

Pathways into Policy: A Study of the Relationship between Research, Policy and Government

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EXECUTIVE SUMMARY

Background

The research presented in this report was conducted as part of the ESRC funded scopic network. It aimed to study the inter-relationship between policy, research and government with a view to making recommendations designed to enhance the influence of research on policy.

The research involved a comparison of approaches to policy making in criminal justice and healthcare, and comprised a review of the relevant literature as well as interviews with 13 key policy makers in both fields.

The concept of 'evidence based policy' raises a number of interesting questions, including: what kinds of evidence are used; what should the proper role of evidence in policy be; what are the obstacles to adopting an evidence-based approach to policy; how can the findings of research be made more policy relevant?, and; what can researchers and policy makers do to achieve a more productive relationship? These questions are addressed in this report.

Policy and the role of evidence

Policy is a *plan of action*, designed to achieve certain goals. Policies may adopt a number of mechanisms to reach explicit goals, including political, managerial, financial, regulatory and administrative.

Policies can operate at a variety of levels, from the macro, where a policy might be expressed in terms of a vague aspiration, to the meso, which may suggest a mechanism, down to the micro, which specifies the immediate steps to be taken.

Evidence can broadly be defined as any information which helps to turn policy goals into concrete and achievable actions. What might be considered evidence in the policy process is dependent on the nature of the policy question, and may include (but is not limited to) the following: experimental and other quantitative approaches, public opinion surveys, interviews, qualitative and action research, expert opinion, stakeholder views and implementation studies. Policy makers stressed that they tended not to favour any one particular approach or type of evidence, but sought evidence which was 'fit for purpose'; in other words evidence which was best suited to the policy question at hand. The unifying feature of evidence was seen to be its verifiability.

Policy making – inside view

Evidence was mentioned by almost all policy makers in both health and criminal justice, and was felt by most to be the key factor. None of the policy makers thought evidence to be the *only* factor involved in policy making; most criminal justice policy makers said that they also took into account practical concerns such as what the policy problem was and what the policy was trying to achieve, as well as the political context, while health policy makers were likely to consider the views of stakeholders important.

When asked to rank the importance of various influences on policy, evidence come out on top for both groups. The two groups were also in agreement as to the least important factors. The ethics/equity of a policy and public opinion/the media were said to be the fifth and sixth least important factors respectively. With respect to ethics/equity, interviewees were keen to stress that these factors were not unimportant, but that they felt that the legal framework often prescribed how ethics

were to be dealt with. Interviewees from health care ranked cost as fourth most important as against third for those from criminal justice.

Interviews with policy makers revealed a variety of approaches to policy making in the organisations they represented, in particular in relation to the importance attached to the search for reliable evidence.

Evidence and criminal justice policy

In continuing the assessment of the policy making process, one can consider the official language as expressed through government websites and documents, the structures put in place to encourage evidence based policy making and recent experiences of policy making.

The first second key difference between the health and criminal justice fields is in the importance ascribed to evidence in the policy process, as revealed through the websites of government departments. The Department of Health places evidence at the centre of health policy and describes in some detail the policy making process, whereas in the Home Office website, policy development is less explicitly described and the role of evidence less clear.

At a broad governmental level there are numerous organisations and structures in place to facilitate the collection, dissemination and promotion of evidence in the policy process. In healthcare, the Health Protection Agency and NICE are examples of organisations set up to ensure that evidence of what works is translated into public policy. In criminal justice there are no such organisations. While there are websites such as the Crime Reduction Toolkits, these act essentially as evidence gatherers, and have neither the funds nor the mandate to commission new research into the policy problems of the day.

We have seen numerous examples of political and tactical tendencies in the use of evidence by the Home Office and YJB. Evaluations of the crime reduction programme and various YJB initiatives, for example, suggests that political concerns including the need to demonstrate quickly that policies are 'working' have inevitably led to sacrifices in terms of the principles of rigorous research. Such sacrifices have seriously undermined the evidence base which policy makers claim to desire.

Obstacles to evidence

A number of reviews of evaluations in both this country and the US have come to the same conclusion – for all the rhetoric about the importance of evidence, there is a dearth of valid evidence out there, and the current state of research-based knowledge is insufficient to inform many areas of policy. While some of the causes for this may be related to commissioning factors (e.g. rushed timescale) others undoubtedly lie in the hands of researchers.

Government funding for criminal justice research is woefully out of proportion to the scale of the problem. Even if all criminological research were of the highest quality, its relative paucity means that many areas of policy interest would be largely untouched by research. Unlike healthcare, there is no commensurate private sector funding of research. Furthermore, much of what is funded is misdirected – only a small proportion of Home Office research is concerned with such fundamental issues as crime causation and desistance.

It can take several years to conduct research properly and to resolve debates over differences in findings. This does not fit easily with a policy-making timetable, which cannot be suspended whilst the policy community catches up. The kind of research

which typically fits into the short term policy cycle is inevitably a long way from the sort of evidence that probes the causes of crime and assesses the long term impacts of public policy.

Many policy makers complained that there was insufficient dialogue between themselves and researchers, with the consequence that neither side really knew what the other wanted. Policy makers found it frustrating that researchers held some of the answers to questions of policy importance, but these findings were either not disseminated in such a way as to reach them, or were written in impenetrable language.

Finally, decision makers, like all of us, are prone to cognitive biases, including the use of heuristic shortcuts when confronted with evidence, resulting in sub-optimal decisions.

Building pathways into policy

To the extent that there is an inadequate supply of policy relevant research, the solution lies in capacity building. The government therefore needs to give consideration to the level of resources it makes available to those seeking to provide an evidence base for criminal justice research. An increase in R&D funding equivalent to just 0.5% of the cost of crime to the economy would go a long way to providing a more solid research base for policy.

Even without a significant increase in overall funding, the value of criminological research to policy makers could be increased by focusing less on management statistics or 'user satisfaction' surveys, and more on primary research which aims to extend our knowledge base in this complex area.

The structures for providing funding for research are partly the cause of its failure. The Home Office is both the main source of criminal justice policy and of funding for criminological research. We believe that the single most important step that could be taken to improve the research/policy relationship would be the establishment of an organisation similar to NICE in criminal justice. We propose the setting up of National Institute for Criminal Justice Excellence (NICJE). This would bring important benefits to policy makers and practitioners. Policy makers would still have an input into *which* policy questions are to be researched, although they would lose their monopoly over such decisions and share their input with stakeholders such as practitioner groups and the public. Policy makers would still be able to decide that 'something needs to be done', but the mechanisms by which this would be achieved, the 'how', would be left to this new body to research. The distance between government and research which such a body would create should also facilitate the creation of more realistic timetables, and expectations, for research.

To the extent that factors affecting research quality are in researchers' hands, they have to ensure that their research is conducted to the highest standard. The issue of research quality has been covered in our first report and factors such as appropriateness of research design, sampling and recruitment, attrition, analysis, reflexivity and clarity are some of the indicators of methodological rigour. It is particularly important for researchers to consider the potential threats to validity that their research faces, and explain how these have been addressed.

Researchers needed to become better at anticipating policy makers' needs for research. Such 'horizon scanning' might include considering whether developments in their area of interest (e.g. rising levels of gun crime) might indicate an emerging policy interest. To be on hand with a developed research proposal, or even better a

completed research project, when the issue becomes a 'pinch point' for policy makers, is to greatly increase one's chances of contributing to the policy debate.

The findings of a research study do not speak for themselves; they are open to interpretation and debate. It is important, if the research is to help inform the debate that researchers anticipate the objections to the conclusions of their research. Researchers also need to state why existing practice should change and in what way. Changes to practice may also impact upon costs, another of policy makers' concerns. If the implementation costs are likely to be significant then a research paper that acknowledges this and that makes some suggestions for saving elsewhere, will be more influential.

Many policy decisions, especially in criminal justice, are taken in a political context, and it is only rarely that research which contradicts the prevailing political zeitgeist which will result in a change of policy. Changes or developments in policies need to take account of how the results might be perceived and reported by the media - the greater the understanding that researchers have of the other influences on policy, the more they can position their research to influence it.

It is more difficult for research to be dismissed if the findings are re-contextualised by the author for the various stakeholders in a particular policy, such as academics, policy makers, the media and practitioners. To develop a productive relationship with policy makers, academics need to be 'evidence masters', which involves presentation, networks, timeliness, language and 'being in the right place at the right time'. This is what distinguishes academics from what one interviewee described as 'evidence masters'.

Conclusion

We have uncovered some of the obstacles to evidence based criminal justice, and proposed some solutions. Below we summarise some of the questions that policy makers and researchers should consider if they are to develop a more productive relationship.

The external environment. Who are the key external actors; what is their agenda; what is their influence in the political context?

The political context. What are the political priorities of ministers; how do they perceive the problem; is there public or media pressure for change; is there room for manoeuvre?

The evidence. What evidence is available; how accessible is it; is there enough of it; is it methodological rigorous and relevant; does it imply practical, achievable policy actions; does it need re-packaging?

The links. Who are the key organisations and individuals; are there existing networks to use; could new networks be developed; do policy makers rely on limited sources of information; what is the best way to penetrate their networks and transfer the information?

There is considerable scope for further research into the area of criminal justice policy making. In particular, just as many criminologists have come to recognise the importance of context in developing theories of involvement in and desistance from crime, so political, social, economic and other contexts are crucial to understanding the impact of evidence on policy.

PATHWAYS INTO POLICY: A STUDY OF THE RELATIONSHIP BETWEEN RESEARCH, POLICY AND GOVERNMENT

1 CONTEXT AND METHODS

1.1 Context

This report is produced as part of the Applied Criminology Centre's (ACC) contribution to the scopic network. The scopic network aims to achieve a better understanding of how young people become involved with, and desist from, crime. The network links the Universities of Cambridge, Sheffield and King's College London, all of which are conducting empirical work with young people and offenders, with the University of Huddersfield, which is taking a broader look at issues of research input into policy making. One of the key aims of the network is to assist in the development of improved public policies aimed at reducing criminality and enhancing individuals' life chances.

Given that the work of the universities undertaking empirical work is ongoing, it was agreed with the network director that the ACC's energies would best be directed to studying the inter-relationship between policy, research and government with a view to making recommendations designed to enhance the influence of research on policy. Central to the pursuit of this objective is the concept of 'evidence based policy making', a term which has gained widespread currency in the past 10 years. Evidence-based policy making has been defined as an approach that "helps people make well informed decisions about policies, programmes and projects by putting the best available evidence from research at the heart of policy development and implementation" (Davies, 1999).

In this report we explore some of the issues raised by this concept, including:

- What kinds of evidence are used?
- What should the proper role of evidence in policy be?
- How is evidence being used in practice?
- What are the obstacles to adopting an evidence-based approach to policy?
- How can the findings of research be made more policy relevant? and;
- What can researchers and policy makers do to achieve a more productive relationship?

The report also draws upon the experiences of policy making in the health sector, which is often held up as a successful example of evidence based policy making. Through interviews with policy makers (see section 1.2) and a review of the literature, lessons from that policy arena are incorporated into our recommendations.

1.2 Methodology

This report is based primarily on a review of the literature in criminal justice and other policy areas, as well as a number of interviews with key policy makers from the criminal justice and health care fields.

The literature review involved a search of journal, books and conference proceedings and electronic resources and concentrated on issues including definitions of evidence, assessing methodological quality, models of policy making, examples of policy making in practice, and explanations for the failure of an evidence based approach always to be adopted.

The literature surveyed was cross-disciplinary, and spanned the fields of criminology, policy studies, education, health and social care. Among the main topics covered were the development of evidence based policy making, standards for methodological quality, policy making in various policy arenas and recent experiences in relation to criminal justice policy making. Whilst concentrating on the criminal justice field, it was thought useful to compare approaches to policy making in healthcare, where the use of research to inform practice had a much longer history.

Interviews with civil servants and policy makers were conducted to provide greater 'depth' to the discussion about the relationship between evidence and policy, as their perspectives are often not captured in the academic literature on the topic. The interview schedule (appendix 1) covers a number of general and specific topics. For example, interviewees were asked about particular policies they had been involved with, and to consider the role that evidence played in them. More generally, we were keen to solicit their views on the role that evidence should play in the policy process, and to probe the factors they took into account when making policy. Other questions covered topics such as interviewees' views about the relationship between policy and research.

The purpose of the research was explained to interviewees before the interview began, and it was stressed that their replies would be treated in confidence. Where quotes have been used in this report, minor details have been altered where it was necessary to protect the anonymity of interviewees.

A total of 23 individuals were approached, including five Ministers of State responsible for policy making in criminal justice and healthcare, as well as key civil servants in the main policy making departments and other bodies (e.g. ACPO and NICE). In the event, none of the ministers of state were able to take part due to the interviews being conducted at a particularly busy part of the electoral cycle (early-mid 2007). However, the majority (14/19) of the civil servants contacted were either able to take part themselves, or nominated someone else from their team to participate. Although it was disappointing that we were unable to interview any of the ministers, we do not feel that this had a significant adverse impact on the quality and coverage of interviews conducted. One of the interesting findings from the interviews with civil servants (see further section 3.4.3) concerned the relatively small role that ministers directly played in policy formation.

Thirteen individuals were interviewed, all of whom were senior policy makers. They represented the following organisations (the number in brackets indicates the number of policy makers interviewed in each organisation):

- Home Office (2)
- Youth Justice Board (1)
- HM Prison Service (1)
- ACPO (1)
- Department for Constitutional Affairs (1)¹
- Scottish Executive (2)
- National Institute for Health and Clinical Excellence (NICE) (4)
- Department of health (1)

¹ Shortly after the interview was conducted, the responsibilities of the DCA were subsumed into the newly created Ministry of Justice.

The interview schedule was used in a semi-structured way (Fielding 1993), so that key questions were always asked, but the sequence of questions was not always adhered to if it was felt this would interrupt the flow of the interview. Pauses and prompts such as 'could you tell me more about that?' were used in order to elicit full responses. The interviews were subject to a mixture of quantitative (e.g. percentages of each response) and qualitative (drawing out themes) analysis.

In the course of the research, 12 interviews were conducted (as one interview was with two people, a total of 13 individuals were interviewed). Interviews lasted on average 50 minutes (range 45-70 minutes) and all interviews were tape recorded and fully transcribed. The transcribed interviews varied in length, from just over 3500 words, to over 7100 words (with an average of 4800). Interviewees are simply identified whether they are from criminal justice (CJ) or healthcare (H) fields, followed by a number from one to eight for criminal justice and one to five for health (e.g. CJ3, H2). Where necessary to preserve anonymity, these identifiers are omitted, and / or some details of their responses may be changed.

The question inevitably arises whenever sampling from a population, as to the representativeness of those interviewed. The number of interviewees in the criminal justice (eight) and health sectors (five) is small. However, the size of the policy making community is also small. Those we interviewed were either the sole or main criminal justice or health policy maker in their organisation, or comprised one of a small group. This was particularly the case for NICE, ACPO, HM prison service, the DCA, the YJB and the Scottish Executive. It is arguably less so for the much larger organisations of the Department of Health and the Home Office. However, the interviewees who participated in the latter organisations were responsible for significant areas of health and criminal justice policy making. We have reason to believe, therefore, that the people we interviewed broadly represented the population of policy makers in the two fields under study.

1.3 Background of the interviewees

We began the interview by asking participants briefly to describe their professional background, as we were interested to find out whether there were differences between criminal justice and healthcare policy makers in terms of factors such as research background or operational experience. Such factors might be expected to influence the way in which they conceive the role of research evidence in the policy process.

Of the eight criminal justice policy makers, only two (those from ACPO and HM Prison Service) had an operational background in criminal justice agencies; that is to say, that they had worked as practitioners before becoming policy makers. It was notable that policy makers in the Home Office, DCA and Scottish Executive tended to circulate between different government departments with some regularity, and regarded themselves as generalist civil servants rather than experts in the criminal justice field. One of the policy makers described a typical career:

I have been a civil servant for eight years...I've worked in the department for education, the cabinet office, I did a two year secondment to the Met, and now I'm [here]. (CJ1)

Having an operational background is not, of course, the only way in which one can acquire knowledge of an area such as criminal justice – such knowledge may be gained through professional qualifications such as degrees. Just three of the policy makers had studied criminology or criminal justice. Finally, we considered whether policy makers

had any background in research, for example through studying research-based degrees or working in a research environment. Again, this was rarely the case, as just two policy makers had a research background.

What this the analysis of this (admittedly small) sample reveals is that direct knowledge or experience of criminal justice tends to be rare amongst policy makers, as does a background in research. Of course it would be simplistic to suggest that good policy can only be made by those with professional or academic backgrounds in criminal justice. On the other hand, one could argue that the danger of 'reinventing the wheel' or of drawing incorrect inferences from nuanced academic research are heightened, where decisions are taken by generalists.

The backgrounds of healthcare policy makers presented a marked contrast to those in criminal justice. Of the five policy makers, all but one had medical training, and had spent some considerable time in practice. The one who did not had been working in public health policy for eight years, again in contrast to the 'merry go round' career pattern seen in criminal justice. Four of the health policy makers had trained in research methods demonstrating the oft-noted crossover between practitioners and researchers in healthcare and one of the policy makers in NICE describes the following background:

I trained in medicine, did some clinical work, then I did research for a while, and at that point became interested in the evidence base and Cochrane, and I was involved in that pretty much as it started up, and I did public health training, and worked as a public health consultant, then came to NICE about two years ago. (H2)

This difference in background is something to bear in mind when comparing the experiences and views of policy makers from these two arenas, and is an issue we shall return to in our concluding section. Before considering more substantive issues in the policy/research relationship, it is worth briefly describing the origins of the relatively recent emergence of this public commitment to an evidence-based approach.

2 WHY 'WHAT WORKS'?

The relationship between research evidence and criminal justice policy has not always been a fruitful one, and the post-war period can broadly be split into three periods. The first, between the 1950s and 1970s saw a government commitment to the use of research and belief in the rehabilitative potential of treatment. The second era, from the 1970s to 1990s, was characterised by pessimism with regard to the effectiveness of treatment, and scaling down of research. The third era, from the 1990s to present, has seen a renewed belief in effectiveness or 'what works' and a public commitment to evidence-based policy.

2.1 The rehabilitative model – 1950s to 1970s

The 1950s and 1960s witnessed an upswing in the influence of social science research, manifested for example in the establishment of the Social Science Research Council, with the aim of improving the quality and influence of research available to policy makers (Nutley and Webb 2000). In criminal justice, there was considerable policy interest in assessing the effectiveness of 'treatment programmes', especially in penal settings (e.g. Hood 1967). The 1950s to early 1970s was a period of optimism with regard to the rehabilitative potential of penal treatments and this was accompanied by a systematic programme of evaluation.

Key individuals in government, in both Britain and the United States (Ron Clarke in the Home Office and James Stewart in the US National Institute of Justice), championed a research agenda which was more empirical and included experimental research. The Home Office Research Unit, founded in 1957, instituted a sustained programme of research, which included a number of randomised experiments looking at the effects of social work in prisons (Shaw 1974), intensive probation regimes (Folkard et al 1976) and residential regimes (Cornish and Clarke 1975), as well as numerous quasi-experimental evaluations of offender treatment (Nuttall 2003).

There was also legislative support for the notion that research should help to inform policy, for example in the White Paper *Penal Practice in a Changing Society* which stated that the government was prepared to consider penal policies in the light of '*studies of the causes of crime ... supported by a reliable assessment of the results achieved by existing methods*' (Home Office 1959, para. 17, quoted in Hood 2002: 154).

'Nothing works' – 1970s to 1990s

Support for the rehabilitative ideal began to wane by the late 1970s and the policy influence of social research on policy. One of the reasons for this was the series of apparently negative findings arising from systematic reviews of the research which claimed that few social programmes were demonstrably effective. Most famously, Martinson's (1974) review of the (mainly American) criminological literature, was instrumental in promoting the view that 'nothing works'.² It is now well known that the 'nothing works' slogan was a misrepresentation of the findings of that review, which instead of claiming that no interventions were effective, argued that there was insufficient evidence that any *one* category of intervention *consistently* reduced

² Although this was a view which Martinson later distanced himself from when he wrote that 'some treatment programmes do have an appreciable effect on recidivism' (Martinson 1979: 244).

recidivism. Martinson also recognised that the findings could be a result of implementation failure, or the methodological weakness of the studies reviewed (Cullen and Gendreau 2000).

In Britain, an evaluation of the intensive probation experiment IMPACT (Intensive Matched Probation and After-Care Treatment) was influential. According to this study, the experimental treatment seemed to increase reconviction rates for high and medium risk offenders, with no significant difference for low risk offenders (Folkard et al 1976). Doubts about the deterrent potential of sentencing were further increased by Brody's 1976 research into the effectiveness of sentencing, which concluded that :

...longer sentences are no more effective than short ones, that different types of institutions work about equally as well, and that probationers on the whole do no better than if they were sent to prison, and that rehabilitative programmes...have no predictably beneficial effects. (Brody 1976: 37).

During this period, criminal justice policy making became increasingly politicised. Developments in policy tended to be based less on the findings of criminological research, and more on 'ideological and political considerations fuelled by populist concerns and impulses' (Hood 2001: 1). This was due in part to disenchantment with the research on the effectiveness of sentencing, but also reflected the political zeitgeist. Both Garland (2001) and von Hirsch and Ashworth (1998) note the emergence of a 'law and order' politics based on 'appeals to fear', in which governments enact increasingly punitive measures.

Evidence that increasing the sentence severity of imprisonment did not significantly reduce crime was largely ignored as policies such as 'boot camps' and mandatory sentences were introduced (Garland 2001). For example, the then Home Secretary, Michael Howard, justified the introduction of mandatory sentencing laws in 1993 with the claim 'prison works', despite evidence to the contrary, including the publication just three years earlier of a Home Office report which stated 'imprisonment is an expensive way of making bad people worse' (Home Office 1990).

Although criminological research was still commissioned it began to play a less significant role in policy development. Indeed, the Home Office largely abandoned its own research programme (including the use of randomised trials, which would not reappear until 20 years later) into the effectiveness of treatments. This contributed to the temporary demise of statistics relating to the reconvictions of those on probation and community service (Kershaw 1998).

The seeming inefficacy of sentencing or rehabilitative approaches led to a focus on measures aimed at reducing the *opportunities* for crime and those which increased the *risk* of detection. These situational crime prevention measures were closely allied to theories of criminality such as 'bounded rationality' (Cornish and Clarke 1986). In the 1980s, the Home Office set up the Crime Prevention Unit, under the direction of Ron Clarke,³ and research carried out during that period looked at crime prevention strategies such as property marking (Laycock 1985), car security features (Southall and Ekblom 1985), and street lighting (Ramsey 1991). Not surprisingly, the changes recommended by such studies were largely technical and sought to influence the decision making of the offender, rather than to *change* the offender.

³ Farrington (2003) describes how Ron Clarke, who was initially in favour of experimentation, became sceptical about the utility of the experimental approach following his experience in evaluating the Kingswood training school (Cornish and Clarke 1975). In that study, social interaction threats threatened the validity of the experiment.

2.3 'What works' – the rise of evidence based criminal justice policy

The election of the Labour government in 1997 signalled the beginning of a move away from ideology and pessimism with regard to the effectiveness of penal policies towards a pragmatic concern with 'what works'. This was reflected in statements from ministers and in the language of White Papers. For example, the White Paper *Modernising Government* indicated that the government was committed to an evidence-based approach to policy and practice and would seek to make 'better use of evidence and research in policy making and better focus on policies that will deliver long term goals' (Cabinet Office, 1999). Whilst Education Secretary, David Blunkett added that the government intended to adopt an approach to policy making in which they would 'be guided not by dogma but by an open minded approach to understanding what works and why' (Blunkett, 2000). Although 'evidence-based policy making' was not clearly defined in official documentation or in ministers speeches, Plewis argues that it implies that policies are to be supported by research evidence, including the rigorous evaluation of policies introduced on a pilot basis (Plewis, 2000).

There are a number of factors behind the relatively recent emphasis on an evidence-based approach. As noted above, one catalyst was the election of a new government in 1997, promising to pursue a 'what works' approach to policy. If one believes the rhetoric, then we have a commitment 'that knowledge should speak to power, and that the key voice should belong to researchers rather than pollsters and pundits' (Pawson, 2002: 211). The extent to which this has occurred in practice is discussed later; however, in terms of funding for academic research the signs have been positive. Using its position as the largest funder of social science research, the government increased the level of funding available to the research councils,⁴ thereby directing greater research efforts towards instrumental policy-related ends (Solesbury, 2001). Around the same time, a number of academic centres (such as the ESRC Centre for Evidence-based Policy Making) were set up to respond to the call for evidence based policy making, by helping to collate, assess and disseminate research findings (Nutley, Davies and Tilley, 2000). At the same time there has been a massive expansion in the discipline of criminology. In the 1950s there were just a handful of criminologists in the UK (including Mannheim and Grunhut), whereas today nearly all universities offer undergraduate criminology options, and there are at least 20 centres of criminological research (Morgan and Hough, 2007).

The role of evidence has also been promoted by practitioners and the general public. In an age where the public are increasingly educated and aware 'consumers' of public services such as health, education, and criminal justice, they demand more information about public services generally, and in particular about the effectiveness of proposed treatments or interventions (Davies, Nutley and Smith, 2000). There is pressure on practitioners, therefore, to explain not only the different options they propose, but also to evidence the efficacy of each option. In the struggle for finite resources, evidence has also become a key tool for organisations trying to justify their decisions and expenditure (Solesbury, 2001).

It should be recognised that an evidence based approach to policy and practice predates the election of Labour in 1997 at least in some of the public services. It has

⁴ The budget for the ESRC, for example, increased from £60m in 1994/5 to £181 in 2007/8. In criminal justice the contrast is even greater. Michael Howard when Home Secretary threatened to cut funding for external criminological research to zero (Hood, 2001). However in recent years, funding for evaluation has been included in most large scale crime prevention initiatives (of which the Crime Reduction Programme was the largest example).

long been accepted in medicine, for example, that clinical practice should be informed by the results of experimental trials. Indeed, randomised controlled trials in British medicine go back at least to the 1950s (Dickersin and Manheimer, 1998). In criminal justice, despite the well recorded pessimism following the American Martinson's (1974) generally negative report on the effectiveness of penal interventions (echoed in the UK by Brody, 1976), there were a number of academics and practitioners who argued convincingly against the idea that nothing could be done to change offenders' behaviour (e.g. McGuire and Priestley, 1985), and by the mid 1990s, the 'what works' message was receiving support from both the Home Office and the probation inspectorate (Robinson, 2001). Publicly expressed support for an evidence based approach to policy making is one thing, and in this report we consider the extent to which this has been the case in practice, primarily in relation to criminal justice. Next, we consider why reliable evidence is important for policy making.

2.4 Why reliable evidence is important for policy making

That reliable evidence for what works is important is seen as so self-evident in the field of medicine that it is not a question which is seriously raised. This is because the consequences of the failure of medical interventions can be life threatening, thus evidence of effectiveness is a prime criterion when making decisions as to which interventions or drugs to offer. It is a legitimate question to ask whether reliable evidence should have the same standing in other areas of public policy as in medicine. Fitz-Gibbon (2000) argues that although the failures of education policy may not be life threatening, as a universal public good, involving over 15,000 hours of contact with children, the total cumulative impact of even small failures or inefficiencies can be substantial. Conversely, research such as the High/Scope Perry Preschool project (Schweinhart et al, 2005) suggests that making small improvements to early years education can result in beneficial effects in later years for criminal justice, health and welfare (Fitz-Gibbon, 2000). It is only through careful empirical work that such effects can be established and good policy formulated.

The argument for having rigorous evidence is perhaps even stronger in criminal justice, since many criminal justice policies involve punishment, which entails an infringement of an offenders' liberty. It is generally recognised that the imposition of punishment needs special justification: as Walker states 'the infliction of something to which a person objects is regarded...as morally wrong unless it can be morally defended' (Walker, 1985: 107). A number of different justifications for sentencing have been proposed, including rehabilitative, incapacitative, deterrent, desert-oriented and victim-centred (see further von Hirsch and Ashworth, 1998), all of which rely, explicitly, or implicitly, on evidence of effectiveness. Success in terms of rehabilitation has conventionally been measured in terms of reduced offending, thus research into 'what works' is obviously crucial to the advancement of rehabilitative aims. For incapacitation to be effective, one needs to establish whether or not custody increases the post-release criminality of those incapacitated beyond the number of crimes prevented by their detention (Wilson, 1998). Similarly, deterrent justifications rely on the efficacy of different criminal sanctions to change the behaviour of potential offenders. Supporters of just-deserts accept that a key aim of punishment is to keep the level of offending within tolerable limits, implying a belief in the deterrent or rehabilitative effect of sentencing. Finally, under a victim-centred model, both victims and offenders have a stake in knowing whether the intervention or sentence works (Umbreit, 1994). Thus, whatever one might consider the proper aims of the criminal justice to be, it is clear that there should be an important role for rigorous research into effectiveness.

This conclusion does not seem to be one that policy makers have embraced, as we shall see. While they recognise that crime is a problem, they do not necessarily see the solution in terms of increasing the knowledge base about its causes, as Wikström (2006) notes. Criminal justice policy in recent years has been characterised by an increasing frequency of legislation, public pronouncements and policies, which critics would argue seem to be more led by the media or public opinion, than by a careful assessment of the available evidence. This is a question which will be explored in some detail later in this report. First, however, it might be useful to consider briefly what we mean by the words 'policy' and 'evidence'.

3 DEFINITIONS AND VALUES

3.1 What is policy?

The meanings of policy and policy-making tend to be taken almost for granted amongst analysts of policy research. However, if we wish to understand the policy process and research's potential role in it, it is worth giving some thought to these terms. The etymological origins of the word policy are to be found in old French, and ancient Latin and Greek. The French *policie* 'civil administration', the Latin *politia* 'the state' and the Greek *politeia* 'state, administration, government, citizenship' all point to policy making as a function of the state.⁵ However, the Greek *polites* 'citizen' and *polis* 'city, state' suggest that policy can be formulated at different, and lower, levels of organisation.

The Middle English word *policie* referred to the 'art of government' or 'civil organisation',⁶ while the current spelling of the word *policy* entered the English language around 1406, and was defined as a 'plan of action, way of management'.⁷ According to these early definitions, then, policy was primarily associated with government and its associated action. More recently, the term policy has taken on a wider range of meanings, many of which are irrelevant for the purposes of the current discussion.⁸ However, there are a number of strands of meaning attached to the current usage of the word which are illuminating, including:

- The art, study, or practice of government or administration; the conduct of public affairs;
- Polity, civil order; an organized and established system or form of government or administration;
- A principle or course of action adopted or proposed as desirable, advantageous or expedient, especially one formally advocated by a government, political party etc;
- Prudent conduct, politic or expedient behaviour, prudence, shrewdness, sagacity; and
- Political prudence; skill or shrewdness in public affairs; statecraft, diplomacy.⁹

These definitions expand upon those given earlier, and introduce notions of policy as: a course of action; something desirable; an action to be pursued with sagacity; and, actions conducted in the name of political expediency. As we shall see below, in the discussion of evidence-based policy making, all of these meanings to some extent are reflected in the reality of policy making.

Policy in its widest sense is not, of course, the sole preserve of government. Charities, companies, sports and clubs and even individuals can formulate policies. However, the interest of the authors is in *criminal justice* policy and its relationship to research, and criminal justice policy is the sole responsibility of government and its agencies. For this reason, therefore, we concentrate in this report on the policies of government, taken widely to mean central, regional and local government, and the various non-departmental government bodies charged with formulating public policy.

⁵ See: <http://www.etymonline.com/index.php?term=policy>

⁶ Random House (2006) *Random House Webster's Unabridged Dictionary*. NY: Random House.

⁷ See: <http://www.etymonline.com/index.php?term=policy>

⁸ These include 'a device, contrivance, trick', 'enclosed grounds', the 'polishing of manners', a 'form of gambling' and a 'document constituting a contract'. See further <http://www.oed.com>.

⁹ See: <http://www.oed.com>.

At its most simple, policy is a *plan of action*, designed to achieve certain goals. Policies may adopt a number of mechanisms to reach explicit goals, including political (e.g. those relating to ideological objectives), managerial (relating to structures), financial (e.g. operating through the taxation system), regulatory (through the legislative process) and administrative (how to implement policy). All of these can be, and are, used to develop policies in relation to crime.

Policy does not simply emerge; there is a process behind it. *Policy-making* thus refers to the process of making plans for action, of taking decisions, including the identification of different alternatives such as programs or spending priorities, and choosing among them on the basis of the factors which policy makers consider important. Policy making is not usually a transparent process, and partly as a result, a number of competing models have emerged to attempt to explain the process, ranging from rational, to political and tactical models, and these are explored later in this report. Before concluding this section, we give some examples of real world policies and consider the organisational levels from which they originate.

The Home Office is a key source of national criminal justice policy (as a perusal of its website will confirm)¹⁰, although other organisations such as the Youth Justice Board and other government departments such as the Department of Health also have varying levels of input. It is possible to identify policies at a variety of levels, from the macro, where a policy might be expressed in terms of a vague aspiration, to the meso, which may suggest a mechanism, down to the micro, which specifies the immediate steps to be taken to achieve the goal. This was a distinction noted by one of the interviewees:

I think what people from outside and professionals might have called strategy is just policy. And you have ranges of different policy, you have policy that is about big picture type decisions, setting a policy framework for something might be strategy, but you also have policies around exactly how you do that and policies around the operation of it. So what we call policy here can range from big picture ministerial decisions right down to exactly how the courts will implement things, so it's pretty broad ranging. CJ5.

For example, one of the Home Office's key policies is to 'cut crime, especially violent, drug and alcohol-related crime'¹¹. This is an example of a 'macro' policy, which sets out the broad parameters, or aspirations, of a plan for action. Such broad policies are supported at a 'meso' level by more specific plans, such as the decision to 'reclassify the methamphetamine as a class 'A' drug as a "preventive measure against a very dangerous drug"¹². Whilst this policy also originated at the Home Office, there are numerous examples of meso (or middle) level policies formulated by bodies such as the Youth Justice Board (e.g. tackling 'the underlying needs of offenders that give rise to offending, with a particular emphasis on education and training').¹³ Finally, there are very specific crime reduction policies formulated at micro levels often by local organisations aimed at supporting the overarching policies. For example, Kirklees Safer Communities Partnership has a policy of providing 'a safe venue in Huddersfield Town Centre on Friday and Saturday nights... where people can go if they become vulnerable or separated from their friends'¹⁴

¹⁰ See: <http://www.homeoffice.gov.uk/about-us/news/>

¹¹ See: <http://www.homeoffice.gov.uk/about-us/purpose-and-aims/>

¹² See: <http://www.drugs.gov.uk/news-events/latest-news/methreclass>

¹³ See: <http://www.yjb.gov.uk/en-gb/yjb/Whatwedo/AlternativestoCustody/>

¹⁴ See: <http://www.saferkirklees.co.uk/pages.asp?cat=2&page=104>

The same typology can be seen in other areas of public policy, such as the health care sector, which is used as a comparative study within this report. Although their terminology differs, Webb and Wistow's (1986) distinction between governance policies (organisational and financial structures), service policies (resource allocation, pattern of services) and practice policies (use of resources by practitioners) is similar to the macro, meso and micro level distinction used here. An example of a macro level policy, determined by the Department of Health, is the plan to "reduce the death rate from coronary heart disease".¹⁵ There are numerous meso-level mechanisms by which this might be achieved, including the use of drugs to treat obesity. As an example of this, one of NICE's aims is to "appraise the clinical and cost effectiveness of Rimonabant within its licensed indications as an adjunct to diet and exercise for the treatment of obese patients" and in doing so it is creating a meso level policy.¹⁶ Finally, at the micro level, individual NHS trusts implement a variety of specific policies to tackle heart disease. For example Kirklees NHS Trust provides 'one-to-one support for individuals to develop a personalised activity plan and discuss healthy eating'.¹⁷

'Policy', then, is not necessarily made at the centre, and can operate at a variety of levels, from the macro to the micro. The importance of this to researchers is something we shall return to later in this report, when considering what might be done to maximise the impact of research on policy.

3.2 What is Evidence?

When discussing evidence based policy, just what constitutes or should constitute evidence is often taken for granted, but this term is open to a variety of interpretations. The word 'evidence' derives from the Latin word *evidentum* meaning 'perceptible, clear, obvious', which itself is a variant of the Latin *videntum* meaning 'to see'. Over the years, the word has taken on a large number of meanings (the Oxford English Dictionary lists 14 meanings of the noun, and eight of the verb) from the legal to the religious. Two of these meanings are germane to the current discussion:

- 'an appearance from which inferences may be drawn; an indication, mark, sign, token, trace;' and
- a ground for belief; testimony or facts tending to prove or disprove any conclusion'.¹⁸

We have defined above policy as a plan of action. For the purposes of policy making, then, evidence could be defined as any information which helps to turn policy goals into concrete and achievable actions (Shaxson, 2005). However, the dictionary definition does not help us to determine what *types* of evidence might be considered relevant to the policy process. It could be argued, for example, that if evidence relates to 'facts tending to prove or disprove any conclusion', then only empirical scientific evidence should be included. However, if one takes a broader view of evidence as an 'indication' or 'ground for belief', this would imply that one could take into account a far wider range of evidence; for example, anything from public opinion polls or the views of experts to observational studies to randomised experiments.

¹⁵ See:

<http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Coronaryheartdisease/index.htm>

¹⁶ See: <http://guidance.nice.org.uk/download.aspx?o=434918>

¹⁷ See: <http://www.kirklees-pct.nhs.uk/news/news-item/article/153/7/neste/2/link//7779bf1ad7/>

¹⁸ See: <http://www.oed.com>

One criticism levelled against the concept of evidence-based policy is that it tends to be based on a positivist scientific view of evidence, which holds that the 'facts' are valid and agreed by all the relevant parties (Smith, 2000). In the social sciences, however, there is not always agreement as to the 'facts', especially where these are seen to be socially constructed, for example as in the case of criminal statistics (Wiles, 1971). There is also often disagreement, in the complex world of human behaviour, as to what should count as evidence of effectiveness. The aims of social policies are sometimes hard to operationalise, such as improving quality of life, or hard to measure, such as reducing reoffending. There is a danger, then, that evidence-based policy risks focusing on the measurement of quantity because it is easier to measure than quality and likelier to give *seemingly* more valid results (Crawford, 2001). Indeed, qualitative studies are often excluded, for example, from systematic reviews and thus their ability to have an impact on the policy making process is circumscribed (Graham and McDermott, 2005).

The question of what might be considered evidence in the policy process is related to the nature of the policy question. As well as wanting to know whether a policy works, policy makers also need to know what works for whom and under what circumstances. To answer this more complicated question, there is a need, according to Solesbury, for research which is not just evaluative, but also 'descriptive, analytical, diagnostic, theoretical and prescriptive' (Solesbury, 2001:8). When policy makers deliberate, evidence as to the impact of a policy is only one of the types of evidence they could consider. While RCTs or well designed quasi-experiments are appropriate for answering questions about causality, they are not designed to address other policy-relevant issues such as *how* or *why* a policy was effective, or indeed for other more descriptive questions such as how successfully a policy was implemented, or what are the trends in the problems being targeted. Answering such questions, all of which are vital to making informed policy decisions, will require other methods than the RCT, such as surveys, interviews, action research and implementation studies. Many of the methods involved in answering non-impact questions are qualitative, yet the role of qualitative research in the evidence process has been ambiguous and under-rated.

However, there have been signs that the profile of qualitative evidence is increasing be given greater emphasis in the policy sphere, at least if the rhetoric about the importance of engaging with stakeholders and service users is to be believed. For example, the government's policy for teenage mothers aims to incorporate the experiences of young people themselves into policy development and delivery (IAGTP, 2003), and the Children and Young Person's Unit (2001) has provided policy makers with guidance to ensure that children have opportunities to be involved in the design and delivery of policy. The Audit Commission (2003) and the Strategy Unit (2002) have also encouraged policy makers to take the issue of public involvement more seriously by providing highlighting successful case studies and providing practical advice on principles, planning activities and selecting methods, all of which suggests that relevance of 'real life' accounts to policy making is increasingly recognised (Petticrew et al, 2004; Graham and McDermott, 2005).

One of the questions we asked of policy makers was what kinds of evidence *they* considered persuasive, or relevant to policy making. It was interesting that respondents tended not to mention specific research methodologies. For example, just two policy makers named RCTs, while cost benefit analysis (one), quantitative (three) or qualitative (two) techniques were also rarely mentioned.

Across the range of criminal justice agencies, what policy makers were concerned with was not the particular type of evidence or methodology used but the quality and robustness of the evidence, as the following two quotes illustrate:

Convincing evidence! Methodology isn't in a way what I care about. What I care about is have you got real results that will stand up to peer review, you know, are the stats used properly, is the sample size big enough, so it's not a particular technique I'm looking for, it's just solid, that you can't pick apart (CJ8)

There's the kind of secondary test, which is, is this solid enough that a minister could quote it...is it something solid enough for us to use in policy making? And then you'd have to go through a load of checking, asking other people, asking a potential critic really, like how strong is this, who's done the research, what are the obvious angles and weaknesses in it, what could be the other explanations for the findings, and this has to be really tight for a minister to say, because we are investing £100m in something new (CJ1)

The criminal justice policy makers also recognised that the nature of the evidence would depend on the type of policy question being addressed. Thus questions of effectiveness would require one type of evidence, while assessing public opinion about a policy would necessitate another:

It depends on the policy. In some areas it's quite easy, for example, if you're looking at detention of suspects, you can look if a pattern emerges, a number of investigations of suspects for burglary and you can divine from how they're handled and how long it takes to do this or that, you can divine some way forward as to how best to handle this process. So that's quite easy. But it's also evidence to look at less substantial things; we do a lot of public survey work, it doesn't make it any less evidence that you can't actually put it in a scale and weigh it. You know, provided it's been gathered ethically and statistically, you can replicate it. We wouldn't turn away from the softer forms of evidence, but we do primarily look for things which, evidence is about reducing uncertainty (CJ3).

The techniques depend what you're looking at. I mean the technique you'd use for looking at can we reduce violence in prison might be different from the one you might try to do if you were looking at how do successful management teams operate. Both are capable of being researched but the techniques are different. But they would need to be pretty solid, so somebody couldn't come along and say, no wonder you got this result, it's because you've only got five people in your sample, and three of them died halfway through the study. So I want good standard research, but a good variety of techniques used. CJ8

RCTs, yes appropriate for some things if you can do it...if you've got a policy that is fairly well developed, and you understand what all the concepts, all the processes, all the decisions and there are no serious ethical objections to it...But when you're at a very early stage of a policy, when you're feeling your way to what certain processes mean, you need a variety of studies, and it's a much more iterative process, and you need both quantitative and qualitative data so that you can understand what is going on and what it means to participants etc (CJ4).

Given the longer pedigree of an evidence based approach to healthcare, and the vastly larger number of randomised controlled trials (RCTs) conducted in medicine compared to criminal justice, one might have expected the healthcare policy makers we interviewed to equate evidence to RCTs. In fact, the policy makers at NICE (the government body charged with providing advice on health care matters), shared similar views to those from criminal justice, in their acceptance of the utility of a variety of

evidence for a variety of policy questions. The ‘fitness for purpose’ of the evidence was seen as key:

I think it really is about fitness for purpose. We have a very, very expansive definition of evidence, obviously if what you need is a RCT, and you’ve got good RCTs, then that trumps other data, but often what happens is, and patient and medical opinion we consider part of that evidence base, because however good a trial is, there will be issues that patients and professionals will raise, particularly around appropriate outcomes. Because quite often the outcome for a patient in clinical practice is not what is measured in a trial. It might just take one outcome which is measurable. (H1)

You’ve probably seen hierarchies of evidence, we have used those hierarchies, where you have RCTs at the top and anecdotes at the bottom, but the approach we have moved towards increasingly, is what is the appropriate evidence to answer this question, because that hierarchy works well for a specific intervention going back to the drugs trials, it works for that, but it doesn’t work for other types of questions, for example, what factors increase your risk of being a drug misuser. You don’t tend to want to use trial evidence. Or if you want to look at side effects of things, you want follow up data. So the question is, how do you identify the most appropriate evidence to answer your question? (H2)

What these comments from policy makers point to is that there may be a mismatch between what researchers might construe of as evidence – i.e. empirical academic research – and policy makers’ more wide-ranging definitions. This is an issue that Petticrew and colleagues have noted when they contrast the ‘high concept’ notions of evidence used by researchers, and the ‘mixed economy’ of evidence prevalent in policy circles (Petticrew et al, 2004). However, if one looks at the types of evidence referred to by policy makers, it is clear that researchers can provide many of these. Aside from quantitative evaluations, public opinion surveys, consultancy, expert opinion and observational studies are all within the remit of the researcher.

The two main points raised by the interviewees – regarding the strength and diversity of evidence – suggest that the unifying feature of evidence is its verifiability. That is to say, that whatever the policy question, the underlying assumption is that evidence should be open to independent observation and verification, and, as Davies et al (2000) argue, there is broad agreement as to its contents, if not to its interpretation. In the following section we consider what role evidence *should* play in the policy process.

3.3 What role should evidence play?

The proper role of evidence in the policy process is not often discussed, as many commentators start from the position that ‘more’ evidence is necessarily a good thing. However, the relative prominence of evidence in relation to policy is an important issue to debate. The term ‘evidence-based’ implies a primary role for evidence, above other considerations such as political views or organisational preferences. Nutley and Webb (2000) argue that as many social problems are intractable to social research and that our knowledge about others is often inconclusive, social science should be seen as an aid to policy making, instead of the sole basis for it. In a democratic and ‘self-guiding’ society, it is important, they say, that research should have more of a *framing* role rather than a *determining* one in relation to policy. Young and Sanders question the very assumption that policy *should* be led by evidence. Instead they call for policies to

be led by *values*, and see the role of evidence in 'testing the factual assumptions on which value choices are (usually based)' (Young and Sanders, 2003: 340).

Quite apart from the philosophical position one adopts, if one considers the many diverse social problems that public policy seeks to address, it is clear that the proper role of evidence in each may vary. There are certain issues, for example, which cannot easily be resolved by recourse to evidence (Tenbenschel, 2004: 205). Decisions over the allocation of resources in defence spending, or regarding whether fertility treatment should be offered on the NHS are inherently political, and in some cases moral. Thus whilst research may provide evidence as to the consequences of a policy, it does not necessarily throw light on whether that policy is the best thing to do (Hammersley, 2005). Evidence cannot be the sole basis for policy making in such instances.

Equally, there are aspects of criminal justice policy in which moral or political decisions may legitimately override those of 'effectiveness'. For example, whether or not empirical research showed that the death penalty was an effective deterrent, the decision is constrained both by political (through our membership of the EU) and moral factors (whether it is ever right to take a life).

Given this, some have argued that one should view the role of evidence on policy-making as existing along a continuum, from marginal or no impact, for example where the policy choices are highly constrained by international treaty, to a more involved relationship, or in the words of Nutley et al, an 'evidence-aware', or 'evidence-influenced' process (Nutley et al 2002: 2) where evidence is seen as useful in deciding between different options.

The policy process, in particular the impact that research has on policy, remains an under-researched and opaque area (Nutley and Webb, 2000), although as noted above, the precise role of evidence in the policy process is likely to vary depending on the nature of the policy, its political sensitivity and cost, among other things. In an attempt to understand the policy making process, a number of writers have theorised models of policy making.

Nutley et al (2000), for example, propose a number of models to describe the way in which evidence could be used in the policy process. According to the *knowledge driven* model, basic research leads on to applied research, development and finally policy. The process is unidirectional, from evidence to policy, and the fact that knowledge exists sets up pressures for its development and use (Walt, 1994). According to a strict interpretation of this model, the policy making process is seen as apolitical, with the expert 'on top' (Young et al, 2002: 216).

In the *problem solving* model research is conducted in support of a specific pending policy decision and the results used to inform the policy options. In other words, research follows policy, rather than precedes it as in the previous model – with the expert 'on tap' (ibid). What both models share is a belief that there is a simple linear relationship between research and policy. However, commentators have come to see both models are limited by their assumption that scientific knowledge is infallible and provides unambiguous answers. Events such as BSE have served to remind us of the uncertainty of scientific knowledge (Young et al, 2002).

By contrast, in the *interactive* model, the relationship between research and policy making is more complex and subtle. Here, research can enter the decision making process as part of an interactive search for evidence, and policy makers seek information not only from the research community, but also from competing influences such as experience, political values, public opinion and judgement (Auriat, 1998). In

recognising the complexity of the policy making process and the multitude of influences upon it, it is arguably a closer representation of the process than the previous models.

The *political* model is often portrayed in a negative light, as it suggests that research is little more than ammunition designed to support a predetermined political decision or to counter opponents to that policy (Nutley et al, 2000). Research in the political model has been characterized by one policy maker as ‘fig leaf’ evidence (Petticrew et al, 2004). Others have argued, however, that it is not necessarily an inappropriate use of evidence, as long as the research is rigorous, accurately represented, and opponents have access to the evidence surrounding the issue, as the partisan support increases the chances the research will influence policy (Auriat, 1998; Weiss, 1991).

In a similar vein, the *tactical* model describes cases where research is employed by government as a calculated response to show that ‘something is being done’ (Auriat 1998). For example, research may be commissioned in order to divert attention from unpopular policy options or as a response to public opinion or media pressure. In both these models there is the danger that research becomes politicised.

Finally, in the *enlightenment* model, the influence of research is indirect, in that the results and theoretical perspectives of social science research inform the policy making process. Rather than tackling direct policy concerns, research contributes to the context of decision making and helps frame how decisions are made (Young et al, 2002). This is an attractive model because it does not imply that one particular type of research should predominate; it involves both pure and applied research. However, it does imply that research is cumulative and consistent, whereas the reality sometimes appears to be contradictory and non cumulative.

3.4 Policy making – an inside view

Whilst the models described above are useful for providing examples of how policy making *might* operate, the reality of policy making is likely to be more complex and may involve a combination of a number of these models. The style of policy making may also vary both across different government departments, and also within departments, according to the particular policy in question, and the policy actors involved. One of the aims of our interviews was to shed light on the policy making processes in the various organisations and consider their similarities and differences. In this section we draw upon responses to the following questions:

“What factors do you take into account when making policy?”

Could you rank the following factors from 1 (most important) to 6 (least important) in terms of how important they are to you in policy making:

Public opinion/the media
Cost of policy options
Ethics/equity
Evidence of effectiveness
Legal constraints
Existing policy initiatives (what’s there already)

Could you think of a policy in which you have been involved recently and describe the process, including the role evidence had in it?

Could you tell me about policy making in your organisation (e.g. where it is located, who is involved)?

One model of policy making is that decisions are made in a rational way, following a chain of decisions, in which evidence is fed in at each stage. Is this your experience? If not what is?"

In the rest of this section, we discuss the responses to these questions in turn.

3.4.1 Factors taken into account

This open ended question generated a large number of factors. Evidence was mentioned by almost all policy makers in both health and criminal justice, and was clearly felt by most to be the key factor:

We are very keen to evidence our positions; peoples' intuitions and gut feelings are important, but they are no better than anybody else's if they are not underpinned with good evidence they're not really worth very much. CJ3.

Evidence of effectiveness really should be top. I mean healthcare for centuries killed more people than it treated, because it based its practice on opinion and personal experience rather than evidence. H1.

None of the policy makers, however, thought evidence to be the *only* factor involved in policy making. Even in the more evidence based health care sector, policy makers typically mentioned three or four other factors.

Well some sense of what the problem is, the objective, what you're trying to achieve here, what resources we have available, can it be done within the existing powers or not, if not, we've got the ability to pass legislation, capacity, we take into account political dimensions, how controversial will this be, what are the views of stakeholders, acceptability, deliverability. CJ7.

Most policy makers indicated that evidence alone would be an insufficient basis for policy. Amongst the reasons put forward for this were that evidence was often inconclusive, the political context constrained the policy options, and values should play a role in developing policy:

We were aware that our, all our stakeholders have views, but we very rarely got what the general public thought, so [NICE] established a kind of citizens council, where we had 30 people drawn from the general public, nothing to do with healthcare, and then asked them quite difficult questions about value judgements, you know should we target our resources on children or on the elderly, those sorts of things. H1.

If it was simply a matter of divining through evidence the way forward, if it was simply a binary thing, there would be no need for people like me; you'd be able to resolve every dilemma through research and evidence. But various policies too have political tinges, the evidence may point you in one direction, but what's politically deliverable may be another issue. CJ3.

There isn't one truth about evidence in my experience, it's all about interpretation, what that evidence base tells you, it's never as complete as a decision maker would want it, it's never necessarily as exhaustive as they would want it, and there's also a discussion to be had about what is the relevant evidence...in the end it is a value judgment and we have a process that tests that value judgement from a more scientific side of things. For example, what we call an assessment report, which is a synthesis of research evidence, gets sent to our stakeholders and we get lots of comments on

whether the right things have been included or the right things have been done, so again it's the contestability of the process ...So while you may think that you have this rock solid evidence base, certainly in pharmaceuticals, where it's been very robustly trialled, but it's not as easy as that, and certainly when you come to synthesise different pieces of evidence in this decision making framework, the value or influence of stakeholders in terms of what they feel is and is not appropriate, what is and isn't excluded, and how it should be brought together, and then the judgement for what that means for value for money, that's where the stakeholders have quite an important role to play. H5.

After evidence, the priorities of the two groups tended to differ. As the following table shows, most criminal justice policy makers said that they then took into account practical concerns such as what the policy problem was and what the policy was trying to achieve, as well as the political context:

What the presenting problem is, so what is it that we're worried about, why are we worried about it. What's happening to 'it', is it going up, down, sideways, what's driving that change ...what information do we have about what works...how politically attractive is it. CJ1.

In contrast, issues such as the nature of the problem or aims of the policy tended to be lower down the agenda of the health policy makers interviewed, and none spontaneously mentioned the political context. Instead they were more likely to state that the views of stakeholders were important. The views of stakeholders – including experts, patients groups, drugs companies and other interested parties – were seen as a useful addition to the research evidence base, and as a way of testing the feasibility of a draft policy prior to implementation. Policy makers from both NICE and the DoH saw consultation and testing as an important part of the policy process:

We get the views of experts, so as far as we can, we take into account those three things, the evidence base, the patients' perspective and the expert view. Then there's the broader consultation, all the comments come back, they're all responded to, we can't get a more comprehensive approach to be honest! H2.

What do we take account of? Well evidence is one thing, but if it were only evidence, then we'd produce a lot of pie in the sky. What we, we take account of two other important elements and it's built into our process. One is the views and opinions of stakeholders, in other words anyone with an interest in what we're doing can go onto our website and tell us what they think, and if they do we will respond to them, and all of that is in the public domain...Secondly, within the process of developing each recommendation, when we've got them in near final form, we do fieldwork, we take them out and test them on the people who will in fact use them or implement them, and ask the question, you know, our boffins think this is a good idea, will it work on a wet Wednesday in Wigan, when no one is interested, and if it will work under those circumstances, we think you've got a winner. H4.

Another step you take is consultation...both in terms of the idea as you're developing it and then the idea as it's fully formed and trying it out on people before you decide to go ahead with it. That's both with stakeholders more widely...as well as across Whitehall, so in a sense there's a process of getting the logistics of government process right, but there's also consultation more widely about how will it play, how do people feel about it, will it work,

that sort of thing...if you take, the White Paper, came out in 2006, that was seen as quite good practice for consultation because in a sense the issues that were in the White Paper were shaped by consultation, they weren't a set of ideas that emerged and then consulted upon, so people felt they had more involvement in it. H5.

Legal constraints were noted by three criminal justice interviewees and one health care policy maker. By this was meant whether the policy options could be delivered within existing powers or whether new legislation needed to be passed. The deliverability of a policy, or the capacity of the system to implement it, and the cost of the policy were the factors least likely to be spontaneously mentioned by interviewees. In the table below we summarise the factors identified by policy makers and note the number of times these were mentioned.

Table 1 Factors taken into account by policy makers

Factor	No. times mentioned by interviewees in:	
	CJ* (out of 8)	Health (out of 5)
Evidence	6	5
What the policy problem is	5	1
Views of stakeholders ¹⁹	4	5
Political context	5	-
Legal context	3	1
What the policy is trying to achieve	4	1
Deliverability / capacity	2	2
Cost	1	1

*Criminal justice.

What the responses to this open ended question suggest is that while evidence is uppermost in policy makers' minds, it is far from being the only factor they take into account. In the next section we consider the relative importance of various influences on the policy process.

3.4.2 *Relative importance of factors*

In an attempt to determine the relative influence of factors such as evidence on policy making, we presented interviewees with a list of six factors which we thought, from a reading of the literature, might be relevant. These were: evidence of effectiveness, existing policy initiatives (or what's out there already), cost, legal constraints, ethics/equity and public opinion/the media. Of course, by limiting ourselves to just six factors, we inevitably had to exclude some others which might be of relevance, such as issues of capacity. However, we felt that increasing the number of factors would make it less likely that interviewees would complete the question.

Interviewees were asked to rate the six factors in terms of how important they were to *them* when they made policy. They were requested to rate each factor from '1' indicating most important, to '6' being least important. A number of interviewees found this to be a difficult task, indeed one felt unable to rank the factors at all, while three others rated some factors as joint equal and another considered existing policy initiatives to be part of the evidence base. The averaged results are presented in table 2 below. The mean rating for each policy is given in brackets – the lower the number the more important the factor.

¹⁹ Includes practitioners, experts and service users.

Table 2 Mean ratings of factors relevant to policy making

Rank	Factor (mean rating)	
	Criminal justice	Health
1 st	Evidence (2.17)	Evidence (1.67)
2 nd	Existing policy (3.17)	Legal constraints (2.33)
3 rd	Cost (3.17)	Existing policy (3.17)
4 th	Legal constraints (3.50)	Cost (3.67)
5 th	Ethics/equity (4.33)	Ethics/equity (4.00)
6 th	Public opinion/media (4.50)	Public opinion/media (5.00)

Given interviewees' responses to the previous question, it was not surprising that evidence come out on top for both groups, although interviewees from health care rated evidence as slightly more important (1.67) than did those from criminal justice (2.17). The two groups were also in agreement as to the least important factors. The ethics/equity of a policy and public opinion/the media were said to be the fifth and sixth least important factors respectively. With respect to ethics/equity, interviewees were keen to stress that these factors were not unimportant, but that they felt that the legal framework often set out how ethics were to be dealt with, so that they were not a significant stand alone issue.

Interviewees were in almost unanimous agreement that the public's or media's views of a policy were the least important of the factors mentioned. Again, that is not to say it was unimportant, but that it would rarely be a decisive factor in formulating a policy, rather it might influence how it was presented:

You can't ignore public opinion, it's a question of *how* you take it into account, I take them into account in the sense that you've got to be aware of how a policy is going to be played out in the media and try to influence it, and that influences the way you present the policy. I don't personally think that what we are trying to do is dictated by public opinion and the media, but the manner in which we pursue it takes it into account, the manner in which we present it, where we present it, and so on and so forth. CJ4.

The newspaper headlines bother me a lot! But not in making a decision. H3.

The media make a noise, but we have to try to ignore the noise. H2.

Where the groups differed was in respect of the cost of policy options, legal constraints and existing policy (although the latter in fact received the same rating – 3.17 – from both groups). Interviewees from health care ranked cost as fourth most important (3.87) as against third (3.17) for those from criminal justice. The explanation for this probably lies in the fact that four of the healthcare policy makers were from NICE, an organisation at arms length from ministers, and whose remit is to provide the best available guidance on health related issues according to a structured cost-benefit approach. As interviewees explained, in making decisions on whether certain drugs or clinical procedures should be recommended, they were concerned primarily with the *cost-effectiveness* of the intervention, rather than its cost per se:

Cost, we aren't constrained by what something will cost, we have to look at cost effectiveness and weigh up the two. But cost impact isn't part of the policy making decision. H2.

The cost, that is difficult, because if it's pure cost, no [not important], but if it's cost effectiveness, yes. If it's pure cost, it does factor in when there's lots of uncertainty, and something is going to have a large cost impact, those sorts of things do encourage the decision maker to be much more precise. H3.

Furthermore, the relative independence of NICE from ministers and the above inflation increases in health spending over recent years combined to make cost a less important factor for policy makers in health care than in the more cost constrained criminal justice system.²⁰

The other main difference between the two groups was in the importance attached to legal constraints. Those in criminal justice institutions, for example the Home Office, felt that legal constraints were less important (3.50), as legislation was something over which they (or more accurately ministers) had some degree of control. On the other hand, health policy makers, particularly those in NICE recognised that that they operated within a legal framework, one over which they had little control.

Overall, however, there were not such significant variations of opinion that one could say that the two groups of policy makers approached policy making in distinctly different ways; rather there was a subtle change in emphasis. Both groups claimed to put most weight on the evidence, and least on public opinion, while criminal justice policy makers tended to be more concerned about cost, and less so about legal constraints than their health care colleagues.

3.4.3 Policy making in the organisations

Policy making is often seen as a somewhat hidden and mysterious process. In an attempt to shed light on this, we asked policy makers to describe policy making in their organisation, and to illustrate a recent policy in which they had been involved. Finally, we asked policy makers whether they thought policy making in their organisation was evidence based, and, if not, what term they would use to describe it. In this section we take the seven organisations in turn, and combine the answers from the three questions and from the policy makers in each (where more than one individual was interviewed).

We also attempt here to determine to what extent the policy making process, as described by the interviewees, is evidence based. There have been many attempts to define what an evidence based approach would look like. We have already noted Plewis' definition which he takes to mean that 'policy initiatives are to be supported by research evidence and that policies that are introduced on a trial basis are evaluated in as rigorous a way as possible' (Plewis, 2000: 96). As a minimum, therefore, we would expect to see a commitment to evidence based policy making – there needs to be some official endorsement of this approach, whether or not it is actually implemented. Secondly, the organisation should be able to commission research and use it, for example, in the evaluation of pilot initiatives or in the assessment of the evidence base. Thirdly there should be some indication that the results of that research play a determining role in the formulation of policy.

Home Office

This was by far the largest organisation represented by our interviewees, with over 5000 full time officials employed at its headquarters (excluding the Immigration and Nationality Directorate), although it's overall budget was considerably less than that of the department of health. The Home Office has a wide ranging policy remit, covering

²⁰ Spending on the NHS has increased from £34.7bn in 1997 to £92.6bn in 2007 a 167% cash increase. The comparable figures for the criminal justice system are £12.1bn and £22.7bn respectively (an 87% cash increase).

policing, crime, victims, security, passports and immigration, antisocial behaviour, drugs, and until mid 2007 when it was hived off into the Ministry of justice, the Courts and Prison systems.²¹

It is easy to get the impression, given the regularity of ministerial sound bites regarding new policies, especially those in the wake of crises such as prison escapes and immigration failures, that policies typically emanate from ministers, operating in a political, evidence-free environment. This appearance would be misleading according to the two interviewees from the Home Office. When asked where ideas for policy originated, one estimated that 40% came from outside the Home Office (from academics, police forces or other organisations or lobby groups), 30% was generated internally by policy makers (i.e. civil servants), 10% from across Whitehall, with just 20% of ideas coming from ministers themselves. Civil servants operate as key gatekeepers, not only in respect of the internally generated ideas but also in filtering which ideas from outside organisations get through to ministers and the policy process. The filtering of ideas was described in terms of a relationship between civil servants and ministers in which the political preferences of ministers played a role. As one interviewee said:

Of course it's my job to know what ministers care about...if I went to ministers with an idea which was more than about 30% wrong I'd not be doing my job properly. So it's not surprising they don't rip it all up and start again, or ministers don't have completely different ideas from us, because its part of an ongoing conversation with ministers about all sorts of different topics, so you know what they're thinking, what their priorities are, and what their values are, so hopefully you pre-kind of guess some of that really, and then [if] a minister says but there's that [idea] that's really important, and I'd think, oh, yeah they're right, so I'd just forgot to do it, rather than blimey where did that come from, weird left field idea, who's he been talking to, that's quite rare.²²

We asked the two interviewees to describe a typical policy process. What emerged from the descriptions given below was that the policy making 'model' is not the linear, highly rational one that one might associate with a purely evidence based approach; but is more fluid, in which political preferences and the views of stakeholders are important:

It's more a star shape, that means you start in the middle with something and you might move forward and then back again, and then forward, so that you end up, probably some of these tentacles are longer than others, others stop and you jump back to the middle, but I think it's more iterative, that you go two paces forward and one back, then it may be five paces forward in another direction and one back.

So, the sequence, the relationship there is me saying, as the civil servant responsible for this, I think we ought to have a strategy, ministers saying yes, we agree, so we have a licence to go off and talk to people about it, and I share that thinking with ministers probably once every three weeks on a sort of quite informal this is what we're thinking about, and I show them a couple of slides of ideas, what do you think, what do you like, and they obviously comment and I incorporate that or I say 'oh well no I think you're wrong because', and then they normally would say 'oh fine, that's alright then', and

²¹ See www.homeoffice.gov.uk

²² In this section we have not given the interview identifiers so as to preserve anonymity.

we've then got quite a big stakeholder engagement system I guess, where we would talk to people in the various different agencies, the police, the crime reduction partnerships, drugs projects and all of that, and we've also got an academic reference group...and we present this [to them].

Interviewees' descriptions of the process suggested that policy making did not typically begin with a scoping of the problem followed by a rigorous search for the relevant evidence on the issue. Rather, it appeared that evidence could feed into the process at various points, in a somewhat unpredictable and haphazard way:

I also have lots of other one to one meetings, through other sorts of steering groups, with people including academics who would send me papers or presentations on things that they are doing, I go to conferences and it all sort of goes into a bit of a melting pot, held together by a team of people who work for me, and they sort of draw together stuff that is coming down from ministers, in from stakeholders, from the rest of the department and the rest of Whitehall and it all sort of gets shaped together into something.

In fact when asked whether the process could be called evidence based, one interviewee preferred to use the term 'evidence informed', and there was recognition that the process may not deliver all the available evidence:

It's probably evidence informed. I don't think we necessarily have a very good view of what the evidence is in order to make the policy. The bits of evidence that we have got are quite important in the policy making process, but for all I know we might only have 15% of the evidence in front of us.

This interviewee went on to add that certain policies were more determined by the political need to appear 'tough' than by evidence of effectiveness:

We're doing some stuff around minimum sentences for carrying guns and knives, which is quite politically driven because it's tough, and I don't know how good the evidence base is that it does actually have a deterrent effect or preventative effect on anyone. So that would be an area I worry about a little bit. The whole area of young people and gangs and guns and knives is very thin [on evidence].

On the basis of our interviews with Home Office policy makers, it is probably more accurate to describe the process as evidence aware, rather than evidence based, or even evidence informed. The former term implies evidence has a deciding role, while the latter suggests it feeds into the process in a rational way and makes a positive contribution to the policy decision. The term 'evidence aware', on the other hand, describes a process in which the search for evidence is less than thorough, and the role it plays depends on the strength of the many competing influences on policy, such as political values and stakeholder views.

Youth Justice Board (YJB)

The YJB is an executive non-departmental public body, which oversees the youth justice in England and Wales and aims to prevent offending and reoffending by young people under the age of 18.²³ The extent to which YJB has independence with regard to policy is constrained by the Home Office. As one Home Office interviewee commented 'we own the YJB, the Home Office owns the YJB' and went on to add:

²³ See www.yjb.gov.uk

We will set things like minimum sentences, or overarching narrative, structure, and they would decide how to deliver it, so within that context they would say what are the most effective programmes we can run for 11-15 year olds at risk of offending.

Going back to our distinction between macro, meso and micro policies, the Home Office is responsible for the formulation of macro youth justice policy, leaving the YJB some operational and policy independence with regard to how overall aims are fulfilled. However, as one policy maker noted, the fact that the YJB is entirely dependent on the Home Office for its funding, combined with the desire of ministers to control 'not just broad issues, but the minutiae' meant that its policy independence in respect of meso and micro level issues was not complete.

The YJB is relatively new (set up in 1998) and is a much smaller organisation than its parent the Home Office and its policy making process is also somewhat less opaque than in that organisation. Within its prescribed policy remit, ideas tended to originate within the YJB (although the approval of Home Office ministers would still be required), as one policy maker explained:

Well, we come up with ideas, I mean historically in the short life of the YJB, ISSP [intensive supervision and surveillance programme] was substantially a YJB inspired idea...and I'd say the YJB had quite a lot of influence on the speed with which it was introduced, the form it was introduced, and the manner it was piloted and rolled out. ...Likewise with the early intervention scheme, YIPs [youth inclusion programmes], YISPs [youth inclusion and support panels], safer schools partnerships, these were things that were substantially initiated by the YJB.

According to this interviewee, the YJB was keen to use evidence in support of the policy making process, but was somewhat constrained by the fact its research budget was much smaller than the Home Office. As a result, it had sought to develop links with the Home Office Research, Development and Statistics Directorate and the main research councils, in order to encourage them to conduct more research into youth justice issues. Recognising that this effort may take some time to pay off, in the meantime the YJB's research resources had been focused on admittedly:

...narrow, very technical evaluations of current programmes which are short term, they don't ask all the questions, there isn't space to do that, which we need to have when we are thinking of whether to roll out something we have piloted.

In other words, while the evidence to support the development of particularly policy options was not necessarily always available, significant new policies were subject to evaluation:

And it's been true of safer schools partnerships, and YIPs and YISPs which were originally ring fenced pilots where YOTs that wanted to try it had to compete for funding and when we decided on the basis of evaluation that the cost benefits of early intervention with children that multi agencies agreed were at risk, the cost benefits were substantial, so we said right we want everyone to do it, so we rolled ring fenced money into a formulaic grant which everybody then received, so its now part of the general core grant which we give to every YOT and they're all doing it now to one degree or another

In its approach to policy making, then, there were elements of an evidence-based approach, although the political limitations imposed from 'above' and the research resource constraints within means that the process is best described as evidence-informed.

HM Prison Service

The prison service is another organisation which operates within a constrained policy environment, due to the fact that overarching penal policy was the responsibility of the Home Office (now under the remit of the Ministry of Justice). Indeed, the policy maker we interviewed was reluctant to describe what she did as policy making, as it did not relate to these macro level issues. However, the issues over which the Service did have control can be described as meso or micro level policies:

It depends what you mean by policy. I'm very wary of the term policy and I try to avoid using it. Lots of the things that we call policy are actually operational procedures, so how do we receive a prisoner into reception, in what order and what information do we need, we regard as policy. We're specifying how we operate, and over those things we've got fairly substantial freedom to do our own thing. Decisions about direction, does the government want to buy austere imprisonment or are they interested in buying lots of security and are they interested in treatment or are they interested in reducing reoffending, those are political decisions on which we would offer advice and could be called policies.

As the interviewee pointed out, there are some policies on which evidence (at least that branch of evidence called research) would have little or no bearing, such as policies relating to pay and conditions. In most cases, however, in developing policies (or procedures) the interviewee described a structured process in which evidence played a significant role:

We try to be very clear about what the benefits are of what we're trying to achieve. We then analyse the problem, have we scoped it properly, and in lots of cases that involves plenty of data, so will our new offending behaviour programme work better than the previous one, that involves quite a lot of consideration of whatever evidence there may be. So trying to make sure we've got the relevant data...we then probably end up with a menu of things we could do that would make whatever it is we're dealing with better...One thing we don't allow nowadays is a policy maker to look at a problem, decide what the solution is and then present it elegantly to us and we then bless it and say it must be right, which we used to do.

In common with the YJB, the prison service has only a small research budget of its own, and relies heavily on research conducted by the Home Office, or by the PhD students it funds through its association with the Institute of Criminology in Cambridge. Whilst the lack of a large independent research budget might mean that it would not be possible to provide a comprehensive evidence based for every policy, the link with PhD students was seen in a positive light:

We let their PhD students loose to do research in our prisons, which they want to do. We have a real interest in what they produce. We aren't constraining what they can do, what we're trying to do is get some bright people to look at in a different way, how prisons work. We then feed those conclusions back into our work in prisons. So we've used the results of research that we weren't directing, to help us to understand better how to operate prisons. And that's been a really effective method...So that's the sort

of research I've found most useful, trying to give people access and being prepared to read PhD theses to see what's in them and thinking how does that affect us.

Overall, the policy making process in the service could be said to operate evidence-informed, although were it to have greater autonomy in policy direction and research spending it would be evidence based.

Association of Chief Police Officers (ACPO)

ACPO is an independent professional association of the 200 or so most senior police officers in England, Wales and Northern Ireland. One of its roles is to provide assistance and coordination to local police forces in times of national crisis. However, it is also a policy making body, as one interviewee explains:

We can see from here the broader canvas and we can suggest and push things along in terms of the vision of policing which other people couldn't from their local perspective. So we're here to react, but also to be proactive, pushing things forward. And fundamentally ACPO is a policy making engine.

Unlike the two organisations described above, the Association of Chief Police Officers was largely independent of the Home Office in terms of policy making. Although part of its funding comes from central government (the rest from police authorities), responsibility for policy making around policing issues was seen by the interviewer as resting with ACPO:

Um, well [the power] lies here because chiefs, we voluntarily pooled our accountability if you like and our influence...so what they do is contribute to the policy making effort here and then withdraw from it. So provided then policy has been developed in a way, processes they have shared in, they are happy then to take that policy away and implement it locally. And we range from fairly insignificant things like how do you train a police dog to how do you mount a counter terrorism operation or a firearms operation. And if you don't get it right people die, so it's very, very important. So it is powerful, but we can't assert that power, I'm here to represent other people, I'm not here as of right, I'm elected and I can be deselected.

As well as determining (the largely operational) policing policies, ACPO would also comment on wider policies around crime if these were thought to impact on the police:

So we are a lobbying group, but only in terms of if government in our opinion does something which we think is not in the public interest, in our particular interest around crime reduction, we will say something. It's very rare, but we can do that because we are independent of government.

When asked to describe the policy making process, the interviewee noted that there had been a shift over the past 30 or so years from an 'intuitive doctrine', which relied heavily on personal experience and opinion, to an evidence based one:

There's fundamentally now a search for evidence to underpin things that we're doing, and often it's the pursuit of evidence which undermines the taken for granted policies or assumptions that we might have had for a long time... In my position I couldn't take to my colleagues any difficult contentious policy area which wasn't properly evidenced. Because they're getting challenged locally, we're controlling vast amounts of taxpayers money, I think our budget

is about £11bn this year, 200,000 people, also the accountability of how that is spent.

Many commentators have noted that one of the obstacles to evidence based policy making is the tension between the timescale needed to conduct rigorous research and the truncated horizons of policy makers (e.g. Wilcox, 2003; see also section 5.4 in this report). This was not seen as a problem within ACPO due to its independence from government, which allowed it to take time to develop the evidence base before formulating policy:

Yes, we can a longer term view, because we're independent of government, I think a lot of government departments get driven by fundamentally political considerations, and from a researcher's perspective it's often truncated and corners are cut. Because we're not involved in that we can actually step to one side and do things in slower time.

The approach to policy making within ACPO seems on the basis of the interviewee's responses to be largely evidence-based; although it was noted that in times of national crisis, when decisions had to be made quickly, 'corners may be cut'.

Department for Constitutional Affairs (DCA)

The Department for Constitutional Affairs (DCA) is a government department whose responsibilities include running the court system, and improving the justice system, human rights and information rights law, and policy on running elections and modernising the constitution. At the time of interviewing (March 2007) the DCA was a stand alone government department. However, following the reorganisation of government in May 2007, its responsibilities were subsumed into the newly created Ministry of Justice. It is possible, therefore, that the policy process as described below is not the same as in the new Ministry of Justice and for this reason we only cover this organisation briefly.

Ideas for policy, as in the Home Office, tended to originate from policy makers in the department, stakeholders or from ministers. As with the YJB, the department did not have a free hand when it came to policy making – the Home Office was a key influence:

Well around crime it's impossible to be [independent], to suggest that we'd have one set of policies and they'd have another, so not at all

According to the interviewee, for research purposes the DCA tended to rely on the research capacity of the Home Office. The description of the policy process was similar to that given of the Home Office, in that the speed of the process sometimes militated against a considered assessment of the evidence:

Sometimes the different bits of the process happen at quite high speed, particularly around crime, so it isn't always as simple and rational and straightforward as we'll assess what the problems are this year and we'll look to solve them over the next quarter or the next year. It can quite often be sparked by a reaction to something, a reaction to an event outside which means you very quickly have to look at what can be done about it.

Based on the interviewee's description, evidence-aware would probably best describe the policy making process in the department.

Scottish Executive

Government policy in relation to criminal justice in Scotland is the principal responsibility of the Scottish Executive Justice Department. There were a number of interesting differences between policy making in the Home Office and North of the border. Firstly, Scotland is a much smaller country in terms of population than England, and this was seen as beneficial as it made it easier for links to be made between academics, policy makers and other interested parties. Secondly, there was a much more formalised role for academics, and the Executive saw part of its role as developing research capacity, including the establishment of a criminal justice research centre to conduct research of a longer term nature to help inform policy. The role of research in the policy process is described in the Scottish Executive's Crime and Criminal Justice Research Agenda²⁴ and it is worth citing from this:

The Criminal Justice Research Branch ... [provides] research based advice to policy makers...and also provides advice based on reviews of existing research and liaises with colleagues in other parts of the Scottish Executive, other Government Departments...and other relevant agencies to ensure that it has the most up to date research information to inform policy development and the improvement of practice. Small scale pieces of research may be commissioned to provide focused information on particular aspects of a topic. In other cases, a strategic approach to research on specific issues is developed...the balance of the Criminal Justice Research Branch's work is progressively shifting to provide an even greater emphasis on a proactive and responsive role in informing the development of policy and practice. The aim is to provide a flexible and timely service.

Another difference between the Home Office and Scottish Executive is that much criminal justice policy in Scotland is set out in the party's manifestos (whereas in England policies are developed at all stages of the parliament). This means that within the four year time span of the Scottish parliament there is time to pilot and evaluate policy initiatives before things are run to scale:

The Scottish parliament sits for 4 years, ministers want to know things within that four year period, so what we tend to do is run things for two years, and although that is too short in terms of long term impact, we haven't found it too difficult to get ministers to wait for two years, we have looked at England and Wales and heard that policy is sometimes speeded up before the results of the research became available. I don't think I've ever had that problem; ministers will wait for the research to come out.

That said, crime in Scotland, as elsewhere, is a highly political issue, and there were instances when policies were introduced because they chimed with ministers' beliefs, even though the evidence did not necessarily support them:

I suppose one thing, the community justice centre in Glasgow, that is something that ministers have seen in America, and its come across the UK, in Liverpool, I think ministers think there's enough about this idea to just give it a shot. We know that America is not the same, Liverpool is a bit more alike, so we've looked at that, it's not a huge commitment, its not high risk, it's something that's worth a try and we'll see how it goes.

²⁴ Scottish Executive (2003) *Crime and Criminal Justice Research Agenda* available online at: <http://www.scotland.gov.uk/Publications/2003/01/16189/16630>

Criminal justice policy making in Scotland appears to be more evidence informed than in the Home Office, but is arguably not distant enough from political concerns to be described as evidence based. We turn now to the two organisations in the health sector.

National Institute for Health and Clinical Excellence (NICE)

The policy making process at NICE was described in some detail by our four interviewees, and the process is also described on NICE's website (www.nice.org.uk) and in the 'Guide to NICE' (NICE, 2005). NICE is an organisation created in 1999 to provide the best available guidance to the NHS on matters relating to health technologies (drugs, treatments and procedures), clinical practice and (from 2005) public health (promotion of good health and prevention of ill health). As we noted earlier, its policy remit is limited to meso and micro level issues:

In terms of policy we are not involved with broad policy directions, in terms of foundation status, or GP working hours or whatever, but we are instrumental in issuing clinical guidance, so if we say no to something, then doctors are really expected not to treat in that way.

Even here, NICE does not have the power to decide what it is going to investigate. Topics can be suggested by outside bodies and individuals, such as drugs companies, doctors and patients groups. It is the Department of Health which then decides the topics which NICE will tackle:

The mechanism for topics being referred to NICE is open, anybody can refer topics to NICE, there's a number of panels and committees that prioritise, but there is still a final sign off by a health minister. The health minister officially refers the guidance to NICE and then it comes out the other end.

Once a topic has been selected, NICE then has complete autonomy with regard to formulating guidance. In each case it follows a tightly prescribed process, which involves defining the scope, collating and assessing the evidence, consulting and issuing draft guidance. The following quotes from two of the interviewees explain that process:

Defining the scope is where we try to define the research questions which our collaborating centres, where the bulk of the research is actually done, and the reviewing is done, will take those questions away and work through them... they begin the process by using a fairly conventional, in evidence based medicine anyway, search strategy for electronic databases. So that's where it all begins...

It fits very much within a framework of looking at evidence and then from that evidence base coming up with policy recommendations. But it's not just research evidence, the way that we've developed all of our processes, effectively tries to combine that research evidence with stakeholder views, and allow independent advisory bodies take a look at the evidence, listen to what people are saying across all sorts of stakeholders, and from that produce some solid advice... So our bedrock, for want of a better word, is the research literature, the clinical literature, our framework is a decision analytic framework so we take that, we take what's the question, what's the policy question that this independent advisory body has got to look at how does the research evidence help with that policy question. And then use that to formulate a set of preliminary recommendations which get sent to our stakeholders for comment.

One problem common to policy makers in any organisation, including NICE, is that there may be little or no evidence regarding the effectiveness of the policy under consideration. The question is what to do in such circumstances. One option would be to commission new evidence and delay formulating policy until this was ready. Our interviewees did not think that this would be a viable option, and that it would be better to issue imperfect guidance than no guidance at all:

We know that somebody has to make a decision, and we feel that probably with our machinery it is better for us to make that decision rather than leaving it up to clinicians or local communities. Because normally in healthcare a decision has to be made, a patient has to be treated or not treated, a drug has to be used or not used, so better for us to make a best estimate on the evidence and opinion that we've got, but we rarely do that.

In the absence of research evidence, NICE policy makers would consider other means of generating guidance, including the views of experts:

We have produced clinical guidelines where there is no published evidence, and the process then is to use a method of consensus backed up by consultation, a good example was the guideline on pre-operative testing where there were no studies. There was some evidence of risks in patients with certain characteristics but no real clinical evidence, so there was a formal consensus method used concerning appropriate practitioners to come up with recommendations.

It is still, however, a structured and transparent process, and as interviewees point out, none of their guidance is fixed, the evidence base for their policies are regularly reviewed and guidance amended where necessary. Although it operates within a limited policy remit, of all the organisations examined so far, the approach to policy making adopted by NICE is the one which approximates the most closely to evidence based.

Department of Health (DoH)

The Department of Health, as we noted above, is independent when it comes to policy making, and its focus is largely on the broader macro level policies. As with the Home Office, ideas for policy came from a variety of sources, including departmental officials, ministers, and stakeholders.

Some are generated from within the department by officials as part of their work on policy, some are developed by officials as direct commissions from ministers, and sometimes ministers or officials in the context of their day to day work might pick up ideas from elsewhere that seem to work well and then they get sponsored

The description of the 'typical' policy making process in the DoH by one interviewee had parallels with the evidence-based approach used by NICE for example, in that the evidence for the policy would be unearthed, consultation would be held with relevant parties, and policies would be piloted where possible before being rolled out. However, the interviewee went on to point out that in situations where evidence, or time, was in short supply, other considerations would guide policy making:

Sometimes you have to make a decision and you have to do something and you don't necessarily have all the available evidence, or insufficient evidence, or the right evidence, or there may not be evidence, or the evidence may be genuinely hard to point you in one direction or the other...government has to

make decisions...the maximum span of a government is five years, and you have to recognise that that is the world you're working in. so, I mean I don't, I think it's important to recognise that just like everyone else, government works with parameters that may not always be ideal and you just have to manage them through. And I think that's why making use of evidence when you can is extremely important. Because you are always going to be in a position where the timescale is indeterminate, and government politicians have to make some decisions like we all do about where do we want to get to, and how much can we achieve given what we've got. Have to remember that within government there are different priorities, and you sometimes have to be pragmatic about what you can do.

Some of the other policy makers interviewed did not think that the policy process could be described as evidence based. One saw it as a more fluid process lacking a structured approach to evidence gathering, while the second distinguished between policies of 'governance' which were not evidence based, and clinical policies which were:

You talk about a linear chain of decisions, I don't think so. I think it is much more iterative and oscillates back and forth. I think individual policy decisions you could work it back to some evidence but the idea that it's a rational model, from evidence right through to change, it doesn't happen. A lot of it is incrementalism, a lot of it, the DOH is probably as guilty as [any other department], it has a very short term memory and even just looking at the evidence base of what happened a few years ago, that doesn't happen.

I think it's dichotomous to be honest, I think within clinical policy there is a very strong history of evidence. I think in terms of managerial changes, certainly in terms of health policy, the evidence base is very weak. ... people who have been involved in advising on health policy have been concerned that these other factors are very important. Most professionals and indeed patients would recognise that there is a right configuration of hospitals, and yet people are very, very attached to their local hospital and will be very loathe to see it close down and will fight for it, and so even though there is a real requirement to rationalise the number of hospitals it is very unlikely that government will ever really address that, because it becomes too much of a media and public opinion issue.

Given the wide range of policy areas that the DoH covers, it would be misleading to label it as either evidence-based or evidence-informed. Decision making in certain policy areas conforms closely to the evidence based model (e.g. clinical), and indeed the very decision to create NICE is an example of a commitment to an evidence based approach to healthcare. It is less clear, however, that policies regarding the organisation of the NHS, for example, are evidence based.

3.5 Conclusion

In the preceding section we explored policy making from the point of view of those most intimately involved. We recognise, however, that it is important not to place too much weight on what are the personal opinions of policy makers. Other answers may have been obtained had we interviewed other policy makers. That said, as we noted in the methodology section, in many of these organisations, the person (or people) we interviewed was (were) the key policy maker(s). Secondly, of course, it may be that their descriptions of the process vary from the everyday reality of policy making, and

without observing his process (something which was outside the scope of this study) we cannot be certain that we have accurately represented them. However, the comments made by our interviewees have revealed a number of different approaches to policy making, and shed some light on the problems that policy makers encounter.

4. EVIDENCE AND CRIMINAL JUSTICE POLICY

In the last chapter we deliberately took a broad approach and explored differences in the approach to policy making between the various criminal justice and healthcare organisations by means of interview. This revealed variations both between and within sectors. In this chapter we continue our assessment of the policy making process in criminal justice, with a narrower focus on the two organisations (Home Office and YJB) with primary responsibility for crime and youth justice policy (areas of policy to which the research from scopic is of particular relevance) and make comparisons to healthcare where appropriate.

We are looking here at the rhetoric of evidence based policy making and the reality. In the first section we describe the official language as expressed through government websites and documents, and the structures the government has put in place to encourage evidence based policy making. In the second section, recent experiences of policy making are examined, and the reality is measured against the rhetoric.

4.1 Rhetoric and structures of evidence in healthcare and criminal justice

There have been a number of government publications in recent years which describe the government's aspirations for policy making. One of these was the White Paper *Modernising Government* (Cabinet Office, 1999) which set out the Government's view of the ideal model of professional policy making (summarized in Nutley and Webb, 2000). It argues that the policy process should be both forward looking and outward looking; in other words considering the long term implications of policy and the external constraints or opportunities (such as wider European and international contexts). Policy makers should be innovative (questioning existing policies) and inclusive (taking into account the views of those impacted by a policy). The White Paper goes on to say that policies should be 'shaped by the evidence rather than a response to short term pressures; that tackle causes not symptoms' (Cabinet Office, 1999: 15). The best available evidence should be used when devising policy options, and evaluation built in from the early stages of the process. The evidence based policy process is also seen as dynamic, in that existing policy is constantly reviewed for its 'fitness for purpose' and lessons learned from experience of what does and does not work (Nutley and Webb, 2000: 22).

The Cabinet Office was also responsible for the paper *Better Policy Making* (2001) which described an evidence-based approach to policy making in more detail. According to this, such an approach would involve: reviewing existing research; commissioning new research; consulting experts and consultants; and the consideration of a wide range of costed and appraised options (Cabinet Office, 2001).

In addition to the various government policy documents, recent years have seen a proliferation of centres, websites and schemes designed to promote evidence based policy making, some of which have been set up by the government, while others have been created by independent bodies. Some of the initiatives are general while others are specific to policy areas such as health or criminal justice. Among the general initiatives is the *Policy Hub*²⁵ which is described as 'the first port of call for improvements in Policy and Delivery' and is a web resource launched in March 2002 that aims to improve the formation and delivery of public policy. It provides examples of initiatives, projects, tools and case studies that support better policymaking and delivery, and extensive guidance on the role of research and evidence in the evaluation

²⁵ See www.policyhub.gov.uk

of policy. One of its key resources is the Magenta Book²⁶, which is a series of guidance notes on policy evaluation and analysis which are intended to help 'intelligent customers' and 'intelligent providers' determine what constitutes high quality work in the field of policy evaluation and analysis.

An example of a non-governmental initiative is the Evidence Network²⁷ established by the ESRC in 1999 in order to bring social science research nearer to the decision-making process. It aims to: (i) provide a focal point for those who are interested in evidence-based policy and practice to access useful information and resources; provide a forum for debate and debate on EBPP issues; contribute to capacity building in the skills required for EBPP; and explore EBPP issues through research and consultancy activities.

Policy Brief²⁸ is a cooperative web project designed to provide a 'one-stop-shop' for all public policy initiatives in the UK. The website promotes the use of the internet to improve the standard of policy making, provide access to comprehensive subject-based listings of the UK's leading policy thinkers' work and facilitate collaboration between policy institutes.

There are a number of initiatives in other areas of public policy including health, transport, education,²⁹ overseas development,³⁰ and criminal justice, although we shall concentrate here on health and criminal justice.

There is a very public commitment to evidence in the medical field, both from central government and in the arms length government-funded bodies. The department of health's website describes the policy process in a transparent manner, and it is clear that evidence is expected to play a central role in policy development, as the following quote from its website illustrates: 'there must be evidence that a new [health] policy will improve an aspect of the delivery of health and social care'.³¹ This commitment is supported by an NHS R&D programme which:

- Focuses on the needs of the service and of policy makers
- Requires systematic reviews of research before new primary research is commissioned
- Promotes dissemination and not just production of knowledge (Fitzgibbon 2000)

In addition, the National Institute for Health and Clinical Evidence (NICE)³² plays a crucial role in the development of health policy, particularly at the meso and micro levels. NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Through its R&D programme it commissions and promotes research, and consults with patients and other partners to produce authoritative guidance. As we have seen above (section 3.4) its policy making is characterised by a rigorous search for evidence, consultation with stakeholders and transparency.

²⁶ See www.policyhub.gov.uk/magenta_book/index.asp

²⁷ See www.evidencenetwork.org

²⁸ See www.policybrief.org

²⁹ See for example, www.cem.dur.ac.uk

³⁰ See www.odi.org.uk/rapid

³¹ See:

http://www.dh.gov.uk/AboutUs/HowDHWorks/PolicyDevelopment/PolicyDevelopmentArticle/fs/en?CONTENT_ID=4106008&chk=cukkYC

³² See www.nice.org.uk

The Health Protection Agency says in its mission statement that it will ‘apply the best possible science in support of its responsibility to protect the health of the population’,³³ while the Biotechnology and Biological Sciences Research Council,³⁴ the UK’s largest funder of basic and strategic biological research, seeks to promote knowledge transfer from research to applications in business, industry and policy, and public engagement in the biosciences. In healthcare, then, not only is there a commitment on the behalf of government and non-governmental bodies to pursue an evidence based approach, but there are also structures in place, for example through the establishment of NICE, to facilitate its *implementation*.

If we turn to criminal justice, there are also examples of evidence promoting initiatives, although, as we shall see, these lack the force of those in healthcare. One such initiative is the series of Crime Reduction Toolkits,³⁵ which forms part of the Crime Reduction site, and provides practical advice to policymakers and practitioners in accessing evaluated evidence and good practice on crime reduction. It covers areas from vehicle crime, to racial crime and harassment, to arson. Each area covers existing knowledge, advice on how to develop local solutions and implement them. The toolkit also highlights useful resources, innovations and practical tools. There is a similar site in the area of neighbourhood renewal. In a similar vein, Renewal.net³⁶ is an on-line guide to what works in neighbourhood renewal. It includes ‘how to’ guides, case studies and project summaries and where possible, the material is based on evaluated evidence of what works. What these have initiatives have in common is their role essentially as evidence collators. They have neither the funds nor the mandate to commission new research into the policy problems of the day, but instead rely on summarising whatever evidence may already be ‘out there’.

A second key difference between the health and criminal justice fields is in the role ascribed to evidence in the policy process, as revealed through the websites of government departments. As we noted above, the department of health places evidence at the centre of health policy and describes in some detail the policy making process. It is interesting to compare this to the Home Office website, in which policy development is less explicitly described. Although there is a reference to the importance of ‘consultation’:

‘...before changing policy, the Home Office publishes consultation papers... [t]he responses received help to ensure that any proposed changes to the law will have a real, practical impact’³⁷

There is, however, no clear commitment to utilise evidence in the process. In fact, it is only in relation to the Home Office’s (2005) science and innovation strategy (a rather narrow and minor part of the Home Office’s remit) that there is a description of an evidence based approach. In criminal justice, then, there appears to be less official support for evidence than in healthcare, and the structures for ensuring that this evidence does play a role are fewer. In the following section we consider the way in which evidence has been used, by looking at a number of recent experiences that researchers have had when trying to contribute evidence to the policy process.

³³ See <http://www.hpa.org.uk/research/default.htm>

³⁴ See www.bbsrc.ac.uk

³⁵ See www.crimereduction.gov.uk/toolkits

³⁶ See www.renewal.net

³⁷ <http://www.homeoffice.gov.uk/about-us/haveyoursay/>

4.2 Policy making in criminal justice – recent experiences

In section 3.3 we discussed a number of models which sought to describe how evidence might be used by policy makers, from the problem solving to political models. One can recognise aspects of each of these models in the way criminal justice policy has evolved in recent years. Whilst the enlightenment model might be the one which most closely conforms to what we call evidence based policy making, many researchers will have had experience of their research being used for political or tactical reasons. As Nutley et al (2000) note, evidence is more likely to influence policy where the results confirm the effectiveness of existing policy, or at least are not in serious contradiction to it. One test of a government's commitment to evidence is what happens when the evidence does *not* produce the 'right' result. As part of the first author's doctoral thesis, a number of academics were interviewed, and asked, amongst other things, about their experiences of conducting research for the Home Office and YJB. Several interviewees had direct experience of the results of their research being held up, so that it could be published at the same time as a new government policy or other piece of research, in order to draw attention away from the unfavourable results. The following two quotes are illustrative of the tactical use of evidence:

One of my colleagues...did an excellent evaluation of CCTV and measured victim survey offences and police recorded offences in [treatment] areas and in control areas before and after CCTV came in, and in this very well done study he found basically no effect of CCTV on crime, but the Home Office didn't like this because at that time CCTV was a great white hope so what they did was they held up a publication on his report and finally they published it the same day as they published a really crap evaluation by some police force in the north of England, and basically this Home Office press release said Dr [...] found no effect of CCTV but look, this [crap] evaluation found a big effect.³⁸ (Wilcox, 2005: 66).

In terms of publication policy, the Home Office, they have a fear, probably quite a natural fear, of newspaper reporting, and they're concerned about when a report is issued, a good day to release bad news, they do that all the time. There's kind of a Jo Moore syndrome in all departments I think.³⁹ (Wilcox, 2005: 66).

A more extreme version of news management is simply to take the findings out of context or to draw inferences which are not supported by the data. In this regard, the Youth Justice Board in its early years of existence was generally considered by those I interviewed to be the worst offender:

The YJB is beyond comment! Don't get me started on the YJB! ... The way in which they are using evidence is just diabolical, [a senior member of the YJB] was just citing what he fancied as far as I could see, and they were trying to suppress results they didn't like and overplay results they did like, it just could not be described seriously as an evidence-based approach. (cited in Wilcox, 2005: 66).

In the press release, [the YJB] focused on the big reduction in the frequency of offending in the [treatment] group but didn't mention the corresponding reduction in the comparison group. (cited in Wilcox, 2005: 66).

³⁸ The subject of the research has been changed to preserve anonymity.

³⁹ Named after the government advisor who said on September 11th 2001 that it would be a good day to 'bury' bad news.

The Home Office was not immune from criticism, however:

In our reconviction study, we had an unbelievable time getting that through Michael Howard's political advisors, I spoke to one of them for half an hour, which is a long time for a political advisor, a few days before it was due for publication ... in the summary we had a couple of pie charts, and this showed regression to the mean and he was trying to argue this showed prison worked!⁴⁰ (cited in Wilcox, 2005: 67).

The temptation to manipulate the evidence presented to the public is nothing new. Campbell, writing in 1978, argued that:

It is one of the characteristics of the present situation that specific reforms are advocated as though they were certain to be successful ... if the political and administrative system has committed itself in advance to the correctness and efficacy of its reforms, it cannot tolerate learning of failure. (Campbell 1978: 80).

It is understandable that government departments are eager for the policies they have instituted to be runaway successes; however the deliberate misrepresentation of results is clearly damaging to the longer-term success of an evidence-based approach. Policies which are instituted despite a lack of convincing evidence of effectiveness, or worse, in the face of evidence that they do *not* work (i.e. harm) are to the detriment of practitioners (who may become demoralised) and offenders (who are denied the opportunity to engage in effective interventions). Furthermore, they do disservice to the public interest and ultimately threaten democratic trust in government, as the public comes eventually to realise that the policies are not providing safer communities (Hope 2004).

In assessing the evidence based claims for criminal justice policy, it is worth considering the legacy of the Crime Reduction Programme, which started in 1999 and ended in 2002. The Crime Reduction Programme (CRP) generated high hopes of evidence based policy making, not least because it represented the government's single largest investment in the crime prevention arena. Over £400m was allocated to a diverse range of interventions, from CCTV to burglary prevention initiatives to probation 'pathfinders'. The programme, which was intended to last up to 10 years (but ended in 2002) was supported by a vast research budget of £25m (Maguire, 2004). The CRP was designed to allow policies to be tested on a small scale before rolling out those assessed as effective. On the face of it, all the building blocks were in place for the development of evidence based crime prevention policy.

In practice, the CRP failed to live up to expectation, and much has been written about the reasons for the failure of the CRP to contribute to evidence based policy making (e.g. Raynor, 2004; Maguire, 2004). Despite the £25m spent on research, very little knowledge about 'what works' and why was produced. Maguire argued that in the rush to benefit from this rare windfall of CRP programme and research funding, the 'lessons of history were forgotten' (Maguire 2004: 215). There were numerous reasons for this, many of which point to the tensions between the worlds of politics and research. We describe some of the most important ones below.

⁴⁰ Regression to the mean is a statistical phenomenon, whereby extreme scores on an outcome measured at one point in time, tend to regress to the average when measured at a second point in time.

One of the most common obstacles to pursuing an evidence based approach is a rushed tendering and bidding process. Often, those wishing to deliver or evaluate a new policy or programme have as little as three weeks to put together their proposals. This was certainly the case with the CRP, and meant that many of those designing projects did not have the time to assimilate evidence from previous research about 'what works'. Where evaluators and project staff are working to the same or similar deadline, this can have the unfortunate consequence that the evaluation does not start until the programme is underway. In a case study based on his experience of evaluating restorative justice projects for the YJB, the first author (Wilcox 2003) found that the rush to get projects off the ground resulted in programme developers submitting unrealistic bids, a finding supported by Bullock et al's (2002) assessment of crime reduction initiatives. For evaluators, starting the evaluation after the commencement of the project can introduce particular problems in terms of compliance with evaluation requests, and collection of full and adequate data (Wilcox 2003). More recent experiences with tendering for Home Office projects suggest this has not changed significantly.⁴¹

The rush to get projects off the ground, to be seen to be doing something, generated a whole raft of problems in terms of implementation and evaluation. The size of the undertaking meant that most projects were unable to recruit or train staff in time for the start of the project, meaning that many interventions were seriously delayed. In the first year of the CRP, for example, only 13% of the anticipated budget was spent (Homel et al, 2004). The time limited duration of projects (typically three years) presented difficulties towards the end of their lifespan, as staff left for other positions (Maguire, 2004). It is clear that the lack of adequate consideration given by the Home Office to the design, funding and implementation of projects and evaluations meant that the quality of research suffered, and with it the possibility of pursuing an evidence-based approach (Wilcox 2003).

Another criticism of the CRP and other initiatives is that policy makers do not always await the results of evaluations they have themselves commissioned before deciding to 'roll out' the programme nationally. The CRP was originally intended to be rolled out in phases, with the lessons learned from each phase of evaluation being fed into the design of the next. As Morgan and Hough (2007) note, however, 'the political pressure for 'quick wins' also meant that Phase 2 of programmes were introduced before Phase 1 was fully evaluated, and the idea of phased learning was dropped...the CRP, and the evaluations, carried on for three years, before there was a silent retreat...' (Morgan and Hough, 2007). We have seen similar behaviour in other policy areas, for example in the Home Office's decision to 'roll out' reforms to the youth justice system before the relevant research evidence was published (Williams, 2001). Both the evaluation of pilot YOTs and the pilot referral orders, to name but two, were only made available after the national 'roll out' of YOTs and of referral orders respectively, and YOT staff were therefore unable to learn from the experiences of the pilots when designing their own programmes. (Wilcox 2003). Indeed, Walker (2000) argues that such pilots of policies were never intended to be used to test whether a policy worked, but rather that early results from evaluations were intended to support, post hoc, the decision to roll out such policies nationally.

As Maguire notes, the pervasive problems in implementation and evaluation resulted from a combination of factors including over-ambitious plans, inadequate timescales and unrealistic expectations of both practitioners and researchers (Maguire 2004). In a remarkably frank speech, one of the Home Office officials involved in the Crime Reduction Programme set out a number of reasons for its lack of success including

⁴¹ For example, the Home Office did not decide which team would evaluate the pilot 'satellite tracking' project until a month *after* the pilot project had started.

weak data analysis, a short term focus, the failure to make use of existing research and the unsustainable and narrow focus of many of the programmes (Kershaw, 2003).

We have seen that there is a gap between the government rhetoric on policy making and the reality as represented by recent major criminal justice policies and evaluations. The demands of policy makers for answers 'now' have inevitably led to sacrifices in terms of the principles of rigorous research. Such sacrifices have seriously undermined the evidence base which policy makers claim to desire. As Walker notes:

...while the Labour government is committed to modernising the policy making process, there is no evidence that this means it is prepared to wait until reliable evidence can be produced. (Walker 2000)

We have not looked here at health care policy making, and we do not make the assumption that healthcare is some kind of evidence based utopia. As Black (2001) points out, the impact of evidence on policy depends on the nature of the policy, in particular whether that policy is formulated at the macro, meso or micro level. Research indicated that for overarching strategic policies (macro), for example relating to the organisation of the NHS, that the direct impact of research has been negligible, whereas for (micro) practice policies the impact has been considerable. The reason for this, suggests Black, is that governance policies are more driven by values, ideology, financial considerations, political expediency and public opinion (Black, 2001: 276). However, the focus of our interest is on policy making in criminal justice, and in the following chapter we explore some of the causes of the gap between the rhetoric and reality.

5 OBSTACLES TO EVIDENCE BASED CRIMINAL JUSTICE

Many writers have previously addressed the issue of why policy making sometimes fails to be evidence based/informed, and we draw upon their conclusions as well as on the comments made by the policy makers we interviewed. Some of the factors identified are the concern of the research community, while others are the responsibility of policy makers.

5.1 Quality of the evidence

One reason why research might have little influence on policy is simply that it may be of low quality. Not all research is of equal value, and it is unreasonable to expect policy makers to use evidence that is not of the highest quality. A large review of evidence related to criminal justice was conducted by Sherman and colleagues in the United States (Sherman et al, 1997). Using 'rigorous and scientifically recognized standards and methodologies' they reviewed over 500 impact evaluations'. They found very little to say about 'what works', and this was at least in part due the poor quality of many of the studies they rated.

Most of the studies reviewed by Sherman were conducted in the United States. Is there any reason to believe that there is a higher quality of study in the UK? Research conducted as part of the first author's doctoral thesis (Wilcox, 2005) suggests that, if anything, the 'state of the evidence' is even weaker here. It is important to note that the research focused solely on reconviction studies, which are only one form of evidence, however, they are a key plank in the evidence base as to 'what works'. Fifty four reconviction studies published in the UK between 1999 and 2004 were assessed.

Using a rating scale developed specifically for that task, the vast majority of studies rated were deemed to be of low validity. In other words one could have *no* confidence in their conclusions as to whether the intervention they were evaluating had had an impact on reconviction rates. Just four studies (7%) were considered to have either medium or high validity. To put this another way, only four out of 54 reconviction studies published in the six years beginning 1999 presented conclusions on effectiveness that could be given some credence. Ninety three per cent of these studies were not only worthless (in terms of internal validity) but were potentially highly misleading given the spurious claims that many of them included concerning effectiveness.

A review of what works by the Home Office (Harper and Chitty, 2005) came to a similar conclusion. Of the 30 outcome evaluations they assessed, just over half reached the minimum acceptable standard, and *none* were judged to have been of the highest standard. They commented that:

...evaluations of correctional services interventions have often been based on sub-optimal research designs. This means that the research is incapable of answering the research question...no outcome evaluation reviewed in this report provides unequivocal evidence of 'what works' in corrections. (Harper and Chitty, 2005: 80-1).

For all the rhetoric about the importance of evidence, there is not a great deal of valid evidence out there, and as Nutley notes, the current state of research-based knowledge is insufficient to inform many areas of policy (Nutley, 2003). One cannot, therefore, blame policy makers for turning to other sources than evidence when making policy

decisions. On the other hand, it could be argued that some of the responsibility for the weakness of research lies with those who determine the level and direction of funding.

5.2 Funding

We are not suggesting that the problems noted above regarding the validity of research are solely, or even mainly, due to inadequacy of funding. Thus, simply increasing the amount of funding is no guarantee that the overall *quality* will increase. However, it is instructive to compare funding for health and criminal justice research. The Department of Health states that it aims to help Britain become the 'best place in the world for health research, development and innovation',⁴² and goes on to say that the Department's policies support the Government's ambition to raise the level of research and development (R&D) to 2.5% of GDP by 2014. In support of this aim, the department's budget for health research in 2006/7 was £753m. In addition, the Health Protection Agency had a research budget of £14m.⁴³ The government also provides funding to 'arms length' bodies, such as the medical research council, which in 2006/7 had a budget of £209.9m⁴⁴ and the biotechnology and biological sciences research council whose budget in the same year was £336m. As a conservative estimate, therefore, total government support for health research is at least £1.3bn per year (Davies et al, 2000 estimated it as £1.2bn in 1999).

Although figures are not compiled in such a way that one can establish what is the total level of government spending on criminal justice research, it is clear that it is of a much smaller magnitude. The Home Office's Research Development and Statistics (RDS) Directorate is the largest single source of funding for criminological research in the UK, and is also home to the largest concentration of researchers (85) and statisticians (40) (Morgan and Hough, 2007). The core budget for RDS research into crime and criminal justice research was in the region of £12m per annum from 2000-2006. This does not include funding for research and statistics for initiatives such as the Crime Reduction Programme (which was the largest investment ever made by government in crime prevention), Youth Justice Board projects, or the British Crime Survey (Morgan and Hough, 2007). The amount of funding for these varied between £20.4m (2002/3) to £25.1m (2005/6).⁴⁵ Thus total Home Office funding for research was no greater than £37m per year, and in some years considerably less.

In addition to direct Home Office funding of criminological research, the government provides grants to research councils. One of these, the ESRC is probably the second largest potential funder of criminological research. In 2006 it spent £99.8m on research (ESRC, 2006: 76), spread over 13 broad research priorities, only one or two of which pertain to criminological research. A perusal of research projects which it has funded confirms that criminological research is but a small minority. Thus, even adding in funding from the research councils and from other government departments, it is unlikely that annual government funding for research into crime will have totalled more than £50m; an amount which represents just 4% of the government funding for health research. When one considers the amount of money spent administering the Criminal Justice System (approximately £20bn according to Morgan and Hough, 2007), and the

⁴² See:

http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/ResearchAndDevelopmentAZ/PrioritiesForResearch/fs/en?CONTENT_ID=4069152&chk=81UxOy

⁴³ See: http://www.hpa.org.uk/hpa/publications/research_strategy/research_strategy.pdf. Of this amount, roughly half is from government sources.

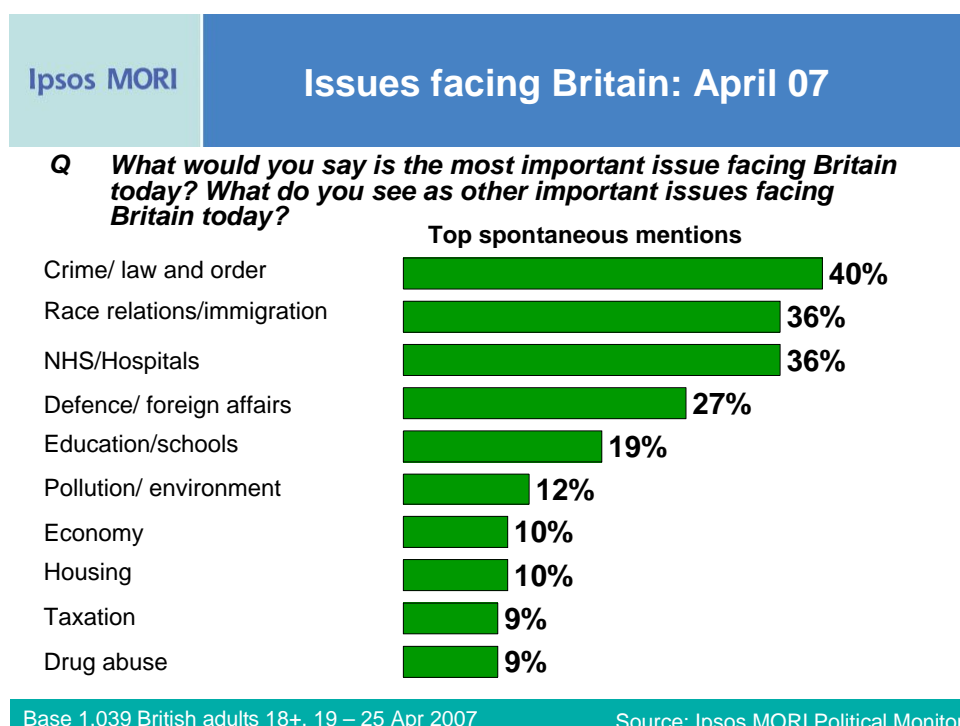
⁴⁴ See: <http://www.mrc.ac.uk/index/funding/funding-available.htm>

⁴⁵ Figures obtained under a freedom of information act request.

considerable associated costs of crime (estimated at £48bn), the total funding for criminal justice research was less than 0.1% of the £60bn total cost (Brand and Price, 2000) of crime to the economy.

There is clearly a mismatch between the amount of government funding for research into crime and the scale of the problem to the economy and to society. This might be understandable if crime were not considered by the public to be a particularly important issue. However, as numerous public opinion surveys confirm, concerns about crime regularly come top or near the top of a list of the public's concerns. As the following figure shows, in a recent MORI survey (Ipsos MORI, 2007) crime and antisocial behaviour was viewed as the most important issue for respondents, ahead of the NHS in third place.

Figure 1 Issues Facing Britain April 2007



The lack of *government* investment in R&D would not necessarily be a problem if the *private* sector was conducting such research on a large scale. In health care, for example, private sector investment in health care research dwarfs that of the government. Much of this funding is provided by pharmaceutical companies which have a commercial interest in developing effective treatments (Fitz-Gibbon, 2000). The R&D budget of Glaxo Smithkline, for example, was over £3bn in 2005⁴⁶, while that of Astra Zeneca was just under £2bn in 2005.⁴⁷ Despite the fact that private companies are heavily involved in the delivery of criminal justice interventions and services (e.g. private prisons) there is no comparable private sector investment in researching the effectiveness of criminal justice interventions. This seems to be a wasted opportunity, and it may be that the government could encourage the private sector to fund more

⁴⁶ See *Glaxo Smithkline Annual Report 2005*, p172. Available online at: <http://www.gsk.com/investors/annual-reports.htm>

⁴⁷ See *Astra Zeneca Annual Report 2005*, p 34. Available online at: <http://www.astrazeneca.com/sites/7/imagebank/typeArticleparam511672/astrazeneca-2005-annual-report.pdf>

research by making it commercially worthwhile for them to do so (in the same way, for example, that drugs companies profit from the drugs whose efficacy they research). For example, service level agreements could be devised which link research into successful outcomes with the licence to deliver them. Such a policy might prove controversial, of course, but would raise no more ethical issues than the privatisation of prisons.

The government therefore needs to consider both the overall scale of funding for criminological research as well as the split between public and private financing. As present, the scale of the available resources is such that even if all the research funded were directly related to relevant policy questions, and of high quality, there would still be considerable gaps in knowledge. As we noted earlier in this section, the government has an aspiration to lift government R&D funding to 2.5% of GDP by 2014. At current levels of GDP (approximately £1000bn) that would equate to around £25bn per annum. If this aspiration is met, there is scope for a significant increase in criminological research funding. The amount of funding is only part of the equation; simply increasing its size without considering how it is targeted is unlikely to reap much benefit. In the following section we look at the types of criminological research that the government funds.

5.3 What is funded?

Given the enormous size of the NHS research budget, it was not feasible within the time available to us to examine and describe the nature of health research spending in any detail. With over £1bn spent annually by the government, the number of individual research projects runs into the thousands. However, one can discern the broad research priorities of the Department of Health from its website, and these include: cancer, mental health, coronary heart disease, ageing and older people, public health, genetics and diabetes. The focus with all of these areas is on rigorous, long term research which helps explain the development of disease and identify how it might be prevented or treated, rather than on answering narrow, short term policy questions. In addition to the research into causes of disease, there is a separate policy research programme⁴⁸ with a budget of £35m p.a. which is dedicated to providing an evidence base for policy making. Thus, there is considerable funding both for developing a general evidence base with regard to healthcare, and also for ensuring that specific policy questions are addressed.

As already noted, the Home Office's criminal justice research budget is much smaller than that of the Department of Health. In order to try to determine the types of research funded, we made a freedom of information act request to the Home Office. Specifically, we asked:

“about the amount of funding made available by the Home Office (specifically the Research Development and Statistics Directorate) for the years 1999-2006 for research into crime and the criminal justice system. The reason I ask is that I would like to know roughly what proportion of total funding for criminological research is directed towards research into the causes of crime (as opposed to say research of a more administrative nature). If it is not possible to categorise the research funding into causes of crime/other, perhaps you could provide me with a brief description of the main areas of

⁴⁸ See:

<http://www.dh.gov.uk/en/Policyandguidance/Researchanddevelopment/Policyresearchprogramme/index.htm> (accessed 20 August 2007).

research funding and specific projects funded along with the amount of funding for each, so that I could make my own assessment.

I understand that RDS undertakes its own research and also commissions external research, so I would be grateful if you could break down the figures by RDS/external,

We received the following response:

“We don’t have trend figures that separate out internal research from statistical collection and analysis. Of the total figure around half of it is external research work including strategic surveys such as the British Crime Survey.

We don’t have separate figures for our internal projects so can’t give you a separate list of the projects covering specifically causes of crime, however a list of all our research reports published, including those on causes of crime can be found on our website at:

<http://www.homeoffice.gov.uk/rds/pubsintro1.html>

From 2001/2 onwards we also have figures available centrally for research and statistics funding that was in addition to the RDS budget including for example the Crime Reduction Programme. These costs were as follows and were mostly external research funds:

2002/3 £20.4 million

2003/4 £26.3 million

2004/5 £25.1 million

2005/6 £23.7 million

From 2005 onwards the RDS teams were embedded in the main Home Office delivery groups with budgets and priorities set by the groups themselves. The Home Office now publishes its science and research forward plans in the Science and Innovation strategy. A web link to the latest version is attached”

It is interesting, and somewhat concerning, that despite spending tens of millions of pounds on criminological research, the Home Office does not appear to be able to determine how much of its research budget is spent on investigating the causes of crime. The respondent suggested that the only way one could establish how much research was concerned with the causes of crime would be to look at the list of recently published material on their website. We did this, and the results are given in appendix two, which lists all Home Office publications from the beginning of the year 2007 to the time of writing (June 2007). As can be seen, there were thirty-six separate publications listed (one of which was subsequently withdrawn).

It should be noted that those publications listed on the website do not necessarily comprise the totality of research commissioned or conducted by RDS. There may be some research projects which were not completed, or which did not result in publications (for example because they were judged to be of poor quality) or which were published elsewhere. However, they do provide an indication of the different types of research which the Home Office funds. In table 3 the research projects have been categorised according to the type of research they represented:

Table 3 Category and subtype of Home Office research published January-June 2007

Broad type of research	Subtype/topic	No. of studies
Statistical / descriptive	Crime trends	6
	Prison population	4
	Asylum/citizenship	3
	Other ⁴⁹	6
Evaluative	Programme evaluation ⁵⁰	5
	Causes of crime ⁵¹	3
Review	Good practice review	2
	Literature review ⁵²	3
Other	Report from race monitor	1
	Discretion and immigration officers	1
	Use of GIS	1
Total		35

Although covering just one six month period of published studies, this categorisation provides a proxy for the research priorities of the Home Office. As can be seen, by far the largest category of research output relates to statistical/descriptive studies, including the size of the prison population, asylum figures and crime levels. These studies tell us nothing about the causes of crime, or what to do about it, they are essentially management statistics, detailing rather crude 'outputs' of the system, for example the number of asylum applications and removals. To return to the healthcare comparison, one can imagine that there might be some public (and professional) alarm if it was discovered that one third of the NHS R&D budget were spend on management statistics.

Many of the studies in the crime subcategory relate to outputs from the British Crime Survey (BCS), which as one interviewee noted took up a disproportionate amount of the Home Office's research budget. These studies tell us more about what the public *thinks* about issues such as crime, rather than what to *do* about them. The financial commitment to the BCS had the effect of squeezing out other, potentially more policy-relevant, research:

There isn't very much money around, we have got money tied up in things like the British Crime Survey which we're chained to for life, and is expensive, so there isn't a lot of room to say I want to commission lots of, by the time we've paid for the BCS and evaluated our programmes which we must evaluate, you know the four of five major things, and then done some quick and dirty projects, that's it, that's the end of the research budget. CJ2.

Evaluative studies comprised the second largest category of publications. Of these, five could be described as evaluations of programmes, including drug interventions and bail pilots. Such evaluations are of the classic 'what works' variety, which seek to establish whether (usually) standardised programmes reduce the level of offenders' subsequent rate of convictions. What studies of this nature do not address is the 'why' of involvement in crime. Included amongst the other publications were literature and practice reviews and one off reports on issues such as the use of GIS. The main finding

⁴⁹ Includes statistics on firearms, mentally disordered offenders, police service strength, reoffending of adults, mobile phone fraud and sentencing.

⁵⁰ Includes evaluations of the restriction on bail pilot, community engagement, drug interventions programme pilots, and prolific and other priority offender programme (two).

⁵¹ Includes offenders' perceptions of their problems, and resilience of drug use (two).

⁵² Includes reviews of mentoring, drug use and trafficking.

from this categorisation of research is that there were just three studies (out of the total of 35) that could be described as exploring reasons for involvement in or desistance from crime. In other words, there were just three studies published which might aid policy makers' understanding of the nature of the problem and how to address it.⁵³

What this limited analysis has demonstrated is that not only is the overall budget for research into crime disproportionately small in relation to the scale of the problem, but that most research effort is expended on topics which are unlikely to contribute to the evidence base that policy makers need. This is a problem which has been noted before. For example, Morgan and Hough (2007) have described the focus of much Home Office funded research as short termist, narrowly focused, atheoretical fact-gathering (Morgan and Hough 2007).

5.4 Timescale

It takes time to conduct research properly and to resolve debates over differences in findings. It has been argued that in order properly to assess *how* policies and programmes are working and to learn from experience and evidence, a timeframe of up to 10 years is needed (Sabatier, 1986). This does not fit easily with a policy-making timetable, which cannot be suspended whilst the policy community catches up.

As Tilley notes, the demands of the electoral cycle and public opinion mean that no government can suspend the formulation of policies on crime, education or health, pending the conclusions of long-term research (Tilley, 2001). The much shorter timescales generally available to those evaluating policies means that it is often not possible to investigate their wider consequences and the focus is instead on issues of implementation (Sanderson, 2000). The kind of research which typically fits into the short term policy cycle is inevitably a long way from the sort of evidence that probes the causes of crime and assesses the long term impacts of public policy (Morgan and Hough, 2007).

The truncated timescales for research favoured by policy makers or politicians can be detrimental to social scientific rigour (Sanderson 2000). There is, for example, a well documented tendency for pilot projects to take longer than expected to 'get off the ground' (e.g. Marshall and Merry 1990; Bullock et al 2000). This can result in evaluators being forced to concentrate on examples of 'best practice' rather than on the long term outcomes of policies. This was clearly a problem in the evaluation described by Wilcox (2003), and it appears little has changed since. At the time of writing (August 2007), the three most recent invitations to tender received by the Applied Criminology Centre related to projects of 12 months duration or less. As one interviewee commented 'premature evaluation in my view is stupid. But it's everywhere, the Home Office gives you a hundred grand and it's got to be done this year' (Interview 24 A).

The world which policy makers inhabit is full of urgency, and there is pressure to be seen to do something quickly often in the face of media or public opinion. As Wikstrom (2006) notes, this means policy making may be too reactive and increases the risks of taking the wrong decision by focusing on short term problems rather than taking a longer term view. This was a problem recognised by two of our interviewees:

⁵³ Given the implicit research priorities identified above, it might be more accurate to rename the Research, Development and Statistics Directorate as the Statistics, Development and Research Directorate.

How compatible it is to have an essentially politically driven department and sensible research? I don't see how those two things can go together. Because we are always going to want something on a stupid timescale with a kind of an angle and we are always going to want to know before the end of the project and we're always going to be worried if it's not coming out with the right answer. CJ1.

I was involved in several arguments with [my predecessor], who said yes, I believe in evidence based policy but, there's all singing and dancing evidence and there's quick and dirty evidence. He's right in that respect. If you're in our position and you're having to work your way in the interstices of the constraints, you'll need a variety of evidence to try to guide you to what is plausible. CJ4.

It is important to note that this was not a problem that affected all of the organisations we have examined. In NICE and HMPS, and, to a lesser extent, the Scottish Executive, the speed of the policy making process was less of an issue.

5.5 Role of researchers

A number of writers, and interviewees, suggested that the gulf between the worlds of research and policy were one obstacle to evidence based policy making. Many policy makers complained that there was insufficient dialogue between themselves and researchers, with the consequence that neither side really knew what the other wanted:

There needs to be much more dialogue between the policy makers and the academics. I think there is a mistaken view, particularly amongst the left wing inclined academics that to have any sort of dialogue with the system is somehow to sell out, to prostitute yourself, and then there are lots of other academics who due to the pressures of teaching and administration just don't have time to do it. And the Home Office, despite all the rhetoric about openness is still bloody secretive about things and should be much more open. CJ4.

A number of policy makers pointed out that they had very little time for reading, and that when they did they found traditional academic prose off putting:

Policy makers, particularly in a fast moving political area like crime, you don't have huge amounts of time to start delving through dense research. CJ5.

I don't have time to read anything...so sending me 40 pages of dense text is [pointless] CJ1.

It's all very well saying, oh I've got my article in the BJC, just go and read it, and when you get to it, you think I read all day, I'm fairly intelligent, and I find it really difficult to get through. CJ2.

What policy makers found frustrating was that they knew researchers held some of the answers to questions of policy importance, but these findings were either not disseminated in such a way as to reach them, or were written in impenetrable language. The issue of dissemination was seen as vital. Policy makers commented that some academics seemed to think that writing up a lengthy research report or publishing in an academic journal was the end of the research process. However, those researchers which policy makers saw as influential were those who were willing to take the process

one step further, and disseminate their research in different ways for different audiences, and to use the media to get their findings more widely circulated.

Even where research was accessible and comprehensible, it was often seen not to address the questions which policy makers wanted answering, or failed to suggest what to do next (as it can be difficult for policy makers to see the policy or practical relevance of researchers' work). This was not a problem unique to criminal justice, as one healthcare interviewee commented:

I'll give you a very specific example that arises from that piece of work [drug misuse] about young people in care. The evidence on that is nowhere, it doesn't exist, other than the appalling statistics that show the best predictor of someone becoming a high level hardened drug misuser is being in care. Now that's what all the epidemiological or criminological data shows, but you go away and try to find the studies which show *why* that happens, *how* it happens, you'll find it barren. So curiously, the most important part of the problem is under-researched. So that's a good example of the problem we hit in all of this work which is to say that, although there are databases full of research, research which actually answers the key policy questions or guidance questions, is very limited indeed. H4.

One policy maker put this down to 'Anglo Saxon disdain' for research which is practical or utilitarian. Such a criticism only holds, of course, where researchers are in control of what they research. In many instances, for example when bidding for Home Office funding, they are not. The policy maker quoted above laid the blame at the door of the main funding bodies in healthcare:

Our mechanisms for generating and funding research in this country, but it repeats itself elsewhere, because I'm talking about a world literature, not an English or British literature, does not generate the kind of information that by and large policy makers need. It generates a lot of other stuff, it generates questions that are of interest to academics which work the RAE very effectively, but in terms of giving the government or people like us good information that can make our job easy. H4.

Finally, on a more practical note, policy makers called for commissioned research to be delivered on time, and to avoid bringing their own viewpoint to their research. As one commented 'I sometimes worry that researchers will start off knowing the answer to the question, and that threatens the impartiality of their research' (CJ6).

5.6 Cognitive biases to accepting evidence

Policy making is about people, and their foibles and weaknesses. Even when policy makers are presented with relevant, valid evidence they sometimes make less than optimal decisions. In trying to understand why this occurs it useful to draw upon the concept of cognitive biases.⁵⁴

Cognitive biases arise from the limitations of individuals' information processing strategies. Decision making (and policy making is a form of decision making) is often

⁵⁴ Ross and colleagues (1977) also discuss motivational biases, in which individuals tend to hold pre-existing beliefs and ways of thinking, even in the face of contrary evidence. The existence of tactical and political models of policy making are examples of motivational biases at work.

characterised by the use of mental shortcuts (heuristics) which can prove useful in certain situations, but can also lead to make sub optimal decisions (Webb, 2001). Among the cognitive biases which serve to limit individual and organisational rationality are peoples' unconscious skills and reflexes, values and cultural conceptions and limits to the ability to compare options, assess multiple research findings or identify the right solution (Stone with Maxwell and Keating, 2001:5).

One of the key cognitive biases is the phenomenon of 'information overload', which helps to explain the failure of policy makers to make the most effective use of the 'evidence'. Information overload occurs as a consequence of the mismatch between the ability of the human brain to process knowledge, and the ever increasing amount of information received. Information overload may affect both individual decision makers, as well as organisations. The internet, while simplifying the process of retrieving information, also exacerbates the problem of information overload. It is estimated that over seven million pages of content are added to the web every day, and the internet has increased the diversity of information available (Hall and Walton, 2004). Even if one considers traditional academic publications, such as journals or books, there has been an exponential increase in volume. In medicine, for example, it is estimated that more than one million randomised controlled trials have been conducted since the first one in 1954 (Taubes, 1996). The information available to policy makers in the area of crime prevention is also considerable. A search of just one well known search engine⁵⁵ generated 29,900 'hits' for the term 'crime prevention'. Faced with such volumes and varieties of information, the evidence 'out there' risks becoming a hindrance rather than an aid to effective policy making. This was a problem noted by one interviewee:

Well, in an information age there's no one channel anymore, there used to be, journals and papers, I mean that's still there, but these days there's a baffling array of channels, the question is are you accessing the right ones, are you accessing the wrong ones, how then do you actually sort and sift this information CJ3.

Information overload is just one of the many factors underlying the complexity of decision making. There has been much interest, particularly in the psychological literature, regarding the nature of policy makers' decision making and the various cognitive biases which influence the way they react to evidence. Das and Sheng (1999) identify five key types of cognitive bias. Firstly, research has shown that decision makers tend to bring with them to the decision making process their personal beliefs or hypotheses. This has the effect that contradictory evidence may be overlooked or dismissed – one might see recent governments' commitment to increasing the prison population as one example of this bias in operation.

Secondly, the existence of performance targets tends to lead to a narrow focus on these objectives, to the exclusion of wider concerns, which may be of more import. For example, the decision to set targets for police forces to recruit a certain proportion of ethnic minority officers, does not in itself address the underlying problem of police accountability. The effect of these two biases is to limit and distort decision makers' perception of the environment and problem at hand (Das and Sheng, 1999).

The exposure to limited alternatives is the third bias highlighted by Das and Sheng. As noted above, there is a plethora of information sources potentially available. In practice, however, decision makers tend to rely on a limited number of sources of data, either through choice, or because the information has already been 'filtered' by civil servants, focus groups, or political advisors, before it reaches them. Rather than rationally

⁵⁵ <http://scholar.google.com/>

considering the totality of policy options, decision makers tend to apply intuition in considering the limited range of options to which they are exposed Schwenk (1984).

A fourth bias concerns the insensitivity of decision makers to probabilities. On the whole, their understanding and acceptance of outcome probabilities is limited (as few have training in statistics and research methods), and as a consequence they tend to be influenced more by the size of potential benefit of a policy, than by its probability of success. The lack of trust in statistics means that research relating to similar situations in the past is dismissed (Tversky and Kahneman, 1974).

Finally, Das and Cheng (1999) cite the bias of the illusion of manageability. This bias can result in decision makers over-estimating the probability of success of a policy, resulting in (an unwarranted) feeling of control. Alternatively, they may assume that the consequences of policies are manageable and that they are able to influence events even after the decision has been made.

We have seen that there are numerous biases inherent in decision making. What does all this tell us about the policy making process? Most importantly it should make us aware that the reality of policy making is unlikely to conform to the scientifically rigorous model which is often described in the literature. The fact is that the study of human and social systems generates evidence which is complex, sometimes contradictory and which may seem at times to suggest that the social system is largely unpredictable. Faced with this, it is understandable that policy makers will sometimes base their decisions not only on supposedly rigorous empirical evidence, but also on their own subjective intuitive judgements (Bostrom and Ord, 2006). An awareness of the multi-faceted nature of policy making and the various biases decision makers are subject to, is important to researchers, as this may suggest ways in which evidence can be presented, filtered or disseminated in order to increase its impact on the process.

6 BUILDING PATHWAYS INTO POLICY

We have explored in some detail, in the previous two chapters, the factors behind the failure of policy makers in criminal justice, always to pursue an evidence based, or even evidence informed, approach. The solutions are often implicit in the problems identified, and in this chapter we draw out the lessons for policy makers and researchers.

6.1 Level and direction of funding

The overall level of funding for criminological research represents just one tenth of one per cent of the cost of crime to society. Research and development funding in many other areas of government is far higher than this. As noted earlier, the government has expressed a commitment to raise R&D funding across government as a whole to 2.5% of GDP. This presents an opportunity to consider whether the resources dedicated to finding out more about the causes of crime and its prevention are adequate. Achieving a match between the *level* of resources and the *scale* of the problem is just as important when funding research, as it is when delivering policy. For example, it would be unrealistic to expect that a modest youth action programme targeting 10 young people at risk of offending in a deprived inner-city ward alone is going to make a statistically significant difference to the inner city's crime rate or even to that of the ward. Equally, it is unrealistic to think that spending £26m a year on criminal justice research is going to deliver significant increases in the evidence base.

Two of the policy makers we interviewed pointed out that their organisations had had to reduce their (already modest) research budgets in order to cover increases in operational costs. For any organisation involved in criminal justice policy, there is a strong case to be made that they should have adequate research resources to address the main policy issues they face. As one commented:

It would be helpful for there to be wider acceptance that any decent outfit needs to maintain...its knowledge base and improve its knowledge base CJ8.

To the extent that there is an inadequate supply of policy relevant research, the solution lies in capacity building. The government therefore needs to give consideration to the level of resources it makes available to those seeking to provide an evidence base for criminal justice research. We are not suggesting that criminal justice research funding should attempt to match that of healthcare, for example, but the current level of resources means that many policy areas remain under-researched, leaving policy makers with little option but to make policy on the basis of other criteria. An increase in R&D funding equivalent to just 0.5% of the cost of crime to the economy would go a long way to providing a more solid base for policy.

Much of the government's current expenditure on criminological research is misdirected (at least in terms of its ability to inform effective criminal justice policy). Only a small proportion of research funding is spent on research which attempts to answer such fundamental questions as why do people become involved in crime, what helps people who have embarked on a criminal career to desist, or whether it is more effective to target policies at individual level or societal causes of crime. The focus of much Home Office research has been on situational crime prevention factors rather than on the structural and social factors underlying the problem of crime (Wikstrom, 2006). There has been no criminal justice equivalent to the process by which 'the investigation of the symptoms and causes of disease' (Hargreaves, 2000:220) leads to the development and application of therapeutic interventions which bridge the gap

between the basic sciences and the practitioner. In other words, most criminal justice research is not producing the 'cures' which practitioners and public alike require.

Even without a significant increase in overall funding, the value of criminological research to policy makers could be increased by focusing less on management statistics or 'user satisfaction' surveys, and more on primary research which aims to extend our knowledge base in this complex area. When asked what types of research they found useful, two of the policy makers we interviewed spontaneously mentioned the type of research being conducted as part of scopic, or the Edinburgh longitudinal study.⁵⁶ As one commented:

There's no way we could have the money to do the sorts of major studies which I think very important, which bodies like the ESRC should be funding...the Peterborough study and subsequent [scopic] study...and the David Smith Edinburgh Youth cohort transitions study, these major studies are hugely important in informing both what we do and what we argue in terms of broad relationships and the relationship between the outcomes that result from criminal justice interventions and other issues like mental health education etc. CJ4.

It is time for the Home Office and other organisations to rethink their research priorities. Putting greater emphasis on exploratory, knowledge building research may mean that funding for existing projects such as the British Crime Survey need to be reduced. Of course, part of the explanation for the short term, 'atheoretical' focus of much government funded research is due to the fact that funding is inextricably linked to politics. This is a problem of structure and one we come on to next.

6.2 National Institute for Criminal Justice Excellence

The structures for providing funding for research are partly the cause of its failure. The Home Office is both the main source of criminal justice policy and of funding for criminological research. It commissions both in house and external research, and exerts considerable control over both. External researchers have long noted the political interference in the research process, citing examples of pressure to re-write results, delays in publication or even failure to publish at all (e.g. Maguire, 2004; Gadd, 2004). The Home Office's own researchers are embedded in the main policy directorates, which means that their work is inevitably directed towards political objectives (Morgan and Hough, 2007). In a fast changing political environment where ministers feel the need to be seen to be doing something and reacting to events, it is not surprising that the research focus is on short term fixes rather than long term solutions (Wikstrom, 2006).

One solution to this problem has been suggested by Roger Hood (2002) who called for the creation of a Criminological Research Council, which would allow decisions on funding to be de-politicised and for research to be more focused on questions of utility. We do not think this goes far enough. One of the aims of this research was to investigate policy making in health to see if any lessons could be learned. What we concluded is that the single most important difference between the two sectors was the creation, in NICE, of an independent body charged with delivering evidence based guidance direct to practitioners. One of the decision makers in NICE believed that its place, equidistant from policy makers and researchers, was a key benefit:

⁵⁶ See: <http://www.law.ed.ac.uk/cls/esytc/>

One of the virtues of having an organisation like NICE is that we have an interface, we work with both groups, we understand the researchers' priorities and concerns but we also understand the policy makers and the DOH. H1.

The establishment of a similar organisation in criminal justice (which could be called NICJE)⁵⁷, would, we believe, bring important benefits to policy makers and practitioners. Policy makers, as is the case with NICE, would still have an input into *which* policy questions are to be researched, although they would lose their monopoly over such decisions and share their input with stakeholders such as practitioner groups and the public. Thus policy makers would still be able to decide that 'something needs to be done' about juvenile drug use, for example, in much the same way that the Department of Health decides something needs to be done about obesity. However, the mechanisms by which this would be achieved, the 'how', would be left to NICJE to research.

The creation of NICJE would allow ministers to concentrate on 'big issue' policies, for example the role of community penalties or involvement of the private sector in corrections, while allowing supporting meso and micro level policies to be developed on an evidence footing. NICE has a finely developed process for ensuring that its guidance is evidence based. This includes using rigorous evidence searching techniques, assessing methodological rigour and exposing draft guidance to comments from experts, academics, patient groups and the general public. There is no reason why NICJE could not operate in a similar way. Practitioners, and the public at large, would benefit, from being assured that penal policies were developed in such a way as to ensure they were based on the best available evidence of effectiveness. One problem such an organisation would face in the short term is the relative paucity of evidence compared to healthcare. One of NICJE's functions would therefore need to be the commissioning of new research to help fill the many gaps. While one cannot (and should not) take the politics out of policy, the creation of NICJE would help to take the politics out of research.

A further potential advantage of a quasi-independent organisation such as NICJE, is that it could minimise the worst excesses of inadequate timescales for research noted in the previous chapter. There was a particular pressure in the Home Office to get things done quickly and to react to breaking developments, which meant that a considered evaluation of the evidence was not always possible. It is notable that some of the other organisations did not face this problem, or at least not to the same extent. ACPO, HMPS, the Scottish Executive and NICE were all organisations in which policy makers faced less time pressure. In the Scottish Executive this was due partly to the fact that much of the substance of criminal justice policy was set out in advance by parties' manifestos, allowing at least a two year period between parliaments for these to be evaluated, while in HMPS the policy direction was largely set out in its five year plans:

[Policy making is] best done by not flip flopping around actually, because the best approach to that is to have a fairly solid approach to what's the right way to do this and to try to stick to things, because nothing annoys operational staff or disillusiones them more than telling them you've found the answer and every three months changing the answer. So we've been trying to plough a very steady path actually, in which we've had broadly the same five year strategy, which sets out our priorities for the last five years, now we've tacked a bit, public protection is a bit higher up the list of priorities, a response to a

⁵⁷ National Institute for Criminal Justice Evidence.

more risk averse world, but apart from nuances, the essence of it hasn't changed CJ8.

In NICE, policy makers would be given a timescale ranging from 6 months to two years, from starting a project to producing recommendations. It was notable that the timescale was dependent on the nature and complexity of the problem, rather than on how quickly ministers wanted the answers. If NICJE were to be set up, then a similar process could be adopted. That is not to say, of course, that for every policy topic, that sufficient evidence to answer it could be reviewed and assessed within a fixed timescale of say 12 months. There will always be areas where the evidence is so vast or complex that ideally one would want to devote years to the task. However, as policy makers within NICE argued, it is sometimes better to get 'good enough' guidance out there quickly, than to wait years for the best possible guidance:

So the pure evidence basists would argue we've compromised our ability to issue good guidance and therefore policy for timeliness. My argument has always been that timeliness is a component of quality. And it's not just well, you can have something really good and long or something really bad and quick, because timeliness is crucial. If you have got a significant public health policy issue, then it may be better to get things in place quicker. H1.

This is likely to be even more of an issue in criminal justice, where research will not always provide definitive answers, especially when the questions are about what works in tackling crime. As Nutley notes, much of the existing evidence of 'what works' is provisional, sometimes contradictory and highly context dependent (Nutley, 2003). That is not to say that policies should not be formulated. It is arguably better to make some decision on the basis of the incomplete evidence one has, than to make no decision at all.

We have argued that the creation of a NICJE would deliver many advantages to policy makers and the public alike. However, it (like NICE), would be dependent on politicians to set its agenda and would not have the freedom to pursue topics which might be of greater public benefit. For example, it was argued by one of our interviewees, that the prescription of heroin to addicts would be more effective than the current policy of simply arresting drug users. Such a topic would, however, be unlikely to be referred to NICJE for fear of the public's reaction. This suggests that in addition to an organisation such as NICJE, there is a need for an independent research and policy organisation along the lines of the Brookings Institute in the United States. Brookings is a private, charitable foundation which conducts independent research and produces policy recommendations. It is not limited to criminal justice, but produces analysis on the full range of public policy areas. It describes itself as a non-partisan organisation which has the goal of contributing to, and advancing, public debate.⁵⁸ An organisation which is able to address areas of public policy without political interference and produce authoritative research should prove a useful complement to NICJE, and help stimulate public debate around policies which the government might be unwilling to address. Such an organisation would, of course, have to be independently funded, for example by means of endowments, support from charitable organisations, business and private individuals.

⁵⁸ See: <http://www.brookings.edu/index/about.htm>

6.3 Evidence masters

As we noted earlier, no matter what researchers do, poor quality evidence will not, and should not, influence policy. To the extent that factors affecting research quality are in researchers' hands, they have to ensure that their research is conducted to the highest standard. The issue of research quality has been covered in some detail in our first report (Framework for Deriving Policy Implications from Research) and in it we discuss key features of methodological quality in relation to quantitative and qualitative research. Factors such as appropriateness of research design, sampling and recruitment, attrition, analysis, reflexivity and clarity are some of the indicators of methodological rigour. It is particularly important for researchers to consider the potential threats to validity that their research faces, and explain how these have been addressed. The quality of research is an area which policy makers are increasingly paying attention to, and we have seen for example the requirement for researchers working for the Home Office or YJB to adhere to certain minimum standards.

In the light of the reasons identified in the previous chapter for the imperfect state of the research-policy relationship, it is possible to identify a number of practical steps which researchers can take in order to increase influence of research on policy, some of which have been proposed by others (e.g. Tilley and Laycock 2000; Stone with Maxwell and Keating, 2001).

One theme that emerged from our interviews and the literature was the importance of *anticipation*, and this had two strands. In the first, it was argued that researchers needed to become better at anticipating policy makers' needs for research. Two interviewees pointed out that the traditional model, whereby policy makers typically sought out research *after* the start of the policy process, was less than satisfactory, as it sometimes became apparent that there was little or no existing research and no time to commission any new research. One of the interviewees described how researchers within the organisation had adopted a more anticipatory approach:

What our research secretariat here have been doing is to try to work with policy makers to anticipate to the extent that they can the sorts of areas that might be big and they go as far as sometimes commissioning research which policy makers at the time are saying we're not really looking at that at the moment, and they're saying yeah but we think this is something you will have a need for, maybe not today, maybe not tomorrow but soon, sort of approach. CJ5.

While this might be easier for 'embedded' researchers to do, there is no reason why independent researchers should not attempt some type of 'horizon scanning', for example by considering whether there are trends in their area of interest (e.g. rising levels of gun crime) which might indicate an emerging policy interest. To be on hand with a developed research proposal, or even better a completed research project, when the issue becomes a 'pinch point' for policy makers, is to greatly increase one's chances of contributing to the policy debate.

The second use of anticipation concerns the way in which researchers present and position their research. It has been argued that researchers often lack an understanding of the policy process, and thus are unable to exploit the potential of their research (Stone with Maxwell and Keating, 2001). The findings of a research study do not speak for themselves; they are open to interpretation and debate. It is important, if the research is to help inform the debate that researchers anticipate the objections to the conclusions of their research. This involves the researcher studying the policy process and thinking of what policy makers' values and beliefs are, as it undoubtedly helps if

there is some match between the theoretical basis of the research and the ideology of the guardians of the gateways. As Tizard argues, 'these guardians have to *want* the findings to be true' (Tizard, 1990: 439). A greater awareness of the policy process will also enable researchers to take account of the many other pressures policy makers face and which influence their decisions. We have mentioned many of these elsewhere in this report, and it is worth discussing how some of these might be countered.

Firstly, no policy exists in a vacuum; it is hard to think of any policy area for which there is no existing provision. What is 'out there' already is a key starting point for policy makers, and any research which implies a major alteration in the use of or distribution of human, physical or organisational resources will likely face some opposition. Researchers therefore need to state why existing practice should change and in what way. Changes to practice may also impact upon costs, another of policy makers' concerns. If the implementation costs are likely to be significant then a research paper that acknowledges this and that makes some suggestions for saving elsewhere, will be more influential. Thirdly, many policy decisions, especially in criminal justice, are taken in a political context, and it is only rarely that research which contradicts the prevailing political zeitgeist which will result in a change of policy. For example, research which indicated that prevention was more successful than crime control would imply a reduced role for courts and prisons, and likely face opposition from those quarters, as well as from the media. Changes or developments in policies need to take account of how the results might be perceived and reported by the media. For example, the finding that it is more effective to arrest employed domestic violence offenders than unemployed ones might not be reported favourably in the tabloid press. Thus, the more that researchers can understand the other influences on policy, the more they can position their research to influence it.

We have noted in section 4.3 that research findings may be misinterpreted or misquoted by funding bodies or government departments for reasons such as political expediency. Researchers leave themselves open to such misrepresentation when they simply produce a lengthy research report or academic article, and leave its interpretation to others. There are a number of strategies that researchers can adopt to overcome this. Firstly, the user-friendliness of the main research report can be increased through use of appendices or annexes to maintain the flow of text in the main body, case studies, examples of best practice, executive summaries and a brief statement of what the research implies should be done. While some researchers may be uncomfortable with providing policy implications, if they do not, then someone with less expertise than they have will do so. It is worth reiterating the point made by our interviewees that a decision will be taken either way; it is surely better that it is taken in light of the advice of the guidance of the person who conducted the research.

Secondly, it is more difficult to misrepresent research if the findings are re-contextualised by the author for the various stakeholders in a particular policy, such as academics, policy makers, the media and practitioners. Any one research study may generate useful evidence about a variety of questions including the scale of the problem, trends over time, causes, what has been tried before, what works and theories of change, and these in turn may lead to a range of outputs tailored to individual audiences and different points in the policy process (Nutley, 2003). The following table presents a number of possible outputs for the various targets of policy relevant research, although the list is far from conclusive.

Table 4 Audiences and outputs for research

Audience	Possible outputs
Academics	Peer reviewed journals Book chapters Academic conferences
Policy makers	Research summaries Briefing papers Research seminars
Public/media	Newspaper articles Radio interviews Television appearances (e.g. as expert commentator on gun crime)
Practitioners	Practitioner-oriented journals (e.g. Probation journal) Research summaries in service bulletins (e.g. Youth Justice News) Research seminars/training days

The policy makers we interviewed were keen for researchers to pursue this route, and move beyond the traditional confines of academic publications, as illustrated by the following two quotes:

You have to produce different products for different audiences, and good academics do that, and they don't regard it as demeaning. Most politicians aren't going to read more than 2 sides of A4 on anything, some academics need to learn that and be a bit more cooperative about doing it. CJ4.

There's a paper by Petticrew and others on the policy making process, they note that on average, by the time an official gets to talk to a minister about a policy issue, they've got about 25 seconds to get that idea across. Now that 25s has got to embrace perhaps 10 years of research and where there's a real problem is translation, translation from the academic journal to the briefing paper to the policy paper to the 25s, and that's, we don't have the same people doing it. H4.

As one interviewee commented, to have a productive relationship with policy makers, academics need to be 'evidence masters'; that is to say, it is not enough to publish and hope one's ideas will percolate; success involves presentation, networks, timeliness, language and 'being in the right place at the right time'. This is what distinguishes academics from what one interviewee described as 'evidence masters'.⁵⁹

I went to a presentation by [name] who is a clinical psychologist, and he gave a fantastic presentation about some of the evidence he'd been collecting on the effectiveness of parenting programmes, and it's about two years later that policy was in such a place that it could start to consider some of the evidence and we kind of went [name], of course, and I think that's a classic example of, not only was it influenced by the fact that his research is fantastic and good quality...but also influenced by the fact that some people had seen him speak, he's a fantastic speaker, he's fluent, speaks coherently in a language which policy makers can understand and that non clinical psychologists can understand...I really do believe that there's a handful of academics, or evidence masters that can do that. CJ2.

⁵⁹ Stone (2002) describes something similar when he talks about 'policy entrepreneurs' – people who can interpret and communicate academic research. Such people need not, of course, be researchers themselves.

Whilst the production of different outputs may increase the researcher's chances of influencing policy and practice, such 'salami slicing' tends to be frowned on in academic circles. In the latest RAE exercise, for example, staff at the authors' university were exhorted to demonstrate the policy and practice relevance of their work, yet at the same time were discouraged from 'salami slicing'. This suggests that there is a mismatch between the expectations of universities and academia generally and the desiderata of effective policy engagement.

Earlier in the report we made a distinction between the different levels of policy making, from micro to macro. Research, too, is conducted at varying levels of impact, and a question that researchers should consider is to what level of policy are their research findings most relevant or potentially influential. For example, research into the effectiveness of an anger management treatment programme based in one prison, is unlikely to have much bearing on the government's overall policy for reducing violent crime. If one wants one's research to contribute to policy, it is important to identify which level of policy it is most suited to. This will help determine which policy makers would be most appropriate to contact with the research findings for example.

6.4 Evidence – access and review

We discussed in the previous chapter the problem that policy makers face in trying to access and make sense of the often immense amount of evidence that is available. The ability to pursue an evidence-based approach is evidently hindered if policy makers are unaware of the existence of policy relevant research, or when aware, lack access to it (Stone with Maxwell and Keating, 2001). Decision makers have limited time and resources and faced with incomplete evidence or overwhelming amounts of information may be prone to cognitive biases such as dismissing contradictory evidence or deliberately focusing on limited sources of information.

In some organisations it appeared that the process by which policy makers receive and assimilate evidence was haphazard according to the descriptions given by interviewees, as the following quotes illustrate:

I think there is something about how it is presented, and the access that I have to it...what are the 40 things and where are they up to, and if I wanted to find out about them who would I phone. That I don't have at all. CJ2.

I don't get research presented to me routinely at all, so I don't have somebody from the Home Office or anywhere who comes and says the interesting ideas this month are, or facts are, so I don't get any kind of digest, although that would be quite useful thinking about it. I get lots of sort of service magazines, quarterly, monthly, which I don't have time to read, I occasionally go to conferences, probably four or five times a year, but people do send me things directly, email me, which I sometimes have time to read, and sometimes don't. CJ1.

Whilst it is unfortunate from the policy maker's point of view that there does not always exist a more sophisticated method for sifting the evidence, this very informality of process provides opportunities for the researcher armed with that knowledge. Firstly, the researcher needs to identify the policy maker responsible for their area of interest, for example through the organisational chart, or direct enquiry. In small organisations there may only be one person involved; in larger organisations such as the Home Office, there may be several. As we noted above, anticipation is not just about anticipating what research might be needed in the future, but anticipating *when* a policy

maker is likely to be particularly interested in a specific issue – the latest developments in the media are likely to provide a guide to this (at time of writing, gun and knife crime would be obvious candidates). Knowing, who, what and when, the researcher can then target the relevant policy maker with relevant research when they are more likely to be responsive, bearing in mind policy makers' key requirements of research that it be brief and suggest practical implications. In these circumstances, an email of research findings, or an invitation to a brief research seminar may result in the research being given greater consideration than if it had simply been published in an academic journal.

A second theme to emerge from the analysis of the relationship between research and policy is that the collation, assessment and review of evidence is increasingly important as a bridge between the two worlds (Hammersley, 2005). This is because a single research project, no matter how well rigorously conducted and widely disseminated, is unlikely to make a significant impact on its own. Single studies are usually limited by the location, time, sample, and context within which they were located, which restricts their applicability and utility in other contexts (Davies, 2000: 366). Policy shifts rest on the *accumulation* of evidence; evidence that has to be weighed (Black, 2001).

Just as randomised controlled trials are held to be the gold standard in determining causality, so systematic reviews are seen as the most rigorous method of assessing evidence. The systematic review has its origins in evidence based medicine, and involves a thorough search of the (published and 'grey') literature using predefined search terms, the use of defensible inclusion/exclusion criteria and an assessment of the quality of the studies before a synthesis of their results is formed. Although synonymous with evidence based medicine, there is no fundamental reason why it cannot be used in the field of criminal justice research. There are of course differences – criminological research tends to be far less experimental than much medical research and there is more fragmentation in social science publishing, which makes the 'grey' literature in particular, difficult to access and search. However, such problems are not insurmountable. NICE took over the remit for public health in 2004, and faced these very same issues, but were able to apply the same rigorous process to their reviews of public health research as they were to pharmaceutical research. Although the nature of the evidence may differ, it can still be rated. Assessment criteria have been developed by the EPPI-centre, for example, for application to qualitative studies (Rees et al, 2001). Indeed, NICE includes high quality qualitative studies to provide evidence on the experiences and perspectives of those affected by their guidance to be fed into the policy process. There is, however, need for further debate if a consensus is to emerge as to exactly what constitutes robust evidence, 'in what context, for addressing different types of policy/practice questions' (Nutley, 2003: 15).

An interesting development in recent years has been the adoption by agencies such as the Home Office of the 'rapid evidence assessment' (see for example, Jolliffe and Farrington, 2007; Peters and Walker, 2005). The rapid evidence assessment (REA) was developed as a tool for uncovering the available research evidence as comprehensively as possible, within the constraints of a given timetable (typically three months or less). REAs use systematic review methods to search and critically appraise the academic research literature and other sources of information, but differ from full systematic reviews in terms of the time taken to prepare them and in the comprehensiveness of the literature search. Electronic databases, print sources and the 'grey' literature will be searched as comprehensively as possible given the time and resource constraints of the policy under consideration.⁶⁰

⁶⁰ See: <http://www.gsr.gov.uk/resources/rae.asp>

6.5 Actions of funding bodies and government

We conclude this chapter with a number of suggestions as to how funding bodies and government departments could improve the research policy relationship. As we proposed in relation to researchers, funding bodies should aim to anticipate the needs of policy makers, so that research which is of relevance to the policy agenda can be delivered when it is needed. Our call to researchers to devote more time and thought to how they disseminate their research is likely to fall on deaf ears, unless they receive some practical support from funding bodies, for example through the provision of dedicated time and resources within research budgets for this purpose, and the requirement that a dissemination strategy form part of the research design (Nutley, 2003). Much has been made of the lack of contact between research and policy worlds, and this is something that funding bodies could remedy, for instance through the support of research seminars aimed at these two audiences, or the funding of secondments so that researchers and policy makers can experience the others' respective environments.

We have considered what researchers and funding bodies can do, and turn finally to the actions of government, in particular organisations such as the Home Office, Ministry of Justice and the YJB. One of the reasons why NICE seems to be a successful innovation is that its decision making and evidence base is open to scrutiny. It would help increase the perception of evidence based policy making (and hopefully the reality) if there was a similar requirement for the Home Office to publish the evidence base for its policy decisions. Allowing independent bodies or individuals to comment upon their analysis (as both NICE and the Treasury do) should also contribute to this aim (Nutley, 2003). The Treasury could exert some considerable influence over the nature of policy making, by requiring that departmental spending bids provide an evidence base that has been audited and agreed by outside bodies. Whilst there have been moves in recent years to co-locate researchers within policy units in the Home Office, which might be expected to break down the barriers between the two, there is arguably a need to train policy makers in research methods and evidence assessment – skills which the policy makers in health care that we interviewed were much more likely to have than those from criminal justice.

This would facilitate greatly the ability of policy makers to interpret the findings from research studies in terms of their significance and wider applicability. However, it would not by itself lead to more policy-focused empirical research. As was discussed in our first report, empirical research concerned with problem diagnosis and likely causal processes (e.g. of victimisation and offending) will not necessarily identify the action implications for policy design, implementation and coordination. Empirical research that incorporates a policy dimension would need to ask appropriate questions and adopt approaches whereby links can be established between the anatomy of the problem and likely remedies.

Whilst there is an abundance of literature and guidance on policy evaluation techniques and research methods, far less is available on policy design. Yet a greater awareness within the research community of how to assemble the 'building blocks' for a coherent and feasible policy initiative would undoubtedly facilitate the process of distilling the policy implications of empirical research.

There are numerous dimensions to policy design. These range from the language used to articulate policy goals, aims and objectives, to the costing of interventions, timetabling, involving communities in the design process, targeting of resources, performance assessment, ethics, exit strategies and sustainability.

An outline of the main components of policy design appears in Box, 1, below. These criteria are relevant both to the design of new initiatives and to the review of existing policies.

Box 1 Components of Policy Design

Rationale and Overall Goal

Justification for intervention

Mission statement

Outcomes and Resources

Size of problem to be resolved

Desired outcomes

Estimated cost of achieving outcomes

Available resources

Estimating the probability of achieving outcomes given resources

Hierarchical Statements of Intent

Aims

Objectives for each aim

Interventions for each objective

Alternative policy options

Resource Allocation Model

Identification of policy beneficiaries

Ethics

Target/s (individual, family, school, neighbourhood, etc)

Spatial and temporal targeting

Timing and phasing of interventions

Financial planning and budget setting

Human Resources

Identifying appropriate staffing structure

Mapping out lines of responsibility

Arrangements for accountability and oversight

Performance and Review

Incorporating arrangements for monitoring and evaluation

Specifying contingencies

Provision for downsizing, project expansion and project termination

Appraisals

Prospective assessments of policy impacts (environment, crime, health)

Maximising positive and mitigating negative impacts

Sustainability

Exit strategy

Although these are not exhaustive, they do at least provide a list of criteria that can be used to raise the awareness of researchers to what is involved in designing policy

interventions. They are also indicative of the types of empirical research knowledge required to inform the design process.

Not all empirical research, of course, will generate clear policy implications. However, an awareness of some of the decisions that have to be made in the policy design process focus the mind on the specific questions that need to be posed when researching the manifestation and causes of problems amenable to change through policy intervention.

7 CONCLUSIONS

In this concluding chapter we briefly review the main findings of the report and suggest some directions for future research in this area.

The relationship between research and policy is a topical and important one, not least because there is increasing emphasis placed by universities and funding bodies on the practice- and policy-relevance of research, but also because the government has called in recent years for a more rational, evidence informed policy making process. The concept of evidence based policy making raises a number of issues including what is evidence and what role should it have in the policy process, what are the obstacles to using evidence, and how can these be overcome. We explored these questions through a combination of a review of the literature and in depth interviews with 13 policy makers in healthcare and criminal justice.

Policy-making is a process of making decisions about what to do (or not do); a process which usually involves identifying alternatives and choosing among them on the basis of factors which policy makers consider relevant or important. Evidence is less easy to define, but can be taken to mean information which helps to support or challenge a policy. Whilst this would often take the form of empirical, largely quantitative, academic research, policy makers recognised the value of other forms of evidence, such as public and stakeholder opinion and qualitative research. Our interviews with policy makers revealed that they considered evidence to be a key criterion. When asked what types of evidence they found most convincing, policy makers tended to talk about 'fitness for purpose' rather than hierarchies of evidence; in other words the selection of evidence depended on what was the appropriate methodology for the question at hand. After evidence, policy makers in criminal justice tended to be concerned about cost, and those in healthcare, legal constraints.

The descriptions of policy making in the various organisations studied revealed differences in approach and in particular to the weight that evidence was assigned. In some organisations, for example the Home Office, the search for evidence was less systematic, and the influence of political and other considerations higher, such that the process could best be described as evidence aware. On the other hand, NICE demonstrated a structured evidence based approach to producing guidance (policy).

When we looked more generally at how government departments described the policy making process and what structures they had put in place to support evidence, there was a similar variation in approach. Evidence appeared to be less central to policy making in criminal justice than health, and in the latter sphere there were concrete examples of bodies established to promote evidence based healthcare.

We then considered recent experiences in criminal justice policy making, including the large scale crime reduction programme and interventions funded by the YJB. This revealed examples of policies that seemed to be influenced primarily by factors other than evidence, such as political expediency. This led on to an investigation of what might be the causes of the less than perfect relationship between research and policy.

Firstly, funding for research and development in criminal justice was found to be disproportionately small in relation to the scale of the problem, and directed largely at areas of research which are not concerned with uncovering the causes of crime or the means of its prevention. Both these problems need be addressed before any substantial progress can be made in terms of delivering evidence informed criminal justice policy. The quality of research, particularly that aimed at answering the question

'what works', is often poor, and while some of the blame may lie with under-funding, researchers could do more to address issues of validity.

Secondly, control over the direction of the research budget in criminal justice is overly political; there is at present, no means for ensuring that knowledge about what does (or does not work) gets translated into authoritative guidance for practitioners. The example of NICE has shown how the creation of an independent body can facilitate this process, while removing the politics from research. This should also mitigate the effects of unrealistically short timescales for research which result from the pressure that policy makers feel to 'get something done. The creation of a similar body for criminal justice is something we strongly support.

The relationship between research and policy stands or falls on the relationship between those most intimately involved. What is needed is not just a dialogue between researchers and policy makers, but they need to speak the same language. Too often, potentially useful research findings are lost to the policy process because they are narrowly disseminated to the academic community or the policy implications of the work are not drawn out. There are numerous examples in other fields of public policy of ways in which the two groups can develop a more fruitful exchange of ideas; research seminars, conferences aimed at practitioners and academics, secondments from universities into policy making bodies and vice versa and so on. For their part, policy makers need to develop a better understanding of the requirements of rigorous research and its strengths and limitations.

We have uncovered some of the obstacles to evidence based criminal justice, and proposed some solutions. Before concluding this chapter, we summarise some of the questions which policy makers and researchers might wish to consider, if the relationship between them is to become a lasting one. The four stage framework is adapted from one produced by the Overseas Development Institute.⁶¹

The external environment

The external environment influences how people might think or behave: who are the key external actors (researchers, policy makers, ministers, stakeholders etc); what is their agenda; what is their influence in the political context?

The political context

Crime is a highly politically-charged area and the influence of evidence will depend partly on a number of factors including: is there a political interest in change; what are the political priorities of ministers; how do they perceive the problem; is there public or media pressure for change; is there room for manoeuvre?

The evidence

There are a number of questions which can be asked about the nature of the evidence: what evidence is available; how accessible is it; is there enough of it; is it methodological rigorous and relevant to the policy question; does it imply practical, achievable policy actions; are the concepts familiar or new; does it need re-packaging?

The links

Evidence is impotent unless it can be brought to the attention of policy makers: who are the key organisations and individuals; are there existing networks to use; could new networks be developed; do policy makers rely on limited sources of information; what is the best way to penetrate their networks and transfer the information (email, face-to-face, through the media, campaigns)?

⁶¹ See: http://www.odi.org.uk/RAPID/Tools/Toolkits/CEL_Presentation/Presentation.html

The task we have attempted in this report is an ambitious one, and one which is perhaps beyond the ability of any one study fully to address. It is important to recognise the limitations of this study. We have based our report on a review of the literature primarily in criminal justice and health fields, there are no doubt many lessons to be learned from other areas of public policy such as education and transport and indeed from experiences in other countries. The second strand of our work involved interviewing policy makers. Not only was our sample relatively small (though we believe representative), we were unable to observe the policy process. This meant we were unable to provide an empirical answer to questions as the role of evidence in particular policies, or the differences between policy in practice, and policy as described by policy makers.

We have, however, been able to shed some light on the commonalities and differences in policy making in criminal justice and health. We have shown that policy making is more complex than some of the explanatory models would lead us to believe. The reality of policy making is that goals are often ambiguous, the evidence uncertain, and the role of politics unavoidable:

Politics is about shaping interpretations and expressing preferences. Information is never conclusive but reflects the indeterminacy of cause and effect relationships; it is infused with values. ...this does not mean that policy research is without a role. But that role is less one of problem solving than of clarifying issues and informing the wider public debate. (Young et al 2002: 218).

It is clear that there is huge scope for further research into the area of criminal justice policy making. In particular, just as many criminologists have come to recognise the importance of context in developing theories of involvement in and desistance from crime, so context is key to understanding the impact of evidence on policy (Bowen and Zwi 2005). Political, economic, social and other contexts are vital if we are fully to understand how research influences policy. While there are many criminological studies of crime and its interaction with social contexts and individual characteristics, we know very little about the comparable actors in the policy field. Who are they, what are their beliefs, and why do certain types of evidence, in certain areas, have an impact whereas in others they do not. There is clearly a pressing research need here, to investigate policy actors as one would offenders.

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APPENDIX 1. INTERVIEW SCHEDULE

Study of the relationship between research and policy making

Thank you for agreeing to take part in this interview. Your answers to this interview will remain confidential, if you so wish. I would like to tape record this interview so as to help with producing an accurate record of it, and to make the interview flow more smoothly. If you would like to see a transcript of the interview I will be happy to provide it.

Topics for the interview

Firstly, could you tell me a bit about your professional background?

Could you tell me about policy making in your organisation (e.g. where policy making is located, who is involved?)

What factors do you take into account when making policy?

There are many factors which could be taken into account when making policy, could I ask you rank the following factors from 1 (most important) to 6 (least important) in terms of how important they are to you in policy making:

	Rate from 1 – 6
Public opinion/the media	
Cost of policy options	
Ethics/equity	
Evidence of effectiveness	
Legal constraints	
Existing policy initiatives (what's there already)	

What have been your experiences of using commissioned research (prompts: quality; how it was commissioned; methods used)

Could you think of a policy in which you have been involved recently and describe the process, including the role evidence had in it?

What types of evidence do you consider *relevant* to policy making? Why?

What kinds of evidence do you find *convincing*? Why?

Does your organisation commission its own evidence or rely on existing evidence?

What role do you think evidence *should* play in the policy process?

One model of policy making is that decisions are made in a rational way, following a chain of decisions, in which evidence is fed in at each stage. Is this your experience? If not what is?

What do you see as the main causes of crime?*

Which do you see as most important – individual factors or community factors – in causing crime?*

Are you aware of any policies that take both individual and community factors into account in tackling crime?*

Do you think there is a need for better information on national, regional and local policy initiatives that potentially impact on crime?

Could you provide an example of a policy in which evidence played a *determining* role?

- Could you provide an example of a policy in which evidence played *no role* or only a minimal role?
- How can existing evidence be improved?
- How can researchers help users of evidence?
 - what needs to be done to better communicate the findings of research?

*These questions were not asked of the policy makers from healthcare.

APPENDIX 2: LIST OF HOME OFFICE PUBLICATIONS JANUARY-JUNE 2007

(Source <http://www.homeoffice.gov.uk/rds/whatsnew1.html>):

- The Online Report "Organised crime: revenues, economic and social costs, and criminal assets available for seizure" has been withdrawn.
- Home Office Statistical Bulletin 08/07 - [Persons Granted British Citizenship, United Kingdom 2006](#) (22.5.07) (internet only)
- [Asylum Statistics: 1st Quarter 2007 United Kingdom](#) (22.5.07)
- Home Office Statistical Bulletin 10/07 - [Mobile phone theft, plastic card and identity fraud: Findings from the 2005/06 British Crime Survey \(Supplementary Volume 2 to Crime in England and Wales 2005/06\)](#) (15.5.07) (internet only)
- Findings 284 - [Adult offenders' perceptions of their underlying problems: findings from the OASys self-assessment questionnaire Abstract](#) « (4.5.07) (internet only)
- Population in custody monthly tables – [March 2007](#) (Also available: [Excel data spreadsheets](#)) (30.4.07)
- Home Office Statistical Bulletin 09/07 - [Firearm Certificates in England and Wales 2005/06](#) Also available: [Excel data spreadsheets](#) (26.4.07) (internet only)
- Home Office Statistical Bulletin 07/07 - [Crime in England and Wales: Quarterly Update to December 2006](#) (26.4.07) (internet only)
- Online Report 11/07 - [A rapid evidence assessment of the impact of mentoring on reoffending: a summary Abstract](#) « (30.3.07)
- Population in custody monthly tables – [February 2007](#) (Also available: [Excel data spreadsheets](#)) (30.3.07)
- Home Office Statistical Bulletin 06/07 - [Re-offending of adults: results from the 2004 cohort](#) (29.3.07) (internet only)
- Online Report 10/07 - [Trafficking for the purposes of labour exploitation: a literature review Abstract](#) « (23.3.07)
- Online Report 06/07 - [The evaluation of the Restriction on Bail Pilot Final report Abstract](#) « (13.3.07)
- Home Office Statistical Bulletin 05/07 - [Statistics for mentally disordered offenders 2005 - England and Wales](#) (1.3.07) (internet only)
- Population in custody monthly tables – [January 2007](#) (Also available: [Excel data spreadsheets](#)) (28.2.07)
- [Quarterly Asylum Statistics Fourth Quarter 2006](#) (27.2.07)
- Online Report 09/07 - [The National PPO evaluation – research to inform and guide practice Abstract](#) « (20.2.07)
- Online Report 08/07 - [An impact assessment of the Prolific and other Priority Offender programme Abstract](#) « (20.2.07)
- Development and Practice Report 48 - [Community engagement: practical lessons from a pilot project Abstract](#) « (13.2.07)
- Online Report 07/07 - [Evaluation of Drug Interventions Programme pilots for children and young people: arrest referral, drug testing and Drug Treatment and Testing Requirements Abstract](#) « (9.2.07)
- Online Report 05/07 - [Predictive factors for illicit drug use among young people: a literature review - appendices Abstract](#) « (9.2.07)
- Online Report 04/07 - [Risk, protective factors and resilience to drug use: identifying resilient young people and learning from their experiences Abstract](#) « (9.2.07)
- Development and Practice Report 47 - [Identifying and exploring young people's experiences of risk, protective factors and resilience to drug use Abstract](#) « (9.2.07)
- Population in custody monthly tables – [December 2006](#) (Also available: [Excel data spreadsheets](#)) (31.1.07)
- Home Office Statistical Bulletin 04/07 - [Police Service Strength England and Wales, 30 September 2006](#) (30.1.07) (internet only)
- Home Office Statistical Bulletin 03/07 - [Sentencing Statistics, England and Wales 2005](#) (30.1.07)
- [Home Office Statistical Bulletin 01/07 - Crime in England and Wales: Quarterly Update to September 2006 \(online only\)](#)

- [Home Office Statistical Bulletin 02/07 - Homicides, Firearm Offences and Intimate Violence 2005/06 \(Supplementary Volume 1 to Crime in England and Wales 2005/06\) \(online only\)](#)
- [Distraction burglary: Recorded crime data 2005/06 \(supplement to HOSB 12/06\) \(online only\)](#)
- [Crime in England and Wales 2005/06: Supplementary Tables: Nature of burglary, theft, criminal damage, vehicle and violent crime](#)
- [Online report 02/07 -Seasonality in recorded crime: preliminary findings](#)
- [Online report 03/07 -The use of Geographic Information Systems by crime analysts in England and Wales](#)
- Online Report 01/07 - [Exploring the decision making of Immigration Officers: a research study examining non-EEA passenger stops and refusals at UK ports](#)
Also available: [Technical Annex Abstract](#) « (17.1.07)
- [Reports from the Independent Race Monitor](#) (link to the Immigration & Nationality Directorate website) (17.1.07)
- [Review of Home Office publications of Control of Immigration Statistics - Implementation Plan Abstract](#) « (16.1.07)