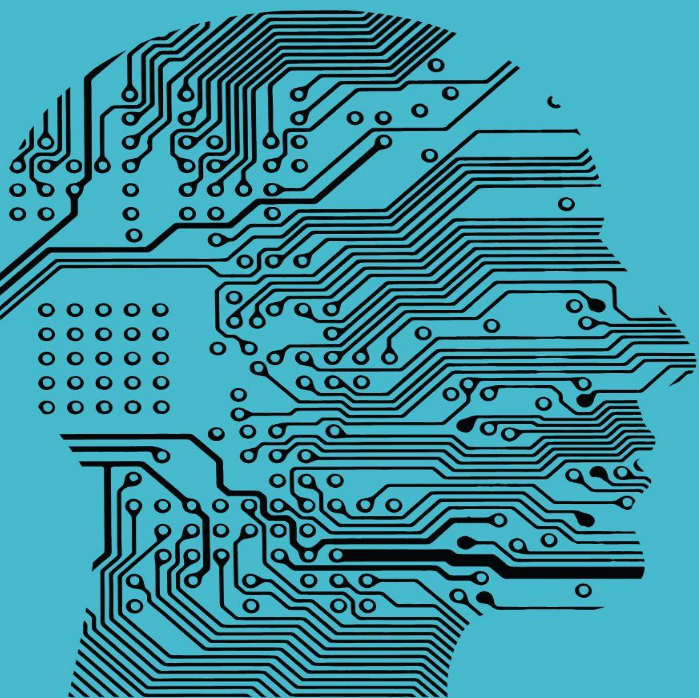
A COLLECTION OF REFLECTIONS FROM LOCAL AUTHORITIES ACROSS THE UK, EXPLORING HOW EVIDENCE SHAPES PUBLIC HEALTH PRACTICE



Foreword

Leading with evidence is fundamental to effective decision making within local authorities. In an environment where resources are becoming ever scarcer and public accountability is high, decisions need to be grounded in robust local data, subject to sound analysis and demonstrate a clear understanding of local needs. Evidence-based practice ensures that policies are not shaped by assumptions but informed by the communities for whom we have a duty of care to provide them for.

Using evidence allows local authorities to target their efforts more effectively, improve outcomes for its residents and achieve better value for money. Moreover, evidence-based approaches support compliance with statutory duties, including equality considerations and the responsible use of public funds for the delivery of its services.

Leading with evidence does not mean a sole reliance on quantitative data. It involves integrating multiple sources of insight, including professional expertise, local knowledge, and the lived experiences of residents. This approach ensures that decisions are analytically sound and informed by the realities of the communities served.

The examples contained within this booklet provided by colleagues working in local authorities across the length and breadth England demonstrate the fundamental importance of leading with evidence in their working lives. In the context of increasing demand and complexity, embedding and a culture of evidence-led decision-making enables us all to be more adaptive, strategic, and resilient- ultimately delivering better outcomes for the residents whom we work with.

Dr Gary Bellamy, Hammersmith & Fulham Council

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Introduction

Leading with Evidence began with a simple idea, that behind every report, dashboard, research paper and briefing are people working every day to improve outcomes for the communities they serve.

Across local authorities and public health systems, evidence is used in many different ways. Sometimes it informs major strategic decisions. Sometimes it strengthens funding cases, shapes policy, or helps services understand local need. At other times, it begins with conversations, lived experiences and observations from communities themselves.

This collection brings together reflections from colleagues working across public health, local government, research, healthcare and community organisations. Some pieces are deeply personal, others practical or strategic, but all are connected by a shared belief in the importance of evidence-informed practice.

The reflections included here are intentionally varied in style and perspective with minimal editing. Together, they offer a snapshot of what it means to lead with evidence in complex real-world settings balancing data with lived experience, research with relationships, and ambition with the realities of everyday practice.

At a time when local systems continue to face increasing pressure, these stories remind us that evidence is not only about numbers or academic outputs. It is also about curiosity, trust, learning, partnership and the collective effort to improve lives.

We hope this collection encourages reflection, discussion and continued collaboration across the growing movement to strengthen research and evidence within local government and public health practice.

Shoid Miah, Tower Hamlets Council

How to Read This Book

This collection contains reflections submitted by colleagues working across local authorities across the UK, Contributors were invited to reflect on what "leading with evidence" means within their own work and practice. Some reflections explore strategic leadership and system-wide change, while others focus on frontline experience, community engagement, research culture or personal learning.

The collection intentionally preserves the individuality of each contributor's voice. Some submissions are conversational and reflective, while others take a more analytical or practice-based approach. This publication was developed as part of wider work to support research culture, collaboration and evidence-informed practice across local government and public health systems.

Together, these reflections demonstrate that evidence-informed practice is not confined to formal research settings alone. It is embedded within relationships, decision-making, professional judgement, lived experience and the everyday work of improving outcomes for communities.

Some things to consider when reading this:

- What forms of evidence are most valued within your organisation?
- How are lived experienced incorporated into decision making?
- What barriers exist to evidence-informed delivery where you are?

Samuel Higgings, Islington Council

Publication Information

Leading with Evidence - A Collection of Reflections from Local Authorities Across the UK on Leading with Evidence in Public Health Practice

Authors: Dr Gary Bellamy Samuel Higgins, Shoid Miah,
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We would like to sincerely thank every contributor who shared their reflections, experiences and learning for this collection. The honesty, care and thoughtfulness within these pieces are what give this publication its value and humanity.

Special thanks to colleagues and contributors from:

- Tower Hamlets Council
- Islington Council
- Lambeth Council
- Ealing Council
- Newcastle Health Determinants Research Collaboration (HDRC)
- Hammersmith & Fulham Council
- Gloucestershire County Council

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- The Health Evidence & Research Archive for London Discovery (HERALD) for supporting the preservation and dissemination of this work

Section 1: Communities & Lived Experience

Across public health and local government, evidence often begins with listening. These reflections explore how lived experience, trust and community voice shape more meaningful decision-making and more responsive services.

The reflections in this section highlight the importance of looking beyond assumptions and recognising the complexity of people's lives. Together, they demonstrate how evidence can emerge through relationships, conversations, professional curiosity and community partnership just as much as through formal data collection.

Themes

Listening, trust, lived experience, co-production, relationships, trauma-informed practice and understanding communities beyond the data.
Reflections in this section:

1. Listening beyond the label by Cheryl Vacchini
2. Co-Producing Evidence by Dr Pascal Landindome Navelle
3. Looking Beneath the Surface by Sunil Scaria
4. Feed Your Way by Dr Bridget McGlinchy & Emma Foord
5. What does a Good life look like? by Yesmin Begum

Listing beyond the label by Cheryl Vacchini, Islington Council

My name is Cheryl Vacchini, and I am a Social Worker in Adult Social Care – First Point of Contact. Originally from Australia and now a dual citizen, I am deeply committed to ensuring that people receive the support they need. What drives me most is advocacy - working within complex systems to make sure individuals are truly seen, heard, and supported in ways that respect their lived experiences.

The Story

In 2019, I received a referral concerning a client who had been self-neglecting and unable to attend to their personal hygiene for over a year. At first glance, the situation appeared straightforward: another person struggling with alcohol misuse, another case of self-neglect. But very quickly, I realised this was not a simple story, nor was the solution. The challenge lay not only in addressing the immediate concerns but in understanding the deeper reasons behind them. The problem to solve was not hygiene - it was trauma.

How Evidence Showed Up

While I began with the written information provided by the referring service, the most powerful evidence came directly from the client themself: their words, their silence, their history, and the emotional weight they carried. The more I listened, the clearer it became that their self-neglect was not caused by alcohol. The alcohol was a symptom - a coping mechanism rooted in profound trauma and past abuse.

Trauma-informed practice is not quick, and it is not linear. Over the next six years, I listened, supported, and showed compassion, even when others had lost patience or assumed the issue was simply substance misuse. For a long time, the client needed someone to complete tasks for them. Gradually, through trust and consistency, they began to take small steps forward first doing one thing for themselves, then two, then more. Today, they still require support, but it is support that enables rather than replaces their independence.

What I Learned About Leadership

This experience reshaped my understanding of leadership. It reinforced that genuine leadership begins with listening deeply, without assumptions, and without letting other people's narratives override what is unfolding in front of you. It taught me that leadership in social work is not about authority; it is about presence, patience, and humanity. It showed me the importance of giving people time and space, even when that does not neatly fit into service structures.

Why This Matters

This moment remains with me because the client once said, "I'd be dead without your support." Those words ground me. They remind me every day that leadership is relational, not positional. They remind me why I listen and why I advocate.

Co-Producing Evidence by Dr Pascal Landindome Navelle, Lambeth Council

My Story

I'm Pascal Landindome Navelle and I am a public health research practitioner working within Lambeth Council's NIHR Health Determinants Research Collaboration (HDRC). My professional background is in applied health research, community engagement, and translating evidence into local policy and practice.

In my current role, I am particularly passionate about co production, ensuring that lived experience and community knowledge are valued alongside academic and service data. I am motivated by work that challenges health inequalities and creates space for citizens especially those who are disproportionately affected by health inequalities to shape decisions that affect their health and wellbeing

How Evidence Showed Up

Evidence showed up in multiple, complementary ways throughout this work, taking both qualitative and structured analytical forms that were intentionally generated through co production. We listened carefully to lived experiences shared by residents through the Community Knowledge Network (CKN), particularly narratives relating to mental health, housing insecurity, employment barriers, and personal safety. This evidence consisted of recorded discussion notes, facilitated small group conversations, lived experience testimonies, and collectively agreed priority statements generated during workshops.

The Community Knowledge Network brings together Lambeth residents and supports them to build confidence, skills, and influence in research, moving beyond traditional consultation towards genuine co production and community leadership across the research lifecycle. Residents were trained and supported to engage as research partners, not just respondents, which meant that evidence was actively co produced rather than extracted. These qualitative insights were treated as evidence in their own right, rather than as anecdotal or supplementary information.

Alongside this, we triangulated community generated evidence with wider consultation findings, routinely collected local public health data, and published research on health inequalities. We also drew on learning from national and international guidance on participatory priority setting, including deliberative approaches inspired by WHO frameworks. Importantly, we reflected critically on previous engagement approaches that had gathered views but had not meaningfully shifted power or influenced decisions.

In response, we deliberately designed a series of structured workshops where evidence was generated through facilitated discussion and then formally analysed using a multi criteria decision analysis (MCDA) approach. Residents worked collectively to define evaluation criteria (such as impact, feasibility, and equity), debated trade offs, and ranked priorities. This process transformed lived experience into a transparent, actionable form of evidence that decision makers could clearly understand and use.

What I Learned about Leadership

This experience reinforced that leadership does not always mean directing or deciding; it often means creating the conditions for others to lead. I

learned that effective leadership in evidence based practice requires humility, trust, and a willingness to share power with communities.

It changed how I see my role: less as an expert who defines the agenda, and more as a facilitator and bridge builder, responsible for ensuring that different forms of evidence particularly experiential and community generated evidence are recognised as legitimate and are translated into formats that systems can act on.

Why This Matters

The evidence mattered because it directly shaped what Lambeth HDRC chose to focus on. Specifically, it was used to inform decisions about which local authority service areas should be prioritised for research, improvement, and innovation such as mental health support, housing-related services, and employment and skills provision. Because the evidence was clearly documented, structured, and co owned by residents, it carried credibility and influence within formal decision making spaces.

By translating lived experience into prioritised themes through a transparent, evidence informed process, we were able to align HDRC research activity with the areas where local authority services had the greatest potential to address inequalities identified by residents themselves. This helped ensure that research investment and analytical capacity were directed towards services where evidence could most meaningfully support improvement, commissioning decisions, and system change.

This approach has influenced the kind of leader I now strive to be: one who pays close attention to how evidence is generated and used, who asks how it can inform real service level decisions, and who values co produced evidence as a practical tool for shaping local authority priorities rather than as an abstract or aspirational ideal.

Take Away Message

When communities are supported to generate, analyse, and prioritise evidence through clear, transparent, and shared processes, the result is not only better evidence, but fairer, more credible, and more responsive leadership.

Looking Beneath the Surface by Sunil Scaria, Tower Hamlets Council

My name is Sunil Scaria and I work as a Court Work Manager in Children's Services, I often work at the intersection of practice, data and decision-making. One moment that significantly shaped my thinking was leading on a Pilot Research Study with Institute of Public Care at Oxford Brookes University and Nuffield Family Justice Observatory, examining why mixed-ethnicity children in Tower Hamlets appeared to be disproportionately represented in pre-proceedings and care proceedings, despite Asian children being the largest demographic group in the borough. The question has been on our minds for a while and it pushed me to explore what the evidence was really telling us.

The study combined quantitative data, case file analysis and qualitative insights from practitioners and leaders. At first glance, the over-representation of mixed-ethnicity children seemed to suggest that ethnicity itself might be a key explanatory factor. But the more we examined the evidence, the clearer it became that this assumption was misleading. Mixed-ethnicity children in Tower Hamlets come from highly varied heritage backgrounds and family contexts; they are far from a

uniform group. The variation *within* ethnic groups was greater than the variation *between* them.

How Evidence Showed Up

What emerged instead was a more complex and human picture. Families across all ethnicities were facing intersecting challenges - mental health difficulties, substance misuse, trauma, poverty, housing instability and domestic abuse. Mixed-ethnicity families did show slightly higher levels of parental mental health and substance misuse and often had weaker or riskier extended family networks. But these patterns were not strong or consistent enough to draw causal conclusions.

The evidence also highlighted strong practice already present in the system: relationship-based social work, use of interpreters, culturally matched support, and strengths-based approaches. At the same time, it revealed missed opportunities - particularly around exploring migration histories, intergenerational trauma, cultural expectations and how overlapping identities shape risk and resilience. These were areas where practitioners felt they needed more time, tools and confidence.

What I Learned About Leadership

The key learning for me was a leadership one: evidence does not simply confirm our assumptions - it challenges them, disrupts them, and invites us to think more deeply. This study reminded me that improvement should be rooted in individualised, curious, anti-oppressive practice, rather than broad categories or surface-level explanations. Ethnicity provides context, but it does not determine outcomes. What matters is how well we understand each family's lived experience and how consistently we apply cultural competence in day-to-day work.

Why This Matters

Following the study, we brought staff together for a learning event attended by sixty colleagues, and the findings have now been built into our Children's Social Care Culture, Identity and Anti-Racism Practice Action Plan. This has helped shift the conversation from "Why are they over-represented?" to "How do we better understand and support each family?" - a change driven entirely by evidence, insight and the willingness to look beneath the surface.

Feed Your Way by Bridget McGlinchy & Emma Foord, Tower Hamlets Council

Our Story

We are Programme managers in the Tower Hamlets Healthy Children and Families Public Health Team. Over the past two years we have worked on an infant feeding project that we feel showcases a project being led by evidence and community research.

To meet some of the infant feeding requirements of the Family Hubs Programme we wanted to develop a central online hub and campaign as a home for all things infant feeding in Tower Hamlets. Using information from a recent Maternity JSNA we knew that breastfeeding initiation rates are high in Tower Hamlets compared to neighbouring areas and national rates, however rates by 6 weeks drop significantly, and there was no data about breastfeeding rates at 6 months (the WHO recommended minimum). We wanted to better understand the challenges local families

faced in breastfeeding for longer, and to identify areas where we could enhance our local support.

How Evidence Showed Up

We conducted surveys, focus groups, interviews and workshops with local women, families and infant feeding professionals. In total, over 100 local women and families generously shared their experiences and views with us, and professionals from eight different organisations contributed their expertise to the project.

Common experiences included being unsure about milk supply when breastfeeding, not knowing where to get support, and pressure to introduce formula from wider family members. Women also felt it was important for us to highlight that breastfeeding could be hard, and that it would be helpful to provide some tips and troubleshooting about common challenges. Many women also reported feeling unable or uncomfortable breastfeeding in public. These insights informed the content now hosted on our online hub and printed campaign resources.

What we Learned About Leadership and Why It Matters

We are proud that our project has been informed by resident voices throughout the project. The campaign and online hub address the common themes that we identified through community research. The baby feeding friendly map shows public places and businesses across the borough where families are welcome to feed their babies. Information about all the local infant feeding services and how to access them are explained on the online hub. We have audio translations in Bengali for most of the online content, and the entire text of the website can be translated into different community languages. The final name, *Feed Your Way Tower Hamlets,* and design of the campaign was decided through a vote with residents and professionals who had been involved in the project, and it features images of our local families. Feed Your Way Tower Hamlets is more than just the online hub, it is a bespoke borough wide campaign that brings together all of the available infant feeding support, local resources, raises awareness of infant feeding and addresses some of the common challenges our families face.

Please visit our website https://feedyourwayth.co.uk/ to find out more about the project and look around the online hub.

What does a good life look like? by Yesmin Begum, Tower Hamlets Council

I'm Yesmin Begum, a Public Health Practitioner in Tower Hamlets, driven by community voice and social justice. I work alongside residents to break down barriers in housing, health, and welfare, and I'm passionate about tackling health inequalities by changing the systems and environments that shape people's lives, not just individual outcomes.

My story

This piece of work was prompted by repeated concerns I was observing in my day to day role as a Community Navigator, where residents' experiences and evidence from frontline practice were not always feeding clearly into decision making. I identified a gap between what was happening on the ground and how this was being reflected in formal discussions and planning. As a result, I decided to collate and present evidence in a structured way to highlight key issues and support informed action.

"What Does a Good Quality of Life Look Like in Tower Hamlets?" was driven by recurring resident experiences of poor housing, ill health, financial strain, and fragmented support. Rather than trying to fix individual issues, the challenge pushed me to step back and expose the patterns, gaps, and system failures shaping people's quality of life across services Tower Hamlets. I had to find out for myself through my own version of research.

How Evidence Showed Up

My thinking and learning were shaped by resident survey data (I co-created the surveys), case studies, and daily frontline conversations, all pointing to persistent housing pressure, poor health, and financial stress despite having ongoing contact with the service. This showed me that access alone isn't enough, quality, coordination, and dignity across systems are what truly shape people's outcomes.

What I learned about leadership

I learned that leadership is about advocacy and influence rather than formal authority. By gathering evidence and amplifying resident voices, I was able to challenge system gaps respectfully but firmly, while staying clear about my role and boundaries. I was able to share my research/ report with a programme lead in the Public Health team who referred me to the HDRC lead for further research opportunities.

Why This Matters

This matters to me because it reflects what I see every day where residents are doing their best within systems that weren't designed with their realities in mind. It's shaped me into a leader who is resident-led and evidence-driven, and who feels a responsibility to name inequality so we can respond to it more effectively. The poverty premium one aspect of the quality of life in TH.

I sometimes feel we already have a strong understanding of many of the challenges residents face, and that there is an opportunity to focus more on acting on this evidence rather than continuing to describe the same issues. For me, the key question is how we translate what we already know into more coordinated, practical action that improves people's lives?

Section 2: Leadership Beyond Hierarchy

Leadership within public health and local government is not always defined by job titles or formal authority. Often, it emerges through advocacy, initiative, collaboration and the willingness to challenge systems thoughtfully and constructively.

The reflections in this section explore how evidence can be used to influence change, build trust, improve inclusion and create momentum across organisations and communities. Together, they highlight leadership as something relational and shared rather than purely positional.

Themes

Advocacy, influence, systems change, inclusion, initiative, collaboration and leadership through evidence.

Reflections in this section:

1. Leadership Without Authority by Borbala Isidahomen
2. Using Data to Lead with Care: Evelyn Gibbs
3. Building an Evidence-Informed Culture: Carly Lovedawn

Leadership Without Authority by Borbala Isidahomen, Islington Council

My name is Borbala Isidahomen, and I work as an Executive Assistant at Islington Council, supporting senior leaders and elected members. My role goes far beyond traditional administrative support – it involves governance coordination, preparing briefings, managing sensitive correspondence, and acting as a trusted connector across services. Alongside this, I am Co-Chair of the Disabled Colleague Forum (DCF), where I work with colleagues, HR, and senior leaders to improve workplace inclusion and influence organisational policy and practice. What drives my work is a strong commitment to fairness, accessibility, and ensuring that decisions are shaped by factual evidence rather than assumptions.

The story

A key moment that stands out was during discussions around changes to people policies and management practices affecting disabled colleagues. Several changes had been announced with good intentions, but colleagues began raising concerns that they had not been consulted and could not see the evidence underpinning those decisions. As a forum co-chair, I found myself balancing frustration from colleagues with the need to work constructively with senior stakeholders. The challenge was deciding whether to accept reassurance that "the policy looks good on paper" or to push for a different approach that genuinely reflects lived experience.

How Evidence Showed Up

I drew multiple sources of evidence. This included repeated qualitative feedback from DCF meetings, chat transcripts, and emails highlighting delays in implementing workplace adjustments, inconsistent management decisions, and anxiety caused by unclear processes. I also noticed gaps in quantitative data – for example, surveys that did not allow free-text responses, meaning prominent issues were not captured. By bringing this evidence together, I was able to clearly demonstrate patterns rather than isolated complaints. This evidence shaped my decision to challenge existing approaches and advocate for structured consultation, clearer accountability for managers, and better use of both qualitative and quantitative data.

What I learned about leadership

This experience taught me that leadership is not about having positional authority, but about using evidence with confidence and integrity. I learned that it is possible to challenge respectfully, to slow things down when necessary, and to shift conversations from intent to impact. I also learned the importance of creating psychological safety – both for colleagues sharing difficult experiences and for leaders being asked to rethink established ways of working.

Why This Matters

This moment matters to me because it reinforced the kind of leader I want to be now: one who listens carefully, values evidence, and is willing to speak up when systems are not working as intended. It has shaped how I approach my EA role and my forum leadership – ensuring that decisions are grounded in reality, informed by data and lived experience, and focused on meaningful, sustainable change.

Using data to Lead with care by Evelyn Gibbs, Tower Hamlets Council

I'm Evelyn and I work as a Housing Officer for Housing Options and lead the Over 55s Project which began with a simple but uncomfortable observation: older residents I was meeting daily were spending years in temporary accommodation, while suitable homes sat empty. I have worked in homelessness for some time, but in my role within the Temporary Accommodation team, this pattern... and this group of residents... became increasingly hard to ignore.

This became particularly real, after meeting an older gentleman who had been living in a hostel for several years following a tracheotomy. He was unable to speak, could not use a computer, and was effectively unable to advocate for himself. He had been left behind not because his need was less urgent, but because he was unable to raise concerns and had no one to do so on his behalf. *(He now lives in a lovely flat in the borough.)*

That experience made me think how many people like him were we accommodating, what support did they need, and what was stopping us from helping them move into permanent homes? Using data already held within our systems, I created a spreadsheet of residents aged 55 and over living in temporary accommodation and hotels. The findings were uncomfortable. Residents as old as my own grandmother, now 88½, were living in hostels. Lengths of stay were measured in years rather than months, and many residents had unmet health or support needs that were

not being addressed in a coordinated way. Some were even at risk of eviction.

How Evidence Showed Up

The Over 55s Project was not about creating a new service or process. It was about using existing information more deliberately. By working closely with colleagues across the Private Rented Service, lettings, assessment teams, adult social care and floating support, we began tracking this group in a more focused way. A simple database alongside targeted conversations helped identify those in need and specific barriers earlier. When suitable properties became available, including newly procured homes, we could act quickly. We pushed for earlier Care Act assessments for the group, and involved relatives, family and friends to support residents with bidding, benefits and the day-to-day.

The data helped our team prioritise, but people's stories kept the work grounded and showed us why it was so important. Many residents regained independence with the right housing and floating support in place. Another, who had struggled with language barriers, was matched to a home near family after support navigating the system. Others required longer and more complex journeys through health, care and specialist provision, but progress became possible when those with the highest needs were clearly identified and raised to the right teams.

This is the work I am most proud of. While financial savings can be measured by comparing the long term cost of hotel placements with settled accommodation, the most meaningful results are harder to quantify. The difference for a retiree with schizophrenia to feel safe and supported, for a grandmother to have family visiting regularly, or for anyone to regain independence in a home of their own cannot be fully captured by figures alone.

What I Learned About Leadership

This work has shown me that leadership does not always involve managing teams or launching formal initiatives. Sometimes it looks like noticing a pattern, asking different questions of the data you've gathered, and sharing those insights with others. Many officers working across local authority already do this every day using curiosity, evidence and collaboration to help define problems and shape solutions.

This work is a collective effort. I am grateful to colleagues across temporary accommodation, PRS, lettings, assessment teams, floating support, hostel pathways, adult social care and partner landlords who have turned one clunky spreadsheet into meaningful results for residents in a borough we really care about.

Why This Matters

I truly believe that everyone deserves to live comfortably and with dignity in the later chapters of their lives. Using data thoughtfully has helped me and my colleagues take practical steps towards that goal, not by replacing empathy, but by gently guiding it where it is needed most.

Building an Evidence-Informed Culture by Carly Lovedawn, Newcastle HDRC

Finding ways to use evidence to make decisions is a choice. Doing it routinely turns it into a habit. When something becomes a habit, not just for you but for the people around you, it gets absorbed into 'business as usual' without a second thought. Choosing to lead this way is what builds an evidence-informed culture.

Our story

It starts with simply paying attention to the evidence that already exists in abundance, if you choose to look. Most services, events, and activities still aren't accessible or inclusive for many people. Biases and automatic assumptions shape what we create far more than we realise, even when we're looking out for it! Listening to people with lived expertise every step of the way is essential if we want to understand what needs to change: why the status quo needs to go.

The positive impact of choosing to work this way, and influencing those around me, became clearer than ever when our HDRC recently planned a large-scale event.

I wanted accessibility and inclusion to run through every decision we made. To help us achieve this, we assembled an Accessibility and Inclusion

Checklist, built from publicly available lists, lived experience testimony and our own review on barriers to research inclusion. If the checklist was the *match*, the *fuel* was how we used it.

How Evidence Showed Up

We purposefully set time aside to reflect on our checklist at the start of planning. Then again at several points during preparations, seeking input from our team and community contributors. After the event we reviewed our decisions to see what we had missed. The checklist became a living document, a record and a guide, rather than a one-off tool that disappeared shortly after it was created. By the time we delivered the event, 'inclusion by default' wasn't something I was driving alone; everyone carried it as an operational necessity. Our whole team embodied our mission: make this event as accessible and inclusive as possible.
For our first time using the checklist, we did great, reaching 74% of the 101 items. However, our score isn't as important as the impact we had on staff and attendees alike.

Headlining our accessibility and inclusion aims, and our approach, led attendees to think differently, shaping workshop contributions far beyond the usual definitions of evidence (statistics and datasets). Instead, discussions centred lived experience and research inclusion, generating fresh ideas for engaging and working with people who are most excluded and underserved.

What I Learned and why this matters?

Attendee and staff feedback confirmed our mission was achieved. People felt the event was thoughtful, considered, and genuinely accessible, with one esteemed guest describing it as 'exemplar'. This tells us that the approach we modelled will travel well beyond the event itself.

What strikes me most, though, is that this impact came from completing only 74% of our checklist, revealing just how low the bar has been set elsewhere. Therefore, our new aim is to raise the standards of what is acceptable and influence others to follow suit.

For me, this is what everyday leadership looks like: choosing to embed evidence, removing barriers to bring people in, and creating the conditions for others to lead alongside you. Strike a single match and it'll start a fire; build the right fuel around it, and that fire grows.

SECTION 3: Evidence in Everyday Practice

Evidence-informed practice is often embedded within the everyday work of designing services, evaluating programmes and making operational decisions. These reflections explore how evidence can strengthen planning, improve delivery and support more effective responses to local need.

The reflections in this section demonstrate that evidence is not static or abstract. It evolves through practice, partnership and continuous learning, helping organisations adapt, innovate and make more informed decisions in complex environments.

Themes

Evaluation, service improvement, innovation, operational decision-making, learning and evidence-informed systems.

Reflections in this section:

1. Designing Services Around Real Lives by Louise Nerberka
2. From Monitoring to Learning by Rosie Rowe
3. When the Evidence Changes the Plan by Sadia Munye
4. No Child Misses Out: Free School Meals by Callum Gutteridge

Designing Services Around Real Lives by Louise Nerberka, Islington Council

I'm Louise Nerberka, Head of Innovation & Service Design at Islington. In my role, I'm driven by a passion for using new technology in partnership with evidence and empathy to design better services for our residents and my colleagues.

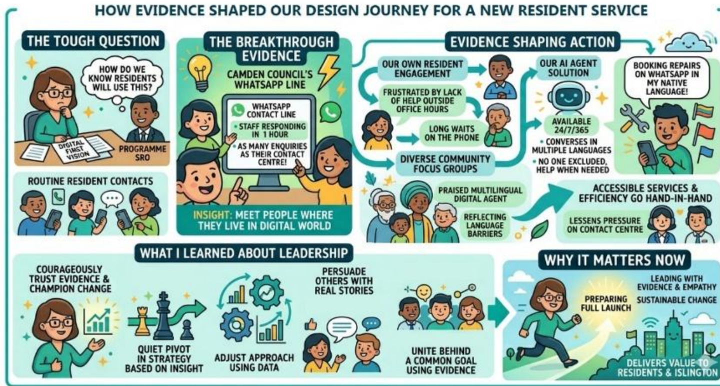
The story

Our Digital First programme is a cornerstone of our resident front door transformation, aiming to shift routine resident contacts from phones to digital channels while improving service quality. Early in the Digital First journey, I faced a tough question from the programme SRO: *How do we know residents will use this?* I remember preparing for the meeting, feeling the weight of proving our ambitious vision when a piece of evidence from a neighbouring council changed everything. I learned that Camden Council's housing repairs team had launched a WhatsApp contact line, just staff responding via messages within an hour, and it was so popular it handled as many enquiries as their contact centre. This insight hit me like a lightning bolt, the evidence that if we meet people where they already live in the digital world (like WhatsApp), they *will* use it.

How Evidence Showed Up

The Camden story was just one piece. Our own resident engagement revealed that many were frustrated by the lack of help outside of office hours or long waits on the phone. We also serve a diverse community. In

our focus groups, residents praised the idea of a multilingual digital agent, reflecting experiences of language barriers. This evidence helped us envision an AI agent that would be available 24/7/365 and converse in multiple languages, so that no one is excluded and help is there when people need it. Providing accessible services benefits residents, such as booking repairs in their native language on WhatsApp at any hour, and it also lessens pressure on the contact centre. Data confirmed that enhancing the resident experience and increasing efficiency can go hand-in-hand.



What I Learned About Leadership

This experience taught me that everyday leadership often means courageously trusting evidence and championing change. It's not always about grand gestures; sometimes it's a quiet pivot in strategy when you uncover a compelling insight. I learned to adjust my approach based on data, and to persuade others by using real-world examples and resident stories. Explaining why the change matters for both residents and colleagues made it easier for everyone to unite behind a common goal, using data as a shared language.

Why This Matters

As we prepare to fully launch our AI Agent, I often reflect on that moment. Using data to drive decision-making didn't just help us make a better case for our development, it continues to shape the design of our solution. This journey highlighted that leading with evidence and empathy is key to making sustainable change. Grounding our decisions in data and resident input, we have implemented a service innovation designed to deliver value to both residents and to Islington. This win-win outcome serves as a leadership lesson I'll take with me moving forward.

From Monitoring to Learning by Rosie Rowe, Ealing Council

I'm Dr Rosie Rowe, a public health expert in the wider determinants of health and with a background in health services research. I am the Research Capacity Lead for Ealing HDRC and passionate about using evidence better to strengthen the building blocks of health to reduce health inequalities.

My story

In Ealing Borough Council the HDRC is focusing its support in increasing the use of research and evidence in policy development and service delivery with certain teams and directorates to show the value of this approach, i.e. learning through practice. As part of this work, I was asked by the Climate Action team at the Council to comment on their Request for Quotation (RfQ) for consultant support in developing measurement metrics and KPIs for its draft Climate Resilience Strategy. On reviewing the specification, it became clear that there was an opportunity to increase the robustness of the evaluation plan.

How evidence showed up

Learning from previous experience and the literature on service improvement emphasises that evaluation plans are ideally informed by a theory of change which clarifies the causal pathways required so that specific activities result in desired outcomes. Instead of taking a 'monitoring' approach that would report against largely quantitative

indicators, we suggested that a measurement, evaluation and learning plan was needed, starting with a theory of change, which could ensure that the new strategy contained the necessary activities to produce its desired outcomes and impact. We amended the RfQ to ensure that the appointed consultant would support this process and work with us to create a Monitoring, Evaluation and Learning plan with a theory of change.

What I Learned About Leadership

The experience reinforced the importance of relationships when partnership working, so that soft influencing skills can support effective collaboration to generate shared understanding and to change approaches. It emphasised the importance of influencing projects and plans at the earliest stage to ensure that relevant evidence is collected to inform the evaluation of strategies and delivery programmes.

Why This Matters

This experience matters because it demonstrated the value of working collaboratively with Council teams to build a more robust approach to evaluation for learning not just monitoring. Through this process it will support the generation of a stronger strategy and better and more useful evidence as to the effectiveness and impact of local government strategies that can strengthen the building blocks of health.

When the Evidence Changes the Plan by Sadia Munye, Tower Hamlets Council

My name is Sadia Munye and in October 2024 I joined Tower Hamlets Council as an apprentice data scientist. I'm most passionate about using data to drive evidence-based decision making, particularly when it involves investing in infrastructure and initiatives that directly improve residents' lives.

My Story

Earlier that year, the leisure services were brought back in-house with the goal of supporting health, wellbeing and community engagement. To maximise the impact of this investment Tower Hamlets has commissioned MEL Research to investigate the barriers residents face when using leisure centres and identify ways to address them. In my role, I have been working with the research team to define the scope of the project. The team identified 5 resident groups who are most likely to be physically inactive and make up much of the borough:

- People aged 30-65
- People who are socio-economically deprived (defined in this study as LSOAs with households deprived in 3 dimensions from the 2021 census).
- Ethnicity- Asian (Speaks Bengali)
- People with disabilities or long-term health conditions.
- People who live in the South-West of the borough.

How Evidence Showed Up

The service prioritised gaining insight into residents who are currently unknown to them, specifically those who have never used the facilities or engaged with the service at all. However, after examining all available data sources using statistical analysis, I concluded that the most granular information on residents unknown to the service is at LSOA level (approximately 1,000 people). To narrow this down to individual contacts would have required an extensive use of time and resources. The service also holds the contact details of residents who previously attended sessions or signed up for a membership but have not engaged with the service in the last 6 months. I therefore suggested that the project focus on this group, as they are reachable through existing data.

Understanding the barriers they face would support the development of interventions to increase usage. In doing so, the service could also realise commercial benefits through potential growth in membership numbers.

What I Learned About Leadership

This experience helped me recognise that evidence can also be used to demonstrate the limitations of an approach and justify a change in direction. The analysis provided a clear example of why the initial option was not viable, giving me the basis to present this evidence to the service and recommend a different approach. It also strengthened my confidence in proposing alternatives when the evidence points elsewhere.

Why This Matters

Since then, I have worked on various projects: understanding barriers to recycling, automating the development of performance reports, creating a web map for the local offer for example, In all projects I have aimed to approach data in a way that is both constructive and pragmatic, ensuring that decisions remain realistic and deliverable.

No Child Misses Out: Free School Meals by Callum Gutteridge, Gloucestershire County Council

My name is Callum Gutteridge, I work within the Public Health and Communities team as a Public Health Manager. I am passionate about tackling structural inequalities affecting children, young people and families, and making this everyone's business.

This is a brief account of Gloucestershire's progress towards ensuring that no child misses their statutory entitlement to a free school meal (FSM), a process often referred to as 'opt-out auto award'. In line with national evidence, around 1 in 10 eligible pupils in Gloucestershire were previously not registered for FSM, rising to 20% for children from diverse ethnic backgrounds, those who are digitally excluded, or those facing language barriers. Qualitative research exploring the barriers to FSM registration highlights low awareness among families, complex application processes (exacerbated by language and literacy challenges), assumptions about ineligibility, and stigma or shame associated with claiming support. Local engagement with schools as

part of this project validated these findings, confirming these barriers are commonly experienced by families in Gloucestershire.

Collectively, these barriers mean children miss out on a daily nutritious meal (potentially their only hot meal of the day), while families lose vital financial support during times of exponential financial hardship, and schools are denied important funding at a time of increasing financial pressure within the education system. Local data from Gloucestershire's Pupil Wellbeing Survey confirmed the need for intervention, with 28.3% of school children reporting having skipped a meal due to a lack of food at home.

Strong national evidence from councils implementing opt-out auto award prompted GCC to act, demonstrating both the feasibility of improvement and clear returns on investment for households and the education system. These findings were mirrored locally during the initial phase of this project, with 591 children newly registered for FSM and £1.6 million in additional funding generated for schools. Importantly, opt-out auto award is now embedded as business as usual across the county, with progress towards monthly eligibility checks.

In the complex world of public health, it is rare to see 'quick wins'. From conception to impact, this project was delivered within four months, reflecting both the scale of opportunity recognised by the Council and the strength of evidence for what works. This experience deepened my understanding of what *systems leadership* means in practice, particularly the importance of confidently articulating the 'why' - especially when addressing a "wicked" issue such as systemic childhood inequality, which is difficult to ignore.

It reinforced the importance of holding complexity, engaging with uncertainty, and enabling change across organisational boundaries. I became more aware of the leadership role in challenging entrenched assumptions, particularly where established processes are accepted as neutral despite producing unequal outcomes. It also shifted my perspective from leadership as decision-making authority to leadership as creating the conditions for collective problem-solving. Most importantly, it reaffirmed that effective leadership depends on the people around you, whose contributions were instrumental in making this work possible.

Closing Thoughts

While each reflection within this collection is unique, several common themes emerge throughout: the importance of relationships, the value of lived experience, the need for collaboration, and the growing role of research and evidence within local government practice.

Together, these stories highlight that leading with evidence is not solely a technical process. It is also a human one. It requires curiosity, openness, trust and a willingness to learn continuously from both data and communities.

This collection does not aim to provide definitive answers. Instead, it offers a snapshot of practice, learning and reflection across a range of local contexts and experiences.

We hope these reflections has shown that leading with evidence is not reserved for a specific job title, level of seniority or organisation, but lives within the everyday work of people who quietly lead through listening, learning, questioning and improving the lives of others.