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'Hearing what other people
are doing is always interesting...'
From Research To Reality:
a Realist Evaluation of a
knowledge to action initiative

Rushmer R. K.
Steven A.
Hunter D. J.

NHS
North East

institute for
local governance

Durham
University

fuse
The Centre for Translational
Research in Public Health

northumbria
UNIVERSITY

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EXECUTIVE SUMMARY

Background

The Research to Reality (R2R) programme (November 2009 - January 2011) comprised a series of eight facilitated multi-agency workshops focused on priority National Indicators for the North East. The programme was a collaboration between the Regional Improvement and Efficiency Partnership (RIEP), the Association of North East Councils (ANEC), Fuse (the Centre for Translational Research in Public Health), and the NE Strategic Health Authority (SHA). The initiative was made possible by the convergence of several factors, including: an examination of comparative data on LAA targets within the NE region; the desire to explore in more depth the nature of complex cross-cutting health, social, and economic well-being issues; a wish to raise awareness of effective interventions that might address these; the availability of funding; and newly formed partnership arrangements across local government, health and academia enabling a collaborative approach. The Institute for Local Governance (ILG) became involved in the last three workshops. The R2R programme was overseen by a steering group (SG) made up of representatives of these bodies and was co-funded by the RIEP and SHA.

Six R2R workshops covering the following topics were included in the evaluation: Stopping smoking (NI 123); Alcohol related harm hospital admissions (NI 39); Under 18 conception rate (NI 112); Work and incapacity (NIs 152, 153, 173); Obesity amongst primary school aged children (NI 56); NEETs – 16 to 18 year olds not in employment, education or training (NI 117). These topics were priorities in the majority of Local Area Agreements in the region. The purpose of the programme was to: facilitate (two-way) knowledge exchange between academics and practitioners; provide the evidence base for alternative approaches leading to achievement of targets and improved outcomes; share innovative practice and improve networks between practitioners from different organisations at the strategic and (senior) practitioner levels; and identify areas for potential further research.

The workshops were organised and facilitated by an experienced external consultant who worked closely with the SG and academics in the development of the workshops. The consultant was recruited expressly for this work and provided continuity across the programme. The invitation to register for workshops was issued via the RIEP circulation lists. The intended audience was to be people working directly to deliver the related LAA targets, to include policy and strategic leads, portfolio holders, partnerships managers and service managers, alongside lead professionals from partner organisations such as PCTs, Foundation Trusts, and voluntary sector deliverers. Prior to each workshop a research digest was commissioned from a lead academic and sent to delegates summarising key messages emerging from the evidence-base, identifying any gaps in the evidence or contested issues, and pointing to where the evidence was strong. At the workshops academics and senior practitioners gave short presentations, followed by round-table discussions based on the material covered. Action planning exercises and written personal commitments attempted to prompt follow-up action, encouraging delegates to consider how they might use material shared on the day in their future practice (knowledge to action) and how they might work with academics and research evidence. Feedback on individual workshops was gathered, via feedback forms on the day, to assess satisfaction and value of the experience. A write-up of each workshop (including the research digests) is available on the RIEP website **http://www.northeastiep.gov.uk/**

The evaluation

An evaluation of the overall programme was commissioned by the SG and undertaken by Fuse to explore what activity took place as a result of the programme either on the day, or as follow-up action. Data collection methods included: observation of the workshops; documentary analysis of written workshop material; and interviews with a sample of delegates in the weeks following the workshop (short-term) and again a few months later (medium term). Interviews were audio recorded and transcribed. A realist evaluation was undertaken to ask: 'what worked, where, for whom, and under what conditions'. The evaluation team used a modified participatory action approach, working with the SG as the programme proceeded. Data sharing and joint interpretation drew on the expertise of the SG, to facilitate joint ownership of the data and enable timely changes to be made to the R2R programme as it unfolded (if seen as helpful), and to build ongoing collaborative relationships. Findings were also presented at the UKPHA annual forum (March 2010) and at the final R2R workshop (January 2011) to gather additional feedback and to expose the data to the interpretation and scrutiny of a wider audience.

Workshops were attended by delegates from local authority and local government organisations (46%), the NHS (24%), academia (22%), third sector (6%) and other public sector organisations (2%). Only two delegates attended more than one R2R workshops (each attending two workshops). Three elected members attended the workshops (each attending one workshop). The drop-out rate (non-attendance on the day, with no apologies given) was 40% at the first workshop. Action taken to address this required delegates to submit apologies in advance. Subsequent non-attendance rates were lower than 40%, but never fell below 15%.

Challenges in the data collection

It proved difficult to recruit participants to take part in the evaluation study. Even with provisional consent granted via the workshop feedback forms, many delegates failed to respond to repeated e-mail contact. In many cases it was necessary to contact all those who had consented from each workshop in order to achieve the numbers of interviews reported here. Originally, all participants were to receive a follow-up interview. However, following the first interview, few participants had any potential follow-up action to report. We re-interviewed those participants who did report some possible follow-up activity to find out what had happened in the medium term to their plans. Fifty-one interviews were carried out (38 short-term, nine medium term and four with SG members).

Consideration of the main findings

Care must be taken in discussing and interpreting the findings to avoid over-generalising from them as this is a small study that has taken place against a turbulent public sector background that is being subjected to unprecedented pressures and changes. The evaluation asked: "what worked, where, for whom, and under what conditions?" in terms of the extent to which the R2R programme met its aims. To bring the findings alive the report uses the delegates' own words. In doing this, what emerges alongside the substantive findings are nuances, contradictions, and insights into cultures, and routine and accepted ways of working that illustrate what is valued (or not) in delegates' organisations.

The research digests: were highly regarded by all, with delegates reporting that they gave clear, concise and weighted views of the latest research evidence; similarly, the workshop presentations (delivered by both senior practitioners and academics) were very well received as useful summaries of a wide range of material in a balanced way that was tailored to local needs. Delegates felt that the presentations did not work when they were too long, or too focused on a single project and ignored wider issues. In addition, although knowledge was transferred from academe to practice it was not clear if this flow of knowledge was two-way. We do not have any evidence that new relationships were formed between academics and practitioners as a result of the programme.

Workshops discussions: all delegates welcomed the chance to discuss material with colleagues working in similar areas across the region and to learn from their experience. Delegates believed that the discussions had many functions from general awareness raising of what was going on across the region, to widening the debate on the issues, and allowing new contacts to be made and relationships built. Also, delegates enjoyed the informal parts of the programme (coffee, lunch) in order to catch up with colleagues and find out how various developments were progressing. All this suggests that multiple flows of knowledge between delegates from across sector, geographical, professional and organisational boundaries were taking place (some of them beyond the formal parameters of the programme). Where the session leads joined the round-table discussions and took part in the group work for a more in-depth conversation delegates valued this highly. This suggests that to a modest extent some session leads may have gained knowledge from participants. A few delegates welcomed the time out to pause and reflect upon current practice.

On the negative side, delegates believed the workshop discussions did not work where they were dominated by particular groups or organisations, or where the thinking was too parochial, and blinkered against wider issues. Several delegates felt that the wide mix of experience and seniority across delegates stunted discussion and kept it at a very basic level.

Action planning: the follow-up actions that delegates committed to on the day were of two different types. The first were modest, low-level, mainly individual focused, not time-consuming, nor requiring changes to other things (e.g. make a phone call). The other type of follow-up actions listed were more ambitious, but at the same time very general, expressed in vague terms and which gave little detail of how they would be achieved (e.g. feed research findings in to wider arena).

Working with academics and the evidence: delegates raised a number of issues in general. They wanted existing evidence identified and made available to them in formats they could use and in a language they could understand. They wanted such manageable packages to be delivered automatically to them (perhaps online) or be available in clear 'one-stop' places. The predominant message was: 'tell us what works' (or does not work), backed by a common call for 'clear messages'. When asked how academics could help, delegates often saw them as having the ability to bridge, translate and interpret for the many knowledge contexts present (practitioner, commissioner, academic etc).

There was some acknowledgement that different forms of knowledge, data and information exist – but also frustration that whereas research tended to answer the questions *what is happening? and why?*, delegates often felt they knew enough about the causes of the issues and were looking more for answers on what to do about them (to inform commissioning decisions). It was widely felt that the research was less able to provide easy answers here. Delegates wanted opportunities to work closely with academics to address local questions and to build research capacity. There was some feeling that research evidence was used in particular ways in delegates' organisations (e.g. cherry-picked if it supported planned activity and largely ignored if it did not).

After the workshops

For the vast majority of delegates, nothing appeared to change as a result of workshop attendance. There may be latent learning (seeds planted that pop up unexpectedly later, when needed) but this is unknowable. Commonly, delegates struggled to remember the workshop when interviewed a few weeks later. There was a small amount of data that suggested some information had continued to be shared after the workshops (in the third sector). One or two delegates reported that workshop attendance had prompted them to take action, or had led to changes. However, when pressed, they clarified that these developments were already under way, although they claimed that workshop attendance had given them the impetus or confidence they needed to press forward.

Within the research delegates' comments exposed to view a complex set of contextual conditions that militate against change and act as a considerable barrier to using research evidence effectively. These reasons included: lack of time and capacity; the negative impact of national targets in driving certain behaviours and agendas whilst simultaneously precluding others; and wider contextual instability and financial pressures. Other reasons refer to the cultural backdrop of delegates' organisations showing a reluctance to use research evidence; the need to work intensely on imposed national agendas; and historical reasons (which may evolve over time) but always provide a justifiable 'reason' for lack of action.

From an analytical perspective, it is difficult to know if the contextual reasons given for lack of follow-up are genuine reasons or convenient excuses. Given the embarrassment delegates expressed when talking about lack of follow-up, the latter is a possibility or this may be an overly harsh interpretation. Taking delegates out of their routine work, giving them an opportunity to learn about and share innovative ways of working before returning them to their work setting where nothing has changed (and they are working on larger remits than ever before) might evidence a context that is hostile and unreceptive to change, making lack of follow-up understandable.

The difficulty of securing changes without senior leader buy-in was a recurrent theme across all the workshops (very few senior leaders attended the workshops despite being targeted and personally invited). Many delegates returned to question the mix of people at the workshop, especially the lack of senior and strategic leaders, suggesting that this was the reason why little changed post workshop.

Concluding remarks

What worked: the R2R programme largely succeeded in its aims of allowing knowledge transfer (knowledge flowing to a targeted audience) from academics to practitioners and knowledge translation (interpretation, synthesis and packaging) though the research digests and presentations. The research digests themselves represent a lasting output of the R2R programme although will require regular updating if they are to remain useful. The workshop discussions and 'informal spaces' (socialising over coffee and lunch) allowed the R2R programme to meet its aims of facilitating knowledge exchange (two-way, knowledge sharing) between workshop participants. Yet, despite these positive features and experiences, we could find no evidence that any of these gains were maintained or embedded post workshop.

What did not work: our findings suggest that the enthusiasm and the momentum that generated new contacts and other developments planned on the day were not sustained. Planned activities were almost never followed through. The R2R programme largely failed in securing any knowledge to action (to address the meeting of targets) following the workshops. This suggests that as a mechanism to prompt change the R2R workshops succeeded in initiating enthusiasm about research evidence and its potential to impact positively on practice but could not on their own sustain that interest or facilitate changes to practice.

As a mechanism for accelerating the uptake of research evidence, we conclude that the R2R programme was 'necessary but (on its own), not sufficient' to secure the full range of changes desired against a backdrop of considerable and rapid systemic upheaval. The findings suggest that follow-up activity (knowledge to action) appeared to rely solely upon individuals' good will, capacity and determination. There was no established mechanism for support, facilitation or to provide any information needed, nor any systematic process to track progress in the changes attempted.

If education, information-giving and general awareness-raising are the primary desired outcomes, then a programme of topic-based workshops delivered to a mixed, self-selecting audience might well achieve its aims (although these may not be sustained). However, to increase the chances of securing follow-on activity that is embedded an alternative and more targeted and focused approach may be needed. Above all, it is likely that the changes to practice cannot be secured unless senior decision-makers are present to hear the messages for themselves and support plans made.

What delegates believed would work: Unprompted, delegates told the research team what they wanted. They asked for a regular, rolling programme of events that over time would allow participants to develop trust and ways of working together. They wanted this group to have the necessary authority to make decisions and influence agendas with any action planned to be followed up to maintain momentum and set an expectation of results. They welcomed challenging content, as long as these events had a clear purpose, addressed local concerns, were tied to strategic plans and agreed with stakeholders in advance. They felt it was essential for participants to include senior decision makers and academics and for events to take place at a time to influence budget-setting. It is, however, not clear, given the above, that a workshop format would meet these requirements and attract the appropriate senior decision-makers to attend or if more innovative bespoke formats would be needed.

The above comments from practitioners suggest that they continue to show a desire to engage with the ideas generated through research evidence. Their ideas, noted above, suggest the conditions under which academic–practitioner interchange might work. This may not be through the vehicle of a one-off intervention (such as topic-based workshops) that seeks to propel change through the accelerated use of evidence, but as a process, the beginning of a journey, that would benefit from evidence syntheses and cross sector involvement, and with continuous monitoring, adjustment, and flexibility as it proceeded.

INTRODUCTION

Why develop the Research to Reality programme?

The initiative for the programme was local authority driven. In the early summer of 2008 a number of influences converged that led to the formation of the Research to Reality (R2R) programme. These included: an examination of comparative data on LAA targets within the NE region; the desire to explore in more depth the nature of complex cross-cutting health, social and economic well-being issues; a wish to raise awareness of effective interventions that might address these; the availability of funding; and newly formed partnership arrangements across local government, health and academia permitting a collaborative approach[1]. A steering group was formed from representatives of the partner organisations (see Appendix 1) and topics were selected from the most frequently occurring priorities listed in the local area agreement (LAA) targets (e.g. working in the NE, smoking, alcohol, etc.). A series of workshops to provide fora for the sharing of information on these topics was envisioned. A shared aspiration was:

> ...I think very early on we thought that the natural outcome of getting people together would be that people would support other people's great interventions and great ideas or hear about research evidence for the first time in such a way that it would cause them to go back and address what they do and maybe do it differently or suggest or prompt changes. (SG member)

The target audience was to be those people who had decision-making responsibility for performance and policy in these areas whether from within local government or across partner organisations. Specifically, the audience was designed to be:

> ...made up of people working directly to deliver the related LAA targets. This could include policy and strategic leads, portfolio holders, partnerships managers and service managers, alongside lead professional from partner organisations such as PCTs, Foundation Trusts, voluntary sector deliverers, etc. (R2R programme document)

What we already know

Challenges in securing evidence informed services and interventions

The Research to Reality (R2R) programme needs to be set against a broader context concerning the journey from knowledge to action. Recent years have seen a deeper understanding of the gaps, tensions, barriers and success factors that may determine how knowledge and evidence are, or are not, used. Getting evidence into practice is not a straightforward, linear process whereby upon its production the findings from research effortlessly find their way into policy and practice. Some of the early pioneers of evidence-based medicine were of that persuasion but we know better now. The issues are even more complicated and multi-faceted when it comes to public health, social and economic well-being interventions. We know that improving health and wellbeing and tackling inequalities and the social determinants of health are complex issues which raise specific challenges for those seeking to develop and provide effective services (1,2) and for those seeking to understand how these can best be modified to improve health and wellbeing.

These challenges include (3, 4, 5, 6, 7):

- The nature of health and wellbeing issues, which are often rooted in wider social disadvantage that is deep-seated and difficult to change.

- The need to meet targets on agreed joint priorities by working across professional, organisational and sectoral boundaries each with distinct cultures, priorities and varying service configurations and governance arrangements. We know that sharing information and knowledge across boundaries is especially challenging.

- A patchy evidence-base where existing evidence may not provide clear, unequivocal or timely answers.

- When research evidence and 'best practice' appear to be a poor local fit, uptake of these may be heavily contested and uptake slow.

- Accessing, synthesising and weighing the evidence may be difficult for practitioners if it is expressed in unfamiliar academic terminology. It may also be challenging to locate the evidence in its context to assess relevance.

- Implementation issues where, despite goodwill and best efforts, uptake is often disappointing with unforeseen system barriers, performance pressures, political factors and a changing context diffusing efforts.

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[1] Further details of the programme and partners involved are given below and in Appendix 1.

It has been estimated that the time delay in securing evidence take-up can be as long as 10 years (if at all) (1, 2, 8). To be most effective, planning may need to mobilise existing expertise in the system and take into account not only the research evidence-base but also other forms of knowledge (local expertise, tacit knowledge of history, culture, capacity, etc.) in order to adapt (rather than adopt) the evidence-base to produce acceptable and workable local plans. This is likely to require two things: awareness raising and acknowledgement that the evidence-base exists, and then discussion between key stakeholder groups (across professional, organisational and sector boundaries) (9, 10, 11, 12). Unpredictable and unplanned benefits may arise from this as participants develop understanding of each other's perspectives and trust as they begin to work together (13). It was precisely to address and raise awareness of these issues that the R2R programme was conceived.

Sharing research evidence and best practice

"Translational research" is a relatively new way of thinking about how research evidence can be used to prompt accelerated change. One approach is to bring together people in dialogue to share research evidence and consider its implications. This was the approach followed by the R2R programme. In the North East region of England (within Fuse[2] and ILG[3]), and beyond, considerable expertise exists in the spheres of health, social and economic well-being (academic and practice-based) making it possible to offer the R2R programme quickly and with the requisite resources and input.

In evaluating such a programme, it is helpful at the outset to clarify and define terms since in the literature these are sometimes used interchangeably and in ways which may sometimes confuse rather than enlighten. The following ideas and terms, which have distinct meanings, may be useful in assessing the extent to which the R2R programme met its own objectives.

- Knowledge transfer refers to the one-way process of sharing research evidence with a targeted group of potential research-users (in the R2R programme this relates to the educational and information giving aspects of the programme).

- Knowledge translation refers to efforts to translate research findings into a language and formats useful to potential research-users perhaps by adding interpretation to the evidence and pulling out key messages (in the R2R programme this relates to the presentations and research digests).

- Knowledge exchange refers to a two-way process where knowledge, evidence, opinions and experiences of 'what works' is shared between many stakeholders (in the R2R programme this relates to the workshop discussions, Q&A sessions, and the networking opportunities provided by the programme).

- Knowledge to action (in the R2R programme this would be any example that taking part in the R2R programme led to change in practice that might not have otherwise occurred).

Reflecting a diversity of views

Educational theory shows us that learning is a complex social process. People learn in different ways (noticing different things depending upon personal interests and experiences, culture and customs, etc. (14) giving rise to a range of views from the 'same' R2R workshop. This evaluation seeks to reflect the range of views and to synthesise the overarching messages that emerge from them. It is for this reason that when evaluating the R2R programme we do not ask "did it work" (expecting a 'yes' or 'no' answer) but assume that some bits worked for some people and perhaps less so for others and pose instead the question: "what worked where, for whom, and under what conditions?" (15, 16). Exploring these issues is intended to aid understanding of the aspirations of those offering the programme or delivering parts of it, and the experiences of delegates attending the workshops, as well as allow an assessment of any impact on their practice. The implications for future programmes of a similar nature are also considered.

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[2] Fuse (www.fuse.ac.uk) in one of the five UKCRC funded centres of excellence in public health (see: http://www.ukcrc.org/researchcoordination/jointfund/publichealth/) and the research collaboration includes the five North East of England Universities: Durham, Newcastle, Northumbria, Sunderland and Teesside.

[3] The Institute for Local Governance http://www.northeastiep.gov.uk/institute/

[4] With the changes introduced by the coalition government of May 2010 both the National Indicators and Local Area Agreement targets ceased to exist.

The Research to Reality Programme

The R2R programme ran between November 2009 and January 2011. It comprised a series of eight facilitated multi-agency workshops focused on priority National Indicators for the North East [4]. The programme was a collaboration between the Regional Improvement and Efficiency Partnership (RIEP), the Association of North East Councils (ANEC), the Centre for Translational Research in Public Health (CTRPH known as Fuse), and the North East Strategic Health Authority (SHA). The Institute for Local Governance (ILG) also became involved in the last three workshops. The R2R initiative was co-funded by the RIEP and SHA and overseen by a steering group (SG) made up of representatives of these bodies [5].

The R2R workshops aimed to connect strategic policy makers and practitioners working to deliver priority Local Area Agreement (LAA) targets, with researchers and academics able to review and appraise existing evidence into the most (and least) effective interventions. Thus the programme sought to bring together wider expertise to inform local decision-making and begin to shape practice. It was anticipated that wider learning and change, policy influence and local research could result from the initiative.

The purpose of the workshops was stated as:[6]

- Facilitating (two-way) knowledge exchange between academics and practitioners.
- Providing the evidence base for alternative approaches leading to achievement of targets and improved outcomes.
- Sharing innovative practice and improving networks between practitioners from different organisations at the strategic and (senior) practitioner level.
- Identifying areas of potential further research.

Six R2R workshops covering the following topics were included in the evaluation:

1. Stopping smoking (NI 123)
2. Alcohol related harm hospital admissions (NI 39)
3. Under 18 conception rate (NI 112)
4. Work and incapacity (NIs 152, 153, 173)
5. Obesity amongst primary school aged children (NI 56)
6. NEETs - 16 to 18 year olds not in employment, education or training (NI 117)

A further more generic workshop was held covering public perception of local services and the engagement of the public in service design and delivery. A final workshop, with the title 'knowledge to action', covered the interim evaluation findings, various knowledge exchange approaches, and provided an opportunity to share information on other ways that academics and practitioners could work together. Neither of these two workshops was included in the evaluation and nothing in what follows may be ascribed to them.

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[5] For a list of steering group members see appendix 1

[6] These aims appeared in the original programme specification, the research specification and in every workshop invitation

Structure of the workshops

Each workshop followed an almost identical format, occupying a half day and based around the material contained in the research digests prepared for each workshop. The workshops were structured as follows [7] (see table 1 below which shows the typical outline agenda for the workshops):

Registration & lunch
Introduction and context setting including short presentations by academics and leading practitioners in the field
Facilitated group work structured around three specific subtopics or questions
Break
Action planning from today's learning
Using research in the future – working with academics
Personal commitments and workshop evaluation

Table 1 Structure of Workshops

Prior to each workshop a research digest was sent to delegates that summarised key messages emerging from the evidence-base, identifying any gaps in the evidence, contested issues, and pointing to where the evidence was strong. Overall, the programme provided opportunities for informal networking as part of its design (lunch, breaks and round table seating). The format provided academic and senior practitioner input (knowledge transfer and translation) and discussion amongst delegates and session leads (knowledge exchange) with opportunities for personal reflection, giving written feedback and views about the workshop attended. Action planning and written personal commitments attempted to prompt follow-up action, encouraging delegates to consider how they might use material shared on the day in their future practice (knowledge to action).

The workshops were organised and facilitated by an experienced external consultant who worked closely with the SG and academics in the development of the workshops. The consultant was recruited expressly for this work and provided continuity across the programme. Following each workshop, the consultant drafted a report (which included the research digest).

The report was then commented upon by SG members before being finalised and posted on the RIEP website [8]. A quick turn-around on these reports (between 4-8 weeks) ensured timely feedback was given. An electronic copy of the report was sent to workshop delegates.

The invitation to register for workshops was issued via the RIEP circulation lists. Multiple organisations across the NE (NHS, Local Government, the voluntary sector) received the invitation and then cascaded it through their own contacts. Though normal practice, it makes it difficult to estimate the precise reach of the invitation and whether it is getting to those who were the principal targets for the workshops. The same master circulation list was used for all the workshops permitting delegates to attend multiple workshops if they so wished in order to benefit from cross-cutting messages and approaches to public health and wellbeing issues that were common across the entire programme. Although public health topics are often regarded, and viewed, as discrete, they in fact share many common features and challenges. For senior leaders and strategic managers in particular it may therefore be more useful to look at the cross-cutting issues which may arise in respect of several topics.

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[7] For the agendas of the workshops included in this evaluation please see Appendix 2
[8] The North East Regional Improvement and Efficiency Partnership http://www.northeastiep.gov.uk/

THE EVALUATION

Aims and purpose

Feedback on individual workshops was gathered, via feedback forms on the day, to assess satisfaction and value of the experience. This is included in the write-up of each workshop. The evaluation of the R2R programme took a wider view to explore what activity became possible (and took place) as a result of the programme either on the day in terms of knowledge sharing (aspirations and views) or as a follow-up activity (any new activities or actions that delegates attributed to their attendance on the programme).

A short and medium term perspective:

As it often takes time to consider the issues raised, reflect upon their implications, develop relationships, plan and carry out changes that may result, data were gathered in the short term (views of the workshop, plans for action) and medium term (follow-up activity).

Data gathered from the workshop

- What helps and/or hinders these initial workshop discussions and the sharing of information?
- What will participants seek or commit to do differently following the workshops?

Data gathered over time

- What happens as a result of these plans? Why and how?
- Have new networks/working relationships/service activities/research links developed from the workshops?
- Do participants perceive any unintended and wider learning and development or other changes?

Methods [9]

The following methods were used to collect qualitative data from workshops 1-6 (see table 2 below):

- Observation of the workshops (of the delegates' use of, and responses to, group discussions and other workshop material and activities. Two researchers took field notes and compared findings to ensure consistency).
- Documentary analysis of all written material produced on the day (action plans, summaries of round-table discussions, flip charts).
- Interviews [10] with a purposive sample of delegates in the weeks following the workshop and again a few months later (these were audio recorded and transcribed).

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[9] The study did not need formal research ethics committee approval (or accompanying research governance processes) as it was deemed to fall under the category 'service evaluation' (see appendix 2). However, the research followed standard ethical processes (participants' information sheets, consented participants, data protection and confidentiality safeguards, etc.)

[10] Interview guides can be found in Appendix 3

R2R programme aims as stated in original proposal	R2R programme mechanisms	Evaluation data collection methods
Provide the evidence base for alternative approaches leading to achievement of targets and improved outcomes	Research digest, presentations, discussions	Observations Interviews Questions on the workshop satisfaction sheets
Facilitate (two-way) knowledge transfer between academics and practitioners	Q&A sessions, discussions, networking opportunities	Observations Interviews
Share innovative practice	Research digest, presentations, Q&A sessions, discussions, mix of delegates	Observations Interviews
Improve networks between practitioners from different organisations at the strategic and practitioner level	Informal as well as formal workshop components (e.g. lunch, coffee session), round-table discussions, mix of delegates	Observation Interviews Follow-up actions listed on the workshop satisfaction sheets
Identify areas of potential further research	Discussions, group work, personal action planning	Interviews

Table 2 Data collection methods mapped to original workshop aims and workshop mechanisms

Sampling

Participants gave consent to be contacted via the workshop satisfaction sheets. They were e-mailed and invited to take part in interviews (face-to-face or via the telephone). Table 3 below gives details of workshop attendance and those interviewed as part of the evaluation.

Workshop	Overall workshop attendance	Approx. mix of attendees	Those consenting to contact	Short-term Interviews		Medium term Interviews	Approx. mix of interviewees/ study participants
				Participants	(Session leads) Presenters		
1 NI 123 – Stopping smoking	36 (inc 7 facilitators and the academic lead)	9 Academic 13 NHS 2 Public sector 10 Local Gov/LA 1 Third sector	19	5	2	1	2 Academic 2 Public sector 2 Local Gov/LA 1 Third sector
2 NI 39 Alcohol harm related hospital admissions	46 (inc 8 facilitators and the academic lead)	12 Academic 16 NHS 2 Public sector 16 Local Gov/LA	17	5	1	1	3 Health/NHS 2 Local Gov/LA 1 Public sector
3 NI 112 under 18 conception rate	41 (inc 7 facilitators and the academic lead)	10 Academic 14 NHS 13 Local Gov/LA 4 Third sector	13	7	1	2	3 Local Gov/LA 1 Third sector 3 Health/NHS 1 Academic
4 NIs 152, 153, 173 Work and incapacity	39 (inc 7 facilitators and the academic lead)	9 Academic 8 NHS 20 Local Gov/LA 2 Third sector	13	4	1	1	1 Local Gov/LA 1 Academic 2 Health/NHS 1 Public sector

5 NI 56 obesity in primary school aged children	25 (inc 7 facilitators and 2 academic leads)	9 Academic 5 NHS 10 Local Gov/LA 1 Third sector	5	3	1	2	2 Health/NHS 1 Third sector 1 Academic
6 NI 117 Young people not in education, employment or training (NEET)	47 (inc 5 facilitators and 2 academic leads)	3 Academic 38 Local Gov/LA 6 Third sector	21	7	1	2	4 Local Gov/LA 3 Academic
Total				31	7	9	
Planning team interviews							4
Total number of interviews	51						

Table 3 Workshop Attendance and Participation in the Evaluation Study

Recruiting participants

It is worth noting here how difficult it was to recruit participants to take part in the evaluation study. Table 3 shows the number attending each workshop and the number that then consented to take part in the study (via the workshop satisfaction sheet). There is a considerable drop-off between these two figures (especially in the case of workshop 5, where 17 attended and only five consented to take part in the study). Even with provisional consent granted at this stage, when delegates were subsequently emailed to arrange an interview they often failed to respond. We followed up each delegate a maximum of three times. In many cases it proved necessary to contact all those who had consented from each workshop in order to achieve the numbers of interviews reported here. This resulted in a considerable time delay in the research timetable which had not been factored in at the outset.

Follow-up Interviews

Originally, all participants were to receive a follow-up interview. However, in consultation with the SG the research team only followed up a targeted set of participants. Following the first interview, few participants had any potential follow-up action to report. We re-interviewed those participants who did report some possible follow-up activity to find out what had happened in the medium terms to their plans.

A Participatory Approach (17)

The research was undertaken with the SG's involvement (ie done with them, not done to them). This hybrid participatory action approach, using iterative cycles of data gathering, data sharing and interpretation was adopted for several reasons:

- To acknowledge the experience and expertise of the planning team.
- To facilitate timely expert input into the interpretation and meaning of emerging results and so increase the sensitivity of the findings.
- To enable joint ownership of the data.
- To enable timely changes to be made to the R2R programme as it unfolded and if seen as desirable.
- To build trusting, longer-term relationships between academic and practitioner partners involved in health, social and economic well-being work.

Analysis

Analysis of documents and anonymised transcribed audio-recorded interviews gave rise to early thematic findings that were discussed, challenged (dismissed or confirmed) jointly by the research team and SG. This iterative process of validation took place successively by e-mail and in local meetings. Results were also presented at the UKPHA annual forum (March 2010) and at the final R2R workshop (January 2011) to gather additional feedback and to expose the data to the interpretation and scrutiny of a wider audience.

CONSIDERATION OF THE FINDINGS

The findings are presented in the following four themed and chronological sections:

1. Pre- workshop
2. The workshop
3. Working with academics and research evidence
4. Post-workshop

These categories emerge from the data. Participants were keen to tell us not only about what happened, but also what it meant to them and their practice. Many participants offered suggestions for changes they would like to see in future programmes; how academics and practitioners could work together; and factors that might increase the usefulness of research evidence in their daily work. For these reasons the report uses, where possible, the actual words of the participants to voice the views and opinions expressed. These views are presented either verbatim from the interview data, as summarised in other documentary evidence, or as captured in field notes from observation of the workshops. This section gives a synthesis of all the data gathered. We aim to reflect the range of views proffered and

give a broad indication of how commonly expressed they were. In general, the longer the section the more delegates had to say about those issues. The significance of the findings is discussed in situ as we present them rather than in a separate section.

Great care has been taken to preserve the anonymity of participants. However, we have included details of the workshop the person attended, broadly the type of organisations they come from (i.e. NHS, Local Authority, third sector, academia) and the relative seniority of the role they hold (where available). While not allowing for identification, it does place some context around the views expressed.

1. Pre-workshop

Perceived aims and expectations

There were mixed views on what the aim(s) of the workshops were. Many delegates saw them as an opportunity to share information across professional, geographical and sector boundaries, in order to 'improve communication', 'bring people together', prompt 'lively discussions', 'develop relationships' and 'encourage joint working'.

> ...and I think for me it was about sharing practice across the region, sharing the academic kind of update and where that fits with practice, and I guess the third stream for me is about how we within practice can influence academics. (workshop 2, NHS, senior role)

> ...what I went along expecting and I think it achieved was trying to develop the interface between the academic world or the research world and the clinical or the frontline world of (...service) and develop relationships and encourage more joint working. (workshop 2, NHS, middle tier)

Others were less sure what they expected from the workshops but were willing to 'speculate to accumulate', keep 'an open mind'. The title of the workshop series, 'Research to Reality', led some delegates to hold high expectations of focused planning in the event.

> ...because it was called Research to Reality, then I was expecting it to present a strong sort of picture from the point of view of what the evidence base was at around (...) and then for us to look at a local level related to that sort of specific research. So that we could, you know, from a commissioning and sort of evidence base that we could sort of see that we were working to that evidence base....Yeah but probably more depth than that. I mean I felt that's the depth it was at. Was I expecting it to be, because it was called Research to Reality, then I was expecting it to be a fairly high level sort of conference and the information that would be discussed both in the groups and by the presenters would be at a higher level than you would normally get at a sort of general conference, if you see what I mean. (workshop 2, LA, senior role)

What delegates wanted to get from it

Some delegates saw the workshop as an opportunity to 'check their own knowledge', and to see if current practice was 'sort of in line with current practice'. For others, their expectations were stronger, namely to 'validate' or 'challenge' current activities. Some saw information as having the potential to directly inform their current practice.

> I enjoyed the day, there was a lot of information which I thought would be useful and give me a better picture in terms of moving the work on that we do in (....location). (workshop 2, LA, middle tier)

Others wanted to gather and take away information that they 'wouldn't normally have access to'; see 'what was happening across the region'; and to 'raise the profile'.

> ...to encourage people to, you know, give people information with regard to childhood obesity, try and keep the profile high. (workshop 5, third sector)

> I know kind of the headline aim which was all about bringing the research that's out there to the people who are involved in delivering things on the ground and giving people a chance to find out what research is there and how they can apply it in their roles. (workshop 1, LA, senior role)

and (stronger still) be given clear guidance on what activities to be commissioning (or not).

> Well I thought by people like (...academic), saying this is what the evidence is and people like us (...) right, well then that's what we should be commissioning and stop all the things that have got very little evidence base. (workshop 2, NHS, middle tier)

The research digest

The digest was seen by delegates as a 'weighted' form of 'background information' and 'latest evidence' that had been compiled by an 'expert' and condensed into an 'understandable format'. This was welcomed by many. Several delegates stated that they knew they should 'read more' but that 'time', 'capacity' and other work pressures often prevented them from doing so.

> I just read what's directly relevant to my day job (...) so one of the things I really felt fabulous from that day was that (...academic) was saying look, (...) this is the latest good evidence – because I then don't have to read everything else and work it out for myself, I've got the expert telling me, you know. (workshop 2, NHS, middle tier)

We return to this point (and the theme of 'passivity – just tell us what to do...') later in the report when we look at contradictions and tensions in the concluding remarks.

2.The workshops

Attendance at the workshops

Workshops were attended by a mix of local authority, NHS, third sector and academic delegates. Most delegates were from local authorities (or related organisations) or the NHS, a few from the third sector. Most academics attended as session leads or discussion facilitators; however a few attended as workshop delegates. Only two delegates attended more than one of the R2R workshops (each attending two workshops). Three elected members attended the workshops (each attending one workshop). The drop-out rate (non-attendance on the day, with no apologies given) was 40% at the first workshop. Action taken to address this required potential delegates to submit apologies in advance. Subsequent non-attendance rates were lower than 40%, but never fell below 15%.

Overall view of the day

Unsurprisingly, perhaps, views were mixed (and split roughly equally). Across all the workshops some delegates were very pleased with the day.

> I thought the content was very good, and I was comfortable with the pitch, the level, the level of the pitch. Yeah I think that overall it was very useful information that was coming across. (workshop 2, LA, middle tier)

Whilst others felt they did not learn anything new:

> I don't think there was anything else that was much of a surprise. (workshop 4, LA, middle tier)

> ...but it wasn't anything I didn't already know. (workshop 3, NHS, frontline)

> ...it wasn't anything new. (workshop 5, LA, middle tier)

Some session leads acknowledged the difficulties of addressing a mixed audience and getting the 'pitch' right:

> it was quite hard because you thought well if we give too much detail people will be lost, and if you don't give enough the ones that know quite a bit will just be thinking well what the hell am I doing here. (practitioner session lead)

Whilst a handful of delegates were more negative overall:

> No, I must admit I didn't really, it's a job to sort of come up with positives really because it was one of the ones, one of the most disappointing I've been to for a long time. (workshop 2, LA, senior role)

The following sections open up and explore the issues in more depth.

The presentations

Delegates liked the 'mix' and 'balance' of perspectives (from across academe and practice) and the presenters' skills in organising a 'wide range of material'. The presentations were believed to be a 'good idea', 'really useful' and that 'on the whole most people got something out of them'. However, when 'one of them ran on a long time' people started 'to sort of lose a little bit of interest'. During two long presentations, at different workshops, two delegates fell asleep. In addition, when presentations were felt to be too focused on specific research projects, were not inclusive, and overlooked the wider issues, subsequent comment was very negative.

> There was (X university) academics there but there are other universities and I didn't really see a great, I'd have liked to have seen other kind of academic, other university people there as well, or colleges, further education. I think maybe yeah, it was very heavily (X university) based. (workshop 4, academic)

With one exception all academics welcomed the chance to meet people working in practice and expressed a desire to listen. The workshops may have provided fledgling opportunities to do so:

> ...it's always quite difficult as academics to try and get the message across so we appreciate that sort of opportunity (...) it was a welcome invitation and always good to engage with people (...) so it isn't just one-way; we learn from what people tell us as well. (academic, session lead).

> I'm always hoping that these kinds of conversations do end up with us demonstrating that we (...academics) are more accessible than people perhaps feel that we are and that they will consider entering into some kind of research relationship with us at some point (...) we don't only do this kind of distanced ivory tower kind of research, (...) the kind of research that parachutes in and then goes away and writes some bland report. We can actually get much more engaged than that (...) engaged, embedded, collaborative research. (academic, session lead).

The discussions

Almost without exception delegates welcomed the chance to discuss the issues raised. They liked hearing and sharing 'stories' about local practice and swopping experiences. Delegates believed 'it was useful to hear other people's points of view', 'a real opportunity', 'a benefit because you can sell some of your local wares at that point'. In practice, the discussions seemed to be serving many purposes:

Awareness raising: many delegates valued simply learning about what was going in other places, sharing issues 'they were struggling with' and hearing how others had 'tackled them'.

Widening the debate: a few delegates **valued the input of different perspectives to the debate:**

> ...good way of enabling a broader discussion and a deeper kind of investigation of some of the issues and I think it's good that we get an external or a different viewpoint coming in and as I think I said at the time a kind of learned viewpoint and that's helpful to us, because we kind of tend to be target driven, funding driven, you know, pound driven, whereas if we look at the social issues, stuff in a bit more detail we get a different perspective. (workshop 6, LA, middle tier)

Meeting new people and relationship building: delegates wished to 'build' and 'strengthen relationships', 'meet new people' and 'possibly new contacts that I could follow through'.

Networking: many saw this as 'really a bit of networking' and 'letting people know that there are other people like (..) myself (...) that know about the issues, and if they want to come and speak to us'.

> I thought it was very, very interesting. I learned something, and I think, as you'd intended, it was a good networking opportunity. (workshop 2, NHS, senior role)

Socialising and catching up: whilst some delegates were networking in an overtly instrumental way, for others, the social side of the event was important, too. They mentioned 'catching up' with 'old colleagues', 'seeing people' again. This shows a genuinely human side of the workshops. All the workshops had a 'buzz' about them, lively discussion, smiles and laughter. Every interviewee offered (unprompted) their views on how 'enjoyable' the day was (or not). Words like 'Interesting', 'fun', 'nice', 'enjoyable', 'friendly' were often used. Not everyone was 'happy' with the event – but they still chose to express this discontent in emotional terms. Negative emotions included 'disappointing' and 'unwelcoming'. Perhaps these illustrate the importance of relational ties in building enduring work

relationships (or in wellbeing). Often it was impossible to separate the relational issues from information gathering (albeit in less formal forms) – i.e. often delegates wanted to see old colleagues in order to 'hear the news', or 'catch up on gossip'.

> But anyway it's quite useful to catch up with partners like that who I used to work a little bit closer to and just see as I say how things are moving and how the relationships and partnerships are progressing. (workshop 4, LA, middle tier)

Time out / a reflective pause: another aspect to the social side of the workshop was (as one said):

> I think it's always good to get kind of physically out of the day job to kind of take some time out, and I think that was really important. (workshop 2, NHS, middle tier).

Learning is a social process, but that is not to say that the social element is without its task focus:

> ...and so the four of us came through in a car together and talked shop, which was really, really useful and just to kind of get them to trade information... (workshop 6, LA, senior role)

This was linked to 'catching up', taking 'time to think', and an opportunity to 'discuss the issues' away from routine pressures. One delegate felt that this was the main benefit of the programme, rather than expecting to learn anything new – there was no 'light bulb moment...' but rather a 'space' created.

> I don't think there was anything new. I think it gave us the time and the space to kind of discuss the evidence base. (workshop 2, NHS, middle tier)

Did you get good discussion?

The mix of people (?) a few delegates believed it was the 'same old people again', the 'usual suspects', implying that therefore nothing new was added to the mix. In contrast, many delegates commented on the wide range of people attending – 'a varied audience'. Some saw this as a strength of the workshops – opinion was roughly equally split between the two views.

> But yes, there was a number of people that I didn't know, but there was quite a few that I did know, which was quite refreshing actually for that split. Because sometimes it's either all people you know or all people you don't know, but there was quite a mix which was useful. (workshop 4, LA, middle tier)

However, others believed that the diversity in the audience created several problems on the day. These are explored below.

Domineering individuals or groups: Some delegates felt that the discussions were 'more of a me, me, me type of thing' and '...X did kind of hog the conversation', 'blowing their own trumpet', and that some people could 'do with shutting up and listening'. Arguably, this occurs in any group-work situation and is not a unique feature of this programme. From a slightly different perspective, it was felt that particular professional groups sometimes overwhelmed the discussion – sometimes from the perspective of the 'medical model'; other times 'the conversation was dominated very much from a local authority point of view'. It was not always felt that these two 'communities' managed to find common ground.

> ...it was easy to identify which camp if you like the speaker came from. Whether, you know, it was a local authority or a health colleague, they see through very different lenses as to what the crux of the problems are. (workshop 2, LA, middle tier)

> I thought, I was hoping, I mean I hoped that there would be this sort of conversation about it, and perhaps local authority saying oh so, and wanting to understand what was happening on the research side, and maybe some links being made, maybe some activity, some oh let's take that card, more kind of networking and thinking of the opportunities past that.
> (workshop 4, academic).

This is turn, meant that some delegates felt that their point of view was not listened to ('fell on stony ground'), nor valued ('unwelcome'), and that the discussion suffered. The same person continues -

> But it (the discussion) really did fall into the trap of this is what I'm doing, this is what I'm doing, this is what I'm doing, and then conversation didn't really seem to go well what could we do together, it didn't get to that bit. (workshop 4, academic)

Parochial, silo working, blinkered: other delegates expressed this aspect of the group discussions as 'quite parochial', each only focused on their own area and interests. They believed it 'stunted' table discussions and was indicative of deeper issues. This view was expressed particularly strongly in relation to workshop 4.

> But there seems to be an element of people being quite, still quite guarded about their thinking, and still quite not really willing to work in partnership for instance. And I think those elements of partnership working could readily come out on the table better to be truthful. (workshop 4, third sector)

> So yeah, there's still this real, it was disappointing from the silo thinking, everybody had pegged their thinking within their own little slot. And what I was really hoping for was that there would be more reaching out, I suppose, and so let's further this, let's get something developed on this. (workshop 4, third sector)

Seniority of delegates and experience of delegates: senior and junior staff (including the third sector) attended, some were experienced, others less so. Some delegates believed that this was useful in one sense, but that ultimately the mix rendered 'meaningful discussions' unlikely for the following reasons:

> I thought it was very varied. I thought that there were people there who were quite inexperienced, and then some that were sort of much more strategic and sort of much more experienced, but it did mean that because there were the different ranges then you didn't really get into any in-depth discussion certainly in the groups because you couldn't, because you would have to explain, you would have to go over the basics. (workshop 2, LA, senior role)

> ...sometimes it was really good to have a discussion in the sense when you were trying to explain things. But then when it came to digging a little bit deeper beneath the surface people weren't quite fully aware of what they were maybe talking about. I mean they were generally fairly good discussions I would say. But it was kind of, they were all skimming around the surface because everyone was a generalist as opposed to a specialist on the indicator as such. (practitioner, session lead)

Some delegates commented that both junior and senior people were needed at each table so that discussions would benefit from having 'mixed' input.

> ...there was a mix I suppose around the table, there were some practitioners, there was a mixture of practitioners and managers... (a...) strategic person should have been part of that table (...), who could have chipped in some of the big thinking that might have been going on around, from their perspective in terms of (topic). (workshop 2, LA, middle tier)

One strategic decision-maker expressed strong support for the chance to discuss issues with frontline staff.

> ...useful from a sort of local authority point of view, people I knew were kind of from director level right to sort of front line practitioner level...people being able to kind of share different perspectives from different ends of the business...it wasn't kind of bogged down in a sort of strategic analysis type approach to this, there was a lot of stuff around how do we kind of enable conversations with individual young people who may have a mistrust around services and providers and systems...it was quite interesting to hear practitioners with senior managers about their perceptions of that at ground level. (workshop 6, LA, senior role)

Other delegates were clearly more in favour of targeting specific groups (tiers) of staff.

> Well I think (...) it's about clarity of purpose of the workshop. So whether it was aimed at commissioners, providers, academics, public health practitioners, I don't think it was clear about the purpose of the audience and therefore whether we fielded the right people to attend. (workshop 2, LA, senior role)

Sorry for being negative

In gathering data for this project, it was both the positive and negative feedback that was vital and it was important to tell both sides of the story. Too often the more critical story is not told (where participants simply say what they think the researcher wants to hear) and the learning that can result is denied.

Often, where delegates were 'negative' in their comments they realised this and were apologetic.

> Sorry, I'm just 'laughing' because I'm sorry I've been, well I was negative about it. I've said this. (workshop 2, LA, middle tier)

> I'm being quite rude aren't I, but I just found conversation so stunted. I did, I came away quite disappointed really. (workshop 4, third sector)

Planning on the day – what will people plan to do/commit to do

The follow-up actions that delegates committed to on the day were of two different types. The first were modest: 'contact colleague', 'write a letter', 'will read the paper (...research digest)'. These activities are low-level, mainly individual focused, not time consuming, nor requiring changes to other things. The other type of response was to list things that were commendable, but at the same time very general, and which gave little detail of how they would be achieved.

> Information/discussion from today will inform the development of the regional vision. (WS 3)

> Feed research findings in to wider arena. (WS 3)

With one or two exceptions none of the people interviewed had actually followed through the plans they made. One way of interpreting this is to believe that in making vague, or low-level, plans delegates were actually being realistic about what they felt could be achieved. This viewpoint is taken to its logical conclusion by one delegate who said:

> ...oh, I didn't make any plans on the day – I knew there was no point... (workshop 1, NHS, frontline).

3. Working with academics and the research evidence

The R2R programme aimed to stimulate engagement across multiple sectors and with academia through:

- facilitating (two-way) knowledge transfer between academics and practitioners
- offering an opportunity to work with academia and the research evidence produced by academics
- providing the evidence base for alternative approaches.

One group activity used during the workshops asked participants, 'How can academics help us?' Another asked about barriers to using evidence, and a third explored what further evidence was felt to be needed. This stimulated a number of responses and when analysed alongside the interviews two distinct areas emerged:

- Issues with existing evidence (access, format, and interpretation) – see figure 1 below
- Perceptions of what is needed (to move things forward - assistance/direction, collaboration, evidence development) – see figure 2 below
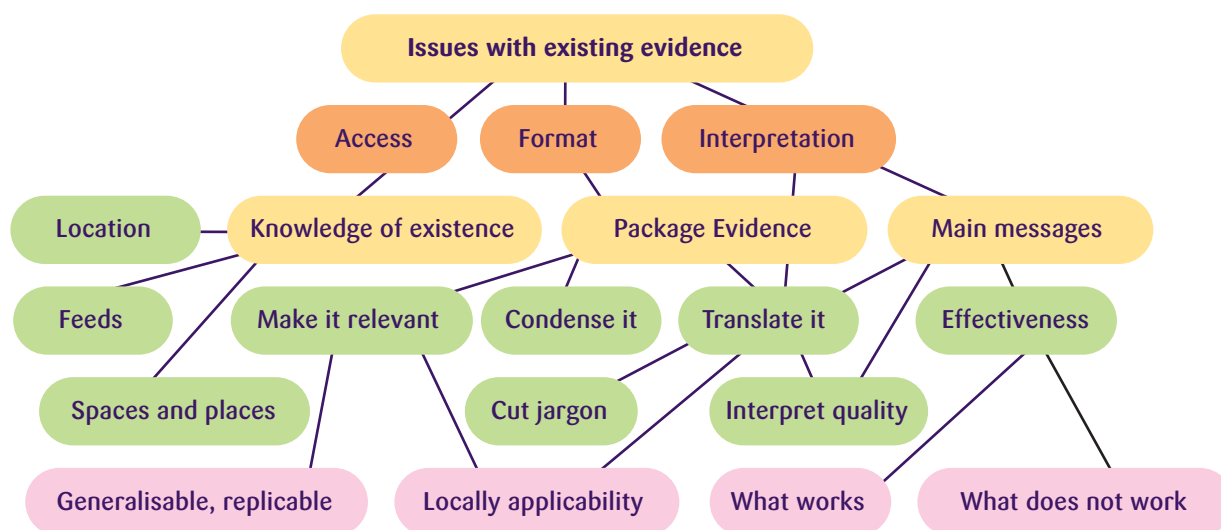
Figure 1 Interlinking nature of delegates' views on existing evidence
(Key: orange boxes = main topics; yellow and green = sub categories; pink = emerging themes)

Access: participants mentioned difficulties in accessing evidence partly due to a 'lack of awareness of availability' (WS 1) and 'not being aware of relevant research' (WS3). Part of this issue is related to the location of the evidence; people often did not know 'where to look?' (WS 1) or how to find evidence relevant to their field of work. As highlighted by participants, evidence (i.e research reports, reviews etc) is 'not in one location/central store of knowledge' (WS2) and is often spread across various institutions or agencies. Frustration was expressed at the resources required to engage with the evidence; 'Time! Hence the need to make it readily accessible/understandable and relevant' (WS1).

Several suggestions were made regarding information deposits and centralised locations, 'the need for one place on the local/national/international research' (WS2). The preferred route of access seemed to be 'through the internet' (WS4) with delegates from one specific workshop suggesting 'have a website specifically for information that we can have access to around obesity' (WS5).

As well as placing all relevant evidence in a central location, participants also expressed a desire for 'disseminating research further than commissioners' (WS1) and 'sharing results more widely' (WS5). It was perceived that 'feedback to frontline services should be improved [through] better communication' (WS5) and 'better circulation of research findings' (WS4) should be introduced. Proactive mechanisms which would 'feed' interested parties information about available evidence were seen as important and these could take the form of 'newsletters circulated widely' (WS3), 'daily digest/what's new emails' (WS1) or '...feeds from xx university website that would inform interested parties when new research is published on the site' (WS6).

Spaces and places to meet and discuss research evidence were also seen as positive. Several participants suggested engaging with academics and evidence would be enhanced by 'have[ing] more days where we get fed and watered and have a chat' (WS3), coupled with 'working like today with synthesis of evidence' (WS2). Barriers to this were acknowledged:

> So I think sometimes it's just simply we don't have the fora to come together and talk about these issues, which is why I thought this event was very good. But I also think it's partly the way we're funded. I do almost exclusively research, and certainly in the past funders were very reluctant to fund beyond the report stage of a project. (workshop 1, academic)

Format: the format of evidence was an issue raised by several participants who noted a perceived need to package evidence in ways which were accessible. Thus the 'volume of research available' (WS4) was problematic and academics were seen as able to 'summarise existing evaluations' (WS6) or assist in condensing research into manageable chunks. Such packaging and condensing would 'make it [the research] more useful' (WS3) to practitioners and commissioners. Evidence 'had to be succinct and clear' (WS1) in order to 'help to provide intelligence around the information and data that others collect

and do not have the time/resource/capacity to analyse' (WS6). Formats such as the research digests produced were seen as 'very helpful' (WS1) and feedback from one group summed the format issue up thus:

> Rationalise what is out there, order it. Make sense of it and make it as easily accessible as possible. (WS1)

Alongside packaging evidence into condensed digestible chunks it was felt that evidence needed to be rendered 'accessible and relevant to the groups/people that I [we] work with' (WS1). Part of the problem was seen as 'research not being relevant/useful to a local area (if national or regional)' (WS3) or not having been rendered relevant by the academics. Participants suggested that 'academics need to temper results from research with practical local experience' (WS1) and there was 'no scope for 'blue skies' – needs application' (WS3). Thus both future research and the messages drawn from existing studies needed to be relevant to local contexts.

However, this local focus was contrasted with a wish for 'generalisability' and the ability to replicate interventions, drawing on 'what works in other countries' (WS3) and suggesting that 'evidence needs to give a structure for how to replicate (...the results)' (WS2).

Interpretation: delegates suggested that research findings needed to be translated and that 'academics could help by simpler language' (WS3). However, interpretation was not just a matter of language but also involved the ability to judge the quality of studies. Some asked: 'What does this mean and is it as impressive as it sounds?' (WS2), while others suggested 'reliable statistics' were needed and asked 'what confidence is there (in the available statistical information)?' (WS4).

Questions regarding the quality of the evidence were linked to calls for clarity regarding the effectiveness of interventions and a desire for the main messages from research to be clearly expressed. Time and time again participants said 'tell us what works' (WS5) or 'provide good quality evidence of what works – clear messages' (WS1). Some thought 'research should produce clear 'what works' themes' (WS6) and that there should be 'learning from what doesn't work as well as from what does'(WS4). This wish for answers was widely expressed:

> I really wanted to know what it was that people were doing that were working. That was what I was hoping that I would get out of it. (workshop 3, NHS, senior role)

> ...I think a lot of the time though... people want answers in terms of (...) like good practice or what people have maybe implemented that then others can try...but it's all very like theoretical and okay that's great, but tell me what to do and we'll do it. (workshop 6, local govt, middle tier)

Thus interpretation of the available evidence was closely linked to issues of access and format. Some felt 'there is a lot out there but making sense of it is a different matter' (WS3) and this was where academics could assist in, 'summarising research/evidence (like today's digest) and critically appraising research and recommending things that are good quality' (WS1), or specific research units could 'perhaps act as a forum to help areas interpret research & evidence' (WS2) [11].

The knowledge translation aspects within the issues raised regarding format and interpretation of research evidence are clear. Participants sought specific things from research and when asked how academics could help they often saw them as having the ability to bridge, translate and interpret for the many knowledge contexts present (practitioner, commissioner, academic etc).

[11] There are several national and local bodies that work to collate evidence like this and facilitate research engagement. To name a few, NICE guidance, the Public Health Observatories, NHS Evidence (including the National library for Health and managed by NICE), and other online library sources, Fuse, the NIHR-funded Research Design Service based at Durham and Newcastle universities, and for specific topics (smoking cessation and alcohol respectively) the regional offices of Fresh and Balance.
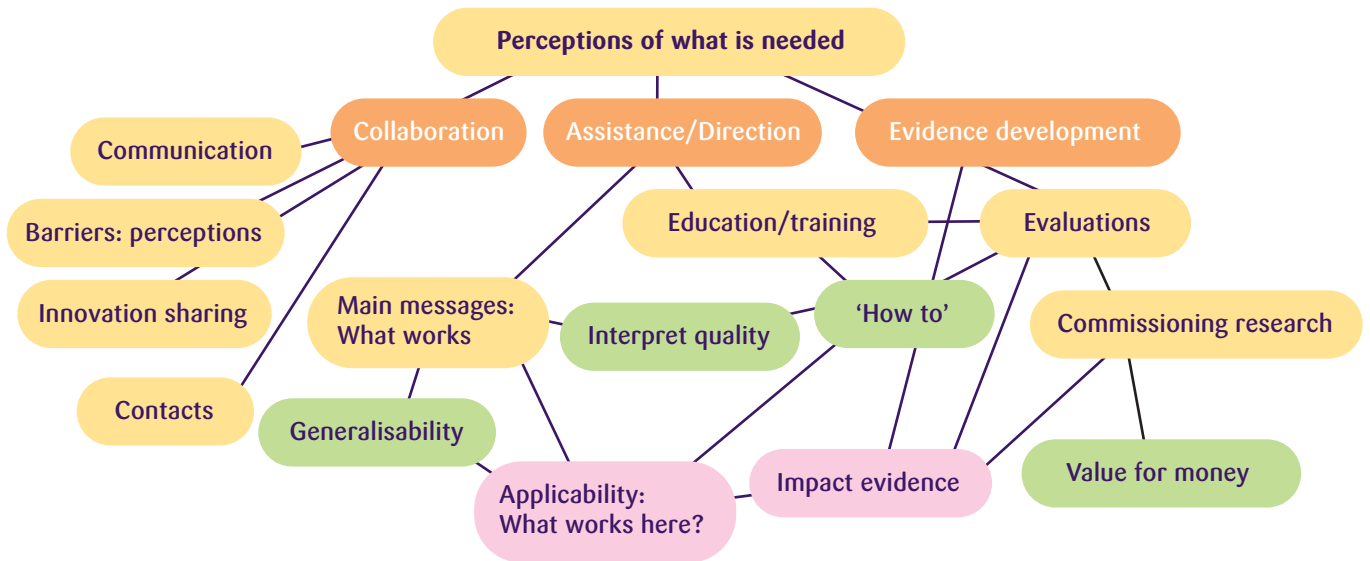
Figure 2 Interlinking nature of delegates' views on what is needed with regards to evidence

(Key: orange boxes = main topics; yellow and green = sub categories; pink = emerging themes)

Collaboration: participants felt that more 'opportunities for collaboration' (WS2) were required and there was a 'need to work in partnership to understand needs of professionals in the field' (WS3). Thus enhanced collaboration was necessary and 'better links between researchers and practitioners' (WS4) would be of use.

> ...you need to have that knowledge, that grounding and that evidence to be able to go and deliver something that has positive outcomes. So I think there needs to be that joint approach. (workshop 5, NHS, senior role)

Communication was perceived as an issue with there being

> ...no day to day contact with someone to pick up the phone and chat through an idea or approach (WS1).

'Improved communication channels' (WS4) were required. Some thought 'different perceptions about purpose of research' (WS2) may act as barriers to collaboration and asked 'are goals of researcher and service compatible?' (WS2). There was a perceived need to make contacts, 'academics should have connections with local service providers' (WS5) and that 'knowing who is out there in academia, who is interested in the area of research that is of interest to you' (WS1). While many participants felt the workshops offered a chance to hear some of what was being done around the region, more opportunities to share innovations were requested.

Assistance/Direction: participants felt they often needed assistance and direction, sometimes in the form of education and training. It was suggested that there was a 'lack of health professionals' knowledge to conduct research' (WS3) and that 'training for staff to gain more understanding of research to develop proposals' (WS1) was needed alongside academics 'offer[ing] external, objective support & advice' (WS2).

Across all of the workshops frustration was expressed at the lack of direction offered by research and it was felt 'research should produce clear 'what works' themes' (WS6). Participants wanted the evidence weighted – but not oversold, it terms of what it could offer. Clear main messages regarding 'what works' (WS5) or does not work were sought and participants thought academics needed to:

> ...have confidence to give us recommendations/ideas about what could work (WS1).

Evidence development: in terms of evidence development participants perceived a need for 'more evidence about interventions' (WS5) including 'more formative evaluation' (WS4). Implications for research and evaluation commissioning were clear and participants felt '(...service) providers need to evidence the impact on outcomes that delivery and interventions are having' (WS3) thus 'more local/national money [needed to be] available' (WS3) to 'help us build evaluation into services' (WS5)

and encourage 'commissioning research through working jointly on developing robust research protocols …that universities will be interested in' (WS1).

Alongside an increase in evaluations there was a perception that a 'better approach to evaluation [was] needed' (WS2). Participants wanted evaluations which produced impact evidence such as 'evidence that supports whether we do initiatives or not do them' (WS1) and an understanding of 'how well different programmes evaluate' (WS5).

Contrasts and contradictions emerged: issues with existing evidence included frustration at the amount and spread of existing research; a lack of clarity from academics and existing evidence - participants wanted clear summarising and packaging of existing evidence, and interpretations which offered clear 'what works or not' messages. This desire for clear messages illustrates the differences between the knowledge valued by practitioner/commissioner contexts (directive, clear, policy orientated and applicable) and that produced in and by the academic context (never unequivocal, always subject to study limitations). The R2R series was an attempt to bring these two contexts together to share and explore the knowledge base and to promote action.

Knowledge translation and the co-creation, co-production of knowledge (where academic researchers work jointly with practitioners to develop research programmes) may be needed. Yet, in itself, this may be challenging in the absence of common shared understandings regarding the nature of evidence and where incompatibility of knowledge exists across contexts. The local applicability of evidence and research was contrasted with a desire for learning lessons from national and global studies and adding generalisable findings to the evidence base.

There are different types of evidence being referred to here: i.e. research academic, evaluation, local, context specific, national and generalisable. Some of the participants noted these different sources of evidence or hinted at their existence. Some expressed value judgments regarding the evidence types. The ways in which evidence is seen as being used also emerged. Some suggested explicitly and implicitly that policy and strategy are sometimes developed and then the evidence is cherry picked to fit.

> …too often in local authority to be honest with you they know what they want to do in terms of plans at a senior level, and what they want more of is just the evidence to back that up (workshop 3, local govt, middle tier).

Others expressed the feeling that things were only done and implemented where there was evidence. A similar point was made regarding the use of data to tick the boxes – to show targets had been hit, or to insert into reports irrespective of whether the data actually meant anything. If reports were needed then any data that were accessible would be used without any delving into the meaning, relevance or implications of the findings. Academics mentioned the invisibility of evidence in some strategy or guidance documents and hinted at a lack of transparency.

> …we all feed into the guidance documents, but how do you know that that line in that guidance document actually came from you? (workshop 1, academic)

> …there was some contradictory evidence presented. Like I say, the evidence base behind the national strategy wasn't as strong as was made out. (workshop 3, Local Govt, middle tier)

There were some perceptions of academic and practitioner/commissioner stereotypes expressed which may also influence the ease or success of collaborative working. In addition, the perceptions that academics need to have clear financial or tangible gains in order to collaborate was also expressed – they needed to 'commission research that universities will be interested in' (WS1). Often they (the practitioners) did not have the finances to be able to commission academic work. Several people mentioned using existing research and one person clearly linked this to the fact that they could not commission individual pieces of work but that, fortunately, relevant work existed for them to use.

In summary, there is evidence of knowledge transfer (of information passing in a targeted way to delegates within the research digest, the presentations and subsequent discussions). There is also considerable evidence that knowledge was exchanged between delegates across geographical, professional, organisational and sector boundaries (in the informal sessions in the programme, i.e. coffee, lunch etc, as well as the round table discussions and group work). What results from this knowledge sharing is less clear – it could be insight, or confusion and more questions. The following section examines data regarding knowledge to action stimulated by the R2R workshops.

4. Post-workshop

Overall

One indication that the workshops did not have significant impact was that many delegates had trouble even remembering the day: 'it seems ages ago now', 'to try and remember', 'just tapping my mind back'. (This could also illustrate the dulling impact of ongoing work commitments.) As interesting as the delegates had found the workshops, there was little personal obligation expressed on the need to follow up on actions they had planned. Lack of activity was noted in passing as 'nothing came of things'.

> ...I thought that was useful – just trying to remember. I mean the discussion on the table with other people and hearing what other people are doing is always interesting, although it doesn't necessarily go anywhere. (workshop 2, NHS, middle tier)

Follow-up on plans/actions resulting

Dissemination of info: There was some suggestion that information gathered at the workshops had continued to flow (cascaded) and that some links have been made.

> ...since doing the event I've spoken to a fair few people afterwards that have come for more advice (practitioner, session lead)

> I've done sort of a, you know, small sort of report in relation to that, verbal and written, and sort of which helped to clarify situation to them (...other interested stakeholders in the voluntary sector). (workshop 1 and workshop 5, third sector)

In addition, sometimes the information gathered was seen as potential leverage in the delegate's workplace.

> ...and I came away with some sort of useful background information which I could then use to make the case internally as to why we should be doing work around that particular issue. (workshop 2, LA, senior role)

Prompted action: A small number of delegates reported that workshop attendance had prompted them to take action, or had led to changes. These activities were not necessarily planned on the day but had flowed unexpectedly, and in an unpredicted way, from the event.

> But then other partners were talking of this (name of research project) in (X university) so I did follow that up actually, and since doing so I'm part of the, I don't know, trust board or steering group, I think it's the board down there now, so that's quite useful. (workshop 4, LA, middle tier)

> For example, I met (...academic) for the first time, and the discussions we had led to an email, and it also fed into some communication I'd been having with the University of (...) to try and get research interest moving, and I think it probably did help to move that along....Yeah, it has, and it was already something that I'd made communication with (...academic)and (...academic) about following a (topic) meeting at the (location) last year. But (...) contacted (...) to say that X'd met me, and I think it did, it was instrumental in things, maybe where we'd lost pace, I think it was instrumental in things kind of picking up again. (workshop 2, NHS, senior role)

One delegate reported hearing of good practice in another part of the region and taking steps to get that adopted in her area as new practice:

> I was given some fantastic information from (...practitioner) with regards to some positive activity that they'd implemented on quite a shoestring budget and such like and the successes. The impact that it had on risk taking behaviours in general, which as I say (...colleague) and I have followed up and are looking hopefully to bring something similar to (...location), again dependent on money now. (workshop 3, local govt, middle tier) [12]

More commonly, when pressed, most delegates clarified that the work they were undertaking was already under way before the workshop, although they claimed that workshop attendance had been 'instrumental in things', 're-energised the process', or that the 'workshops (were) a means of firming up things'.

> Well mainly that one to sort of firm up the work with (...intervention), that was the action, and I've managed to make a, we've put a project group together with (...organisation). We've managed to get some money out of them to support the project. (workshop 2, LA, middle tier)

No follow-up on plans/no actions resulting

For the vast majority of delegates nothing appeared to change as a result of workshop attendance. Often, delegates seemed somewhat uncomfortable (embarrassed) when they spoke about the lack of follow-on activity.

> I mean a few phone calls here and there and helped one or two people but thinking well what else has happened, if anything, I don't know. (practitioner, session lead)

Delegates (across all workshops) reported that new contacts made on the day were not maintained:

> And also I met some new people, I think they were from (...organisation), I can't actually think who they were, so that really wasn't that successful in that I kind of lost contact with these people. (workshop 1, LA, middle tier)

> ...I've never come across any of the people since. (workshop 1, third sector)

> ...there was one contact, but I don't think anything resulted from it. (workshop 6, local govt, middle tier)

Delegates reported that little had come of the plans they made on the day. One or two attributed this directly back to the events at the workshop –

[12] It is our understanding that due to funding constraints this work did not proceed

> No, no because it wasn't at a level that was going to, it (the workshop) wasn't at a level that made me think any different or. We already have action plans in place, and for it to have meant we set more actions, it would have had to have been more thought provoking, bringing new ideas, you know, the things we hadn't thought of in the past.......we have discussions with other experts and such in the field to develop our treatment plans, you know, so it's got to be at a higher level than that for it to be of value. (workshop 2, LA, senior role)

This suggests that the wrong people were at the event (ie not sufficiently senior to make changes to strategic direction or authorise changes to frontline delivery) but also that the material presented (or the evidence-base it reflects) did not merit this shake-up or rethink.

> ...but I don't recall there being any answers if you know what I mean, anything that made me think oh let's go away and try that... (workshop 5, NHS, middle tier)

> But it seemed to me that the danger ...[unclear], people just felt they were just hearing what they'd already heard and knew what they already knew. There was nothing which happened after that day because they wouldn't feel that they need to. And you'd almost want to probe that a bit. But of course in half a day here you can't do that (...) The challenge isn't there maybe. (SG member)

> But I think one of the things I was worried about was that I suspected that the demand that was there, that people were saying well come on, surprise us with evidence so that we'll say wow didn't think of that, that's what we should be doing. I didn't, I'd never really expected the evidence was going to be quite so shocking to them that they would go away, either with something that was very different from what they already thought of or with some kind of approach that they'd never thought of or that it would necessarily stop them in their tracks what they were doing. (SG member)

Some felt the workshops had encouraged discussions of what people were doing now but not future plans, and that some partners needed to be made to feel 'embarrassed' to get them to 'move a bit in a better direction together', suggesting innovation may have been possible but not pursued.

> So I think in terms of workshops and how we can move material round, we heard about what people were up to round the table, but we didn't hear about where they would like to be or what they were working on developing. There isn't that element of development in the marketplace. (workshop 4, third sector)

Contextual explanations and reasons given for no follow-on (reasons, excuses…?)

> …and quite often we have got things in place that are there for years and years and years and years… (workshop 6, local govt, middle tier)

Delegates were very forthcoming in their own explanations of why knowledge to action (evidence-sharing prompting changes to practice) is so difficult to achieve. Their answers expose a complex set of contextual and performance pressures that combine to maintain current routines and make change difficult to secure and early wins even more difficult to sustain. Delegates discussed wider contextual issues and considerable churn in the system as reasons and explanations for no follow-up. These contextual issues are explored below.

Lack of time and capacity: most delegates offered organisational and contextual reasons for taking no action on plans they made. The most frequently expressed was 'lack of time', 'getting the time', and 'capacity'. Commonly used phrases were: 'it would be nice to be able to…'

> Yeah, it is a combination of factors. And also I fully recognise that people's remits are very time pressured, and there isn't enough capacity sometimes to be able to go outside some of those boundaries and take a look. (workshop 4, third sector)

Negative role of targets[13]: the negative impact of national targets in driving certain behaviours and agendas whilst simultaneously precluding others was raised, especially where the target was felt to give an inaccurate reflection of considerable local activity. This view was given, in particular, by a member of the third sector, perhaps as an 'outsider' able to look in and comment on what they observe.

> …if you take a look at some of the LAA targets I've despaired at them occasionally. Because, for instance, NI124 which is about supporting people for independent living, the target for that is actually based on emergency bed days at the hospital. (workshop 4, third sector)

This person suggested that individuals felt 'ground-down' by their remits and that inappropriate targets were to blame for silo working:

> …it de-energises yeah. And it's the same old targets and it's the same old people featured and it's, and I think possibly people have reached that head banging stage thinking oh my god, where do we go from here?...... aspects such as the LAA targets are dragging it back in…it keeps people's thinking within, well silos, we all talk about it but it does, it keeps people's thinking really quite trapped within particular processes. (workshop 4, third sector)

In a follow-up interview, and as changes to public sector organisations take hold and the perceived need to chase targets relaxes, activity focused around them appears to wane, too, and is given as a reason for lack of follow-up activity:

> …I think there is less push in the PCT for us to be hitting these targets. I think that it kind of come off the boil. (workshop 5, NHS, middle tier)

Lack of strategic leadership attendance at the workshops: some delegates returned to the issues of not having the right mix of people, especially the lack of senior and strategic leaders at the workshop, as the reason why little changed post workshop.

> It's more difficult to get the changes if you don't have the right people there. Because often there's a lot of enthusiasm either on the frontline or a little bit higher up than that, but that enthusiasm can only go so far if those people, those 10 people don't have the authority or the clout to attract more support really or to get the support they need to really make changes. (workshop 1, LA, middle tier)

Attendance at the workshops (lack of senior leader presence) and the difficulty of securing changes without senior leader buy-in was a recurrent theme across all the workshops.

Wider contextual issues: a few delegates alluded to the impact of wider contextual instability and churn as a wider backdrop to their activities and explanation for how events are unfolding post-workshop.

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[13] Whether the issues arising from a focus on targets disappear with the new focus on localism is yet unclear.

...obviously the climate at the moment and people are looking at roles and things like, whether I'm here in six months' time is a different matter. (workshop 4, local govt, middle tier)

As time passed and the programme progressed, more contextual reasons for lack of follow-up appear:

...we're currently losing 40% of our staff. (workshop 6, local govt, middle tier)

...well those of us left propping the public sector up (...) we're all kind of struggling doing umpteen jobs now (...) so, finding the time to do anything, which is other than keeping things functioning at the moment...I haven't been able to follow up with anybody thereafter. (workshop 6, local govt, middle tier)

There were even some suggestions that the culture was changing in a way that would reduce attendance at external events.

...people know that budgets are shrinking and we've had to make savings this year (...) they've kind of adapted their behaviour, they haven't made requests to go to conferences and take time out and pay for train fares etc. because they know, they've (...) internalised the idea that the belt needs to be tightened... (workshop 6, LA, senior role)

Attitudinal/cultural reasons for lack of action: Some delegates attributed the lack of action not just to present contextual conditions but to a series of historical reasons, suggesting that although these reasons evolve and change they do not disappear. There is always a reason for inaction, as fundamentally policies had not changed. Delegates claimed that 'agendas' were not 'much further on', 'it was the same old..' and that 'conversations were almost identical...to an event...three years ago'.

...some years ago (...you) couldn't convince them (...local authority decision-makers) because the evidence wasn't appropriate, they weren't going to listen, the research wasn't in their language, their organisation wasn't steering them that way, the policy changes weren't there. (workshop 4, LA, middle tier)

Reluctance to use research evidence: One delegate went further to suggest that, from personal experience, research evidence alone might not produce the desired changes either, as culturally, other types of evidence are privileged over this, and that national agendas will always (have to) take priority:

...they (local authorities) would rather base it on their knowledge of their customer group, and the historical trends that they've been part of, the breakdown, the fact that they are working with geographically and by customer group...(...the local research project generated) very important messages in there that (...organisation) really should have tried to take on board, only it was quite difficult for us to convince them to do that. Especially when they're rolling out a big national agenda, we understand why it's difficult but the fact that that was a robust evaluation of that (...programme) should have held a little bit more weight than they were prepared to let it really. (workshop 2, LA, middle tier)

What is highlighted here is a tension between using evidence to act locally and a need to act in accordance with national requirements.

..but the models of delivery need to be in line with the national or the regional good practice (workshop 2, NHS, senior role)

...but, as you know, we're also driven by government policy and government thinking and we have this kind of dance. (workshop 6, LA, middle tier)

..because they (the local authority) don't want to hear it because they are being driven centrally and they will roll out (...programme) regardless. And they'll have to come to meetings and listen to us and ignore us, but at the end of the day they're going to roll out regardless. (workshop 4, local govt / LA , middle tier)

Organisational reasons for no follow-on action: individuals' behaviour was seen as moulded and prompted by their own organisational contexts. Many contextual pressures were believed to originate in the delegates' organisations and their own need to focus on meeting externally imposed targets.

...and that's some of the frustration. Organisations come together within the partnerships and the meetings and steering groups and everything like that, and they step outside of the camp for the few hours that they're needing to, but then they go straight back in and the shutters are down. They behave in the way that that organisation needs them to behave, and therefore they just almost forget that straightaway and go back to how they have to do it. (workshop 2, LA, senior role)

Target focused gaze: related to the issue of research evidence use (and perhaps as a result of busy remits focused on achieving targets) several delegates said that they would not attend any other workshops unless they were directly relevant to their roles.

I mean I haven't obviously looked at any of the other things that are going on because I haven't got an interest. (practitioner, session lead)

So you know, I'm interested in all sorts of stuff, but I wouldn't attend meetings about anything other than (...topic). (workshop 2, NHS, middle tier)

This suggests that research evidence is not viewed as interesting or useful per se but is only pertinent in an instrumental, targeted, tool-kit kind of way. It is, however, unlikely that research can provide all the answers to the questions practitioners have; at the time they need answers, or will offer a perfect fit in order to inform local services.

Research and practice – different undertakings: a few delegates expressed this view and recognised that research and practice agendas are quite distinct and are asking different questions. Research tends to look at a situation and ask 'why?', whilst practice tends to look at the same situation and ask 'what can I/we do about it?'

...*we know* the characteristics of NEET young people, *we know* what risk groups they come from, poor attendance, dysfunctional families, unemployed families, black children, children with YOT orders, teenage mums, all the rest of it (...) okay, we know these things, what initiatives have been put in place (...) that have *really worked* with these young people, you know, evidence-based practice and I guess it didn't provide that, that was my disappointment of the day. (workshop 6, local govt, senior role) (*emphasis original*)

...because again I had the same disappointment that *we've got masses of research around what the problem is and very little research around what actually the solutions are*...Because as a commissioner I'm wanting to be able to go in and say right I want x number of that particular course knowing that there's an evidence base behind it, or so much of this service, but actually we haven't got the evidence for me to be able to go in and make those purchases.... (workshop 5, NHS, senior role) (*emphasis added in italics*)

Research evidence is only one form of knowledge and almost definitely not the only consideration when decisions are made:

The model that (...academic) used, the hierarchy of evidence, and the 'gold standard' has been sort of the RCT and the mega-review of RCTs, that's the one model of evidence. There are also other forms of data and studies you might collect, and they might be more useful in local settings. I think there are huge opportunities here for wider conversation. (workshop 2, NHS, senior role)

However, academics do work in different ways and employ different methods. In public health and wellbeing settings, more qualitative research data could complement the numerical data provided by trials to provide information on the acceptability, feasibility and utility of services for end users, for example. Another solution to the perceived need to increase the range of approaches may be to explore opportunities for the co-production of local knowledge whereby practitioners and academics work together to find workable solutions to local problems, yet where the findings are sufficiently robust to be applicable elsewhere.

CONCLUDING REMARKS

We return to our original question: 'what worked, where, for whom, and under what conditions' (15, 16) in terms of the extent to which the R2R programme met its aims? We draw upon the data the evaluation team collected and also include participants' direct views on this – what they consider would be the necessary conditions under which a programme designed to raise awareness of research evidence and to inform practice could work for them. Mixed emotions were expressed by delegates: enjoyment, enthusiasm, deep frustration, and embarrassment. We explore these below. Overall, a view is opened on the complex issues involved in sharing knowledge across boundaries.

Care must be taken in interpreting the following conclusions, and over-generalising from them, as this is a small study that has taken place against a turbulent public sector background that is being subjected to unprecedented pressures and changes. In the concluding paragraphs we attempt to draw out overarching messages from the evaluation to explore what these suggest for future programmes.

The research digest and workshop presentations

What worked: for all those who took part in the research, the research digest was seen to offer a considered and useful synthesis of the current evidence base in a language that they could understand. Likewise, most workshop presentations were seen as a valuable means of condensing and clarifying a large amount of material (from academe and practice) to pull out salient messages for the audience. The research digests themselves represent a lasting (if time limited) output of the R2R programme. Anecdotal evidence suggests that they are still being actively used via the RIEP website. Through these means, the R2R programme largely succeeded in its aims of allowing knowledge transfer (to targeted audiences) from academics to practitioners and knowledge translation (evidence interpretation and packaging) through the research digests and presentations.

What did not work: however, where presentations were too long, didactic or project focused (rather than reflecting the wider issues), this was largely unacceptable to delegates, who are more used to having consultants sift evidence for them rather than engaging with the evidence itself. In addition, although knowledge was transferred from academe to practice it is not clear if this flow of knowledge was two-way. We do not have any evidence that new relationships were formed between academics and practitioners as a result of the programme.

The discussions and group work

What worked: the opportunity for discussion was the most valued part of the programme. The reasons for this are varied but delegates appreciated the chance to explore the usefulness of the ideas being presented with others who had expertise and experience in the area. Also, delegates enjoyed the informal parts of the programme (coffee, lunch) to catch up with colleagues and find out how various developments in the region were progressing; this is where most of the networking took place. All this suggests that multiple flows of knowledge between delegates from across geographical, professional, organisational and sector boundaries were taking place (some of it beyond the formal parameters of the programme). Where the session leads were able to join the round-table discussions and took part in the group work for a more in-depth conversation about the material delegates valued this highly. This suggests that some session leads may have gained knowledge from participants. Through these means, the R2R programme largely succeeded in its aim of allowing knowledge exchange (two-way sharing of knowledge) between workshop participants.

What did not work: over-dominated, parochial discussions were unacceptable. We could find no evidence that any new contacts created at the workshop were maintained, and return to this issue below.

Working with academics and research evidence

What worked: The overwhelming finding is that delegates showed intense intellectual curiosity to engage and learn about research evidence and to use that learning to drive the development of better services and interventions. They asked striking and pertinent questions and had strong views on their practice and the role research evidence could play in it.

What did not work: By far, the most common theme in the interviews and other written data was, 'tell us what works' (so we can do it). A moot point is whether the evidence-base can or should influence practice in this direct way. Many delegates were looking for research evidence that would provide focused and clear answers to their practice issues around achieving targets and finding evidence on interventions that worked (or definitely did not work). When it became clear that research was either not available or that interventions established as effective in a particular context may not be a good fit for a local context and local pressing questions (and so an easy answer could not always be provided), delegates sometimes became disgruntled and expressed frustration. This process could be observed in the workshop discussions with many practitioners shaking their heads when they heard what the best/latest evidence was, their comments shifting from 'tell us what works' to 'that would never work here...'

We return to the idea of passivity – both of these responses are passive. No-one was heard to advocate an active role for the practitioner in using their expertise to shape and adapt the evidence to suit their purposes. No-one asked 'how could that work here, what would it take, and whose help would we need?' Delegates repeatedly asked for the help of others in finding, sorting and interpreting research evidence. How can this be explained? One possible explanation is that this passivity is a learned response and coping strategy within a system that does not immediately value innovation or provide mechanisms to foster it. It is almost as if the culture is one of "do a good job (but safe, in terms of tried and tested)". One delegate suggested that local authority officers are simply 'following orders'. This suggests a culture of disempowerment.

Delegates' ideas of what might work: To address these (largely negative issues) about research evidence participants had (largely positive) suggestions to make and wanted academics to be included in local research, evaluation and service planning (to create local, useful evidence that fitted in with current initiatives and projects). To ensure that input was carefully timetabled they wanted access to 'useful academics' to be brokered. The perceived value of collaborative efforts was a theme expressed commonly across all workshops. Some academics offered to work longer-term with the practitioners present; yet, no action was taken to ensure that this begins to happen.

Follow-on activity

What worked: The workshops generated enthusiasm and most participants expressed interest, enjoyment and engagement with the ideas shared both on the day and in the research digests and almost all delegates made plans to carry out follow-up activity after the workshop.

What did not work: Plans for follow-up actions were modest and vague and overall there is very little evidence that this enthusiasm persisted much beyond the workshop. Momentum, developments of all kinds, and new contacts proved difficult to sustain. Planned activities were almost never followed through. The R2R programme largely failed in securing any knowledge to action following the workshops. This suggests that through the workshops (as a mechanism for change) it was much easier to initiate enthusiasm about research evidence and its potential to impact positively on practice, than it was to sustain this interest and actually make evidence-informed changes. In this way the R2R programme did not directly prompt knowledge to action. There is a possibility of latent learning, where ideas planted grow to fruition at a later stage, but we cannot know that.

Overarching Messages

The individual R2R workshops provided the initial conditions for knowledge transfer, translation, exchange and information flow, creating enthusiasm and engagement, but by its nature (as a stand-alone programme), it could not provide the conditions to maintain momentum. Three related unanswered questions remain. What happens to the enthusiasm and learning? Why does it come to nothing? Where is it stopped?

A non-receptive and hostile context – cultural issues: The explanations that participants gave for the lack of follow-up activity highlight complex contextual factors that militate against change. These include: lack of time and capacity; the negative impact of targets; the problems of working (and a reluctance to work) in partnership; lack of senior leadership buy-in; lack of a research culture, problems in identifying and accessing research evidence; and the current level of contextual churn and financial constraints. When talking about these considerable contextual barriers to change, delegates again expressed frustration. From an analytical perspective, it is difficult to know if these are genuine reasons or convenient excuses (evidenced by the embarrassment delegates express when talking about lack of follow-up). Both interpretations are possible. Taking delegates out of their routine work, giving them an opportunity to learn about and share innovative ways of working, and then returning them to their work setting where nothing has changed (and they are working on larger remits than ever before) provides a different reason for lack of follow-up. This explanation points to the costs of squeezing public sector staff and could help us to understand why delegates only formulated modest action plans - they were being realistic.

Taking this interpretation of the data further, it may be possible to reconcile the 'reasons/excuses' split as actually being two sides of the same thing. Considerable barriers make lasting change unlikely (in the data we find reasons and frustrations expressed), but even against this backdrop perhaps more could be done (in the data we find excuses and embarrassment). The mediating factor that seems to support this tension is an ambivalent culture – one that provides learning opportunities, but does not think it important to advise of non-attendance on the day, an employer that does not ask for feedback or require action to follow. Perhaps the data reveals collusion in a disempowered collective belief that no-one and nothing will make a difference – so why bother? Follow-up activity (knowledge to action) appeared to rely solely upon individuals' good will, capacity and determination. There is no established mechanism for support, facilitation or for sharing information needed, or to follow progress in the changes attempted. However, this is a small study and this is a tentative interpretation.

As a mechanism for accelerating the uptake of research evidence, we reach the conclusion that the R2R programme was 'necessary but, on its own, not sufficient' (18) to secure the full range of changes desired against a backdrop of considerable and rapid upheaval. If education, information-giving and general awareness-raising are the primary desired outcomes, then a programme of topic-based workshops to a mixed, self-selecting audience might well achieve its aims (although these may not be sustained). However, to increase the chances of securing follow-on activity an alternative and more targeted and focused approach may be needed. It is likely that the changes to practice cannot be secured unless senior decision-makers are present.

Suggestions for alternative approaches to the workshop programme – what delegates thought would work

Unprompted, delegates told the research team what they wanted. They asked for a regular, rolling programme, that over time allows participants to develop trust and ways of working together, and that this group has the authority to make decisions, and influence agendas and could follow through planned actions. They felt this would help to maintain momentum. Delegates acknowledged the difficulties and complexities around this, and that things may falter or even fail, but they also identified potential opportunities in proceeding in this way. They suggested the conditions under which planned and collaborative change (based on evidence) could be made to work for them:

> ...it was always going to be hard to get everyone to work together...maybe a set of forums between people or do something to kind of keep the people together afterwards. Because I had a feeling at the end everyone kind of took bits and pieces away from the day but (...) then not much else has been done afterwards. (practitioner, session lead)

> I think they should be regular. So I hope it's not just a one off certainly for me on the topic of (...topic). I hope it's not a one off. I hope it's going to continue, and I think as long as we can think of kind of purpose, be very clear about the purpose and the expectations, we can manage it. (workshop 2, NHS, senior role)

The same person continues:

> ...to be able to kind of just lift my head above the parapet to say actually, okay, where we are with the evidence base, have we implemented, what's going on for us locally that we can influence, and I just think there's an opportunity to really fully explore that further. (workshop 2, NHS, senior role)

They welcomed 'challenging content', 'as long as a 'clear purpose' and 'aim' 'agreed with stakeholders in advance was in place'. They added that it was vital that the 'right people are there' (especially senior decision-makers) and 'including academics'. It was seen as important to ensure that this rolling programme 'address local concerns' and introduce 'case studies' to give issues a 'real atmosphere', with 'more planning in advance'. It needed to feed into existing decision-making processes and be 'timed to input into strategic plans.' They acknowledged that there may be a problem with 'decisions (...that were) already made/money committed' 'so it was important to work together' 'at the time needed' (to 'influence budget setting'). We are, however, not clear if a workshop format would meet these requirements and attract the appropriate senior decision-makers to attend or if more innovative bespoke formats would be needed.

The above comments from practitioners suggest that they continue to show a desire to engage with the ideas generated through research evidence. Their ideas, noted above, suggest the conditions under which academic–practitioner interchange might work. This is not through the vehicle of a one-off intervention (that is, through topic-based workshops) that seeks to propel change through the accelerated use of evidence, but as a process, the beginning of a journey, that would benefit from continuous monitoring, adjustment, flexibility and collaboration as it proceeded [14].

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[14] There are local bodies that make such collaborations possible: the Research Design Service that operates out of Durham and Newcastle Universities will help practitioners put together proposals for research; and the Institute for Local Governance will help broker links and contracts between local authorities and university partners. Fuse (the centre for translational research in public health) aims to produce high quality research and to work in collaborative research relationships with practice partners to help increase the uptake of evidence. The Fuse knowledge exchange group can be contacted at: KEG@fuse.ac.uk. More focused groups exist within the region too: Fresh (working on smoking issues); and Balance (alcohol use).

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Appendices

Appendix 1: Steering Group Members

David Hunter
Professor of Health Policy & Management, Director of the Centre for Public Policy and Health, and Deputy Director of Fuse, School of Medicine and Health, Wolfson Research Institute, Durham University Queen's Campus, Stockton-on-Tees, TS17 6B

Rachel Mann (external consultant)

John Mawson
Director, the Institute for Local Governance, and honorary professor at the School of Economics, Finance and Business, Mountjoy, The Science Site, University of Durham http://www.northeastiep.gov.uk/institute/

Eugene Milne
Deputy Regional Director of Public Health, North East Strategic Health Authority, Waterfront 4, Goldcrest Way, Newcastle upon Tyne, NE15 8NY and Honorary Senior Clinical Lecturer in Ageing and Health at Newcastle University

Rob Mitchell (for the project initiation only)
(previously of) Association of North East Councils, Guildhall, Quayside, Newcastle upon Tyne, NE1 3AF http://www.northeastcouncils.gov.uk/index.cfm

Emily Sweetman
RIEP Programme Manager, North East Regional Improvement & Efficiency Partnership, Guildhall, Quayside, Newcastle Upon Tyne, NE1 3AF http://www.northeastiep.gov.uk/

Appendix 2: Workshop programmes

FROM RESEARCH TO REALITY

Workshop one: NI 123 – Stopping Smoking
Monday 16 November 2009
Penthouse Suite,
Collingwood College,
University of Durham

Programme

12.00	Registration & lunch
12.45	Introduction and context setting
	Introduction to the day and Research to Reality: Rachel Mann
	The context to stopping smoking – Ailsa Rutter
	The research context – Sue Lewis and Andrew Russell
1.15	Theme 1: Second hand smoke Facilitated group work
2.00	Topic 2: Cheap and illicit Facilitated group work
2.45	Critical assessment of research – what do we look for? Sue Lewis
3.00	Tea break
3.30	Topic 3: Young people Facilitated group work
4.15	Using research in the future – working with academics Led by Rachel Mann
4.30	Personal commitments and workshop evaluation Led by Rachel Mann
5.00	Close

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[15] John Mawson became involved in the programme to assist in the planning of the final three workshops (workshops 6-8, of which only workshop 6 is part of the evaluation).

[16] Rob Mitchell was involved in the planning of the programme. He left post between the dates of the first and second workshops.

FROM RESEARCH TO REALITY

Workshop two: NI 39 - Alcohol harm related hospital admissions
Monday 25 January 2010
Marlborough Suite,
Centre for Life,
Newcastle upon Tyne

Programme

12.00	Registration & lunch
12.45	Introduction and context setting Introduction to the day and Research to Reality: Rachel Mann
	The context to alcohol research: Eileen Kaner
	The context to the regional picture: Neil Martin
1.20	Topic 1: Prevention Facilitated group work on tables
1.50	Topic 2: Treatment and care Facilitated group work on tables
2.20	Topic 3: Control Facilitated group work on tables
2.50	Tea Break
3.20	Planning from today's learning
4.00	Using research in the future – working with academics Led by Rachel Mann
4.30	Personal commitments and workshop evaluation Led by Rachel Mann
5.00	Close

FROM RESEARCH TO REALITY

Workshop three: NI 112 under 18 conception rate
Monday 1 March 2010
Middlehaven Suite,
Riverside Stadium,
Middlesbrough

Programme

12.00	Registration & lunch
12.45	Introduction and context setting Introduction to the day and Research to Reality: Rachel Mann
	The context to the research: Janet Shucksmith
	The context to the regional picture: Alice Wiseman-Ord
1.20	Topic 1: The role of education Facilitated group work on tables
1.50	Topic 2: Access to services Facilitated group work on tables
2.20	Topic 3: Working with looked after and vulnerable young people Facilitated group work on tables
2.50	Tea Break
3.20	Planning from today's learning
4.00	Using research in the future – working with academics Led by Rachel Mann
4.30	Personal commitments and workshop evaluation Led by Rachel Mann
5.00	Close

FROM RESEARCH TO REALITY

Workshop four: Work and Incapacity (NIs 152, 153, 173)
Monday 17 May 2010
Seminar Room,
Wolfson Research Institute,
Durham University Queen's Campus,
Stockton

Programme

12.00	Registration & lunch
12.45	Introduction and context setting Introduction to the day and Research to Reality: Rachel Mann
	The context to the research: Jon Warren (last minute substitution due to illness)
	A regional case study: Graeme Grieg
1.45	Topic 1: Work, worklessness & health Facilitated group work on tables
2.15	Topic 2: Ill health, incapacity & welfare to work Facilitated group work on tables
2.45	Topic 3: Preventing incapacity & long-term sickness absence Facilitated group work on tables
3.15	Tea Break
3.30	Planning from today's learning
4.20	Using research in the future – working with academics Led by Rachel Mann
4.40	Personal commitments and workshop evaluation Led by Rachel Mann
5.00	Close

FROM RESEARCH TO REALITY

Workshop five: Obesity (NI 56 obesity in primary school aged children)
Monday 28 June 2010
Penthouse Suite,
Collingwood College,
Durham University

Programme

12.00	Registration & lunch
12.45	Introduction and context setting Introduction to the day and Research to Reality: Rachel Mann
	The context to the research: Dr Louisa Ells and Professor Ashley Adamson
1.45	Topic 1: The childhood obesity debate Facilitated group work on tables
2.15	Topic 2: Obesity prevalence Facilitated group work on tables
2.45	Topic 3: What's happening in your area Facilitated group work on tables
3.15	Tea Break
3.30	Planning from today's learning
4.20	Using research in the future – working with academics Led by Rachel Mann
4.40	Personal commitments and workshop evaluation Led by Rachel Mann
5.00	Close

FROM RESEARCH TO REALITY

**Workshop six: Young People not in Education,
Employment or Training (NEET)**
Monday 11 October 2010
Riverside Suite,
National Glass Centre,
Sunderland

Programme

12.00	Registration & lunch
12.45	Introduction and context setting
	Introduction to the day and Research to Reality: Rachel Mann
	The context to the research picture: Leon Mexter, Regional Youth Work Unit
	The context to the research: Professor Robert MacDonald and Professor Tracy Shildrick, Social Futures Institute, Teesside University
1.45	Topic 1: The causes and consequences of being NEET Facilitated group work on tables
2.15	Topic 2: Defining 'NEET' Facilitated group work on tables
2.45	Topic 3: Tackling NEET Facilitated group work on tables
3.15	Tea Break
3.30	Planning from today's learning
4.10	Using research in the future – working with academics Led by Rachel Mann
4.30	Personal commitments and workshop evaluation Led by Rachel Mann
5.00	Close

Appendix 3: Interview guides

R2R Interview Guide: Delegates (first)

Thank you for taking part
Any questions about the evaluation?
Confidentiality/anonymity issues
Ok to audio record?

....

- **What do you do / role?**

- **How did you come to be involved in the programme?**

- **How does this fit with your role / day job?**

- **What did you think about the workshop?**
o (Structure, presentations etc)

- **What do you think about the presentations and the types of 'evidence' (research) presented?**

- **What do you think the programme is trying to do?**
o (Perceptions of aims of workshops)

- **Did you meet anyone new?**
o (networking – any new links being kept)

- **What about the mix of participants?**
o (anyone missing, anyone new, representation of sectors)

- **Did you make any plans on the day?**
o (what were they and why those things?)
o (if no plans – why not?)

- **What's happened to the plans since?**
o (help us understand why? Factors / issues)

- **Do you have any comments about the day (workshop) itself?**
o (how it went, content, people there, etc.)

- **Do you have any other comments**

- **Is there anything you haven't had the chance to say / or would like to add?**

R2R Interview Guide: Delegates (second)

Thank you for taking part
Any questions about the evaluation?
Confidentiality/anonymity issues
Ok to audio record?

....

- **What do you recall about the research to reality workshop?**
- **Do you recall meeting anyone new there or making new links?**
- **Did you keep up with any links you may have made at the workshop? (Including academics)**
- **Do you think anything you heard, learnt (materials/ information/ knowledge) at the workshop has been of use to you since? (explicitly or implicitly)**
- **What are your thoughts about working/interacting/contact with academics through this type of event?**
- **Have there been any subsequent developments (i.e. practice, services, commissioning) that were influenced in any way by your attending the workshop?**
- **Now that some time has passed what are your thoughts about this type of workshop**
- **Is there anything you haven't had the chance to say / or would like to add?**

R2R Interview Guide: Planning team

Thank you for taking part
Any questions about the evaluation?
Confidentiality/anonymity issues
Ok to audio record?

....

- **Give them an overview of the interview questions.**

- **Questions**
o How did the programme develop (e.g. who, when, why? Funding?) (history?)
o Who is involved (and how?) (roles/ partners?)
o Why does the programme take the form it does? / Why was the programme designed the way it is? (rationale / mechanism?)
o Is this type of programme / programme design typical / usual? (innovative?)
o How was it decided who to invite to come along to the workshops? (process of selecting delegates?)
o What hopes do you have for what the course can achieve? (aspirations / aims?)
o What factors do you think might help the course achieve these? (perceived facilitators?)
o What factors do you think might stand in the way of the course achieving these things? (perceived barriers?)
o Is there anything you haven't had the chance to say / or would like to add?

- **Thank you**

- **We can add to this transcript if they think of something once the interview is over.**

(approx: 30 mins)