

Measuring uptake of evidence by policy makers

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Kadambari Anantram

While evidence is deemed important, there seems to be a pervasive sense that policy makers do not pay much to it.

Evidence¹ is an important piece in the decision-making and policy formulation puzzle. Evidence can be diagnostic (understanding the landscape, barriers, opportunities), which can be used to trigger policy dialogue and aid policy design. It can be descriptive (observational/narrative), which helps identifying what strategies work, why, in what context and for whom. Finally, evidence can be evaluative, which, helps policy makers decide on whether the intervention should be continued, institutionalised and what components need change².

As Weiss (1977) puts it, “the consensus seems to be that most research studies bounce off the policy process without making much of a dent on the course of events” (pp:532)³. The reasons for limited attention to evidence are numerous. On the evidence side, weaknesses could include flawed or inconclusive evidence, and the inability to distinguish between high and low-quality evidence. On the policy making side, there is limited ability of policy makers to absorb evidence given information overload, multiple and competing demands on the policy makers (Weiss 1978, 1999, Cairney and Weible 2017, Cairney and Kwiatkowski 2017)⁴. Indeed, one could argue that “the policy making process is a political process, with the basic aim of reconciling interests in order to negotiate a consensus, not of implementing logic and truth” (Weiss 1978: 533). Therefore, scholars suggest that policy making can never be evidence-based, and are best evidence-informed (Cairney 2016, Mayne et al 2018)⁵.

What is evidence utilisation? The notion is fuzzy and could range from direct implementation of recommendations from a study (instrumental use) to increased sensitivity or change in perceptions of the issue and its solutions (conceptual use). Evidence can also be used strategically, to make a case for an idea or program (tactical use) or to set specific mandates (imposed use). Research studies point to that fact that much of the use of evidence is not deliberate, direct, and targeted but occurs indirectly and is not really discernible.

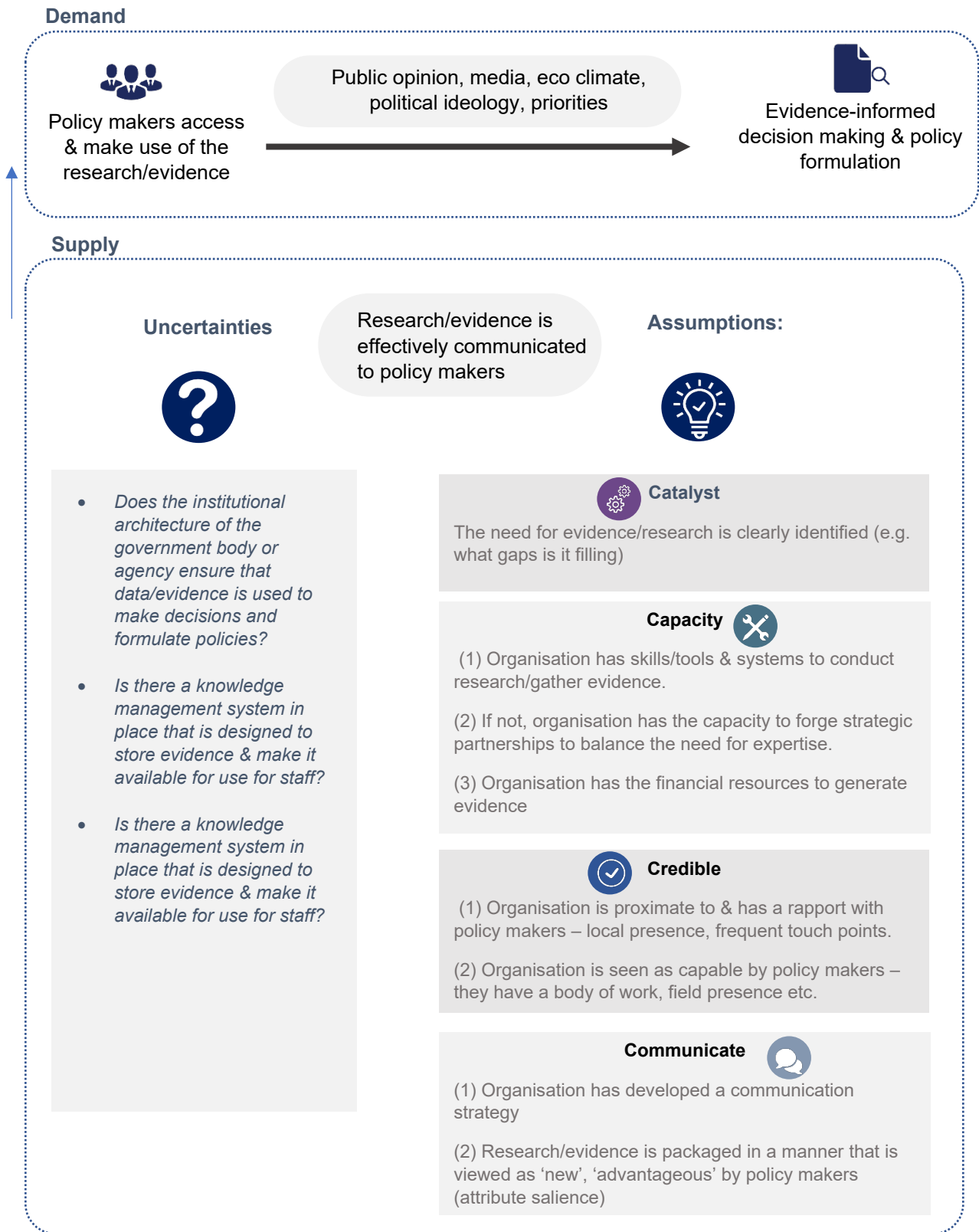
So, what we are seeing is that on the one hand, researchers and evaluators find it difficult to trace the effects of evidence on policy makers and policy making; and on the other, policy makers themselves find it difficult to retrieve reference to the source of evidence⁶. Having said this, in reality, there are several cases where a seepage of research and evidence has played a critical role and changed the focus of debate on policy issues – in education, employment schemes and healthcare to name a few. This brings us to the question – how can we measure uptake?

Factors that shape evidence uptake

As a first step, it is important to outline factors, both demand and supply side that play a role in uptake. For instance, if supply side (researchers/organisations) constraints are seen, there may need to be changes in the way evidence is communicated. On the demand side, improving awareness and absorption of research in the government, expanding research management expertise, and developing a culture of ‘policy learning’ is useful (Stone 2009: 303-315)⁷.



Some of these are represented in the figure below⁸.





Measuring evidence uptake using the SEER Tool

Three tools, developed with the ambit of SPIRIT (Supporting Policy in Health with Research: An Intervention Trial) Action Framework, (Redman et al 2015)⁹ are often used to measure evidence uptake. These include - ORACLE (Organisational Research Access, Culture and Leadership), SAGE (Staff Assessment of engagement with Evidence) and SEER (Seeking, Engaging with and Evaluation Research). The tools are complementary – they seek to understand capacity, engagement and use of research and evidence at different levels – organisational (ORACLE); with those actively involved in drafting policies/programmes (SAGE) and staff engaged in policy making in general (SEER).

The ORACLE tool is a structured interview of questions given to key influencers engaged in the policy making process. A total of 23 questions are explored through the interviews, which are then scored according to a standardised scoring system by an agency/person external to the interview process (Makkar et al 2015, 2016)¹⁰. The SAGE tool consists of an analysis of a programme document or policy produced in the last six months using a semi-structured format (with 22 questions) with a policy maker who contributed significantly to the document's development. The interview along with the document is then scored using a standardised scoring system by an external party (ibid). Both the ORACLE and SAGE tools require intensive processes of interviews, transcriptions and scoring by an external agency.

The SEER Tool is more widely used. It is a self-report questionnaire to assess individual policymakers'-

- capacity to use research/evidence (predisposing factors)
- research/evidence engagement actions
 - what type and from where was it accessed? Primary research, academic literature, unpublished studies, systematic reviews, data from registries, information from experts, commissioning of research etc
 - was it appraised for relevance and quality? For example, was the evidence provided actionable, clear, and useful? Was it applicable to policy and local contexts? Was it aligned with values, knowledge, and experience of policymakers? What is the credibility and experience of the organisation providing the evidence? Was the research design and methods robust?
- actual research use (instrumental, conceptual, tactical, imposed) and
- barriers to research use (both internal and external) (Brennan et al 2017)¹¹.

The tool consists of 50 questions scored either on Likert or binary scales. Aggregate scores are used to predict engagement actions and use. Brennan et al validated the tool with 150 respondents involved in the policy making process and “appears to be a promising measure of capacity to engage with research” (NESTA and Decision Lab 2019)¹².

Researchers often use the Theory of Planned Behaviour (TPB) tool¹³ in conjunction with the SEER tool to understand policy makers intention to use research (i.e. a psychological focus). The TPB tool, also a self-reported tool uses 15 questions to predict research use in health policy making. Concepts explored include – attitudes (e.g. I want to use research); subjective (e.g. people I care about want me to use evidence/research), perceived behavioural control (e.g I have the power to use evidence/research) and behavioural intentions (e.g. I intend to use research). It is hypothesised that the first three factors predict the fourth. Being self-reported, a combination of SEER and TPB seem to be a more feasible tool for implementation, especially when online platforms are being used.

At the outset, it is important to note that all three tools collect data on all types and all sources of evidence/research that the respondent is engaging with and/or using. The evaluator then ascertains whether and how the evidence/research generated by a particular source (e.g. an advocacy organisation)



contributed to change (viz., change in mindset, decision-making, policy formulation etc). Real-time intelligence thus garnered is used to tweak how evidence can be better designed and communicated.

What are key considerations while using the SEER+TPB tool? Both tools offer tangible clues on the pathway from engagement with evidence to its use, consideration in decision making and policy formulation. This process requires respondents to reconstruct the line of reasoning that they used to assess the role of evidence – i.e. the process is based on retrospective reconstructions of a rationalisation process (Kahneman 2013)¹⁴. As is the case with all behavioural science, memory is not a reliable indicator. Therefore, it is advised that the tools be administered during or immediately after the respondents' engagement with the evidence provided. For e.g. consider a time when the Population Control Bill is being discussed in Parliament and other fora. If an advocacy organisation presents an information dossier to policy makers in various departments on the possible rise of sex-selective and unsafe abortions during this time; it may be best to deploy SEER and TPB tools within 1-3 weeks of presentation of the dossier.

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