Chapter 5: Using evidence in social care
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5.1 Introduction to evidence use in social care

Social care in the UK covers a wide spectrum of caring services provided by a mixed economy of organisations, including central and local government alongside nongovernmental organisations, both commercial and not-for-profit. In local authority social services departments, where the legal responsibilities largely reside, social care now generally refers quite narrowly to the services regulated by statute such as out-of-home care for adults and children, including fostering and residential care, child protection services (safeguarding) and in-home care (for example, for elderly or other vulnerable people). A broader, non-technical and more holistic understanding would however include the wide range of services aimed at promoting the downstream wellbeing of local communities, including in particular early intervention, prevention, and support and development work in the community with children, young people and their families. This chapter uses a wide definition of social care, with examples from children's services including early intervention and prevention, and adult and child social work services.

We begin by outlining some significant features of the social, political and policy contexts in which social care and related services are situated. We note the increasingly interdisciplinary influences on how practice is shaped and how evidence is deployed, including the development of more nuanced understandings and discourses about complexity alongside a drive for clarity and simplification. We describe some case examples of how practice has been using evidence in different settings, drawing out the different perspectives that underpin these efforts. We also highlight recent institutional approaches to building an infrastructure for evidence use in social care policy and practice in the UK. Finally, we conclude with reflections on how the field could be strengthened now and for the future.

Three key contextual challenges face social care: the underfunded and undervalued nature of the sector; perennial complexity and turbulence; and the challenges of an increasingly managerial culture. Firstly, social care has always been considered a poor relation to the better funded, higher-status National Health Service in the UK (e.g Glendinning, 2012; Thane, 2009). Training and qualifications to become a social care professional have long been regarded as less demanding relative to those required to practice medicine, for example. Caring has by tradition and continues to be seen as low-status work, with social care jobs disproportionately occupied by lesser-educated, lower-paid, female and immigrant workers (National Audit Office, 2018). It is also work with high levels of personal risk: when something goes wrong, political and public hostility both to social work as a profession and to social work staff as individuals can reach extreme levels (Jones, 2014). Yet while medical staff and some other professions have powerful lobbying associations, the political leverage of the social care workforce is minimal.

Secondly, social care – like other fields of public service – exists within a turbulent environment, which has been described as being characterised by volatility, uncertainty, complexity and ambiguity (or VUCA, in military vocabulary; Ghate et al., 2013). For years there has been talk of a 'burning platform' in local authorities; diminishing resources, due to policies of public austerity, and spiralling demand are placing heavy pressure on local social care budgets (All Party Parliamentary Group, 2018). Budgetary constraint means less plentiful or less comprehensive service provision, and a workforce that feels over-burdened, exploited, and demoralised (Webb and Bywaters, 2018; National Audit Office, 2018). The sense of turbulence has been exacerbated by significant staff turnover and shortages, and widely-reported scandals and lapses in basic quality of care.

A third challenge for social care is the managerial culture of public administration (Seddon, 2008) and the accompanying preoccupation with performance measures (Hood, 2018). Social care (in line with other public services) has become subject to a regime of process measurement, and performance targets and indicators: how many cases processed/resolved/unresolved within what timescale; how many forms completed; how many meetings held within what period; and so on. Social workers have found themselves increasingly diverted from direct work with clients in favour of office-based work, creating a climate of dissatisfaction. An influential government-commissioned report (Munro, 2011) noted this and recommended reform, including a re-affirmation of the importance of professional judgement and autonomy in social work practice. What was needed, it was suggested, was a focus not on '*doing things right*', which might equate to 'doing the wrong things righter', but rather an emphasis on '*doing the right thing*'. These concerns may have been exacerbated by well-intentioned moves to 'outcomes-based' performance frameworks, which were introduced to improve the quality and effectiveness of children's services: including, in England and Wales, *Every Child Matters* (HM Treasury, 2003) and the *Integrated Children's System* (DCSF, 2007), and, in Scotland, *Getting it Right for Every Child* (Scottish Government, 2008). Some of these frameworks, while outcomes-based, have been criticised for also introducing onerous *process reporting* requirements.

All the above features of the social care landscape have implications for evidence and evidence use in the sector. Moreover, there have also been substantial fluctuations in the funding and prominence given by central government to social care innovation and research since the early 1990s. Children's services, for example, particularly around care and early intervention, enjoyed a period in the limelight and some generosity of funding during the years of New Labour (1997-2010). The Labour administration made a point of emphasising its credentials regarding evidence-based policy (Wells, 2007; and see Chapter 13), and there was increased spending on policy research and innovation, particularly in children's services.

New Labour was criticised for paying lip service to the idea of evidence-based policy in social care, often commissioning and using research selectively to buttress apparently predetermined decisions and making 'policy-based evidence' rather than evidence-based policy (Hammersley, 2005; Crossley, 2015). However, a number of coherent and influential programmes of research were commissioned during the New Labour years such as the

national evaluation of Sure Start (see below). Think tanks also came to prominence during this period, including for example the Institute for Public Policy Research (IPPR) and Demos, and these too were urging government and localities to show greater respect for, and use of, evidence. There was at the same time a significant political push towards diversification in providers of research on care, with the voluntary, social enterprise, and commercial sectors all jostling with the academy to contribute.

There have also been notable, active (if generally top-down) approaches to generating and disseminating evidence to improve services within the social care field dating from before the last edition of this book was published (Davies et al., 2000) and continuing in the intervening period. For example, at the Departments of Health and then Education (the central government departments with responsibility for children's social services over this period) a number of policy-focused, synthesised digests of knowledge (known as *Messages from Research*) were produced, based on a distillation of specific messages drawn from specially-commissioned and carefully integrated suites of empirical research on existing services (e.g. HMSO, 1995; Quinton, 2004; Davies and Ward, 2012; Thomas, 2013). Some of these were highly influential on subsequent practice and policy.

From the late 1990s until the end of the-then Labour administration in 2010 major funding streams were provided from central government to local areas. These funds were earmarked for the design, delivery and evaluation of 'promising', innovative and large-scale (programmatic) preventive approaches to community-based services for families. These approaches included flagship programmes such as *Sure Start* (a huge national initiative, beginning with a budget of £452m in 1999 for its first three years alone, and inspired by US Head Start programme), the *Children's Fund* and *On Track* (also inspired by a US programme). Although these programmes were mostly derived from overseas experience, they were distinctively 'home grown' in their design. Some concerns were raised about this design process; one account described these programmes as '*designed, by and large, on the basis of informed guesswork and expert hunches, enriched by some evidence and driven by political and other imperatives*' (Coote et al, 2004: 47). Most significantly for the growth of the UK evidence industry, each programme was accompanied by a substantial national (and centralised) research budget, as well as a devolved budget for local evaluation.

From 2010 onwards, however, national resources were much less plentiful and the focus of commissioning in relation to evidence use shifted to less expensive forms of literature synthesis and secondary analysis and away from expensive programmes of indigenous empirical research. Possibly also influenced by a degree of general disappointment in the results of the national preventive programmes noted above, commissioners in government became more interested in the learning from successful international preventive and therapeutic intervention models, and in 'translational' work to distil key messages applicable to the sector at home that might eventually enable their roll-out and scale up in the UK. The 'What Works Centres' and the focus on the so-called 'evidence-based programmes' (EBPs) can to some extent be viewed as an outgrowth of this trend (see later in this chapter, Sections 5:2 and 5:3).

5.2 The nature of evidence in social care

The place of evidence in social care in the UK links to changes in the global 'evidence landscape' and the nature of intellectual debate on human services more generally. In this section we highlight some key trends and developments nationally and internationally that have influenced how evidence is conceptualised and operationalised in social care in the UK.

As in other fields like education and criminal justice, the construct of evidence and what currently 'counts' as useful and credible evidence for social care has been shaped over the last two decades or so by the pursuit of scientific method as the basis for identifying and designing effective services (see Section Three of this book). Globally, we have seen the emergence of intervention and prevention science in social care, incorporating evidence from human development including the fields of neuroscience, genetics and forensic psychiatry. Within these fields, there is often a marked division of expertise between those establishing the evidence base (seen as a scientific activity often carried out by independent researchers) and those delivering services (seen as a pragmatic activity often carried out by practitioners and managers).

The discourses of prevention and intervention science, in particular, have been dominated by the idea that effectiveness can be optimised if only services are designed and delivered according to a particular set of scientific principles, which we summarise in Box 5.1 based on our reading of a wide literature on effective social programmes over the past twenty years or so. The scientific approach privileges quantifiable data above all other forms of evidence, which tends to result in a narrow focus on what can be measured, with all its attendance deficiencies as well as strengths (Campbell, 1979).

[Insert Box 5.1 about here]

Another related feature of the recent evidence landscape in social care and prevention has been the development of the ideal of *evidence-based programmes* (EBPs) of intervention (Dick et al., 2016). Firmly coupled to the pursuit of scientific method, this term is often used to describe a small number of 'model' programmes of intervention approved by (mainly American) clearing houses with reference to the amount of experimental (RCT) evidence in support of their effectiveness. These programmes have been promoted as examples of using science to address the big social problems of the day (poor parenting, youth marginalisation and antisocial behaviour, violence prevention, child abuse and neglect, crime and mental health problems, community exclusion and so on). Many of the programmes have been promoted alongside cost-benefit analyses of the likely future public savings per head of population treated (e.g. Drake et al., 2009).

Local authorities across the UK have been funded and actively encouraged by national government to try out these interventions, and to evaluate their performance, often with considerable fanfare and excitement about being at the cutting edge of science-intopractice. Programmes have typically had firm curricula to which the delivering agencies

and practitioners are contractually obliged to adhere; programme developers operate licensed delivery models, supported by manuals and detailed guidance. Programme developers more or less offer firm promises of guaranteed outcomes. Indeed, such has been the degree of confidence in the probability of programme success that financial investment vehicles have been designed around them: such as 'social impact bonds', where socially-motivated individuals and organizations invest money in the services in return for the equivalent of dividend payments if pre-specified results are achieved (Edmiston and Nicholl, 2017, Albertson et al, 2018). Evidence-based programmes have therefore tended to be highly attractive to funders and to providers, seeming to promise certain results and substantial returns on investment.

The degree of standardisation of these programmes lent themselves to experimental evaluation methods. Although not remotely comparable with the level of funding for RCTs in health, alongside the introduction of evidence-based programmes came funding for the first wide-scale use of social care trials in the UK. This was particularly from 2010, when the Conservative/Liberal Democrat coalition government appeared to be more persuaded by the promise of experimental methods than prior administrations. Several major and some more minor RCTs were commissioned in the social care field (e.g. Fonagy et al., 2018; Cottrell et al., 2018; Forrester et al., 2018; Humayun et al., 2017; Robling et al., 2015; Little et al., 2012; Biehal et al., 2010) in the period to 2017. Many of these UK studies have found that the evidence-based innovations do not confer measurable advantages over case management as usual. Thus, very few of the programmes have reliably delivered on their promises, some failing at considerable scale. There are heated debates on which of a complex range of factors might account for this, but given the costs, it may be that the wave of enthusiasm for imported evidence-based programmes and their expensive research infrastructure has crested for the time being (Ghate, 2018 in press).

Alongside debate about the use of scientific methods and imported evidence-based programmes in social care, there continues to be an active stream of more locally-situated evidence generation. In local social services, many other factors, apart from the scientific quality of evidence, influence what is commissioned. An absence of experimental evidence has not necessarily been a hindrance to the implementation of a range of evidence*informed* (if not evidence-*based*) approaches. For example, the evaluation of Signs of Safety (see Box 5.2), a model of child protection casework that is being adopted in a range of jurisdictions, has largely continued the tradition of 'client opinion studies, pre-test-post-test or post-test only designs' (MacDonald 2000:120). Furthermore, social care has a number of localised and network-based models of knowledge production, dissemination and use (such as *Making Research Count* and *Research in Practice*) that promote a diverse range of types of evidence aligned to local learning needs.

[Insert Box 5.2 about here]

This section has considered the rise of evidence-based social care as an opportunity and a challenge for the field. It has looked at some of the implications of a focus on measurement

in a complex field of service delivery with hard-to-measure outcomes. It has noted a preoccupation with innovative programmes and specific packages of practices (particularly named or branded interventions or programmes). These have tended to be been prioritised over improving the standards of basic practice as usual (Davies and Ward, 2012). This has led commentators to conclude that while rigour has an important role to play, it must be balanced by considerable flexibility in a field like social care (Ghate, 2015). The next section will consider another development in the field: the shift in emphasis from research production to research synthesis.

5.3 Production and synthesis of research-based knowledge for social care

The review and synthesis of existing international research for social care has become a major area of funding in the UK over the last decade or so. This has been prioritised (with some notable exceptions) over the generation of new empirical evidence via primary research. There has been, both nationally and globally, a substantial growth in the infrastructure for sifting and synthesising research-based knowledge in social care and related fields. The infrastructure comprises research groups within existing institutions, independent research groups, and specialised organisations occupying a space somewhere between the scholarly production of reviews and the interface between evidence and policy (with the latter sometimes being described as evidence intermediaries). Originally synthesis work was mainly conducted in academic and independent research centres, before moving out to intermediary organisations such as the Social Care Institute for Excellence (SCIE). From 2013, the UK What Works Centres (WWCs) have been a centrepiece of this growth in review and synthesis capacity (see Chapter 13). A new WWC for Children's Social Care was commissioned in 2017.

What Works Centres (WWCs) are to some extent modelled on US Clearing Houses, although there is variability in form, structure, focus and ways of working across the four nations, reflecting the differing priorities of devolved governments and the fact that some centres (such as the National Institute for Health and Care Excellence) have become 'what works' centres after their initial establishment as something else (see Chapter 13). WWCs are centrally-funded bodies set up in specific practice areas to focus on reviewing high-quality evidence and sharing it with practitioners. The UK What Works Centres' activities (conferences, meetings) and their on-line resources (website, interactive lists of interventions) have added substantially to the accessibility of certain kinds research evidence. Many of the centres promote the principle of evidence and accountability for outcomes as an integral duty of care in the provision of effective services, and they have set out to promote a discourse at local and national levels about how evidence may be woven into decision-making and action. These centres have also supported a growth in evaluation activity as a routine part of practice development, although they themselves do not fund it. In emphasising the importance of outcomes, WWCs contribute to reasserting the importance of 'value for service users', which ought to lie at the heart of professional, organisational and political debates about service development.

However, the typical role of clearing houses is mostly to repackage or translate evidence into useable products and formats rather than to move that evidence more actively into practice (Breckon and Mulgan, 2018). This model has distinct limitations. Implementation science literature for example shows us that while dissemination and repackaging can increase knowledge it does not usually and by itself tend to change practitioner behaviour (Joyce and Showers, 2012). For this, other more active and interactive methods to encourage evidence use are required (Meyers et al, 2012). What these active methods might look like in social care is the focus of the next section.

5.4 Encouraging and enabling evidence use in social care

The structure of social care, funded through local budgets and locally delivered, gives evidence use a distinctively local flavour in the UK. This has allowed for the emergence of wide local variety of approaches to services and to evidence. However, alongside this, governments in the four UK nations have also played a major role in shaping how and when evidence is used in social care policy and practice, and what kind of evidence is seen as most important at that local level.

Beyond a central emphasis on evidence review and dissemination, via the clearing house model, there are only a few organisations in the UK that have moved into the space of actively encouraging and enabling evidence use in social care. There has been much less funding for more bottom-up approaches to encouraging evidence use, as opposed to topdown approaches (see Chapter 3). One example of a largely bottom-up approach is Research in Practice (RIP; see Box 5.3), which has for many years not only disseminated research knowledge relevant to improving social work for adults and children, but has also been working locally to encourage the use of this research (while at the same time valuing and drawing on local data and experience, as well as professional knowledge). Sometimes this has been achieved through the co-creation of change projects with partner organisations. Research in Practice (RIP) have successfully used a subscription model to provide a sustainable funding format for their work on research use (see Box 5.3). The Social Care Institute for Excellence (SCIE), has similarly supported a wider notion of what counts as relevant knowledge in social care (Pawson et al., 2003); and it has also been active in supporting the co-production of knowledge and evidence with service providers and service users (see Chapters 11 and 12).

[Insert Box 5.3 about here]

Despite these local initiatives, active support for organisational change has largely been left to private sector consultancies (whose focus is often on strategy and the management of processes rather than on frontline practice change) and some small non-profit intermediary organisations. There has been some additional support for specific programme-related changes in frontline practice, for example, where evidence-based programmes such as Multi Systemic Therapy and Multi-Treatment Foster Care have been introduced. This assistance

has usually been provided by the implementation support teams associated with the different evidence-based programmes.

In the US, and anywhere that implementation science-led approaches are gaining traction, attention is being paid to how to build more generalist implementation teams that can provide hands-on support for practitioners to improve their daily practice in evidenceinformed ways (for example, Metz et al, 2017). The emphasis here is on practice in a wide sense, not just on the specific practices associated with a particular brand of intervention. This more generalist approach emphasises the importance of multi-disciplinary support teams working alongside service-providers and their staff in their daily settings. It is argued that these teams need to be well versed in implementation and improvement science as well as being familiar with the details of the intervention or frontline practice in question. People within these teams are also said to need expertise in data and information management, so that decision making is data informed (which is often considered a key weakness in social care organisations). The personnel involved in these teams would thus straddle the worlds of research and practice. They offer the promise of being able to help service providers use evidence on what works by making thoughtful adaptations for context, when necessary, without undermining the basic components of effectiveness (Ghate, 2015).

The UK has yet to establish such generalist implementation teams at scale, although as the model crystallises elsewhere, and as we learn more about the extent to which it improves outcomes and cost effectiveness, we can hope to see interest develop. The underpinning philosophy for these teams resonates with the idea of 'consultant social workers' suggested by Munro (2011) and others. The latter are senior and experienced practitioners able to mentor and coach less-experienced colleagues and (in multi-disciplinary teams) make crosssystem connections with professionals in other areas. Where the generalist implementation team model is distinctive is that the expertise of these teams is based in implementation and improvement science as well as in established practice.

Another development in approaches to encouraging and enabling research use has been growing interest in the scope for understanding improvement and learning in social care from a systems perspective. A brief account of the ideas and implications of systems thinking is provided in Box 5.4. The notion of social care as a complex adaptive system is likely to be fundamental to our ability to generate useful evidence to tackle complex problems in the future. There are parallels here with Best and Holmes' (2010) third generation of knowledge-into-practice 'systems thinking' (see Chapter 12), and connections into a wide inter-disciplinary literature on social change.

[Insert Box 5.4 about here]

Despite the promise of systems thinking for surfacing and working with the complexity of social care, there have been relatively few illustrations of these ideas being used to encourage and enable evidence use. However, one example is provided by the Vanguard

Method (tVM), which uses systems thinking to inform improvement in services (see Box 5.5). Rather than seeking to implement tried and tested evidence-based interventions, this approach focuses on the needs of the local system. It taps into local knowledge and draws together learning to support local systems-focused solutions. The shift to understanding social care as a complex adaptive system has potentially significant implications for the future development of the field which will be discussed as part of the final section of this chapter.

[Insert Box 5.5 about here]

5.5 Reflections and conclusions

A key theme in the social care chapter in the original 'What Works' book (Davies et al, 2000) was the tendency of social care – and social work as a profession within social care – to be in some respects resistant to the 'evidence-based' paradigm inherited from the medical sciences. In part, this was described as arising from lack of agreement about what constitutes evidence and, in particular, hostility to the idea that certain types of data (especially quantitative data) were inherently more valuable than others. Yet that resistance also indicated a more fundamental critique of the underpinning assumptions of the 'evidence-based' paradigm – that is, that 'science' (separated from practice and generated by external and independent professionals) could be a better or more reliable way of knowing than practice wisdom (the accumulated experience and know-how of those doing the work on the front line) and locally-generated research.

The evidence landscape for social care services in the UK continues to be challenging: social care services are widely considered to be under-funded and there is only limited funding available for the collation of fresh evidence on the effectiveness of those services. The turbulence of social care has often made it quite difficult to research, especially at large scale or by using methods that require standardisation. However, over the last two decades, resistance to the idea of evidence-informed practice has become less obvious and there have been some investments in an infrastructure to support such practice. There has also been increasing cross-disciplinary elaboration of the knowledge and evidence base for social care (and even more so for early intervention). This has been gleaned using a wide variety of sources, approaches and methods.

There have been, largely top-down, attempts to introduce the kinds of evidence-based interventions that would not look unfamiliar to a clinical scientist. This includes policy interest in rolling out evidence-based programmes and their accompanying research infrastructure. Alongside this, there has been a proliferation of groups and organisations whose focus is to identify and promote 'what works' in social intervention. Yet, perhaps because of the inherent limitations of the 'science-based' rather than 'complexity-based' perspective, the pace towards widespread adoption of practices for which there is strong evidential support remains slow, and is confined largely to pockets of innovation that do not

achieve sustainable scale-up. This is true internationally as well as in the UK (e.g. Mitchell, 2011). There has been disappointment that the introduction of formally-defined evidencebased interventions in social care has so far produced few results that inspire confidence in their long-term sustainability. This is despite a considerable investment of funds, local effort and political energy in supporting the implementation of these interventions. It has been acknowledged that this 'crisis of replication' is not unique to social care (Grant and Hood, 2016; and see also Chapter 10).

There is, therefore, a need to consider more carefully the complexity of services and of the contexts in which they operate, and then to work to ensure that the methods used to gather and use evidence are more sensitive to that context. The world of social care is not simple and any simple answers to complex questions are likely to be simplistic. Complexity science, systems-thinking and some more recent developments in the implementation and improvement sciences provide some clues as to how to raise the game in this regard (Cook and Tönurist,2016).

In order to mobilise evidence *in practice* (in contrast to simply moving evidence *into practice*), there is a need for more active approaches to supporting social care organisations and practitioners: enabling them to draw on, adapt and contribute to knowledge about best practices in their daily work (not just telling them 'what works'). Active implementation and improvement support structures are needed that intellectually and physically mobilise knowledge both within and into practice settings. This will mean some new investment in developing a cadre of professionals with sufficient expertise to support evidence use in social care. These professionals will require a new combination of skills and expertise, knowledge of both evidence and practice, and an ability to apply that knowledge in environments characterised by volatility, uncertainty, complexity and ambiguity. It also perhaps means placing less emphasis on innovation (and the introduction of new evidencebased programmes) and more on improving basic practice and 'business as usual' in the work of social care. Currently however, here are only a few organisations in the UK that begin to show what can be done to promote an evidence-informed agenda at a local level. Moving forward, social care needs more integrative approaches that understand and respond to complexity and seek to improve existing practice alongside providing support for innovation.

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Box 5.1 Scientific principles for intervention design, implementation and assessment

1. The design of services or interventions (i.e. content, curriculum) should be based on theory informed by knowledge about root causes and past evidence of effective solutions.
2. A pre-determined theory of change (a summative articulation of the theory which also sets out an expected causal pathway and makes clear the logical connections between the intervention activities and the outcome) is vital to help guide stakeholders in delivery and evaluation.
3. A degree of linearity between cause and effect can be modelled; and therefore if the service is well designed and well delivered, desired outcomes should logically follow.
4. Practitioners on the ground must deliver the intervention 'as designed', observing standards of treatment and adherence to the curriculum as laid down by the developers (known as fidelity).
5. Evaluation using the most robust methods of quantification available (i.e. RCTs) is the most desirable way to assess outcomes. Moreover, if an RCT returns neutral or even negative results, and if Principle 3 (above) is satisfied, this means that the intervention should be discontinued.
6. If the RCT returns positive results, replication in other settings should be possible, with minimal adaption to context (and scaling up becomes almost a moral imperative).
7. Interventions in this model should ideally follow a developmental pathway through theory-based design, testing for so-called *efficacy* in 'ideal' settings (thus testing 'internal validity' or proof of concept), and finally testing for so-called *effectiveness* in wider, more varied community settings (thus testing for external validity).

Box 5.2 The Signs of Safety approach to child protection

Background

Signs of Safety is an approach to child protection casework, originally developed in Western Australia in the 1990s (Turnell and Edwards, 1999) and adopted in many other countries. Its principles are based on solution-focused brief therapy (Woods et al., 2011) and are designed to create a general framework rather than a prescriptive methodology for practice.

Key features

Signs of Safety emphasises partnership working, critical thinking, and a grounding in everyday practice. Core elements include understanding the perspective of every family member,

searching for exceptions to maltreatment, identifying strengths and resources, focusing on goals, measuring progress through the use of scaling questions, and assessing willingness, capacity and confidence (Bunn, 2013).

Evidence

The literature on Signs of Safety includes a series of evaluations, undertaken mainly in Australia, the United States and the UK (Skrypek et al., 2012; Bunn, 2013; Idzelis Rothe et al., 2013; Baginsky et al., 2017). Most of these studies have been observational and interpretative, employing a cross-sectional or longitudinal design. Findings suggest that the approach is consistently rated positively by practitioners and service users, and leads to improvements in aspects of casework and safety planning that correspond to the model's theory of change (see Baginsky et al., 2017). The literature on Signs of Safety also has the merits of discussing contextual factors that affect implementation, such as reorganisations and staff changes (Baginsky et al., 2017).

Implementation

Implementation generally involves a series of training sessions for frontline practitioners and managers, along with additional input on supervisory and organisational processes. Only licensed trainers and consultants are able to undertake this work, and so implementation will generally involve commissioning services from the private consultancy that owns the Signs of Safety trademark. In England, ten pilot local authorities were recently provided with government funding through the Children's Social Care Innovation
Programme to implement the programme in their child protection services (Baginsky et al., 2017). This combination of public funding and private enterprise is increasingly common in the sector, reflecting the growing diversity and marketization of social care provision (Jones, 2015).

Box 5.3 Research in Practice

For more than 20 years, Research in Practice (RIP) has worked to bridge the gaps between research, practice and service users' lived experiences. The goal of the organisation is to improve practice and ultimately outcomes for children and families. RIP brings together researcher and practitioner expertise to build capacity in the social care sector to deliver evidence-informed practice. RIP achieves this aim through a variety of activities, the production of knowledge resources and tailored support. RIP is funded via a subscription model, where organisations pay to become members and as members access resources, professional development and tailored support. Priority topics for events and resources are identified in consultation with the members. Tailored support to member organisations might take the form of workshops, help with strategy development, research syntheses and evaluations. There is a sister organisation to support evidence use in adult social care: RIPfA (Research in Practice for Adults).

Box 5.4 Understanding social care from a complex adaptive systems perspective

The wide literature on systems thinking and complexity, and in particular the literature on socio-technical systems design (STSD) (e.g. Trist, 1981, Ashby, 1956), which draws strongly on complexity science and systems-thinking, can support an understanding of social care and the role of evidence in supporting improvement. The underlying premise of STSD is that most work in advanced societies involves a complex interaction between people, technology, and other factors in the environment. Almost all innovations in social care do not stand alone, but are innovations that are being introduced into a system (Ghate, 2015). A complex adaptive or responsive system is defined by its properties of emergence and, therefore, unpredictability (Mowles, 2014). It is also self-organising (Meadows, 1999), learning from experience and adapting its behaviours accordingly in order to survive. It is affected by the individual actors within the system and their ability to exercise choice and respond to the actions of others (Stacey, 2006).

Box 5.5 The Vanguard Method

Background

The Vanguard Method (tVM) is an approach to organisational systems redesign, developed by John Seddon (2003, 2008) and delivered by Vanguard Consulting. It draws on business management ideas and is closely related to the principles of socio-technical systems design. In recent years The Vanguard Method has been applied in both child and adult social care.

Key features

The theory behind the approach is critical of 'industrial' approaches to delivering services, which tend to involve a high degree of standardisation and specification of discrete activities and tasks. With this approach, managers are encouraged to move away from trying to control what their workers do and focus instead on developing 'requisite variety' in the system. To begin with, this means understanding demand from the end-user's perspective and studying how the current design meets that demand. Managers then use this knowledge to redesign their system against demand, using measures that are derived from overall purpose rather than tasks and processes. Often the result is a reduction in the number of unnecessary steps, assessments and handovers that service users have to go through before they get a service, which in turn reduces costs in the system as a whole.

Evidence

Evaluation of the Vanguard Method presents some difficulties since it is a methodology for redesign rather than an intervention or model of provision in its own right. However, it does have the advantage of incorporating empirical measures into the check and redesign process, which lends itself to case studies and action research. In children's social care, a study by Gibson and O'Donovan (2014) found that redesign using tVM led to large reductions in failure demand and 'end-to-end times' for resolving family's problems. The Vanguard approach currently lacks independent evaluation or comparative longitudinal study.

Implementation

The Vanguard Method is an interesting case of implementation because the codification of method is mainly geared towards discovering what it is that should be implemented. Whereas conventional evidence-based approaches suggest that a pre-specified set of problems should be matched to a tried-and-tested solution, tVM highlights the contingent nature of problems and solutions alike.

Chapter 6: Using evidence in criminal justice

Nicholas R. Fyfe and Gloria Laycock

7000 words

6.1 Introduction to evidence use in criminal justice

6.2 The nature of evidence for policing

6.3 Production and synthesis of research-based knowledge in policing

6.4 Encouraging and enabling evidence use in policing

Tailored dissemination

Support for research-informed practitioners

Embedding research findings in policing procedures

Shifting the culture of police organisations

6.5 Reflections and conclusions

References

Box 6.1 Research on repeat victimisation and its impact

Box 6.2 Partnership working in the Scottish Institute for Policing Research (SIPR)

Box 6.3 Partnership working in the What Works Centre for Crime Reduction (WWCCR)

Box 6.4 Targeted dissemination and the College of Policing What Works Toolkit

Box 6.5 Embedding research findings in scripts of routine encounters: the Queensland Community Engagement Trial (QCET)

Chapter 6: Using evidence in criminal justice

Nicholas R. Fyfe and Gloria Laycock

6.1 Introduction to evidence use in criminal justice

Criminal justice covers a range of policy and practice areas. Agencies in this field are typically responsible for enforcing the law (including the prevention, disruption and detection of crime), prosecuting offenders (which requires appropriate prosecution and defence authorities and court services), dealing with convicted offenders (which involves prisons, probation services and staff who might deal with a wide range of alternative disposals) and supporting the victims of crime (which involves developing victim support groups and treatment services). The configuration of these arrangements in individual countries varies.

This chapter primarily describes the use of research evidence in criminal justice as it pertains to the UK (and mainly England and Wales, but with some reference to Scotland). Here there are a mix of national and local agencies, including a National Crime Agency and national prison and prosecution services, local police forces in England and Wales (but now a national force in Scotland), and a myriad of local public, private and voluntary organisations working with offenders and victims. Policy development is divided between a group of agencies, including (in England and Wales) the Ministry of Justice, the Home Office, the National Fraud Office and the Crown Prosecution Service. These policies inform the work of practitioners, who might be police officers, those working in courts services, the National Offender Management Service (which includes prison and probation officers), aftercare staff and a plethora of medical or social service staff who are to varying extents involved in the treatment and care of offenders and victims.

In the original '*What Works'* book (Davies et al, 2000), the criminal justice chapter focused on interventions with convicted offenders, particularly the services provided by the probation service and its 'What Works Project' (Nutley and Davies, 2000). That project was concerned with identifying and implementing some key principles for achieving effective practice. While Nutley and Davies welcomed the opportunities created by this interest in evidence of what works, they warned of the dangers of rushing ahead with wide scale implementation of tentative effectiveness principles, and commented that the concomitant call for routine evaluations might lead to a proliferation of poorly conceived, small-scale studies that add little to the existing evidence base.

Two decades on, the extent to which the various elements of the criminal justice system in the UK are involved in evidence-informed policy and practice initiatives varies widely across the different institutions and organisations. Since 2000, not only has the probation service undergone significant restructuring (resulting in a greater fragmentation of approach) but the police have emerged as arguably the most active criminal justice agency in terms of embracing evidence-informed approaches. This has been driven by a combination of factors, including: commitments to the greater professionalization of policing; significant budget cuts since the mid-2000s, which have prompted reflection on issues of efficiency and effectiveness; and greater engagement with the academic community in the form of strategic partnerships and collaborations. Other sectors of the criminal justice system are either comparatively small (like the courts services), heavily fragmented (like the partially privatised and heavily stretched prison and probation services) or closely connected with other elements of the 'evidence-based movement' (such as drug treatment agencies with close connections to health services). This chapter therefore concentrates on evidence in the context of policing policy and practice.

To understand the use of evidence in policing it is important to consider both the shifting characteristics of professionalism within police organisations and changes in the nature of policing research, and then how both of these developments have influenced each other and have shaped interactions between police organisations and the research community. In the latter half of the 20th Century, there were significant attempts by police organisations (particularly in the UK and US) to move from an 'old' police professionalism that dominated police departments in the 1960s and 1970s to a 'new' professionalism, elements of which began to emerge in the late 1990s and early 2000s (Stone and Travis, 2011). Under old professionalism, crime fighting and law enforcement were central tasks and these were viewed as essentially technocratic activities that required little engagement with either the public or researchers (Kelling and Moore, 1988). A limited repertoire of tactics was deployed in tackling crime, including the retrospective investigation of crime rather than upstream preventative approaches. By the late 1990s, there were significant pressures on both sides of the Atlantic to change this approach due to a continuing rise in crime and catastrophic breakdowns in the relationships between the police and sections of the black and ethnic minority communities (particularly in the US). In addition, research evidence was

increasingly challenging the effectiveness of police tactics, which were often deemed to lack evidential support (Reiner, 2010). According to Stone and Travis (2011), these pressures gradually brought about a shift towards a new type of professionalism characterised by three key elements: increased accountability; a greater focus on legitimacy; and moves towards evidence-informed practice.

Alongside these changes, there have also been shifts in the nature of policing research. For much of the 20th century policing research was 'on' and 'about' the police, particularly the contours of a complex police sub-culture. Much of this research was highly critical, raising concerns about racist and sexist behaviours as well as weak forms of accountability and governance. The evidence gathered was largely qualitative and, perhaps unsurprisingly, there was little interest either from the research community or police organisations in a dialogue around the policy and practice implications of research findings.

There were some attempts to develop a research agenda which was more orientated to working with the police and to offer them evidence about their (in) effectiveness in tackling crime. Within England and Wales, the Home Office Research Unit (HORU) was established in 1957 to carry out (or fund) research of relevance to criminal justice policy and practice. HORU had variable success in this aim, but became more influential from the 1970s onwards, particularly with the establishment of the British Crime Survey (now the Crime Survey for England and Wales), which helped to re-orient government policy toward the care of victims and their greater involvement in the criminal justice process. HORU was also instrumental in demonstrating the importance of the situational environment as a focus for crime prevention activities and, from around the early 1980s, Home Office policy began to emphasise the importance of crime prevention as a neglected area of policy and practice (Jones et al, 1994).

Since the 2000s there has been a significant expansion of applied policing research (Reiner 2015). Part of this expansion has revolved around the development of an 'evidence-based policing movement', which has gathered considerable momentum since the late 1990s. Initial ideas about what this entails in practice have over time extended from a preoccupation with 'the processes or products of evaluating police practices', to also include consideration of 'the translation of that knowledge into digestible and useable forms and

the institutionalization of that knowledge into practice and policing systems' (Lum and Koper, 2017 p.4). From this broader perspective, evidence-informed policing encompasses everything from evaluations of policing interventions to reflections on research knowledge at a managerial level, and from use of crime analysis to guide the deployment of police resources to the use of risk instruments to identify problematic situations.

We next discuss debates about the nature of evidence for policing policy and practice. This is followed by consideration of the structural arrangements for producing and synthesising research-based evidence. The penultimate section outlines some of the difficulties in encouraging and enabling evidence use in policing and how these are being addressed. We conclude by commenting on the experiences of other countries and highlight some of the continuing challenges around the integration of evidence into criminal justice policy making.

6.2 The nature of evidence for policing

The very term 'evidence' comes loaded with established meanings and assumptions within the criminal justice arena. Indeed, the notion of evidence is central to much of what criminal justice practitioners do. In policing, this ranges from engaging in different forms of evidence gathering (obtaining forensic evidence from crime scenes through to taking witness statements) to weaving that evidence together into a narrative that will form the basis of prosecution within the court system, where the evidence will be contested by defence lawyers and judged by a jury. However, the term is used in a different sense in this chapter, where the central concern is the use of research-based evidence to inform policy and practice, albeit alongside other considerations and ways of knowing such as organisational priorities, professional experience and public expectations. In line with the discussion of evidence use terminology in Chapter 1, the generic phrase of 'evidenceinformed policing' is used in this chapter. Exceptions are made when referring to the official names of centres promoting evidence use and when contrasting a somewhat purist 'evidence-based' approach with a more inclusive 'evidence-informed' stance.

One of the most significant champions of evidence use in policing, Larry Sherman, argues that 'police practices should be based on scientific evidence of what works best' (Sherman, 1998, p2). He highlights two requirements of an 'evidence-based' police organisation. First,

it should use the results of rigorous evaluations of policing tactics and strategies to guide decision-making; and second, it should generate and apply analytical knowledge derived from police data on crime problems and other issues. However, there have been strong (and occasionally acrimonious) debates about what kinds of research evidence should underpin police policy and practice. Taking their lead from Sherman (1998) and his argument that the police need to base their practice on scientifically developed evidence (echoing developments in evidence-based medicine – see Chapter 4), the evidence movement in policing has tended to promote experimental and quasi-experimental methodologies as the best basis for generating good evidence. The Maryland Scientific Method Scale (developed by Sherman and colleagues – see Chapter 11) defines acceptable methodologies for research on a five-point scale, with randomised controlled trials as the 'gold standard'.

However, the above view of 'best evidence' has been hotly disputed. Cockbain and Knutsson (2015, p 3), for example, argue in favour of a 'more pragmatic and inclusive stance on evidence' which embraces the benefits of other approaches such as case study methods and action research. There is also the view that there is a fundamental incompatibility between the experimental methods championed by the evidence movement and the operational realities of police work (Sparrow 2016). The former is said to be too slow in generating useful knowledge, it also narrows the range of solutions available to the police by advocating only those approaches that have been 'scientifically' tested, and is too focused on macro-level issues rather than the details of particular problems (Sparrow 2016, pp 137-145). In line with the need to better understand problems and how interventions work, Pawson and Tilley (1997) had earlier emphasised the importance of identifying mechanisms (how initiatives achieve their effect) and how they interact with contexts (on the basis that what works in one place or at one time does not necessarily work in another). This 'realist' view of what counts as good evidence is now at the centre of a major initiative to provide the police with evidence of what works in crime reduction (see Box 6.3 in the next section). The methodological approaches advocated by Pawson and Tilley have also found favour in many other settings (see Chapter 10).

The nature of evidence needed to inform policing policy and practice remains a contentious issue then, and this has implications for the arrangements for producing and synthesising research-based knowledge.

6.3 Production and synthesis of research-based knowledge in policing

As noted in the introduction, Home Office researchers have played an important role in facilitating the production and synthesis of research-based knowledge for policing. A key development was the establishment of the Home Office Police Research Group (PRG) in 1992 (directed by one of the co-authors, Laycock). This group had a remit to carry out and fund policing research relevant to policy and practice. A particular aim of the PRG was to improve the relationship between researchers and police, and to foster the view that experimentation and information derived from research could be useful, pragmatic and timely (Laycock, 2001). The programme of work around the notion of repeat vicitimisation was particularly influential in this regard (see Box 6.1)

[Box 6.1 about here]

Another milestone in the development of an infrastructure for synthesising policing research was the establishment of the Campbell Collaboration's Crime and Justice Group in 2000. This is an international network of researchers that prepares and disseminates systematic reviews of high-quality research on methods to reduce crime and delinquency and improve the quality of justice. It has become a major repository of systematic reviews on what works in criminal justice (including in policing).

In general, the architecture for promoting evidence-informed policing, including the generation of applied research, has centred on the development of collaborations between police organisations and university researchers. In the UK, this was pioneered by the Cambridge University Institute of Criminology (and its Director, Larry Sherman). In 1996 the Institute became the university academic partner on the UK's Strategic Command Course – the programme that all aspiring senior police officers need to take in order to progress to the most senior ranks. The Institute has played a significant role in the training of senior police officers since then, who each have an option to complete a research project as part of a Masters level degree. This programme has promoted the idea of research and experimentation amongst a key group of senior police officers, with the effect of creating high level 'evidence champions' across UK police forces.

Other partnerships between police organisations and universities have since been developed and extended. Indeed, even a cursory glance at the contexts in which evidence for policy and practice is being produced indicates a growing range of innovative activity aimed at establishing dialogue between police and research communities. Special issues of journals, such as *Police Practice and Research: an International Journal* (see Johnston and Shearing, 2009; Cordner and White, 2010; and Fyfe, 2012), alongside edited collections (such as Cockbain and Knutson, 2015), all point to increasing interaction between policing researchers and practitioners. Such collaborations are said to depend on building relationships of trust, openness and honesty, establishing good personal relationships between 'the right people' (Foster and Bailey, 2010; Marks et al, 2010), and developing a strategy of continuous negotiation and communication (Fleming, 2010). These collaborations can also take a variety of forms: Engel and Henderson's (2014) typology distinguishes between critical partnerships (where the aim is to contribute to the general knowledge base about policing and inform high level decision-making rather than directly alter police practices); policy partnerships (which focus on practically relevant research that affects policing); and fully-collaborative partnerships (which range from individual researchers working directly with police agencies, to researchers from across several academic institutions working with multiple police agencies).

The UK provides two good examples of full-collaborative partnerships: the Scottish Institute for Policing Research (SIPR - see Box 6.2) and the What Works Centre for Crime Reduction (see Box 6.3, and further fiscussion in Chapter 13). The SIPR approach has been adopted and adapted in other places in the UK: the N8 Policing Research Partnership brings together eight universities with eleven police forces in the north of England; the East Midlands Policing Academic Collaboration involves seven universities and five police forces; and the Universities' Police Science Institute (UPSI) involves the South Wales Police, Cardiff University and the University of South Wales.   The long term success of these policeacademic partnerships in developing policing research and evidence use depends on a combination of factors. An independent evaluation of SIPR, carried out ten years after it was established, identified the following factors as playing a part in SIPR's positive impact on developing a research-informed environment for Scottish policing: the joint role of police and academics within the governance and management infrastructure of the Institute;

strong collaborative communities of academics and practitioners at a grass-roots level; focused communication and networking activities; and high quality and committed leadership by both senior academics and senior police officers (Scottish Funding Council, 2017).

[Boxes 6.2 and 6.3 about here]

These and a number of other more modest partnership initiatives are now fairly common across the UK. They are a snapshot of what is happening at the time of writing and it would be reasonable to expect development and innovation to continue. There is a real sense that the accessibility and use of research evidence is being actively encouraged across the police field, particularly amongst some of the new recruits who are either selected with a university degree or encouraged to take academic qualifications and continuous professional development throughout their careers. In 2010, for example, a group of police officers were instrumental in the establishment of the Society of Evidence Based Policing in the UK, which is open to police and academics and is active in promoting the approach. Sister organisations have now been established in Australia, the US and Canada.

The developments traced thus far represent an encouraging picture of policing becoming a more evidence-informed profession. However, it is important not to overstate these developments nor underestimate the need to find new ways of encouraging and enabling evidence use in policing. Indeed, some observers have noted the paradox of 'successful failure' wherein, despite the expansion of policing research and police-academic partnerships, the impact of research on policy and practice remains limited (Fyfe, 2017). It is to these issues we now turn.

6.4 Encouraging and enabling evidence use in policing

Many of the barriers that tend to limit the use of research are not specific to policing. Research findings are often messy, ambiguous and contradictory; there may be a lack of autonomy to implement findings from research and a lack of support for research-based change; and there may be cultural resistance to research and its use (Nutley et al, 2007). All these barriers are relevant in understanding the constraints that limit the integration of research evidence into policing. Bullock and Tilley (2009) highlight how, within policing,

there is often disagreement about what counts as evidence of effective practice, issues about the accessibility of evidence to practitioners, and lack of support for practitioners to engage with research that might be seen as a threat to professional expertise (see also Chapter 3). Similarly, Lum et al (2012, p. 65) highlight an organizational culture and system of promotions that focus on 'rewarding knowledge of procedures and reactivity [and so] help strengthen barriers to using research that promotes proactivity and problem solving'.

Against this background, it is vital to find ways of ensuring that research evidence becomes part of the conversation about policy and practice. It is also important to reflect on some of the main ways in which this challenge is being approached. Here we focus on four approaches: better tailored dissemination; support for research-informed practitioners; embedding research-based recommendations in policing routines; and shifting the culture of policing organisations.

Tailored dissemination

Tailored dissemination involves thinking carefully about how research is 'packaged' for practitioners and policy makers in ways that increase research awareness and encourage its use. The 'What Works Toolkit', mentioned in Box 6.3, illustrates an increasing commitment to tailored dissemination (see Box 6.4 for further details). A similar approach to tailoring dissemination activities has been developed in the US at the Center for Evidence-Based Crime Policy at George Mason University and comprises an online toolkit known as the 'evidence-based policing matrix'. This categorises experimental and quasi-experimental research on police and crime reduction in order to allow practitioners as well as other researchers to rapidly determine those policing approaches which appear most promising in reducing crime (Lum et al, 2011).

[Box 6.4 about here]

Support for research-informed practitioners

In Nutley et al's (2007) model of the 'research-based practitioner', it is the role and responsibility of individual practitioners to be aware of research and to use it to inform their day-to-day practice. One example of this is the SIPR Practitioner Fellowship programme. This typically involves police officers or members of police staff being mentored by an

academic in relation to a piece of research that the practitioner is undertaking as part of their professional role. The academic is able to provide information about other relevant research in the field as well as advising on research design and methodology in situations where primary data collection is also involved.

There are important connections between the research-based practitioner model and tailored dissemination. For example, work undertaken by Fleming et al (2016) trained officers in the use of the What Works Toolkit (Box 6.4) and used the research-based practitioner model to frame the training. Focusing on the EMMIE themes within the toolkit, officers were informed about the importance of 'Thinking EMMIE' (i.e. considering researchbased interventions), 'Applying EMMIE' (i.e. implementing an intervention based on information contained within the toolkit), and 'Evaluating EMMIE' (by undertaking an assessment, perhaps with support from researchers at a local university, of whether the intervention had the anticipated impact).

Embedding research findings in policing procedures

Although tailored dissemination and the research-based practitioner model have much to commend them, there is an underlying assumption that practitioners have relatively high levels of autonomy in their day-to-day practice. Another model of improving research use in practice is what Nutley et al (2007) refer to as the 'embedded research model'. Unlike tailored dissemination and the research-based practitioner approaches, this approach does not require practitioners to directly engage with research. Rather 'research enters practice by becoming embedded in service systems and processes, through mechanisms such as national and local policies and procedures, intervention programmes and practice tools' (Nutley et al 2007, p.210).

Within a policing context, there are an increasing number of examples where researchbased strategies and tactics are being embedded in policing routines. In terms of routine encounters between police and citizens, for example, ways have been developed to embed procedural justice principles into these interactions as a way of improving levels of public trust and confidence in police actions. This was pioneered in Australia in the Queensland Community Engagement Trial (Mazerolle, et al, 2014), which tested the impact of police engaging with citizens by operationalizing key aspects of procedural justice in short,

highvolume police citizen-encounters (see Box 6.5). Another example is the development of research-based temporal and spatial profiles to aid missing persons investigations. These profiles are based on a range of research-based predictive variables (including age, gender and mental health) which are used to predict likely outcomes (such as distance travelled by a missing person and likely locations). These profiles are now systematically used by police agencies throughout the UK (Woolnough et al, 2017).

[Box 6.5 about here]

As these examples illustrate, an important difference between the embedded research model and the research-based practitioner model is that responsibility for ensuring research-informed practice lies not with the individual practitioner but with policy makers and service delivery managers who translate key messages from research into guidance and practice tools. This approach therefore overcomes some of the limitations of the researchbased practitioner model because it does not rely on practitioners having the time and interest in engaging with the research or the autonomy to act upon findings.

Shifting the culture of police organisations

Policy makers and service delivery managers can also play an important, strategic role in fostering a research-minded culture within organisations, which Nutley et al (2007) refer to as the 'organisational excellence model'. This broader perspective on evidence use is exemplified by the police-academic collaborations, discussed earlier, where the focus is not simply on the instrumental use of research knowledge but on developing an increased appetite and capacity for police organisations and researchers to work together. The independent assessment of the ten-year impact of the SIPR partnership draws attention to 'a key culture change in relationship between academics and the police in Scotland' and a fundamental change in police and academic attitudes to each other's roles and responsibilities (SFC, 2017, p.17). An important consequence of this is not only collaborative and co-produced research on high profile and sensitive topics (such as missing persons and stop and search) but also more strategic use of research to inform long-term policy. For example, the joint ten-year policing strategy developed by Police Scotland and the Scottish Police Authority (*Policing 2026*) was informed by a series of commissioned evidence reviews on key issues, including prevention, performance and partnership working (SIPR, 2017).

6.5 Reflections and conclusions

The relationship between policing and policing research in the UK has changed since the 1990s. This has been facilitated by the increasing expectation that academic research will have some practical impact, which has encouraged academics to work *with* practitioners rather than *on* them. In addition, falling policing budgets and shifting notions of what professionalism means in policing have increased expectations that police organisations and police officers will be aware of research on what works and involve themselves in the further development of this evidence base. All this is very positive but, as already mentioned, there remain concerns about the limited extent to which research findings are having an impact on policing policy and practice.

UK policing is not alone in embracing a greater commitment to evidence-based policy and practice in policing but there are some differences as well as similarities in approach. In Australia and New Zealand, strategic partnerships between police organisations and higher education, similar to those in the UK, have been established. In 2017, the New Zealand Police formed a research partnership with the University of Waikato to establish a Centre for Evidence Based Policing, while in Australia the Centre for Excellence in Policing and Security brought together four universities working collaboratively with the Australian Federal Police, Queensland Police Service and Victoria Police. In the US, there are also local examples of police-academic collaborations that involve integrating evidence into discussions around policing policy and practice, including the Center for Evidence-Based Crime Policy at George Mason University and the University of Cincinnati Center for Police Research and Policy. However, looking at the highly complex and fragmented US law enforcement landscape as a whole, US policing researchers have highlighted the scale of the challenge of developing a more evidence-based approach. Lum and Koper (2017, p 5) observe that 'adjusting the philosophy and culture of policing to embrace a more scientific approach may require fundamental changes in long standing practice deeply embedded within the organization'.

Similar observations have been made in a European context. Mouhanna (2017, p 27) observes how in France there has been a 'persistence of mistrust and even fear of

researchers among police forces, especially at the highest level', with practitioners dismissing researchers for not having an understanding of the problems and challenges faced by police officers. This lack of engagement is attributed to a concern among the police in France that researchers are not under their control and are able to provide an alternative perspective on policing which threatens the notion of a well-functioning organization. In other parts of Europe, notably Scandinavia, the connections between research, policy and practice in policing are much more established. Norway and Finland, for example, both have Police University Colleges where research, education and training are all closely integrated within a single institution operating in the context of national policing structures.

Looking to the future, important challenges remain in relation to the use of research evidence in policing, and these have wider relevance for the criminal justice sector as a whole. There are differences and debates within the research community around support for 'evidence-based' versus 'evidence-informed' approaches, and more fundamentally on what counts as evidence. Those pressing for evidence-based policies and practices tend to take a purist approach and argue that experience is no substitute for 'hard scientific fact'. Evidence-informed advocates argue that, particularly given the present state of knowledge in the field, and the need to take account of the context and mechanisms, better policies and practices will be determined through a melding of evidence and experience. Moreover, the available evidence base is still weak in many areas, such as cybercrime, counter terrorism and tackling vulnerability through partnership working. There is therefore a real threat to the credibility of a hard push approach to promoting the use of existing evidence, especially when there is often little or no research evidence to draw upon. Finally, wider considerations of professionalization frame many of the current debates and developments around research use in the criminal justice sector. Drawing some inspiration from the health sector (and particularly nursing), some criminal justice agencies (notably police and prisons) are exploring new professional models founded on academic qualifications and the ability to interpret and apply research relevant to their practice (see also the discussion in Chapter 3). These professional models challenge strongly held views about the importance of craft and experience-based knowledge compared to more academic, research-informed understandings. The future of evidence use in the criminal justice sector will undoubtedly be shaped by the contours of these challenges and debates.

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Box 6.1 Research on repeat victimisation and its impact

An early burglary prevention project in the North of England showed high rates of repeat burglary and demonstrated that by focussing on repeat victims and protecting them, burglary could be reduced significantly. This led to a programme of work demonstrating the relevance of repeat victimisation across a range of offences (Farrell and Pease, 1993). Despite the success of this programme there were no clear signs that the police were aware of this research or were changing their practices to take account of it. The Home Office's response included: providing advice on how to measure repeat vicitimisation; a series of 'roadshows' around the country to promote the ideas; small, non-technical research reports describing the relevant research; and introducing a staged set of performance targets intended to focus police thinking (Laycock, 2001). The effect of these activities, particularly the performance targets, was measured by Farrell et al (2000, vi) who concluded that:

'... the degree and speed of progress made suggests that the impact of the performance regime was considerable. By May 1999, all police forces in England and Wales claimed to have strategies in place to address repeat victimisation and it is unlikely that this universal response would have resulted from the diffuse process of research dissemination'.

The lesson taken from this experience was that research, no matter how well conducted or relevant to policing, is unlikely to affect policing practice unless additional steps are taken to address its implementation.

Box 6.2 Partnership working in the Scottish Institute for Policing Research (SIPR)

SIPR was established in 2007, with one of the co-authors (Fyfe) as Director. It brings together 14 universities working in partnership with Scotland's national police force (Police Scotland) and national governance body (the Scottish Police Authority). SIPR has created institutionalized arrangements in which chief police officers and senior academics meet on a regular basis to discuss the research needs of the police service and opportunities for collaboration. There is regular and routine engagement around the nature and value of the research evidence base for policing, helping to secure a culture of engagement and a commitment to the co-production of research between the police and academic

communities. Such an infrastructure is crucial because the wider literature on strategies for encouraging research use emphasises the importance of social interaction and the benefits of leveraging social influence via senior practitioners.

Further details: Fyfe and Wilson (2012) and Henry (2017).

Box 6.3 Partnership working in the What Works Centre for Crime Reduction (WWCCR).

The WWCCR was established in 2013 under the aegis of the UK Government's What Works programme (see Chapter 13). The Centre is based in the UK College of Policing. One of its first initiatives, in collaboration with the Economic and Social Research Council (ESRC), was to fund a consortium of eight universities, led by University College London, to carry out a programme of work that included systematic reviews of crime reduction topics; the development of an online toolkit to improve access to and understanding of research on the impacts of different interventions to reduce crime (see Box 6.4); and design and delivery of a training programme for police officers on how to use the toolkit to inform their decisionmaking (Bowers et al, 2014a and 2014b; Fleming and Wingrove, 2017).

The role of the College of Policing in supporting evidence use in policing goes beyond simply hosting the 'what works toolkit'. It also acts as a conduit for Home Office funding and manages the bidding process for a wide range of projects throughout England and Wales designed to enhance police/research interactions via what is termed the Police Knowledge Fund. These relationships are expected to support the police in carrying out their own research programmes and also facilitate access to police data and other systems by academics who may wish to carry out research of relevance to policing. Information on the projects funded in this way, as well as those supported in the normal course of academic practice, can be submitted to the College and published in the form of a 'research map' on their website. Again, this is intended to facilitate dissemination of applied research. In addition, the College provides training opportunities designed to increase police familiarity with academic output and has experimented with different methods for doing this. There is

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also a network of 'evidence champions' in police agencies who are expected to disseminate research evidence and act as a first point of contact where necessary.

Box 6.4 Targeted dissemination and the College of Policing What Works Toolkit

The 'What Works Toolkit' was developed by an academic consortium in partnership with the College of Policing (based in various locations across England and Wales). It enables the police to access research findings on different aspects of interventions to reduce crime. The design of the toolkit embraces the importance of recognizing 'local conditions' as a key aspect of presenting evidence to practitioners. Simply providing evidence of the crime reduction effect of an intervention was deemed insufficient for developing practical plans for police action. The toolkit therefore provides advice about the mechanisms through which an intervention might work and the contexts (or moderators) which might impact on outcomes. It also provides advice about implementation (because some interventions might require coordinated action by several organizations and not just the police), and about the cost of implementing an intervention locally (given that this might outweigh the benefits). The toolkit organizes the presentation of research evidence around these themes referred to by the acronym EMMIE: Effect (on reducing crime); Mechanism (how an intervention works); Moderator (where the intervention works); Implementation (what is needed to make it happen) and Economics (what is the cost effectiveness).

The crime reduction toolkit is available on the College of Policing website and for further information see Johnson et al (2015).

Box 6.5 Embedding research findings in scripts of routine encounters: the Queensland Community Engagement Trial (QCET)

In this trial, the research team, in consultation with the police, developed key components of procedural justice into a special script that was delivered by officers during random breath tests of drivers. The script contained four key procedural justice elements which were provided on a post-card sized aide memoire, emphasising the following

'Neutrality' – police conveyed that they were pulling drivers over at random;

'Trustworthy motives' – police emphasised they were worried about people drink-driving and hurting themselves and others;

'Voice' – citizens were encouraged to talk with the police about how to improve crime prevention;

'Respect' – officers were polite and drivers were thanked for their time.

The results of the QCET study (Mazerolle, et al, 2014) showed that the way citizens perceive the police can be influenced by the way in which police interact with citizens during routine encounters, and demonstrated the positive benefits of police using the principles of procedural justice. Drivers who were stopped by the police and who received the specially designed script reported significantly stronger perceptions of procedural justice than drivers who received the standard police encounter.