Institution: Sheffield Hallam University

Unit of Assessment: 3 Allied Health Professions, Dentistry, Nursing and Pharmacy

a. Context

The main beneficiaries of research focused in the Centre for Health and Social Care Research (CHSCR) are: users of health and social care services of whom many represent groups who are disadvantaged, lack voice or do not speak English; families or lay advocates of service users; clinical or professional staff in health and social care services; service managers and commissioners; and policy makers. We view all these research user groups as our partners because they have significant roles working with us at different or all stages of research from its commissioning and design, implementation and dissemination through to its utilisation and impact generation. The main types of impact relevant to research in the Unit are: (1) *individual human capital*: tied most specifically to individual service users and family carers - impacts involving changes to their health status, wellbeing or personal agency; (2) *relational*: the production of social capital deriving from collaborations – trust, mutual learning and reciprocities – conducive to sustaining research, its utilisation and impacts; and (3) *translational*: wider impacts on professional practice, health services delivery and management, and policy.

b. Approach to impact

Our approach to impact seeks to maintain a virtuous circle between the quality and scope of research we undertake, means of dialogue with research users and the generation of impacts.

Five factors governing our **interactions with research users** are important in laying the grounds for impact. First, a precondition is the commitment to producing *accessible research of high quality* relevant to the needs and interests of research user communities, credible evidence for which can be found in REF2 and REF5. Recognition of expertise and reputation connected to such research is key to eliciting and maintaining interest from research users. Linked to this, passive forms of research dissemination still remain important since they continue to provide important channels for ensuring that research becomes public. For example, staff in this submission have uploaded over 300 peer-reviewed articles and other outputs to the University's publicly accessible research archive, SHURA, since 2008. From August 2012 to Jul 2013 there were 30,000 downloads of CHSCR publications from SHURA. Sometimes collaborating organisations provide valuable assistance in alerting potential users of research to what we do. For example, Cancer Research UK created a press release for one of Collins' outputs (output 3) that was circulated to 20,000 specialist breast health care professionals worldwide via the Breast Cancer Network. The CHSCR website was redesigned last year in consultation with a wide range of research users in order to make it more easily navigable. Usage metrics are monitored and reported at bi-monthly CHSCR meetings. Second, all research staff are expected to *commit to work on research impacts*. This is monitored regularly through the CHSCR dashboard monitoring system and also annually, by means of staff appraisals. Our three research groups (see section b.2, REF5) provide the security and stimulus for creative debate about the potential for research impacts and how impact activity can be supported. Third, the *identification and evidencing of shared values with research users* is conducive to reaching consensus around research priorities and joint work connected to impacts. For example, embracing a social model of health/disability makes it easier to collaborate with service user networks as a result of shared assumptions about the construction of everyday challenges faced by vulnerable people and possible solutions to these. Fourth, there is *active engagement with research commissioners, policy forums, professional and service user networks* in a variety of advisory, support and consultancy roles (links evidenced in section e, REF5. Chowbey worked with NHS Sheffield and Sheffield City Council on an innovative project to prevent coronary heart disease in South Asian taxi drivers. This project was highlighted by the Marmot Review (2010, p155) as an example of delivering activity to address health inequalities. Collins' work on the Research Design Service for the Yorkshire and Humber Patient and Public Involvement (PPI) Forum has helped to change PPI policy and practice – specifically the RDS PPI webpages, design of the funding award and terms of reference. Work by Tod and Homer for Collaboration for Leadership for Applied Health Research and Care - South Yorkshire (CLAHRC-SY) has been instrumental in producing user-friendly web resources like the Health Inequalities Project Casebook which contains user-friendly summaries of our research, and also CLAHRC BITE (Brokering Innovation Through Evidence) which summarises Kwillt (see Kwillt case study) and what has been done with the findings. The three impact case studies typify this commitment through their interactions with policy or practice forums across England, Scotland and Wales (Advanced Practice Roles in Nursing case study), across government departments (Kwillt case study), and internationally (Maternity case study). Underlying conditions of trust, mutual respect and exchange of expertise with research users are viewed as vital ingredients of the effectiveness of these arrangements in helping to deliver impacts. Fifth, almost independent of underlying methodologies, a considerable amount of our *research is designed with impact generation as an explicit and targeted outcome*. Our PPI research typifies this commitment, for example by enlisting representatives of partner organisations and service users as project advisers (Collins 1-3, Porritt 1) or by including family carers as co-researchers (Grant 1). In all three of Collins' outputs members of the North Trent Cancer Network Consumer Research Panel were involved in looking over patient information sheets, interview schedules and questionnaires, and in facilitating research dissemination. In Porritt's case the research shaped a new care pathway for dentally anxious adult patients; in the case of Grant a combination of customised research training and support led to improvements in individual agency and skill development in carers. Intervention studies have indicated benefits to health or wellbeing in a wide range of groups. Typical examples include: people drinking excess alcohol and smokers (Arden 1, 2), people with obesity problems (Paxman 1, 3) and households with energy efficient refurbishment (Green 2).

Evidence of follow-through from these activities to the identification of resulting impacts is **supported by the Unit and the University** in a range of ways. First, staff are encouraged to *take up opportunities to advise institutions, especially in parts of the world where access to specialist expertise is rare*. For example, following a series of invited lectures at the Universities of Tehran, Tabriz and Mashhad in Iran with the support of the United Nations Population Fund (UNPFA), Soltani was instrumental in organising the first international conference on reproductive health and the third stage of labour in Ahvaz, in a remote south western area of Iran, which led directly to an invitation from the UNPFA to help establish the first midwife-led continuity care initiative in that country. Second, staff are supported through *HEIF funding to develop research-informed products, resources and applications in collaboration with research users*. Working through the University's Public Health Hub (see section b.2, REF5), effective use has been made of HEIF funding to support collaborations on topics that are priorities for NHS and other partner organisations. For example, nine collaborative projects have been supported with HEIF 4 funding on public health topics, typically resulting in briefing papers designed to inform service improvements. Tod for example was involved in a collaboration on the subject of chest pain delay in acute coronary syndrome, the outcome of which was an evidence review for NHS Rotherham. Third**,** the *Faculty Wellbeing Service User and Carer Involvement Forum* exists to promote dialogue with service users and carers about inclusive approaches to education and research initiatives (see section b.1, REF5) and to distil lessons that can be acted on at an institutional level, as for example the production of 'easy read' research ethics documents for vulnerable groups of service users. Fourth, the *SHU Media Relations (MR) team* helps to maximize the reach of research impacts by promoting events and activities to target audiences using traditional and ICT media. An illustration is Gumber's research on diabetes, CVD and cancer in South Asian communities in the UK. Combining his academic interests with those as someone who was diagnosed with type 2 diabetes, he became one of the faces of a national British Heart Foundation (BHF) podcast campaign during 2013 to raise awareness of risk factors, in his case familial, for coronary heart disease. The podcast can be found on the University and BHF websites. The MR team has also been supporting Soltani to prepare a podcast in Farsi for her Cochrane review update, to carry out media interviews and to generate metrics about the international reach of this work (see Maternity case study). Fifth, *a suite of resources* is available to enhance research and knowledge transfer skills in line with the Vitae Researcher Development Framework that incorporates media training, commercialisation and intellectual property. One of our on-site information science professionals has the national accreditation to provide group and individually tailored sessions to our research staff on all the requirements of intellectual property. Professorial criteria now explicitly refer to impact activities, and the University Professional Development Policy and Framework underscores CPD, including components on knowledge transfer and marketing.

c. Strategy and plans

Plans for supporting impact for 2014-2019 are consistent with the University's impact strategy that seeks to ensure that areas of research strength contribute to the solution of pressing real world problems locally, nationally and internationally. Informed by progress to date, our priorities for maximising impact from 2014-2019 encompass are: (1) maintaining a profile of research of high repute sufficient to sustain the engagement of research users around a research and impact agenda. By 2019 we expect 50% of our REF outputs to be co-authored with research users; (2) ensuring that dissemination and research impact activity is benchmarked and workloaded at a minimum of 20%, and reviewed continuously through the CHSCR dashboard monitoring system, so that lessons can be learned; (3) increasing the pool of staff engaged as expert advisors or consultants through targeted staff development and work planning to support impact activities, success being gauged by the number of staff newly engaged in this activity as well as the impacts deriving from this work; (4) further exploration of the potential of technologies like blogs (already used in one study with people with learning disabilities), podcasts, Twitter and other social media as vehicles for engaging 'hard-to-reach' research users easily overlooked in impact generation processes. Soltani and her collaborators have already been invited by Cochrane to take part in multilingual podcasts likely to be broadcast in English, Portuguese, Arabic, Farsi, Spanish and Turkish languages (the first four of these were available by August 2013) so as to extend the reach and influence of evidence about good practices in midwifery-led care. With the help of the MR team and the support of staff with relevant language skills we intend to extend the range of products and devices that make our research more easily used by a multi-ethnic global community; (5) continued testing of ideas and evidence about the validity and effectiveness of the virtuous circle linking research, means of dialogue with research users, and impacts with reference to different research user groups. There remain areas of contested knowledge about what is gained by inclusive research with groups of service users least able to speak for themselves due to trauma, limited mental capacity, articulacy or problems with speaking English, and where intermediaries like advocates or personal supporters need to be involved to help individuals to speak up. We plan to test the limits of inclusive research with such groups in regard to claims about empowerment and impact. Collins' work with the North Trent Network Consumer Research Panel provides an excellent test bed for these ideas. Kelly's appointment as Reader carries responsibilities for evaluating relations between research and impact.

d. Relationship to case studies

The Kwillt, maternity care and advanced practitioner roles impact case studies are highly contrasting in relation to impact generation, but they typify our approach in a number of ways. First, they are underpinned by high quality academic research. Second, they affirm the value of an integrated approach to organisational networking that generates knowledge exchange synergies between research user communities. Third, whilst they validate the idea that impacts can be deliberately targeted they also suggest the importance of leaving scope for contingencies (time, resources) to allow unanticipated impacts to be followed up. Fourth, whilst they show that important impacts can be claimed by research that is international in its scope and organisation, they also illustrate that well executed locally organized research can have impacts extending far more widely. Fifth, whilst the case studies provide some evidence of constituents of the virtuous circle linking research, collaborations and impacts they also indicate that impacts themselves can become iterative with one impact setting the conditions for others. However they also suggest that interdependencies between types of impact - *individual human capital*, *relational and transformative* – remain to be more fully explored.

Several lessons emerge from these case studies which have informed our impact strategy. First, impacts can be intentionally generated, but they can also occur unexpectedly, as long as they are underpinned by excellent research. Second, impacts are typically a long-term business dependent on strategically developed organisational networking where trust and reciprocities are allowed to flourish. Third, some groups, service users in particular, are not always well represented in organisational research networks so dedicated funding and support needs to be made available to facilitate their participation. Finally, further testing and refinement of our virtuous circle is required, especially in evaluating what new forms of knowledge and impact arise from engagement with diverse groups of health and social care service users, but especially those least able to speak for themselves, in research and KT processes.