Chapter 9
The Social Care Institute for Excellence, United Kingdom

Bill Kilgallon, Chief Executive, Social Care Institute for Excellence
United Kingdom

In this chapter, we describe the Social Care Institute for Excellence, which is one of the foundations of the 2000 UK strategy to improve social care. The Institute works on the development of a knowledge base in social care, to provide the underlying knowledge on which other social organisations could build.

Background

Social care supports people who need help with the day-to-day business of living. Social care serves older people, people with learning disabilities, people with mental ill health, people with problems of substance abuse and people with physical and sensory disabilities. It supports families and children. In some cases people have no choice as to whether or not social care gets involved in their lives, such as when there are concerns about the safety and well-being of children.

Adults are supported in the community through home care, sitting services, meals, day services and social work. Some receive support in residential care homes and nursing homes. Children and families are supported at home through a wide range of child protection, social work, early years and other services. Sometimes fostering, residential care, or adoption may be necessary for children. At its best social care can transform people's lives, enabling them to live the lives they choose, in the way they want to. Social care plays an important role in wider policy areas including social inclusion and citizenship. Liam Byrne, the Care Services Minister in 2005 said "Across the breadth of the domestic policy agenda – in health, education, criminal justice and welfare to work… social care is mission central."[1]

Unlike education social care is not a universal service. Access depends on an assessment of need. People using social care services for adults are subject to means testing and may be required to pay for all or part of the costs of the service they require.

The education workforce consists largely of professionally qualified teachers with some ancillary staff. The social care workforce on the other hand is not professionally qualified. Of the over one million people working in social care in the United Kingdom

[1] Liam Byrne MP, Speech to Care and Health conference, 4 October 2005.

only about 80 000 are qualified social workers. The others will have access to training at National Vocational Qualifications (NVQ) level 2 in most settings.

The United Kingdom government in the year 2000 set out a comprehensive and coherent strategy to improve social care. It developed a new structure at national level built on four foundations.

The first was the regulation and inspection of all social care services. All social care services were required by law to register with a new national inspection service – which was designed to inspect all services whether provided by statutory sector, private sector or voluntary sector – non-profit organisations. National minimum standards were established for services against which they were to be inspected. The Inspection service has been modified since it was established and is due to change again. The Inspectorate is funded by government and by charges to those inspected and is semi-independent of government.

The second structure was to establish regulation and registration of staff. New bodies were established to undertake this role. Until then there was no requirement for social workers to be registered in the way that, for example, doctors, nurses and teachers are. All social workers are now registered and of course may be struck off for misconduct. The intention now is to move on from the 80 000 or so social workers in the United Kingdom to the rest of the 1.3 million workers in social care.

The third foundation was the development of an organisation to undertake workforce planning and development, what are now Sector Skills Councils.

The fourth foundation stone set up an organisation to develop a knowledge base for social care, which would provide the underpinning knowledge on which the other organisations could build. This fourth is the task for the Social Care Institute for Excellence, known as SCIE, set up in September 2001.

Stakeholders in social care

SCIE has a complicated network of stakeholders with whom it must work. Social care in the United Kingdom is devolved to the different countries – England, Wales, Northern Ireland and Scotland. SCIE has agreements with the different administrations. There are service level agreements in England, Wales and Northern Ireland and a different arrangement in Scotland.

Social care is commissioned by statutory authorities. In England, Wales and Scotland local government has responsibility for commissioning social care services. In Northern Ireland the National Health Service has that responsibility.

At one time statutory bodies were the main providers of social care but now the majority of social care is provided by organisations in the private and voluntary sector, with some statutory sector provision remaining.

Our stakeholders therefore include policy makers at government level in the different jurisdictions, and at local level. They include those who commission services (there are 150 local authorities in England, 22 in Wales and 5 boards in Northern Ireland) and those who provide services (there are some 25 000 service providers registered ranging from small local voluntary agencies to huge voluntary agencies working across the United Kingdom with thousands of staff; in the private sector ranging from a small residential home run by its owner to large private companies with multi million pound turnover).

SCIE's stakeholders also include people who use social care services and their carers. There are around 1.5 million people who use social care services each day and there are around 5 million people who provide informal care to family members and friends. Of these, 1 million provide more than 50 hours of care a week. Social care staff are also key stakeholders for SCIE.

There is the research and teaching community in social care, and finally the regulators, who are country based, not UK wide. There are different structures both for regulation of services and regulation of staff in the different countries.

SCIE's remit

Our role is to establish a knowledge base in social care, identifying and reviewing the material that constitutes that knowledge base. A parallel organisation was established two years earlier in the health service, the National Institute for Clinical Excellence (NICE), to produce guidance in health care. This was used to endorse the need for SCIE to commission its research externally rather than to develop a fully fledged research capacity in its own right. It would also ensure the full independence of SCIE's review function.

SCIE is also required to establish what works in social care. This involves reviewing practice and establishing from the knowledge base including available research, which interventions are effective. It is then our role to produce guidance for policy and practice which we must then make available as widely as possible to the social care field and support people and organisations in implementing that guidance. Our work is published in traditional form but increasingly is web based. All our publications are free including our website which does not require a password. The aim is to improve the quality of services and for that improvement to be knowledge based.

In establishing SCIE the then minister John Hutton referred to it as "the motor in the engine". It was designed from its outset to be the key source of evidence based policy for other agencies to employ in their work, a touchstone and reference point in a social care arena lacking authoritative bodies of knowledge.

In the beginning, the government considered three options. The first was to have SCIE as a part of a government department. The second option was to have it as a non-departmental public body – a sort of semi-detached organisation like the Inspection services, and the third was to establish an independent body. It chose the latter and so created a non-governmental organisation in England, a charity with independent trustees, fully government funded by means of service level agreements. It also importantly gave it a UK wide remit.

Establishing a knowledge base

One of the key challenges for SCIE is to establish the sources from which it draws knowledge.

SCIE is required to work with all its stakeholders and to do so in a policy context which is emphasising the person who uses social care services as a citizen; in a context where services are encouraged to promote, develop and enhance independence. At an early stage SCIE commissioned and published a report on "the types and quality of knowledge in social care" (Pawson *et al.*, 2003). In particular it explained SCIE's

determination that different kinds of evidence, from a range of sources are recognised, valued and built on.

This meant that SCIE had to consider what types of knowledge we could draw on and how to distinguish good quality knowledge from that which should not be relied on in policy-making and practice. Clearly we draw heavily on the work of researchers and academics involved in social work and social policy; there is a strong body of knowledge in this country and a number of high quality centres of research and teaching. However, we will later see that there is a need for greater involvement in social care research.

The inspection services are now building up a very substantial body of knowledge about the provision of social care services and have invested in the capacity to pull this information together and use the knowledge much more effectively. The Commission for Social Care Inspection (2005) for England has published a very detailed picture of the state of social care.

SCIE is particularly keen that the knowledge that is held by people who use services is included. Increasingly service user groups are demanding involvement in research production and in the United Kingdom the disability movement has led the critique of research that fails to address the need for change in the circumstances of disabled people and fails to involve disabled users. This call for a new kind of relationship between researchers and service users extends beyond the disability field. For example, Shaping Our Lives is a user led organisation working on user defined outcomes of different kinds of community care and the Toronto group is an alliance of researchers and service users established to encourage and support user involvement in research.

Social care has not been effective at capturing practitioner knowledge, nor at effectively involving practitioners in developing the knowledge base. We do not have the tradition of medicine where practitioners are encouraged to be involved in research and teaching and where joint appointments between hospital and university are commonplace. The practitioner/researcher in social care is not at all common. Practitioner knowledge tends to be personal and context specific and therefore difficult to surface and aggregate.

Achieving change

One of the key challenges for SCIE has been to establish itself as a credible source, an authoritative source of guidance. Our independent status is an asset in that respect but may be perceived as a weakness as we have no coercive power. We cannot require any organisation or any practitioner to follow our guidance. We are therefore only able to influence, persuade and support. We must work in partnership so that our work does not remain on the bookshelf or untouched on the web. Partnerships with, for example, the regulators who can use our guidance to inform the standards they will inspect against.

We have had to balance the conflicting demands of stakeholders wanting our work now and having robust quality assurance systems – so that our work has respect from the academic and research community and yet is current and answering today's problems rather than yesterday's.

We work in a political environment – our sponsor departments quite reasonably expect us to work on areas in which there is a strong political and policy interest. Currently in children's services a key issue is that of looked after children – in adult services it is the drive to integrating health and social care. Political timescales are often very short and ministers who often have a very short time in post want quick answers –

often to questions which are far more complex and do not lend themselves to quick solutions.

Absolutely critical to achieving credibility has been genuine involvement of stakeholders in all aspects of our work – so our Board of Trustees reflects the wide spread of our stakeholders from people who use social care services, to managers and academics. In all our projects we involve stakeholders in the advisory and reference groups which oversee the projects; we have a consultative group of 45 stakeholders drawn from across social care which comments on our plans and work programme; we have a network of Practice Partners – organisations which commit themselves to working with SCIE for two years to help develop our work including road testing our products before we launch them.

Examples of brokerage

The first example is our work on foster care that is, looking after children who can no longer live with their birth family. Foster care places the children with another family – it is now the placement of choice rather than residential care. First we commissioned a review of the research available which we published under the title "Fostering Success" (Wilson *et al.*, 2004). This is a scoping review providing a summary of the main trends in research rather than a comprehensive account of all the research that would be available in a systematic review. Its purpose is to alert those involved in fostering to the main messages of research.

We then commissioned a review of fostering practice which was published under the title "Innovative, tried and tested" (Sellick and Howell, 2003) because we looked for what works, whether it was new or well established. We also undertook specific pieces of work on two areas – the adoption of looked after children (Rushton, 2003) – because of a particular policy drive to increase the number of children now fostered who gain the extra security and stability offered by adoption – and then work on resilience – a key factor in children and young people's success in the face of adversity giving practitioners advice on how to build up resilience (Bostock, 2004).

All of this work was then brought together to produce a practice guide for fostering (Social Care Institute for Excellence, 2004). A guide which brings together the knowledge we have from research, the experience of service delivery, the policy and the legislation supporting that policy, into a guide which enables people working in fostering to ensure that their practice is based on the most up to date knowledge – it is a web based resource to allow for updating and development and to enable users to access it at different levels.

The guide is now referred to by the agencies responsible for inspecting foster services – so that foster care providers have a clear guide for practice against which they can be assessed. So knowledge is collected, synthesised, made available and accessible in order to improve the service offered to children and young people.

The second example is central to all SCIE's work. It's a truism, but you can't have evidence-based policy and practice without the evidence.

Our work (Marsh and Fisher, 2005) shows very clearly that the evidence-base in social care is under-developed and in need of urgent strengthening. In comparison with a health spend of 5.3% of total budget, social care spends about 0.3%. In terms of the amount spent per workforce member this translates to £25 per head in social care,

compared with £3 400 in health. If we look at more directly comparable professionals, social care spends £60 per social worker, compared with £1 466 per general practitioner.

Our work on this is an example of SCIE focusing attention on a problem, in a way that would have been difficult for central government to do or for the research sector to achieve. It may be rather obvious to point out that the research sector would have problems of perceived self-interest in calling for research investment. What may be less obvious is that central government would have (and does have) problems about being associated with a call to increase investment in social care research, particularly as it does not control much of the social care budget. Investment in research is a shared responsibility between central and local government, employers, provider agencies, higher education and so on. No-one can clearly exercise leadership in this field so it is convenient and timely for SCIE to do so.

Having placed the issue on the agenda, SCIE has now negotiated authority to undertake a consultation about ways of strengthening research and it is hoped will be able to take forward the issues arising from that consultation.

Conclusion

SCIE is still fairly young. Established in 2001, we have worked throughout with a reforming Labour administration. In one sense, the honeymoon is not yet over.

We have found, however, a strong resonance between our values and those of welfare reform, particularly where we implement a practical form of involvement that delivers the kind of personalised solutions that both government and people who use services are seeking. We might call it democratising welfare.

In pursuing these values, we have found that our power or influence is multiplied. The democratisation of welfare is often portrayed as professionals giving up power in favour of those who use services, as though power is a finite resource. In fact, we have found that sharing power creates power, adding to each other's case for change and for investment. In this sense, brokerage is a creative process, liberating energy and resources, rather than the rather bland definition of the "go-between".

However, there are significant challenges. SCIE's funding is almost entirely from central government (albeit spread over three governments). This makes us vulnerable to political winds. Although this paper endeavours to show we are solving problems for central government and therefore have a useful role, it is unlikely that this will see us through serious adversity. It is therefore vital that we extend our funding sources.

Linked to this, we also need urgently to demonstrate our impact in achieving change. The change we achieve is usually through collaboration and power-sharing, and as such it is often owned by the people we work with, rather than specifically recognised as stemming from SCIE. The active ingredient is a little difficult to detect and demonstrate.

As a first step, we have commissioned an external evaluation of the visibility and utility of our resources, and this reports in March 2007. This will be a vital part of maintaining our position in the agencies charged with improving in social care.

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Biography

Adrienne Alton-Lee is the Chief Education Adviser for the New Zealand Ministry of Education's Iterative Best Evidence Synthesis (BES) Programme. Her role is to strengthen the evidence-base informing policy and practice in education and to provide medium term strategic advice to government. Dr. Alton-Lee is a Fellow of the International Academy of Education. She was formerly a teacher, classroom researcher, Professor and an Associate Editor of *Teaching and Teacher Education*. She has published in leading educational journals including the *Harvard Educational Review,* the *Elementary School Journal,* the *International Journal of Inclusive Education* and the *American Educational Research Journal.*

René Bugge Bertramsen is the Deputy General Director for the Danish University and Property Agency within the Danish Ministry of Science, Technology and Innovation. Since 1999 he has been involved in reforms aiming at enhancing the quality of the Danish educational R&D system (such as the establishment of the Danish Pedagogical University – DPU – and the R&D centre Learning Lab Denmark). Mr. Bertramsen was responsible for the University Act of 2003 which gave Danish universities a new governance system, *i.e.* boards with external majority and employed rectors, deans and department heads. In 2006-2007 he was responsible for a merger process where government research institutes were integrated with the universities and a number of single-faculty universities were merged with larger multi-faculty universities, including the merger of DPU with multi-faculty University of Aarhus.

Robert Boruch, Professor, University of Pennsylvania (USA). Dr. Boruch is current co-chair of the Steering Group of the International Campbell Collaboration, and principal investigator for the Institute of Education Sciences What Works Clearinghouse, which is designed to be a central and trusted source of information on evidence about what works in education. Dr. Boruch is an elected Fellow of the American Academy of Arts and Sciences, the American Statistical Association, and the Academy for Experimental Criminology. He has received awards for his work on evaluation policy, randomised trials, and on privacy of individuals and confidentiality in social research. Dr. Boruch's academic background is in psychology, statistics, and mechanical engineering, with degrees from Iowa State University and Stevens Institute of Technology.

Satya Brink is currently Director, National Learning Policy Research, Human Resources and Social Development Canada. She and her team are responsible for developing evidence in support of policy development for lifelong learning for the Government of Canada. This work includes analysis on outcomes for each age group and type of education as well as the impacts of earlier learning on subsequent learning. In her previous post, she was responsible for research on human development based on two major Canadian longitudinal surveys. During this time she and her team produced a major body of evidence based on the National Longitudinal Survey of Children and Youth which influenced major new initiatives of the Canadian government in support of children and their families.

Tracey Burns is a research and policy analyst for the Centre for Educational Research and Innovation, OECD, Paris. Previous to this she worked on social determinants of health across the life-span with Charles Ungerleider & Associates in Vancouver, Canada. As a Post-Doctoral Fellow at the University of British Columbia, Dr. Burns led a hospital-based research team investigating newborn infants' responses to language. Tracey Burns holds a BA from McGill University, Canada and PhD from Northeastern University, USA. She is the recipient of various awards and honours, including the UBC Post-Doctoral Fellowship, a student-nominated university teaching award, and the American Psychological Association Dissertation Research Award.

Thomas D. Cook is the Joan and Serepta Harrison Chair in Ethics and Justice and Professor of Sociology, Psychology, Education and Social Policy at Northwestern University, where he is also a Faculty Fellow at the Institute for Policy Research. He has a BA from Oxford University and a Ph.D. from Stanford University. He is interested in causal methods for the social sciences and in the joint effects of neighborhoods, schools, peers and families on how young people develop socially and cognitively. He is a Fellow of the American Academy of Arts and Sciences and the Margaret Mead Fellow of the American Academy of Political and Social Science. He has been awarded the Myrdal Prize for Science by the American Evaluation Association, the Donald Campbell Prize for Innovative Methodology by the Policy Sciences Organisation, and a Distinguished Research Scholar Prize of the American Psychological Association. He is the author or editor of 10 books and over 150 chapters and articles.

Jane Davidson is the Assembly Member for Pontypridd and former Deputy Presiding Officer for the National Assembly (Wales, United Kingdom). Since October 2000 she has been the National Assembly Education and Life-Long Learning Minister responsible for all aspects of education, training and lifelong learning. Educated at Malvern Girls' College, Birmingham University and the University of Wales, Jane has taught English, Drama and Physical Education. She is also an experienced youth worker and former Cardiff City Councillor. She was a member of the Arts Council for Wales and its Lottery Board, and Head of Social Affairs at the Welsh Local Government Association before her election to the Assembly. Jane has had a keen interest in education and youth work and is enjoying the challenges of the Education and Life-Long Learning portfolio.

Stephen Gorard holds the Anniversary Chair in Educational Studies at the University of York (United Kingdom), and directs the Centre for Research into Equity and Impact in Education. He is currently leading an Economic and Social Research Council (ESRC)-funded project promoting the use and understanding of randomised controlled trials in public policy (*http://trials-pp.co.uk/*), and was the originator of the ESRC's Research Capacity-building Network. He has published widely about the research process in social science, but his substantive work focuses on issues of equity, especially in educational opportunities and outcomes, and on the effectiveness of educational systems. Recent books include "Teacher supply: the key issues", "Adult learning in the digital age", "Overcoming the barriers to higher education", and "Schools, markets and choice policies".

David Gough is Professor of Evidence Informed Policy and Practice and Director of the Social Science Research Unit (SSRU) and its Evidence for Policy and Practice Information and Coordinating (EPPI) Centre, Institute of Education, University of London, United Kingdom. Previously he worked at the University of Glasgow and Japan Women's University. He directs the Methods for Research Synthesis node of the ESRC National Centre for Research Methods Node and research projects for the Department of

Education and Skills, the Teacher Training and Development Agency, the Social Care Institute of Excellence, and the Department for Work and Pensions. Dr. Gough is editor of the journal *Child Abuse Review* and associate editor of the journal *Evidence and Policy*.

Rebecca Herman, a principal research scientist at American Institute for Research (USA), specialises in setting standards for the quality of educational research and reviewing research based on those standards. As the project director for the What Works Clearinghouse, she is responsible for the US Department of Education's flagship project to identify effective educational programmes and practices. Dr. Herman was project director of the *Educators' Guide to Schoolwide Reform*. She provided congressional testimony and many invited presentations on this and related work. Dr. Herman holds an M.A. and Ph.D. in sociology from Johns Hopkins University.

Maria J.A. van der Hoeven is the Minister of Economic Affairs (Netherlands). Maria J.A. van der Hoeven was born in 1949. She was trained as a primary teacher and taught at schools of home economics and junior secondary commercial education. Thereafter she was head of the Adult Commercial Vocational Training Centre in Maastricht and of the Limburg Technology Centre. From 1991 to 2002 Ms. Van der Hoeven was a member of the House of Representatives for the Christian Democratic Alliance (CDA). She has held a variety of social and cultural posts. Ms. van der Hoeven served as Minister of Education, Culture and Science from 2002 until February 2007. She was appointed as Minister of Economic Affairs in early 2007.

David Hogan is currently Professor and Dean of the Centre for Pedagogy and Practice at the National Institute of Education, Nanyang Technological University in Singapore. Between 2004 and 2006 he was Vice Dean for Research at CRPP. Prior to that he was Professor of Education at the University of Tasmania in Australia, and before that he held appointments as Assistant and Associate Professor at the University of Pennsylvania in Philadelphia. He completed his PhD in the history of education at the University of Illinois in 1979. His current research interests focus on the intersections between research, policy and practice, pedagogical theory, curriculum theory and design, the design of knowledge management of innovation systems in schools, multi-level and longitudinal modeling of student outcomes, citizenship and education, and education and social theory.

Bill Kilgallon, OBE, has been the Chief Executive of the UK's Social Care Institute of Excellence since 2003. Prior to that he was Chief Executive of St Anne's Community Services from 1978 to 2002, an organisation he founded in 1971, which works with single homeless people and people with learning disabilities, mental health problems and alcohol and drug problems across Yorkshire and the North East. He was Chair of the Leeds Teaching Hospitals NHS Trust, the largest NHS Trust in the country from 1998-2002 and Chair of the Leeds Community & Mental Health Services NHS Trust from 1992-1998. Bill Kilgallon served as a member of Leeds City Council from 1979-1992 where he chaired the Social Services, Housing and Environment Committees. He has led independent inquiries, including one into alleged abuse in a local authority children's service and one into the management of an NHS hospital for people with learning disabilities.

Hannele Niemi is Professor of Education (1998-) and Vice-Rector for academic affairs at the University of Helsinki, Finland (2003-). She has been Professor of Education in Oulu, Turku and Tampere Universities (1987-1998). She has been a member of the Standing Committee of Social Sciences of ESF, the Council for Society and Culture in the Academy of Finland, and the Scientific Council of the University of Helsinki. She is a Steering Committee member of the British national research programme on teaching and

learning (TLRP). She was Director of the Finnish national research programme "Life as Learning" 2002-2006. Dr. Niemi has been Chair or a researcher in many national and international evaluation projects for development of educational research and teacher education. Her main research interest areas are teachers' professional development, moral education and technology-based learning environments.

Johnny Nilsson is the Former Secretary of State for Education in Sweden.

Andrew Pollard is Director of the Economic and Social Research Council's Teaching and Learning Research Programme (*www.tlrp.org*), the UK's largest coordinated initiative for educational research. As a teacher, his career started in Yorkshire primary schools and he has worked in teacher education or research at Oxford and Bristol Polytechnics and the Universities of the West of England, Bristol, Cambridge and London. He is presently based at the Institute of Education London. Andrew Pollard has published widely, including work on longitudinal ethnography and analysis of social factors in teaching and learning, learner perspectives, and resources for teacher education and school practitioners. He is at present working on an analysis of learning experiences through secondary education.

Rien Rouw is senior policy advisor at the Dutch Ministry of Education, Culture and Science (Department for General Strategic and Economic Advice). He is secretary of the Knowledge Chamber.

Tom Schuller is Head of the Centre for Educational Research and Innovation (CERI), OECD, Paris. Formerly Dean of the Faculty of Continuing Education and Professor of Lifelong Learning at Birkbeck, University of London, his latest books are *The Benefits of Learning: The Impact of Education on Health, Family Life and Social Capital* (RoutledgeFalmer, 2004) and *International Perspectives on Lifelong Learning* (edited with David Istance and Hans Schuetze, Open University Press, 2002).

Hans Stegeman is senior policy advisor at the Dutch Ministry of Education, Culture and Science (Department for International Policy). He is member of the OECD's Education Policy Committee.

Charles Ungerleider is Director of Research and Knowledge Mobilisation for the Canadian Council on Learning. From 1998 until 2001, Dr. Ungerleider served as Deputy Minister of Education for the Province of British Columbia, Canada. Prior to this he was Associate Dean for teacher education (1993-1998) at the University of British Columbia. Dr. Ungerleider has studied and written about educational policy and governance, student assessment, inter-group relations, and the impact of media on Canadian society. His most recent book *Failing Our Kids: How we are ruining our public schools* provides a critical analysis of the state of public schooling in Canada, the key part schooling plays in fostering Canadian values, and how public schools are treated by parents, professionals, and politicians.

Jerzy Wiśniewski is a consultant in education, and public administration and an expert of the Center for Social and Economic Research (Poland). From 2003-2006 he served as head of Strategy and Structural Funds of the Ministry of Education. He was also Director General of the Polish Ministry of National Education at the time of launching the reform of the education system, as well as the head of the International Department of the Ministry of Education and project manager in the Foundation for Public Administration Development. He was a member of the CERI/OECD Governing Board as well as the OECD team reviewing the educational system in Lithuania, advised the Ukrainian Ministry of Education on the reform of the system, and led the team reviewing the VET system in Croatia (with the European Training Foundation).

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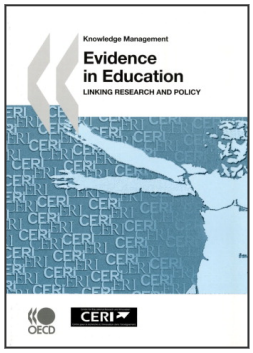

From:
Evidence in Education
Linking Research and Policy

Access the complete publication at:
https://doi.org/10.1787/9789264033672-en

Please cite this chapter as:

Kilgallon, Bill (2007), "The Social Care Institute for Excellence, United Kingdom", in OECD, *Evidence in Education: Linking Research and Policy*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/9789264033672-10-en