



# Assessing the Impacts of New Research Evidence in Health and Social Care in Scotland

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## PROP Contribution Story #2

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This report outlines the second part of the PROP contribution story and focuses on the impact of the knowledge translation and exchange processes on both the individual practitioner and the fields of practice where that evidence was shared.

## Executive summary

This report outlines the second part of the PROP contribution story and focuses on the impact of the knowledge translation and exchange processes on both the individual practitioner and the fields of practice where that evidence was shared.

The PROP (Practitioner-Research: Older People) programme brought together a team of practitioners in health and social care, academics and specialists in evidence-use and knowledge media from 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.

The PROP Partners included: NHS Lothian, West Lothian Council, Glasgow City Council, Alzheimer Scotland, and Scottish Care and 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?

## Pathway to impact

Our analysis uses a Contribution Analysis approach (Mayne 2001, 2012, Morton 2012). It begins with an overview of the inputs which each partner brought to the programme, the activities which were undertaken, the development of new awareness and the changes in knowledge, capacity, skills and practice that were created.

## Contribution of new research evidence in health and social Care

- 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.

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## What is PROP?

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:

3. How can research be more useful to practice?
4. 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.

## Project aims

Through the delivery of a practitioner-research programme, we aimed to achieve the following:

- Improve the volume and quality of research produced by those delivering health and social care for older people
- Increase awareness of, and improve access to, research created by those involved in providing care for older people
- Support greater engagement and collaboration between researchers and practitioners involved in researching and delivering care for older people across health and social care contexts
- Extend theoretical and practical understandings of the knowledge translation, brokerage and exchange processes that are effective between academics, users, policymakers and practitioners when sharing good practice in the production and utilisation of findings relating to the health and social care of older people

## Why practitioner-research?

Practitioners undertake a considerable amount of research. In fact, Mitchell and colleagues estimate that 'practitioner research in social work probably occupies a major part of the total volume of research activity in this field' (Mitchell et al, 2010: 8).

There is evidence to suggest that practitioner research can be a valuable approach for strengthening the use of research for the individual practitioner undertaking research and potentially for the organisation with potential for further impact on the wider sector. These benefits vary depending on the support

available for the practitioner and how the research is structured; which can for instance involve support being provided by other practitioners, academics or research colleagues based in-house or in external organisations.

Some of the benefits of practitioner research for the practitioner and their organisation include:

- Delivers research of direct relevance to practice concerns
  - Improves research capacity of individual practitioners and organisations
  - Strengthens the active role of the practitioner in the research process
  - Brings the worlds of policy, practice and research closer together
  - Helps an organisation develop the capacity for critical inquiry and a "learning orientation"
  - Supports the desire for and the use of research done by "outsiders"
  - Reduces the distance knowledge has to travel from research to practice
  - Provides a starting point for further research-practice collaboration
- (Armstrong and Alsop, 2010; Roper, 2002; Anderson and Jones, 2000: 430)

However, practitioner research also present challenges:

1. Practitioner researchers often lack professional support and training related to the use and application of research methods and theory.
2. Practitioners struggle to access existing evidence related to their work, thus potentially affecting the quality of what they are able to produce.
3. Practitioners engaged in conducting research into their own team, service or organisation do not usually have the time or capacity to communicate their research findings more widely or to support their use in other services or organisations.

## Supporting practitioners to 'do' research

This Practitioner-Research Programme (PRP) was delivered between May 2012 and September 2014. Over this period, nine practitioners designed and carried out an empirical research project directly related to their practice and the theme of care for older people.

The partner organisations (Alzheimer Scotland, Glasgow City Council, Midlothian Council, NHS Lothian, West Lothian Council and VOCAL) made a commitment to support selected members of staff to participate in the PRP. Practitioners were allocated ½ day/week for research, six days for research training and two days for knowledge exchange seminars over the 16-month period.

Each practitioner-researcher was allocated a mentor from the University of Edinburgh, NHS Lothian or IRISS. This mentor supported the research design and analysis in the project and provided guidance on how best to use research findings to improve policy and practice.

A series of six training sessions was delivered between July 2012 and February 2013. These full-day events focused on six areas of research practice: (1) resources for research, (2) project management and research planning, (3) research design, (4) generating evidence, (5) analysing evidence, and (6) knowledge exchange.

Knowledge exchange events were held in October 2012 and May 2013 bringing together key stakeholders who might be interested in the research to facilitate learning. Practitioners shared their learning about the process of research and key findings from their research.

## Research focus

The PROP programme of practitioner research produced eight research projects:

1. Carer's Assessments and Outcomes Focused Approaches to Working with Carers, authored by Abenet Tsegai and Rebecca Gamiz
2. Staff Training for Reablement of Older People, authored by Catherine Robertson
3. Is Music the Best Medicine? By Janice Caine
4. Perspectives on Outcomes of Early Stage Support for People with Dementia and their Carers, authored by Gabrielle Colston
5. What is the level of knowledge of the Comprehensive Geriatric Assessment process in nurses working in admission and assessment areas in Edinburgh? By Anne Scott
6. 'Just because I'm old doesn't mean I'm vulnerable', authored by Billie Morrow
7. The attitudes of elderly patients and their relatives to the experience of boarding in an acute medical unit, authored by Amy Begg
8. Implementation of the Assessment at Home Pathway, authored by Kathy Litteljohn

## What did we produce?

- 8 completed practitioner-research projects, including final reports and summary postcards
- 1 summary booklet of the PROP programme of practitioner-research
- 2 knowledge exchange events - bringing together key stakeholders to learn from the research
- 1 peer-reviewed special issue of the Journal of Integrated Care co-authored by PROP practitioners and the project team (expected publication date May 2014)
- 2 peer-reviewed journal articles about improving the use and usefulness of research for those involved in delivering services
- Two evaluation reports about the practitioner-research programme

For more details, please see our website: <http://blogs.iriss.org.uk/prop/>

## Understanding the impact of practitioner-research

In order to understand the impact of the PRP, we used an evaluation framework that is based on, and adapted, from Contribution Analysis (Mayne 2001, Morton 2012). This approach is useful because it acknowledges that there are many factors which influence change. Research on its own cannot cause change, but practitioner research that is embedded within the complex world of health and social care can contribute to changes in awareness, capacity and practice.

What is contribution analysis? The assumptions which underpin Contribution Analysis (CA) set it apart from other kinds of evaluation. CA assumes a complex world. Its proponents often use a systems theory approach (Patton 2012) and begin with the viewpoint that there are multiple and complex processes at play in the production of any outcome.

This perspective makes it difficult to produce evaluations that use a linear model of cause and effect. For advocates of CA, linear models omit several key processes such as external influences and the various activities which produce an outcome. In a linear model, the focus is on a straightforward process of inputs, leading to outputs and outcomes. As a result, this kind of approach can miss the context of the intervention as well as the processes and relationships which surround it.

## The process of contribution analysis

CA is part of a family of evaluation approaches called theory-based evaluations. CA uses a theory of change (Mayne 1999) to show how a programme is intended to work and the projected impacts of its production. This process of “logical argumentation” (Wimbush 2012) determines whether the outcomes observed are the result of the programme’s activities.

Contribution analysis is typically conducted in six stages (Mayne 2010).

1. Determine the cause-effect issue to be addressed
2. Develop a theory of change and risks to its success
3. Generate evidence in response to the theory of change
4. Assemble the contribution story, and outline the challenges to it
5. Seek out additional evidence
6. Revise and strengthen the contribution story

Developing a robust theory of change is central to a successful CA evaluation. The theory of change is modeled through a set of tools called logic-models (Rogers 2008) or results chains (Mayne 2001). These tools act as a template for how a programme is intended to work. There are various templates for creating a theory of change. The appropriate model will depend on the nature of the intervention or process to be studied.

For example, Morton (2012) has developed a results chain which focuses on research use and impact. It begins with an account of inputs and outputs and then moves through key processes such as engagement, reaction, change and contribution. Importantly, it prompts the user to focus on assumptions and risk at each stage of this process in order to clarify ‘how’ the activities of research use are designed to make an impact.

Another model, developed by NHS Health Scotland, reflects an evaluation of Glasgow City Council’s suicide prevention partnership in 2009 (Wimbush, Montague, Mulherin 2012). This evaluation uses a ‘nested logic model’ to capture the two stage process of their pathway to impact. The first stage maps the

creation of a successful partnership. The second stage shows the impact of that partnership on the goal of positive health outcomes.

The central connection between these models is that each attempts to describe a pathway to contribution. Outputs from the evaluation tend to be narrative in nature and often read like a “journey” (Patton 2012) from resources through activities to outcomes and outputs. Done well, these narratives should showcase the rich detail and complexity of the programme’s context.

### **Benefits of contribution analysis**

The use of contribution analysis is thought to provide a rigorous alternative to experimental models of evaluation that would typically use a counterfactual or control case (Wimbush, Montague, Mulherin 2012). This is appealing in evaluations of social services where the phenomenon under evaluation does is complex and context specific – as in the case of practitioner research.

A useful aspect of a contribution analysis approach is the opportunity for collaboration and learning. Both Patton (2012) and Wimbush et al (2012) identify multiple opportunities for engagement in the evaluation process. Users of the evaluation are encouraged to participate in its design as well as the generation of evidence.

This participation is a cornerstone to the rigor of the process itself. The development of a theory of change is intended to be a dialogical process which includes producers of the programme and users of its outputs. The perspectives of these stakeholders on ‘how’ a programme is implemented and the possible changes it creates are the central elements of the theory of change. Without the contribution of these voices, the theory of change is reliant on the evaluator’s distanced and singular viewpoint.

This process supports the development of ‘collaborative capacity’ (Wimbush, Montague, Mulherin 2012). It also creates opportunities for ownership of the evidence and encourages the development of evidence which is useful and relevant to the organisations involved and the programmes they develop and use (Patton 2012). In the context of knowledge production, engagement and exchange, it also creates opportunities for reflective practice (Schon 1999).

### **Limits of contribution analysis**

Definitive claims of attribution or contribution are difficult to make in the context of complex systems. Mayne (1999) suggests that the focus of evaluation in this context is more often directed towards increasing understanding of a programme and accounting for ‘what works’; it rarely “proves” things in an absolute sense” (p.5).

Some suggest that the focus on contribution, rather than direct attribution, “is so weak that a finding of no contribution is highly unlikely” (See Patton 2012 p. 376). Patton suggests that this is a legitimate concern and offers an eight-step metric for promoting rigor in contribution analysis (developed from Woods 2007) to supplement his analysis.

Patton suggests that the narrative of contribution can be considered sufficiently robust if multiple perspectives are included in the creation of the logic model, alternative explanations for change are thoroughly addressed and accounted for, and the process itself is reflective and iterative so as to be appropriately critical (for more detail, see p. 375 in Patton 2012).



## Using contribution analysis in the PROP project

We used contribution analysis to evaluate the PROP (Practitioner-Research: Older People) project at two levels: (1) the practitioner-research programme and (2) its impact on the use of research evidence in policy and practice at local health and social care organisations.

Our contribution story begins with the individual development of the practitioners involved in the research programme. We suggest that the development of research skills and the experience of ‘doing’ research provides practitioners with expertise as a ‘researcher’ as well as a ‘practitioner’. In this way, they might be thought of as ‘boundary-spanners’.

The second half of our contribution shows the use of practitioner-research to improve the use of evidence-based practice in partner organisations. We suggest that the practitioners’ use of engagement and knowledge exchange has increased organisational capacity for research use and made some initial changes to practice. In this way, they might be considered ‘knowledge-brokers’.

## Methodology

We used a nested theory of change (Wimbush, Montague, Mulherin 2012) to show the two-stage process of our contribution (see Appendix 1). The first stage of the process accounts for the practitioner-research programme and its impact on the practitioners involved, particularly the development of research skills and experience with ‘doing’ research. The second stage accounts for the engagement and knowledge exchange activities which were used to share knowledge about the practitioner-research projects, with a particular focus on changes in practice at Alzheimer Scotland, Glasgow City Council, NHS Lothian, Midlothian Council, West Lothian Council and VOCAL.

Each stage of the theory of change is based on Morton’s (2012) template which looks at the impact of research. Morton uses an eight-stage results chain to model the theory of change:

1. Inputs
2. Activities and Outputs
3. Engagement/Involvement
4. Awareness/Reaction
5. Change in capacity, knowledge or skills
6. Change in behaviour and practice
7. Impact

Each stage in the results chain includes the assumptions and risks to the theory of change, as well as the pathway to impact, the indicators for impact and the evidence to be collected. We used this template to create a prospective theory of change at the beginning of the PROP project (June 2012). This was refined at three different points in the project (August 2012, November 2012 and January 2013) to include the iterative learning which was a result of the project’s activities. For a detailed matrix of this theory of change, please see our blog: <http://blogs.iriss.org.uk/prop/contribution-analysis/>.

The nested logic model allows us to apply the stages of Morton’s template to two distinct levels: (1) the practitioner-research programme, including the research training, mentorship and support for practitioner-researchers and (2) the development of knowledge exchange networks and engagement strategies which support the use of the research produced and further develop a culture of research in the stakeholder organisations.

## Generating evidence of impact

We gathered a range of evidence about these activities, such as questionnaires, round-table discussions and group activities. We used 'criteria for success' to create benchmarks for impact from practitioners, mentors and steering group members. We also used questionnaires to generate evidence for the theory of change. In these questionnaires, we used open questions in order to create space for practitioners to share their experiences in their own terms. We also used closed questions, typically in the form of Likert-type scales, to show improvement over time.

We have also included outputs from the project in our analysis including audio recordings of presentations, presentation material such as powerpoint presentations, and research reports. This data are informed and supplemented by our experience as designers and project managers of this programme of research.

## Strengths and limits

The strength of this approach lies in its requirement that the theory of change include a set of explicit assumptions about the activities which lead to change. We used these assumptions to generate the pathway to impact and the indicators through which we would measure that impact. The evidence that was generated was then measured against these indicators. Impact is determined through the degree to which our evidence supports the theory of change model we created. This approach created a robust framework for evidencing the processes of research as well as linking these to wider outcomes

However, this was an internal evaluation, led by the project manager responsible for operational delivery of the programme. Data from several different sources has been incorporated to try and ensure assumptions are rigorously tested, and additional scrutiny has been offered by a Co-Director at CRFR. Some of the evidence presented here reflects the manager's own knowledge and experience of the programme's development, which adds a depth to the report which would not otherwise be possible, but it also adds an additional degree of subjectivity to this analysis.

Second, there are some limits to the degree of our participatory approach. Practitioners have supported the data collection in this project, but the bulk of the modeling was conducted by the authors. This has limits for the development of robust assumptions and pathways to impact.

## Robustness of this report

This report is based primarily on a knowledge exchange event held with a small group of PROP practitioners in July 2013. It does not capture all of the knowledge exchange activities or the depth of organisational learning and impact that these research projects may have supported. Instead, it focuses on case studies to explore the impact of the knowledge exchange processes used in the PROP programme.

Where possible, we also include data generated with key strategic partners from each of the organisations involved in the PROP project. This data was generated through discussion in Steering Group Meetings and a short questionnaire about organisational learning.

## Assessing the impacts of new research evidence in health and social care

This report outlines the second part of the PROP contribution story and focuses on the contribution of the newly produced research evidence. It examines the impact of the knowledge translation and exchange processed on the individual practitioner and suggests that the PROP programme contributed to practitioners' development as knowledge brokers.

Knowledge brokers connect users of research with new research evidence (Lomas 2007). Knowledge brokers are typically thought to be able to mediate access to research and work with the user of this evidence to support its use in a local practice context (Clark and Kelly 2005). They are often trusted individuals with knowledge of both the research and the policy or practice setting (Canadian Health Services Research Foundation 2003). We use the term here to refer to the engagement work that PROP practitioners undertook to encourage uptake and utilisation of their newly research evidence.

The focus of this report is the development of practitioners as knowledge brokers. We suggest that this development increased the capacity of practice organisations for the use research and knowledge exchange. We anticipate that these increased capacities will contribute 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: Research reports, postcards, presentations and the blog
- Practitioner's time and capacity for knowledge exchange
- Partner organisations' capacity to engage in research

The primary input for the knowledge exchange phase of the PROP programme is the practitioners themselves. PROP was designed to support practitioners to become more knowledgeable and more confident in producing and using research. The PROP programme supported practitioners to develop research skills and confidence in conducting and interpreting research. This development was achieved through a two-stage process involving workshops and classroom-based teaching as well as the production of a research project. Practitioners were supported throughout the programme with research training, knowledge exchange events, mentorship, graphic design, and support with project management. For more details on these processes, please see our first report (<http://blogs.iriss.org.uk/prop/contribution-analysis/>).

Other key inputs for knowledge exchange include presentations and research reports. Each of the nine practitioners produced a presentation for key stakeholders and partners in the PROP research programme at the conclusion of the first phase of the PROP project (May 9<sup>th</sup> 2013). Five of the nine practitioners have also produced written reports of their research (released in September 2013). An additional three reports were anticipated, but have not yet been produced. Some of these reports will be used to draft articles for a special issue of the Journal of Integrated Care (forthcoming July 2014).

Research uptake and utilization was assumed to be dependent on the capacity of the practitioners to carry out knowledge exchange activities and the capacity within the Partner organisations to engage with new research evidence. The case studies included here show that practitioners have undertaken the vast amount of knowledge exchange work within their organisations. While organisations may be receptive to using the research evidence produced, capacity for engagement can vary. These cases studies show a

number of changes in awareness, but some of the changes in capacity or practice have yet to be articulated. This could be a function of the capacity for organisations to engage in changing practice. It may also be a reflection of the time needed to change practice at an organisational level.

## Activities

### PROP events

- Knowledge Exchange Event October 2012
- 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 presented research to PROP Steering Group meeting

### Team meetings, multi-sector meetings and public forum:

- Presentation to the Reablement Group at West Lothian Council
- Presentation of key findings to the Midlothian Carer's 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 'Carer's 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 July 2014) on practitioner-research

The practitioners on the PROP project have undertaken a variety of knowledge exchange activities. They produced presentations for the two PROP Knowledge Exchange events hosted by CRFR/IRISS in October 2012 and May 2013. The audio and text of these presentations are available for download (<http://blogs.iriss.org.uk/prop/>).

Practitioners received support from the PROP project team to design and carry out these presentations. The PROP project team invited key stakeholders and produced key outputs for engagement such as two-page summary and postcards about each of the PROP projects.

Practitioners undertook a variety of other knowledge exchange activities within their own organisations and practice setting. These activities tended to be initiated by the practitioners. The practitioners also determined the content of their engagement at these events. The following case studies provide further detail about the type of knowledge exchange activities which were undertaken.

#### Billie Morrow: NHS Lothian

Billie's research investigates conceptions of vulnerability in older people.

Billie presented her preliminary research findings in a variety of contexts and formats:

- Presentation to the Nurse Director's Meeting at NHS Lothian
- Presentation to the Age Concern Meeting at the Wellcome Trust
- Poems reflecting the research process to be published in the Nursing Standard
- Feedback of key findings and discussion points to the Clinical Directors of the Acute Medical Unit and the Edinburgh Royal Infirmary

Billie has also been asked to present her findings in a lecture to first year nursing students at Napier University within their 'older persons' module. Billie was also approached by a researcher at Queen Margaret University to produce further research on 'the vulnerable adult'. The outcome of these activities is outwith this contribution analysis. A more long-term assessment would provide detail on the process of delivery these activities.

#### Janice Caine: Alzheimer Scotland

Janice's research investigates the impact of music therapy on people with a diagnosis of dementia and their carers.

Janice has carried out a variety of knowledge exchange activities:

- Janice was featured on the BBC radio programme 'Getting it On with Bryan Burnett' in June 2013 for Dementia Awareness Week (she discussed her research and the relationship between music on memories)
- In recognition of this interview, an email was sent to all staff at Alzheimer Scotland to raise awareness of Janice's research and the publicity received

- Janice has discussed her research findings with the participants in her project
- Alzheimer Scotland has posted information about the PROP research programme on their website and linked to the PROP blog

Janice has also been asked by the Deputy Director at Alzheimer Scotland to submit an abstract to the 2014 International Dementia Conference. Janice has also been asked to present a workshop on her research at Alzheimer Scotland's Annual General Meeting in November 2013.

#### Catherine Robertson: West Lothian Council

Catherine's research evaluates the effectiveness of the reablement training programme for personal support workers at West Lothian Council. This reablement training programme received a Gold Award in the 2013 COSLA Excellence Awards for "innovative and passionate developments" in Scottish local government (COSAL 2013). Catherine and the Social Policy Learning and Development Team at West Lothian Council delivered a presentation and short film at the award ceremonies in March 2013.

In addition to these knowledge exchange activities, Catherine has also used and presented her research findings in other contexts, such as:

- Presentation to the Reablement Group at West Lothian Council
- Used research findings in support of 2014 COSLA award for 'Team of the Year'

#### Abenet Tsegai and Rebecca Gamiz: VOCAL Midlothian and Midlothian Council

Abenet and Rebecca carried out a joint project on the process and impacts of different approaches to carers assessments.

Abenet and Rebecca have undertaken a variety of knowledge exchange activities, including:

- Presentation of key findings to the Midlothian Carer's 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 'Carer's 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.
- Discussed findings with the VOCAL senior management team. Further discussion with the Board of Directors is planned.
- Discussed research with VOCAL senior manager and Midlothian Council's lead for Social Work

## **Discussion**

The previous four case studies exemplify the kinds of knowledge exchange activities which were typical for these practitioners.

Team meetings and multi-sector meetings are a common venue for exchange in the health, social care and third sectors. All the practitioners involved in the PROP project have had an opportunity to present their research to their own team and/or multi-sector meetings.

In some cases, practitioners were also invited to present to key strategic meetings. The NHS Lothian's Nurse Director's Meeting, Alzheimer Scotland Annual General Meeting and the COSAL Excellence Award ceremony each have a strategic focus and include senior policy makers.

Some practitioners were able to advance their research findings further in meetings which focused specifically on their own research. Abenet and Rebecca presented their work at a meeting with VOCAL's senior management and Midlothian Council's Lead for Social Work. This kind of meeting has been a less common occurrence on the PROP project because it was focused on translating the research findings into practice.

While the practitioners were very positive about these activities, a few of them were surprised by the time and energy required to encourage uptake and engagement in the research evidence. These presentations and meetings were scheduled within the working day, but there was little reduction in workload to compensate for time spent preparing the presentation or following-up with interested colleagues after the meeting. Practitioners voiced an assumption that others in their organisation would take their research findings forward and were surprised that they were chiefly responsible for championing their own research.

## Engagement and research uptake

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

High impact points of engagement:

- Engagement with service users/ research participants about music-based therapy for people with a diagnosis of dementia
- Engagement with Group Manager for Reablement at West Lothian Council
- Engagement with Nurse Director's Meeting at NHS Lothian
- Engagement with strategic lead for Social Work at Midlothian Council and VOCAL manager

The PROP practitioners were asked to identify 'high impact' instances of engagement, reaction and change within the context of the knowledge exchange activities they had undertaken. The following sections outline these instances of engagement. They draw attention to the significance of local context and the importance of the practitioner's placement within the organisation for championing their research and motivating the uptake of their research findings.

### Billie Morrow: NHS Lothian

Billie described her engagement with the Nurse Directors in NHS Lothian as a significant moment of knowledge exchange and engagement. This was echoed by her project mentor in the NHS who arranged the meeting and informed us that the "12 most senior nurses in NHS Lothian" attend this meeting. Billie presented her research alongside two of the other PROP practitioners from the NHS, Anne Scott and Amy Begg. They circulated postcards summarizing their research.

### Catherine Robertson: West Lothian Council

Catherine engaged with the Group Manager for Reablement in West Lothian Council. This meeting focused on Catherine's evaluation of the reablement training for support workers at West Lothian Council. As Catherine's findings were used to further develop that training, the evaluation was cited as one of the

reasons for the Gold Award from COSLA for excellence in social services. PROP's West Lothian Partner who told us that Catherine's "research was disseminated through a strategic planning group with senior manager involvement echoes this. It was also mentioned in a COSLA award application for which our organisation attained a gold award".

#### Janice Caine: Alzheimer Scotland

For Janice, 'high impact' engagement has been focused on discussing her findings with participants. Janice's project used a participatory action research model in which engagement with participants is a key aspect of the research. While Janice has had positive engagements with the Deputy and Executive Directors at Alzheimer Scotland, her primary focus has been with the participants, service users and local practitioners. The PROP's Partner at Alzheimer Scotland underscores Janice's engagement with her local context by highlighting that Janice and, the other PROP Practitioner from Alzheimer Scotland, Gabrielle Colston have "shared research with local teams". Janice's presentation on the BBC is also considered to have raised the profile of the organisation and highlighted Janice's research though Janice herself suggests that the impact of this is still unknown.

#### Abenet Tsegai and Rebecca Gamiz: VOCAL Midlothian and Midlothian Council

For Abenet and Rebecca, the key point of engagement was their meeting with senior managers from VOCAL and the lead for Social Work at Midlothian Council. In this meeting, they outlined the key findings from their comparative research project on carer's assessments and some recommendations for improvement to practice. Abenet and Rebecca's research has gained interest at both the organisational and national level. As the VOCAL partner suggests "the research has been shared with the Midlothian Carer's Strategic Planning Group and is also being shared at a national level via the Scottish Government's Carer's Policy Branch and via the Coalition of Carers in Scotland".

## **Discussion**

The case studies presented here show that engagement with research takes different forms and involves different stakeholders.

Billie, Catherine, Abenet and Rebecca have each articulated that their key points of engagement lie within the strategic branch of their organisation. In contrast, Janice's key point of engagement has been with local teams and the participants/service users in her project.

For most practitioners, the key point of engagement has tended to involve senior managers within their organisation. These meetings have included people with senior policy making or practice roles within the organisation, such as the Nurse Directors at NHS Lothian, the Group Manager for Reablement at West Lothian Council and the Lead for Social Work at Midlothian.

For at least one practitioner in the group, the key point of engagement has been the participants of the research project. These participants are people who access support. As such, the practitioner's engagement is focused on improving services for them as individuals who use the service.

These two types of engagement reflect different types of research focus. Some of the PROP research projects lend themselves to strategic changes such as development of the reablement training programme, re-development of the carer's assessment or culture change through shifting conceptions of older people's vulnerability. In other cases, the focus of the research is a practice-based intervention. These impacts are explored further below.



## Research use: change 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 practitioners articulated a set of positive reactions to their research and some changes in awareness in response to their research findings. These are most clearly articulated in requests for additional knowledge exchange activities or for support with a policy change or intervention.

### Billie Morrow: NHS Lothian

Billie's engagement with the Nurse Directors for NHS has been, in her words, "very positive". As she suggests, "they understood why the research took place and were keen to take forward the findings". At this stage, Billie has been asked to give a lecture to first year nursing students at Queen Margaret University (2013-2014). Billie has also been asked to work with the Documentation Group at NHS Lothian to develop the Nursing Assessment Tool. This request reflects a positive interest and increased awareness of Billie's research.

### Catherine Robertson: West Lothian Council

Catherine's meeting with the Group Manager for Reablement at West Lothian was received positively. Catherine has since been asked to devise a reablement training strategy for carers who support people with a diagnosis of dementia. This extends the current focus of reablement training to include a new service user group.

### Janice Caine: Alzheimer Scotland

Janice's engagement with service users regarding her research has helped her to identify service users who would benefit from the music-based intervention she tested in her research. Janice's engagement with the BBC interview has raised the profile of her research and helped her to receive additional financial support in the form of a £400 donation to test the intervention.

### Abenet Tsegai and Rebecca Gamiz: VOCAL Midlothian and Midlothian Council

Following on from Abenet and Rebecca's meeting with a senior manager at VOCAL and the Lead for Social Work at Midlothian Council, Rebecca has been asked to re-draft the pathway for carer's assessments at Midlothian Council.

## Discussion

Engagement has led to a series of positive reactions. These are most clearly reflected in requests for further action, either in the form of a knowledge exchange activity such as a lecture or, more commonly, in support for the research's recommendations to policy and practice. Some of these are prospective requests such as the suggestion that Billie support the re-development of the Nursing Assessment Tool at NHS Lothian. Others are more concrete such as Rebecca's work to change the pathway for carer's assessments at Midlothian Council.

## 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.

For example, Rebecca Gamiz's work to redesign the pathway for carer's assessments at Midlothian Council reflects a change in organisational understanding of carer's needs and the new ways to achieve positive outcomes for this group. It also reflects a change in organisational capacity, as Rebecca herself has extended her role as a social worker to include the strategic work of practice development.

Similarly, Catherine Robertson's work to evaluate the reablement training programme at West Lothian Council has led to a request to extend that training programme to other areas of service delivery in the organisation. The positive reception of Catherine's work, both as a reablement trainer and evaluator, has led to changes in organisational understanding of the reablement approach and its value for a wide

variety of service user groups. It also reflects an extension of Catherine's role and further raises the profile of her team.

## Discussion

Both of these examples reflect strategic shifts within an organisation. Some of the changes in capacity are more local. This change is reflected in Janice Caine's receipt of small donation (£400) to purchase more MP3 players for her service. With this donation, Janice can continue to develop her music-therapy intervention for people with a diagnosis of dementia.

There are some changes in capacity and knowledge which have yet to be articulated. For example, Billie Morrow's lecture to first year nursing students at Queen Margaret University will take place in the academic year (2013-2014). Similarly, Janice Caine will deliver a presentation to Alzheimer Scotland's Annual General Meeting (2013) and the International Dementia Conference (2014). The reach and impact of these presentations is yet to be determined.

Likewise, we are unable to track the impact of some of the other presentations or knowledge exchange activities described above. For example, Billie Morrow's publication of her reflexive research poems in the Nursing Standard might have an impact on others interested in undertaking research. Rebecca Gamiz's lecture to first year social work students at the University of Edinburgh might also inspire social workers to engage in practice-based research. Janice Caine's BBC interview might raise the profile of music-based interventions for people with a diagnosis dementia.

## 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

## Discussion

Most of the changes in capacity or knowledge described above seem poised to change practice at an organisational level. At the time of writing this report, these changes are still prospective, but we feel they are each promising impacts of the research conducted as part of the PROP project.

## Contribution

This report, and the case studies included here, show that the research undertaken as part of the PROP has contributed to immediate changes in capacity and knowledge at an organisational level. These changes are reflected in the positive reactions to the practitioners' knowledge exchange activities. These reactions have led to requests for to support a change in policy or practice changes and concrete financial

support for practice interventions. These changes also reflect increased knowledge and understanding of the research findings and an increased capacity to use and share research.

Key contributions:

- 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

## Discussion

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 summer 2014).

At the time of writing this report, more intermediate changes in organisational practice are anticipated but not yet evidenced. We feel confident that the requests for support with the NHS Nursing Assessment Tool, the pathway for carer's assessments and the extension of the reablement training each reflect a likely shift in organisational practice. Similarly, the donation to support Janice's use of music-based

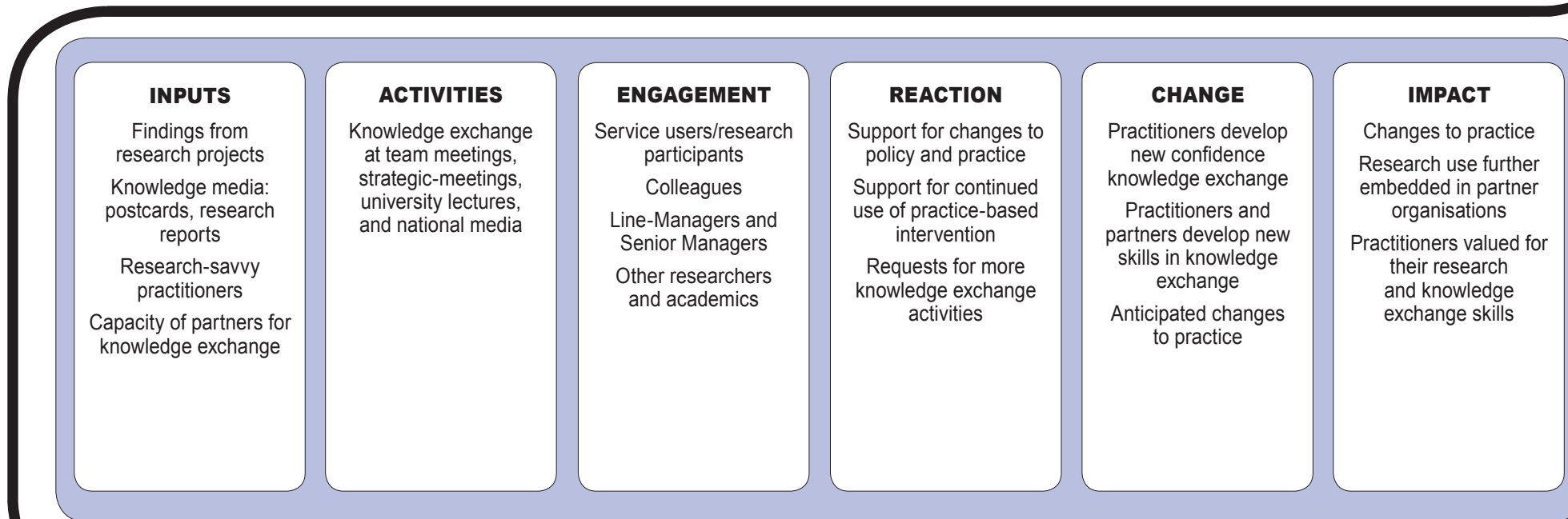
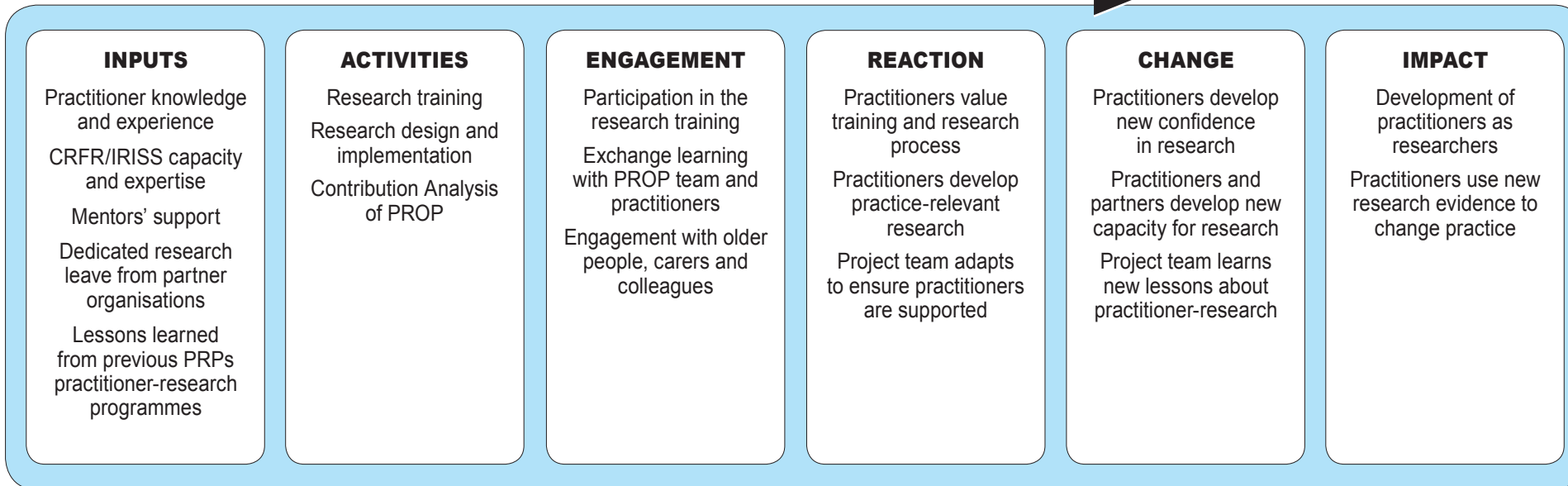
interventions suggests a burgeoning interest in this kind of support for people with a diagnosis of dementia.

The contributions detailed here are only a snapshot of the impacts of this research. The PROP programme produced eight unique research projects on a range of topics relevant to health and social care practice. This report reflects an in-depth account of four of these projects as a window into the processes which can lead to research uptake, use and impact. For more information on all the research projects included in the PROP programme, please see <http://blogs.iriss.org.uk/prop/>.

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## Short term: Impacts of a Practitioner-Researcher Training Programme



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

