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An exploration of evidence-based policy in Ireland: health and social inclusion

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Abstract

Ireland is a small country with a history of a social partnership approach to policy making. This paper considers how the ambition of government to utilise an evidence-based approach to policy making plays out against this partnership agenda. Drawing on the authors' experiences and personal reflections, the paper considers how these issues operate within a number of health and social inclusion policy areas, and it explores the role of stakeholders' expectations and involvement in generating evidence for policy.

Keywords

evidence-based, policy, exploration, ireland:, inclusion, health, social

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An exploration of evidence-based policy in Ireland: health and social inclusion

*Patricia Kennedy, Tomas de Brún, Mary O'Reilly de-Brún
and Anne MacFarlane*

Ireland is a small country with a history of a social partnership approach to policy making. This paper considers how the ambition of government to utilise an evidence-based approach to policy making plays out against this partnership agenda. Drawing on the authors' experiences and personal reflections, the paper considers how these issues operate within a number of health and social inclusion policy areas, and it explores the role of stakeholders' expectations and involvement in generating evidence for policy.

Introduction

In this paper we discuss research-policy links in Ireland. We offer a general overview of the Irish government's approach to developing evidence-based policy. A defining characteristic within the Irish context is the government's social partnership approach. As part of this, consultation with stakeholders across sectors is a common way of generating insights that are used to inform policy making, although there are also other drivers of the increasing focus on stakeholder consultations such as the public sector reform agenda (Department of the Taoiseach, 1996).

Our exploration of knowledge exchange in Ireland then focuses on the health sector and social inclusion in a broad sense. To illustrate the research-policy connections in this sector we use two case examples. The first focuses on midwifery-led childbirth in the North East Health Service Executive (NEHSE), while the second concentrates on service user-led provisions for socially excluded men in Dublin Inner City. Again, we draw attention to consultation with stakeholders, including service users, as a way of generating insights for policy making and service development for health and social inclusion.

First, we explore the links between research and policy, examining the role of government, research funders and the university sector, and we then move on to consider links between research, policy and practice. Our analysis is based on reflections on our own experiences; our personal perspectives from social policy research (PK), participatory learning and action practice and research (TdeB and MdeB), as well as social science research in primary healthcare (AF), affect the content and perspectives of this paper. As such, we do not provide a comprehensive or exhaustive analysis of the situation in Ireland but present examples that, from our experience, demonstrate current knowledge exchange activities, and we reflect on these in the context of

1
2 our exchanges with other countries through our participation in the NORFACE
3 seminar series.

4 Throughout our discussion we reflect critically on ways in which service users
5 are involved in policy development; we argue that once service users are engaged in
6 such a process they do have reasonable expectations that some actions will follow.
7 We consider the potential for participatory research strategies to contribute to the
8 development of research, policy and practice links, and suggest some potential areas
9 for future research about knowledge exchange relevant to the Irish context.
10

11 **Context**

12

13 The Republic of Ireland (hereafter Ireland) takes up over 80% of the island of Ireland.
14 It achieved political independence from Britain in 1921 and has a democratically
15 elected parliamentary political system. Ireland has been described as a hybrid welfare
16 regime: a mix of liberal and corporatist welfare (NESC, 2005).

17 Ireland has a long history of emigration: an estimated 20% of the total Irish-born
18 population lives outside of Ireland and since 1800 one out of every two people born in
19 Ireland has emigrated (Whelan, 2006: 2). Over the last 20 years, however, the country
20 has experienced tremendous change. In the early 1990s, alongside its economic boom
21 that earned Ireland the title of the ‘Celtic Tiger’, it became a very popular destination
22 for immigrants. The Immigrant Council of Ireland (2003: 11) has described Ireland
23 as a country that ‘has moved from being one of the most homogenous countries
24 in the EU [European Union], to a country with a rate of change which is almost
25 un-paralleled in speed and scale’. However, the current dramatic downturn in the
26 global economy is reflected across all sectors of Irish society, most visibly in the sharp
27 decreases in employment figures.

28 The knowledge-use agenda in Ireland has played out against this (changing)
29 economic context. We examine this through looking at the government’s thinking
30 on evidence use, the role of universities, and through our two case examples.
31

32 **Evidence-based thinking in government**

33

34 Post independence, the Irish government sought to develop a strong economic
35 infrastructure. Based on a study of the Irish economy, the *First Programme for Economic*
36 *Expansion* (Department of Finance, 1958) was a watershed in Irish economic history
37 and facilitated Ireland’s programme of trade liberalisation and structural reform
38 through the 1960s. To inform such developments the Economic and Social Research
39 Institute (ESRI) was established in 1963 to provide statistical analysis independent
40 of government and/or political influence and it continues to be a very important
41 source of information for policy makers in Ireland.

42 The EU has played, and continues to play, a role in the emergence and development
43 of an evidence-based policy focus in Ireland (Whelan, 2005). For example, Ireland’s
44 membership of the European Economic Community in 1973 was followed by
45 attempts to address poverty through developing and using evidence about these issues.
46 A number of key research organisations were established across Ireland, the most

1
2 prominent of these being the National Economic and Social Council (NESC), the
3 Combat Poverty Agency (CPA) and the National Economic and Social Forum (NESF).
4 Combining academic and non-academic staff, these research organisations have acted
5 primarily as research producers for government, mainly conducting secondary rather
6 than primary research. The CPA has also been an active commissioner and funder of
7 research. Both NESC and NESF have played an important role in informing policy
8 using research and other information. Both are based on a social partnership model
9 (see below) and they have included university academics as independent members
10 alongside the social partnership pillars.

11 In light of the recent dramatic downturn in the Irish economy, these organisations
12 are currently experiencing change and uncertainty. For example, in 2009, the CPA
13 was integrated with the Government's Office for Social Inclusion to form the Social
14 Inclusion Division within the Department of Social and Family Affairs. A review of
15 state-funded agencies during 2009 recommended that the NESF be disbanded and
16 this was under way at the time of writing. In a press statement on the dissolution of
17 the NESF, its chairperson Maureen Gaffney stated:

18
19 I also want to put on record the many achievements of the NESF which was
20 set up in June 1993. In its sixteen and a half years the NESF has produced 39
21 Reports, 10 NESF Opinions, 5 Social Inclusion Forum Conference Reports, and 7
22 Research and Seminar Series Reports. The implementation of recommendations
23 from those reports has made a significant and lasting effect on the Irish policy
24 landscape. (www.nesf.ie)
25

26 Poverty has been an important concern but the country's ambition to utilise an
27 evidence-based approach to policy making is apparent across many policy areas,
28 ranging from the implementation of the government's 'Value for Money and Policy
29 Review Initiative' (eg Department of the Taoiseach, 2009) to strengthening the
30 evidence base for the work of Ireland's children services (eg Buckley and Whelan,
31 2009). Although the view is that research should inform policies, not design them,
32 there is a strong focus on trying to join up policy and research communities across
33 boundaries (Gaffney and Harmon, 2005). This is in line with the thinking behind
34 the 'social partnership model' (eg Department of the Taoiseach, 2006).
35

36 **The influence of the Social Partnership Model**

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38 While policy making in Ireland has been centralised since 1987, the role of consultation
39 and dialogue in policy development processes was strengthened with the initiation
40 of the social partnership model in 1987. The social partners are organised into five
41 pillars: the Trade Union Pillar; the Business and Employer Pillar; the Farming Pillar;
42 the Community/Voluntary Pillar; and since March 2009 the Environmental Pillar.
43 The key objectives for social partnership have some resonance with the role of
44 evidence in policy:
45
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- to provide advice to the Taoiseach, Government Chief Whip and Minister of State for European Affairs on Social Partnership and related policy issues;
- to support the process of Social Partnership through the implementation of key strategic documents and to maintain and develop social dialogue;
- to support dialogue at the national level aimed at ensuring industrial relations peace and stability;
- to support partnership in the public and private sectors aimed at modernising the workplace and improving performance and service delivery;
- to promote social dialogue at EU level in line with the Lisbon Treaty.

The social partnership model has informed the Irish approach to evidence-based policy. As Bertie Ahern, the then Taoiseach,¹ highlighted in an address to a conference on evidence into policy in 2005:

I believe that Social Partnership has shown us the way with regard to collaborative working. It has reinforced our strong culture of consensus-building. It allows participants a channel for expressing their views on government policies and proposals. It also gives valuable insights as to how concrete policies affect real people. It constitutes an enormous and invaluable reservoir of experience, expertise and feed-back for the policy-making process. (Ahern, 2005: 17)

We should point out that the social partnership model is currently under significant strain because there is a discrepancy between different partners about appropriate ways to manage the recession. It will be interesting to see how this plays out over time and whether this will continue to serve as a defining characteristic of policy development in Ireland.

The provision of academic knowledge for Irish policy making

As elsewhere, knowledge from academic research is just one kind of evidence used in Irish policy making. However, its distinctive role in the process was also commented on by Ahern:

I welcome a society that is more testing of our assumptions and understandings. I believe that evidence based approaches can not only improve the effectiveness of our social and economic policies, but they also help to legitimise public policies, by means of the data, models and consultation employed in their development. (Ahern, 2005: 13)

In line with such aims, the government agencies that fund academic research have developed policies towards research use that emphasise the role of research in social development. These include the Higher Education Authority (HEA), the Irish Research Council for the Humanities and Social Sciences (IRCHSS) and the Programme for Research in Third-Level Institutions (PRTLTI) (see **Box 1** for a brief overview of these agencies).

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Box 1: Statutory research funders

The **Higher Education Authority (HEA)** is the statutory planning and policy development body for higher education and research in Ireland. The HEA has wide advisory powers throughout the whole of the third-level education sector and is the funding authority for the university sector. The HEA's function includes 'To foster the development of ... learning and research and which has the capacity to address the changing needs and challenges in our society' (www.HEA.ie).

The **Irish Research Council for the Humanities and Social Sciences (IRCHSS)** was only established relatively recently, in 2000, by the government in response to the need to develop Ireland's research capacity and skills base in a rapidly changing global environment where knowledge is key to economic and social growth. IRCHSS funds cutting-edge research in the humanities, social sciences, business and law with the objective of creating new knowledge and expertise beneficial to Ireland's economic, social and cultural development.

The **Programme for Research in Third-Level Institutions (PRTLII)** was launched in 1998 and has invested €865 million to date (which includes exchequer and private matching funds) into strengthening national research capabilities via investment in human and physical infrastructure. Based over four cycles, the ultimate aim of the programme is to propel Ireland towards establishing an international profile as a premier location for carrying out world-class research and development.

27 There are seven universities in Ireland and each one has a strong strategic focus on
28 research. The Irish government regards Irish universities as key producers of research
29 for policy making (Ahern, 2005). There are several examples of policy-focused research
30 centres (funded by public and private monies) that produce research relating to health
31 and social inclusion (see **Box 2**).

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Box 2: Policy-focused research centres

The **Health Promotion Research Centre** at NUI Galway includes a policy research theme, studies that provide evidence for policy makers to develop and implement public policy that improves the health of the population.

The **Irish Centre for Social Gerontology** at NUI Galway offers research expertise and practical support to public, private and voluntary agencies involved in the formulation and implementation of public policy for older people at international, national, regional and local levels.

The **Migration and Citizenship Research Initiative** at University College Dublin has a focus on immigration, social policy and institutional change.

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The **Children's Research Centre** at Trinity College Dublin is a specialist centre undertaking multidisciplinary policy and practice-relevant research into the lives of children and young people and the contexts in which they live their lives.

Inter-institutional initiatives like the Irish Social Science Platform (ISSP), an all-island platform of integrated social science research and graduate training focusing on the social, cultural and economic transformations shaping Ireland in the 21st century, also demonstrate a commitment to knowledge exchange. It brings together academics from 19 disciplines in eight institutions across the island and a key objective for ISSP researchers is to take an active role in key social, economic and cultural policy debates.

The linkages between academic knowledge and Irish policy making

How does the Irish government engage with universities as research producers? As in other small countries, such as Scotland and Iceland, we have observed examples of close stakeholder relationships between policy makers and researchers that can sometimes be positive and productive in terms of creating dialogue and connections around research needs and policy making. These relationships are sometimes formalised through consultative processes where academics are invited by government to contribute their knowledge and expertise to inform government policy. The Office of the Minister for Integration, for example, held a series of consultative meetings (2007–08) about integration policy. This included invited academics working in the field of migration, health and social inclusion, alongside other stakeholders.

However, there are difficulties in the linkages between Irish academics and policy makers. For example, it is still relatively common for government agencies to employ external (and often international) research consultancy agencies to complete policy-related research, rather than utilising Irish academics. This raises important questions about the relevance and appropriateness of the evidence and lessons identified by such an approach (eg Rose, 1993; 2001; Dolowitz, 2003). While international knowledge may have relevance and could be combined with Irish academic knowledge, we would argue that Irish policy makers should not overlook the available expertise 'on their doorstep'.

Other mechanisms to promote better connections between academic research and the policy process include the role of professional associations. For example, the Irish Social Policy Association (www.ISPA.ie) was established in 1997 to provide a forum for the analysis, discussion and development of social policy in Ireland (North and South). It brings together professionals and non-professionals with an interest in social policy, academics, policy makers, officials in the civil service and public service bodies, employer and trades union organisations as well as organisations and groups in the not-for-profit sector.

Another important enabler of better research–policy linkages is the incentive system for academics in Irish universities. For example, in NUI Galway, work undertaken by academics to inform policy development is a criterion for promotion. However,

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2 the ‘weight’ awarded in the promotion process to these activities against the more
3 traditional areas of teaching and research is hard to assess.

4 Government has shown awareness of the need for better links between academics
5 and policy makers. In the 2005 speech quoted earlier the Taoiseach stated:
6

7 We are dependent on the academic community to provide the food for thought
8 when we are considering the choices available. It is vital that channels develop
9 whereby the results of academic research can be communicated to policy-
10 makers.... Equally, are the systems within the Civil Service configured correctly
11 to take full advantage of academic research? *Perhaps we need more points of contact,*
12 *more opportunities for collaboration between practitioners and researchers.* We have
13 no shortage of committees and working groups throughout the Civil Service,
14 but perhaps we could have an improved representation of academics and policy
15 researchers on them. (Ahern, 2005: [page of quote?]; emphasis added)
16

17 We can see drivers from government, funders and the universities towards more
18 evidence-based approaches, and examples of strong and productive academic–policy
19 relationships. However, there are continuing difficulties around the value placed by
20 policy makers on Irish research, and some problems in bringing the academic and
21 policy communities together. To our knowledge there are few major formalised
22 academic research–policy networks or initiatives.

23 Having outlined these issues in general terms we now reflect on how they have
24 played out in the health and social inclusion area. First, we provide a brief overview of
25 knowledge exchange in the health sector and this is followed by two case examples,
26 one concerned with healthcare and the other with social inclusion.
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28 **Knowledge exchange in the health sector**

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30 Mirroring a global trend, the Irish government’s commitment to evidence-based
31 policy currently has a high profile in the health sector, often with an emphasis on
32 ensuring that medical interventions at the practice level are evidence based. The
33 Health Service Executive (HSE), which is responsible for providing health and
34 personal social services in Ireland, plays a role in promoting this agenda. In doing
35 so, it is conscious of the need to strengthen its own evidence base. For example,
36 the HSE has a health intelligence team that aims to provide strategic leadership
37 and coordination for transferring evidence-based knowledge across the HSE that
38 helps to improve the health of the population (see [www.hse.ie/eng/about/Who/
39 Population_Health/Health_Intelligence/About_us](http://www.hse.ie/eng/about/Who/Population_Health/Health_Intelligence/About_us)). The HSE is also currently in the
40 process of establishing an expert Research Advisory Panel with a view to enhancing
41 its research capacity and usage.

42 The HSE draws on externally generated academic research as evidence for its
43 policy developments. For example, the HSE’s (2008) National Intercultural Health
44 Strategy is based on extensive consultation with academics working in the area of
45 migration and migrant health. National and international academic research is cited
46 throughout the strategy and has informed the identification of priority areas for action.

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2 Interestingly, and in keeping with our earlier description of a consensual approach to
3 policy development, this consultation process has also involved representatives from
4 minority ethnic communities, non-governmental organisations and service providers.
5 Thus, within the National Intercultural Health Strategy a range of knowledge has
6 influenced policy development alongside academic input. This inclusive approach is
7 typical and the use of service users' views in developing health policy has recently been
8 formalised in the HSE User Involvement Strategy (HSE, 2009). In 1986, the Health
9 Research Board (HRB) was established. It is the lead statutory agency in Ireland
10 for supporting and funding health research. Its current budget for these initiatives is
11 more than €180 million (see www.hrb.ie/about/corporate). Funding covers all areas
12 of health research from biomedical, clinical, translational and practice-based research,
13 through to population health and health services research. Traditionally, much of the
14 research funded by the HRB has followed a positivist paradigm and has employed the
15 experimental and quantitative methods relevant to 'biomedical research' questions.
16 Increasingly, however, its funding activities have taken a broader focus and have
17 included research that is rooted in the interpretive paradigm. This research employs a
18 qualitative or a combined methods approach, and relates to a broader 'health service
19 research' agenda. While it is important to note that in our experience those involved
20 in health policy development do not always treat findings from qualitative research
21 on a par with findings from quantitative research, the nature of evidence available to
22 inform health policy development in Ireland and practical initiatives on the ground
23 has changed considerably and has become more inclusive over the last decade or so.

24 Within the HRB, increased attention is being paid to health and wellbeing as well as
25 health and social gain. There is also emphasis on research partnership and collaboration.
26 For example, as part of its 'Partnership Awards' scheme, HRB requires collaborations
27 between academics and HSE. In this way, research proposals are encouraged that are
28 relevant to bridging gaps in knowledge for policy making or service delivery and this
29 is an important, albeit implicit, mechanism for knowledge exchange.

30 The HRB is increasingly concerned with the economic and social impact of HRB-
31 funded research and is using the 'payback framework' developed by the HRB and the
32 Health Economics Research Group in Brunel University and RAND Europe (Buxton
33 and Hanney, 1996; Buxton et al, 2004). The purpose of the framework is to establish
34 whether and how research funded by the HRB has delivered economic benefits,
35 influenced government policy development and made a real impact on people's lives.

36 37 **Case examples**

38
39 The case examples in this section reflect on some of our own work in linking research,
40 policy and practice in pursuance of the health and social inclusion agendas. They typify
41 some of the issues already raised in the paper about policy development in Ireland.
42 They both highlight the attention given to service users' experiences and expertise
43 in the policy development process. The second case example focuses on the use of
44 participatory research methodologies. It points to the need for critical consideration
45 of service users' involvement in policy development.

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2 *Case example 1: Midwifery-led childbirth in the North East Health Service*
3 *Executive (NEHSE)*
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5 Focusing on a shift in a regional maternity policy, this case illustrates how research
6 directly influences policy formulation and implementation. Typically for Ireland,
7 ‘evidence’ in this context covers a wide spectrum that includes service users’
8 own experiences and views, practitioners’ views and experience, evidence from a
9 randomised controlled trial (RCT) and a cost-benefit analysis.

10 In 2001, the North East Health Board (NEHB) established a group to examine
11 international evidence on childbirth (Kinder, 2001). It pulled together a range of
12 types of evidence including a Cochrane review, consultations with international
13 experts and submissions from a wide spectrum of stakeholders. The last of these
14 included submissions from service providers, relevant interest groups and service
15 users/consumers. The review group’s report argued that the wishes of the mother
16 should be central to maternity provision and this was accepted by the NEHB, which
17 then established a taskforce to formulate an implementation strategy. The taskforce
18 sought to build further on input from service users/consumers by establishing
19 ‘regional consumer groups’. The taskforce also considered further evidence from a
20 literature review; visits and interviews with representative organisation; contact by
21 email and telephone with a range of stakeholders including mothers, user groups
22 and health professionals (Murphy-Lawless, 2002). All of this led to a major change
23 in thinking about maternity services and the establishment of two midwifery-led
24 (rather than consultant-led) units on a trial basis in 2004. These units were available
25 to women assessed as being at low risk of having a complicated pregnancy or labour
26 (Kennedy, 2008).

27 The effectiveness of the new units was examined via an RCT and a cost-benefit
28 analysis was also undertaken. The principal investigator of the RCT (the MidU Study)
29 was a member of the taskforce, which facilitated close links between the research
30 and policy and service development. The positive results from the MidU Study and
31 the cost-benefit analysis were presented to the HSE in 2008 (School of Nursing and
32 Midwifery TCD, 2008). The HSE stated that it would study the findings with a view
33 to formulating a national maternity policy. The Association for the Improvement
34 of Maternity Services also welcomed the study and said that the findings should
35 be disseminated beyond those directly involved in planning and delivering care in
36 maternity units as the structure and culture of maternity services would only evolve if
37 pregnant women and general practitioners, as first-line healthcare professionals, were
38 educated on the benefits of a social model of maternity over the current medical
39 model for normal pregnancy and birth.

40 What is apparent from this case example is the use of a range of knowledge and
41 evidence for policy development, implementation and evaluation. Academic research is
42 an important part of this mix and its influence has been facilitated by close relationships
43 between academics and policy makers in the taskforce.
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Case example 2: Men Alone in No-Man's Land (MAIN) – service user-led provision in Dublin Inner City

The second case example is another example of putting service users at the centre of policy development, in this case socially excluded men. It again demonstrates how the evidence-use agenda plays out within a context that stresses consultation and consensus. It differs from the first case in that it involves the use of participatory research methodologies. While these are not common in the Irish context we believe that they have strong resonance with current initiatives to be both evidence based and involve service users in policy development.

The research in this case example was commissioned by the Social Inclusion Unit of Dublin City Council and Dublin Inner City Partnership (DICP). It was innovative in using a participatory research engagement process with a small number of socially excluded men in Dublin Inner City (de Brun and du Vivier, 2008). The focus was on identifying practical, locally based and culturally appropriate solutions to problems of social exclusion, thereby bringing knowledge and action closer together. The research enabled the participants to grow in confidence and they subsequently engaged with the commissioning organisation (DICP) to develop a pilot model of service delivery to reach socially excluded males in the locality. The key shift initiated by the men was a move towards service user-led provision. They worked with DICP to co-develop a strategic plan for their newly established group, known as Men Alone in No-Man's Land (MAIN), and to co-design processes and structures of governance for the emerging relationship between the two bodies.

Here knowledge exchange between the service users, researchers and the DICP involved a commitment to interpersonal linkages and relationships throughout the research cycle with a pledge to develop meaningful collaboration. Knowledge was exchanged and generated through the linkages between key actors in the collaborating groups. The outcome was a new peer-service provision organisation for hard-to-reach men in Dublin Inner City.

Evaluation and characterisation of progress to date

While the university sector is regarded by the government as a key evidence producer in Ireland, academic research is just one element in the evidence-for-policy mix. The social partnership approach seeks to include views from across Irish society and develop consensus-based policies.

The university sector faces challenges in relation to the use of research for policy and there is a need for more formal channels of communication between policy makers and academics. Scotland has some interesting examples in this area, for instance a joint research council/government PhD Scheme (see Jung et al, this issue), which could serve as a model. These formal channels and institutional mechanisms are perhaps particularly important given our earlier point that existing policy-research links and relationships tend to be based on close relationships or existing collaborations between policy makers and academics. While such relationships are often positive for those who are involved, further institutional mechanisms could ensure more contact between

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2 academics or policy makers who do not have such relationships, and generate more
3 transparency about knowledge exchange processes.

4 Policy makers in Ireland have become more sensitive to the diversity of the
5 population and welcoming of the different 'knowledges' represented in that diversity.
6 This does not necessarily mean that different forms of knowledge are always considered
7 equal. Nor do key stakeholders (academic researchers, policy makers, politicians, etc)
8 always show equal respect for different kinds of knowledge; different stakeholder
9 groups have different points of view, agendas and priorities.

10 It is positive that, increasingly, service users are both entitled and enabled to have a
11 voice in Irish policy making. This builds on a history of using consultative processes
12 within policy development and there is an increasing awareness of the role that
13 participatory research processes can play in enhancing such consultations, particularly
14 in relation to health and social inclusion. In our view, this represents an advance in
15 terms of what is understood as 'evidence' for policy, where it might be found, how
16 it can be unearthed and what might be done with it in terms of developing policy
17 and service delivery.

18 Involving service users in the process of shaping policy has implications as once
19 service users are engaged in this process they do have a reasonable expectation that
20 some action will follow. A culture clash can arise when more democratic, participatory
21 and context-sensitive initiatives are inconsistent with the modus operandi, identity
22 and/or culture of the commissioning organisation. For example, organisations or
23 researchers may engage people in genuine participative processes at grassroots level
24 to feed evidence into the policy formulation process with a view to delivering more
25 appropriate services. However, when it comes to taking action at policy level, change
26 comes slowly, and on occasion not at all. This can create negative feedback cycles that
27 foster research fatigue, disillusionment and even cynicism.

28 Of course, there are many factors that make it difficult for health and social care
29 organisations to take action. Many of the barriers to using research and implementing
30 evidence-based practices in health are well known (eg Grol and Grimshaw, 2003;
31 May, 2006). Certainly, the context and political climate in which research is produced
32 and presented is important (Nutley et al, 2007). In line with this, the recent
33 economic downturn has meant that many initiatives and projects associated with
34 the evidence-based policy and practice agenda in Ireland are being re-evaluated and
35 their implementation delayed.

36 How is the thinking behind the evidence-based policy agenda in Ireland best
37 characterised? Best and colleagues (Best et al, 2008; Best and Holmes, this issue)
38 argue that there are at least three generations of knowledge-to-action thinking: linear
39 models, relationship models and systems models. Both the rhetoric and the actions
40 to promote more evidence-based policy and practice in Ireland seem to be shaped
41 by a blend of all three generations of thought. Within healthcare and particularly
42 in relation to biomedical research, some of the emphasis has been on technology
43 transfer, which is guided by a linear model of knowledge to action. However, more
44 generally, the strong emphasis on partnership working and dialogue, and the informal
45 connections between academics and policy makers, has meant that the relationship
46 model of knowledge to action is probably the more prevalent approach in Ireland.

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2 However, even though many organisations (government bodies, service delivery
3 organisations and universities) acknowledge the value of relational ways of thinking
4 and acting, they may still be operating in a more linear mode.

5 There are some signs of an increasing systems focus as illustrated by the two case
6 examples. For example, some of the actions of the review group and taskforce in
7 the midwifery case example resonate with Best et al's (2008) description of a third-
8 generation systems approach, where multiple worldviews are valued. The emphasis
9 placed by the review group on generating and examining consumers' views represents
10 an important move to integrate different kinds of evidence from different perspectives
11 into the development of policy in this area. Similarly, in the case example of policy
12 development and action for socially excluded men in Dublin, there are echoes of
13 third-generation thinking, particularly in the development of a more systems-sensitive
14 understanding of the relationship between the organisations involved. Indeed, we
15 suggest that participatory research methodologies have the potential to develop
16 and improve research-policy-practice links because they are designed to gather and
17 respond to multiple sources of knowledge across sectors and, importantly, to achieve
18 consensus and agreement to inform subsequent actions and strategies. In this way,
19 participatory research methodologies have the potential to promote a move towards
20 third-generation thinking and action. Thus far, the action part of this equation has
21 been weak and we can therefore end up with a system that is strong on listening,
22 but weak on acting.

23 24 **Conclusion**

25
26 From the 1950s, there has been an explicit link between research and policy in Ireland.
27 This has been instrumental for the modernisation of Irish society and the evidence-
28 based policy agenda was embraced by government as Ireland emerged as the 'Celtic
29 Tiger'. It remains to be seen how this agenda fairs in a less hospitable economic
30 context. The government has established a number of agencies to strengthen research
31 production and these have all expressed a commitment to promoting evidence-based
32 policy.

33 At the same time, the process of policy development draws heavily on practice-based
34 knowledge (for example through the social partnership model) and practitioners' tacit
35 knowledge and wisdom from working 'on the ground' or 'at the coalface' is valued
36 by policy makers. Further exploration of the spectrum of knowledge that counts as
37 evidence in policy development in the context of a policy process based on consensus
38 would be beneficial. There is a need to investigate the full range of informal and formal
39 mechanisms for knowledge exchange between policy makers, research producers
40 and research funders in Ireland, and to evaluate their effectiveness. Finally, it would
41 be useful to explore what role participatory research strategies can play in Ireland to
42 help explicate the research-policy-practice/action matrix and enhance the impact
43 of service users' views on policy and practice.

44 45 **Note**

46 ¹The Taoiseach is the title of the Irish Prime Minister.

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