

EVIDENCE-INFORMED POLICY MAKING: EXPLORING THE CONCEPT OF KNOWLEDGE TRANSFER IN SOCIAL CARE

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Outline

- KT Social Care project
- Concept of Knowledge Transfer (KT)
- Study aims and methods
- Emerging themes from the interviews with social care researchers and policy-makers
- Priorities for social care researchers in setting KT strategies
- Conclusions and recommendations

KT Social Care project

- A two-year collaboration between PSSRU and SCIE
- Funded from the LSE's Higher Education Innovation Fund
- The main objectives:
 - to improve dialogue between social care researchers, professionals, and policy-makers
 - to work towards greater user, carer, practitioner, and policy-maker involvement in research
 - to develop better knowledge transfer practices and capabilities

KT Social Care project

- Activities carried out as part of the project:
 - KT Social Care PSSRU/SCIE Discussion Forum
 - KT Social Care Seminar Series
 - KT Social Care Scoping Review
 - KT Social Care interviews with social care researchers and policy-makers
 - Consultation session with service users and carers
 - KT Social Care Briefing Papers

Concept of Knowledge Transfer (KT)

- Different terms used to describe the process of using research evidence to inform and influence policy and practice:
 - knowledge exchange
 - knowledge translation
 - research utilisation
 - knowledge management
- Knowledge transfer – implies a unidirectional relation between knowledge producers to knowledge users.
- Putting knowledge to action (KTA) is “the process of getting knowledge used by stakeholders” (Graham et al. 2006).

Study aims and methods

- Aim was to examine current thinking among the social care research community about the use of research evidence in social care policy and practice.
- Interviews with social care researchers and policy-makers
- Interview guide included questions about:
 - concept of knowledge transfer;
 - challenges and opportunities in transferring research evidence;
 - views about future directions of KT in social care.
- Participants: held senior research posts and had around 20 years of experience as academic social researchers.

Emerging themes from the interviews

What do we mean by 'knowledge transfer' in social care?

- KT in social care research is not the best term to describe the process of creating and using knowledge.

"...I don't think it is very helpful term. One of the things that it implies is that there is a stock of knowledge and it's got to go from one place to another. I don't think that's really the way it works." (SCR 1)

"It conveys a model of communication that implies that an expert has some form of knowledge which they want to convey to somebody who may or may not be aware that they are in need of that knowledge."(SCR 3)

Knowledge transfer as an interactive process

- Most interviewees described knowledge transfer as a dynamic relationship between knowledge producers and knowledge users.
- Evidence from the literature suggests that interactive engagement may be the most effective approach to knowledge transfer.
“... there should be a flow of knowledge and a dialogue between the researchers and research users almost as a kind of default position.” (SCR 7)
- Emphasis on improving links between researchers and policy-makers through active involvement in all stages of research and policy-making,

Are there specific issues around KT in social care?

- Insufficient emphasis on doing, understanding, and applying research.

“In the field of health you have got a basic research culture. There is an understanding of the importance of research as part of the professional training of all health professionals but that is just not there when it comes to the field of social care. Social care seems much more basic. Research seems to be add on, luxury, and it’s probably under threat that is seen like that.” (SCR 1)

- A lack of occupational groups that have a good understanding of research and the importance of developing research skills.
- For majority of social care staff research evidence is not something they are exposed to and would use regularly.
- A lack of knowledge available in social care compared to health, education, and social policy.

What are the challenges for knowledge transfer in social care?

- At the *individual level*, given that most researchers are funded by time-limited contracts there is generally very little time for knowledge transfer.
- At the *organisational level*, the reward system in academia is still largely focused on the traditional forms of knowledge transfer through academic journals (Jacobson et al. 2004). Pressure on academics to write academic papers and generate more research income rather than engage in other forms of knowledge transfer.
- At the *structural level*, there was a concern about a lack of infrastructure and a lack of experience in the whole area of knowledge transfer in social care.

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Main KTE Barriers and Facilitators in the use of evidence in health policy decision making

Barriers

- *Individual level* (lack of experience and capacity for evidence; mutual mistrust; and negative attitude toward change);
- *Organisational level* (unsupportive culture; competing interests; researcher incentive system; and frequent staff turnover);
- *Related to Communication* (poor choice of messenger; information overload; traditional, and academic language)
- *Related to Time or Timing* (differences in decision makers' and researchers' time frames; and limited time to make decisions)

Facilitators

- *Individual level* (ongoing collaboration; values research; networks; building of trust, and clear roles and responsibilities)
- *Organisational level* (provision of support and training; sufficient resources; authority to implement changes; readiness for change; and collaborative research partnerships)
- *Related to Communication* (face to face exchanges; involvement of decision makers in research planning and design; clear summaries with policy recommendations; relevance of research; etc.)
- *Related to Time or Timing* (sufficient time to make decisions; inclusion of short-term objectives to satisfy decision makers)

What are the facilitators of and opportunities for knowledge transfer?

- The factors that facilitated the process of knowledge transfer:
 - audiences being receptive to new evidence and practice
 - the material being topical,
 - researchers having a full control of the pace at which the work was conducted, and
 - proactive role of funding bodies in communicating research evidence.

Priorities for social researchers in setting knowledge transfer strategies

- Researchers need to think about who their audiences are (policy-makers are quite a heterogeneous group);
- Need to collaborate and work in partnership with their target audience;
- Improve links between the two communities (researchers and policy-makers) by establishing more effective communication channels.

“It is essential for policy researchers to be able to do a high-quality research within a relatively tight deadlines and only the best researchers can handle those conditions” .

Conclusions and Recommendations

- *Knowledge interaction* preferred to *Knowledge transfer* to describes the process of using research evidence in policy making.
- Effective knowledge transfer - getting the evidence to the right people at the right time, using the right format and language, and providing solutions.
- Recognising a lack of research evidence in social care as one of the main challenges in knowledge transfer.
- Developing better understanding of the whole process of policy making.
- Emphasising the importance of the relationships between researchers and policy-makers in the decision making processes.

- Engaging the relevant funding bodies in the process of knowledge transfer.
- Developing incentives for social care researchers to engage more actively in knowledge transfer.
- Investing more in social care research in order to improve knowledge base.

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