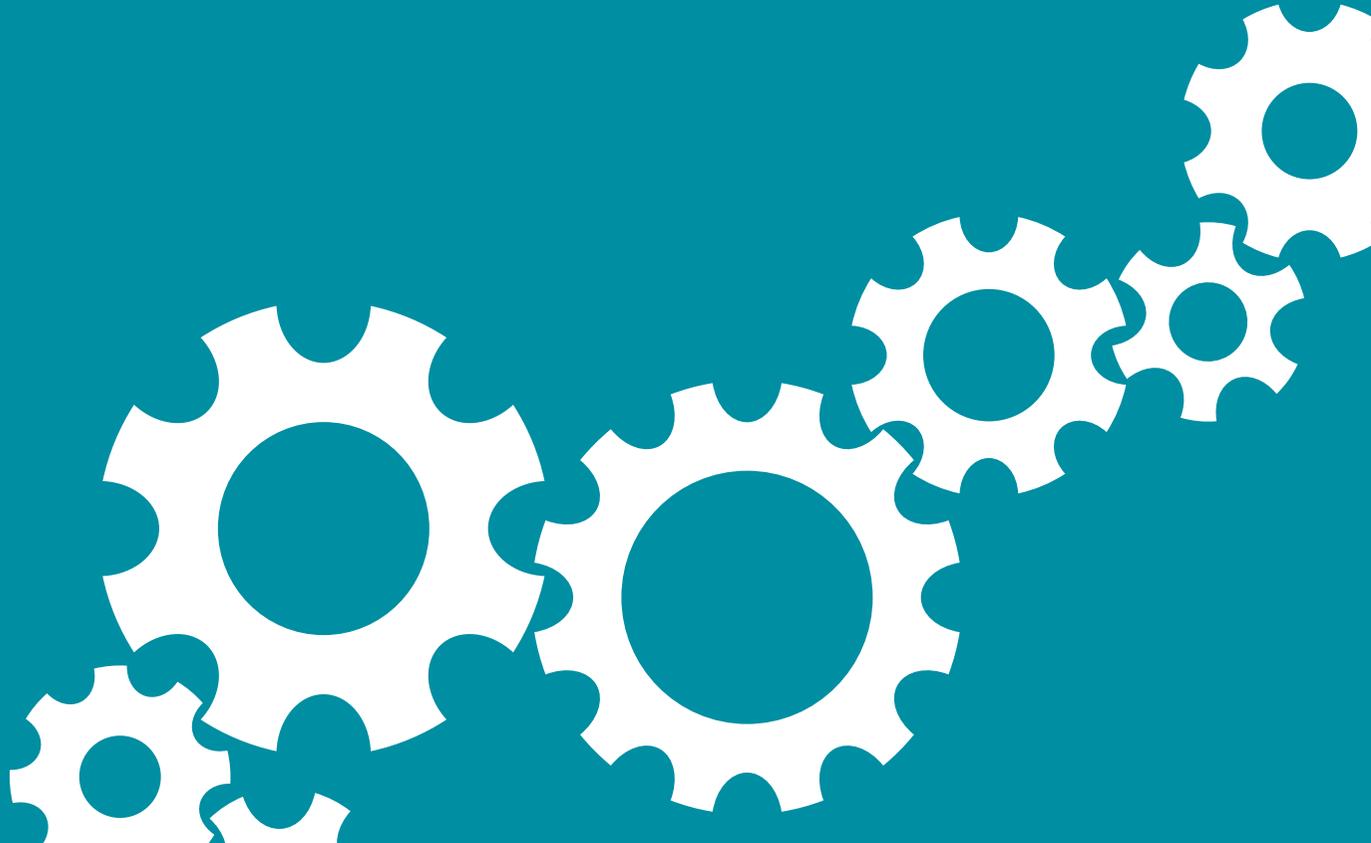


What Works?

evidence for decision makers

25th November 2014



To find out 'What Works'...

...visit the What Works Centre websites and find out more about how you can use our services to help you get better value for money.

NICE National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence
www.nice.org.uk



The Early Intervention Foundation
<http://www.eif.org.uk>

 what works centre for local economic growth

The What Works Centre for Local Economic Growth
<http://whatworksgrowth.org>

WHAT WORKS SCOTLAND 

What Works Scotland
<http://whatworksscotland.ac.uk>



The Education Endowment Foundation
<http://educationendowmentfoundation.org.uk>

What Works  Using evidence to make better decisions

The College of Policing
<http://www.college.police.uk>

The What Works Centre for Wellbeing
<http://whatworkswellbeing.org>

The Centre for Ageing Better
<http://www.ageing-better.org.uk>



The Public Policy Institute for Wales
<http://ppiw.org.uk>

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A Message of Support

In March 2013 we launched the What Works Network, a world leading initiative designed to embed robust evidence at the heart of local and national policy-making.

As we continue to improve and reform public services at a time when finances are tight, it is more important than ever that taxpayers' money is spent in the most effective way. Together, the What Works Centres cover policy areas with public spending of over £200 billion, and are helping to ensure that policy decisions and professional practice are based upon robust evidence of what works to deliver value for money and better outcomes for all.

Five of the six initial Centres have now been in action for a year or more, and last month saw the launch of the new What Works Centre for Wellbeing. What Works Scotland and the Public Policy Institute for Wales have also joined the Network as associate members.

This report brings together a selection of early findings from the Centres: on health,

education, early intervention, crime and local growth. We believe that in the coming years, as the Centres mature, the Network will deliver a step-change in the way that local government, national government, and front line practitioners make decisions about how to deliver public services.

We want that process to begin now, and so we welcome this first report of collected findings. We urge commissioners and practitioners to draw on the growing body of outputs from the Centres; and we urge policy-makers to help the Centres find out what works by robustly evaluating the impact of their policies. We are convinced that in a decade we will wonder how we ever did without the What Works Centres; let's not wait until then to start putting their findings to work.

Rt Hon Oliver Letwin MP
Minister for Government Policy

Rt Hon Danny Alexander MP
Chief Secretary to the Treasury

Introduction: Why ‘What Works’ Matters

By Dr David Halpern,
What Works National Adviser

The ultimate goal of the What Works Network is to support better public services. The Network, and Centres that compose it, are designed to do this by ensuring that the best evidence of ‘what works’ is available to the people who actually make the decisions; not only government ministers and council leaders, but also doctors, headteachers, police chiefs, children’s services professionals and many more.

When your doctor prescribes a medicine, you have good grounds to trust that it will be effective: drugs are tested for safety and effectiveness before they come to market, and the National Institute for Health and Care Excellence (NICE) makes evidence-based recommendations for practitioners about which treatments should be available. But when you drop your child off at school, or turn to the police to keep you safe, the evidence base standing behind the education and crime interventions being used has until recently been much weaker.

Loosely based on the model of NICE, founded in 1999, a series of independent ‘What Works’ institutions have been created since 2010. These Centres are dedicated to the generation, transmission and adoption of evidence. This report highlights their work by bringing together for the first time a selection of findings from the Centres’ work to date.

Generate

At the heart of the What Works mission is the generation and collation of evidence. The What Works Centres systematically assess and synthesise the evidence on what works within their field of expertise. Their independent status underpins their work, ensuring that commissioners, practitioners and the public can trust their conclusions. Where gaps in the evidence are identified, some of the Centres also have the resources to generate new evidence through trials and evaluations, such as the 93 evaluations that have been commissioned since 2011 by the Education Endowment Foundation.

Transmit

Generating and collating the evidence is of no use if it never reaches the commissioners and professionals who need it. All the What Works Centres are led or staffed by leading experts, but rather than scholarly articles, their outputs are designed to be widely accessible, fully public and

easily understood. Each of the Centres has developed, or is developing, easy to understand tools and guidance that summarise the evidence and provide clear and practical advice for professionals and commissioners.

These incorporate clear assessments about which specific interventions are effective, and which are not, and measures of how confident the Centres are about these judgments, based on a systematic approach to assessing the strength of the evidence. Crucially, all the Centres also aspire to incorporate cost-effectiveness into their advice and guidance.

Adopt

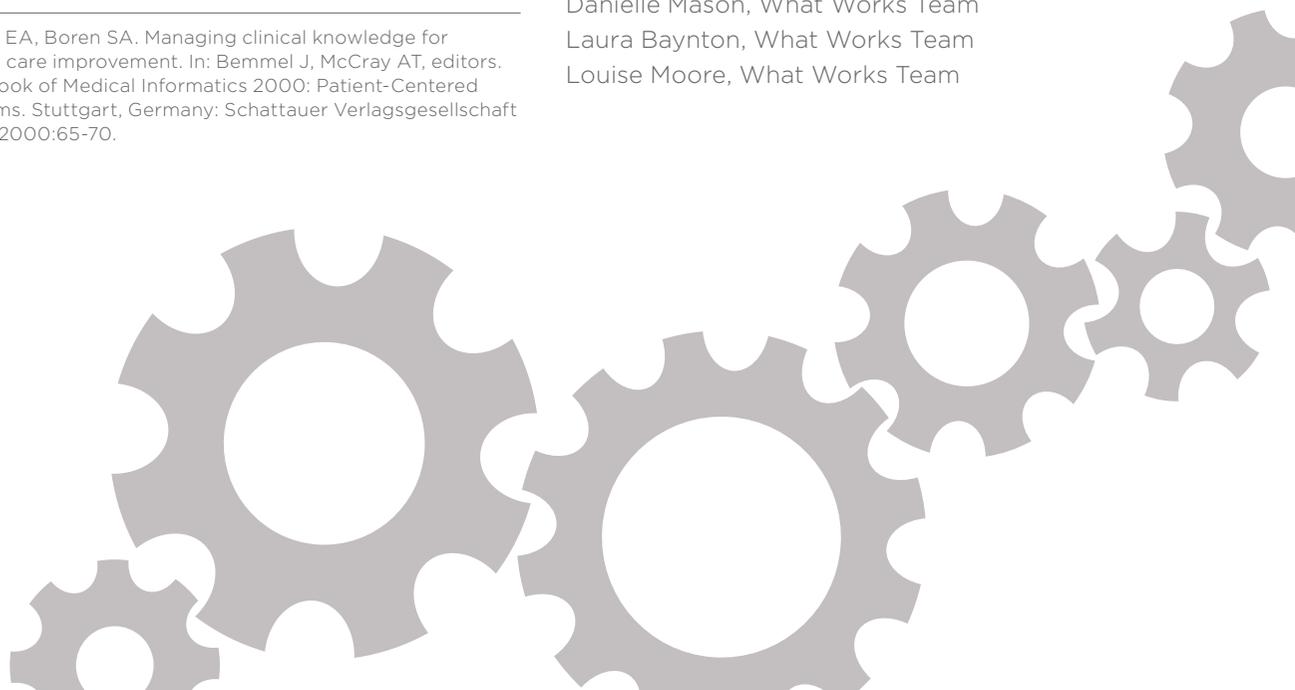
Even in medicine, where robust empirical studies have shown one treatment to be more effective than another, it can take many years for best practice to be adopted across the profession: Balas and Boren estimated that it took an average 17 years for empirical results in medicine to feed into

clinical practice¹. The Centres are therefore committed not only to publishing expert guidance, but to supporting commissioners and practitioners to utilise it. They are consulting with and meeting users, they are training professionals and they are working directly with Local Authorities and other decision making bodies to help them put evidence into action. This report provides some examples of these collaborations to date.

¹Balas EA, Boren SA. Managing clinical knowledge for health care improvement. In: Bemmel J, McCray AT, editors. Yearbook of Medical Informatics 2000: Patient-Centered Systems. Stuttgart, Germany: Schattauer Verlagsgesellschaft mbH; 2000:65-70.

The role of the What Works Centres is to offer the best expert assessment available. It is for the professional or commissioner to make the final judgment on what to do. Commissioners and practitioners will always need to consider additional factors, such as public sentiment and local context; now they will also be able to weigh the impartial, expert view on 'what works' into these judgments.

Dr David Halpern, What Works National Adviser
Danielle Mason, What Works Team
Laura Baynton, What Works Team
Louise Moore, What Works Team



What Works: Some of our findings...



Crime

'Hot spot' policing
- patrolling in small areas where crime has been concentrated
- reduces crime and does not simply move it round the corner.

Education

Peer tutoring approaches, where learners work in small groups to provide each other with explicit teaching support, have, on average, a high impact on attainment at a low cost.

Local Growth

Whilst they have intrinsic social value, the local economic impacts of major sporting and cultural projects tend not to be large and are more often zero.

Health

More lives would be saved or improved if people with acute heart failure were routinely treated by specialist heart failure teams.

Early Intervention

The Family Nurse Partnership programme has been shown to be effective in the US for improving children's health and development, with the benefits outweighing the costs by around four to one.

These are just a small selection of the Centres' findings to date. Visit the websites listed on the second page for further findings.

What Works: Health and Social Care

The National Institute for Health and Care Excellence (NICE) was founded in 1999. It has gained a worldwide reputation for its pioneering use of clinical and cost-effectiveness methodologies to produce authoritative advice and guidelines. Indeed, the What Works Network was first envisaged as a “NICE for social policy” and the cost-effectiveness aspect of the What Works remit was largely modelled on the NICE technology appraisal.

NICE guidance

Originally set up to consider clinical interventions, NICE’s remit has expanded; in 2006 to include public health, and in 2012 social care. Over 1,000 pieces of NICE guidance have been published in total, all available on the NICE website (www.nice.org.uk). Some recent examples of NICE findings are provided below:

- More lives would be saved or improved if people with acute heart failure were routinely treated by specialist heart failure teams. www.nice.org.uk/guidance/CG187
- Novel oral anticoagulants (NOACs) should be offered, where appropriate, instead of aspirin and as an alternative to warfarin, to prevent stroke risk in patients with atrial fibrillation. NICE estimates 7,000 strokes and 2,000 premature deaths could be avoided each year with effective detection

and prevention with anticoagulant treatment. <http://www.nice.org.uk/guidance/CG180>

- Providing people who inject drugs with needles, syringes and other injecting equipment reduces injection risks such as blood-borne viruses and bacterial infections. www.nice.org.uk/guidance/PH52

NICE also maintain a record of practices that they have categorised as not cost-effective at: <http://www.nice.org.uk/savingsAndProductivity/collection?page=1&pageSize=2000&type=Do%20not%20do&published=&impact=&filter>. Some examples are:

- Do not routinely offer social skills training (as a specific intervention) to people with psychosis or schizophrenia.

- Do not offer acupuncture for the management of osteoarthritis.
- Do not use a pharmacological intervention to aid sleep in children and young people unless sleep problems are having a negative impact on them and their family or carers.

NICE technology appraisals

The purpose of NICE technology appraisals (TAs) is to appraise the health benefits and the costs of medical technologies such as medicines and surgical procedures. The TAs inform NICE's guidelines on which technologies should be made available on the National Health Service (NHS). Because the NHS has finite resources, NICE guidelines need to consider not only the effectiveness of different treatments, but their cost-effectiveness: using more cost-effective treatments means the NHS can achieve more with the same resources.

As part of the systematic review of the relevant evidence which underpins each TA, the comparable cost-effectiveness of each technology is assessed by estimating the cost of the technology per 'quality-adjusted life year' (QALY) gained as a result of its use². In general, interventions costing less than £20,000 per QALY are considered by NICE to be cost-effective. Interventions costing between £20,000 and £30,000 per QALY may be considered cost-effective if certain conditions are satisfied. NICE does not usually recommend an intervention if it costs more than £30,000 per QALY (other than for certain end-of-life treatments) unless a strong case can be made that it is an effective use of NHS resources.

Cost-effectiveness is not the sole measure used to decide whether a technology will be recommended; also of relevance are factors such as the benefits of innovation, the impact on other NHS objectives, and other social value judgements. However,

cost-effectiveness is a central aspect of the appraisal. Figure 1 shows estimates of the cost per QALY gained for technologies appraised by NICE between 2007 and Dec 2013 (TA114 to TA301).

The graph illustrates the crucial role that cost-effectiveness plays in the recommendations: all those technologies with a cost per QALY gained of £20,000 or below were recommended, whilst the majority of those with a cost per QALY gained of £30,000 or more were not.

Cost-effectiveness and public health interventions

It is also possible to assess cost-effectiveness for public health interventions such as smoking cessation and exercise programmes, and NICE does this wherever possible in its Public Health Guidelines. A 2011 study by Owen et al³ analysed cost-effectiveness estimates for 200 interventions. The authors conclude that

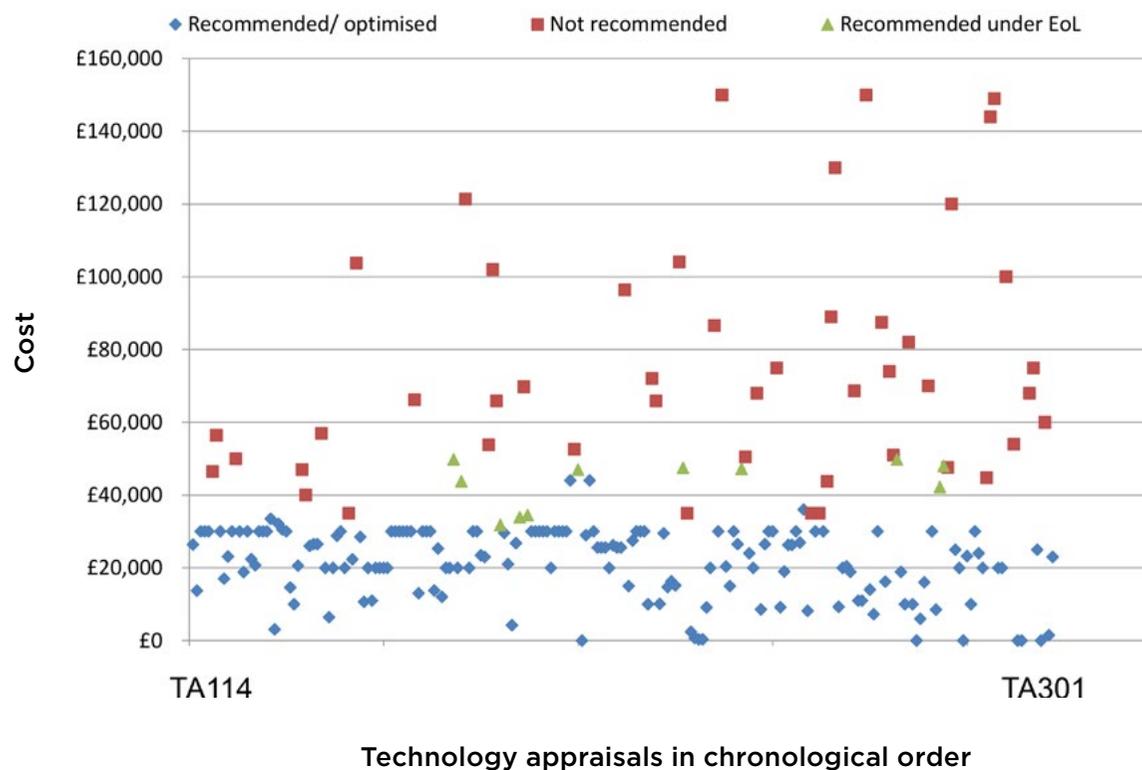
² A quality-adjusted life year (QALY) is a measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health. QALYs are calculated by estimating the years of life remaining for a patient following a particular treatment or intervention and weighting each year with a quality of life score (on a zero to 1 scale).

Figure 1: Most credible cost per QALY gained for technologies appraised by NICE between 2007 and Dec 2013 (TA114 to TA301)

Notes for Figure 1

Graph produced by NICE. The graph indicates the decisions made by the Appraisal Committee, chronologically since 2007, and the respective cost per QALY gained. The graph includes the following simplifications:

- Where the Committee stated a range of credible cost per QALY gained, the midpoint estimate is shown.
- Where the Committee considered that the most credible cost per QALY gained presented was between £20,000 and £30,000, this is shown as £30,000 per QALY gained.
- Where the technology dominated (i.e. was cheaper and more effective than) the comparator, this is shown as £0.
- On the occasions where the most credible cost per QALY gained presented was above £150,000, this is shown as £150,000 per QALY gained.
- Abbreviations: EoL, end of life; QALY, quality-adjusted life year.



the majority of public health interventions considered were highly cost-effective when assessed against the NICE thresholds discussed above. Indeed, the analysis identified 30 interventions which were actually *cost saving*. This means that they were not only more effective than the comparator, but also cheaper. These included:

- a number of smoking cessation interventions;
- a number of interventions to manage long term sickness and incapacity for work; and
- a number of interventions to prevent harmful drinking in people with alcohol use disorders.

However, evidence on the cost-effectiveness of public health interventions is less widely collected than for clinical interventions: better evidence on public health interventions could help to support more cost-effective allocation of health resources in the future.



³"The cost-effectiveness of public health interventions" in the Journal of Public Health, 2011. Owen L, Morgan A, Fischer A, Ellis S, Hoy A, Kelly MP.

What Works: Education

The Education Endowment Foundation was launched in 2011 by lead charity The Sutton Trust, in partnership with Impetus Trust, with a founding grant from the Department for Education. Its aim is to raise the attainment of children facing disadvantage by generating and synthesising evidence about educational innovations, and encouraging schools, government, charities, and others to apply evidence and adopt those innovations found to be effective.

Since its launch, the EEF has commissioned 93 evaluations and committed £52 million of funding to innovative and scalable projects. In total, EEF projects are working in 4,500 schools and reaching 630,000 pupils.

These are some of the EEF's latest findings, covering both their own evaluations and analysis of other published work:

- Peer tutoring approaches, where learners work in small groups to provide each other with explicit teaching support, have, on average, a high impact on attainment for low cost.
- Research to date has suggested that students in a class with a teaching assistant do not, on average, perform better than those in a class with only a teacher. However, EEF trials have shown that teaching assistants can have a positive impact if they

are trained to support pupils in evidence-based and well-structured interventions.

- Helping pupils struggling with literacy at the start of secondary school is extremely challenging, and it is highly unlikely that a single intervention will be sufficient to help them catch up with their peers. However, some approaches are more effective than others. In a recent EEF trial, pupils who went on school trips were then taught a structured approach to improving their writing using the trip as a source of inspiration. The pupils who received this intervention made an average of nine months additional progress compared to the control group.
- Small group tuition can be a cost-effective alternative to one-to-one tuition as a way to provide intensive support for struggling pupils. This is true despite the fact that small group tuition is on average, slightly

Figure 2: Selection from the EEF/Sutton Trust Teaching and Learning Toolkit

Toolkit	Toolkit info	Pupil Premium Calculator	Latest Updates	Downloads
About the Toolkit				
Using the Toolkit				
Pupil Premium Calculator				
Videos and Case Studies				
Evidence Briefs				
Toolkit Filter				
Sort By				
A-Z				
Average impact				
Cost				
Evidence				
Categories				
Primary				
Secondary				
Arts participation		£££££	🔒🔒🔒🔒🔒	+2 months
Aspiration interventions		£££££	🔒🔒🔒🔒🔒	0 months
Behaviour interventions		£££££	🔒🔒🔒🔒🔒	+4 months
Block scheduling		£££££	🔒🔒🔒🔒🔒	0 months
Collaborative learning		£££££	🔒🔒🔒🔒🔒	+5 months
Digital technology		£££££	🔒🔒🔒🔒🔒	+4 months
Early years intervention		£££££	🔒🔒🔒🔒🔒	+6 months
Extending schooltime		£££££	🔒🔒🔒🔒🔒	+2 months
Feedback		£££££	🔒🔒🔒🔒🔒	+8 months
Homework (Primary)		£££££	🔒🔒🔒🔒🔒	+1 month

less effective than one-to-one tuition, because it is also much less expensive.

- Rewarding pupils' effort with financial incentives does not lead to a significant improvement in GCSE results, according to a randomised controlled trial involving 10,000 pupils across England.
- Repeating a year is an expensive intervention and has consistently been found to have a negative impact on attainment⁴.

The Teaching and Learning Toolkit

The Teaching and Learning Toolkit – produced in collaboration by the EEF, the Sutton Trust and Durham University – is a groundbreaking example of how complex and often inaccessible research findings can be presented in a useful way to practitioners.

The Toolkit synthesises over 10,000 pieces of quantitative educational research into

an online tool which allows teachers and school leaders to compare the estimated impact and cost of different types of educational intervention. Like NICE technology appraisals, the Toolkit uses a common measure of impact – the average additional months progress a pupil would be expected to make in one year if they experienced the intervention – to enable comparison between different types of intervention.

By summarising this data, along with details on implementation and applicability, the Toolkit provides guidance for teachers and schools on how to best use their resources, particularly their Pupil Premium allocation.

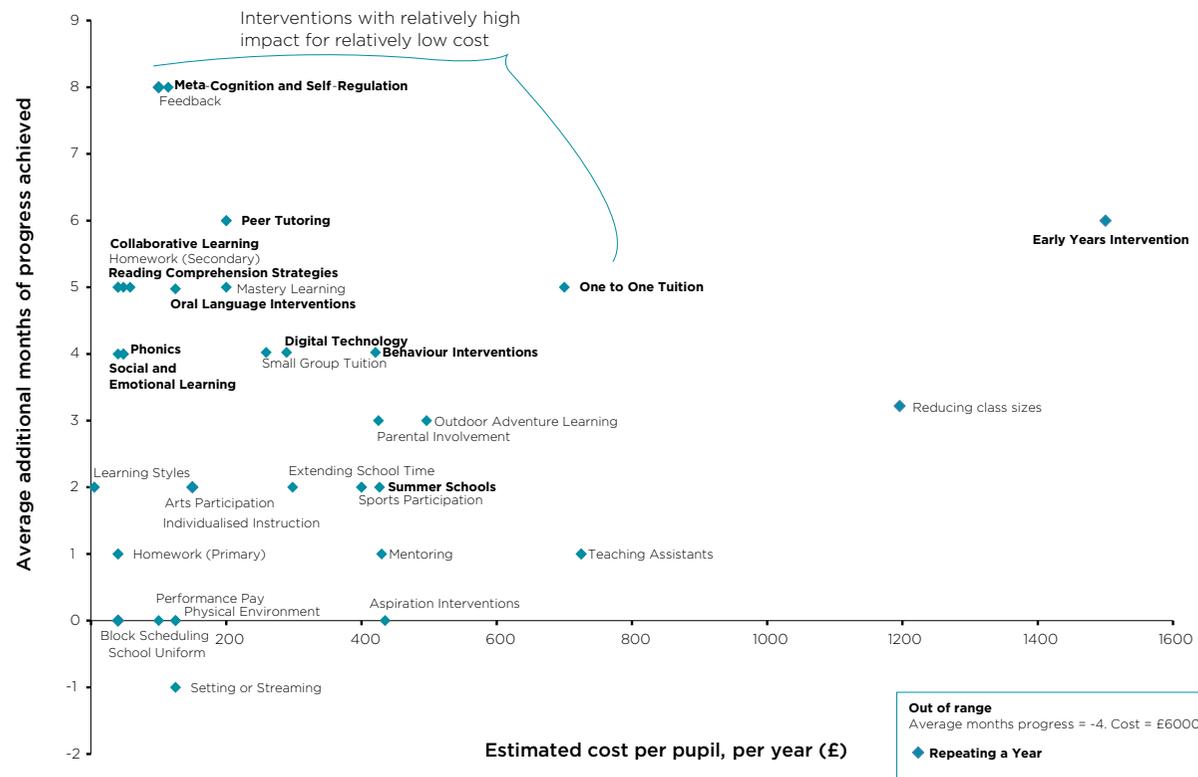
Figure 2 shows a section from the Toolkit and Figure 3 uses the data from the Toolkit to illustrate the average cost and impact of interventions. School leaders are also encouraged to consider the context of their schools and their existing provision as part of an evidence-informed decision making process.

The Toolkit has quickly become a popular resource for school leadership teams looking for guidance on how to spend their resources effectively. In a recent survey by the Sutton Trust, 45% of school leaders said they used the Toolkit to inform their spending decisions, up from 36% in 2013. Among secondary school leaders the proportion rises to 54%.



⁴ More detail on all the interventions listed can be found on the EEF website: <http://educationendowmentfoundation.org.uk/toolkit/about-the-toolkit/>

Figure 3: Approximate cost and effect size for 34 education interventions



As well as helping school leaders decide which approaches to try, the Toolkit aims to support decisions about implementation. For example, research has shown that schools' current deployment of Teaching Assistants is not, on average, having an impact on pupils' progress. However, following promising findings from recent EEF evaluations, the Toolkit now suggests specific ways in which Teaching Assistants can be deployed to have a higher impact. The Toolkit also contains more detailed information on the impact of interventions on particular sub-groups, such as children from low-income backgrounds.

Source: The Sutton Trust – EEF Teaching and Learning Toolkit and Technical Appendices.

Estimated cost per pupil per year is based on a class size of 25.

Text highlighted in bold signifies interventions for which the evidence on effectiveness is extensive or very extensive according to the Toolkit definitions.

Cost estimates in the graph are approximate. If you wish to use the Toolkit cost estimates to support decision making you should refer to the full Toolkit on the EEF website for more detailed cost information.

“I have used [the Toolkit] countless times when talking to staff, parents and governors and it has... created a culture shift within the school so that staff became much more aware of educational research and started to question approaches to education and their impact.”

Kate Atkins, Headteacher
at Rosendale Primary School

What Works: Early Intervention

The Early Intervention Foundation (EIF) was established in July 2013 as an independent charity with a remit to:

- Assess the evidence on which interventions work and their relative value for money.
- Advise government, local councils and agencies, charities and investors on what works for whom, when.
- Advocate for early intervention to key decision makers.

The EIF Guidebook

The EIF Guidebook (<http://guidebook.elf.org.uk/>) is an innovative new resource which currently summarises key features of 50 Early Intervention (EI) programmes available in the UK (see Figure 4). It provides information on: programme aims, the nature of the intervention and, where available, costs and benefits.

Robust cost-benefit analysis is available for some EI programmes, mainly those implemented in the US; important findings include:

- The HighScope Perry Preschool Program has a benefit-cost ratio of between 7:1 and 12:1⁵, mainly through improved employment and earnings, and reduced crime and welfare dependence⁶.
- Chicago Child-Parent Centers delivered substantial benefits by the time participants were age 26, mainly through increased earnings and reduced criminal justice and child welfare costs. For preschool participants, the benefit-cost ratio was almost 11:1⁷.

Figure 4: The search page of the EIF guidebook



- Follow-up studies of Family Nurse Partnership (now implemented in the UK) suggest that where it has been implemented in the US, the benefit-cost ratio achieved is between 3:1 and 5:1. This is achieved mainly through reduced welfare costs⁸.

For the vast majority of EI programmes however, detailed cost and benefit analysis has never been captured and there is only general evidence on effectiveness. Often the relevant information is available but has not yet been collated, analysed and assessed. The EIF supports local commissioners in understanding the local costs and benefits of different approaches, and their implementation requirements. In future versions of the Guidebook these factors will also be included as means of rating programmes, and providers will have to supply cost information for their programme in order for it to be included in the Guidebook.

The EIF Pioneering Places

The EIF is using the data from the Guidebook and other new tools to support its 20 Pioneering Places, which are undertaking radical system change to improve overall effectiveness. It has provided the areas with tailored assessments of the strength of evidence for the interventions they are using. Based on returns from 13 EIF places it found that:

- Nearly half (47%) of the interventions being delivered had little or no evidence in an established clearing house.
- 3% of the interventions being delivered have been proven to be ineffective.

This work helps places to focus resources on services that are more likely to be effective and thus provide better value for money.

“[We will implement] a shift... toward an evidence-based portfolio of support... where cost benefit analysis can be aligned. Using the evidence of the Early Intervention Foundation Guidebook we will build on our service portfolio and bring in new programmes”.

Croydon Local Authority,
Transformation Challenge
Award submission

The EIF has also created a fund in partnership with the Economic and Social Research Council (ESRC) which encourages places to develop a partnership with a university in order to produce robust evaluation plans. This has led to the funding of high quality programme evaluations in three Early Intervention Places:

- ‘Step Up’, an early response model to improve child protection outcomes in cases of domestic violence in Blackpool.
- Functional Family Therapy in Croydon for Troubled Families and those at risk of involvement in youth crime.
- Baby Express, a month-by-month magazine for new parents in Greater Manchester.

EIF Reviews

Along with the Guidebook, EIF has published one new systematic review on Domestic Violence and Abuse with another shortly to be published on the Early

Years and a review on Social and Emotional Learning in School and Youth Settings in train. Key findings of what works in these areas are presented below:

What works for tackling domestic violence and abuse:

A narrowly specified ‘Duluth’ model (a common programme for perpetrators of domestic violence and abuse, the content of which is based solely on concepts of gender politics) has been found by Randomised Controlled Trials in the USA to have no effect on reoffending rates. It is also relatively expensive (analysis indicates costs of around \$1,400 per participant)⁹.

The overall cost to UK society of domestic violence and abuse stands at over £15.7bn (and of course the human costs are very great). Reoffending rates are in the order of 40% and so the benefits of effective interventions for perpetrators would readily repay their

cost. There are emerging and promising approaches being tested and requiring wider rollout, as discussed in EIF’s recent evidence review. <http://www.eif.org.uk/publications/early-intervention-in-domestic-violence-and-abuse-full-report/>

As ever prevention is better than cure. There are some promising programmes which aim to change attitudes and behaviour among young people in relation to domestic violence and abuse. ‘Safe Dates’, a school-based approach, is a relatively inexpensive example (an indicative analysis suggests that it might typically cost around \$17 per student) which would benefit from further testing of effectiveness.



What works to enhance development of language, communication and social and emotional skills through parent and child interaction (for 0-5 year-olds):

- Programmes work best if they are tailored to level of need and specific ages, for example infancy, toddlerhood, and pre-school.
- Of the programmes surveyed, those that aim to improve behaviour tend to have stronger more established evidence of effectiveness compared to those that aim to support the attachment relationship or children's cognitive development.
- Among the programmes that aim to improve behaviour, home visiting or individual therapy interventions have the strongest evidence of effectiveness, compared to group-based ones for which the strength of evidence is more variable. However as

the majority of behaviour programmes surveyed are group-based, there are more group-based programmes with evidence of effectiveness overall. Those offered at the targeted or specialist level tend to have more robust evidence than those offered at the universal level.

- Among the programmes that aim to improve attachment, the most effective ones tend to feature the following methods:
 - helping mothers understand their own attachment histories.
 - coaching parents through the use of videotapes of parent/child interaction.
- Many of these attachment programmes are suitable for delivery by health visitors and clinical psychologists.

⁵ That is, an overall return of between 7 and 12 dollars for every dollar invested, once cost savings are taken into account.

⁶ Heckman, J., Moon, S., Pinto, R., Savelyev, P., Yavitz, A. (2010), "The rate of return to the HighScope Perry Preschool Program", *Journal of Public Economics*, Vol. 94, Issues 1-2, pp. 114-128. <http://www.sciencedirect.com/science/article/pii/S0047272709001418>

⁷ Reynolds, A., Temple, J., White, B., Ou, S.-R., Robertson, D. (2011), "Age 26 cost-benefit analysis of the child-parent center early education program", *Child Development*, Vol. 82, Issue 1, pp. 379-404. <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2010.01563.x/abstract>

⁸ FNP Evidence Summary Leaflet, 2011, London: Department of Health.

⁹ See <http://www.wsipp.wa.gov/BenefitCost/Program/86>.

What Works: Crime Reduction

The College of Policing was established in 2013 with a mission to identify, develop and promote practice based on evidence. The College has already produced a series of 'what works' briefings to highlight what is known about effective policing. The College's findings include:

- Simply putting more bobbies on the beat has not been found to reduce crime, unless they are carefully targeted, or if police flood an area because of a short-term risk.
- To reduce crime without displacing it, officers need to be targeted on 'hot spots', which means they patrol in small areas where crime has been concentrated, or to work with a local community to analyse and solve problems (known as neighbourhood or community policing).
- Everyday police behaviour is important: treating people fairly and with respect in every encounter, whether they are a victim or a suspect, means they are more likely to obey the law in the future.

You can see the full briefings at: www.college.police.uk

The College's What Works programme was set up in September 2013 to map the crime reduction research evidence beyond policing, and to get this evidence used in practice. The College and the ESRC have co-funded a consortium led by University College London to identify and label all the existing reviews of crime reduction research evidence, so the results can be viewed in one place online.

The Online Crime Reduction Toolkit

The What Works Centre online tool will be launched in January to give easy access to the evidence on crime reduction interventions. Over 300 research reviews have been identified and will be added to the online tool over time, with CCTV, street lighting and prison visits to deter young offenders (sometimes referred to as Scared Straight programmes) first on the list to be presented. Users will be able to weigh up evidence on the impact, cost and implementation of interventions and use this as part of their decision making. An innovative element of this particular

toolkit is that it will also summarise the evidence on how and in which circumstances each intervention works, enabling practitioners to ensure that they have captured the key elements of what makes them work in a given operational context. Figure 5 below provides an illustration of what the tool will look like.

The new tool will be useful in highlighting programmes that are unlikely to deliver value for money. For example, Scared Straight style programmes, which take at-risk young people on prison visits with the aim of reducing the risk of them offending in future. The evidence suggests that these programmes are not effective, and in some cases participants may be more likely to offend after the intervention.

The What Works Centre will also carry out new evidence reviews to fill existing evidence gaps, on topics including knife crime prevention, criminal justice responses to domestic abuse, and the use of alley gates to prevent crime.

Figure 5: Online Crime Reduction Toolkit



“[I am] delighted that Essex Police, under the leadership of Chief Constable Stephen Kavanagh and Chief Supt Carl O’Malley, have implemented an innovative, science-based, professional policing operation.”

PCC Nick Alston

Outreach programme

The What Works Centre also has an ambitious programme of engagement and outreach which aims to raise awareness and skill levels among police staff and other stakeholders.

Professional standards: Research evidence is being built into the professional training, guidance, selection and promotion processes in policing. At the same time, police skills in reviewing and using evidence are being developed. A pilot programme called ‘Evidence Base Camp’ allowed 60 police officers and staff to learn about searching for, sifting and assessing research while carrying out rapid reviews of evidence on ‘hot’ topics, which they used to brief national decision makers.

Innovation fund: The College is helping forces and academics to create new research evidence. Its Innovation Fund awarded £600,000 of seed funding to 16 joint force/academic bids to stimulate new collaborative research at a regional level.

What Works master classes: In Essex, master classes prompted the senior team to test the use of predictive policing techniques to tackle burglary, and to allocate their body worn video cameras to a randomly selected group of officers, and compare their results with those of officers without cameras. In this way, the force and the College delivered a rigorous, low cost test of the impact of body worn video on criminal justice outcomes in domestic abuse. Results suggested use of video helped increase the proportion of detections that ended with a charge.



What Works: Local Economic Growth

The What Works Centre for Local Economic Growth was founded in October 2013. The overall aim of the Centre is to significantly improve the use of evidence in the design and delivery of policies for local economic growth and employment, leading to more effective policies and policy-making.

The approach is three-fold:

1. Evidence reviews: review the existing evidence base relating to economic development policy areas, drawing out findings that are backed by systematic, rigorous evaluation.
2. Capacity building: work with policy-makers and delivery partners to build their capacity to incorporate measures of policy impact into their programmes at the earliest stage.
3. Demonstration projects: design demonstration projects in partnership with Local Enterprise Partnerships (LEPs) and Local Authorities to address particular gaps in the evidence base.

Evidence reviews

Since October 2013, the Centre has published four evidence reviews looking at the impact on local economic growth of employment training, business advice, major sporting and cultural events and access to finance programmes.

The Centre places a premium on making its products straightforward and accessible. Figure 6 taken from the Centre's website describes the process of the evidence reviews.

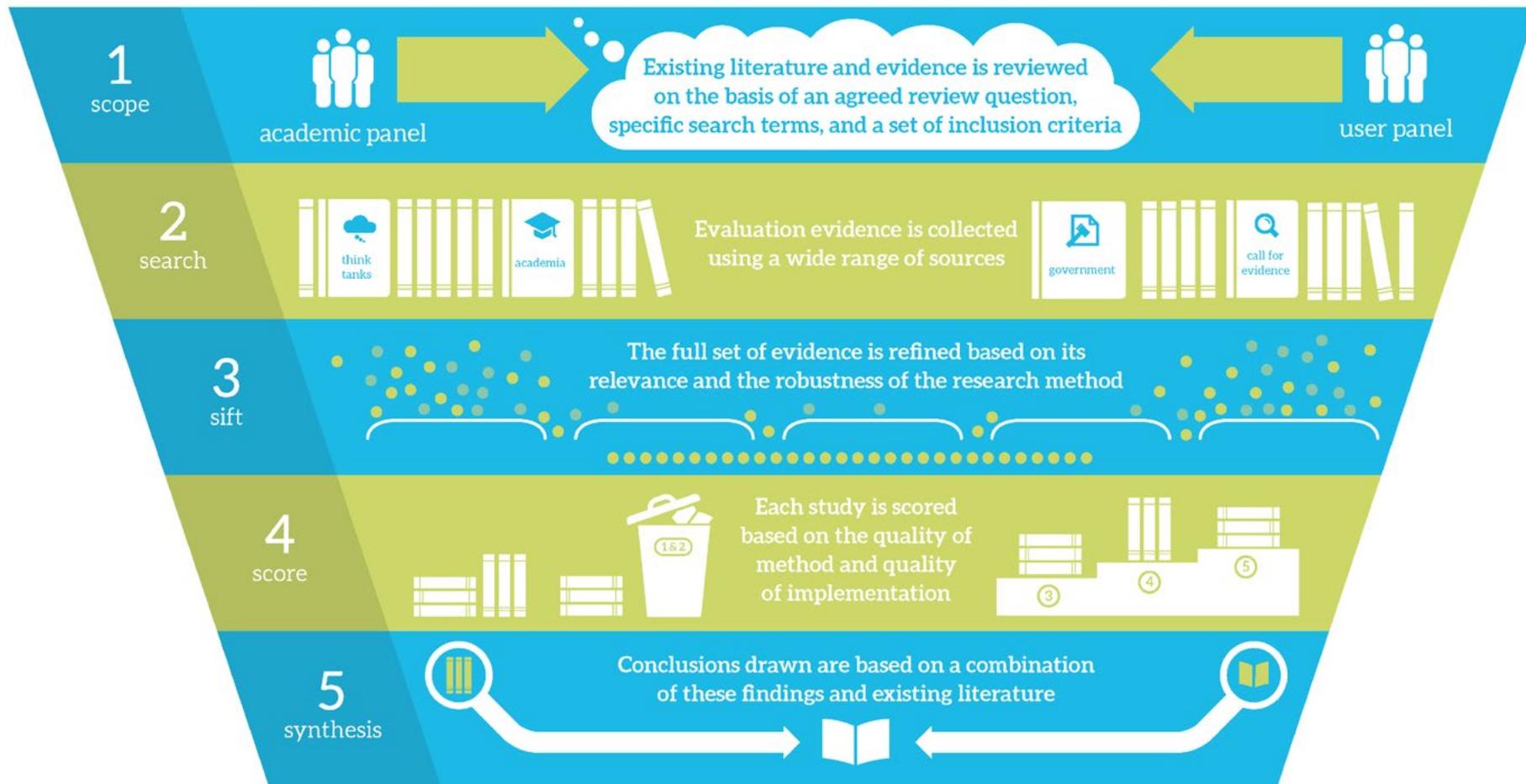
Some of the headline results from the reviews are summarised below.

Employment training <http://whatworksgrowth.org/policy-area/employment-training/>

- For basic skills or interventions aimed at raising general employability for individuals, shorter programmes (below six months, and probably below four months) have a larger, stronger effect on participants' employment than longer programmes. Shorter programmes are also likely to be cheaper which suggests that they should be more cost-effective than longer programmes.

Figure 6: Evidence Review Methodology for the What Works Centre for Local Economic Growth

To identify what works, each evidence review sifts and assesses the evidence to find evaluations which are robust and clearly identify policy impact. We do this using a 5 stage process.



- In-firm/on the job training programmes outperform classroom-based training programmes. Employer co-design and activities that closely mirror actual jobs appear to be key design elements that could increase cost-effectiveness.

Business advice <http://whatworksgrowth.org/policy-area/business-support/>

- Business advice programmes show consistently better results for firm productivity and output than they do for firm employment.
- Business advice programmes that use a 'managed brokerage' approach seem to perform better than those that use a light touch delivery model. However, such managed brokerage models are also more expensive, making it difficult to assess relative cost-effectiveness. The Centre is working with a number of Local Enterprise Partnerships

to develop options for properly evaluating relative cost-effectiveness of these different approaches as part of the development of Growth Hubs.

Major sporting and cultural events

<http://whatworksgrowth.org/policy-area/sport-and-culture/>

- The overall measurable effects of major sport and culture projects on a local economy tend not to be large and are more often zero.
- Any wage and income effects of projects are usually small and limited to the immediate locality or particular types of workers.
- Given the significant cost of most major sport and culture projects they are unlikely to be cost-effective in terms of increasing local economic growth, although sport and culture have intrinsic value to people aside from economic benefits, for example,

they might improve wellbeing (the What Works Centre for Wellbeing was launched in October).

Access to finance

<http://whatworksgrowth.org/policy-area/access-to-finance/>

- While most access to finance programmes appear to improve access to finance (e.g. increase credit availability), there is much weaker evidence that this leads to improved firm performance. This makes it much harder to assess whether access to finance is a cost-effective way of improving the wider economic outcomes (e.g. productivity, employment) that policy-makers care about.

Capacity building

The Centre has presented its work to over 300 policy-makers, officers and delivery partners in its first year, and is constantly expanding its network through: the dedicated supporters on its User Panel; collaboration with partners such as the Local Government Association; and government-led projects such as the Public Services Transformation Network.

The Centre is rolling out a series of workshops aimed at helping LEPs and Local Authorities improve the use of evidence in the design and delivery of policies. The sessions focus on the use of cost-benefit analysis to compare expected programme cost-effectiveness. They also highlight the importance of building evaluation into programme design to allow for the assessment of actual cost-effectiveness. The sessions are delivered by New Economy Manchester (NEM), a LEP that has significant expertise in this area. The Centre is also working with New Economy Manchester to embed findings from the evidence reviews into the NEM's

innovative economic model which allows comparison of expected programme cost-effectiveness.

Demonstration projects

The Centre is working on a number of projects intended to provide better evidence on programme cost-effectiveness and to compare the cost-effectiveness of different programme design elements. These demonstrator projects are being co-created with a local partner (typically a Local Authority or LEP) with the Centre providing advice on design, implementation and evaluation. Projects in development include randomising elements of post Work Programme support, testing different forms of start-up and business support across a number of Growth Hubs, and randomising entry into a technology startup accelerator.



“Being clear about what works in terms of achieving economic growth is... something that all public service leaders should be interested in... the focus on the evidence base, and on rigorous evaluation ...is certainly the right way to develop our thinking and our approach. Particularly in an environment in which every penny counts.”

Joanna Killian, Chief Executive of Essex County Council and Member of User Panel

What Works: A Growing Network

The What Works Network is growing. On October 29th the What Works Centre for Wellbeing was launched, and the Centre for Ageing Better is currently under development. What Works Scotland and the Public Policy Institute for Wales recently joined the Network as associate members.

The What Works Centre for Wellbeing

The What Works Centre for Wellbeing (www.whatworkswellbeing.org) was launched on October 29th, with the support of 17 founding partners including Public Health England, the ESRC, government departments, the Office for National Statistics, the Local Government Association and the BIG Lottery Fund. The Centre is being set up by a development group of the founding partners, chaired by Lord Gus O'Donnell. The wellbeing field has many pioneering leaders and practitioners keen to share their work, learn from others, and build the evidence base into a meaningful, reliable, easy to navigate source. The Centre will develop a strong and credible evidence base which will support them to be able to focus their efforts towards those interventions that will have the biggest impact.

The Centre for Ageing Better

The Big Lottery Fund has previously announced its intention to fund up to £50 million in the Centre for Ageing Better. The Centre will invest this in projects that

help identify the changes needed to ensure we all understand what we need to do to age better.

There is clear evidence that inequalities in our society have a huge impact on how we experience ageing. There is also evidence that public services provided to people as they age tend to be reactive rather than preventative. The holistic needs of older people are often ignored when developing products or services. The goal of the Centre is to help break this cycle: to identify initiatives and behavioural changes that can help people experience the opportunities and manage the challenges of ageing. This will help individuals to feel that they are ageing well, help to prevent statutory services (which will always be needed) from becoming overwhelmed, and benefit the whole of society. This will be done by:

- Developing the evidence base about what works to support ageing better.
- Funding projects that show promise to make a difference and helping projects

with proven effectiveness to operate at greater scale.

- Working with the people, organisations, business and statutory bodies that can best bring about an agenda for change.
- Joining up initiatives across the sectors to make sustainable and enduring change.

The Centre should be up and running in early 2015.

What Works Scotland

What Works Scotland (www.whatworksscotland.ac.uk) is a new initiative to improve the way local areas in Scotland use evidence to make decisions about public service development and reform. The initiative brings together the Universities of Glasgow and Edinburgh, and other academics across Scotland, with a wide range of local partners. What Works Scotland will work with specific Community Planning Partnerships

involved in the design and delivery of public services to:

- Learn what is and what isn't working in their local area.
- Encourage collaborative learning with a range of local authority, business, public sector and community partners.
- Better understand what effective policy interventions and effective services look like.
- Promote the use of evidence in planning and service delivery.
- Help organisations get the skills and knowledge they need to use and interpret evidence.
- Create case studies for wider sharing and sustainability.

Public Policy Institute for Wales

The Public Policy Institute for Wales (PPIW, www.ppiw.org.uk) works directly with Welsh Ministers to improve policy-making and delivery by providing them with access to authoritative independent analysis and expert advice. The Institute is funded by the Welsh Government and ESRC but is operationally independent of government. The PPIW provides advice across the full range of the Welsh Government's competencies by collaborating with researchers and policy experts from across the UK and beyond to deliver a rolling programme of work which is agreed with the First Minister. In addition to undertaking work on specific issues which are relevant to each Minister's portfolio, the Institute is developing research on three 'cross-cutting' themes which are relevant to the Welsh Government as a whole and to the work of several of the other What Works Centres: managing demand for public services; tackling poverty; and promoting effective local governance and service delivery.

What Works: What Next?

The What Works Centres are bringing a rich seam of practical empiricism to policy and practice. It is hard work, often involving trawling through thousands of studies to piece together what is, and is not, known about what works.

It is inevitable that in some areas the findings will cause controversy. The long history of trialling and testing in medicine, now taken for granted, has thrown up many surprises, challenging established practices along the way. But this long road has also delivered many benefits – not least longer, healthier lives – and in the process has transformed medicine from an art into the science we recognise today.

This is a journey that is only just beginning in many areas of policy and professional practice. Very often, policy and practice have been guided more by tradition and history – “this is how we’ve always done it” – than by the systematic study and testing of what works.

In the coming year, the What Works Network and the National Adviser, supported by the What Works Team, will aim to increase the profile and reach of the Centres and the broader What Works approach. Their work will include:

- Wider and deeper coverage: the release of a series of reports by the Centres and the steady expansion of the range of interventions covered by their toolkits and guidebooks, developed around the needs and questions of their respective professional and commissioner communities.
- Training and skills: an expansion of the support to, and skills of, the policy community in government to ensure that civil servants have the skills to use, and to expand, the evidence base. This is not something that can be left to the analytical community alone, but needs to be in the toolkit of every civil servant.
- The internationalising of the agenda: the UK’s What Works Centres have already begun to attract attention from across the world. Most countries are asking similar questions about how best to teach children, boost local growth,

or reduce crime. The evidence the Centres draw on is international. Better coordination across countries could lead to the outputs being international too, and the costs shared.

The UK public sector spent £674bn in 2012/13 alone. If the What Works Centres can help professionals and commissioners spend even a fraction of this money more effectively, the impact will be enormous. It is an ambitious programme, but one that the Centres are determined to deliver.



Annex A: The What Works Centres

What Works Centre	Est.	Policy Area	Status	Funders
The National Institute for Health and Care Excellence	1999	Health and social care	Operationally independent Non-departmental Public Body of the Department of Health.	Department of Health
Education Endowment Foundation	2011	Educational attainment	Founded by parent charities, the Sutton Trust and Impetus-PEF, and funded by a DfE grant.	Department for Education
Early Intervention Foundation	July 2013	Early intervention	Independent charity.	ESRC and Government Departments
What Works Centre for Crime Reduction	Sep 2013	Crime	Hosted by the College of Policing.	College of Policing and ESRC
What Works Centre for Local Economic Growth	Oct 2013	Local economic growth	Collaboration between the London School of Economics, Centre for Cities and Arup.	ESRC and Government Departments
What Works Centre for Well-being	Oct 2014	Well-being	Currently hosted by Public Health England.	ESRC, Government Departments and agencies, potential charitable funders
Centre for Ageing Better	TBC	Ageing	In development.	BIG Lottery Fund

What Works Scotland and The Public Policy Institute for Wales have also joined the What Works Network as associate members.

Twitter: @whatworksuk

Email: whatworks@cabinet-office.gsi.gov.uk

Website: www.gov.uk/what-works-network