

GRIPHEALTH

Brief 1

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Evidence-Based Policymaking – an important first step and the need to move to the next

In recent years, there has been a marked increase in interest in the use of evidence for public policymaking. Yet the vast majority of work in this area has failed to engage with the political nature of decision making and how this influences the ways in which evidence is used (or misused) within political arenas. This series of briefs provides new insights into the nature of political bias with regards to evidence, and critically considers what an ‘improved’ use of evidence would look like from a policymaking perspective. Collectively, it summarises ideas presented in the book: *The Politics of Evidence: from Evidence Based Policy to the Good Governance of Evidence* – published in 2017 by Routledge, and available from late 2016 electronically for free (open access) (<http://bit.ly/2eQ3By2>).

Evidence Matters

Evidence *matters* for public policymaking. Evidence tells us ‘what works’ and therefore, theoretically, greater use of evidence should help to avoid unnecessary harms and to achieve important policy goals. However, the *misuse* of evidence – through cherry-picking or manipulation, for example, - matters as well. For advocates of greater evidence utilisation, the proposed solution to address these concerns has been through the use of *evidence-based policymaking* (EBP), in which policy decisions are expected to follow from rigorous and accurate uses of scientific evidence. The field of evidence-based medicine is routinely cited as a key inspiration for many current calls for EBP, and one of the fundamental principles embraced from evidence-based medicine has been the use of experimental methods to evaluate interventions and measure effect. Specifically, the use of randomised controlled trials (RCTs), systematic reviews, and meta-analyses to generate evidence are seen to represent the ‘gold standard’ of knowledge upon which policies should be based, sitting at the top of so-called evidence ‘hierarchies’(1). These forms of evidence utilise rigorous methodologies that are specifically designed to test or

demonstrate evidence of effect and, as such, provide the best evidence of ‘what works’.

However, the EBP movement has been limited in its conceptualisation of the policy process. There is a growing body of academic writing that is highly critical of the idea that social policies can somehow simply be ‘based’ on evidence alone. Sceptics argue that public policymaking is not the same as technical decision making, rather, policymaking typically involves trade-offs between multiple competing social values, with only a very small proportion of policy decisions simply concerned with technical evidence of intervention effect (2, 3). Critical authors stress that, in the name of promoting technical effectiveness, the EBP movement risks depoliticising policy debates which need to reflect the multiple competing social values of a population.

Those on both sides of these debates can be seen to be concerned with the *politics of evidence*, but their positions reflect two distinct but equally important normative principles: fidelity to science on the one hand, and democratic representation on the other. This series considers how to improve the use of evidence in reference to both these principles, but with a more explicit recognition of the nature of politics that has been



missing from much previous work promoting evidence use.

What's wrong with 'what works'?

The idea that policymaking should simply follow evidence of 'what works' is undoubtedly intuitively appealing. However, from a political perspective there are two key problems with the idea that we can simply look for evidence of 'what works' to determine policy decisions:

1. *Evidence of effect does not equate to social desirability*

First, policy decisions typically involve choices between options containing multiple and competing sets of social values, with the desired outcomes much less agreed upon for most social policy concerns than in clinical medicine. Therefore, when presented with evidence that something *works*, the requisite response should not be to simply do it, but rather to ask: 'Works to do *what*, exactly?'. In other words, presenting evidence that something is *effective* does not necessarily mean that it is *socially important*. Thus, in efforts to promote particular forms of evidence and prioritise policy options, there is a risk that the 'what works' language confuses certainty of effect with desirability of outcome.

2. *What works there may not work here*

A second problem with the 'what works' language is that it typically implies certainty of causality or impact. There is a big difference between finding something works *when and where it was done* and the much larger question of whether it works *everywhere and always*. For policy relevance, evidence is needed that can provide certainty that an effect can be produced in the context where it is implemented. RCTs are designed to answer the question: 'did it work somewhere?'; however, as Cartwright and Hardie explain, policy decisions require evidence of the question: 'will it work for us?' (4). The evidence-based medicine movement often takes generalisability of RCTs for granted because drugs work through physiological mechanisms that are widely shared between humans. However, many policy interventions (like those to reduce crime or promote better educational outcomes) will function through socially

embedded mechanisms that may not be common or that at least need some additional information to assume commonality across contexts. The language of 'what works' therefore risks policies failing in practice if a certain result is assumed to be generalisable without sufficient supporting information.

Taking the next steps to improve the use of evidence

While the EBP movement is recognised to have taken an important first step in thinking about the need to improve evidence use, this series of briefs moves the discussion forward by considering how to improve the use of evidence in ways that serve to promote both scientific fidelity *and* democratic representation. Achieving this requires tackling the political nature of policymaking head-on. This is done by considering the following key issues not yet addressed by the EBP movement:

The need to address the political sources of evidentiary bias

Given the EBP community's concern with the political misuse of evidence, one of the most important limitations of current knowledge transfer efforts is their inability to address the political origins of many forms of evidentiary bias. The need to more directly consider these political sources is critical in order to help guide efforts to avoid bias or mitigate its impact, and is the subject of Briefs 2 and 3. Brief 2 delineates two forms of evidentiary bias – technical and issue bias – to construct a framework on the multiple politics of evidence. This framework reflects on how bias may manifest within the creation, selection, and interpretation of evidence. Brief 3 then develops a cognitive-political model of evidentiary bias that maps out how key features of policy debates – such as their complexity, their contestation, or their polarisation – can generate evidentiary bias through both overt and subtle mechanisms.

The need to understand 'good evidence for policy': beyond hierarchies

As previously noted, one of the most fundamental conceptual holdovers from the field of medicine within the EBP movement has been the primacy given to



particular forms of evidence, in particular RCTs which sit at the top of evidence hierarchies (5). However, hierarchies typically fail to address the need for local applicability, or may provide an insufficient basis for policy recommendations. While some authors have noted the limitations of hierarchies of evidence in terms of policy usefulness (c.f. Petticrew and Roberts, 2003(6)), these ideas have yet to be taken up widely in the EBP movement. There is a need for critical reflection upon what hierarchies can be used for, and what ‘good evidence for policy’ would have to look like if single hierarchies do not meet the needs for evidence use within policy decisions. Brief 4 explores this question by defining good evidence for policy based on a concept of policy ‘appropriateness’.

The need to consider the ‘good use of evidence’ with respect to political legitimacy

A further challenge to the EBP movement in achieving its ultimate goal of having scientific evidence improve social outcomes is to recognise the importance of the legitimacy of the decision-making process. The EBP literature often assumes that evidence use is universally embraced as a good thing by all parties involved. Yet, from a policy studies perspective, the process by which public policy decisions are made and social outcomes are achieved must be accepted as legitimate by the population served. Simply using evidence does not necessarily make a decision democratically legitimate. Brief 5 reflects on what principles of political legitimacy applied to evidence use might look like from the perspective of democratic representation in particular.

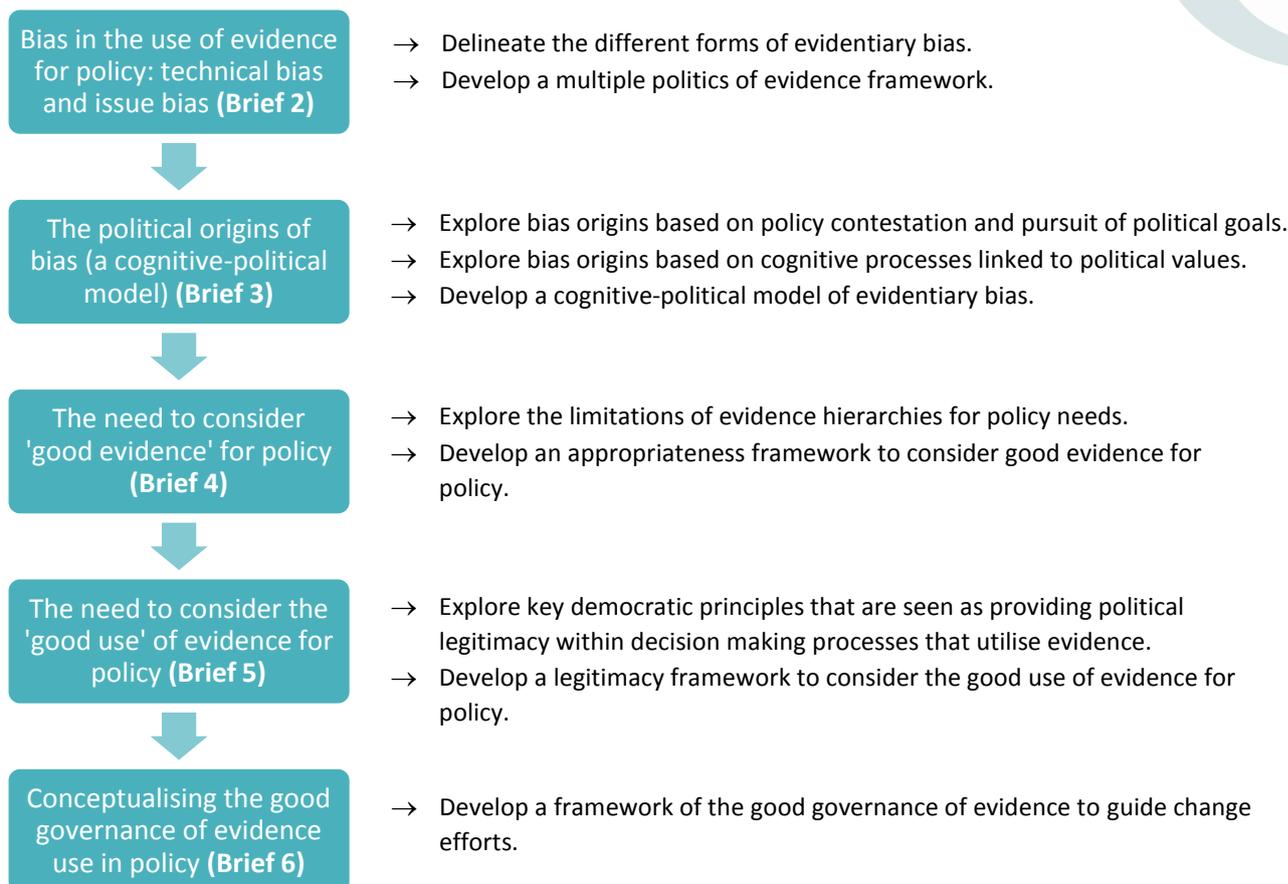
The need to build institutions to improve evidence use

Finally, if the EBP movement is ultimately driven by a concern to use evidence to help achieve social policy goals, there will be an obvious need to ensure that improvements will endure over time. The vast majority of work attempting to promote evidence use through knowledge transfer mechanisms has consisted of strategies targeting individuals, for example: training researchers in how to provide information in more ‘usable’ ways (c.f. Ward et al, 2009(7)). However, a heavy focus on individuals as the driving force to improve the

use of evidence in policymaking raises two particular issues. The first is that it encourages researchers to have political influence, a role that they are neither trained to do nor one that many feel they have a mandate to take on. Secondly, such efforts often have a limited duration of impact, given that both researchers and decision makers will naturally change over time or move on from existing positions. An alternative approach is to focus on the *institutionalisation* of changes that serve to improve evidence use which can help to move beyond the individualistic focus of past strategies to link evidence and policy (8). Indeed, the medical model is regarded as being so widely successful because it established institutional arrangements as well as norms and expectations of evidence use that have become commonplace in medical practice. Thus, a more explicit consideration of institutions will be needed by the EBP community to improve the use of evidence in social policymaking more broadly. Such an approach requires shifting thinking to consider systems of evidence advice rather than just targeting individuals as knowledge brokers. This topic is addressed in the final Brief in this series, which constructs a framework of the ‘good governance of evidence’ – a normative framework that can guide efforts of institutional change to improve evidence use.

Conclusion

This series ultimately argues that efforts to improve evidence use will require building systems that work to embed key normative principles about evidence utilisation into policy processes – systems that can be said to *govern* the use of evidence within policymaking. Therefore, in order to move the EBP field forward, we argue that it is necessary to consider how to establish *evidence advisory systems* that promote the *good governance of evidence* – working to ensure that rigorous, systematic and technically valid pieces of evidence are used within decision making processes that are inclusive of, representative of, and accountable to the multiple social interests of the population served. The figure overleaf outlines the briefs that follow in this series:



References

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This brief is a summary of the chapters “Introduction” and “Evidence-based policymaking: an important first step and the need to take the next” in the book *The Politics of Evidence* available for free electronically from: <http://bit.ly/2eQ3By2>

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