Increasing research impact:
early reflections from the ESRC EvidenceNetwork

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Abstract

This paper examines some of the contributions made by the ESRC’s EvidenceNetwork to the development of thinking on evidence based policy and practice (EBPP). The origins and membership of the EvidenceNetwork are outlined, and details of other networks in the EBPP world are listed. The EvidenceNetwork’s unique characteristic is its coverage of the complete spectrum of EBPP interests from the creation of evidence to its utilisation and impact on policy making and practice. The paper focuses on utilisation issues, describing a recent review of research by the Research Unit for Research Utilisation and complementary activities by other EvidenceNetwork members to improve the take-up of research by users and promote their involvement in systematic reviews. It reflects on the improved understanding of how research may influence practitioners and policy makers that is provided by EvidenceNetwork’s research and user engagement activities.

Key words: research; utilisation; impact; practice; policy making; systematic reviews; user involvement; EvidenceNetwork

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1. Introduction

It has often been noted that much social science research appears to have little direct impact, although over time and incrementally it can change the ways in which we think about policy problems and possible solutions\(^1\). There is, however, interest in increasing the direct (instrumental) impact of research on the development of more effective policy instruments and better public services. Amongst a wide range of stakeholders there is a desire to move to a situation where both public policy development and service delivery practice are informed by the best available evidence about the nature of social problems and what works in tackling them\(^2\).

Of course, research is just one form of evidence and other types of knowledge also have the potential to produce reputable evidence\(^3\). Furthermore, evidence will be just one of the influences on decisions at both policy and practice levels; it will always compete for attention with popular understandings, value based judgements, political imperatives and the attractions of maintaining the status quo. However, there are things that those interested in promoting the use of research can do to increase its impact. The aim of this paper is to outline some of the early lessons about this to emerge from a network – the ESRC EvidenceNetwork – whose overall aim is to contribute to the development of evidence based policy and practice (EBPP) in the UK.

2. The EvidenceNetwork

The EvidenceNetwork was established in November 2000, and is funded by the ESRC’s Research Resources Board to develop the capacity for social sciences research to have an impact on policy and practice. It consists of eight specialist research centres, or ‘nodes’, which are committed to bringing research in their fields closer to policy and practice; and a central co-ordinating unit which supports the whole initiative. The nodes are primarily involved in social policy-related activities. At a specific level these cover successful interventions for the promotion of the development of children, public health, neighbourhood, social care and ethnicity-related policies; and, at a generic level, economic issues and the use of research. A list of the eight nodes and their key aims follows.

- **Centre for Evidence Based Public Health Policy (CEBPHP)**, Universities of Glasgow, Lancaster and Liverpool [http://www.msoc-mrc.gla.ac.uk/evidence/evidence.html](http://www.msoc-mrc.gla.ac.uk/evidence/evidence.html)
  Aims to increase access to evidence of the effectiveness of a broad array of non-healthcare sector policies in improving public health and reducing inequalities in health.
• Centre for Economic Evaluation (CEE), Institute for Fiscal Studies
Aims to improve the exchange of research-based evidence between public policy researchers and practitioners in the area of labour markets, inequality, children and health.

• Centre for Evidence in Ethnicity, Health and Diversity (CEEHD), Universities of Warwick and de Montfort
http://users.wbs.warwick.ac.uk/chess/ceehd/ceehd.htm
Aims to provide reviews and syntheses of research evidence on ethnicity, health and diversity.

• Centre for Neighbourhood Research (CNR), Universities of Glasgow and Bristol
http://www.neighbourhoodcentre.org.uk
Aims to advance theoretical and empirical understanding of neighbourough by providing a resource for researchers and policy makers working in this field.

• Research Unit for Research Utilisation (RURU), University of St. Andrews
http://www.st-andrews.ac.uk/~ruru
Aims to assist the development of evidence-based policy and practice by providing a cross sector resource concerned with examining and improving the utilisation of research evidence.

• Systematic Reviews in Social Policy and Social Care (SRSPSC), University of York.
Aims to produce and disseminate systematic reviews of research in the fields of social policy and social care.

• What Works for Children? (WWfC), City University, Barnardo's and York University.
Aims to promote positive outcomes for children and young people by working in collaboration with practice, policy and academic colleagues to enable the use of evidence in practice.

• Centre for Comparative European Policy Evaluation (CCEPE) (from January 2003),
Centre for Economic Policy Research
http://www.cepr.org/ccepe
Aims to address policy issues with a European dimension in areas such as pensions, public service delivery and competition policy.

The ESRC UK Centre for Evidence Based Policy and Practice at Queen Mary, University of London (the Centre) aims to accelerate the development of methods for appraising and summarising the results of research relevant to policy and practice across social science disciplines, and to improve the quality of research, policy development and practice. It provides co-ordination and support for the EvidenceNetwork nodes, primarily through:
• methodological development
• providing information retrieval and document supply services
• managing liaison and communication within the EvidenceNetwork and beyond
• providing training in information retrieval and research reviewing
• developing and managing the EvidenceNetwork website (http://www.evidencenetwork.org). Among much else, this includes further contact details for the nodes.
3. A unique resource

The EvidenceNetwork is certainly not the only network devoted to promoting EBPP. Other networks engaged in complementary activities include:

- The Cochrane Collaboration [http://www.update-software.com/collaboration] – aims to help policy makers and healthcare professionals make well informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions.

- The Campbell Collaboration [http://www.campbellcollaboration.org] – aims to help policy makers and professionals make well informed decisions about the effects of interventions in the social, behavioral and educational arenas by preparing, maintaining and disseminating systematic reviews of studies of interventions.


- The Centre for Evidence-Based Social Services (CEBSS), University of Exeter [http://www.ex.ac.uk/cebss] – works with a consortium of social services departments in the South-West of England with the main aim of ensuring that decisions taken at all levels in social services are informed by trends from good quality research.

- Research in Practice (RIP), Dartington Hall Trust, Association of Directors of Social Services and University of Sheffield [http://www.rip.org.uk] – a partnership aiming to promote the use of evidence to improve the experiences and outcomes for vulnerable children and families.

We can think about the promotion of EBPP as ranging from the development of an appropriate evidence base to initiatives designed to embed an evidence based approach at a local level, taking in actions to increase the accessibility of existing knowledge along the way. The networks listed above are predominantly concerned with particular segments of this continuum. For example, the Campbell Collaboration is primarily focused on preparing, maintaining and making accessible systematic reviews of the effects of social interventions. Whereas CEBSS and RIP are more concerned with evidence implementation issues – embedding an evidence based approach to decision-making at a local level.

What is unique about the EvidenceNetwork is that its activities span the whole of the EBPP continuum, from the development of the evidence base to its utilisation in practice. Some key contributions from across this spectrum of activities are outlined below:

- Members of the EvidenceNetwork are engaged in the development and consolidation of the existing evidence base, primarily through the use of review techniques but also via the exploitation of existing survey data. Examples of the latter include CNR’s Neighbourhood Question Bank (access via [http://www.neighbourhoodcentre.org.uk]) and CEEHD’s national and local data sets.
on ethnicity and health. Both of these nodes, together with the CEE, are undertaking reviews based upon the analysis of such data sets.

• Although the EvidenceNetwork is not funded by the ESRC to undertake new primary research, some members are using other sources of funding to undertake work in areas of social policy where there is a paucity of existing research. Examples include CNR’s work on gated communities.

• A key feature of the EvidenceNetwork is the way in which it is working with the commissioners and users of evidence to get a better understanding of stakeholder views about the nature of robust and useable evidence, and then piloting different methods for producing such evidence. Good examples are WWfC’s development of EvidenceNuggets in response to consultation with Children’s Fund programmes in Leeds; and SRSPSC’s involvement of an expert user panel in shaping its systematic review of the effectiveness of the financial safety nets currently available to (potentially) defaulting home owners. Members of the EvidenceNetwork are also using stakeholder consultations to help clarify future research priorities in particular areas of social policy: a feature of the work of both CNR and CEBPHP.

• A major focus within the EvidenceNetwork is on the development of appropriate methods for reviewing systematically an eclectic evidence base, where findings from qualitative research methodologies are valued as much as the findings emanating from quantitative studies. In developing appropriate review methods, members are collaborating with those working on similar issues in other networks (such as the Campbell Collaboration)\(^4\). The Centre, through its first Visiting Research Fellow, has also pioneered the development of a new approach to systematic review – ‘realist synthesis’\(^5\).

• There is a strong emphasis within the EvidenceNetwork on the importance of knowledge transfer, and members are actively engaged in facilitating the implementation of evidence in both policy and practice. An excellent example of this is the work that WWfC is doing with the Children’s Fund programmes in Leeds through the employment of a Development Officer. The EvidenceNetwork also includes a resource, RURU, that is dedicated to consolidating and developing knowledge about the process of research utilisation and evidence implementation.

• The quality of reviews of research evidence is in large measure dependent upon the search strategies employed. The Centre’s experience of providing training in database awareness and information retrieval techniques suggests that the knowledge and skills to undertake adequate searches are severely limited. One of its key contributions to the EvidenceNetwork, and to others in the EBPP community, is the provision of such training.

• The EvidenceNetwork also facilitates the development of EBPP by providing a wide range of training courses for both evidence providers and evidence users. For example, in addition to training on information retrieval, the Centre also runs courses
on commissioning and undertaking research reviews, while RURU provides training on using evidence for policy makers and evidence providers within the Scottish Executive.

There is much that can be learnt from the innovative and wide ranging activities of the EvidenceNetwork. The remainder of this paper focuses on one aspect of this learning: the development of knowledge within the network about ways of increasing research impact.

4. Research impact activities

Members of the EvidenceNetwork are engaged in two different sorts of activity to increase knowledge about research impact. They are drawing together and reviewing existing knowledge about ways of increasing research impact, and adding to this knowledge base by collaborating with evidence users and piloting interventions to increase impact.

4.1 Reviews of existing knowledge

The EvidenceNetwork has already made significant progress in drawing together existing knowledge about research utilisation and its impact. The prime responsibility rests with RURU but in undertaking this task it is collaborating with the Centre and is able to draw upon previous reviews undertaken by other members of the EvidenceNetwork6.

The building block of RURU’s activities is the development of an extensive database of knowledge relevant to understanding research utilisation and impact. This has a three tier structure of empirical papers, conceptual papers and general interest papers drawn from the healthcare, social care, education and criminal justice fields. Given the vast amount of relevant literature in the healthcare field, papers from this sector are currently limited to reviews and overviews. Material is included in the database on the basis of explicit selection criteria, and entries currently number around 600. There is further information about the database on RURU’s website (http://www.st-andrews.ac.uk/~ruru), and it will be made available for external searching during the course of 2003.

During 2002, RURU, in partnership with the Centre and the Policy Studies Institute at Leeds Metropolitan University, was commissioned by the Learning and Skills Development Agency to conduct a cross sector review of models of research impact7. One of the key components of this project was a literature review, which both utilised and extended RURU’s database of papers.

The review focused on the education, healthcare, social care and criminal justice fields and included the examination of 125 empirical papers1 which considered a wide range of

1 Some 5,800 references were initially identified, of which 750 were examined in full and 341 selected for detailed analysis. Of these 155 were conceptual papers and 125 were empirical papers, defined as those which reported some form of outcome data. Given the vast scale of potentially relevant studies in the healthcare field, the scope of the review in this area was limited to reviews of interventions to enhance research impact, and evaluations of four large-scale, multi-site interventions.
forms of research impact (see Box 1). It is useful to think in terms of a ‘spectrum’ of research impact which ranges from raising awareness of findings, through knowledge and understanding of their implications, to changes in behaviour or decisions. Strategies to increase research impact may address any point on this spectrum but it is useful to draw a particular distinction between conceptual research use – changing knowledge, understanding, attitudes and ideas – and instrumental or direct research use – involving changes in behaviour.

**Box 1: Forms of research impact**

- awareness of, and access to, research
- the extent to which research is considered, read or cited
- new knowledge and understanding
- changed attitudes and beliefs
- behavioural change.

The literature review revealed that a great deal is known about the barriers to effective research impact (see Box 2). Our knowledge is also increasing about the ways in which such barriers might be tackled. The review pulled together evidence on the effectiveness of different interventions to enhance impact, and highlighted the specific factors which help or hinder their success. Interventions were grouped according to the mechanisms through which they aim to enhance different forms of research impact, resulting in eight models of research impact.

**Box 2: Barriers to effective research impact**

**Barriers to researchers engaging in research impact activities:**
- lack of resources – money and time
- lack of skills
- lack of professional credit for disseminating research.

**Barriers to users’ engagement with research:**
- lack of time – to read journals, attend presentations or conduct their own research
- low priority
- poor communication of research within organisations
- perceptions of research – for example, internally conducted or commissioned research is more likely to be seen as relevant and hence considered
- research is not timely or relevant to users’ needs
- research is less likely to be used where findings are controversial or upset the status quo
- other sources of information may be valued more highly, particularly by policy makers
- individual resistance to research, especially when viewed as a threat to ‘craft’ skills and experience, which can have a wider effect if it occurs at management levels
- failure to value research at an organisational level, or an actively hostile organisational culture.
Three of these models of research impact were primarily concerned with increasing the conceptual use of research, aiming to inform potential users about research findings, and persuade them to use these findings:

- **Dissemination** – the provision or circulation of research findings in more or less tailored form
- **Educational interventions** – the use of educational approaches requiring more active engagement by participants than simple dissemination, to increase knowledge and understanding of research findings
- **Social influence interventions** – which use the influence of others, such as colleagues and role models, to inform potential users about research and persuade them of its value

Two further models were identified as being concerned primarily with the instrumental use of research; that is, with directly changing practice:

- **Incentives** – the provision of some kind of reward or encouragement for research impact activities (by researchers) or for practice in line with best evidence (by practitioners)
- **Reinforcement strategies** – where information is given to practitioners about their behaviour (for example by using audit and feedback) in order to encourage appropriate practice change

These models assume that a decision has already been made – whether at individual, organisational or systematic level – about the need for evidence based practice. The issue then becomes how to translate this into behaviour change.

The final group of models identified by the review aim to tackle the full spectrum of research impact, from raising awareness to changing decision making and practice:

- **Collaborations** between researchers and users – interventions which aim to enhance research impact by strengthening the links between practitioners, policy makers and researchers
- **Facilitation** – which supports and enables research use by offering technical, financial, organisational and emotional support to help it happen
- **Multifaceted strategies** – which use two or more of the approaches already discussed in a package to enhance the impact of research

Evidence on the effectiveness of each of the above models is summarised in Box 3 (pp10-11). While current knowledge on what makes for effective impact is imperfect, it is possible to draw some conclusions from the literature review (see Box 4, p11). Overall we know that active dissemination is important but even good dissemination is not enough if policy and practice change is the goal. Effective ways of moving beyond dissemination are to implement individualised and interactive educational strategies and recruit supportive opinion leaders.

A consistent finding from the literature review is that multifaceted and organisationally focused approaches – those which deploy two or more specific interventions (such as education and reinforcement) – are more effective than single interventions alone. This is particularly the case where attention is paid to ensuring that combinations complement
one another and are appropriate to the context in which they are implemented. The organisational context needs to be conducive if research findings are to be translated into practice change, and adequately resourced facilitative strategies, such as the provision of training and information support systems, can be effective in enabling this.

Developing better collaborations between researchers and practitioners can help to improve the relevance of research and increase its use in practice. Collaborations which provide support for practitioners to ‘try out’ research findings and conduct their own research seem particularly important.

**Box 3: Evidence on the success of different practices which aim to enhance research impact**

| Dissemination | The evidence on dissemination suggests that provision of targeted materials can change attitudes and that associated seminars and workshops can encourage more direct use. Key features of successful dissemination strategies are:
|               | • tailoring approaches to the audience, in terms of the content, message and medium
|               | • paying attention to the source of the message
|               | • enabling active discussion of research findings. |
| Educational interventions | No robust evidence was found as to whether educational interventions might be effective in changing awareness, knowledge or attitudes. However, a number of systematic reviews and overviews offer generally rigorous evidence of the effectiveness of different educational approaches to change healthcare practice:
|               | • Passive and didactic educational interventions have little or no effect in securing evidence based practice. Short events of one day or less are also ineffective.
|               | • Effectiveness of group education varies but improves when this includes small group discussions or supervised practice sessions with colleagues or experts.
|               | • Individual instruction, generally in the form of educational outreach, is widely successful. The impact of number of visits is however unclear. |
| Social influence | Overall, patient-mediated interventions appear to be effective as a stand-alone strategy. Studies of research use have also found that practitioners and policy makers rely on colleagues as key sources of information. Evidence from systematic reviews of the effectiveness of using opinion leaders is mixed. However, robust evaluations of the PACE and facts initiatives in healthcare have found that the committed support of opinion leaders is vital to the success of projects. Expert opinion leaders appear to be important in the early stages to help endorse innovation. Hostile or ambivalent opinion leaders could undermine progress. |
| Incentives | Some limited evidence was found on the effectiveness of incentives, usually financial, to support the transfer of evidence to healthcare practice. Overall, findings are mixed. Outside the health field, there is robust case study evidence of the effectiveness of research funding incentives to encourage the dissemination of research findings and the development of partnerships between researchers and practitioners. |
**Box 3: continued**

<table>
<thead>
<tr>
<th>Reinforcement strategies</th>
<th>Prompts and reminders have widely been found to be effective as a single strategy and for a range of behaviours. Findings regarding audit and feedback are more mixed. One of the difficulties of generalising is that interventions may differ in terms of the nature, timing and presentation of feedback. Feedback involving peer comparison or costs does appear to improve practice. There is evidence that effectiveness is enhanced where feedback is presented close to the time of decision making or is specific to individual clients.</th>
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<tr>
<td>Collaboration</td>
<td>Limited and largely anecdotal evidence suggests that the co-location of researchers with users can facilitate research use. There is robust evidence that practitioner involvement in the research process can increase both conceptual and direct research use. Personal contact, and involving users early in the research process, increases the chances of successful impact. Small-scale studies from the education field provide some limited evidence that partnerships which allow teachers to 'test out' research findings and encourage collaborative reflection on the research-practice process can be effective.</td>
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<tr>
<td>Facilitation</td>
<td>There is rigorous evidence to suggest the value of computerised support systems in promoting research based practice in healthcare settings. Evidence is more limited and less robust concerning broad-based organisational strategies (such as quality improvement initiatives) to facilitate the flow of evidence into practice. Studies suggest that facilitative strategies can often be effective where the overall approach to research implementation is more or less coercive: there is no room to negotiate the meaning of the research and front line staff are required to provide evidence-based services.</td>
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</table>
| Multifaceted strategies         | Reviews from the healthcare literature overwhelmingly conclude that multifaceted interventions are more likely to be successful than single strategies. Overall, combinations found to be more successful than strategies used alone were:  
  • educational materials and feedback  
  • group education and practice support  
  • group education and feedback  
  • educational outreach with other interventions.  
  However, these studies give no indication of whether combining strategies simply provides an additive effect, or how elements might interact. Case studies of three large scale healthcare initiatives provide some insight into the ways in which multiple mechanisms interact to bring about change. Their findings are less optimistic than systematic reviews about the effectiveness of multifaceted approaches. However, the key elements of success resonate with those identified in Box 4. |
Box 4: The features of effective practice to increase research impact

The following key features of successful practices emerged from the literature review:

- **Research must be translated.** To have an impact, research findings need to be adapted to, or reconstructed within, practice and policy contexts. This can involve tailoring findings to a target group, enabling debate about their implications or ‘tinkering’ with research in practice. Ownership is important to uptake.

- **Enthusiasm.** Individual enthusiasts can help carry the process of research impact. They are vital to ‘sell’ new ideas and practices. Personal contact is most effective.

- **Contextual analysis.** Successful initiatives are those which analyse the research impact context and target specific barriers to, and enablers of, change.

- **Credibility.** Impact is enhanced where there is strong evidence, endorsement from opinion leaders and high level commitment.

- **Leadership.** Strong and visible leadership, particularly at higher levels, helps provide motivation, authority and organisational integration.

- **Support.** Ongoing support for those implementing changes increases the chance of success. Financial, technical and emotional support are all important. Dedicated project co-ordinators have been core to the success of several initiatives.

- **Integration.** To support and maintain research impact, activities need to be integrated within organisational systems and activities. All key stakeholders need to be involved.

In addition to reviewing empirical evidence on the effectiveness of different impact interventions, RURU also aims to increase knowledge of the rich but diverse and widely dispersed literature relevant to understanding research utilisation⁸. As part of this endeavour, it is seeking to build awareness of the guidance available from related bodies of knowledge. As already noted, interventions to increase research impact can be described and grouped according to the mechanisms through which they aim to enhance impact, such as social influence, incentives/rewards, and self-motivated learning. There are large bodies of knowledge relating to each of these mechanisms that can be plundered with a view to increasing understanding of research utilisation and its impact. For example, there is a large literature on adult learning and the educational strategies which are effective with adults. RURU is engaged in summarising such knowledge and teasing out its implications for research utilisation by a process of conceptual synthesis⁹.

The first conceptual synthesis considers the way in which the literature on the diffusion of innovations can improve our understanding of research utilisation¹⁰. It is particularly concerned with the process of social influence and the role of intermediaries, such as opinion leaders and change agents, in securing the adoption of an innovation. The second conceptual synthesis¹¹ will focus on knowledge management and what the literature around this can tell us about appropriate forms of research impact facilitation.

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¹¹ Due to be published in 2003
Thus one of the EvidenceNetwork nodes, RURU, has successfully synthesised much useful knowledge from a diverse and fragmented literature. This has been shared with other nodes (for example, through seminars and workshops) and the ensuing dialogue has proved very useful in refining ideas. Moreover, experiences within the other nodes of working with stakeholders has also been significant, adding to the knowledge base on research impact.

4.2 Adding to the knowledge base

Members of the EvidenceNetwork are working with evidence users in ways that add to the existing knowledge base about strategies for increasing research impact. These include:

- Oral presentations to relevant policy groups – for example, the regular presentations by CEE to the Westminster Economics Forum
- Sustained and regular contact with key policy units – for example the relationship between CNR and the Neighbourhood Renewal Unit, part of the Office of the Deputy Prime Minister
- Dissemination to named individuals – for example the approach of CEEHD

SRSPSC and CEBPHP are among the EvidenceNetwork members that are exploring the role of user involvement in the systematic review process as a way of helping to refine review questions and identify routes for effective dissemination. SRSPC are involving users in the review process and are examining the impact that this has on the subsequent utilisation of review findings. CEBPHP has involved key national and international policy makers from the public health field in an EvidenceWorkshop to explore what sorts of evidence they find convincing, how existing evidence can be improved, and the ways in which researchers can help users of evidence.

The work of WWfC is likely to make a significant contribution to our existing knowledge about ways of increasing research impact. This node is focusing on developing and understanding the best ways of sharing and implementing evidence to improve services for children and young people through:

- Developing an interactive network of research, policy and practice organisations, and individuals with an interest in effective services for children and young people
- Identifying the best available evidence from research and, working with practice and policy colleagues, highlighting gaps in knowledge
- Promoting the sharing of policy and practice interventions based on the best available evidence
- Understanding and developing ways to overcome obstacles to integrating research evidence into practice and policy
- Working with practitioners and policy makers to develop replicable models for implementing evidence based interventions
- Providing consultancy and training for practitioners and policy makers
- Developing the role of children and young people in policy and practice developments.
A key aspect of WWfC’s activities is its work with five local authorities in the Yorkshire region on their Children’s Fund pilot projects. It provides EvidenceNuggets for policy makers and practitioners which are summaries of evidence on topics relevant to improving services for children and young people.

WWfC has appointed a full-time Development Officer to work directly with practitioners on using evidence. She is based in the Children’s Fund office in Leeds and has regular contact with its programmes and practitioners. Part of her role is to act as a conduit between those engaged in producing EvidenceNuggets and practitioners working in Children’s Fund projects. Activities to date have focused on:

- Developing a better understanding of Children’s Fund priorities and information needs
- Providing training for practitioners, in collaboration with another of the EvidenceNetwork nodes (CEBPHP) on using and critically appraising evidence
- Adapting an audit tool, developed by the Canadian Health Research Foundation, to enable organisations to evaluate their capacity to acquire, assess, adapt and apply research evidence in the design and delivery of services

WWfC plans to use the audit tool to evaluate the effectiveness of its development activities, and track progress and identify changes in the use of evidence amongst participating organisations.

Thus, the explicit and systematised knowledge on research impact strategies developed by RURU is combining with the accumulated tacit knowledge in nodes as they ‘road test’ impact initiatives. Regular EvidenceNetwork meetings continue to foster these synergies.

5. Some reflections

The EvidenceNetwork is already providing valuable insights into the processes by which evidence based policy and practice can be encouraged and enabled. The fact that its activities span the whole of the EBPP continuum, from the development of the evidence base to its utilisation in practice, enhances the contribution of the Network to something greater than the sum of its constituent nodes.

The activities of EvidenceNetwork, and other parallel networks such as the Cochrane and Campbell Collaborations, are important in providing accessible summaries of robust research findings for policy and practitioners audiences. However, we know from the work of the EvidenceNetwork and beyond that we cannot expect passive dissemination, however accessible those products might be, to have much of an impact on either policy or practice. At the very least, members of the research community, or their

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iii Current ‘nuggets’ include mentoring, parent training, home visiting, cognitive behavioural therapy to reduce disruptive behaviour in school, breakfast clubs and traffic calming. The extent of advice provided in the EvidenceNuggets frequently goes beyond merely summarising the existing evidence about what works. For example, the advice offered in the Nugget on traffic calming covers auditing the ability to introduce traffic calming measures, and the subsequent evaluation of these measures.
intermediaries, need to engage in the active dissemination of robust research reviews, where the message and the medium of communication are tailored to specific audiences and allow for two-way interaction.

Members of the EvidenceNetwork are engaged in active dissemination but they are also extending the interaction between researchers and research users so that it is not restricted to the final stage of a research project or review. Early indications are that there is much to be gained from engaging with potential users at the beginning of a project/review to agree key questions and approaches. Collaboration throughout the research/review process is also beneficial but the cost, in terms of time and money, of doing this should not be underestimated. Experience from the EvidenceNetwork and beyond suggests that, to be successful, ongoing collaborations need to build upon individual enthusiasms and be supported by adequate funds. They also stand more chance of long term success if they are integrated with broader organisational activities, rather than being additional to mainstream work.

To talk of research users as if they were a single homogeneous group is, of course, a gross simplification. One of the key questions for researchers is which potential users they should interact with. In part, the answer depends on the nature of the research project or review but, in general, it is important to identify and work with key opinion leaders within the field. Social influence is a core mechanism through which research findings are translated into practice change.

5.1. Influencing practitioners

Much of our existing knowledge about what works in increasing research impact comes from studies of the adoption of research findings by individual practitioners in healthcare organisations. We thus need to be mindful of some of the contextual characteristics which are likely to effect research utilisation within healthcare, such as:

- The predominantly scientific culture of much of healthcare which leads to a relatively high level of agreement about the nature of robust evidence and the benefits of using it to inform practice. In contrast, there is much less agreement about what counts as good evidence and how it should be used in areas such as education and social care.
- The strong professional culture within healthcare which supports the use of evidence through pre-qualifying regimes and continuing professional development. In contrast, the professional cultures in areas such as education and criminal justice have been much less evidence focused, and it is only relatively recently that these issues have been addressed as part of continuing professional development.
- The development of an extensive institutional framework to support the aim of using research to inform policy and practice (such as the National Performance Framework and the National Institute for Clinical Excellence). In contrast, the institutional framework to support the use of evidence is much less well developed in other sectors, although things are changing (for example, through developments

\[\text{iv} \] As, for example, in the Learning and Skills Development Agency project described in Section 4.1.
Nevertheless, many of the findings about what works in increasing research impact in healthcare appear to be relevant for other sectors and there is evidence from other sectors to support the effectiveness of active dissemination, and collaborative and facilitative strategies. The work of the EvidenceNetwork will provide further evidence from a variety of settings on the effectiveness of different research impact activities. This understanding of ‘contextual suitability’ will be important if EBPP is to extend beyond the healthcare heartlands.

If the ultimate goal of EBPP activities is to change service delivery practice, so that it is in line with best evidence, then the work of the EvidenceNetwork suggests that there are many things that those involved in planning and managing services can do to encourage this. They can seek to raise awareness and understanding of research findings through educational interventions. These are more likely to be successful where they are individualised and allow interactions with colleagues and experts. Service managers can also seek to facilitate research use by addressing any perceived barriers to utilisation. Such actions need to be tailored to fit the local context but may include training to address lack of skills, computerised support systems to address lack of access to relevant research findings, and consultancy services to address the need for technical and emotional support in redesigning services. Across many settings a common finding is that the adoption of research findings is facilitated by supported opportunities to ‘try out’ these findings in practice.

Where a decision has already been made at a policy level to introduce a particular practice for which there is strong evidence (for example a particular method for teaching maths to primary school pupils), it may be tempting to employ more coercive approaches for achieving change. These could include the use of financial incentives or the introduction of audit and feedback regimes. However, knowledge to date from the EvidenceNetwork suggests that caution should be the watchword in such instances. Evidence of the effectiveness of incentives and audit and feedback in changing practice amongst healthcare professionals is somewhat mixed and there may be a divergence between short term desirable changes and long term negative impacts. The use of less directive reminders systems has, however, been found to be effective in changing practice in the healthcare setting.

One important consideration being given greater prominence by the EvidenceNetwork is the need for an accurate diagnosis of the prevailing context prior to development of impact strategies. This means developing a sophisticated understanding as to why practitioners and organisations behave in the ways they do, together with the identification of barriers to beneficial change. It is by identifying and acting upon barriers to beneficial change that research will have greatest impact.

Furthermore, the task of increasing research impact should not be seen entirely in terms of getting new approaches and practices adopted. There is a need to get people to stop
doing things where there is good evidence of ineffectiveness. However, achieving the cessation of those interventions for which there is no strong evidence, or even some evidence of harm, is currently under-represented in the research impact literature. The work of the EvidenceNetwork, particularly that being undertaken by WWfC, will add to our knowledge in this area.

5.1 Influencing policy makers

While we know a lot about the ways in which the impact of research on practitioners might be increased, we know comparatively little about the effectiveness of different strategies aimed at promoting evidence use by policy makers. The utilisation of research by policy makers is often framed in terms of engineering (the direct application of research results to a pending decision) versus enlightenment (the indirect influence of research on the ways in which we think about social problems and how they might be tackled). There seems to be general support for the view that in the policy arena research is most likely to have an enlightenment rather than engineering impact, although some argue that the enlightenment model is too pessimistic about what can be achieved in the short term.

Researchers have sought to explain the lack of direct research use by policy makers. One explanation centres on the difficulty of producing credible evidence to address policy as opposed to practice questions. Others have emphasised the problems of information overload, political imperatives and the limited opportunities for research to have an impact. It appears to take an extraordinary set of circumstances for research to influence policy decisions directly, but there are occasions when this occurs.

These observations all relate to a generic policy context. Unsurprisingly, the extent and nature of the impact of research findings are greatly influenced by the specific setting within which evidence emerges and policies are shaped. The work of members of the EvidenceNetwork will add to our knowledge about how to increase the policy impact of research in specific settings.

6. Concluding remarks

The ways in which members of the EvidenceNetwork are working in different social policy fields to draw together existing knowledge, highlight gaps and extend the knowledge base, is important for increasing research impact. The building of an evidence base is inextricably linked with its utilisation. Evidence does not arise from a single study but needs to be built in a deliberate way following promising leads, addressing service priorities, and mindful of ongoing evaluations of effectiveness. Explicit research and development strategies are important, as are ongoing collaborations between researchers and research users. It is too simplistic to conceptualise utilisation and impact as the final stage of a linear process that begins with evidence generation.

Strategies for increasing research impact can be categorised not only according to the mechanisms through which they aim to enhance impact, but also according to whether
they focus on changing individual behaviour, organisational context or the fabric, structure and culture of whole systems. A lot of the emphasis to date has been on the assessment of strategies for changing practitioner behaviour. The more recent interest of the EvidenceNetwork and others in organisations (and even systems) as a target for change is important because individuals neither work in isolation, nor are they usually able to make wholly autonomous decisions. They work in organisations that have embedded routines and established cultures, with limited and largely committed resources.

Not surprisingly, most specific interventions to increase research impact, whether directed at the individual or the organisation, are of variable effectiveness – nothing works all of the time and many things work some of the time. This paper has summarised early lessons from the EvidenceNetwork on what appears to work most of the time in increasing research impact. However, what seems to be important is the way in which interventions aimed at increasing impact are combined to suit the particular context at hand. Thus understanding what works in increasing research impact in what context (and why) is a major challenge for those concerned to promote evidence based policy and practice.

The EvidenceNetwork is already rising to this challenge. It is uniquely placed to make a significant contribution to knowledge about how research impact can be increased. Members of the network are committed to developing this knowledge and sharing it widely with others.

References

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11. Petticrew, M; Whitehead, M; Macintyre, S and Graham, H *Getting evidence into public health policy 1: The reality according to policy makers* University of Glasgow, Centre for Evidence Based Public Health Policy (in progress)


15. op. cit. Ref. 2, Chapter 16

16. op. cit. Ref. 2, Chapter 2

17. op. cit. Ref. 1, pp23-24

All web addresses accurate at 28 February 2003.