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• FINDING OUT WHAT WORKS

**Building knowledge about complex,
community-based initiatives**

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Summary

Since 1997, there has been a growing interest in the United Kingdom in reducing health inequalities, regenerating disadvantaged neighbourhoods and ending cycles of social exclusion. The Government has invested unprecedented sums of public money in large and ambitious social programmes. Most of these are centrally determined, but designed to be implemented in partnership with local communities. All this is taking place within a political framework that strongly endorses an ‘evidence-based’ approach.

Finding Out What Works asks to what extent these new social programmes are really evidence based, what is being done to find out whether they ‘work’, and how far their evaluations are helping to build knowledge to inform policy and practice in the future.

The King’s Fund’s interest in these questions arises from our long-standing commitment to improving the health of disadvantaged communities. Most of the social programmes that the Government has introduced since 1997 are highly relevant to this, because they have been designed to address many of the underlying determinants of health at community level. Therefore, it is important to know as much as possible about their impact and how to build on that knowledge and put it to use.

The full policy paper contributes to the King’s Fund’s Putting Health First programme, which aims to develop an effective health system that gives priority to preventing illness and reducing health inequalities, not just to providing health services. Understanding how knowledge is built and how evidence is gathered, interpreted and deployed is crucial to understanding the changes that would be needed to create such a system.

‘Evidence-based policy and cutting-edge innovation seemed to me rather a contradiction in terms.’

Senior government official

Our research partners

Our main partners in this project have been the Rockefeller Foundation and the Aspen Institute in the United States, and the Cabinet Office and Health Development Agency in the United Kingdom, which – as major grant-giving, development and policy-making bodies – are all interested in these issues.

Initially, we intended to produce one publication from this work, but we found the UK and the US policy contexts were sufficiently different to merit two publications. The US report, *Building Knowledge about Community Change*, is summarised in Appendix 3 of the full policy paper.

The research

The discussion set out in the full policy paper is informed by a transatlantic seminar series, a programme of interviews with commissioners, policy leads, academic evaluators and paid workers (practitioners) in five major social programmes in the United Kingdom, an examination of case studies and a literature review.

Complex, community-based initiatives

The programmes chosen for field research were:

- **Health Action Zones (HAZs)**, which aim to improve health in deprived areas
- **New Deal for Communities (NDC)** and the **National Strategy for Neighbourhood Renewal (NSNR)**, which seek to end social exclusion by improving health, education, employment, housing and community safety in disadvantaged neighbourhoods
- **Sure Start**, which aims to improve the health and well-being of very young children and their families
- **Local Strategic Partnerships**, which are the main vehicle for co-ordinating interventions in deprived localities.

HAZs were nationally evaluated between 1999 and 2003. The other programmes are still being evaluated. Two of the evaluations – of NDCs and Sure Start – are among the biggest ever undertaken, costing £16 million and £20 million respectively.

Case studies

Six case studies, from the United Kingdom and the United States, were examined in the course of the seminar series. These help to shed light on key points about evidence, evaluation and learning.

The UK case studies are: **Healthy Communities Collaboratives**, which involve local people in evidence-based efforts to cut falls among the elderly; the **Employment Retention and Advancement Demonstration Project**, which measures the effects of offering specialised support to job seekers and low-wage workers; and the **Social Action Research Project**, which seeks to deepen understanding about community capacity building.

The US case studies are: **Plain Talk**, which replicates good practice in communicating with young people about sexual risks; **California Works for Better Health**, which seeks to trace pathways to better health through community-building and employment; and the **East Tennessee Foundation Peer to Peer Learning Project**, a programme of structured learning for community-based organisations and funding bodies.

Messages from the UK field research and case studies

Our interviews aimed to find out to what extent major UK social programmes were based on evidence, how they were being evaluated, and what barriers and opportunities existed to learning from the evaluations. Consistent messages emerged that were reflected by discussion of the case studies in the seminar series and were borne out in our literature reviews.

‘We haven’t yet established a proper learning culture here. It’s absent in government generally I think.’

Central government official

Evidence

Despite the claims made in official publications, the social programmes discussed in the full policy paper are not strongly evidence based. There is a gap between the rhetoric of evidence-based policy and what happens on the ground, which is a great deal more complicated.

Interviews with those in central government make it clear that they have been designed, by and large, on the basis of informed guesswork and expert hunches, enriched by some evidence and driven by political and other imperatives. This is not surprising and will not, necessarily, lead to less effective interventions.

The research that forms the evidence base is the result of haphazard and unrelated decisions by funders and researchers, so acting only on what has been shown to work could greatly reduce the scope for activity, and inhibit creativity and risk-taking.

At local level, where practitioners are under pressure to deliver tangible results, there are few opportunities to reflect on this gap, to have their own experience recognised or to contribute to the evidence base themselves. This can generate confusion, exasperation and cynicism.

There can be serious tensions between two of the Government's stated objectives: evidence-based policy and practice, and local empowerment. When local people gain control of local decision-making, they may choose to be guided by 'common sense' and experience rather than the formal 'evidence base'. Our interviews show that practitioners are often faced with a lack of appropriate evidence and, even when it is available, they may lack the capacity, organisational support and resources to make 'evidence-based' decisions.

From the case studies it is clear that a rigorous approach to evidence can be combined with community development and capacity-building but only where highly specific and relatively straightforward health risks are concerned. There are other, generally more complex, health risks for which there is far less – or no – evidence of 'what works'. And in order to replicate 'what works' in different settings, a considered, systematic approach is important.

'There are things...
that have worked
in American cities
with black youths
that are just not
transferable to the
north-east of
England because
it's a different
culture, a different
kind of
community.'

Local practitioner

Evaluation

Complex, community-based initiatives are hard to evaluate because of their size and the speed with which they are being rolled out, and because they are trying to address multiple problems within shifting political environments.

Just as different stakeholders want different things from evidence, they want different things from the evaluation process. For example, politicians favour quick wins, while senior civil servants seek clear results that satisfy ministers. Researchers, meanwhile, prefer to pursue academic credibility and profile, and practitioners in the field want to secure funding and get help with improving local practice.

There is no shared, theoretical framework for evaluation across government departments or among evaluators. Experimental models such as randomised controlled trials (which are used, for example, in clinical research) may be difficult to apply or inappropriate for evaluating complex, community-based initiatives.

Multi-method evaluations are increasingly popular among social researchers, including the approach known as Theory of Change, which engages local participants in identifying goals and pathways for achieving them. However, there is not, as yet, any consensus about which methods are most suitable for which purposes.

Practical difficulties for evaluators include collecting and analysing reliable local data, and dealing with huge volumes of information. In many cases, national and local evaluations are running alongside each other, but do not always have integrated or even compatible aims or methods.

Local practitioners are less interested in the competing claims of different research methods, but many feel they lack the necessary skills and resources to evaluate local practice and that their own learning and skills are not being captured.

The case studies suggest that, if a project is to be subject to a randomised controlled trial, this must be made central to its design and purpose. Other methods are needed to show why things happen, how they can be replicated and whether they are worthwhile. The Theory of Change approach to evaluation can be useful in planning local projects, although it can be difficult to encourage communities to buy into the process and follow it through. Evaluators who contribute to community development and provide technical assistance can find it hard to remain objective, while communities may be confused about the evaluators' role.

Learning

Ideally, research findings and evaluations are part of a continuing process in which all involved are building knowledge over time that improves policy and practice. However, our interviewees in central government admitted that the Government has yet to develop a 'learning culture' and that some departments are reluctant to invest in disseminating and learning from findings.

Political imperatives, such as the need to demonstrate success within tight timeframes, also tend to inhibit rather than encourage learning. Local practitioners often say that they are too busy 'getting things done' to reflect and learn, and that they lack opportunities to learn from policy-makers, researchers or other experts, or from their own peers.

Overall, it seems helpful to focus on knowledge-building, rather than merely on promoting evidence-based policy and practice. However, this will require a synthesis of radically different cultures and philosophies about how people and organisations learn and change.

The case studies confirm that local practitioners and community residents must be able to contribute to the evidence base. They suggest that it is helpful to focus on releasing assets inherent in communities and developing the capacity of public sector organisations to enable them to engage with local people. Elements of successful peer learning are likely to include: sensitivity to individuals' learning needs; a rigorous and structured programme; a focus on action and results; and the development of strong networks.

'They get the reports, they crawl all over them. They take out all the bad messages and then they publish them. Whether they look at them to improve policy, I don't know. "Give us some good news!" That's what they say.'

Evaluator

Opportunities

There are significant opportunities for making better use of evidence and evaluation to improve policy and practice. There is a strong political will to intervene for social change, a chance to learn from a series of very large social experiments, and unprecedented levels of investment in evaluation to do so.

Government departments are committing new resources to public health research and developing evidence resources, while the Cabinet Office is making concerted efforts to develop shared standards for evaluation and to promote multi-method approaches. More government officials, as well as researchers, are coming around to the view that evaluation should seek to understand processes and systems and to facilitate learning, as well as to track progress towards targets.

Recommendations

All of these opportunities can be built upon and we make the following suggestions for increasing knowledge more effectively in future:

Evidence

- ✓ There should be continued investment in building the evidence base, but this should be in the context of broad-based, critical appraisal.
- ✓ There should be much more open discussion at all levels of the complex and varied roles that different kinds of evidence can play in helping to plan and implement social programmes.
- ✓ Evidence should be disseminated more widely in accessible forms, but the risks of oversimplifying should be more openly acknowledged.
- ✓ There should be more investment in helping people at all levels to acquire skills and techniques for using the evidence base effectively.

Evaluation

- ✓ There should be sustained investment in developing a wider range of evaluation techniques and working out the best ways of effectively combining multiple methods.
- ✓ More open and extensive dialogue is needed about the challenges of evaluating complex, community-based initiatives, the different functions of evaluation and the range of methods need to fulfil them.
- ✓ The value of involving practitioners in evaluation and learning from their experience should be more widely recognised – and skills and techniques must be developed to enable this to happen.

‘Ministers are driven to spend money and want to see results. Unless and until they can be persuaded to take a longer view and invest in capacity building and be more patient about outcomes, evaluations will be unsatisfactory.’

Senior government researcher

Learning

- ✓ The need for a stronger learning culture within government should be more openly acknowledged and addressed.
- ✓ There should be more widespread discussion about conflicting interests and competing philosophies, and how these influence the knowledge-building process.
- ✓ More efforts should be made to promote shared learning and organisational change at national and local levels.
- ✓ Sustained investment is needed to develop ways of facilitating peer-to-peer and organisational learning, and to bring them into the mainstream.

Conclusion

Above all, four broad changes are required:

- ✓ We need to acknowledge the tensions and problems and bring the debate out into the open – and we hope that the full policy paper will stimulate reflection and debate among policy-makers, evaluators and practitioners.
- ✓ We need to develop a learning culture in government, among evaluators and practitioners in the field.
- ✓ We need to integrate the experience of practitioners and local residents with research findings.
- ✓ Most of all, we need to develop a more explicit understanding of the trade-offs required by the political context of the day.

Linked publications

Public Attitudes to Public Health Policy

Public perceptions are central to improving the health of the wider population, yet we still have remarkably little information about what the public thinks about health and who is responsible for securing it. With support from the Health Development Agency and the Department of Health, the King's Fund commissioned research consultants Opinion Leader Research to investigate people's attitudes to their own and the nation's health, with revealing results.

Jun 2004 24pp **Free**

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Prevention Rather Than Cure: Making the case for choosing health

Anna Coote

Failure to address avoidable ill-health will put huge pressures on the future NHS, while deepening health inequalities. So why, until recently, has better population health seemed a second-order issue for most policy-makers? What mechanisms and incentives are needed to put health at the heart of attitudes, policy and behaviour? Launched to mark the start of the King's Fund Putting Health First programme, this discussion paper provides a timely critique of the Government's approach to health and health care. It analyses how the media influence public attitudes and policy, explores how things might change, highlights the need for clear evidence and argues for stronger leadership at all levels.

ISBN 185717 485 2 Mar 2004 48pp **£6.50**

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Roger Harrabin, Anna Coote, Jessica Allen

Media reporting of health-related news stories can be highly influential: the priorities and decisions of policy-makers are often shaped by what they see on television, hear on the radio, and read in the general and specialist press. This discussion paper aims to provoke a much-needed debate among public health specialists, politicians, journalists and editors about how health is reported in our news media. In particular it explores whether anything can or should be done to encourage a closer alignment between what health statistics tell us are the biggest risk factors, and the weight of news coverage.

ISBN 1 85717 480 1 Sep 2003 48pp **£8.00**

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Anna Coote (ed)

The NHS is more than a provider of health services: it is the largest single organisation in the UK. How it recruits staff, procures food or constructs buildings affects the wider social, economic and environmental fabric of which it is part – which in turn affects people's health. This major report opens up an important debate about how the NHS might put its corporate muscle and spending power to work for health improvement and sustainable development – and how, in doing so, it can ensure it promotes health, as well as offering health care.

ISBN 1 85717 464 X May 2002 150pp **£10.00**

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Getting Better With Evidence: Experiences of putting evidence into practice

Lesley Wye, John McClenahan

The report authors analyse 17 projects aimed at translating clinical evidence into practice and draw out practical suggestions to help those who wish to do the same.

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