POSTER ABSTRACT

Learning Alliance Methodology Contributions to Integrated Care Research

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The regular cycle of conducting research when applied to human services is considered linear and rarely beneficial to all stakeholders involved directly or indirectly in a research project (service users, policy-makers, funders, local authorities, taxpayers). Funders of research, taxpayers, policy-makers and governments are increasingly questioning the linear process of conducting research and are demanding a higher socio-economic and scientific impact. New approaches seeking to re-think the utilisation, appropriation and impact of research outcomes in the health services area in more integrated ways, include the Learning Alliance (LA) methodology. Formally defined, an LA is "a series of connected multi-stakeholder platforms or networks (practitioner, researchers, policy-makers, service users) at different institutional levels (local, national) involved in two basic tasks: knowledge innovation and its scaling up.

Methods: The methodological tools in an LA are various and can be used according to the convenience, context, theme and needs of a project. The most common ones are stakeholder analysis, research or action research, process documentation, dissemination and capacity building, among others. By applying the LA, the three projects briefly mentioned here sought to demonstrate that this approach could contribute to increasing their scientific and socio-economic impact while simultaneously generating learning among all stakeholders in more integrated ways.

Results: Three projects using the LA have been completed as recently as 2017 and have covered different health themes, services and locations: identification of health needs of Black and Minority Ethnic (BME) groups in the South East of England; perpetration of Intimate Partner Violence by Males in Substance Abuse Treatment in Brazil and England; and Attitudes to Palliative and End of Life Care Services among BME Groups in the South East of England. Overall, the three research experiences in combination with the use of stakeholders' participation and documentation revealed that the role of the LA methodology demonstrates significant issues.

First, it contributed to narrowing the dominant gap between research and practice that is so common in health services by bringing together several stakeholders (policy-makers, service users, service providers) who are not involved in research on a daily basis. Through knowledge sharing, all stakeholders benefited from the research projects' outcomes.

Second, the documentation of events in the projects become a significant source of additional data in which impact and the know-how got captured. Similarly, documentation and dissemination of preliminary findings in the three cases comprised a tool for promoting changes in attitudes and mindsets that translated faster into adoption of integrated changes in practice.

Third, the work undertaken as a network, enabled all stakeholders to understand that the research projects could be more than the traditional linear processes. The research projects' outcomes benefited stakeholders in different ways beyond the traditional research products (academic papers or technologies) to include other social, personal and institutional processes that occur in a project, and demonstrated a better impact.

Conclusion: The application of the LA methodology maximised the value of conducting research as a network by including various stakeholders and not only researchers to integrate research, practice, learning and policy issues in health services.