

Summary of PROP Contribution Analysis

Assessing the impact of PROP

Catherine-Rose Stocks-Rankin, Heather Wilkinson, Claire Lightowler, Sarah Morton

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This summary report outlines a two-part contribution story of a Practitioner-Research Programme and the impact of new research evidence on improving services for older people in Scotland.

Executive Summary

This summary report outlines a two-part contribution story of a Practitioner-Research Programme (PRP) and the impact of new research evidence on improving services for older people in Scotland.

Background

The PROP practitioner-research programme was a partnership between the Centre for Research on Families and Relationships (CRFR) at the University of Edinburgh and the Institute for Research and Innovation in Social Services (IRISS). It was funded through the Economic and Social Research Council with support from the Scottish Government's Joint Improvement Team.

CRFR and IRISS partnered with a group of Scottish Local Authorities, NHS, third and independent sector organisations to run the PRP. The partners include NHS Lothian, West Lothian Council, Glasgow City Council, Alzheimer Scotland Scottish Care, VOCAL Midlothian and Midlothian Council.

This project aimed to improve care for older people by:

- Producing an evidence base that relates directly to the needs of those providing services and those developing policy
- Sharing that evidence amongst practitioners, policy makers, service users and other stakeholders and encouraging research utilisation in practice

These aims address two research utilisation problems:

1. How can research be more useful to practice?
2. How can we improve the utilisation of this research?

To address these problems, the PROP project brought together a team of practitioners in health and social care, academics and specialists in evidence-use and knowledge media from IRISS and CRFR. We delivered a practitioner-research training programme and supported the production of new research evidence on improving health and social care services for older people in Scotland.

Assessing the impacts of a practitioner-research programme

The production of a 16-month practitioner-research programme including training and mentorship with research (May 2012-August 2013) contributed to the development of practitioners becoming researchers and the production of new research evidence on improving services for older people in Scotland.

Assessing the impacts of new research evidence in health and social Care

Engagement, uptake and utilisation of newly produced research evidence contributed to the development of practitioner-researchers as knowledge-brokers. The development of practitioners as researchers and knowledge brokers increased the capacity of practice organisations for the production and use research as well as knowledge exchange. We anticipate that this increased research capacity will contribute the improvement of health and social care services for older people.

Part 1: Assessing the impacts of a practitioner-research programme

The PROP programme delivered a 16-month practitioner-research programme which contributed to the development of nine practitioners who gained new research skills and the produced of eight research projects on improving services for older people in Scotland.

Inputs

Everyone in PROP brought a set of resources to the project.

Project team and mentors:

- Research skills
- Expertise with knowledge exchange
- Experience delivering practitioner-research programmes
- Time and project management support

Partners:

- Support-in-kind to enable practitioners to take research leave (½ day per week of research leave plus 8 full days of leave for research training and knowledge exchange events)

Practitioners:

- Practice-based knowledge and expertise
- Knowledge of local practice context and organisational processes
- Time (personal and paid research leave) and determination

Enabling inputs included the expertise within CRFR and IRISS, who co-designed a robust research training programme and supported the project through to completion. This training programme was supported by the learning from previous practitioner-research programmes. A briefing note on this learning was published in June 2012 (<http://blogs.iriss.org.uk/prop/outputs/>).

Challenges to these inputs included the recruitment of practitioners. Some organisations were slower to recruit practitioners than others. For example, there were delays in recruitment at two of the partner organisations due to local policy and practice demands. One of the original thirteen practitioners missed the first training session as a result of this delay.

Activities and outputs

- Project team designed and delivered a research-training programme for practitioners, including sessions on: research design, data collection, analysis, and knowledge exchange
- Practitioners designed a research project, recruited research participants, generated evidence using a range of methods such as interviews, focus groups, questionnaires and analysed findings with approaches such as narrative analysis and grounded theory
- Partners, practitioners and the project team collaborated to produce new research ethics policies for Alzheimer Scotland, Midlothian Council and VOCAL
- 5 practitioner-research reports, 8 summary postcards, 1 summary flyer, blog posts, 2 evaluation reports
- Forthcoming: 1 summary booklet about PROP (June 2014), a special issue of the Journal of Integrated Care (June 2014), one peer-reviewed journal article (expected January 2016)

Practitioners reported high levels of satisfaction with the research training as well as the support from the mentors and project team. High quality project outputs were produced as part of the project which reflects the successful production of new research evidence and the learning from the research training and mentorship.

Despite these supports, some practitioners faced challenges in securing research ethics clearance. This was due to a lack of an existing ethics framework within their organisation. CRFR/IRISS supported the development of these frameworks in the three organisations: Alzheimer Scotland Midlothian Council and VOCAL. One practitioner faced extensive delays in securing NHS ethics clearance (nine-months), but eventually secured approval to carry out her research.

Engagement

Practitioner-research participation in PROP:

- 13 practitioners were recruited from eight different organisations (Alzheimer Scotland, Barchester Healthcare, Glasgow City Council, NHS Greater Glasgow and Clyde, NHS Lothian, Midlothian Council, VOCAL, West Lothian Council)
- 9 practitioners completed the training programme
- 9 practitioners produced summary postcards about their research
- 9 practitioners presented their research at PROP knowledge exchange events
- 5 practitioners produced final research reports

Research engagement with older people, carers and practitioners:

- 2/8 research projects engaged with older people accessing support
- 3/8 research projects engaged with practitioners providing services to older people
- 1/8 research projects engaged with carers and older people accessing support
- 1/8 research project engaged with carers and practitioners

Project Team and Mentor engagement with PROP practitioner-researchers:

- Mentors engaged with practitioners to support the development of research planning and research skills
- CRFR/IRISS engaged with practitioners in the design of the research training, the development of knowledge exchange events and media, and the impact of the PROP programme as a whole

The research training was designed to promote engagement. It involved a combination of formal lectures, interactive workshops and mentorship. Each training event was designed to encourage peer-to-peer support. As part of this process, practitioners were encouraged to reflect and share their learning.

There were some challenges to these processes of engagement particularly in terms attrition from the programme and completion of research projects. Three of the practitioners were unable to complete the programme. Personal and family health needs impacted the decision of two of the practitioners involved in PROP. For the third practitioner, the combination of the research requirements and their practice workload in a new post impacted their decision to leave the project.

The practitioner-research projects were achieved different levels of completion. All nine practitioners produced final presentations and summary postcards about their research. But only six practitioners produced research reports (one report is co-authored).

Reaction and changes in awareness

Practitioners

- Practitioners designed research projects which incorporated elements of their research training
- Practitioners used their practice wisdom to support the research design
- Practitioners reported feeling supported by CRFR/IRISS to undertake research and reflective practice
- Practitioners reported feeling challenged by time constraints

Project team

- CRFR/IRISS adapted to provide research-training that was most relevant to the interests of practitioner-researchers
- Mentors adapted to provide support which was most relevant to practitioners

Practitioners engaged with the research training and designed projects that reflected upon and developed their own practice-based research interests. They used practice wisdom and their newly developed research skills to produce this research. Practitioners reported high levels of support for this process from the project team.

The major challenge faced by practitioners was a lack of time for research. The majority of the practitioners were able to secure the agreed ½ day per week of research leave (5/8 practitioners surveyed), but all of the practitioners surveyed noted that they spent personal, unpaid, time in order to complete their research projects.

Although project partners guaranteed time away for research leave, the demands of practice were not necessarily reduced. For example, certain roles such as 'service manager' in which the practitioners has a management role for a service could not be reduced. Even for those practitioners who were able to take the agreed ½ day per week reported doing research in their own time.

Changes in capacity, knowledge or skills

Practitioners

- 100% of practitioners reported increased confidence in use and producing research
- 100% of practitioners reported an increase in their ability to do research
- 100% of practitioners reported increased capacity for reflective practice
- Practitioners developed new skills to carry out their own research (e.g. knowledge of research design, ethics, methods, consent, analysis and writing research reports and knowledge exchange media, presentation skills)

Partners

- All six partner organisations increased their research capacity through the development of practitioners as researchers
- Three partners organisations have gained new research ethics policies through their involvement in the PROP project (Alzheimer Scotland, Midlothian Council, VOCAL)

Project team

- CRFR/IRISS have gained new knowledge about the barriers and enablers to practitioner-research and the initial processes of research uptake, utilization and impact within health and social care practice

New knowledge about health and social care: research topics

1. Reablement training at West Lothian Council
2. Carer's assessments and outcomes-focused approaches to working with carers at VOCAL and Midlothian Council
3. Music-based therapy for people with a diagnosis of dementia at Alzheimer Scotland
4. Early-stage support for people with a diagnosis of dementia at Alzheimer Scotland
5. The 'At Home Assessment' pathway at Glasgow City Council
6. Boarding in NHS Lothian
7. Nurse knowledge of the Comprehensive Geriatric Assessment at NHS Lothian
8. Perceptions of Vulnerability at NHS Lothian

Practitioners gained new skills in designing and doing research. They also produced new knowledge about service delivery and the experiences of older people using health and social services. As part of this knowledge and skills development, practitioners increased their capacity for doing research and reflective practice.

As a result of the individual development of practitioners, the programme's partners gained new research capacity for their organisation. In addition, three organisations gained new research ethics policies (Alzheimer Scotland, Midlothian Council, VOCAL).

The processes of change described here reflect the increased knowledge of the project team about the mechanisms that support practitioner-research.

The evidence presented here focuses on practitioner-development (and is explored more fully in the first contribution story titled: 'Becoming a 'Boundary-Spanner' through Practitioner-Research, see <http://blogs.iriss.org.uk/prop/contribution-analysis/>). We have less knowledge about the process of capacity building within programme partners. This question would benefit from longer-term study.

Changes in behaviour or practice

Practitioners

- 7/9 practitioners reported delivering knowledge exchange activities about their research as a new part of their practice
- 2/9 practitioners reported gaining new knowledge about the experience of service users and carers and changing their professional practice as a result
- 2/9 practitioner reported changes to their professional role as a result of being involved in the PROP programme

Partners

- Anticipated use of new ethics frameworks for research
- Anticipated use of research evidence and change in practice

Some practitioners reported changes in their professional practice, particularly in terms of their engagement with service users who have a diagnosis of dementia. Other practitioners reported developments of their professional role. For example, one practitioner is writing a new pathway for

carer's assessments in her organisation. This pathway incorporates research findings from PROP into the guidance on professional practice. Another practitioner has developed a research liaison role in her practice. She now reviews applications for research in the Council.

More changes to personal practice and professional role are anticipated, but require evaluation using a longer-term impact assessment. Similarly, changes in practice at an organisational level are anticipated, particularly with respect to the use of research findings and new ethics frameworks for research.

Final contribution of the research training

1. The creation of boundary-spanning practitioners who occupy a new position in their practice as both practitioner and researcher
2. Establishment of ethics clearance framework in three of partner organisations (Alzheimer Scotland, Midlothian Council and VOCAL)
3. Use of summary postcards and research reports to facilitate the uptake of research evidence

The PROP programme increased capacity for research at an individual and organisational level through the development of practitioners' research skills as well as their confidence with research.

During the PROP project, practitioners became 'boundary-spanners' as their work included both research and day-to-day practice in health and social care. Research projects reflect concrete efforts to improve services and the experiences of older people in local practice setting. This empirical investigation, based on practice-wisdom, reflects their boundary-spanning position.

While the development of boundary-spanning practitioners is a clear contribution, it may be limited to the time span of PROP programme (June 2012-August 2013). Further research on impact would help ascertain whether practitioners continue to use both practice and research perspectives in their everyday work.

Part 2: Assessing the impacts of new research evidence

Engagement, uptake and utilisation of newly produced research evidence contributed to the development of practitioner-researchers as knowledge-brokers. The development of practitioners as researchers and knowledge brokers increased the capacity of practice organisations to use research. We anticipate that this increased capacity will also contribute to the improvement of health and social care services for older people.

Inputs

- Findings from eight unique, practice-based, research projects
- Nine research-savvy and reflexive practitioners
- Knowledge exchange media including research reports, postcards and presentations
- Practitioner time and capacity for knowledge exchange
- Partner organisation capacity to engage in research

The pathway to impact rests on the successful production of new research evidence as well as the capacities of practitioners and partner organisations to engage in this research.

Challenges to these inputs include capacities of practitioners and organisations. Seven of the nine practitioners felt comfortable championing their research evidence, although one practitioner indicated that the constraints of her practice limited the capacity to carry out knowledge exchange. Three practitioners were delayed in completing their research project and did not have the same resources (i.e. a completed research report) to use in their knowledge exchange.

Partner organisations' capacity to engage in research is limited by time and resources. Only 3/6 partners indicated that they had capacity to engage with research. Typical avenues for accessing research include local practitioner forums, senior management, and practice development teams. 2/6 partners reported that time was a barrier to using research and doing knowledge exchange. 1/6 partners reported that "austerity and efficiency" agendas limited their organisation's resources to engage in research.

Knowledge exchange activities

PROP events

- PROP knowledge exchange event October 2012
- PROP knowledge exchange event May 2013

Strategic-level meetings:

- Nurse Director's Meeting at NHS Lothian (June 2013): research on vulnerability, comprehensive geriatric assessment and boarding presented
- Age Concern Meeting at the Wellcome Trust (2013): research on vulnerability presented
- 2013 COSLA Excellence Awards: research on reablement training programme presented
- Discussed findings with the VOCAL senior management team (further discussion with the VOCAL Board of Directors is planned)
- Discussed research with VOCAL senior manager and Midlothian Council's lead for Social Work
- CRFR/IRISS present research to PROP Steering Group meeting throughout project

Team meetings, multi-sector meetings and public forum:

- Presentation to the Reablement Group at West Lothian Council
- Presentation of key findings to the Midlothian Carers Strategic Planning Group which is a joint strategic group between NHS, Midlothian Council's Social Work Department and the voluntary sector agencies in the area
- Presentation of findings to a local public forum 'Carers Action Midlothian'
- Presentation of findings to VOCAL team meeting (includes all members of staff)
- Presented findings at the Community Care Good Practice Forum in Midlothian Council which includes social work staff.
- Feedback of key findings and discussion points to the Clinical Directors of the Acute Medical Unit and the Edinburgh Royal Infirmary

National media:

- Feature on BBC radio programme 'Getting it On with Bryan Burnett' for Dementia Awareness Week (June 2013)

University lectures

- Lecture to first-year social work students at the University of Edinburgh on practitioner-research (March 2013)
- Proposed lecture to first year nursing students at Queen Margaret University (2013-2014)

CRFR/IRISS published outputs:

- 5 research reports
- 8 summary postcards
- 1 summary flyer
- 1 summary booklet

Other published outputs:

- Nursing Standard: poems reflecting the research ethics process (expected autumn 2013)
- NHS Newsletter 'Connection' (expected autumn 2013)
- Alzheimer Scotland has posted information about the PROP research programme on their website and linked to the PROP blog
- Forthcoming special issue of the Journal of Integrated Care (expected publication date June 2014) on practitioner-research

Team meetings and multi-sector meetings are a common venue for exchange in the health, social care and third sectors. We expected that practitioners involved in the PROP project would have an opportunity to present their research to their own team and/or multi-sector meetings in their practice setting. These meetings are more familiar to practitioners and partners than to the project team. This engagement is reliant upon practitioner knowledge of their local practice. Similarly, the presentation on the BBC programme for Dementia Awareness Week was facilitated through the partner organisation, Alzheimer Scotland, and its knowledge of the sector.

Some of the exchange activities were unexpected. For example, the lecture to University of Edinburgh social work students resulted from a connection that was created between a lecturer in social work at Edinburgh University, the project team and PROP practitioners. After facilitating a workshop for the PROP research training, the lecturer requested support from practitioners to deliver a lecture on practitioner-research to first year social work students.

These activities provide an insight into the kinds of knowledge exchange carried out as part of the PROP programme. This is not an exhaustive list of meetings or presentations which have been undertaken. Similarly, this list does not capture the less formalized conversations and discussions which have occurred in practice settings.

Engagement

Engagement was facilitated through key stakeholders and their relationships in the sector:

- Practitioner links with research participants/service users
- Mentor's links within organisation
- Team Manager's links with other managers in the same organisation
- Senior manager's links with other senior leads in a different organisation
- Facilitator for PROP research training workshop
- CRFR/IRISS event planning and knowledge exchange expertise

The pathway to impact relies upon engagement with the research evidence. The activities described above were facilitated through relationships in the practice setting. Practitioners and senior managers in the partner organisations championed the research and supported further links within the practice setting. In most cases, the champion in the partner organisation was linked to PROP through membership on the PROP Steering Group or mentorship of a PROP practitioner. Key points of engagement are outlined above and explored further in first contribution story titled: 'Becoming a 'Boundary-Spanner' through Practitioner-Research, see <http://blogs.iriss.org.uk/prop/contribution-analysis/>.

Our contribution story indicates practitioners and key stakeholders in the partner organisations facilitated engagement. Challenges to this engagement are reflected in practitioner's reports of a lack of support for engagement at their organisation. Some practitioners were surprised the research uptake and use seemed dependent on their own knowledge brokering work. They had expected that management would take a stronger lead in the making the links between policy, practice and the research evidence produced.

More in-depth investigation of the organisational context during the exchange phase of the project would give clearer evidence about the role of project partners in supporting research use.

Reaction and changes in awareness

Requests for practitioners to take on new roles in their organisation:

- Request to develop the Nursing Assessment Tool for Documentation Group at NHS Lothian
- Request for practitioner to take on a research assessment role at West Lothian Council

Requests for additional knowledge exchange activities:

- Request for lecture to first year nursing students at Queen Margaret University (2013-2014)
- Request to present at Alzheimer Scotland Annual General Meeting
- Request to present at International Dementia Conference
- Request to present at IRISS event for Scottish Government (September 2013)

Support for changes to policy and practice

- Request to re-draft the pathway for carer's assessments at Midlothian Council.

Support for continued use of practice-based intervention

- Request to devise a reablement training strategy for carers who support people with a diagnosis of dementia
- Additional financial support in the form of a £400 donation to test the music-based therapy

The pathway to impact depends on positive reactions to the engagement process. A series of positive reactions is illustrated through requests for further action, either in the form of a knowledge exchange activity such as a lecture or, more commonly, in support for changes to policy and practice.

Some of these requests have yet to be fulfilled such as such the presentations at Alzheimer Scotland Annual General Meeting, International Dementia Conference and the lecture to first year nursing students at Queen Margaret University. Longer-term assessment would help determine whether these requests were successfully fulfilled.

Our contribution story shows that changes in awareness are reflected through efforts to sustain engagement. Changes in awareness are also indicated by project partners' reflection on practice. 6/6 stakeholders in partner organisations indicated that they had undertaken a process of reflection in response to the research findings.

Changes in capacity, knowledge or skills

Practitioners

- Practitioners develop new knowledge about the mechanisms of engagement and exchange in their organisation

Partners

- 2/6 partner organisations reported gaining new knowledge to support service re-design
- 2/6 partner organisations reported increased reflective practice at a strategic level
- Financial support for the recommended intervention at Alzheimer Scotland

Project team:

- Project team develops new knowledge that practitioners themselves are the central champions of practitioner-led research

Wide-reaching:

- Prospective changes in knowledge through high-profile, wide-reaching, presentations, e.g. lecture at Queen Margaret University, presentations at the International Dementia Conference and Annual General Meeting for Alzheimer Scotland

Our contribution is most prominently reflected in the practitioners' new capacities for knowledge exchange and their development of new knowledge about the processes of engagement in their local setting.

As discussed above, the practitioners on the PROP project have generated a wide variety of knowledge exchange activities. Some of these activities have been very successful in raising awareness of the research and its findings. In particular, some practitioners have been asked to contribute to the redevelopment of practice or the extend best practice to other parts of their

service. These requests provide opportunities to change organisational capacity, knowledge and understanding by incorporating the recommended improvements from research into practice.

This process of engagement has contributed to some changes in capacity at an organisational level, particularly in terms of new knowledge about health and social care practice and increased capacity for reflective practice.

Practitioners undertook a wide range of activities to share evidence but only some of these encouraged engagement and changes in awareness. We have tracked some of these to changes in knowledge and capacity, but have limited evidence, at this stage, to support longer-term impacts.

Changes in behaviour and practice

Observed changes in practice:

- Development of new pathway for carers assessments at Midlothian Council

Anticipated changes to practice:

- Change in the carer's assessments pathway at Midlothian Council to reflect an outcomes-focused approach which uses conversation-tools to facilitate the assessment of needs
- Change in Nursing Assessment Tool to reflect an increased sensitivity to older people's account of their own vulnerability
- Extensions and use of music-based therapeutic interventions for people with a diagnosis of dementia at Alzheimer Scotland
- Use of reablement training in other areas of the service at West Lothian Council

Changes in practice are most clearly evidenced in the development of a new carer's assessment pathway at Midlothian Council. Other changes are anticipated but make take time to be visible in the sector. Further investigation of impact in 6-12 months would demonstrate some of these impacts.

Contribution of new research evidence

- Some initial changes to practice, particularly at Midlothian Council
- Increased capacity among some practitioners for knowledge brokering
- Increased capacity for research production and knowledge exchange in all PROP partner organisations

The first part of our contribution story illustrated the PROP project contributed to the development of 'boundary-spanning' practitioners. 'Boundary-spanners' occupy a new place in their organisation as both practitioners and researchers. As part of this process, the practitioners on PROP produced new research evidence about health and social care. In sharing this research evidence, they have developed new skills in knowledge exchange.

The contribution of exchanging new research evidence is first and foremost the development of practitioners as knowledge-brokers. This process of knowledge-brokering was undertaken by practitioners as they championed their research findings in their organisations and related practice and policy settings.

While we anticipate there to be some changes to policy and practice as a result of this brokerage, a longer-term impact assessment is needed to determine any shifts in the delivery of health and social care services to older people.

Some of these anticipated contributions to practice could include:

- Better support for carers in Midlothian due to improvements to the carer's assessment pathway
- Increased independence and activity levels at West Lothian Council due to extension of the Reablement Training Programme
- Improved quality of life for people with a diagnosis of dementia who use music-therapy at Alzheimer Scotland
- Improved quality of service user engagement due to changes in the Nursing Assessment Tool for older people using NHS Lothian services
- Reduction in the wait-time for community care assessments and hospital stays for older people using services in Glasgow City Council
- Better communication about boarding to service users in NHS Lothian
- Greater knowledge and use of the Comprehensive Geriatric Assessment in NHS Lothian

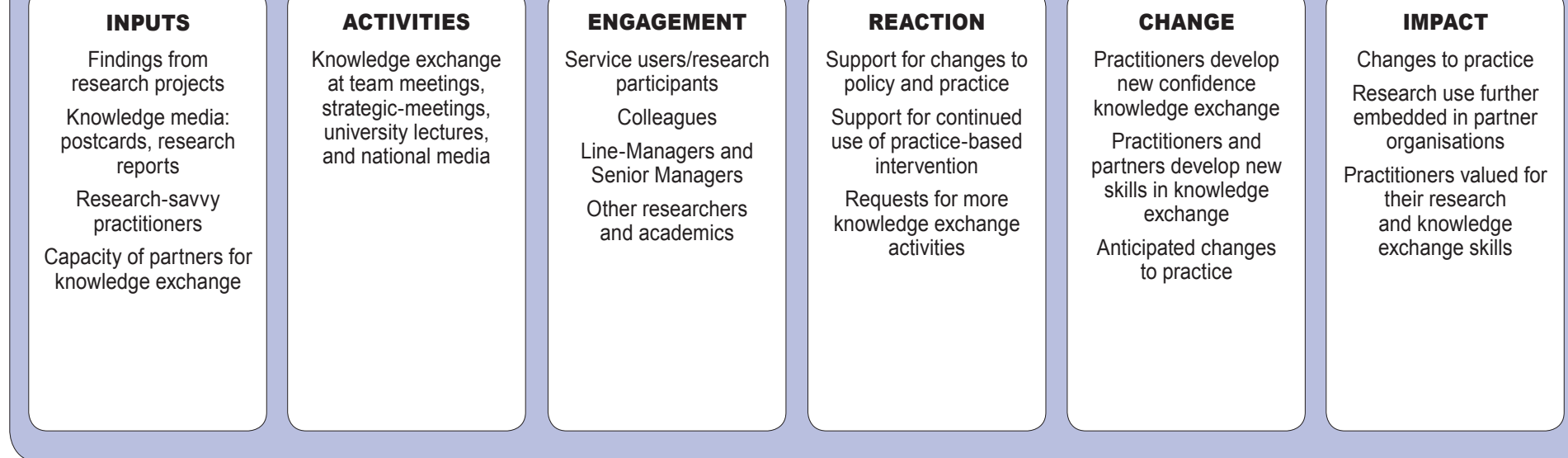
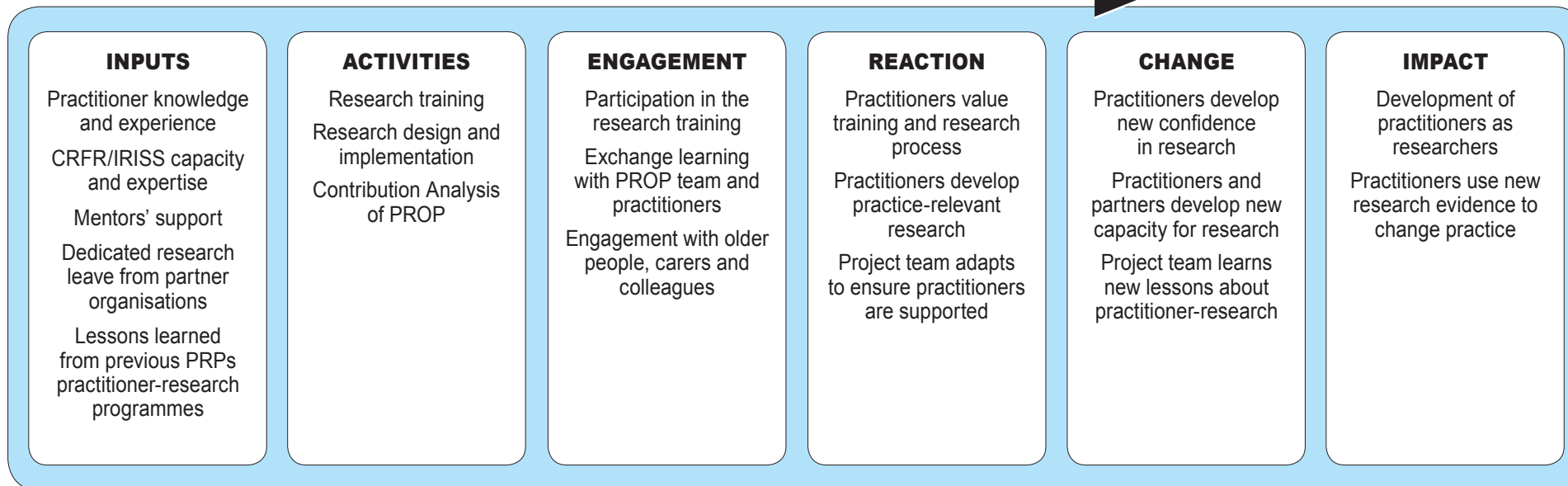
The development of practitioner capacities has created new learning for the project team in terms of the processes of knowledge mobilization. We are exploring this learning through a blog post (see <http://blogs.iriss.org.uk/prop/2013/07/18/making-the-most-of-practitioners-doing-research/>) and are currently working on a journal article for peer-review publication about this topic (expected publication January 2015).

For more information on the PROP project, please see: <http://blogs.iriss.org.uk/prop/>

For more information on individual research projects, please see: <http://blogs.iriss.org.uk/prop/practitioner-researchers/>

We also explore these pathways to impact in further detail through a series of practitioner case studies in our two contribution reports available here: <http://blogs.iriss.org.uk/prop/contribution-analysis/>

Short term: Impacts of a Practitioner-Researcher Training Programme



Long term: Impacts of New Research Evidence in Health and Social Care

