



**A Systematic Literature Review of Evidence-Based Policy:**

**Introduction and Review Protocol**

## **Positioning Paper**

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**AHURI Southern Research Node**

**January 2003**

**AHURI Positioning Paper No. 45**

**ISSN: 1834-9250**

**ISBN: 1 920758 58 5**

## **ACKNOWLEDGEMENTS**

This material was produced with funding from the Commonwealth of Australia and the Australian States and Territories. AHURI Ltd gratefully acknowledges the financial and other support it has received from the Australian, State and Territory governments, without which this work would not have been possible.

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## **Executive Summary**

This paper outlines the current rationale for the use of evidence-based policy as a new approach to public policy formulation, following the lead of the United Kingdom and United States. It is the basis for a forthcoming literature review exploring the applicability of evidence-based policy strategies and characteristics to housing policy in Australia. Both the positioning paper and literature review use the systematic review guidelines advocated by the Campbell Collaboration. Some background is given on the structure, content and assumptions of systematic reviews and a brief critique is also provided to aid in the interpretation of the research protocol as presented in this paper, and the conclusions of the forthcoming Final Report. The research protocol specifies the proposed scope and methodology of the review and is consistent with the format and level of detail required by the Campbell Collaboration. It is apparent that the evidence based policy literature focusses mainly on the health sciences, and the social science disciplines of education, criminology and social work or social welfare, although the concept has recently been applied to housing and urban studies in the United Kingdom. The literature to be reviewed in the forthcoming Final Review will encompass both theoretical and conceptual debates on the meaning of evidence based policy as well as the methodologies, utilisation of the outcomes of empirical studies specifically designed or used to inform evidence based policy in the social sciences.

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# 1. Introduction

## 1.1. Aims and objectives

This project is a review of the literature on evidence-based policy making with an underlying aim of examining its applicability to housing policy in Australia. This Positioning Paper introduces the concept of 'evidence-based policy', highlights the associated key issues and presents the proposed methodology for the Final Review. Although this project uses the systematic review process advocated by the Cochrane and Campbell Collaborations, a brief outline and critique of the structure and assumptions of systematic literature reviews is also presented. This background will aid interpretation of the results presented in the Final Review.

The focus of the Final Review is on examining evidence-based policy *per se* and determining its value and relevance for Australian housing policy and research. The review considers theoretical work on the subject of evidence-based policy itself; and empirical work which has informed or is intended to inform evidence-based policy, including an analysis of the use and outcomes of empirical studies as the 'evidence' upon which evidence-based policy is constructed. The research question is:

*What is evidence-based policy and how can it inform Australian housing policy?*

The review has the following objectives:

- To show how evidence-based policy is distinct from other policy;
- To describe how it is formulated and developed;
- To show how the outcomes of academic research are communicated to policy makers;
- To report how policy makers receive and interpret the outcomes of specific types of research;

- To determine if some types of intervention studies are more likely to be translated to policy than other types and if so, why;
- To find why evidence-based policy has become prominent in a range of portfolios in other countries but is largely restricted to health in Australia.

The review will summarize the relevance of evidence-based policy to a range of Australian housing issues and identify the types of intervention studies (with attention to their methodological bases) that have informed policy elsewhere. It considers those which could most usefully be employed in Australian housing research. The outcomes and conclusions of the review will be presented in the Final Review.

The review is based on the Campbell Collaboration guidelines for systematic reviews in the social sciences, a tool relatively new to the social sciences. Part of this Positioning Paper will therefore describe and discuss the characteristics of the systematic review. This brief review of the systematic review process will to assist the reader in interpreting the outcomes of the Final Review and in assessing the proposed methodology for the review (otherwise known as the 'review protocol'). Explicit and detailed attention is given to this review protocol, as is required by Cochrane and Campbell systematic review guidelines.

In spite of the impression of efficiency, accuracy and objectivity lent by the term 'systematic review', there is some dissent in the literature on the value and use of systematic reviews. It may be portentous to consider the outcomes of this review in light of these debates. While the first part of this Positioning Paper discusses the concept and value of the systematic review, the second accepts the criteria and procedures associated with a systematic review and uses these as the basis on which to formulate and present the evidence-based policy review protocol.

## 2. The Systematic Literature Review

### 2.1. What is a systematic review?

Proponents of the systematic review maintain a distinction between it and traditional narrative reviews, although the differences and the degree of difference have been disputed by a number of commentators<sup>1</sup>

Systematic review proponents see the narrative review as the result of implicit and idiosyncratic data collection methods and interpretation, potentially resulting in unfocussed and indecisive conclusions. In contrast, systematic reviews are generally defined as using explicit and rigorous methods to identify, critically appraise and synthesize relevant studies concentrating on specific and tightly defined questions, and producing clear, useful conclusions (Bero 1998; Boaz 2002; Bradshaw 2000; Campbell Collaboration 2001; Cooper undated; Davies 2001; Grayson 2001; Greenhalgh 1997; NHS Centre for Reviews and Dissemination 2001; Petticrew 2001; Sheffield University School of Health and Related Research undated; Viadero 2002).

As the narrative review is already a familiar concept to most social scientists, this section deals with the structure, process and characteristics of the systematic review.

Both the systematic review and the concept of evidence-based policy originated in the health sciences as a consequence of the efforts of the British epidemiologist Archie Cochrane. Cochrane was first to develop a systematic method of gathering together the results of all studies examining a particular issue and distilling the findings of the collective research. The aim was to assist health practitioners making treatment decisions by summarizing the huge body of literature, with strict attention to quality control, both in the original studies included in the review and in the construction of the review itself. Where possible, the results of a number of studies may be combined and

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<sup>1</sup> The narrative review has been described, tongue-in-cheek, in the following terms:



reanalyzed as a meta-analysis, thus strengthening and clarifying the outcomes of existing research. Reviews meeting the criteria for a true systematic review as specified by the Cochrane Collaboration ([www.cochrane.org](http://www.cochrane.org)) are listed in a freely available on-line database.

Systematic reviews have become commonplace in the health literature since the mid 1990s and supported and published in leading medical journals such as the British Medical Journal. Upon the success of the systematic review in the health disciplines, a number of researchers and policy makers in the social sciences have adopted, modified and applied the systematic review format to what is still a relatively small number of disciplines, namely criminology, education and social work or social welfare. The leading proponents of this approach in the social sciences are the Campbell Collaboration in the US, ([www.campbellcollaboration.org](http://www.campbellcollaboration.org)), the Evidence Based Policy Network in the UK ([www.evidencenetwork.com](http://www.evidencenetwork.com)), the Evidence for Policy and Practice Information and Co-ordination Centre (EPPI-Centre) in the UK (<http://eppi.ioe.ac.uk/EPPIWeb/home.aspx>), and the Social Care Institute for Excellence, also in the UK (<http://www.scie.org.uk/>).

While it may appear that systematic reviews are a strictly positivist process and entity, there has been considerable interest in ways of including qualitative research findings and methods in systematic reviews (Booth 2001; Davies Davies, H. T. O., Nutley, S. and Smith, P. C. (eds) 2000; Dixon-Woods 2001a; Dixon-Woods 2001b; Grayson 2002; Greenhalgh 1998; Greenhalgh 1997). Such reviews are often termed 'meta-ethnography' (Sheffield University School of Health and Related Research,, undated). The main methodological approach in a meta-ethnography is to accumulate a range of perspectives until the saturation point is reached. The idiosyncratic and individual nature of authors' ideas are incorporated into the review, and data or findings are grouped thematically.

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'Take a simmering topic, extract the juice of an argument, add the essence of one filing cabinet, sprinkle liberally with your own publications and sift out the work of noted detractors or adversaries.'  
([www.shef.ac.uk/~scharr/ir/units/systrev/defintions.htm](http://www.shef.ac.uk/~scharr/ir/units/systrev/defintions.htm))

## **2.2. Strengths of the systematic review format**

The strengths of the systematic review approach to a literature review are both practical and scholarly. In essence, systematic reviews must include ALL relevant literature (including the grey and unpublished literature) so as to minimise bias and selectivity. When this literature is large, systematic reviews are a more efficient means of concisely handling and managing the material. The summaries produced by this approach are a practical response to information overload and save time.

Amongst the other practical benefits of systematic reviews to researchers are the abilities to:

- Locate previous studies in a subject area;
- Ascertain if anyone else has developed effective research methodologies for a specific problem;
- Ascertain if and how well a research topic has already been addressed (this can reduce the need for further research, reduce the scale of pilot studies or help refine the pilot study);
- Situate new research in the context of other work in the field;
- Establish relevance (by showing that question is worth answering and has not yet been satisfactorily resolved);
- Support bids for funding by showing that proposed research is original, has been identified as an important gap, and that it builds on previous research.

(Sheffield University School of Health and Related Research, undated)

One of the scholarly characteristics distinguishing systematic reviews from ordinary narrative reviews is that the inherent methodology 'considers the quality and methodology of component studies rather than democratically regarding the conclusions of each as one valid voice' (Sheffield University School of Health and Related Research, undated). 'Vote counting' is common in narrative reviews where the positive and negative findings from studies are simplistically tallied. Such reviews often tend to

conclude that results are inconsistent. Conversely, systematic reviews consider findings from a wide range of sources and account for different research designs, sample sizes, withdrawal rates, inclusion criteria and results (though methods for doing so are still relatively undeveloped in the social sciences compared to the health sciences – see below). Individual studies are classified as high, medium or low quality so that poorer studies count for less. This process enables the reader to compare like with like when comparing the work of different authors.

Most systematic reviews are pragmatic in intent – they are intended to provide the next best available evidence in the absence of definitive proof. The summary of a large number of studies examining the same problem in a single review may produce a more conclusive answer than considering the outcomes of a small number in isolation. In many cases small studies fail to prove their point because of the small number of cases in the individual studies and lack of generalisability. The inconclusive results of these studies may then provide little impetus for the funding of larger, more conclusive studies which could produce clearer results. In the absence of large, conclusive studies, systematic reviews make efficient use of existing data, maximize generalisability and help to explain inconsistency. Although the same could be said for good narrative reviews, systematic review proponents emphasize that the value of any single study is related to how it fits into the existing body of knowledge and how it expands on previous work, as well as its intrinsic properties (Mulrow 1994 in Sheffield University School of Health and Related Research, undated).

After the Second Symposium on Systematic reviews in Oxford, UK in 1999, Horton (Horton 1999) commented

One only has to point to the statistical and clinical power of the tamoxifen overview by the Early Breast Cancer Trialists' Collaborative Group. This study combined data on 37 000 women from 55 trials and found that, world wide, an extra 20 000 lives could be saved each year if tamoxifen

was given to all women with breast cancer who needed the drug. No narrative review could have reached such a convincing conclusion. Journal editors could do much more to encourage similarly appropriate analyses.

The Symposium debated the value of narrative reviews with many commentators arguing that systematic and narrative reviews should complement and not negate one another, and pointing out that each type of review serves different needs and that each has advantages in certain contexts. It was pointed out that narrative reviews tend to be more broadly based, are more multidisciplinary, and that selective citation of evidence encourages new ideas (Horton 1999).

However, it is also the case that narrative reviews usually lack explicit descriptions of systematic methods, tend to reflect the views of authors and are based on a subset (possibly biased) of the published literature only. Generally, they fail to consider the significance of results based on different methodologies. and the review cannot be replicated (or updated) due to inadequate description of the methodology (Cook *et al* 1997 in Sheffield University School of Health and Related Research, undated).

Systematic reviews are intended to be reproducible so that other researchers using the same search methods and criteria would produce the same set of studies to be reviewed and arrive at the same outcomes. Sheffield University School of Health and Related Research (undated) acknowledges that the reproducibility of the systematic reviews is more an aspiration than an achievable goal but that the clear methodology increases confidence both in the review process and in the results of the review itself.

Perhaps partly due to the absence of a clear methodology, the process of generating conclusions in narrative reviews is often obscure. Previous work has found that the conclusions of narrative review articles are strongly associated with the affiliations of their authors. The Cochrane Collaboration and Campbell Collaborations address this

problem by requiring review authors to state any possible biases they may have (including political, theoretical or ideological) and the source of their funding.

Finally, supporters often argue that the use of the systematic review has a wider impact on the quality of primary research, as by definition, inclusion of an individual study in a systematic review represents recognition of high quality research (Boaz 2002).

### **2.3. Criticisms of Systematic Reviews**

Along with the use of the systematic reviews in the social sciences have come a number of methodological criticisms and cautionary notes, many of which also emanate from the health sciences.

#### *2.3.1 Bias*

Although the systematic review methodology is explicitly designed to minimise bias, it is subject to particular forms of bias nevertheless. Each stage of the systematic review process involves some element of judgment, and while all possible measures can be taken to make judgment as objective as possible, there is no escaping that human judgment (and social science in general for that matter) is value laden. In addition to judgement decisions there are three other significant and more recognizable forms of bias which not even the systematic review format can dispel:

- reporting and publication bias;
- selection bias;
- language bias.

While some commentators feel that these biases have such significant influences on the outcomes of systematic reviews that their conclusions should be viewed with caution, it can also be argued that since all social science research and any other types of literature review are subject to bias in one form or another, it is better to make such

biases explicit. This, in itself, is consistent with the goals of the systematic review process.

There are two parties within the 'reporting and publication bias' heading who have a direct influence on whether findings are published or not. These are: the investigator; and the journal/book editor. Publication bias has been a focus of research particularly in the health sciences, where it has been suggested that positive results are both more likely to be submitted by authors and more likely to be published by editors (Dickersin Chalmers I, M. I., Tröhler U (eds) 2002). Studies reporting negative or null findings are also less likely to be:

- presented at scientific meetings or conferences,
- reported in print,
- published promptly,
- published in full reports
- published in journals that are widely read,
- published in English,
- published in more than one report;
- cited in reports of later studies

(Godlee and Dickersin 1999; cited in <http://www.jameslindlibrary.org/reporting.html>).

Dickersin (2002) presents evidence identifying investigators themselves as the main cause of publication bias. Investigators stated in several studies of bias that their main reason for not reporting projects was that they had never written them up and were not interested in doing so. Editorial rejection by journals was a rare cause of failure to publish. Sometimes known as the 'file drawer' problem, there is the possibility that there may exist, buried in file drawers, a number of unpublished studies that could nullify the findings of a meta-analysis or the conclusions of a systematic review (Hunt 1997, in Wilson undated) .

While Dickersin (2002) observes that investigators continue to claim that editorial bias is the main reason that negative or null results are not published, there is also substantial evidence that this is often the case (Gerber 2001; Taylor undated). It has also been suggested that editors tend to favour research that involves efforts on new approaches rather than the perfection of old methods (Kilpatrick 1996). While studies with negative or inconclusive results may be less likely to be published at all and thus not included in a systematic review, conversely, studies which find positive results tend to result in multiple papers, so that the reported outcomes in the individual papers are not independent. Sometimes different authors publish data from the same study (Sheffield University School of Health and Related Research, undated) which results in 'double dipping'. Reviewers must be careful when examining the funding, institutional and other details in published papers so as to avoid counting the same study's results more than once, as duplication of positive findings has the effect of exaggerating their strength.

Unpublished work has some distinct characteristics. One is that it tends to have negative or inconclusive outcomes, which tend not to be published, thus biasing the published work toward positive or significant findings. A systematic review of the published literature only would then conclude that intervention X or policy Y is useful, when in fact it has no effect, or may even be counterproductive. The inclusion of such unpublished work in the review would give rise to more balanced and informed conclusions. On the other hand, one reason work is unpublished may be because it is of poor quality and therefore should not be included in the review in the first place. It would appear though that the review protocol and the criteria for inclusion would automatically address the latter problem. If it is a poor quality study, it is unlikely to meet the criteria.

The most pragmatic approach would be to attempt to include unpublished work; regardless of whether it contains positive, negative or null outcomes. If it is of poor quality, it will not contribute to the review; if it is of acceptable quality and has not been published, it is more likely to report negative or null findings which are important to

consider. The issue of including unpublished findings in reviews is, however, a problem in practical terms. For obvious reasons, it is difficult to identify the existence of such studies and obtaining copies of them can be even more difficult. For some interesting statistics on the characteristics of unpublished studies, see [http://www.msu.edu/course/epi/820/lectures/EPI-820\\_Lect9\\_Metaanalysis\\_1.ppt](http://www.msu.edu/course/epi/820/lectures/EPI-820_Lect9_Metaanalysis_1.ppt)

It is also necessary to consider the realities of publishing quite apart from editorial bias. In the health sciences, Sheffield University School of Health and Related Research (undated) points out that if several studies are offered for publication close together, the one showing the largest difference (or most statistically significant) difference is most likely to be published. Similarly, the 'most interesting' of several social science papers on a similar theme is more likely to be published (Sheffield University School of Health and Related Research,, undated) , which suggests the number of papers on a particular theme is under represented and the significance and generalisability of the outcomes undermined.

It is possible for reviewers to be influenced unconsciously by details such as the authority or prominence of the researchers or the prestige of the journal. One way to address this source of bias is to remove all identifiers from the article before it is reviewed, but this solution involves a great deal of extra time which may not be worth the effort. The development of the inclusion criteria can also be subject to bias, as the criteria can be influenced by the reviewer's prior knowledge of the results of a set of studies. However, as is pointed out by several systematic review proponents, the only way to avoid this bias is for the review to be undertaken by someone who knows nothing of the subject.

Systematic review proponents are adamant in requiring all of the literature on a specific issue to be identified. Clearly this presents difficulties when some of the relevant literature is in other languages, which results in most systematic reviews excluding any non-English studies. Further, there is a tendency for researchers in non-English



speaking countries to publish positive and most significant findings in an international, English language journals, and negative findings in local journals (Sheffield University School of Health and Related Research, undated).

### *2.3.2 Research design*

Although only randomized controlled trial studies can be included in Cochrane-listed systematic reviews, this type of research design is uncommon in the social sciences, often due to cost and ethical considerations, but also because they are usually inappropriate. Further, (with the exception of disciplines such as economics and psychology), there is a traditional and justifiable wariness amongst social scientists toward excessive and inappropriate quantification of many social phenomena.

Efforts have been and are being made to include and account for the different research designs used in the social sciences and to include qualitative research in systematic reviews. But incorporating the wide range of research designs, accounting for their validity in one situation as opposed to another and valuing the outcomes appropriately on the hierarchy of evidence, is still problematic. Many commentators claim they support the inclusion of qualitative research in reviews (Booth 2001; Davies 2000; Dixon-Woods 2001; Greenhalgh 1997), but some admit that they are unsure of how to incorporate it (Viadero 2002).

### *2.3.3 Implicit assumptions in the design of systematic reviews*

Many commentators note that that the systematic review is designed to review empirical studies rather than conceptual or theoretical ones and that a role for theory needs to be developed in such reviews and methodologies developed by which to assess such papers. Some efforts have been made to this end, eg Bradshaw (2002) and Pawson (2001). Boaz, Ashby and Young (2002) observe that many systematic reviews seem designed for the needs of policy makers. They suggest that systematic review should also be accessible and useful to other practitioners, researchers and members of the public. A wider range of users would stimulate efforts to overcome the design rigidities and also help disseminate the results of research more thoroughly.

## **2.4. Meta-analyses**

Meta-analysis is the analysis of the original data from a number of different studies after it has been pooled into a single dataset and after accounting for differences in the research designs, number of subjects, size of effects and confidence intervals. Such pooling of a large number of small studies increases statistical power and avoids the issue of 'vote counting'. The ability to conduct meta-analysis within a systematic review is touted as one of the major strengths of the systematic review strategy and has contributed to the positive view of systematic reviews and their adoption by other disciplines. However, meta-analyses are not used to any great degree in most systematic reviews of social scientific intervention studies. This is due partly to the difficulty of accounting for their more widely varying research designs compared to designs in medical research.

In addition, combining data from a number of different studies makes the assumption that all subjects are similar. In reality, they may be located in different parts of a country, and even in different countries. From a social science perspective especially this assumption is unrealistic. The other main problem is the need for a large number of replication studies which focus on the same issue. Replication does not occur to the same degree in the social sciences as in health sciences for reasons of cost, difficulty in controlling dynamic and pervasive social and cultural environments and ethical considerations.

Even in the health sciences with their randomized controlled trials and replications, meta-analysis is not unproblematic. There are two main concerns about the value of systematic reviews using meta-analysis: the findings of large randomised controlled trials and systematic reviews of the same issue do not always reach the same conclusions, and two systematic reviews based on apparently the same methodology may reach different conclusions. The former issue is still to be resolved. The degree of concordance between the results of meta-analyses and a single large trial range from as low as 33% to about 80% (Sheffield University School of Health and Related

Research, undated). The latter issue is explained as being due to different methods in judging quality of studies for inclusion and for summing up evidence, although they may have the same overall aims and met the criteria for review methods.

Meta-analysis is not appropriate in the context of the proposed review on evidence-based policy as most of this literature is not empirical. It is therefore not considered further here.

## **2.5. Possible solutions to problems**

Some of the problems associated with systematic reviews are also applicable to the traditional narrative review and so are matters of degree rather than kind. Sheffield University School of Health and Related Research (undated) suggest that such 'degree' problems can be ameliorated by better indexing of the grey literature<sup>2</sup>, mechanisms to ensure that all publicly funded research projects are registered at their inception and that the findings are adequately disseminated.

Many commentators on publication bias have suggested that studies should be registered at their inception, so that others would know what studies are in progress, and when they will be completed. Even if those studies are not eventually published, reviewers could theoretically contact the investigators to obtain the study results. Most organizations involved in the preparation of systematic reviews have now established a register of proposed reviews and reviews in progress. Most research institutions and funding bodies have publicly available information on recently awarded grants and work in progress, but there is no central register of original studies in the social sciences organised by theme, funding sources or research sector (university, private or government).

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<sup>2</sup> The term 'grey literature' refers to work in the public domain but which has not been formally published (such as conference papers) and work produced by formal agencies and organisations issued as part of their mandate (such as annual reports, information papers, web pages or media releases). The grey literature has proliferated with the advent of the Internet.

Boaz, Ashby and Young (2002) and Oakley (1999) suggest that involving users in defining the problems and questions to be addressed in systematic reviews may go some way to overcome the tendency within the Cochrane Collaboration to prioritise the views of professionals. This idea appears to have been taken on board by the Campbell Collaboration, as has the development of methods for involving different types of research apart from the randomised controlled trial favoured and prioritised by the Cochrane Collaboration. It is acknowledged, however, that the Cochrane Collaboration has a working group to discuss qualitative methods.

It should also be noted that both the Cochrane and Campbell Collaborations have separate registries of proposed systematic reviews and reviews in progress, as well as completed reviews and the Cochrane Collaboration has a registry of randomised controlled trials in progress.

While efforts are being made to address the criticisms of systematic reviews, it can also be argued that many of the weaknesses of the systematic review are the strengths of the narrative review. Consequently, the most effective strategy may be to simply use whichever approach is most fitting and draw on the strengths of both.

## **2.6. Comments on the Proposed Review**

Systematic reviews generally deal with primary studies which are studies collecting original data. These studies are termed 'intervention studies'. The proposed review however, is not focussed solely on primary intervention studies, but on papers discussing the concept and use of evidence-based policy, as well as relevant intervention studies which have a clear connection (either *a priori* or *post hoc*) with evidence-based policy in the social sciences.

The systematic review process is a valid means of guiding a literature review and helps promote the production of literature reviews to agreed standards. While it may share some of the same weaknesses as traditional narrative reviews, the systematic review has a number of additional advantages, namely the high degree of focus, ways to

minimise bias, comprehensiveness and transparency (Pettigrew 2001) and provides a useful framework for a social policy review. The present study strives to follow the guidelines for a systematic review as closely as possible, with a number of caveats. Namely, it fails to meet several of the criteria for a systematic review as defined by the Campbell Collaboration. These include:

- A minimum of two trained reviewers for every article to ensure inter rater reliability;
- Inclusion of all of the literature on evidence-based policy (now spanning across many disciplines). This was not feasible in a project timeframe of less than 8 months<sup>3</sup>;
- Inclusion of non-English literature.

However, the benefits of the systematic review process are recognised and the distinct elements of the process are utilised in this review.

### **3. Introducing Evidence-Based Policy**

There is a recent shift in the UK and the US toward following the methodological lead of the health sciences in requiring conclusions, treatments and ultimately wider health policy to be based on appropriate evidence. Such evidence is generally defined as that which emanates from ‘scientifically based research’ (Campbell Collaboration 1998), which in turn is defined somewhat tautologically by the Campbell Collaboration as ‘research using scientific methods’..

In short, evidence-based public policy is based on research that has undergone some form of quality assurance and scrutiny, as distinct from public policy based on little more than faith, intuitive appeal, tradition and politics, or policy based on unqualified evidence.

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Boaz *et al* report that the EPPI-Centre estimates that the average systematic review costs at least Aud\$150,000.

Although the term often appears to be used synonymously with ‘randomised controlled trial’ or ‘intervention study’ (Boruch 2000) and indeed, suggests a purely positivist approach, most evidence-based policy advocates recognise that good research practice and quality of evidence are not determined solely by research design. Nevertheless, it is apparent from the literature to date that there is a tension between the different methodological approaches to evidence-based policy research and formulation and the role of other ways of knowing. Some of this tension is related to the use and process of the systematic review, construed as very much a positivist instrument, while now also an inherent part of the process of informing evidence-based policy (Boaz, Ashby and Young 2002).

Concerns about adopting concepts (evidence-based policy) and processes (systematic reviews) from the health sciences are currently a major issue of debate in the social science literature on evidence-based policy. Other important factors affecting the quality of research are generally recognised in these debates, including the training, research practice and integrity of the researchers, and the facilities and resources available to them. Accounting for these factors, however, complicates the assessment and use of evidence.

Interest in ‘evidence-based policy’ stems from a set of related concerns, some of which may carry greater weight in some countries compared with others. The more political factors include:

- Political emphasis on value for money;
- Robust evidence that something will work before funds are allocated to it;
- The need to show that spending is efficient and that potential losses are minimised;
- Greater government accountability;
- Growing public cynicism toward governments, professionals and research institutions.

Pressure for proof is strongest in sectors requiring large amounts of government spending. Apart from healthcare (the cost of which is strongly linked with ageing populations and technological advances), education, crime prevention and social work are at the forefront of these sectors (Campbell Collaboration 2001; Mackenzie 2000; Davies, Nutley and Smith 2000; McDonald 2002). Given government budgets and expenditure on housing it is also easy to see why systematic reviews of housing issues and housing policy based on the evidence provided by methodologically sound housing research could also be seen as a useful pursuit in Australia.

Other more pragmatic factors in the adoption of evidence-based policy strategies in the UK and USA include:

- Demonstrated benefits of focussing on 'what works';
- Improvements in access to information and innovation in information technology;
- Concern with the justice implications of social policy;
- Desire to enhance the poor image of some social science disciplines<sup>4</sup>.

It is acknowledged in the literature that the term 'evidence-based policy' is something of a misnomer, as for the most part medicine and public policy (the latter less so) have always been based on evidence in one form or another. At the same time, faith-based initiatives, tradition and what is politically popular have also shaped medical treatments and health and public policy. Evidence based policy strategies aim to maximise the quality of the evidence and to minimise the influence of other factors in policy making. The value of the evidence in 'evidence-based policy' is specifically related to the format, source or quality of that evidence. Sheffield University School of Health and Related Research (undated) suggests that a more appropriate term may be 'research-based practice' or 'research based policy'.

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<sup>4</sup> See McDonald 2002 for a discussion of this factor in the adoption of evidence-based practice and policy in social work

The literature survey to date reveals that there are several ways in which evidence-based public policy is formulated. In the absence of the ability to conduct randomised controlled trials, the first is to conduct empirical, high quality primary research, in which the highest possible level of data in the evidence hierarchy is collected. The ideal study in the social science context is a large scale 'intervention study' where the impact of a new strategy is compared between two groups at one time (one group subject to the new strategy, the other a control), or over time before and after a new strategy is implemented. However, other research designs are also valid depending on the context and object of study.

The second way is to conduct a systematic review of all studies addressing a particular issue, including smaller scale empirical studies and theoretical papers. In conjunction with both of these options, there is also a need for cooperation between policy makers and researchers, so that researchers can communicate what constitutes evidence and how it should be used.

A meta-analysis of the hard data collected in intervention studies is beyond the scope of this review. Whether it is even possible to do so at this stage is unclear, given the current stage of development of evidence-based policy, the diverse research designs used in the social sciences, and the complexity and variability of the social environments from which such data are collected.

#### **4. The Review Protocol**

This section draws on the guidelines published by the Cochrane Collaboration, [www.cochrane.dk/cochrane/handbook58](http://www.cochrane.dk/cochrane/handbook58)), the Campbell Collaboration, ([http://www.campbellcollaboration.org/c2\\_protocol\\_guidelines%20doc.pdf](http://www.campbellcollaboration.org/c2_protocol_guidelines%20doc.pdf)) and the NHS Centre for Reviews and Dissemination ([www.york.ac.uk/inst/crd/report4.htm](http://www.york.ac.uk/inst/crd/report4.htm)) . A systematic review requires a detailed written research plan prepared in advance. This is known as the research protocol. The research protocol defines the scope for the study in terms of the database search criteria, other search procedures, criteria for



assessing study quality and inclusion in the Final Review, and the scale of the project. The value of the research protocol is in making the review process transparent and replicable, and in setting clear goal posts. Editors and other interested parties are able to appraise the review protocol to give feedback before the review is conducted.

#### **4.1. Review Question**

Although it may be necessary to modify a research question in light of preliminary findings, a clear and concise research question is the basis for the ensuing search and review. The research question addressed here is:

*What is evidence-based policy and how can it inform Australian housing policy?*

The points to be addressed in answering this question are listed in Section 1.

#### **4.2. The Search Strategy**

As a measure to reduce selection bias, the process of identifying all relevant research is well documented and detailed. The basis for inclusion in the preliminary reference list was specified before commencing the search and modified slightly during the search according to the sensitivity of the search. For example, most of the social science literature on evidence-based policy dates from the late 1990s only and so any searching of earlier literature produces a large number of 'false positives', i.e. articles which although including the search terms in their abstracts or titles, are not in fact relevant to the study of evidence-based policy. Table 1 shows the criteria used for the literature search.

**Table 1: Preliminary Selection Criteria**

<b>Basis for selection</b>	<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
<i>Geographic coverage</i>	All	None
<i>Language</i>	English (including translations of non-English language papers)	Non-English
<i>Ease of availability</i>	Where journals are not held by the Flinders Library or available on line, relevant articles or chapters to be requested via Inter Library Loan.	Items unable to be located by Interlibrary loan and items by authors who have not replied by email
<i>Cost</i>	Only databases available free of charge have been searched	Databases requiring subscription
<i>Timing of studies</i>	1998 onwards	Dated before 1998
<i>Population of interest</i>	Intervention studies in social sciences with aim of informing evidence-based policy (with some exceptions for key or classic studies from health/medicine, as identified by UK Evidence Network) and papers discussing the general topic of evidence-based policy from any discipline but with focus on social science disciplines	Intervention studies in health/medicine
<i>Definition and type of intervention</i>	Any empirical work explicitly using the term 'intervention', or work where intervention is conscious, deliberate, is controlled, informed by theory or is policy driven	Empirical work not involving interventions, direct government interventions not based on evidence-based policy (i.e. traditional government interventions), not interventions to save desperate situations e.g. as in domestic violence, homelessness, child abuse IOW distinction between research intervention and official intervention
<i>Dimensions of effectiveness</i>	Extent to which outcomes of intervention studies inform policy and extent to which evidence-based policy is based on adequate evidence	Studies with no clear or stated policy implications

Although the geographic coverage is open to any country, including Australia, for obvious reasons most material will be located in English speaking countries. In order to establish the extent to which evidence-based policy is a part of public policy and

housing policy in NES European countries, emails were sent to approximately 20 well known housing and social researchers and authorities. These persons were selected on the basis of:

- their publications in the leading international journals (namely Housing Studies, Urban Studies, International Journal of Urban and Regional Research);
- their role on the editorial boards of these journals;
- personal contacts of the research team.

The countries represented by these contacts include:

- The Netherlands
- Spain
- France
- Sweden
- Austria
- Germany

Replies were received from about two thirds of persons contacted and in several cases the emails had been forwarded to others whom the initial contact considered were better able to answer the questions. It is clear from the replies that the term 'evidence-based policy' is an unfamiliar one in NES countries and the concept is not used as a deliberate policy strategy. A number of the respondents stressed (with some apparent surprise) that housing and social policy in their country 'has always been based on evidence', usually in the form of academic research. Thus while a true systematic review should encompass the NES literature, it appears that the unavoidable omission (in practical terms) of the NES literature on evidence-based policy does not represent any real bias.

With the exception of several databases linked to key websites on evidence-based policy, all other databases are available at no cost. Those that charge a fee for access are generally linked to the British Library and according to descriptive information are relatively small with limited scope.

### **4.3. Database Searches**

There are several phases in a database search that determine the final number of references selected for the preliminary reference list. These are the search terms used and the reviewer's judgement on whether the articles identified via these search terms are in fact relevant to the aim of the review. If only titles are retrieved, the judgement must be made on the title alone. Where the abstract is included (which is the usual scenario), the judgement is made on a more informed basis.

Two types of databases were used. The first type is the searchable specialist databases maintained on line by several organizations whose focus is on evidence-based policy in particular areas or fields, interaction studies or systematic reviews of existing evidence meeting strict quality criteria. These were the first databases to be searched. The usual range of databases (First Search, ERL etc) available through university libraries represents the other type of database.

#### *4.3.1 The UK Evidence Network*

The first database searched was the on-line database created and maintained by the Evidence Based Policy and Practice Network in the UK (known more generally as the Evidence Network). The database is known as EBP Bibliography and is available at <http://www.evidencenetwork.com/cgi-win/enet.exe/bibliography> . References can be searched using the standard criteria of words in the paper's title, author names and key words. The papers included in the bibliography cover:

- Systematic reviews, narrative reviews, research synthesis and meta-analysis in the social policy field
- The use of research evidence by practitioners

- The use of research evidence by policy makers
- Key UK policy documents on the evidence-based approach

The Evidence Network advises that the bibliography excludes work from the health sciences, with some exceptions for key and classic works and that it focuses on literature published mainly in the last three years. This focus on recent literature does not pose any significant problem as the interest in evidence-based policy within the social sciences and amongst social policy makers is comparatively recent. The bibliography is constantly updated – in mid December 2002 there were 903 listings. At the time of initial searching in late October 2002, there were 871 listed references and the number of hits below relates to this base figure. The EBP Bibliography includes a brief commentary on the paper written by Evidence Network staff but does not include the original author's abstract.

With specific attention given to the type of operators used by this particular database as specified in the online help, (e.g. use of '&' rather than 'AND'), the following hits were produced (see Table 2).

In order to avoid the problem of the same record appearing more than once (i.e. in different hit lists) it was decided that the more efficient method was to go through the entire list of 871 records, which are listed in alphabetical order of title, manually. This resulted in approximately 100 items identified, including working papers, commissioned reports, conference papers and other unpublished papers and reports, journal articles, theses and books. Most of the unpublished works are freely available on line. Those that are not have been excluded due to time constraints. These are usually reports which can only be obtained by directly contacting various overseas agencies by mail or telephone or are available at a price.

**Table 2: Search Terms and Hits from EBP Bibliography, October 2002**

Search terms	Title field	Key words field	Number of hits
Evidence	X		186
Evidence & policy		X	1
Evidence & policy	X		300
Housing	X		6
Housing		X	7
Housing & policy	X		178
Policy	X		172
Policy		X	68
Public	X		38
Public & policy	X		189
Public & policy		X	0
Social		X	0
Social	X		135
Social & policy	X		281

The Evidence Network also provides a list of useful links to universities, government sites and other research centres. These links were followed and perused. This strategy also provided a large number of additional downloadable and relevant references.

#### *4.3.2 The Cochrane Collaboration Library*

The next database to be searched was the Cochrane Collaboration Library which encompasses several databases with a total of 93,000 records (<http://www.update-software.com/nrr/CLIBINET.EXE?A=1&U=1001&P=10001>). These are:

- The National Research Register; this lists in progress and completed projects in the UK (8481 records)
- The MRC Clinical Trials Directory (186 records)
- The NHS CRD Register of Reviews (653 records)
- Abstracts of Cochrane reviews (1500 records)

The National Research Register provides a brief description of the project and the contact detail of the authors but not details of results, nor abstracts or full articles. Using the search term thesaurus, the search term 'policy making' identified two relevant completed projects from 14 hits but upon searching for these articles it was found that the completion dates had been pushed back and the results were not yet available. The search term 'public policy' resulted in two hits but neither was relevant. The search terms 'social sciences' identified the same two hits. The term 'policy' resulted in 43 hits but a scan of the title list showed all to be irrelevant to the specific topic of evidence-based policy, and/or irrelevant to the social sciences.

The Abstracts of Cochrane Reviews lists the abstracts of reviews of intervention studies (all using the randomized trial format) but the full articles are available only at a cost of £10 (Aud \$30) each.

One study was found using the search term 'public policy' but was not relevant. As may be expected from the focus on randomized controlled trials, no studies at all were specifically concerned with evidence-based policy *per se*, nor the implications of intervention studies for evidence-based policy.

It is noted that the Cochrane Collaboration's databases are compiled strictly for the health sciences although there is some disciplinary overlap with the social sciences. There is even some overlap to a very limited extent, with housing studies, mainly in terms of the links between housing and health. While useful for illustrating the format, content, degree of precision and detail of a systematic review and the designs of studies aiming to inform policy, the Cochrane Collaboration Library offers little to the review of evidence-based policy *per se* and even less to evidence-based policy in the social sciences.

#### 4.3.3 *The Campbell Collaboration – C2 SPECTR*

The Campbell Collaboration's database, known as C2 SPECTR, was next to be searched (<http://128.91.198.137/ris/risweb>). C2 SPECTR is a registry of over 10,000 randomized and 'possibly randomized' trials in education, social work and welfare, and criminal justice. These references will form the basis for systematic reviews, almost all of which are currently in progress and not yet available.

There are two relevant listings amongst the list of systematic reviews in progress in the Social Welfare Coordinating Group. The authors have been contacted directly to request copies of the material which appear to have been completed but are not yet available through C2 SPECTR.

#### 4.3.4 *Joseph Rowntree Foundation Library*

The Joseph Rowntree Foundation is a major research organization concerned with quality research in the social sciences and has an online library at <http://www.jrf.org.uk/knowledge/findings/>

Searches of completed projects using the keywords provided by the JRF search facility ('accountability', 'governance' 'urban', and 'United Kingdom') did not uncover any work focusing specifically on evidence-based policy as distinct from the social policy issues typically of interest to JRF. A search of intervention projects in progress found four references but all were considered to be of marginal relevance.

#### 4.3.5 *Library databases – Australian*

Databases searched for Australian work on evidence-based policy included:

- AustHealth: Health and Society
- AustHealth: APAIS-Health
- AUSTROM:MAIS (Multiculturalism)
- AUSTROM:AFPD (Policing)
- AUSTROM:MAIS (Multiculturalism)



- AUSTROM:AFPD (Policing)
- AUSTROM:FAMILY (Family & Society)
- AUSTROM:AEI (Education)
- AUSTROM:CSI (Consumer Science)
- AUSTROM:CINCH (Criminology)
- AUSTROM:AGIS (Law)
- AUSTROM:APAIS (Public Affairs)
- Sociological Abstracts 1986-2002/06

Note that that two health science databases were deliberately included in the search of Australian literature on the grounds that authors may have ideas applicable to the social sciences and are working within a context of Australian policy structures and government. Most of the relevant articles identified in the Australian literature emanate from health sciences, with the rest originating in education and criminology and several from public administration and government.

**Table 3: AUSTROM Search Terms and Hits**

Search term	N hits	N relevant
Evidence-based policy	10	3
Evidence NEAR based	142	25
Intervention study	42	2

#### 4.3.6 *Library databases – international*

Most of the standard international databases were also searched using the specific phrase ‘evidence-based policy’ rather than searching for each word individually, so as to reduce the number of false positives. Each word was used as an individual search term only if the number of hits using ‘evidence-based policy’ numbered less than 20. If the Boolean operators included a NOT feature, then ‘NOT health’ was used in conjunction with ‘evidence-based policy’.

FirstSearch (PAIS – a database on global public policy and social issues) : using the search term ‘evidence-based policy’ – 7 hits, 1 relevant (the other six were health related). Using each word individually resulted in 64 hits, of which four were relevant.

Social Sciences Citation Index (via ISI Web of Knowledge) ‘evidence-based policy’ – 26 hits, 11 relevant. Health based articles excluded.

Ingenta Expanded Academic ASAP’ ‘evidence-based policy NOT health’ – 19 hits , 7 relevant.

#### **4.4. Hand searching**

As not all articles are covered by all search engines, manual hand searching of the leading relevant journals was also undertaken. In addition to the leading journals (Housing Studies, International Journal of Urban and Regional Research, Urban Studies, Urban Policy and Research), more recent and lesser-known relevant journals which were also hand searched included:

- European Urban and Regional Studies (has lots of authors from non-English speaking countries but nothing on evidence-based policy or even policy in general or in theoretical terms) ;
- European Journal of Housing Research;
- Housing Theory and Society
- Housing Policy Debate  
(<http://www.fanniemaefoundation.org/programs/journals.shtml>)
- Journal of Housing Research  
(<http://www.fanniemaefoundation.org/programs/journals.shtml>)

Hand searching identified two possible references.

#### **4.5. Internet search engine**

The electronic grey literature was searched via the Google.com search engine using the terms ‘evidence-based policy’ and ‘evidence-based policy’. This method uncovered

numerous working papers, unpublished conference papers, unpublished reports and government policy statements as well as many more formal references and sites. Most of these have been included in the preliminary list.

#### **4.6. Notes on the search process**

By this time there were diminishing returns to further searches. This also indicates that reference checking would be unnecessary and unproductive (especially given the timeframe and budget of this project), even though a true systematic review calls for a scan of the reference lists of all retrieved literature and for the process to be repeated for each new reference identified until no new additional references can be uncovered.

The time spent on this search process was approximately 6 weeks, with about 2-3 weeks spent on becoming familiar with the systematic review literature, the process of conducting such reviews and the use of Endnote.

#### **4.7. Endnote**

All references have been entered into bibliography manager Endnote for maximum efficiency (see [www.endnote.com](http://www.endnote.com)) and keywords have been allocated as a basis on which to sort, categorize and identify references by theme, author, publication date, content and other relevant characteristics. The list of keywords is felt to be brief enough to facilitate the allocation of one or more relevant terms, while covering the range of terms relevant to the specific purpose of this review.

With a brief description of the terms in italics, the keywords are:

- American (*indicates political and research context*)
- Australian
- British
- Criminology (*denotes discipline of origin*)
- Critical (*of evidence-based policy or systematic reviews*)
- Education

- evidence-based policy (*considers evidence-based policy per se*)
- Government source (*official and/or 'grey' statements on evidence-based policy, reports*)
- Health
- Housing/urban (*specific application of evidence-based policy or intervention study to housing and related urban studies including transport and local economic development*)
- Intervention study
- Methodological considerations
- NESCS (*work based in non-English speaking context*)
- Qualitative (*considers role of qualitative research and methods*)
- Random (*role of randomised trials in social sciences*)
- Research use (*extent to which social science research per se is used to inform policy*)
- Search strategy (*tips on maximising efficiency of database and literature searches*)
- Social Science (*the paper relates to social sciences in general rather than any specific subject area*)
- Social work (denotes discipline of origin)
- Systematic review (*discussion of systematic review process and content*)

While some of these key words may seem unwieldy, simply typing the first few letters of each key word or phrase is sufficient as Endnote recognizes and completes the entry. Usually two or more key words are given to each reference at this stage, based on the title and/or abstract. Others can be added where appropriate if necessary, during the secondary selection. The Endnote file containing the bibliographic details of all references collected in the preliminary search is available upon request, while the hardcopy list is available in Appendix A.

## 5. The Preliminary Reference List

The typical number of papers amassed before exposure to the inclusion criteria checklist for reviews adhering to formal Cochrane and Campbell Review requirements may be several hundred but appears to be in the order of 50-100. Depending on the scale of the review and the number of reviewers the number may reach more than 300 ([http://www.msu.edu/course/epi/820/lectures/EPI-820\\_Lect9\\_Metaanalysis\\_I.ppt](http://www.msu.edu/course/epi/820/lectures/EPI-820_Lect9_Metaanalysis_I.ppt); while Boaz, Ashby and Young cite a study which found 5,000 preliminary references. After the full papers are weighed against the quality control selection criteria at least half to two thirds are discarded. Of the 5000 papers in the study cited by Boaz, Ashby and Young (2002), only 41 met the criteria and were included in the review.

The final number of papers collected in the preliminary reference list is 150<sup>5</sup>. This includes both papers focussing strictly on the use and meaning of evidence-based policy (usually from the perspective of a particular discipline) and papers reporting the results of intervention studies conducted with the a priori intent of informing evidence-based policy. All of these papers met the preliminary selection criteria specified in Table 1.

### 5.1. Inclusion criteria for evidence-based policy studies

Reducing the number of references to a manageable number for the Final Review and ensuring only high quality studies are included means the references in the preliminary list must now be checked against a number of more stringent criteria. This process requires the full paper in addition to the abstract. The most efficient means of doing this is by the use of a MS Access database which lists the criteria and assesses the extent to which each paper meets these criteria (see Table 4).

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<sup>5</sup> There are also another 100 or so references on systematic reviewing

**Table 4: Criteria for Inclusion in Final Review**

Criterion	Data Type	Description
ID	AutoNumber	
Bibliographic details	Memo	Author, date, source etc
Aims	Memo	What are the aims of the paper/report, if stated
Background of author	Memo	Discipline, field
Authors' ideological perspective clear	Yes/No	
Theoretical framework stated	Yes/No	
Conceptual (evidence-based policy) or empirical/practical (ES) or both	Memo	Considers value/potential/role of evidence-based policy, or uses outcomes of intervention studies and/or Systematic reviews to inform evidence-based policy, or is purely an empirical/intervention study
Clear research question	Yes/No	
Description of context	Yes/No	Social, political, economic context adequately described
Claims of generalisability	Yes/No	
Basis of generalisability claims	Memo	
(If ES) clear data collection and analysis techniques	Yes/No	
(if ES) Includes sufficient original data	Yes/No	Allows reader to judge if results are correctly interpreted and valid conclusions drawn
(if qualitative ES) analysis of data by more than one researcher	Yes/No	Controls for bias and individual interpretation
Considers cost effectiveness of evidence-based policy vs. other policy	Yes/No	
Considers alternative bases for policy	Yes/No	
Considers limits of evidence-based policy	Yes/No	
Considers strengths of evidence-based policy	Yes/No	
Driver of research question	Memo	
Ethical issues addressed appropriately	Yes/No	
Evaluative summary	Memo	Strengths and weaknesses
Other comments	Memo	
Quality Category	A, B or C	See Table 5

## 5.2. Quality control criteria

The overall quality of the paper is then given one of three possible rankings – Category A, B and C (see Table 5) based on the degree to which it meets the criteria in Table 4. Only the highest quality papers are used in the Final Review. The selection process is currently in progress.

**Table 5: Use of Study Quality Appraisal**

Category	Description	Status
Category A	Studies that meet the appraisal criteria well with no or very few flaws	Included in Final Review
Category B	Studies that meet <i>all</i> or most of the appraisal criteria but have some significant flaws	Included in Final Review with study concerns noted, subject to the number of papers in Category A
Category C	Studies that include many and/or serious flaws that have the potential to affect the findings	Excluded from review

Source: adapted from Baldwin *et al* 2002, p. 32.

The assessment of the papers in the preliminary reference list against the selection and quality criteria is presently in progress.

## 6. Characteristics of preliminary literature

### 6.1. Distribution by discipline

Table 6 shows that the distribution of references shows an unexpectedly large number of housing and urban oriented papers but it must be noted that not all of these are explicitly related to evidence-based policy (although some implicit relevance is apparent).

**Table 6: Distribution of Preliminary References by Discipline**

Field	Number of references
Health /disability	31
Education	28
Criminology	19
Social Work	13
General Social Science	54
Housing/urban studies	31

Note: references may be listed in more than one category

Further, 8 of the listed 31 are concerned with relationships between housing and health and emanate from the health field rather than social sciences. The greatest degree of overlap between categories is between the general social science category and the individual field categories. Both the general social science and the more specific disciplinary keyword were allocated in 43 cases where the reference is based in a particular discipline but is intended to be applicable to other social sciences. Of the remaining 11 cases in the General social sciences category, the authors' disciplines were not clear.

## **6.2. Distribution by country**

Papers from particular disciplines tend to have authors based in particular countries. For example, all of the key disciplines are represented fairly equally amongst the British papers, whereas except for three, the American papers are concerned with education or criminology (Table 7).

Interestingly, one third of the Australian papers (nine) are specifically concerned with public policy, with the remainder relatively equally divided between health, (5) criminology (3), education (3) and social work (3). Only one Australian paper deals with housing.



**Table 7: Distribution of Preliminary References by Country**

Country	Number
Australia	24
Britain	89
America (and Canada)	21
Non-English Speaking Countries	3
Unclear	13
Total	150

### 6.3. Distribution by date

None of the 1998 and 1999 papers is Australian and few are American. In 2000, 20 of the 31 papers are British and three are Australian. The pattern is similar for 2001 and 2002. The distribution by discipline is similar over time, although health oriented papers become much less common in 2002 (Table 8).

**Table 8: Distribution of Preliminary References by Year of Publication**

Year	Number
1998	11
1999	10
2000	32
2001	46
2002	49
Undated	2
Total	150

## 7. Anticipated Outcomes

The anticipated outcomes will be specified with the completion of the full review. In brief, they will incorporate the following elements:

- Value of evidence-based policy approach in Australia;
- Necessary conditions for translation of research outcomes to policy
- Interventions most applicable to Australian housing issues

## 8. Useful on-line references on systematic reviews and evidence-based policy

<http://www.evidencenetwork.com>, The Focus Point for Evidence Based Policy and Practice Research in the UK

<http://www.st-andrews.ac.uk/~ruru/publications.htm> Research Unit for Research Utilization, University of St Andrews

<http://www.urban.odpm.gov.uk/>

<http://www.campbellcollaboration.org> The Campbell Collaboration

<http://www.cochrane.org> The Cochrane Collaboration

<http://www.cochrane.org.au> – Australasian Cochrane Centre

<http://www.york.ac.uk/inst/crd/clug.htm> - Cochrane Library Users' Group

<http://nt1.ids.ac.uk/gdn/power/al1.htm>

<http://www.cchse.org/> Canadian College of Healthcare Executives

<http://www.scotland.gov.uk/cru/kd01/view-17.htm> - Scottish Executive Review Of Housing And Support Options 'Beyond Scotland'

<http://www.jrf.org.uk/home.asp> Joseph Rowntree Foundation

<http://www.ex.ac.uk/cebss/> Centre for Evidence Based Social Services

<http://www.excelgov.org/> Coalition for Evidence-Based Policy, sponsored by the non-profit, non-partisan US Council for Excellence in Government

[http://www.addingitup.gov.uk/evidence-based\\_policy/evidence-based\\_policyf\\_overview.cfm](http://www.addingitup.gov.uk/evidence-based_policy/evidence-based_policyf_overview.cfm)

[www.esystematicreview.ac.uk](http://www.esystematicreview.ac.uk), UK Economic and Social Research Council

<http://eppi.ioe.ac.uk/EPPIWeb/home.aspx>, The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), part of the Social Science Research Unit (SPRU), Institute of Education, University of London.

<http://www.renewal.net/> Guide to what works in neighbourhood renewal. Wherever possible, material is based on evaluated evidence of what actually works or what doesn't work.

<http://www.cem.dur.ac.uk/ebeuk/>, Evidence-Based Education UK

[www.iaswresearch.org](http://www.iaswresearch.org), Institute for the Advancement of Social Work Research (USA)

<http://www.policylibrary.com/>

[www.policybrief.org](http://www.policybrief.org)

<http://www.barnardos.org.uk/resources/research/whatworks.html>

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