gov.uk/priorities/crime-community-safety/time-action/project-oracle>
12. For a discussion on the need to deal with negative findings see Puttick, R. (2011) 'Transform the Use of Evidence.' London: Nesta.
13. See: 'Day 8: Opening up data for better, Cheaper evidence the new army of armchair evaluations.' From Puttick, R. (2011) 'Ten Steps to Transform the Use of Evidence.' London: Nesta.
14. The Obama Administration has made a strong commitment to trying to ensure funding flows to evidence-based programmes. See Haskins, R. and Baron, J. (2011) 'Building the Connections between Policy and Evidence: The Obama evidence-based initiatives.' In Puttick, R. (ed.) (2011) 'Using Evidence to Improve Social Policy and Practice: Perspectives on how research and evidence can influence decision making.' London: Nesta.
15. Office of Management and Budget (May 2012) Memorandum to the Heads of the Executive Departments and Agencies: Use of Evidence and Evaluation in the 2014 Budget, 18 May 2012, available here: <http://www.whitehouse.gov/sites/default/files/omb/memoranda/2012/m-12-14.pdf>
16. See Ilic, M. and Bediako, S. (2011) 'Project Oracle: Understanding and sharing what really works.' in Puttick, R. (ed.) (2011) 'Using Evidence to Improve Social Policy and Practice: Perspectives on how research and evidence can improve decision making.' London: Nesta.
17. See: Open Public Services White Paper. Available at: www.cabinetoffice.gov.uk/OpenPublicServices-WhitePaper.pdf
18. <http://www.guardian.co.uk/politics/2012/jan/10/cabinet-secretary-social-policy-kitemark>
19. See Puttick, R. (2012) 'We don't need what works, we need to know what is working.' Policy Innovation Blog. London: Nesta.
20. See: 'Day 6: Managing the politics of decision making.' From Puttick, R. (2011) 'Ten Steps to Transform the Use of Evidence.' London: Nesta.
21. There is a lot of research examining how programmes can be implemented to retain fidelity to the original model. see for instance, [insert SRU paper]
22. Bunt, L. and Leadbeater, C. (2012) 'The Art of Exit.' London: Nesta.
23. See: 'Day 5: Dealing with negative findings.' From Puttick, R. (2011) 'Ten Steps to Transform the Use of Evidence.' London: Nesta.
24. One evaluation of an evidence institution that we are aware of is an evaluation of the US Coalition for Evidence-Based Policy, see for instance Wallace, J. (2011) 'Review of the Coalition for Evidence Based Policy.' Available here: <http://coalition4evidence.org/wordpress/wp-content/uploads/Report-on-the-Coalition-for-Evidence-Based-Policy-March-2011.pdf>
25. Nesta is currently evaluating the expansion of Project Oracle, a Greater London Authority. Although potentially dramatically different in size, scale and remit from a NICE for social policy, the study will help identify what are the effective elements in generating impact evaluations of programmes, and then crucially, how this evidence can be effectively translated into commissioning and decision making. For further information on Project Oracle see Ilic, M. and Puttick, R. (2012) 'Evidence in the Real World: The development of Project Oracle.' London: Nesta.
26. For further information about the Alliance for useful Evidence see: www.nesta.org.uk
27. Shepherd, J. (2007) The production and management of evidence for public service reform. 'Evidence and Policy.' 3 (2), pp.231-51.
28. A systematic review uses set procedures to find, evaluate and synthesise results of research relevant to a specific question. Studies included in a review are screened for quality so that the findings from a large number of studies can be combined.
29. Shepherd, J. (2007) The production and management of evidence for public service reform. 'Evidence and Policy.' 3 (2), pp.231-51.
30. Washington State Institute for Public Policy (2010) 'Return on (Taxpayer) Investment: Evidence-Based Options to Improve State-wide Outcomes.' Olympia, WA : Washington State Institute for Public Policy.
31. See: Ilic, M. and Puttick, R. (2012) 'Evidence in the Real World: The development of Project Oracle.' London: Nesta.
32. See: <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf>