

USE OF EVIDENCE-BASED TOOLS AND GUIDANCE IN SERVICE DESIGN AND COMMISSIONING

Final Report

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About Foundations – What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

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GLOSSARY OF TERMS / ABBREVIATIONS & ACRONYMS

Abbreviation / acronym / terms	Description
ADCS	Association of Directors of Children's Services
CAMHS	Children and Adolescent Mental Health Service
DfE	Department for Education
EHCP	Education Health and Care Plan
EIF	Early Intervention Foundation
ICB	Integrated Care Board
IPC	Institute of Public Care
JSNA	Joint Strategic Needs Assessment
LGA	Local Government Association
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
RCT	Randomised Control Trial
SCIE	Social Care Institute for Excellence
SLCN	Speech Language and Communication Needs
WWCSC	What Works for Children's Social Care



EXECUTIVE SUMMARY

Introduction

Foundations, the What Works Centre for Children & Families commissioned the Institute of Public Care (IPC) at Oxford Brookes University to carry out research to increase understanding of how evidence is used in commissioning, service design, and the development of practice and programme models, to support children and families.

We know that children and families who receive rigorously tested interventions are shown to have improved outcomes and are more likely to benefit, and to a greater degree, than those who receive other services. However, there is often a gap between what the evidence tells us is effective and what is being commissioned for children and families locally. The purpose of the research was to investigate and provide insights on the range of factors that influence decision-making and what the barriers and enablers might be to adopting evidence-based practice.

Foundations is developing Practice Guides to support the implementation of the Department for Education's (2023) National Children's Social Care Framework. The Guides will bring together high-quality evidence on what works to deliver the outcomes that local authorities will be expected to achieve. The findings from this research project will help to ensure that the Guides are relevant and useful for the sector.

Research questions

The areas of enquiry were as follows:

1. What does service design and (de)commissioning processes for services targeted to support families and children look like in different teams/directorates within local authorities and health partners?
2. What are the capability, opportunity, and motivation barriers and enablers to designing and commissioning evidence-based programmes for different stakeholders involved in making service design and commissioning decisions?
3. What are the perceived strengths and weaknesses of the legacy What Works Children's Social Care (WWCSC) Evidence Store and the legacy Early Intervention Foundation (EIF) Guidebook? What would stakeholders like to find in such toolkits?
4. How (if at all) do tools and guidance on evidenced-based programmes and evidence-based Practice Guides influence service design and commissioning and development of practice models?
5. What are the barriers to using and applying What Works Centre evidence guidance (e.g. from toolkits and guidance) and what needs to happen to overcome them?



Methods

The research project was carried out between September 2023 and February 2024 by a team of researchers from IPC with experience of service design and commissioning in children's social care. This was a mixed-methods study including one-to-one semi-structured interviews and focus groups conducted online and a short online survey.

We recruited a mixed sample of nine local authorities in England, including different types such as unitary, metropolitan, and county councils, and a geographical spread which represented both urban and rural areas. There was also a mix of Ofsted children's services ratings, socio-economic deprivation ratings and ethnic minority population ratings.

We carried out 34 interviews and 6 focus groups with professionals who worked in commissioning, service design and practice development roles. There were also a few representatives from partner organisations including integrated care boards, the voluntary and community sector, and the police: in total, 73 professionals participated. Transcripts can be shared on request.

We also conducted an online survey between 27 October and 11 December and received 47 completed responses from professionals who worked in commissioning and service design roles.

We triangulated data from interviews, focus groups, and a survey, using a thematic analysis approach to draw out the key findings.

Key findings

Approaches to service design and commissioning for children and families varied considerably between the local authorities in our sample. Some told us they had a structured and planned process which involved following a commissioning cycle. Others described it as “messy and reactive”, and that it “didn't always happen by the book”. This was felt to reflect the churn in staff, underresourced teams, and the pressures they were under due to increasing need and decreasing budgets.

When making commissioning and service design decisions, participants told us they were influenced by children and families, their own staff, both practitioners and senior managers, and partner agencies. This reflects the increasing move towards joint commissioning and system-wide thinking.

Other key influencing factors included funding constraints, local policy, strategy and priorities, current service performance, and population needs informed by children and families, as well as demographic data and an emphasis on improving outcomes.

In terms of using research evidence about ‘what works’, the response was mixed. Some local authorities and health partners said it was an important factor that was part of their intelligence gathering in the ‘analysis’ stage of the commissioning cycle and was expected to be included in business cases. However, for others, things that were of greater interest included the resource



available (budget and workforce), what would suit the local context and the views of children and families.

Most significant barriers to designing and commissioning evidence-based programmes were said to be:

- Insufficient or insecure funding
- Lack of time and staff capacity
- Evidence-based practice not embedded in culture and leadership of their team/organisation
- Implementation challenges in their local area e.g. recruitment and retention.

Conversely, the enablers they thought might help the most included:

- Having more resources to identify and review research evidence and to implement the recommendations
- Having research champions to raise awareness and help guide people to the best and most current research guides and toolkits
- Leadership that promotes evidence-based culture and practice.

When it came to using toolkits and practice guidance some of those commonly mentioned by participants included NICE guidelines, the Local Government Association (LGA) Knowledge Hub, the Public Health Outcomes Framework, and Research in Practice resources. The What Works for Children's Social Care Evidence Store and the Early Intervention Guidebook were less well known, although we heard about two powerful examples where they had been effectively used and embedded into practice.

Recommendations and next steps

This research demonstrates that commissioners want to use evidence to inform their practice. However, this can be challenging and there are numerous barriers, as mentioned above. Despite these challenges, there remains a clear appetite for working in a more evidence-led way. Those who have contributed to this research have offered some valuable insights about the approaches which are most likely to encourage greater engagement with evidence. We recommend that these are considered carefully and acted upon. Participants were pleased to have been consulted. They appreciated being able to reflect on evidence-based practice, what it means, the barriers to choosing and implementing evidence-based programmes and services, and what might help them to do so in the future.

They felt that it was important that potential users help to inform and shape toolkits and guides and they would like to see this happening on an ongoing basis. For example, NICE has a guideline



development process that includes input from experts, people using services, carers, and the public.¹

It also provided an opportunity for them to reflect on their own approach. A commissioner from one local authority said that she had recognised the need to equip her team with skills to make better use of research evidence. A children’s social care manager in another local authority said she wanted to educate and inform her local council members about evidence-based practice and give them assurances about why it’s the right approach.

Commissioning, service design, and the development of practice models are complex processes involving many stakeholders and influencing factors. A key finding from our study was the common view that research evidence is important, but it is not the only factor that needs to be considered. Other key factors thought to be as important to decision-making are the resource available (money and workforce), local data about need, services and outcomes and what will suit the local context and what children and families say they need.

“A strong evidence base can bring confidence and build trust and assurance, but research evidence alone is not very powerful unless you can link it to the local data and context.”

– Urban metropolitan district council commissioner

Participants told us the practice guides and tools would certainly be helpful, but in addition, it may be worth considering whether Foundations could broaden their offer to include other aspects of knowledge mobilisation. For example, Social Care Wales (2023) has adopted a five-pronged approach that includes dissemination, exchange, brokering, co-creation, and capability and skills building. Their Developing Evidence Enriched Practice (DEEP)² initiative may also be worth exploring.

More broadly, it feels important to take steps to reduce the gap between evidence generation and practice. Where possible, we recommend Foundations considers opportunities to work collaboratively with commissioners and identify mutual learning opportunities. This might include shadowing their work, considering secondment opportunities, attending commissioner training, and/or engaging research suppliers who have direct experience of practice. These (and other) initiatives should help Foundations to generate materials which are written and disseminated in a way which enables Commissioners to easily assimilate and adopt evidence-based approaches.

¹ See: <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/how-we-develop-nice-guidelines>

² See: <https://www.deepcymru.org/en/>



Limitations

There was only a short period of time to carry out the study. The pressures currently facing commissioning and service development staff in local authorities and their partners accounts for the relatively low response to the survey and difficulty in recruiting professionals to take part in interviews and focus groups. However, despite the challenges, we had 47 completed survey responses and engaged with 73 professionals in interviews and focus groups.



INTRODUCTION

Project background

Foundations – the national What Works Centre for Children & Families – commissioned the Institute of Public Care at Oxford Brookes University to carry out research to increase understanding of how evidence is used in commissioning, service design, and the development of practice models to support children and families.

We know that children and families who receive rigorously tested interventions are shown to have improved outcomes and are more likely to benefit, and to a greater degree, than those who receive other services. However, there is often a gap between what the evidence tells us is effective and what is being commissioned for children and families locally. The purpose of our research was to investigate and provide insights on the range of factors that influence decision-making and what the barriers and enablers might be to adopting evidence-based practice.

Foundations is developing Practice Guides to support the implementation of the Department for Education’s (2023) National Children’s Social Care Framework. The Guides will bring together high-quality evidence on what works to deliver the outcomes that local authorities will be expected to achieve. The findings from this research project will help to ensure that the Guides are relevant and useful for the sector.

Policy context

Considering the evidence base is an important part of the process of decision-making about which interventions and models for children and families should be funded and offered within a local area. As Rachel Illingworth for the National Institute of Health and Care Excellence (NICE) explains:

“Commissioners need evidence that can support complex transformation programmes and to inform best use of resources for their local populations in challenging financial circumstances.”

–Illingworth, 2018

Within the UK’s children’s social care system, there has been a renewed interest in evidence-based decision-making in recent times. The Independent Review of Children’s Social Care presented a vision for a reformed system that “is better able to learn and use evidence” (MacAlister, 2022:p. 96). Reflecting this, the new Children’s Social Care National Framework, published in December 2023, includes clear expectations that leaders and practitioners will make use of evidence. For example:



“Leaders are confident in using robust evidence of what works and relevant, timely, data to understand and improve outcomes and practice.”

“Practitioners use research and evidence to inform practice and to provide meaningful and tailored help for children and young people, parents, carers, siblings, and family networks so that they can thrive.”

What do we mean by ‘evidence’?

It is important to recognise that there are different types of evidence which might be used when designing and commissioning services and interventions for children and families. These include service mapping and gap analysis, local population needs assessments, feedback from children and families, government guidance, and primary and secondary research.

Research evidence has a particular focus on what can be learned about the impact of different approaches on outcomes for children and families. Academic research could consist of large-scale trials such as randomised controlled trials (RCTs), mixed-methods evaluations, feasibility studies, systematic reviews, metaanalysis, impact evaluations, and more.

In our rapid research review (see [Appendix A](#)), we identified a helpful diagram from Social Care Wales (2023) that reflects a holistic model of the evidence base.

Figure 1. What makes up evidence-enriched policy and practice ([go to accessibility text](#))



Source: Social Care Wales 2023, adapted from Research in Practice

This broader interpretation of the evidence base also fits with a previous research study by Dartington Service Design Lab and the Early Intervention Foundation (2021) that looked at how



the EIF Guidebook and other similar tools had been used. They concluded that these tools were used as one means to inform those who make the final decision on what is funded, alongside other information.

What do we know about the use of evidence in commissioning and service design?

As part of our rapid research review, we also looked at what is already known about what helps or hinders those involved in commissioning and service design to use research evidence when making decisions. We also explored what kind of tools and guidance are available and what people think of them.

We found that there is limited research with commissioners and others involved in designing services for children and families about their understanding and use of research evidence.

From the 11 sources we did find, which included an earlier rapid research review (McNeish et al., 2012) and a systematic scoping review (Kneale et al., 2017); we used the COM-B model (Michie et al., 2011) to identify behaviours that might act as barriers and enablers to using research, and these are presented in Table 1.

Table 1. Barriers and enablers to using research evidence

Behaviours	Barriers	Enablers
Capability	Lack of experience and expertise in reading, understanding, and appraising evidence.	Provision of training and education to commissioning staff.
Motivation	May not include the information that is most relevant and important. For example, costs and economic impact as well as qualitative information about how and why a change has occurred.	Research methodologies include tools that will result in information that is useful for 'real world' practice, e.g. cost-benefit analysis, case studies.
Opportunity (access to funding)	Evidence-based models are sometimes perceived as unaffordable. Especially if the new model is initially more costly than the existing one, even if it could lead to longer-term savings.	The requirement within times of austerity to robustly justify the efficacy of interventions/models that are funded, could mean that evidence use becomes increasingly paramount.
Opportunity (access to expertise)	Concerns that it may not be replicable in different localities. For example, specialist staff are not available.	Local small-scale testing/piloting and evaluation of an evidence-based model to see how well it works before scaling up.



Behaviours	Barriers	Enablers
Motivation and opportunity	The environment is not conducive, e.g. <ul style="list-style-type: none"> • There isn't time to take a considered view of research evidence. • The organisation does not have a 'research minded' culture. • There is a view that relying too much on the existing evidence base does not leave space for innovation. • There could be resistance to change from frontline practitioners. • The evidence base does not fit with political priorities/direction of travel. 	Leadership which provides support and oversight on research and evidence use, e.g. through evidence discussion during team supervision sessions. The creation of research/evidence 'repositories' or toolkits for staff, summarising the best evidence for interventions/models targeting different populations/target difficulties.

Examples of the kinds of tools and guidance that are available to professionals who design, plan, and commission services and interventions for children and families are listed below:

- Early Intervention Foundation Guidebook
- What Works for Children's Social Care Evidence Store
- Education Endowment Foundation Early Years Toolkit
- Education Endowment Foundation Teaching and Learning Toolkit
- Youth Endowment Fund Youth Violence Prevention Toolkit
- Youth Futures Foundation Youth Employment Toolkit
- Institute for Effective Education 4 Impact website
- National Institute of Health and Care Excellence Child and Young People Products.

In addition to the UK resources there are some international repositories such as the Washington State Institute for Public Policy which have a similar function.

Evidence toolkits/practice guidance such as these, summarise different interventions, models, or approaches (for example, interventions to increase parent and infant communication), providing descriptions of the interventions/models/approaches and the evidence that has been generated from research of them. These could look at the implementation costs, acceptability, timings for impact to be seen, and outcomes measured in the research. Some provide a rating/judgement on the quality/strength of the evidence overall, and a view on whether this evidence supports the use of the model or intervention.



We only found a small number of sources (five) that had investigated what those involved in service design and commissioning thought about the toolkits and guides that are currently available. Some of the key concerns raised were as follows:

- Insufficient consideration of the replicability of the intervention in different areas/context
- Cost details not always covered:
 - Not always clear about what the actual calculated effect size of interventions/models is
 - A lack of information in some guides about ‘dissemination readiness’, i.e. a specification of full costs and human resources needed to implement a programme accurately so that the desired outcomes will be achieved
 - Too much information to absorb given time constraints.

Examples of things which were highlighted as desirable and should be included were:

- Key details about the programme, a theory of change description to outline the mechanisms of action, change and outcomes, and requirements for implementation
- Contextual information about where an intervention/model/approach was tested, and with whom
- More clarity on how to interpret ratings/scores given to the interventions/models/approaches
- Cost–benefit analysis which could justify decision-making and funding towards a certain programme
- The provision of information about racial/ethnic diversity of participants, to help determine whether the programme will likely be applicable and suitable for their population
- Allowing users to find interventions by their evidence rating, or context, so it is easier to navigate the guide and find what is relevant to the users’ area of interest
- More information about the interventions, such as the ages of participants that the intervention was shown to be effective with, and retention rates for participants in the evaluation studies included
- Details for the programme lead, in examples that had been successful, to enable follow-up
- Having simplified information for those less evidence-literate, for example ‘pre-digested’ conclusions.

One of the limitations of the research we identified was that it was not specifically looking at the use of evidence in designing and commissioning services in the children and family sector. However, it did highlight the importance of carrying out further studies, and it helped to inform lines of enquiry for our research project.



Objectives

The objectives of this research study were twofold:

1. Understanding the context

To hear directly from professionals who were responsible for commissioning and service design for children and families. To understand more about what this involved, the type of environment they were working in, their understanding of the evidence base, and the challenges they experience when using research evidence and choosing evidence-based programmes and interventions.

2. Informing the development of new toolkits and practice guides

To find out the extent to which the legacy WWCS Evidence Store and EIF Guidebook were used, what their strengths and weaknesses were, and suggestions on what might help to strengthen the effectiveness of the new guides and toolkit.

The research questions were as follows:

- What does service design and (de)commissioning processes for services targeted to support families and children look like in different teams/directorates within local authorities and health partners?
- What are the capability, opportunity, and motivation barriers and enablers to designing and commissioning evidence-based programmes for different stakeholders involved in making service design and commissioning decisions?
- What are the perceived strengths and weaknesses of the legacy What Works Children's Social Care (WWCS) Evidence Store and the legacy Early Intervention Foundation (EIF) Guidebook? What would stakeholders like to find in such toolkits?
- How (if at all) do tools and guidance on evidence-based programmes and evidence-based Practice Guides influence service design and commissioning and development of practice models?
- What are the barriers to using and applying What Works Centre evidence guidance (e.g. from toolkits and guidance) and what needs to happen to overcome them?



METHODOLOGY

Phase 1: Set up

Following the inception meeting in September 2023, the research team prepared standard research instruments including a research protocol with privacy notice and participant information sheet, data sharing agreement, and contributed to the ethics application made by Foundations which was approved in October 2023.

We designed data collection tools including survey questions and topic guides for interviews and focus groups. These were informed by the findings of our literature review, see summary below.

Phase 2: Fieldwork – One-to-one interviews and focus groups with professionals

Preparation for fieldwork included identifying a sample of local authorities in England to include a mix of those in urban/rural areas and different types of authorities. We used IPC and Foundations' warm contacts who matched the desired mix as we believed this was more likely to result in quicker responses. Our recruitment process was as follows:

- Warm-up emails were sent.
- As soon as ethics approval was granted, a formal recruitment letter with privacy notice and participant information sheet was sent to local authorities who had expressed interest.
- Reminders were sent to those that didn't respond.
- Key contacts at each local authority were identified and ensured formal approval had been given, e.g. by the director of children's services.
- Introductory meetings to ensure clarity about the 'target audience' – senior leaders and commissioners and partner organisations were set up.
- Worked together with participating authorities to identify participants and schedule dates for interviews/focus groups.



We successfully recruited nine local authorities:³

- Bath and North East Somerset
- Birmingham
- Bradford
- Devon
- Hampshire
- Oxfordshire
- Somerset
- Sunderland
- Trafford.

The socio-economic and demographic characteristics of the authorities were checked using the Office of National Statistics (ONS) (2022) and GOV.UK (2019), as were the most recent children’s services Ofsted ratings (Ofsted 2024), to confirm that participating authorities represented a good range. Table 2 summarises the profile of the participating local authorities in terms of these characteristics (H/M/L = High, Medium, Low).

Table 2. Local authority profiles

Participating local authorities	Urban or rural	Type of local authority	Children’s Services Ofsted ratings	Ethnic minorities population rating	Socio-economic deprivation rating
Bath and NE Somerset	Urban	Unitary	Good 28/02/22 to 4/03/22	M	L
Birmingham	Urban	Metropolitan district council	Good 20/02/23 to 3/03/23	H	H
Bradford	Urban	Metropolitan district council	Inadequate 21/11/22 to 2/12/22	H	H
Devon	Rural	County	Inadequate 20/01/20 to 31/01/20	L	M
Hampshire	Rural	County	Outstanding 29/04/19 to 3/05/19	L	L

³ London Boroughs were contacted for recruitment. Initially Croydon responded positively but later pulled out due to organisational pressures.



Participating local authorities	Urban or rural	Type of local authority	Children's Services Ofsted ratings	Ethnic minorities population rating	Socio-economic deprivation rating
Oxfordshire	Rural	County	Good 16/04/18 to 20/04/18	M	L
Somerset	Rural	Unitary	Good 18/07/22 to 29/07/22	L	M
Sunderland	Urban	Metropolitan district council	Outstanding 28/06/21 to 9/07/21	L	H
Trafford	Urban	Metropolitan district council	Requires improvement to be good 21/11/22 to 2/12/22	H	M

Between October 2023 and January 2024, we carried out 34 one-to-one interviews and 6 focus groups online with a total of 73 professionals who worked in commissioning, service design, and practice development roles. Most worked in local authority children's services teams including children's social care, early help, public health, education, early years, and SEND, and there were also a few representatives from partner organisations including Integrated Care Boards, voluntary and community sector organisations, and the Police. Transcripts can be shared on request.

Phase 2: Fieldwork – Survey

We designed an online survey which was open for responses between 27 October and 11 December 2023. The survey was promoted through the following channels:

- Association of Directors of Children's Service (ADCS) bulletin
- Individual emails to all directors of children's services
- IPC website news article
- IPC and Foundations newsletters
- IPC social media
- IPC commissioning course network and alumni forum
- IPC colleagues emailing their warm contacts.

We collected 47 completed responses. About two-thirds of respondents worked in commissioning roles including commissioning manager, commissioning officer, procurement officer, contract monitoring officer, broker/placement officer. About one-third had roles in managing and



developing operational services, for example team manager, principal social worker, practice lead, director of children's services, assistant director.

Phase 3: Analysis

We used a thematic analysis approach consisting of six steps: becoming familiar with the data; generating codes; generating themes; reviewing themes; defining and naming themes; and locating exemplars based on Braun and Clarke (2022). Codes were generated using a combination of inductive and deductive approaches, starting with the establishment of an initial coding framework based on the research questions. Further codes, sub-codes, and coding refinements were then developed with further exploration of the qualitative data.

We placed more emphasis on the information gleaned from interviews and focus groups as these methods enabled a more in-depth exploration of professionals' experiences and views. Due to the relatively low number of survey responses (under 50) we have attached less significance to this data. However, it was notable that when we triangulated the quantitative analysis from the survey results, it supported our key findings from the qualitative data. The full report of survey findings is in [Appendix C](#).



KEY FINDINGS

What does commissioning look like in the sample local authorities?

What is commissioning?

Before examining our findings from fieldwork, it is important to understand what we mean by commissioning. Commissioning is a broad concept and there are many definitions. Most definitions of commissioning paint a picture of a cycle of activities at a strategic level – concerned with whole groups of people (see Figure 2), including:

- Assessing the needs of diverse populations
- Setting priorities and developing plans to meet those needs in line with local and national targets
- Securing services from providers to meet those needs and targets
- Monitoring and evaluating outcomes
- The above combined with an explicit requirement to consult and involve people in the process.

Commissioning does not happen in isolation; it is very much a whole-system approach. Whilst local authorities and Integrated Care Boards (ICB) are responsible for commissioning health and social care services for their local populations they work with partners including the voluntary and community sector to maximise the resources available to meet needs and improve outcomes.



Figure 2. IPC commissioning cycle ([go to accessibility text](#))



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The analyse stage of the cycle can be seen as a starting point, and typically it will entail gathering information to understand what the needs are, what resources are available to meet the needs, what is currently being provided and by whom, how well that provision is improving outcomes, what the gaps might be, and what the context is both nationally and locally, which might include legislation, policy guidance, and political priorities. It is at this stage that research evidence about ‘what works’ would also be considered. The learning from this stage will then sometimes be presented to the decision makers in the form of a business case including a costed options appraisal.



What does commissioning actually look and feel like?

The process described above is very much a ‘textbook’ approach. The next section will explore our findings about what service design and commissioning processes for children and families looked like on the ground in our sample local authorities and their health partners.

What is typically involved?

A varied picture was presented in response to this question. Quite a few of the local authority participants said they followed the steps in the commissioning cycle. Health staff from ICBS mentioned using the NHS commissioning cycle. Activities in the analyse stage that were frequently mentioned include understanding local need, demand and trends, reviewing contracts, identifying gaps, leveraging in resources, and understanding what other local authorities were doing. Other activities in the cycle that were mentioned included developing service specifications and going out to tender (procurement).

One authority referred to the involvement of transformation teams or units who took a structured and systematic approach. Another suggested that public health was more systematic and proactive than other teams and allowed more time to complete the steps rather than reacting to the imminent end of a contract.

Engaging with stakeholders including children and families and staff was also a common theme. We heard that in one area they had trained ‘young commissioners’ who were involved in commissioning processes. In another there were two new engagement and coproduction posts in the team to boost capacity in this area.

Another aspect that was spoken about by several interviewees was joint commissioning and partnership working, and the importance of understanding what the rest of the system was doing and avoiding duplication. One NHS interviewee described their “collaborative commissioning approach”, working with commissioners in other organisations. Another said there was a lot of activity around joint commissioning with partners.

In contrast, we were told that, in other areas, commissioning was not happening in a structured or planned way. For example, in one local authority focus group it was described as “messy and reactive” and that it “didn’t always happen by the book”. Similarly, another participant said that whilst there may have been awareness of the cycle, it was not systematically used. A third mentioned that they had a lot of new staff, and new ways of working had not yet been established.

It is interesting that in response to this opening question, no one said they looked at research evidence about ‘what works’ in improving outcomes for children and families. Another common theme was that there didn’t appear to be a consistent cross-council approach to commissioning arrangements; interviewees tended to describe different processes depending on their role and team.

Key points: there are structured approaches to commissioning but not everyone follows them, which may reflect the churn in staff, underresourced teams and the pressure they are under,



referred to as ‘firefighting’ by one participant. A key priority is collaboration with children and families and with partner organisations – a whole-system approach. Research evidence is not at the forefront of thinking and planning activities.

What triggers commissioning and service design?

Responses from participants suggested that there were a range of drivers that could trigger commissioning and service design. Four themes were mentioned most frequently, and these are explored below.

Responding to needs and improving outcomes

For many of the participants, understanding the needs of children was their starting point. They explored this in a variety of ways. For example, one local authority spoke about working creatively with children, young people, and families to gain their views and identify gaps in services. Another told us that the trigger often came from individual children’s plans and reviews and listening to social workers. They gave the example of identifying a gap in working with perpetrators of domestic abuse which was picked up from case reviews. A third said they used the Joint Strategic Needs Assessment (JSNA) to establish emerging or changing needs.

Another approach highlighted by many commissioners in our sample was a focus on outcomes to ensure that services and programmes will make a positive difference to children and families’ lives:

“I always start from what we are trying to achieve, the outcomes, and work back about what we need to do to develop an appropriate service for that outcome. This may mean then looking back to needs analysis and informatics.”

– Urban metropolitan district council commissioner

From this perspective, the desire to improve outcomes and impact drives commissioning.

Contract ending

Other participants described the drivers for commissioning in more operational terms. Re-commissioning or de-commissioning might be needed because the term of the contract was ending, or it was being terminated early. Reasons for early termination include provider failure or poor performance which had resulted in quality standards and outcomes not being met. Participants explained that this could have been identified from internal monitoring or external inspections e.g. Ofsted. Others explained that contracts sometimes end due to low engagement in the service or programme.

National agenda

Another influencing factor was seen to be changes in the external environment. This might include national directives, policy and guidance, and political direction. For example, a health representative in one area mentioned the Mental Health Support Teams in Schools initiative and



social prescribing as important areas that had been instigated nationally and required changes to local services.

Funding arrangements

Not surprisingly, many interviewees spoke about the fragile financial environment in which they were working. Loss of funding due to financial pressures was a common experience and often resulted in service re-design or de-commissioning to fit a smaller budget or no budget. One local authority spoke about adapting and diversifying what they commissioned depending on the funding opportunities. For example, this authority was more likely to commission drug and alcohol services because they had a budget, whereas they were less able to respond to other needs with no budget attached. In another local authority, new funding had been a trigger, and they were bidding for support in implementing various approaches including the Mockingbird model in fostering and Family Group Conferences. Areas of activity that were overspending their budgets were also likely to be the focus of commissioning activity.

“I think budgets are very significant, for instance particularly around the placements of children looked after and need to reduce significant spend and improve the model.”

– Urban metropolitan district council commissioner

Who are the stakeholders making/influencing decisions on service design and commissioning?

Stakeholders most frequently mentioned by interviewees included:

- parents, children, and young people. Different channels promoting service-user voice were spoken about such as parent carer forums, a Youth Champions Network, paid Youth Ambassadors. In one local authority, young people with lived experience were heavily involved in the procurement of a provider of residential care and they won national recognition for this.
- frontline staff – practitioners including social workers and clinical teams. “Staff views are important, they are the ones who will be delivering” (children’s social care representative, rural unitary authority).
- senior managers such as director of finance, director of public health, and chief executive, alongside heads of service and directors in children’s services and education. Also, professional experts, for example in safeguarding, and educational psychologists.
- partner agencies, including providers, e.g. Child and Adolescent Mental Health Service (CAMHS), early years settings, schools, and police, as well as commissioners in these agencies, i.e. ICB commissioners, police and crime commissioner. Also, community and voluntary sector organisations.
- national bodies, e.g. NHS England, Public Health England.
- elected local politicians including cabinet members.



What are the factors playing into service design and commissioning decisions?

Perhaps unsurprisingly, there are similarities between the responses from participants to this question and the previous question – what triggers commissioning. Factors included:

Resource implications

- **Financial pressures:** “We only can only commission what we can afford” (rural county council commissioner). Also cost–benefit and value for money factors.

Needs and outcomes

- **Data on local needs and demographics:** including geography, economic status and income of families, and health indicators. Changes in demand, e.g. increase in autism referrals.
- **Outcomes they want to achieve:** “What’s the purpose? What are we trying to fix? Is it going to work? Will it improve practice? Will it improve the lives of children and young people?” (rural unitary authority children and families service manager).

Market issues

- **Performance and underperformance:** of providers
- **Capacity in the market:** to provide a particular type of service
- **Responding to recommendations from providers about a need or opportunity for service development:** this can involve working in partnership to develop it, sometimes with additional funding that the provider brings.

Stakeholder views

- **Views of partner organisations.**
- **Views of people:** “Feedback from children and families is the most important. We use our parent carer forum and complaints and compliments feedback well” (urban metropolitan district council commissioner).

National and local agendas

- **National requirements:** legislative and regulatory, plus trends.
- **Organisational/political priorities:** “Appetite and culture of the organisation at the time can shape the approach” (rural unitary authority commissioner). “The council priorities are very clear and have a big influence” (rural county council commissioner).
- **What models and approaches other local authorities and ICBs are using:** knowledge exchange.
- **System-wide compatibility and strategic alignment:** does it fit with the vision, will it complement or duplicate what else is being provided.

Practicalities

- **Logistical considerations:** e.g. availability of staff, buildings, transport.



Equality, diversity, and inclusion

- **Reducing inequalities:** An example from an ICB representative was commissioning a family intervention worker in a diabetes service to help prevent admission to hospital by reducing socio economic risk factors. In one case, a young person was provided with a mobile phone so they could access an app to support self-management. Another local authority mentioned that Equality Impact Assessments (EQAs) were carried out to inform commissioning decisions.

How important was research evidence?

Whilst there was a strong impression that research evidence was used and valued by health bodies (including public health), local authority views were more mixed.

A representative from an NHS community healthcare trust told us that their business case format had a mandatory section on the evidence base. Another ICB commissioner said she always used research evidence. A mental health provider said a decision report would be sent back if there was no mention of research evidence.

“The NHS constitution is evidence led, you should only commission services that are evidence based and ‘cause no harm’. If it’s a grey area, we do small-scale piloting and evaluation to see if an approach works before scaling it up.”

– ICB commissioner

However, our focus groups encouraged local authority participants to reflect on their current practice and rate use of evidence against a series of other factors. It did not score as highly and was mentioned less frequently. This was also reflected in our survey results. That said, some local authorities also spoke positively about using research evidence:

“We use and reference research to provide the rationale and to say we have considered it.”

– Urban metropolitan district council commissioner

In this example, they told us the research could be their own ‘locally generated’, not always national, research. Another said:

“Research is used that is proportionate and relevant to what we are trying to achieve.”

– Urban metropolitan district council commissioner

A few spoke about being involved in local research projects with universities to evaluate programmes. Others agreed it was important and wanted it to have greater priority. For some it was part of their approach in the ‘analyse’ stage of the commissioning cycle and sat alongside other intelligence gathering:



“It is the first ‘go to’ as part of the desktop work but then we go to look at what our local services are doing, what they’re able to offer to develop what’s needed.”

– Urban metropolitan district commissioner

When asked specifically about whether they used it in decision reports, most said they did but it was rarely a requirement to do so.

“It’s easier to get a decision if you can show there is evidence behind it; it has been demonstrated to work.”

– Rural unitary authority commissioner

Conversely, in some local authorities it was of much less interest and other factors including cost were more important:

“We focus more on the local information, the demographics and this is more what we get asked by the decision makers.”

– Urban metropolitan district council commissioner

“It’s not a requirement as far as the local politicians are concerned – they are more interested in cost.”

– Rural unitary authority commissioner

Another said that when people did quote evidence, it was a bit tokenistic and there was a tendency to cherry pick to support a case.

Survey findings: Top four sources of information and evidence most likely to be used in the designing, planning, commissioning, and de-commissioning of services and practice models

1. Feedback from children and families
2. Local policy, strategy and priorities (e.g. Children and Young People’s Plan)
3. Current service performance including evidence of impact on children and families’ outcomes
4. Local population needs assessment data, e.g. from a Joint Strategic Needs Assessment (JSNA).



Barriers to designing and commissioning evidence-based programmes

Using the COM-B model (Michie et al., 2012) we have identified key capability, opportunity, and motivation barriers that stakeholders told us stood in the way of commissioning evidence-based programmes and services for children and families. These matched our findings from the literature review, but also suggested additional factors that influence decisions on service design and commissioning.

Opportunity barriers

Lack of funding

This was one of the most frequently mentioned factors. Participants told us **that evidence-based programmes could be costly**, at a time when they are under huge financial pressures. For example, they (or their commissioned providers) may be required to recruit specialist staff at higher grades, invest in staff training, purchase materials such as programme manuals, and carry out time-consuming data collection and evaluation to demonstrate whether it is working locally.

“They (evidence-based programmes) are important, but finance is tight now and will always win the day.”

– Urban unitary authority commissioner

One local authority described evidence-based speech and language programmes that they would like early education settings to provide – including Talk Boost, Nuffield Early Language Intervention, and Blast – but without funding attached they couldn’t require settings to deliver them.

Lack of time and staff capacity

A lack of time, staff turnover, and general upheaval were mentioned as factors which reduced capacity to properly investigate and consider research findings about ‘what works’.

“We are busy, we don’t have all the information accessible or time to prepare this and understand it fully.”

– Urban metropolitan district council commissioner

“That would be a luxury at the moment. I’d do it if I had some staff.”

– Urban unitary council commissioner

In addition, several participants mentioned getting grants with very short lead-in times which meant they didn’t have time to look at any evidence.



Lack of providers and workforce challenges

Some local authorities felt that it could be challenging to find providers with the experience needed to implement evidence-based programmes in their area. **Difficulties recruiting, retaining, and training staff** were seen to be a key factor that could impact negatively on the level of engagement and participation by families, and subsequently the outcomes.

- “The danger is that the intervention is watered down and then the impact may be weakened.” Rural unitary authority service manager, children and families.”

Duration

There was a concern that evidence-based programmes tended to **need investment over a longer term** to enable change in families to happen and to demonstrate improved outcomes. However, this could be at odds with current short-term and unstable funding streams including grants and budgets that are subject to change year to year.

- “We know early help and prevention works but you have to keep it going and continue to invest in it, it’s not a short-term fix.”

- Rural unitary authority commissioner

Lack of research evidence about what works

Research evidence may not be available or may not be up to date for particular topic areas, especially about new approaches, examples given were early help and social prescribing. One health participant said there was much less research evidence for children than for adults and spoke about a pilot project where they were using an adult model to work with children with autism and an eating disorder.

Capability barriers

Difficulty in accessing and understanding evidence

Common themes were that there was a lack of knowledge about where to look, what to look for, and whether it was trustworthy, as well as a **lack of skills and confidence to interpret evidence**. In one local authority social workers said they would like to use evidence more but “it’s not at our fingertips”.

Motivation barriers

Type of evidence

Quite a few participants felt that there were often important gaps in the information presented. This included cost-benefit analysis which was needed for business cases.



How evidence was presented could determine whether or not staff were motivated to look at it. Given the time pressures, it was important that they could be quickly guided to the most relevant and best-quality evidence and that accessible summaries were available.

Resistance to change

This was thought to be a negative influence by several participants. One said:

“It’s hard to change something that is doing ‘ok’ and to justify taking resource from it to do something different based on research.”

– Rural county council commissioner

Another felt it would need a **culture shift** which would be challenging to achieve in the current climate. A third said you had to be brave to de-commission and it was easier to keep doing what you’ve always done.

Leadership

A few mentioned that **it wasn’t an organisational priority** and not something they were encouraged or supported to do. For example, in one area it was said that there was less corporate emphasis on understanding research than improving local data. In another, political views were said to be a barrier:

“There might be a strong evidence base, but it doesn’t sit well with the political direction of travel.”

– Rural county council commissioner)

Replicability

A common concern voiced by participants was **how applicable a programme might be to their local circumstances**. For example, it may have been demonstrated to work in other countries or types of environment (urban/rural) or with particular population groups.

“I think evidence-based is important, but it needs to demographically reflect our area, so we also use knowledge about needs and locality.”

– Urban metropolitan district council commissioner

In this example, we heard that in addition to running the PAUSE programme, they had developed their own version in partnership with the provider called Startwell with a more flexible offer for families who didn’t fit the PAUSE criteria. The provider had also contributed to funding the new programme.



Difficulties of demonstrating outcomes

A few participants talked about the challenges of demonstrating that an approach or service had worked because it could be hard to attribute ‘cause and effect’. Soft outcomes could also be very hard to quantify. This was particularly the case for preventative work.

Lack of system-wide support

The delivery of evidence-based programmes and interventions is likely to need the **support of a wide range of partners to help embed and sustain the positive change** and progress that children and families have made during the intervention. However, one local authority participant made the point that **partner agencies may have different priorities** and may not have the capacity to provide that support which could impact negatively on the outcomes.

Survey findings: Top 3 barriers to using research evidence to design/commission interventions, services and models

1. The perceived cost attached to delivering evidence-based interventions/models/approaches
2. Time pressures meaning there isn't time to look for/evaluate the evidence base
3. Implementation challenges in local area making the evidence-based intervention/approach/model unachievable (e.g. needing clinical psychologists but recruitment difficulties in the locality for that role).

“I feel decisions are often made at a higher level around services based on the huge issues around money at the moment and no amount of evidence of any sort can change that! Also, decisions also have to be made quickly and gathering evidence takes time.”

“A great deal of our time is spent firefighting; it is difficult to find time to plan in advance. We tend to end up with the ‘safe’ option, i.e. provisions that are tried and tested and we know meet basic requirements (but may not be the best available solution). Recruitment is becoming increasingly challenging as public sector wages decline in real terms relative to the private sector.”



Enablers to designing and commissioning evidence-based programmes

In general, participants felt that it was important to use research evidence, even if it was currently difficult for them to do so. They were therefore keen to make suggestions about what might support and enable them.

Opportunity enablers

Resources

Having **more resources** to both do the initial work to identify research evidence about what works as well as having the budget to implement the recommendations, was felt to be a strong enabler.

“Having a commissioning team with enough resources and better budget.”

– Rural unitary authority commissioner

One area had a practice improvement team who were able to facilitate improvements and development which was very helpful. Others thought investment in project manager roles would provide more capacity.

It was also acknowledged that using evidence, for example on a business case, might enable you to make a stronger case for more resources.

Capability enablers

Staff training in **research literacy** was suggested to help people understand what they should be looking for when they read journal articles or research reports and to enable them to look beyond the headlines in an executive summary to understand how the conclusions were arrived at.

Motivation enablers

Leadership

This was considered to be a very important factor that could make a real difference to practice. It was felt that managers, for example heads of service could create the **right culture** by promoting evidence-based practice and the benefits of this, encouraging a ‘learning’ environment and being open to ‘doing things differently’.

It was also suggested that a requirement for evidence to be included in governance and decision-making processes would be supportive.



Having **‘champions’ or professional leads** was suggested as an effective way to raise awareness and help to guide people to the best and most current resources. Participants from several local authorities mentioned that this either was or could be part of the role of the Principal Social Worker.

Regional teams working across local authorities and the NHS were also seen to be important enablers who were in a strong position to share learning and best practice, develop evidence-based toolkits and quality assurance mechanisms. Examples of support that an ICB commissioner had found very helpful included a children’s transformation team and an all-age mental health, learning disability and autism team.

Ease of access to evidence

Having access and licences to research websites such as ‘Making Research Count’. Being able to **quickly locate and understand what the research evidence says** would help to motivate busy professionals.

Getting involved in developments to build the evidence base

One local authority was involved in the Department for Education’s Education, Health and Care Plans (EHCPs) standardising project which enabled them to **make a contribution to the evidence base** and learn from it. Another got involved in a research study about pre-birth support as they had an interest in this and had their own pre-birth team. In this way they helped shape the evidence and also used what they had learned from participating in the study to further develop and adapt their own team approach.

Seeing a service or programme working somewhere else

Participants talked about ‘cross working’ and information sharing. **Peer support** from other councils who had implemented an evidence-based programme or service was thought to be really helpful.

A more flexible approach to delivery

Given some of the implementation challenges, participants thought it might be helpful if there could be a **degree of flexibility in how programmes are being delivered**. For example, one local authority participant spoke about the importance of being able to respond to what local reviews of the PAUSE programme were telling them about what was working and what might need to change to meet local need. In this case, the review led to a greater degree of flexibility around eligibility criteria, to include more families that were thought would benefit from the service.



Survey findings: Top three enablers to using research evidence to design/commission interventions, services, and models

1. Strong promotion of evidence-based decision-making and modelling of reviewing evidence by leadership, e.g. Director of Children's Services, Director of Commissioning
2. Additional funding to cover the costs of interventions/models/approaches that have a strong evidence base
3. Evidence-based decision-making being built into commissioning frameworks/checklists/templates.

“Evidence-based is embedded in our department's key five values; it's a key element in any senior leadership discussion.”

“A whole-system approach to using evidence-based approaches – it is often challenging to be the only one working in this way – when all partners and stakeholders can come together and agree on an evidence-based approach, it is a lot easier to progress.”

Using and applying What Works toolkits and practice guidance

How do tools and guidance on evidence-based programmes and evidence-based practice guidance influence service design and commissioning and development of practice models?

Many participants had used tools and guidance and found them useful. These included NICE guidelines, the Public Health Outcomes Framework, the Mental Health Support Teams handbook, the LGA Knowledge Hub, the Early Intervention Foundation Guidebook, the Youth Endowment Fund toolkit, Anna Freud materials, Research in Practice resources, Home Office Violence Reduction resources, and Institute of Public Care evaluation reports.

“It's very helpful when you do find the relevant information and know it's a good piece of work and are able to step away from the firefighting.”

– Urban metropolitan district council commissioner

The following are some examples of how they were used.

The Education Endowment Foundation's *Implementation Guide* and Department for Education's *Building Schools for the Future* guidance were said to have been very helpful by a local authority



service manager in Education who felt that they had helped her to focus on the right things, and this gave credibility.

In one area they had created their own repositories to share locally created resources that included practice examples and training materials for Life Story work. They also collated resources from other sources including Research in Practice and Community Care Live and sent a fortnightly email to staff with updates and links to publications. In addition to the repository, they provided training on evidence-based practice, e.g. a series of ‘rest and reflect’ sessions for foster carers looking at research evidence, with input from psychologists.

In another area, in an interview with the police (a partner agency), they described a range of evidence-based toolkits and guidance that was available to guide practice. This included ‘snap guides’ that were easily accessible on mobile phones, and information about public health and trauma-informed approaches developed by the local Violence Reduction Unit led by the Police and Crime Commissioner’s Office.

An ICB commissioner spoke highly of the FutureNHS Collaboration Platform as a very good source of learning about good practice used across the NHS and social care sectors. Opportunities to collaborate include webinars and communities of practice. She described using them as a starting point and then co-producing with local stakeholders, so the implementation may be slightly different, but they stick to the operating principles: “They are hugely helpful. Can’t do commissioning without them.”

Those who hadn’t used any toolkits or practice guides mentioned instead seeking information from other sources including colleagues both within their organisation and in other local authorities and regional networks, professional associations and networks, and parliamentary and select committee reports.

What are the perceived strengths and weaknesses of the legacy WWCS Evidence Store and the legacy EIF Guidebook?

A key finding was that the majority of participants had little awareness or had not used either the WWCS Evidence Store or the EIF Guidebook. Of the two, participants were more likely to know about or have used the EIF Guidebook than the WWCS Evidence Store.

Comments about what they liked by those who had used them included:

- Information about how to design services across agencies
- Cost analysis
- Credibility and assurance around prevention
- Identifying challenges
- Newsletter updates
- Good structure



- Good for getting stakeholder understanding and buy-in
- Gives ideas to try out, and you know there is the evidence to back them up
- Academic rigour and agreed measurables.

Survey findings: Use of WWCS Evidence Store and EIF Guidebook

- 70% had not used the WWCS Evidence Store or the EIF Guidebook to support decision-making. The main reason for this was that they hadn't heard of them.
- The main strengths highlighted by the small number that had used them were that they cover a broad range of areas, provide clear information, and are accessible to people without a research background.
- The main weaknesses were that the information was too detailed or that the approaches covered weren't relevant to their work.

“Sometimes the evidence is not relevant to the UK.”

“Sometimes there is simply a gap in the evidence! That can only be resolved through further funding to enable research and testing in the relevant field.”

“Some limitations in application to local context.”

“I think the only weakness is it not being promoted sufficiently.”



The following case studies were from ‘expert interviews’ with professionals who had more in-depth experience of using the EIF Guidebook and the WWCS Evidence Store.

Case study of how the EIF Speech Language and Communication Needs (SLCN) Audit Tool was used by one local authority

The following example was given by a Head of Service, Early Years and Childcare:

“We used the SLCN Audit Tool as a starting point to identify our strengths and weaknesses when Every Child A Talker (ECAT) programme came out nationally. It supported us to develop our local approach – the ‘Lets Talk More Programme’. The audit tool made sense, used accessible language, was not too long, felt achievable, was well structured – it flowed well, and scaling worked.

We set up a community of practice to bring together professionals from a wide range of agencies including Education, Midwifery, Children’s Centres, Public Health Nursing, Early Help Services, Speech and Language, Specialist Health Services and Complex Needs. It helped us to create our own handbook that included what ‘good looks like’ for practitioners and parents and monitoring tools to help identify good practice and areas of concern. It was a positive way of giving consistent messages across multi-agency settings, harnessing different perspectives and expertise.”

Case study of the use of the WWCS Evidence Store

The following information was provided by a Principal Social Worker who was an ‘evidence ambassador’ for the WWCS:

“It was my role to keep practitioners and senior managers up to date with the latest research findings in the WWCS Evidence Store and help embed these in practice. I liked the Evidence Store because it was balanced and identified aspects that weren’t clear and any limitations of the research.

It can be hard to get busy practitioners to engage. It needs to be relevant to the ‘here and now’. I shared the findings from Nuffield Justice Observatory ‘Born into Care’ research and asked the ‘so what’ question. What does this mean for us? We used the findings as a framework against which to evaluate local practice – what support are we offering families, what outcomes are we seeing?

It influenced the development of our Family First strategy, and it set the frame of reference for practice moving forward ahead of the Care Review recommendations.”



What would stakeholders like to find in evidence toolkits and practice guides?

Participants were keen to offer suggestions about what should be included and how the information should be presented. The following key themes emerged.

Accessibility

Toolkits and guides need to be accessible on the internet and locally within organisational intranets. They should be quick and easy to find and free to use.

They need to be well structured and presented so they are easy to read and understand for a diverse audience and don't feel overwhelming. People need to be able to see quickly what the relevance might be for them. There should be a good search function so it's simple and straightforward to find what you need. It would be helpful to have a high-level overview of key points with clear references and hyperlinks to enable readers to drill down into the detail should they wish to.

The language should be friendly and accessible to all, not overly academic or 'specialist' and avoid use of acronyms. A glossary of terms could be helpful. Avoid too much heavy text and bring them to life by using visuals – pictures, flowcharts, and diagrams as well as short videos. A frequently asked questions section could be useful.

Content

The content must be trustworthy. An introduction should make clear how the toolkits and guides will improve the lives of children and young people, making links to equality, diversity, and inclusion. There should be an acknowledgement of the challenging environment for children and families that is driving an increase in need, at the same time as social care and health resources are reducing.

Guides should include material that demonstrates impact and outcomes and practical information about implementation. For example, what the referral criteria were, how people managed challenges, and guidance on what scope there is to be flexible, e.g. substituting a less-qualified staff member in circumstances where there are skills shortages. Other elements that were considered important to include were cost–benefit analysis, and more general advice (in the form of 'how to' guides) on topics such as how to explore need, carry out service mapping, engage with service users, and successfully mobilise new programmes/services.

Alongside descriptions of models, guides should include practical tools and templates to support implementation such as self-assessment checklists, competency frameworks, quality assurance tools, and service review methodology. They should include some worked examples, e.g. of good assessments, or of how the voice of the child/parent has been included. Case studies are also of value to show how the intervention has been implemented in different areas. If possible, contact details of programme leads should be included.



Tools and guides need to be future proofed and updated regularly with new information and in response to feedback.

Audience

Toolkits and guides should be accessible and useful for a wider audience. This reflects the joint commissioning approaches and collaboration between multi-agency partners that are needed to improve outcomes for children and families. For example, cost–benefit analysis should be about benefits and improvements across a whole spectrum of social and economic indicators.

It would be valuable to consider having different guides for different audiences. For example, senior managers and leaders who will be making decisions about what to fund may need quick summaries with key information such as costs and demonstrable outcomes. Staff who will be designing and commissioning programmes and interventions as well as practitioners who will be delivering them would benefit from more in depth and practical information and guidance.

To widen the audience still further, toolkits and guides should also be made available to children and families who use services, to help them understand what best practice is and to hold services to account.

Dissemination

Those disseminating should explain clearly what the tools are for and why they are important. They should be promoted to partner organisations including provider organisations. It would be useful to engage a range of marketing approaches, cascading them through professional bodies such as the Association of Directors of Children’s Services (ADCS), the Association of Public Health Directors, the Local Government Association (LGA), the Social Care Institute of Excellence (SCIE), the NICE social care evidence section, and organisational structures to get ownership from leaders and clinicians. Promotion through collaboration and transformation partnerships and principal social worker networks would be valuable.

“It would be good to have it launched in areas with partners and service leads and look at how you can use it together.”

– ICB commissioner

The approach should combine social media platforms as well as more traditional channels. As far as possible, the dissemination should use a variety of methods e.g. both online and face-to-face forums, webinars, communities of practice, and networking events to encourage dialogue and discussion and to bring people together to share their experiences of designing and implementing evidence-based models.

It would also be helpful to encourage organisations to delegate responsibility for disseminating the tools and guides to a specific team, e.g. practice improvement teams or individuals such as principal social worker and commissioning leads to ensure they are known about and embedded in practice.



Finally, it is important to encourage organisations that provide training to social care and health professionals who deliver and commission services to children and families to include the toolkits and guides in their course materials.



RECOMMENDATIONS AND NEXT STEPS

This research demonstrates that commissioners want to use evidence to inform their practice. However, this can be challenging and there are numerous barriers (lack of awareness of key resources, lack of time and expertise to consider the evidence, lack of certainty regarding the quality or replicability of evidence, and contextual issues relating to financial pressures, leadership, partnership engagement, and readiness for change). These findings reflect the themes we identified in our literature review.

Despite these challenges, there remains a clear appetite for working in a more evidence-led way, which provides a very interesting opportunity for Foundations. Those who have contributed to this research have offered some valuable insights about the approaches which are most likely to encourage greater engagement with evidence and are similar to findings from previous studies outlined in our literature review. We recommend that these are considered carefully and acted upon (see the section on [designing and commissioning evidence-based programmes](#), and participants' suggestions on content, presentation, and dissemination of toolkits and practice guides in the section '[What would stakeholders like to find in evidence toolkits and practice guides?](#)'). Participants were pleased to have been consulted. They appreciated being able to reflect on evidence-based practice, what it means, what gets in the way of choosing and implementing evidence-based programmes and services, and what might help them to do so in the future.

They felt that it was important that potential users help to inform and shape toolkits and guides and they would like to see this happening on an ongoing basis. For example, NICE has a guideline development process that includes input from experts, people using services, carers, and the public.⁴

It also provided an opportunity for them to reflect on their own approach. One said that she had recognised the need to equip her team with skills to make better use of research evidence. Another said she wanted to educate and inform her local council members about evidence-based practice and give them assurances about why it's the right approach.

⁴ See: <https://www.nice.org.uk/guidance/population-groups/children-and-young-people>



Commissioning, service design, and the development of practice models are complex processes involving many stakeholders and influencing factors. A key finding from our study was the common view that research evidence is important, but it is not the only factor that needs to be considered. Other key factors thought to be as important to decision-making are the resource available (money and workforce), local data about need, services, and outcomes, and what will suit the local context and what children and families say they need.

“A strong evidence base can bring confidence and build trust and assurance, but research evidence alone is not very powerful unless you can link it to the local data and context.”

– Urban metropolitan district council commissioner

Participants told us the practice guides and tools would certainly be helpful, but in addition, it may be worth considering whether Foundations could broaden their offer to include other aspects of knowledge mobilisation. For example, the Social Care Wales (2023) publication referred to earlier, has adopted a five-pronged approach that includes dissemination, exchange, brokering, co-creation, and capability and skills building. Their Developing Evidence Enriched Practice (DEEP) initiative may also be worth exploring.

More broadly, it feels important to take steps to reduce the gap between evidence generation and practice. Where possible, we recommend Foundations considers opportunities to work collaboratively with commissioners and identify mutual learning opportunities. This might include shadowing their work, considering secondment opportunities, attending commissioner training, and/or engaging research suppliers who have direct experience of practice. These (and other) initiatives should help Foundations to generate materials which are written and disseminated in a way which enables commissioners to easily assimilate and adopt evidence-based approaches.

Limitations

Despite adopting a robust approach to recruitment, in some local authorities only a small number of professionals came forward to participate in interviews or focus groups and the input from partners was less than hoped for. There was also a relatively low number of survey responses. We think this may be due to the time pressures facing commissioning and service development staff in teams that are carrying vacancies and facing financial challenges that are requiring rethinking of service provision including de-commissioning.

One of the findings from both the survey and the interviews and focus groups was that there was a low level of awareness and use of the WWCS Evidence Store and the EIF Guidebook. We had hoped to identify individuals with experience of using these tools who were willing to provide ‘expert’ feedback about the strengths and weaknesses but were only able to carry out three such expert user interviews. However, although this is a small number, some important insights emerged and are covered later in [Appendix C](#).



In total, from the survey, interviews, and focus groups we heard from 120 professionals who design and commission services for children and families and are the intended audience for Foundations' new toolkit and practice guides. In the short time available for fieldwork, bearing in mind the current challenges facing local authorities and their partners, we consider this to be a good level of participation.



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APPENDICES

Appendix A: Evidence use in design and commissioning for services supporting children and families – Rapid Evidence Review

Introduction

Design, planning and commissioning of services to support children and families spans interventions and models offered in many areas of children’s services. These services include children’s social care, (from Universal Services to those for Looked After Children) and health and wellbeing services for all children and families, such as health visitors, school nurses, and Child and Adolescent Mental Health Service (CAMHS). An important part of the process of decision-making about which interventions and models should be funded and offered within a local area, is considering the evidence-base, as outlined by Rachel Illingworth for the National Institute for Health and Care Research:

“Commissioners need evidence that can support complex transformation programmes and to inform best use of resources for their local populations in challenging financial circumstances.”

– Illingworth, 2018

Using evidence to inform decision-making is a recurring part of the planning and commissioning process within children’s services. Particularly within the UK’s children’s social care system, there has been a renewed interest in evidence-based decision-making in recent times. The Independent Review of Children’s Social Care presented a vision for a reformed system that “is better able to learn and use evidence” (MacAlister, 2022:p.96) and reflecting this, the proposed Implementation Strategy for Children’s Social Care Reform published by the government earlier this year includes key pillar 6, which is:

“A system that continuously learns and improves, and makes better use of evidence and data”

– Department for Education, 2023:p.21

The 2023 strategy notes that currently, evidence is not always embedded in the system (Department for Education, 2023). For example, evidence supports the use of early intervention for families at risk, but that this is not always being implemented in practice with families. However, to achieve the Department for Education’s vision, the reasons that interventions and



practice models with the best evidence-base might not be implemented are complex and need to be explored.

The research questions

With the drive for the evidence base to be used more rigorously in designing and commissioning children's services, it is important to recognise there are different types of evidence that could be considered. These include service mapping and gap analysis, local population needs assessments, service user feedback, government guidance, and primary and secondary research. This review is going to consider specifically how **research evidence** plays a part in this. Research could consist of large-scale trials such as randomised controlled trials, mixed-methods evaluations, feasibility studies, systematic reviews, meta-analysis, impact evaluations, and more. A key line of enquiry is understanding how practice leads, commissioners, and service managers are attempting to incorporate research evidence into the design, planning, and commissioning of services for children and families, and what current barriers or enablers to doing this could be. This will be the focus of the first question explored in this research review:

Key question 1: What does research show about what helps or hinders those involved in service commissioning and design (including commissioners, practice leads, service managers) to use research evidence when making decisions?

One method that has evolved to help disseminate research evidence for those (including staff involved in commissioning) needing to identify the effectiveness of interventions and approaches, are evidence toolkits/practice guides compiled by organisations including What Works Centres. These summarise the best available evidence at the time for the impact of a specific intervention/programme, model or approach. For example, the Department for Education recommends that local authorities use the Early Intervention Foundation Guidebook as a resource (Department for Education, 2023). It is important to consider if these tools are being used by commissioners, and if so, do they find them useful? This will be the focus of the second question within the research review:

Key question 2: What is out there in terms of evidence guides/toolkits regarding children and family work, and what do those involved in children's service design/commissioning think of the guides and toolkits currently available?

What does research show about what helps or hinders those involved in service design and commissioning to use evidence when making decisions?

The evidence ecosystem and COM-B model

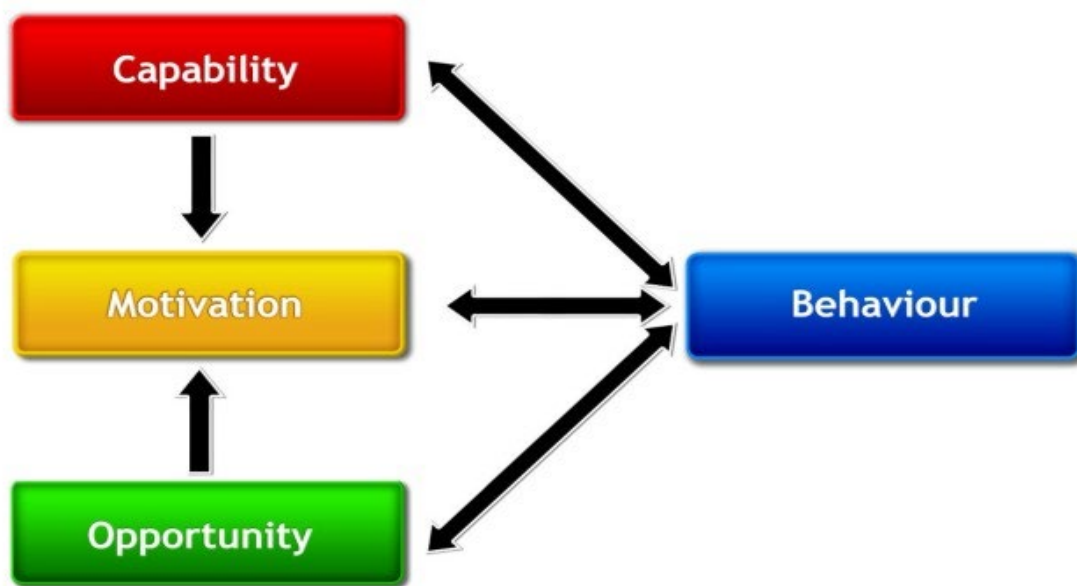
When understanding how commissioners and other staff who make decisions about the interventions and models provided within children's services sit, it is useful to consider their role in



the ‘evidence ecosystem’⁵ (Sheperd, 2014). Whilst academic researchers, or research teams (within organisations such as charities or local authorities), can be seen primarily as evidence producers, staff who are commissioners and managers utilise and are informed by the evidence, and they are therefore the evidence users. There are many factors to consider in the implementation of evidence into practice, however, including that the wider context, such as financial and political influence, is extremely impactful (Waddell, 2021).

Whether or not an agency responsible for commissioning services for children (including local authorities and Integrated Care Boards) uses evidence to inform their decisions could depend on a wide number of barriers and/or enablers. One way to understand these is through the COM-B model. Presented as a model to understand and modify behaviour (Michie et al., 2011), the model outlines that for a behaviour (such as using evidence to inform commissioning and design decisions), the individual or group must have capability, opportunity, and motivation, all of which influence and impact each other (see Figure A1).

Figure A1. COM-B system for understanding behaviour (Michie et al., 2011) ([go to accessibility text](#))



The current review

Research with commissioners, service planners, and managers in children’s services exploring their incorporation/consideration of the evidence base for interventions or models, proved to be quite limited when this review was undertaken. For the purposes of the review, searches with the following phrases were undertaken:

⁵ The ‘evidence ecosystem’ is defined as “the interplay between evidence producers, evidence users, and intermediary organizations” (Waddell, 2021:p.5).



- [commissioners] OR [service designers] OR [managers] AND evidence use AND [children’s services] OR [children’s social care]
- “How do [commissioners] OR [managers] use evidence?”
- “Evidence use in [commissioning] OR [decision-making]”
- [commissioners] OR [managers] OR [service designers] AND experience using evidence
- “What Works Centre for Children’s Social Care” AND [Commissioners] OR [commissioning] OR [decision-making]
- “Early Intervention Foundation” AND [commissioners] OR [commissioning] OR [decision-making]
- [Barriers] OR [Enablers] OR [Facilitators] AND evidence use AND [commissioning] OR [decision-making].

The literature extracted from the search was not limited to a certain time period, due to the lack of recent research found in the area. The databases searched were Google and Google Scholar. Manual searches of relevant websites, including Research in Practice, Association of Directors of Children’s Services, and specific What Works Centres’ websites (including Foundations, the Education Endowment Fund, and NICE), were also undertaken.

Overall, 11 sources of literature were identified that included reflections or research on the barriers and/or enablers to implementing evidence in commissioning or planning of services. Sources included a report of focus group work with children’s services local authority commissioners (Godar, 2019), an earlier rapid research review (McNeish et al., 2012), a systematic scoping review of the use of evidence in English local public health decision-making (Kneale et al., 2017) and a report summarising the results of group discussions, which included commissioners and service planners in Wales, on evidence implementation in adult and child social services (Brims & Evans, 2021). A full table containing details of the 11 studies is located in [Appendix B](#).

Barriers and enablers to using evidence in planning and commissioning children’s services

Barriers

Using the COM-B model (Michie et al., 2011) of the three conditions that are required for a behaviour to occur as a basis (capability, opportunity, and motivation), the following section will highlight the barriers and enablers identified by staff with responsibility for planning and commissioning services for children that were found in the research sources.

Capability: Issues with the format/content/accessibility of evidence

Research evaluating the effectiveness of an intervention or model could be presented in a long journal article or research report. This could mean for commissioners, who are likely to have limited time and conflicting pressures, searching through research literature to find the most relevant parts is not viable (Moreton et al., 2021). An additional barrier for commissioners accessing research evidence is that often journal publications are not open access, meaning that a



reader must pay to read a specific article or to subscribe to the journal (Brims & Evans, 2021). Commissioning and panning teams might not have budget reserved for this. Furthermore, commissioners have expressed that some research evidence does not include the information that is most relevant and important to them in making decisions (McNeish et al., 2012). This includes clear information on costs involved in an intervention/model and the economic impacts it led to where it was tested (Axford et al., 2022; Kneale et al., 2017). Another type of knowledge suggested to be particularly helpful to commissioners and senior leaders was qualitative information to demonstrate how and why change has occurred after the intervention/model was introduced (Moreton et al., 2021).

Capability: Commissioning/planning/management staff skills

Staff who are responsible for making decisions on which interventions/models should be funded in a local area are not required to have a research background. This means that some staff will not have much experience of reading, understanding, and appraising evidence. Effectively, their research literacy, or absence of it, could be a barrier to considering evidence in their decision-making (McNeish et al., 2012; Kneale et al., 2017). Moreton et al. (2021) describe that commissioners need “the skills and confidence to be able to assess and understand different types of evidence” (p.9). Skills or competencies required include commissioners being able to understand different research methods, and ability to extract relevant information from research reports (Moultrie & Atherton, 2009).

Opportunity: Funding and austerity

Focus groups of children’s commissioners in 2019 found that some commissioners saw austerity/lack of funding as a barrier to using evidence to inform their decision-making (Godar, 2019). They explained that although there might be evidence available on ‘what works’, if it was an intervention or model that was tested at a time of more financial resource, it might not be viable for them to implement it now, due to not having enough funding to do so effectively (Godar, 2019). For example, some commissioners may be receptive to evidence of new interventions/models that show promising impact for individuals facing multiple disadvantages, but this is not enough if they do not have the financial resource to modify their current offer (Moreton et al., 2021). This is especially the case if the new model or intervention would be more costly than what they currently offer at first, even if it could lead to long-term savings (Corry, 2023).

Opportunity: Replicability in different localities

Children’s commissioners also expressed within focus groups that although an intervention/model, has been tested and shown to have a good evidence base, it does not always consider the replicability of it in different contexts/locations (Godar, 2019). One example of this given was when a new model requires specific professionals to implement it (such as clinical psychologists, early years specialists), and the commissioner’s local area does not have the workforce capacity for this due to recruitment issues for the professionals needed (Godar, 2019). This barrier is reiterated by Corry (2023), who points out that a programme “may do brilliantly at a given time and place but fail dismally in another context”. This notion was also reflected in the systematic scoping review by



Kneale et al. (2017), who found in their review that public health decision makers expressed that research evidence does not always consider the specific differences and public health challenges in their locality. This means that for decision makers, other sources of evidence which is locality focused, such as experiential feedback from local service users, may be preferred (Kneale et al., 2017).

Opportunity: Commissioner's time capacity

Commissioning and service planning can often be a pressurised environment where there are many decisions to make, meaning that time constraints could prevent opportunity for a considered review of evidence (Moreton, Collinson, & Sandhu, 2021). Evidence reviews can be lengthy and detailed, meaning commissioners do not have time to read them (What Works Network, 2018) or do not have time to find and interpret the results from research studies (Axford et al., 2022).

Opportunity: Workplace and organisation culture

Parts of the workplace culture could be barriers for commissioners/other staff involved in children's service design and planning. Commissioners in Wales identified that one barrier to them using research evidence in their decision-making was that their organisations (in this case local authorities) did not have a research-minded culture (Brims & Evans, 2021). Those in leadership positions within teams not valuing evidence-based commissioning could discourage children's commissioners from using the evidence base (McNeish et al., 2012). Furthermore, organisations using limited performance indicators to measure success might restrict them from implementing new evidence-based interventions/models, if their outcomes were not measured in the same way as the organisation is used to (Moreton et al., 2021).

Opportunity: Political influences

The political priorities and pressures within a locality were also identified by Kneale et al. (2017) as important in determining decision-making around public health interventions and approaches that are funded. If there is a keen political appetite for a certain approach, model or intervention, this could be more influential to decision makers than research evidence. Following the political priorities of the local area can aid the reputation of the decision makers' organisation and ensure that the organisation is accountable to local people, even if research evidence is suggesting other courses of action should be preferred (Kneale et al., 2017).

Motivation: Individual and team attitudes/ways of working

It should not be assumed that all individuals working in children's commissioning/service planning and design are completely positive in their views of evidence-based commissioning. Some commissioners feel that relying too much on evidence bases to justify spending on interventions/models does not leave space for innovation of services, for example for target populations with very specific needs, who might not have been the focus of effectiveness studies (Godar, 2019). Furthermore, implementation of new evidence-based interventions or models might require adaptation of entrenched ways of doing things that operational staff, including



frontline practitioners, are used to and confident with. This could potentially lead to resistance (Burch et al., 2020).

Enablers

As well as identifying issues that can hinder the use of evidence base in the design, planning, and commissioning of children's services, some of the literature identified in the review highlighted enablers that could help staff to incorporate evidence into their decision-making. Some of these ideas attempt to resolve the barriers identified or view the identified barriers as enablers instead. These enablers will be summarised below:

- Provision of training and education to commissioning staff on using evidence base in their work (Waddell, 2021).
- The use of outreach dissemination work, such as the EIF's 2016 'Foundations for Life' roadshow, or regional Evidence Seminars, to share research findings with commissioning staff (What Works Network, 2018). The strengthening of communication and networks between evidence producers and evidence users is vital (Kneale et al., 2017).
- The requirement within times of austerity to robustly justify the efficacy of interventions/models that are funded, meaning evidence use becomes increasingly paramount (Godar, 2019).
- Leadership which provides support and oversight on research and evidence use, for example through evidence discussion during team supervision sessions, and allowing time for staff to attend evidence-base events/conferences (Brims & Evans, 2021).
- The creation of research/evidence 'repositories' or toolkits for staff, including those involved in commissioning, which summarise the best evidence for interventions/models targeting different populations/target difficulties (Axford et al., 2022; Godar, 2019).

Conclusions

The research identified for this review has helped to identify some of the key barriers, and to an extent, potential enablers, to commissioning and planning staff within children's services, incorporating evidence into their decision-making. However, the research identified was not consistently specifically looking at the use of evidence in children's services (instead of adult services). The majority of the research included is rather dated and predates the Covid-19 pandemic, which leads to concerns around the applicability of the findings for commissioners now – the realities of commissioning are constantly evolving, depending on political leadership and the financial situation of both the country as a whole and regional agencies including local authorities and Integrated Care Boards. Therefore, continued research, with the voice of those working in service design, planning, and commissioning at the forefront, including those working in a wide range of different regions and in different children's service areas (e.g. public health, early help in social care, mental health, neurodevelopmental services), is vital.



What is out there in terms of evidence guides/toolkits regarding children and family work, and what do those involved in children's service design/commissioning think of the guides and toolkits currently available?

As discussed in the section above, one enabler for those working in design, planning, and commissioning of children's services, are resources summarising evidence (these might be called guides, Guidebooks, toolkits, etc.). Evidence toolkits/practice guides summarise different interventions, models or approaches (for example, interventions to increase parent and infant communication), providing description of the intervention/model/approach and the evidence that has been generated from research of them. These could look at the implementation costs, acceptability, timings for impact to be seen, and outcomes measured in the research. Some provide a rating/judgement on the quality/strength of the evidence overall, whether this evidence supports or dissuades the use of the model or intervention.

The current offer for decision makers in children's services

It is important to understand the current offer in terms of evidence repositories that cover evidence related to interventions/models aimed to support children and families. From a search of the UK government's What Works Centres, and searches on Google, 11 repositories of evidence have been identified. These are some of the tools that staff working in design, planning, and commissioning of children's services might use. A description of each is provided below:

1. Early Intervention Foundations' Guidebook⁶

This Guidebook provides evidence summaries of early intervention programmes for children and families, covering 131 intervention programmes in total. The guide includes overall evidence strength rating, cost rating (based on estimated unit cost), and programme characteristics including where the programme has been tested, which age group evidence has been generated for, and how the programme was delivered/implemented in the evidence identified. The evidence strength rating in the Guidebook is given a level from 'not level 2', to the highest strength, level 4+. With a level 2 rating, the intervention/model research evidence would be classed as 'preliminary' and must meet certain characteristics within the methodology/findings, including that reliable measures of impact have been used, at least 60% of the total sample have seen benefits, there were no harmful effects (Early Intervention Foundation, 2023). For a rating of level 4 in evidence strength, the intervention must have shown significant positive impacts in at least two rigorous studies, i.e. randomised controlled trials or quasi-experimental design, as well as long-term outcomes of 12 months or longer being demonstrated, and a method of independent measure (e.g. independent observer child ratings) has been used. The Guidebook allows navigation to specific

⁶ See: <https://guidebook.eif.org.uk/>



areas of interest through filters, which can be selected for specific age groups, child outcomes, evidence ratings and cost ratings.

2. What Works Centre for Children’s Social Care Evidence Store⁷

This Evidence Store presents a summary of a wide range of interventions related to children’s social care, for example Family Drug and Alcohol Courts and Triple-P Parenting Programme. In total 31 interventions are currently covered. There are overall effectiveness ratings and strength of evidence ratings for each intervention. Overall effectiveness is calculated, where possible, by meta-analysis calculation combining results of different studies, or by collating evidence trends, to determine whether overall, the intervention appears to have a negative effect, no effect, mixed effect, tends to positive effect, or a consistently positive effect (What Works for Children’s Social Care, 2023). The strength of evidence is given on a scale from 0 to 5 (where 0 is very low strength evidence and 5 is very high strength of evidence). Those rated as 0 will have no quality studies supporting the intervention, whereas those rated 4 must have at least three high-quality studies and those rated 5 must have multiple reviews about them which all include high-quality studies. WWCCSC specify characteristics in the methodology of high-quality studies which include the use of an ‘intent-to-treat’ design, a sufficiently large sample size to detect effect, and attrition information.

The evidence-store pages also provide information about delivery and implementation of the intervention, details of where the evidence was collected, cost benefits of the intervention if evidence has looked at this, and who delivered the programme in the included research studies. To find interventions addressing specific areas, there is a filter that can specify the area of need (e.g. Domestic Abuse), service areas (e.g. adoption), and keywords (e.g. Edge of Care), as well as an option to filter for interventions that show cost-effectiveness, positive effectiveness, or were tested in the UK.

It must be noted that What Works for Children’s Social Care and Early Intervention Foundation merged in December 2022 to form Foundations, so the process of combining the evidence from both organisations is underway to produce “tools and guidance for commissioners and service leaders.”

–Foundations, 2023:p.12

3. Education Endowment Foundations’ Early Years Toolkit⁸

This toolkit covers interventions/models around early year education and development. It summarises the evidence base around 10 key strands or approaches (including play-based learning, and social and emotional learning strategies), giving an overall rating for cost, the strength of the evidence and a figure for impact time (i.e. the months on average before an effect is seen across the studies included). The strength of evidence is rated on a scale from 1 to 5, with the rating score

⁷ See: <https://whatworks-csc.org.uk/evidence-store/>

⁸ See: <https://educationendowmentfoundation.org.uk/education-evidence/early-years-toolkit>



corresponding to how many studies found which look at the impact of the approach (for example, for a score of 1, 11 to 29 studies are needed, but to score 5, more than 90 studies are needed). The EEF explain that the score can increase or decrease based on factors including how valid/realistic the settings the interventions were tested in were, whether the studies used were undertaken by an independent research team, whether the studies were done recently, and how much variation there is in the findings between different studies (Education Endowment Foundation, 2023a).

The toolkit provides a description of how the approach could be implemented in the reader's setting and the estimated costs associated with it. Alongside the toolkit, the EEF also provides an Early Years Evidence Store (Education Endowment Foundation, 2023b) which describes in more detail the evidence for 12 approaches (for example, Teaching Relationship Skills), alongside videos showing the approach in action. The EEF state that this Evidence Store will be expanded over time.

4. Education Endowment Foundations' Teaching and Learning Toolkit⁹

This toolkit looks at evidence around education, which could include areas relevant to children's commissioners such as Behaviour Interventions. Overall, the toolkit covers 30 strands/approaches, and it gives each one a cost rating, evidence strength rating and, where this has been demonstrated, a time for impact rating (the months it takes to achieve the outcome, according to evidence). The evidence strength rating is determined in the same way as described above for the Early Years Toolkit. There is also information on implementation, and a figure given for the number of studies reviewed as part of the evidence summary.

5. Youth Endowment Funds' Youth Violence Prevention Toolkit¹⁰

This toolkit summarises the evidence around interventions aiming to prevent or address serious youth violence. It covers 27 interventional approaches, including A and E Navigators and knife surrender schemes. The information provided for each intervention includes a rating of cost, quality of the evidence, and the estimated impact on violent crime (from a harmful effect to high effect). The evidence quality rating score is from 1 to 5 and refers to the strength of the evidence base around the intervention. The strength rating is based on four criteria; the number of studies included in the meta-analysis effect size calculation (more studies=higher rating); the confidence in methodology of the review used; how consistent effect sizes were in different studies making up the review; and whether the measure(s) used are directly related to violence reduction or are indirect measures (Youth Endowment Fund, 2021). The toolkit information covers tips for implementing the intervention effectively, and a clear explanation of how confident the YEF are in the strength of evidence. The toolkit can be navigated by use of filters to determine the evidence quality, impact, and cost, as well as through searching by theme (e.g. 'Trusted adults'), prevention type, settings, and outcomes.

⁹ See: <https://educationendowmentfoundation.org.uk/education-evidence/teaching-learning-toolkit>

¹⁰ See: <https://youthendowmentfund.org.uk/toolkit/>



6. Youth Futures Foundations' Youth Employment Toolkit¹¹

This toolkit gives summaries of evidence around interventions that aim to support unemployed young people into work. In total, evidence is summarised for seven approaches, including on-the-job training and wage subsidy programmes. A rating is given for each on impact, evidence strength and costs. The evidence strength is rated on a three-point scale, either low, moderate, or high. The evidence strength rating is determined by three considerations (Youth Futures Foundation, 2023). These three considerations are: first, the number of studies testing the intervention (considering the specific field's general breadth of evidence-base); second, the confidence researchers have in studies included (for example, did each study have an adequate sample size and did the design control for confounders); and third, considerations of the statistical analysis used (how likely the researcher's choice of significance level would be to detect a significant effect). The toolkit gives information on how the intervention should be implemented well and summarises the type of research/context of some of the included studies. Navigation is through filters for cost, impact, and evidence strength, or by ordering the interventions by date added, costs, impact, or evidence strength.

7. Institute for Effective Education's Evidence 4 Impact website¹²

The 'Evidence 4 Impact' website gives summaries and ratings of programmes/interventions related to child education outcomes and is aimed at teachers and education leaders. It covers 178 interventions, for example 'Catch up Literacy', and provides an evidence rating level for each in terms of the evidence at primary school level and secondary school level. The level of evidence is scored on a five-point scale, from 'Not Evaluated' to 'Strong'. For an intervention to be rated as 'Limited' (the middle rating), there must have been at least one randomised controlled trial or matched method study testing the intervention, with at least 150 participants included, whereas for the top rating, 'Strong', a randomised controlled trial of at least 500 participants is needed (Institute for Effective Education, 2017). The intervention summary covers the staff and training required to implement it, the average cost, technology needed and brief details of the research study/studies the evidence is drawn from. Users can navigate by selecting a topic area they are looking for (e.g. maths, social/emotional) within either primary or secondary age. Results can then be filtered by evidence rating, targeted groups, specific key stage age group or type of intervention (e.g. mentoring).

8. National Institute of Health and Care Excellence Child and Young People products¹³

NICE provides evidence summaries and guides for all types of health conditions and treatments/interventions and topics including child abuse and neglect and looked after children.

¹¹ See: <https://youthfuturesfoundation.org/toolkit/>

¹² See: <https://www.evidence4impact.org.uk/#>

¹³ See: <https://www.nice.org.uk/guidance/population-groups/children-and-young-people/products?Status=Published>



They have a section on their website specifically listing all ‘products’ related to children and young people, of which there are 156. These are broken down into ‘Guidance’ (for example recommending best practice in assessment, treatment and prevention of self-harm in children and young people), and ‘Advice’ (summarising evidence base for a specific intervention).

9. Blueprint’s Program Search¹⁴

Blueprints is an American organisation which provides a programme search of interventions for child and young person development. In total, 111 interventions are covered, 18 of which are certified as ‘Model & Model Plus’, meaning they are recommended for large-scale implementation, and 93 certified as ‘Promising, meaning early evidence is positive but further research is needed. For each intervention, the target population, associated costs, outcomes collected in research and studies contributing to the evidence is provided. Interventions can be navigated to by filters of programme outcomes, target population, programme specifics (including setting and type of programme), and by Risk and Protective Factors.

10. CEBC Program Registry¹⁵

The California Evidence-based Clearinghouse for Child Welfare (CEBC) provides evidence summaries on a large registry of more than 300 interventions and models that can be used within the child welfare system. The models and interventions can be found by selecting specific topics, for example ‘Interventions for Neglect’, or by using an advanced search, where users can search by keyword, age of child, programme delivery options, scientific rating, and welfare outcomes. The scientific rating scale for each model/intervention is from 1 – Well supported by research evidence, to 5 – Concerning, as well as a ‘Not able to be rated’ category. Those that score a 1 must have at least two randomised controlled trials that showed positive impacts of the intervention, with valid measures and no evidence of harm (The California Evidence-Based Clearinghouse for Child Welfare, 2023). Summaries of interventions and models include, alongside the scientific rating, the goals, logic model, essential components, implementation information (including costs if available), and relevant research studies.

11. Washington State Institute for Public Policy (WSIPP) Inventory of Evidence-Based, Research-Based, and Promising Practices¹⁶

The WSIPP Inventory is a US inventory, which was updated annually until up to 2020. It provides information on interventions for children and young people involved in child welfare, child justice, and child mental health services. The inventory covers more than 300 interventions, summarising in a tabular form the current ‘definition’, which describes the level of evidence for the intervention, the racial diversity of the populations it was tested in, as well as the cost–benefit rating (chance the

¹⁴ See: <https://www.blueprintsprograms.org/program-search/>

¹⁵ See: <https://www.cebc4cw.org/registry/>

¹⁶ See: https://www.wsipp.wa.gov/ReportFile/1727/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Report.pdf



intervention will produce benefits greater than costs), and whether the intervention has a manual. The ‘definition’ of the intervention given is either ‘Poor’, ‘Null’, ‘Promising’, ‘Research based’ or ‘Evidence-based’. A ‘research-based’ intervention must have been tested in research with at least one controlled evaluation and shown positive outcomes, or systematic review evidence must have shown convincing positive impact. For an intervention to be classified as ‘evidence-based’ multiple randomised controlled trials should have been undertaken with varied and applicable populations, or systematic review should show sustained improvement in very key outcomes such as reduction in child abuse. Users of the inventory can select interventions within the tables, and they are then taken to pages specifically about the intervention they have chosen, providing a description of the intervention, the full cost–benefit analysis (including cost per person of implementation and potential savings), and meta-analysis of the effect sizes of the intervention. Interventions are organised into the tables by the population and difficulty they are aiming to address, for example ‘Mental Health’ as the area and then interventions under ‘Depression’.

What do staff involved in children’s commissioning/service design or planning think of the current evidence toolkits/guides available?

As part of the literature review, we undertook extensive searching to find feedback/evaluation from children’s service commissioners, managers, team leaders, and practitioners regarding their opinions of the currently available toolkits/guides/evidence stores identified. Two studies were found that specifically evaluated a certain toolkit/guide/evidence store. One of these asked a wide range of stakeholders about their experiences of using the EIF Guidebook by a variety of professionals in the UK (Lowther et al., 2021). The other investigated the use of the WSIPP Inventory by policy and decision makers in America (Goodvin & Miller, 2021)

Three other relevant sources were found:

- A journal article which considered potential criticisms that end-users (such as commissioners) might have about evidence repositories (Axford et al., 2022)
- Reflections about the available tools within the focus group conversations with children’s commissioners (Godar, 2019)
- A journal article was found which compares the standards around dissemination readiness requirements of different American registries, including Blueprints and CEBC (Buckley et al., 2020).

The following section will outline the findings from these sources.

General reflections on evidence toolkits/guides

Axford et al. (2022) present a ‘critical appraisal’ of intervention registries around improving child outcomes, and the authors include in their consideration the EIF Guidebook, Evidence for Impact, and the WWCSC Evidence Store, as well as many tools from other countries. They suggest that organisations making the evidence registries are not currently designing them with the end-users



in mind, and that there is therefore “need for innovation in content and design” (Axford et al., 2022:p.4). They argue that one area of improvement needed is that toolkits/guides that outline evidence for interventions need to consider the replicability of the intervention in different areas/context and criticise the fact that cost details are not always covered.

Another concern raised by Axford et al. (2022) is that evidence tools/guidebooks do not always make clear the actual calculated effect size of interventions/models that have been tested in research, which the authors suggest could lead to the decision maker (e.g. commissioner, service manager) expecting that implementing a new intervention/model will have a larger impact on outcomes in their community than it actually does. This point lends itself to the potential barrier previously identified, in the suggestion that decision makers might lack research expertise. However, the appraisal by Axford et al. (2022) should be taken with caution, as it does not appear that their methodology included consultation with decision makers working in children’s services.

Buckley et al. (2020) compared 11 US registries that cover prevention programmes/interventions, including those by Blueprints for Healthy Youth Development and the California Evidence-based Clearinghouse for Child Welfare (CEBC, 2023) which focus on child and family programmes. Specifically, the paper is concerned with whether each registry covers the dissemination readiness of the interventions it evaluates, and whether this influences their ratings of the interventions. The authors evaluated dissemination readiness using a criterion which included accessibility to resources needed for the intervention (e.g. programme materials that can be ordered), materials to support with implementation such as protocols, and training for staff, and specification of the full costs and human resources required to implement it (Buckley et al., 2020). The authors found that the CEBC registry is closer than some of the other registries to having a requirement for dissemination readiness, because it only evaluates programmes/interventions that have a manual and attempts to provide questionnaire evidence from a contact person who is involved in the programme development to provide full details of it (and in 2020, had this information for 87% of the programmes listed). The authors note that most programmes on the CEBC website have implementation information on training and materials, but not full details on the costs associated, which is a gap.

Blueprints’ registry is listed as one of only 2 of the 11 registries reviewed by Buckley et al. (2020) that does have a requirement for dissemination readiness to be included in the programme/intervention evaluation. One of Blueprints’ requirements for meeting their standard of evidence is dissemination readiness, defined in their requirements to determine if the programme is available for use, with materials or instructions for the implementation of the intervention. Furthermore, for interventions that they list as US-based certified programmes, the costs associated with implementation must also be included. The article authors summarise that it is vital that registries do not only provide information on the effectiveness of interventions, but also rate the standard of dissemination readiness. This is vital so that interventions are implemented in areas accurately and the desired outcomes are achieved. This research did not directly consult with commissioners or senior leaders working in children’s services. However, it does seem to resonate with some of the barriers identified in evidence implementation by commissioners, so should therefore be considered a vital part of evidence repositories, including those that are UK-based.



The focus group research in England with local authority children’s commissioners, undertaken by Godar (2019), asked participants which tools/sources of information they use for evidence synthesis. Those reported to be trusted sources by them were the Research in Practice and NICE websites, and the EIF Guidebook. The participants in the focus groups reflected that evidence toolkits/guides need to have the information up-front, or early on, that is relevant to implementation, including the capacity of the intervention/model evaluated, the cost of provision and cost savings, and the professionals required to implement it (Godar, 2019). The importance of details about the implementation of interventions being provided was also reflected in the review articles by Buckley et al. (2020) and Axford et al. (2022). The focus group of commissioners also fed back that they find infographics, charts, and graphs a useful addition to toolkits and guides.

Evaluation of the WSIPP Children and Youth Services Inventory

Goodvin and Miller (2021) undertook 20 interviews with representatives from different state agencies in Washington (e.g. child welfare, juvenile rehabilitation). These representatives had roles within the agencies which included decision-making about the provision of public services. The researchers asked open questions about the use of the WSIPP inventory at the respondent’s agency and their perceptions and views about the inventory (including strengths and suggestions for improvements). The researchers found that use of the inventory varied in different service areas – for example, in Juvenile Rehabilitation, some funding was mandated to be tied to the inventory evidence, and for three of the four service areas, the inventory was used to help refine and create a shortlist of programmes for a specific population/difficulty.

In terms of valued parts of the inventory highlighted by the interviews, one of these was the cost-benefit analysis, which could justify decision-making and funding towards a certain programme (Goodvin & Miller, 2021). The provision of information about the racial/ethnic diversity of participants included in the intervention evaluations was also valued, as respondents felt this can help to determine if the programme will likely be applicable and suitable for their population. One key improvement to the inventory suggested was to make the information more user-friendly, by allowing users to find interventions by their evidence rating, or context, so it is easier to navigate the inventory and find what is relevant to the users’ area of interest. Furthermore, it was suggested that more information about the interventions should be provided, such as the ages of participants that the intervention was showed to be effective with, and retention rates for participants in the evaluation studies included. Furthermore, implementation information was highlighted as being extremely valuable, with suggestions that programme developer contact details and details of actual implementation of the programme that had succeeded in Washington were included. This research is useful in understanding what is most important for inclusion in evidence inventories, from the perspective of decision makers, as well as considerations that should be made to ensure they are user-friendly and easily navigable.

Evaluation of the EIF Guidebook

The Dartington Service Design Lab undertook semi-structured interviews and an online survey to gain feedback on the EIF Guidebooks’ use and usability. In total, 21 interviews were undertaken (which included five service/intervention developers, one commissioner and two service



managers), and there were 169 survey responses – 7% of respondents worked in commissioning, and another 60% worked in service management or development (Lowther et al., 2021). In the survey, around half of respondents had used the EIF Guidebook, and the most common reasons they used it were for redesigning or refining a service, or to provide information to influence commissioners' decision-making. Users seemed in general to feel the Guidebook was clear and easy to understand, although some respondents felt there was just too much information for them to absorb, given their time constraints (Lowther et al., 2021).

Those who reported using the EIF Guidebook in the research suggested that the most important information for them about an intervention/model/approach was key details about the programme, a theory of change description to outline the mechanisms of action, change, and outcomes, and requirements for implementation. Contextual information about where an intervention/model/approach was tested, and with whom, was also identified as important (Lowther et al., 2021). The consensus from the interviews and survey was that the Guidebook and such tools are used as one means to inform those who make the final decision on what is funded, alongside other information. The commissioner interviewed estimated that around 15% of their decision-making on whether to commission/de-commission a service is influenced by the strength of evidence around something, but wider political system and operational considerations were also large influences.

The engagement work (Lowther et al., 2021) also asked survey and interview respondents to consider suggestions of things that could improve or be added to the EIF Guidebook, and these suggestions included:

- More clarity should be provided on how to interpret ratings/scores given to the interventions/models/approaches
- Provision of information making clear who the target population is for an intervention/model/approach (i.e. populations it has had the best outcomes with)
- Ratings of feasibility and evidence/examples around implementation
- Including the effect-size within ratings of interventions/models/approaches
- Having simplified information for those less evidence-literate, for example “pre-digested conclusions” (p.41).

The feedback collected by Dartington Service Design Lab is important in helping us to understand how people are currently using evidence toolkits/guides and the features that are viewed to be most useful or that should be added (Lowther et al., 2021). However, the research includes a wide range of professionals, e.g. researchers, practitioners – not only those who are making decisions like commissioners and service managers. This limits the conclusions that can be drawn as it seems reasonable that different groups with very different roles will have different reasons for using evidence guides like the EIF Guidebook. If these tools are aiming specifically to disseminate research evidence in order to influence practice and decision-making, the decision makers are the group who must collaborate on the design of tools and provide feedback on their use of them day-to-day as part of their job.



Conclusions

From this rapid evidence review, we can conclude that there are some commonly mentioned factors that evidence users would find helpful in the development of new Practice Guides, for example:

- Clear explanation of different research methodologies to help users assess and understand different types of evidence.
- Succinct summaries of research findings that are easily accessible to the ‘lay person’ (i.e. professionals who do not have a background in research).
- The information about programmes and interventions should include dissemination readiness, theory of change models, the costs and economic benefits, whether it has been tested in more than one locality (i.e. the replicability), and implementation requirements including which professionals are needed to implement it and specific training they need to complete.
- The use of outreach dissemination work to strengthen communication and networks between evidence producers and evidence users, e.g. through evidence seminars.

We found that although there are a range of guides/toolkits available summarising evidence around interventions/approaches/models, there is a lack of literature investigating how useful and informative decision makers within children’s services actually find these resources. Future research and user testing must ensure that these decision makers are fully involved in the process, so that they are valuable to their decision-making.

It is also important to recognise that research evidence disseminated through guides and toolkits are only part of a large accumulation of factors influencing decision makers on which services and approaches to commission for children and families. Considerations of different sources of evidence, including, but not limited to, service user feedback, needs assessments of the local population, serious case reviews, current service performance, and gap analysis, as well as information about actual resource in the area (i.e. funding, infrastructure, and assets available), are also significant determining factors in decision-making.

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Appendix B: Summary table of sources informing Key Question 1 – “What does research show about what helps or hinders those involved in service design and commissioning to use evidence when making decisions?”

Study/paper title and authors	Publication year	Location	Methodology	Key findings
Is the “What Works” movement working? Corry (New Philanthropy Capital)	2023	UK	Reflective blog article on the development of the UK government’s What Works Centres including the difficulties and achievements of the past 10 years.	Barriers for implementing the evidence from What Works Centres include the concern over the replicability of models/interventions and the affordability of interventions and models found to have positive outcomes.
“What works” registries of interventions to improve child and youth psychosocial outcomes: A critical appraisal Axford, Morpeth, Bjornstad, Hobbs & Berry	2022	UK	Review of the features of 24 online evidence registries providing evidence on interventions aiming to impact young people’s psychosocial outcomes. Repositories included are from the UK, US, Australia, Canada, and Europe. Features considered include the target population, search function, presentation/functionality, information on effectiveness and implementation, and standards of evidence ratings, across the 24 repositories.	Barriers to evidence-based decision-making include lack of time for decision makers to locate and interpret intervention studies, overwhelm at the volume of evidence that is out there, and a lack of clear reporting of results and outcomes by researchers.
Working with commissioners	2021	UK	Briefing paper focusing on the tools and information	Commissioners require access to high-quality



Study/paper title and authors	Publication year	Location	Methodology	Key findings
and policy-makers: Workforce development and multiple disadvantage Moreton, Collinson & Sandhu			commissioners and policymakers require to ensure more effective support is provided for individuals facing multiple disadvantage. Findings draw on in-depth interviews with 10 stakeholders, including commissioning staff and senior leaders, and review of evaluation reports by partnerships funded to test new ways of working to support those experiencing multiple disadvantage.	evidence, which is clearly summarised, because a barrier to accessing evidence can be time pressures and their skills/confidence to appraise the evidence. Other barriers for commissioners in implementing evidence-based models/interventions are finance and resource constraints, focus on limited performance indicators to measure success, and entrenched ways of working.
Supporting evidence-use in policy and practice: Reflections for the What Works Network Waddell (Early Intervention Foundation)	2021	UK	Briefing providing key insights gathered by EIF around supporting evidence use in policy and practice. Insights were gathered through their work with evidence end-users, reviewing of academic literature, and collaboration with experts.	Different professionals must be aware of their role in the 'evidence ecosystem'. A useful way to understand if and how commissioners and service designers can include research evidence is through the COM-B model. There needs to be capability, opportunity, and motivation to implement evidence-based interventions and models.
Using evidence in social services and social care in Wales Brims & Evans (Social Care Institute for Excellence)	2021	UK	Focus groups and interviews undertaken in Wales with 84 individuals, including 22 team managers, service planning and commissioning staff in Welsh local authorities, as well as experts in research and innovation	Barriers to using evidence in implementation identified included the usability and relevance of research evidence, time and capacity, and lack of research culture within the workplace.



Study/paper title and authors	Publication year	Location	Methodology	Key findings
			from Welsh Government and Regional Partnership Boards.	Enablers included knowledge and evidence sharing across different networks/staff roles, and leadership ensuring oversight of an evidence-based working culture.
Transforming Children's Social Care Services in Hampshire Burch, Allen, Green & Taylor (Institute of Public Care, Oxford Brookes University)	2020	UK	Report of a full evaluation of Hampshire children's social care system's transformation, between 2018 and 2020. Evaluation methods included secondary analysis of council data, case file sampling and analysis, focus groups with staff, interviews with staff and managers and with families accessing the services.	Using a new whole-system practice model in children's services requires an evidence-based organisational culture. One suggested barrier to a system change voiced by operational staff was reluctance to change initially (especially if changes are big).
Evidence in the commissioning process Godar (Research in Practice)	2019	UK	2 x focus groups with 18 local authority commissioners working in children's services in England, exploring their use of evidence in their commissioning roles.	Barriers to research evidence identified by participants included: <ul style="list-style-type: none"> • Austerity/the current funding situation for local authorities • The conflict between encouraging innovation and being sure something will work • Capacity of the local market to implement the intervention/model in a different context.
The What Works Network: Five Years On The What Works Team	2018	UK	Report outlining progress made in the What Works Centre initiative to embed evidence-base in policy, decision-making, and service provision.	Commissioners have limited time to engage in evidence reviews so translated advice/best practice guidelines are important.



Study/paper title and authors	Publication year	Location	Methodology	Key findings
				<p>Dissemination enabler: example of EIF in 2016 doing outreach work through a roadshow about interventions proven to be successful in improving early child–parent interactions, as well as regional Evidence Seminars for commissioners – positive reports back from participants that they had further investigated intervention evidence for programmes that were introduced in the outreach work.</p>
<p>The use of evidence in English local public health decision-making: A systematic scoping review Kneale, Rojas-Garcia, Raine & Thomas</p>	2017	UK	<p>Systematic review of studies relating to research evidence use in England’s local public health authorities. In total, 23 papers were included in the review, to address the patterns of evidence-use in local public health in England and difficulties decision makers might encounter in implementing evidence-based practice and interventions.</p>	<p>Barriers identified for local public health decision makers included the evidence-base having tested intervention/models in a different locality that might be different from the decision maker’s locality, lack of economic evidence provided in research, and the political priorities of a locality not necessarily aligning with best evidence.</p>
<p>The use of evidence in commissioning children’s services: A rapid research review McNeish, Scott & Maynard</p>	2012	UK	<p>Rapid research review through a literature search of relevant websites and databases to address research questions including ‘What are the most important barriers to evidence-based decision-making?’ and ‘What</p>	<p>Key barriers to using evidence base for children’s services commissioners were insufficient resource to implement the intervention, lack of cost-effectiveness information,</p>



Study/paper title and authors	Publication year	Location	Methodology	Key findings
(CUBEC, Bristol University)			could be done to address these barriers?'	low research literacy of commissioners, leaders not valuing evidence-based commissioning. Key facilitators included interaction between researchers and decision makers, evidence use embedded in planning, design, and evaluation cycle, and an organisational learning culture.
Evidence-informed commissioning for children Moultrie & Atherton (Oxford Brookes University and Research in Practice)	2009	UK	Article reflecting on developments in commissioning using evidence-base as detailed through policy and theory, and a proposed framework for evidence-informed commissioning going forward.	Outlines skills needed by commissioners who use evidence to inform them: <ul style="list-style-type: none"> • Ability to design and conduct analyses • Ability to understand research methods and reports • Ability to work with service providers and service users to manage change around developing better evidence-based practice.



Appendix C: Survey analysis

Introduction

As part of a larger piece of commissioned work, Foundations asked IPC to design, administer, and analyse a survey of professionals working in the design and commissioning of services for children and families. The purpose of the survey was to understand how professionals working in decision-making roles in a range of children's services use information and specifically research evidence, to make decisions about what services, interventions, and models their locality commission. The survey was designed by IPC with contribution and feedback from key staff at Foundations.

Survey responses were collected through online survey platform Smart Survey. The survey was open for responses between Friday 27 October and Monday 11 December. In this time, 47 completed responses were collected. The respondent demographics and results will be analysed in the sections below.

Survey respondents' details

Table C1. Which regions do the respondents work in?

Region	Number	%
South West England	22	47
South East England	7	15
London	6	13
Yorkshire and the Humber	4	9
East Midlands	3	6
Eastern England	2	4
North East England	1	2
West Midlands	1	2
England-wide	1	2
North West England	0	0



Table C2. Which category within children’s services do respondents’ job role fit into?

Category	Frequency	%
Commissioning (e.g. commissioning manager, commissioning officer, procurement officer, contract monitoring officer, broker/placement officer)	30	64
Managing and developing operational services (e.g. team manager, principal social worker, practice lead, director of children’s services, assistant director)	12	26
Delivering services frontline (e.g. social worker, family support worker, OT)	0	0
None of the above (respondents asked to explain in free text box)	5	11

Table C3. Free text description of other job categories

“I also work in Quality and Practice improvement.”
“I take a lead role at NAFP in supporting independent fostering providers and local authorities to work together to improve the way foster care services are commissioned. This includes work related to placement decision-making. I have also written a research paper for Research in Practice on placement decision-making in residential care. I also have 20 years background and experience in commissioning services for looked after children.”
“The Coordinator of a DfE funded Pilot – Secondment”
“I was previously leading the CIC nursing service when leading this piece of work. I am now a Designated Nurse and therefore work with both providers and commissioners.”
“Researcher”



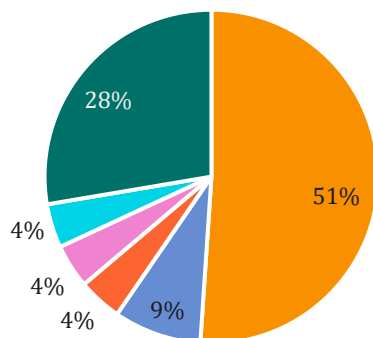
Respondents were asked to provide their role title, to give us more understanding of the types of roles people who answered worked as. Roles are listed with frequencies below:

Table C4. What were respondents' role titles?

Role title	Frequency	%
Commissioning Manager (including Senior Commissioning Manager)	14	30
Commissioner/Senior Commissioner/Commissioning Officer	7	15
Head of Children's Commissioning/Assistant Director Commissioning	4	9
Head of Service	3	6
Service Manager/Service Director	3	6
Director of Children's Services	3	6
Other role titles (including Head of Quality, Commissioning and Transformation Lead, Senior Contracts and Quality Officer, Strategic Resource Manage, Head of Safeguarding and Quality Assurance)	13	28

Figure C1. Which area(s) of Children's Services did respondents work in? ([go to accessibility text](#))

Area of Children's Services



- Children's Social Care
- Special Educational Needs and Disabilities (SEND)
- Education
- Early intervention services
- Health services (Physical or Mental Health)
- Other or multiple areas (respondents asked to describe in free text)



Table C5. Other or multiple areas free text responses

“Children’s Social Care, Early Intervention Services, Education and SEND”
“I also work in Health services, and Early intervention”
“all of the above – DCS”
“Children’s social care and Children’s community Health”
“Children’s Social Care, Youth Justice, Education and SEND”
“Integrated across Children’s Health and Social Care”
“SEND and Social Care”
“Children’s social care, Education and SEND”
“Integrated Commissioning (Children’s Services) ”
“Children’s Social Care, Education, SEND, Early Intervention”
“Education & SEND”
“All of the above for Children’s services”
“I work across adults and children’s services”

Types of information and evidence used

General types of information and evidence used

The first question in this section asked respondents to select from a list of all the **types of information and evidence they use in the designing, planning, commissioning, and de-commissioning** of services and practice models, in their role. They could select as many options as they wanted. Table C6 shows the sources, in order from most to least frequently selected sources, respondents said they used:



Table C6. Selection frequency of sources used by respondents

Type of information/evidence	Frequency this was selected	% of respondents who said they use this type of info/evidence
Local policy, strategy, and priorities (e.g. Children and Young People's Plan)	44	94
Feedback from children and families	44	94
Current service performance including evidence of impact on children's and families' outcomes	44	94
Feedback from Practitioners/Local Partners	44	94
Legislation	42	89
Service mapping and gap analysis	41	87
Professional judgement/knowledge	41	87
Local population needs assessment data (e.g. from a Joint Strategic Needs Assessment (JSNA))	40	85
Ofsted reports	35	74
Internal/Local Authority Assurance/Safeguarding reviews	35	74
Feedback from multi-agency safeguarding partners	30	64
Evidence from the private, voluntary, and independent sector, e.g. Barnardo's reports	29	62
Information about new/innovative models (that are yet to be tested)	23	49
Resource analysis (funding pots)	20	43
National Safeguarding Panel Reports	19	40
Resource analysis (community assets)	17	36
What Works Centre for Children's Social Care Evidence Store	9	19



Type of information/evidence	Frequency this was selected	% of respondents who said they use this type of info/evidence
Early Intervention Foundation Guidebook	5	11
Youth Endowment Fund toolkit	3	6

Respondents who selected in the previous question that they use information about ‘new/innovative models’, **were asked where they find and how they use this information:**

Table C7. Information about new/innovative models
“Networking with OLA, active participation in DfE Pathfinder projects.”
“Notifications from wider bodies such as the Commissioning Alliance, Ofsted, DfE.”
“Circulars, newsletters, publications X (Twitter), ADCS, DfE.”
“I am part of National groups and networks. Steering Group of National children’s commissioning conference National Children’s Procurement Group Chair of SW commissioning group.”
“Find from a number of resources including: our principle social worker, AD network, com’s team, google, links with others via training, community care, etc... – Depends, may visit the service or organise a meeting to find out more information, consider how model could fit into boroughs arrangements, needs analysis, option appraisal, etc.”
“Online by visiting the agency website.”
“Various places. Having been in the sector for almost thirty years I have a good knowledge of where to find information. And a rich network of colleagues who have knowledge and wisdom.”
“Research and speaking to other LA.”
“I would probably do a google search and also look around reputable places such as professional journals/universities, etc.”
“Depending on the area of work will look to known organisations such as RIP, What Works Centre for Children & Families, national charities such as Barnardo’s etc for understanding of what’s new. Will also reach out to other areas who might be already doing something different. Information gained is used to design and develop new approaches/service specifications.”
“Collected on an ongoing basis. Analysed and used to develop service specifications and KPIs.”



Table C7. Information about new/innovative models
“For any new project or piece of re-commissioning the standard approach is to benchmark practice and compare models nationally or even internationally. Wherever we can we aim to deliver services or models that are shown to provide the best outcomes.”
“Research on the internet, learning from other LAs, university research”
“Regional networks including the county council network, LGA, ICB, NHS England and departments within the civic service including the department for education and the home office. Offer a range of information on innovative approaches being successful implemented across the system. We are often approached by private organisations delivery new approaches on behalf of other local authorities.”
“I applied for my role to be able to use the Information & Evidence that I just ticked; however, I don’t in my role, instead I look at packages and I’m tasked to work with providers on reducing their packages, as they are not just enough support, they are high costs and we as a council need to make savings over spent, so this is more pressing than being strategic creative to build sufficiency.”
“Network meetings Word of mouth.”
“We have been working alongside Young Devon and developed our own method of collecting quantitative and qualitative evidence using an adaptation of the Most Significant Change model. This is evidence-based research but we used it to ask young people about the impact of health assessments and then used this data for commissioning and service development for service transformation.”
“In the past I’ve used ADAS and ACDS, TLAP IPC and the New Economics Foundation websites to explore case studies and papers of new models, and pilots. I’ll cross reference these where I can and make direct contact with the commissioners to discuss in more detail where possible.”
“e.g. trauma Informed Practice – introduced through training – now starting to imbed into our commissioning practice.”
“The DLUHC have a range of seminars that share information about who is doing what across England, sharing good practice. I also attend the Supporting Families regional meetings who also share what is working well, new ways of working and processes and models. Recently I have sat in on groups sharing information about Family Hubs, the Pathfinders and others.”
“Sometimes we are approached by providers directly. We have also picked information up from newsletters, local, governmental, and industry.”

Information and evidence most and least likely to use in decision-making

The next two questions asked respondents to select (from the same list of sources of information and evidence), the three types of information/evidence they are most likely to use in their decision-making in their role, and the three types they are least likely to use. Where a source of information



was not selected in the top three most or least likely to be used for any respondent, it is not included in the table.

Table C8. Top 3 sources of information and evidence most likely to use

Source of information/evidence	Frequency	% of respondents who selected this as in their top 3 most likely to use
Feedback from children and families	24	51
Local policy, strategy, and priorities (e.g. Children and Young People's Plan)	23	49
Current service performance including evidence of impact on children and families' outcomes	19	40
Local population needs assessment data (e.g. from a Joint Strategic Needs Assessment (JSNA))	18	38
Legislation	16	34
Service mapping and gap analysis	11	23
Feedback from Practitioners/Local Partners	8	17
Ofsted reports	7	15
Resource analysis (funding pots)	4	9
Internal/Local Authority Assurance/Safeguarding reviews	4	9
Professional judgement/knowledge	3	6
Evidence from private, voluntary, and independent sector, e.g. Barnardo's reports	3	6
Feedback from multi-agency safeguarding partners	1	2



Table C9. Top three sources of information and evidence least likely to use

Source of information/evidence	Frequency	% of respondents who chose this as in their top 3 least likely to use
Youth Endowment Fund Toolkit	35	74
Early Intervention Foundation Guidebook	24	51
What Works Centre for Children’s Social Care Evidence Store	22	47
Information about new/innovative models (that are yet to be tested)	14	30
National Safeguarding Panel Reports	13	28
Ofsted reports	10	21
Evidence from the private, voluntary, and independent sector, e.g. Barnardo’s reports	6	13
Resource analysis (funding pots)	6	13
Resource analysis (community assets)	5	11
Internal/Local Authority Assurance/Safeguarding reviews	3	6
Local population needs assessment data (e.g. from a Joint Strategic Needs Assessment (JSNA))	2	4
Professional judgement/knowledge	1	2



Respondents were given the opportunity to list any other source of information and evidence they use in decision-making, that had not been listed in the previous questions:

Table C10. Other sources of information and evidence used in decision-making

“Feedback from providers. I would argue this is a significant omission from the options.”
“Information comparing outcomes to value for money and unit cost, managing demand, and scoping the number of clients any particular service model can work with.”
“Children’s Commissioner report and Research. Other Local authorities Staying Close Pilots.”
“As stated our research using the Most Significant Change tool.”

Barriers to using research evidence in decision-making

The questions in this section of the survey focussed specifically on research evidence.

IPC undertook a rapid research review before designing questions for the survey, and this research helped them to identify some common barriers those involved in service design and commissioning say they experience. These barriers were listed, and respondents were asked to select as **many as they agreed** were **barriers to using research evidence to design/commission interventions, services, and models proven to deliver improved outcomes for children and families**. The barriers and how often they were selected are displayed in Table C11:

Table C11. Barriers to using research evidence in decision-making

Barrier to using research evidence to design/commission interventions, services and models	Frequency of barrier being selected	% of all respondents who selected this as a barrier
Capacity/infrastructure in local area making the evidence-based intervention/approach/model unachievable (e.g. needing clinical psychologists but recruitment difficulties in the locality for that role)	37	79
Time pressures meaning there isn’t time to look for/evaluate the evidence base	37	79
Commissioners/Senior Leaders not having awareness of where to find the evidence base	28	60

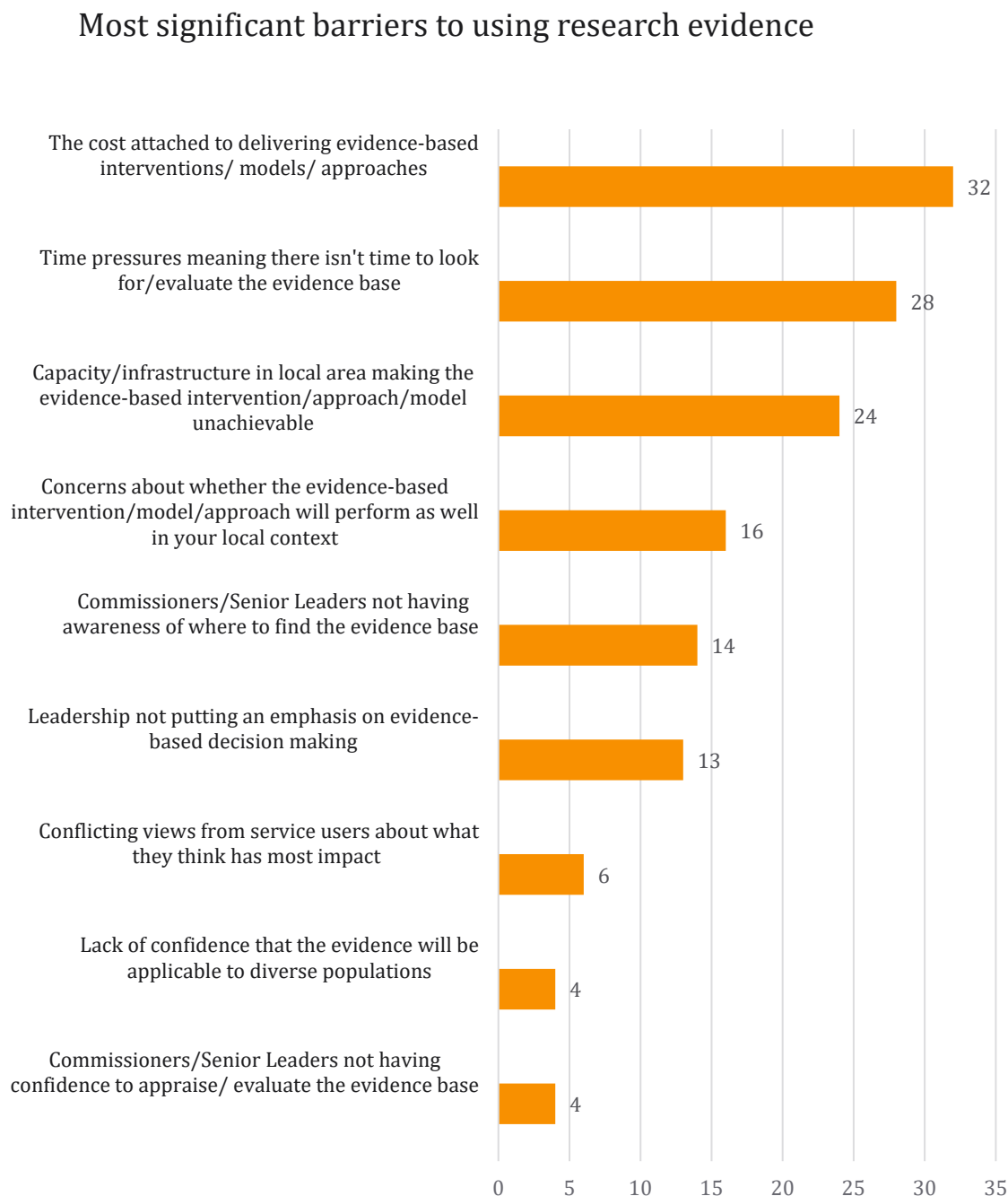


Barrier to using research evidence to design/commission interventions, services and models	Frequency of barrier being selected	% of all respondents who selected this as a barrier
The cost attached to delivering evidence-based interventions/models/approaches	27	57
Concerns about whether the evidence-based intervention/model/approach will perform as well in your local context	22	47
Leadership not putting an emphasis on evidence-based decision-making	16	34
Commissioners/Senior Leaders not having confidence to appraise/evaluate the evidence base	13	28
Lack of confidence that the evidence will be applicable to diverse populations	13	28
Conflicting views from service users about what they think has most impact	12	26

Respondents were then asked to select (from the same list of barriers), **the top 3 barriers to using research evidence that were most significant**, in their experience within their role:



Figure C2. Most significant barriers to using research evidence in decision-making ([go to accessibility text](#))



Respondents were then given space in an optional free text box to identify other barriers they have encountered in using an evidence-based approach to decision-making and their reflections on the barriers:



Table C12. Reflections on barriers to using research evidence in decision-making

“When enough evidence is enough, a very clear evidence base for statutory provision and still being asked to find more.”

“The current time, demand, and cost pressures across the sector make it difficult to create opportunities for reflective thinking that incorporates evidence-based practice or to implement and evaluate EBP.”

“The usual issues – a great deal of our time is spent firefighting; it is difficult to find time to plan in advance. We tend to end up with the ‘safe’ option, i.e. provisions that are tried and tested and we know meet basic requirements (but may not be the best available solution). Recruitment is becoming increasingly challenging as public sector wages decline in real terms relative to the private sector.”

“It is often a lot easier to do things the way they have always been done if it is working satisfactorily, rather than risk innovating and potentially disrupting services.”

“Short-term budgets and a lack of funding, along with having a skewed perception or understanding about costs and motivations in the independent sector.”

“I feel decisions are often made at a higher level around services based on the huge issues around money at the moment and no amount of evidence of any sort can change that! Also, decisions also have to be made quickly and gathering evidence takes time.”

“The lack of contextual reliance on applying successful programmes for example from small local authorities to large county authorities especially the costs of off scaling verses outcome.”

“This in the current climate is not something I am encouraged to do frustratingly, as I think this would help strategically.”

“Finance is the biggest barrier, but also not having enough meaningful evidence (local or national) to underpin an approach.”

“Commissioners are not always clear what principles will guide their decision-making around commissioning a new service or activity.”

Enablers to using research evidence in decision-making

In the rapid research review undertaken by IPC, some enablers for using research evidence in service design and commissioning were identified. These enablers were listed, and respondents were asked to select **as many as they agreed** were **enablers to using research evidence to design/commission interventions, services and models proven to deliver improved outcomes for children and families**. The enablers and how often they were selected are displayed in Table C13:



Table C13. Key enablers for using research evidence in decision-making

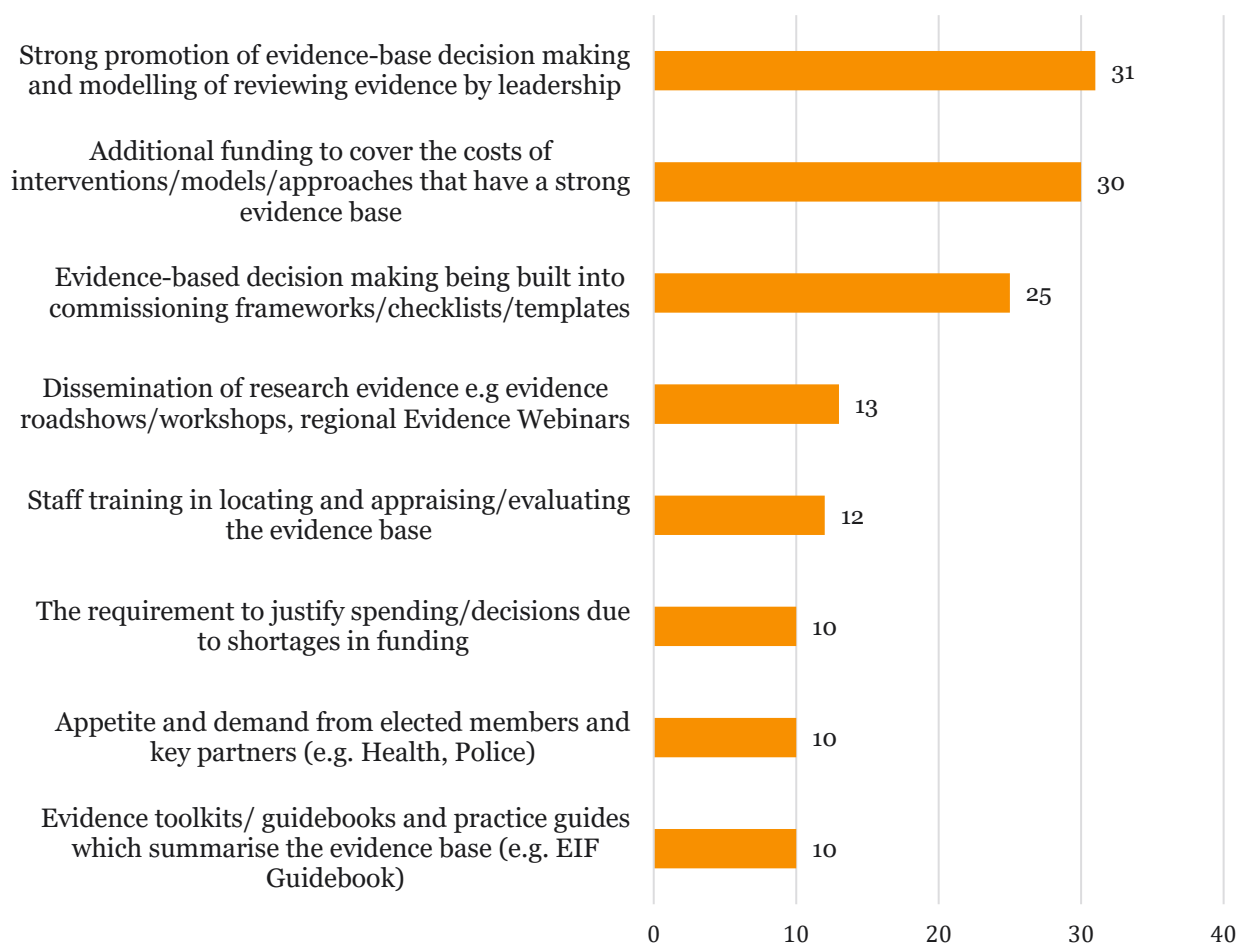
Enablers to using research evidence to design/commission interventions, services, and models	Frequency of enabler being selected	% of all respondents who selected this as an enabler
Evidence-based decision-making being built into commissioning frameworks/checklists/templates	36	77
Additional funding to cover the costs of interventions/models/approaches that have a strong evidence base	36	77
Strong promotion of evidence-based decision-making and modelling of reviewing evidence by leadership, e.g. Director of Children’s Services, Director of Commissioning	35	74
Staff training in locating and appraising/evaluating the evidence base	31	66
Dissemination of research evidence, e.g. evidence roadshows/workshops, regional Evidence Webinars	29	62
Evidence toolkits/guidebooks and practice guides which summarise the evidence base (e.g. Early Intervention Foundation Guidebook)	27	57
Appetite and demand from elected members and key partners (e.g. Health, Police)	22	47
The requirement to justify spending/decisions due to shortages in funding	16	34

Respondents were then asked to select (from the same list of enablers) **the top 3 enablers to using research evidence that were most important**, in their experience within their role:



Figure C3. Enablers to using research evidence in decision-making ([go to accessibility text](#))

Enablers for using research evidence





Respondents were then given space in an optional free text box to identify other enablers they have encountered in using an evidence-based approach to decision-making and their reflections on the enablers:

Table C14. Reflections on enablers for using research evidence in decision-making
“I have limited the number of enablers chosen not because these the non-selected options aren’t potentially useful. Rather this is because in the present context we have to be pragmatic about which are most likely to actually enable the system versus those which will have limited traction.”
“There needs to be support from Senior Leaders to do things differently and depart from the usual expectations, but ultimately for larger projects the decision to approve lies with the Council and it is my experience that political factors and personal opinions can come into play at that stage, evidence is not enough.”
“A whole-system approach to using evidence-based approaches – it is often challenging to be the only one working in this way – when all partners and stakeholders can come together and agree on an evidence-based approach, it is a lot easier to progress.”
“Investing in relational commissioning and partnership working is key to evidence-based decision-making. The main barrier to much effective decision-making is a lack of trust. That can only be addressed through being prepared to invest in developing and sustaining positive relationships with providers.”
“Evidence-based is embedded in our department’s key 5 values, it’s a key element in any senior leadership discussion.”
“The key enabler remains striking the appropriate balance between the quality of successful outcome in relation to the resources available and the scale of impact in given an approach can achieve.”
“It would help us to form a clear strategic approach to our decisions, evidenced based, where we have a model that helps us, more mid to long term that isn’t crisis management – I think there isn’t time to find the resources, as we don’t have a minute spare to look for this.”
“Feedback from young people is essential to all service development and is often tokenistic and only reflects that that have a voice in participation groups, etc.”

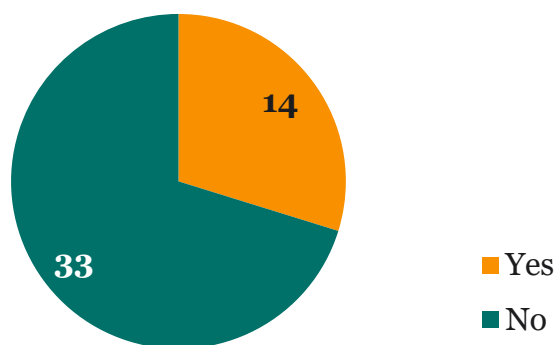
Use of the WWCS Evidence Store and EIF Guidebook in decision-making

In this section of the survey, respondents were asked whether they had used the WWCS Evidence Store and/or EIF Guidebook in their decision-making within their current role. So that respondents could be reminded what they looked like (hence potentially reminding them of having used them), links to both were provided.



Figure C4. Do respondents use the EIF Guidebook and/or WWCS Evidence Store when making decisions in their current role? ([go to accessibility text](#))

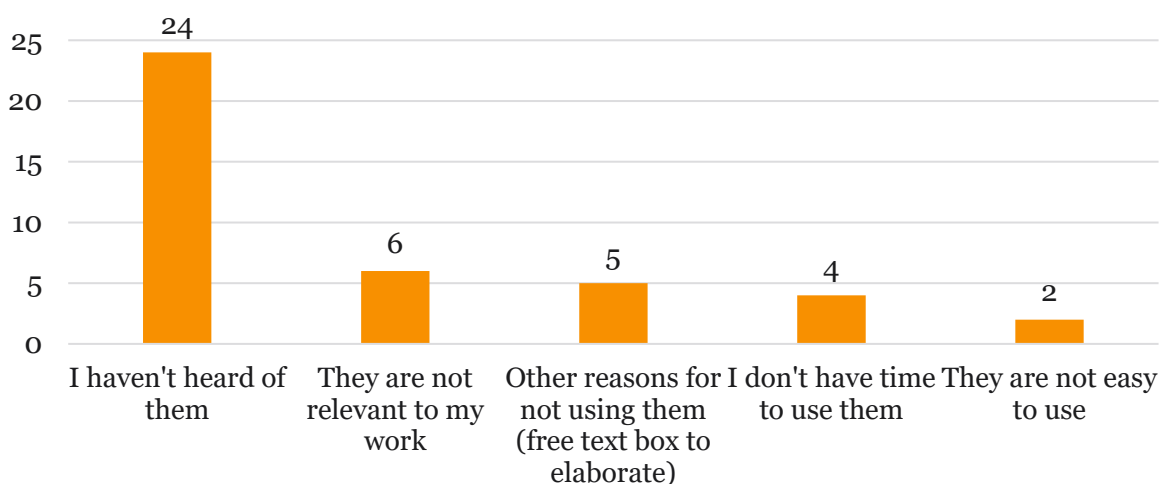
Have you used the EIF Guidebook and/or WWCS Evidence Store to aid you in making decisions in your current role?



Respondents who said they had not used either of the tools were asked why they have not used them. They could select as many reasons as applied, and also provide other reasons through free text responses.

Figure C5. Non-users of EIF Guidebook and WWCS Evidence Store: Why do they not use them? ([go to accessibility text](#))

What are the reasons you have not used the EIF Guidebook/WWCS Evidence Store in your current role?



Note: n=33



Table C15. Other reasons respondents gave for having not used either tool to help make decisions in their current roles (free text responses)

“I am not commissioning social care directly.”
“I find other resources more appropriate.”
“They haven’t been relevant to the programmes I have commissioned. And often decisions are made higher up around what is to be commissioned and as a commissioner I have less influence over that.”
“Early intervention Guidebook I had heard of but not relevant to portfolio. Hadn’t heard of the What Works resource.”
“I am looking in and not out and not encouraged, or support strategically to look at thi.s”

Respondents who said they had used the EIF Guidebook were presented with a list of potential strengths, and they could select as many as they agreed with, as well as being able to provide further strengths in a free text response. This was then repeated for weaknesses of the EIF Guidebook.

Figure C6.1. What are the strengths of the EIF Guidebook?

[\(go to accessibility text\)](#)

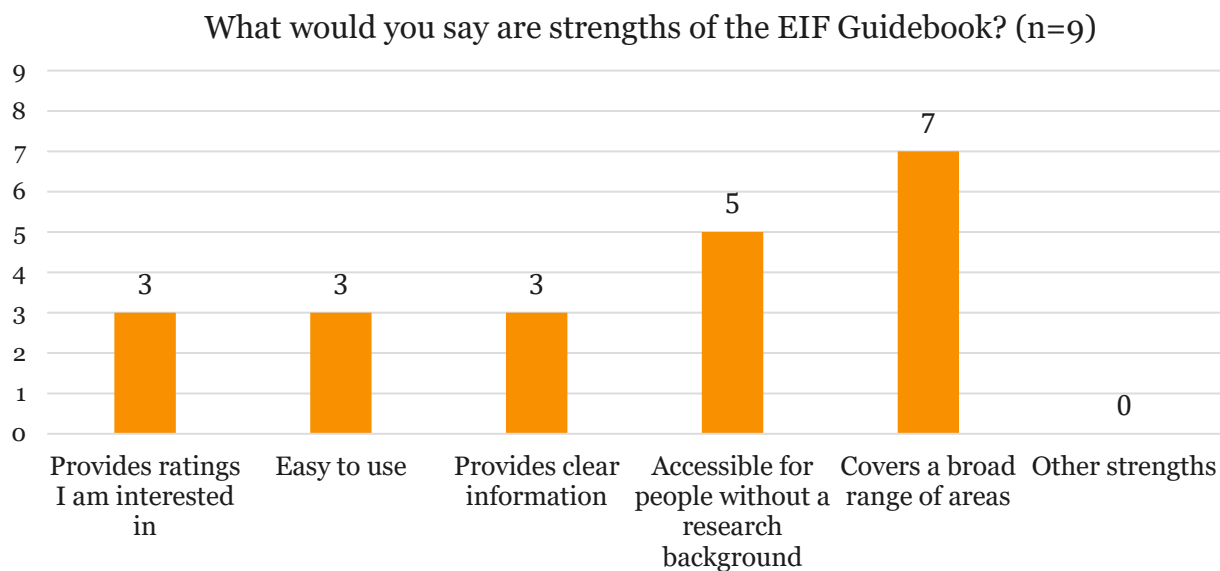
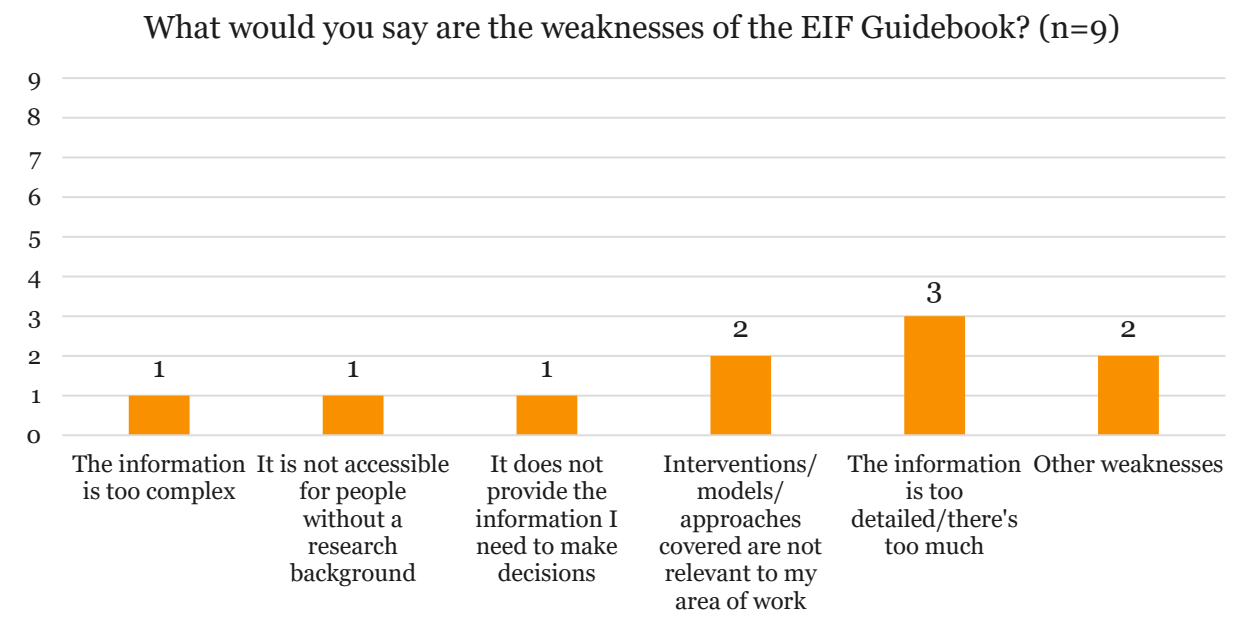




Figure C6.2. What are the weaknesses of the EIF Guidebook? ([go to accessibility text](#))



NOTE: Users of EIF Guidebook (n=9)

Table C16. Other weaknesses of the EIF Guidebook (free text responses)
“Sometimes the evidence is not relevant to the UK.”
“Sometimes there is simply a gap in the evidence! That can only be resolved through further funding to enable research and testing in the relevant field.”

Respondents who said they had used the WWCS Evidence Store were presented with a list of potential strengths, and they could select as many as they agreed with, as well as being able to provide further strengths in a free text response. This was then repeated for weaknesses of the WWCS Evidence Store:



Figure C7.1. What are the strengths of the WWCS Evidence Store? ([go to accessibility text](#))

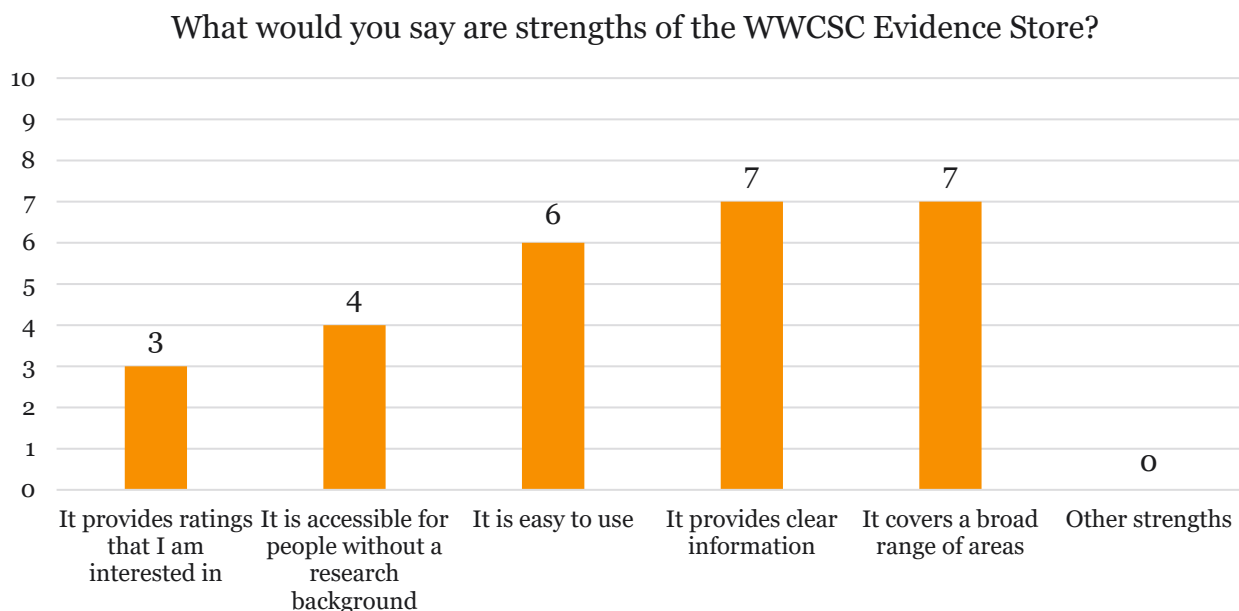
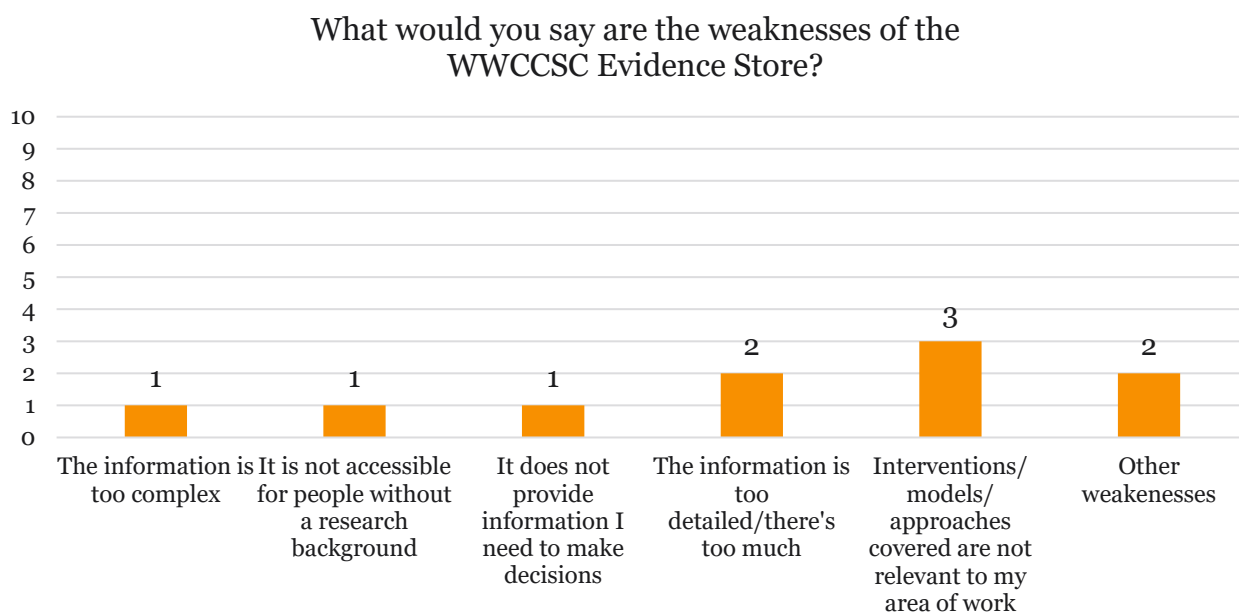


Figure C7.2. What are the strengths of the WWCS Evidence Store? ([go to accessibility text](#))



Note: Users of WWCS Evidence Store (n=10)



Table C17. Other weaknesses of the WWCS Evidence Store
“Some limitations in application to local context”
“I think the only weakness is it not being promoted sufficiently.”

Suggestions and reflections on Evidence Toolkits, Practice Guides, and using research evidence in decision-making

Respondents were asked for their reflections on what could make it easier for them to use Evidence Toolkits and Practice Guides in their decision-making. This was an open-ended question with a free text response box. Twenty-two respondents gave suggestions, and their answers are grouped into ideas below. Where one individual’s response covered more than one area, it is counted for multiple areas.

Table C18. What would make it easier for respondents to use Evidence Toolkits and Practice Guides in decision-making within their role?

Key ideas/themes from free-text responses	Number of times suggested
Raised promotion/availability of the Toolkits/Practice Guides out there (e.g. “Regular email reminders and links so I remember they exist” “to be more widely available”)	6
Endorsement of research evidence use in commissioning (e.g. “evidence base being a prerequisite”, “That leaders are supported to understand the importance”)	4
Time within role to use the tools (e.g. “inbuilt time to research these”)	3
Embedding tools within existing systems/processes (e.g. “embed them in existing tools/processes and forms”, “ability to locate within the main case management system”)	3
Case studies/examples of the practical applications of the resources/tools (e.g. “examples of where they have been used in practice”)	2
More accessible information within the tools (e.g. “clearer executive summaries”)	2



Table C19. Other suggestions from respondents of what would make it easier for them to use Toolkits/Practice Guides in their roles

“More focus on SEN.”
“For this to be effective we need to carve out space to not only reflect upon EBP and how we are positioned in relation to this, but to also broker anything of significance into the system and to then implement this as needed.”
“Easy to search.”

Respondents were then asked an open question for free-text responses about their suggestions for what should be included in Evidence Toolkits and Practice Guides. Eleven respondents shared their ideas of features/functions that would be helpful. These are shared in Table C20 but not organised into topics due to the small number of responses:

Table C20. What suggestions do respondents have about what Evidence Toolkits and Practice Guides should include (content, functions, formatting, etc.) so they are most helpful to their role and team?

“Quick summaries of evidence are helpful as it’s difficult to find time to read long documents.”
“Include SEN as well as social care.”
“An implementation guide – how, when and where in the commissioning cycle to use specific tools and how to use them. Perhaps a series of flowcharts which explain the paths which could be taken. It can be overwhelming when presented with a wealth of evidence at all stages of the commissioning cycle – it is important to know what should be used when.”
“Where relevant, data split into geographical areas where evidence is clearly different in rural/urban areas. Links to websites/other related information used in guide/toolkit.”
“Themes both locally and nationally such as how to ensure a ‘therapeutic model of care’ is fit for purpose for example?”
“Voice of the child. Feedback from professionals. Lessons learned. What went well/didn’t work.”
“Comparative data, practice and process examples, balanced pros/cons, things to consider, etc.”
“They need to not be black text on white as this is not dyslexia or Irlen syndrome (visual stress) friendly. They need to be clear and easy to understand.”
“See above re the need for executive summaries which are accessible and can be used to engage senior leaders.”



Table C20. What suggestions do respondents have about what Evidence Toolkits and Practice Guides should include (content, functions, formatting, etc.) so they are most helpful to their role and team?

“An email about all these, so we could have a toolkit, easy access.”

“Clear data that is easy to understand and easily replicated across all areas.”

Respondents were then asked an open question requesting free-text response, asking them to provide examples in their local system when evidence could be used to strengthen decision-making. Fourteen respondents answered, and their responses are revealed in Table C21:

Table C21. What examples do respondents have in their local system of when evidence could be used to strengthen decision-making?

“Given the narrow bandwidth presently I would recommend those examples where through a ‘less is more’ approach we simplify an element of EBP (e.g. Systemic Practice) and rehearse this repeatedly until it becomes naturally embedded and offers a pivot for other related concepts/constructs to be built on to. Doing this with (senior) leadership is particularly key rather than relying on bottom-up change.”

“Stakeholder consultation – during consultation.
Local evidence tools and databases.”

“When making decisions around budgetary constraints: which services are most cost-effective, and which could be made more so?
When designing service specifications and performance monitoring, to understand what a good service looks like.
When looking at newer schemes which don’t have a lot of evidence backing them, for example the Holiday Activity and Food programme, which has only been funded for the last three years.”

“Locality evidence is very useful for a rural county where provision is often spread far and wide. Evidence of differing needs is important to help decide what provisions/service are necessary.”

“I think this could be helpful at all levels – system design all the way to making evidence informed decisions for individual children.”

“Data analysis for strategic leads.
Parent/child consultation and co-design of services.”

“Multiple points of the commissioning cycle, but especially at the review/re-commissioning phase. Recent examples include SEND brokerage and personal budgets reviews.”

“Finding enough time to explore and do a proper options appraisal of different methodologies and approaches outside the desire to achieve financial efficiencies is very limited. Even more limited is the time to war game different options and approaches but where there is time would be in reflecting in currently delivery identifying gaps prior to writing specification for any new service delivery model.”



Table C21. What examples do respondents have in their local system of when evidence could be used to strengthen decision-making?

“I would like to know more, it always helps.”
“Needs to be a golden thread throughout the council.”
“We have used our findings to demonstrate the workforce required and to capture the impact of the nursing service at significant times. This will be used in business cases for service staffing.”
“Evidence is needed when creating decision papers and business cases, particularly at times of re-commissioning or de-commissioning.”
“Decisions made are mostly on identified needs. It might be useful to have an idea of where we should be looking for gaps in services. I’m not sure what a comprehensive service should look like.”
“Through commissioners being clear what levels of evidence will guide decision-making re commissioning or de-commissioning.”

Finally, respondents were asked if they had any other reflections on evidence-based decision-making in their role. Seven respondents provided reflections, shared in Table C22:

Table C22. Do respondents have any other reflections about evidence-based decision-making in their role/workplace?

“It’s often difficult to find comparative models from other LAs. Would be great to have access to this.”
“Any significant commissioning approach must balance the political, popular methodology around the current delivery model and evidence-based approach is ideally suited to navigate these areas, but the lack of time and financial resources alongside the desire to be safe and pragmatic. Means that there is always a gravitational pull towards tried-and-tested approaches. Evidence-based data needs to be accessible contextualised re geography and scale in order to be adopted in the current challenging environment.”
“No, just would like to do it and my role should do this but I am not doing this, I only work three days a week, which may be a factor.”
“Toolkits which are amended to be more applicable to rural areas.”
“I always explore and read research from a variety of sources and share with Key Professionals.”
“More flexible approaches such as ours need to be developed to capture the voices of young people that can be used to provide quantitative and qualitative evidence and outcomes of professional impact on individuals and organisations.”
“We would be very keen to try new things or adapt what we are doing, but we are struggling to stand still at present.”



Conclusions

This survey has demonstrated that although commissioners and other professionals involved in decision-making around service design and commissioning do have an interest in using research evidence in their roles, their current ability to do so is limited. This is due to multiple factors, including but not limited to:

- Operational demands leaving no time for reflection/exploration of research evidence
- Lack of awareness in this group of professionals of available repositories/guides of research evidence.
- Lack of organisational/leadership prioritisation of incorporating research evidence into decision-making
- Conflicting political and financial pressures within the system in which decisions are being made.



Appendix D: Accessibility text

Figure 1: What makes up evidence-enriched policy and practice

A circular diagram representing 'Evidence enriched policy and practice' at the center. Surrounding the center are four segments, each labeled with a different contributor to this process. Starting from the top and moving clockwise:

1. 'Experience and wisdom of people who use care and support and carers' in teal, with an icon of a person's outline.
2. 'Data and intelligence' in gray, with an icon of a line graph.
3. 'Knowledge and wisdom from practitioners' in green, with an icon of a person with a light bulb above their head.
4. Academic and practitioner-led research' in dark blue, with an icon of a person teaching in front of a classroom.

[\(Click here to return to report\).](#)

Figure 2: The IPC commissioning cycle

A circular diagram of the IPC commissioning cycle with a blue outer segment labelled 'Commissioning,' surrounding a central pink section labelled 'Procurement'. At the core is 'Outcomes for people' in yellow text. The circle and segments within it are divided into four quadrants. The two quadrants on the left fall under the broader 'Review' label and the two quadrants on the right fall under the broader 'Do' label.

- **First quadrant: Commissioning (blue) (review):** 'Legislation & guidance', 'Population needs assessment', 'Review service provision', and 'Resource analysis'.
- **First quadrant: Procurement (pink) (review):** 'Assess individual needs', 'Analyse providers', and 'Resource allocation'.
- **Second quadrant: Commissioning (blue) (do):** 'Gap analysis,' 'Commissioning strategy/prospectus,' 'Business case and options appraisal,' and 'Service design.'
- **Second quadrant: Procurement (pink) (do):** 'Develop specification and contract/SLA', 'Purchasing plan', 'Support plan'.
- **Third quadrant: Commissioning (blue) (do):** 'Market/supplier development', 'Capacity building', and 'Manage provider relationships.'
- **Third quadrant: Procurement (pink) (do):** 'Secure services/treatment/support' and 'Contract management'.
- **Fourth quadrant: Commissioning (blue) (review):** 'Evaluation of services', 'Review of plans', 'Review of market performance', and 'Assessment against outcomes'.
- **Fourth quadrant: Procurement (pink) (review):** 'Contract monitoring' and 'Review individual outcomes'.



This cycle reflects an integrated approach to managing service provision, from needs assessment to evaluation. ([Click here to return to report](#)).

Figure A1. COM-B system for understanding behaviour

A flowchart diagram illustrating the relationship between three factors and behaviour. On the left, three boxes are vertically aligned and connected by arrows:

- The top box is red and labelled 'Capability.'
- The middle box is yellow and labelled 'Motivation.'
- The bottom box is green and labelled 'Opportunity.'

The 'Capability' and 'Opportunity' boxes both have arrows which point to the 'Motivation' box between them, indicating that 'Capability' and 'Opportunity' both influence 'Motivation'.

All three boxes have double-ended arrows pointing to a blue box on the right labelled 'Behaviour.' This indicates that each of the three factors—capability, motivation and opportunity—influence behaviour, and behaviour also influences capability, motivation and opportunity.

([Click here to return to report](#)).

Figure C1. Which area(s) of Children's Services did respondents work in?

Response options	Number of responses
Children's Social Care	24
Special Educational Needs and Disabilities (SEND)	4
Education	2
Early intervention services	2
Health services (Physical or Mental Health)	2
Other or multiple areas (respondents asked to describe in free text)	13

([Click here to return to report](#)).



Figure C2. Most significant barriers to using research evidence in decision-making

Response options	Number of responses
Commissioners/Senior Leaders not having confidence to appraise/ evaluate the evidence base	4
Lack of confidence that the evidence will be applicable to diverse populations	4
Conflicting views from service users about what they think has most impact	6
Leadership not putting an emphasis on evidence-based decision making	13
Commissioners/Senior Leaders not having awareness of where to find the evidence base	14
Concerns about whether the evidence-based intervention/model/approach will perform as well in your local context	16
Capacity/infrastructure in local area making the evidence-based intervention/approach/model unachievable	24
Time pressures meaning there isn't time to look for/evaluate the evidence base	28
The cost attached to delivering evidence-based interventions/ models/ approaches	32

[\(Click here to return to report\).](#)



Figure C3. Enablers to using research evidence in decision-making

Response options	Number of responses
Evidence toolkits/ guidebooks and practice guides which summarise the evidence base (e.g. EIF Guidebook)	10
Appetite and demand from elected members and key partners (e.g. Health, Police)	10
The requirement to justify spending/decisions due to shortages in funding	10
Staff training in locating and appraising/evaluating the evidence base	12
Dissemination of research evidence, e.g. evidence roadshows/workshops, regional evidence webinars	13
Evidence-based decision-making being built into commissioning frameworks/checklists/templates	25
Additional funding to cover the costs of interventions/models/approaches that have a strong evidence base	30
Strong promotion of evidence-based decision making and modelling of reviewing evidence by leadership	31

[\(Click here to return to report\).](#)

Figure C4. Do respondents use the EIF Guidebook and/or WWCS Evidence Store when making decisions in their current role?

Response options	Number of responses
Yes	14
No	33

[\(Click here to return to report\).](#)

Figure C5. Non-users of EIF Guidebook and WWCS Evidence Store: Why do they not use them?

Response options	Number of responses
I haven't heard of them	24
They are not relevant to my work	6
Other reasons for not using them (free text box to elaborate)	5
I don't have time to use them	4
They are not easy to use	2

[\(Click here to return to report\).](#)



Figure C6.1. What are the strengths of the EIF Guidebook?

Response options	Number of responses
Provides ratings I am interested in	3
Easy to use	3
Provides clear information	3
Accessible for people without a research background	5
Covers a broad range of areas	7
Other strengths	0

([Click here to return to report](#)).

Figure C6.2. What are the weaknesses of the EIF Guidebook?

Response options	Number of responses
The information is too complex	1
It is not accessible for people without a research background	1
It does not provide the information I need to make decisions	1
Interventions/ models/ approaches covered are not relevant to my area of work	2
The information is too detailed/there's too much	3
Other weaknesses	2

(Click here to return to report).

Figure C7.1. What are the strengths of the WWCS Evidence Store?

Strengths	Number of responses
It provides ratings that I am interested in	3
It is accessible for people without a research background	4
It is easy to use	6
It provides clear information	7
It covers a broad range of areas	7
Other strengths	0

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Figure C7.2. What are the weaknesses of the WWCS Evidence Store?

Weaknesses	Number of responses
The information is too complex	1
It is not accessible for people without a research background	1
It does not provide information I need to make decisions	1
The information is too detailed/there's too much	2
Interventions/ models/ approaches covered are not relevant to my area of work	3
Other weaknesses	2

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