

<p><b>Institution:</b> University of Hertfordshire</p> <p><b>Unit of Assessment:</b> Panel A(3B): Allied Health Professions and Nursing</p> <p><b>a. Context</b></p> <p>Our main foci for creating impact are policy and practice. In both areas we aim to improve the health and social care of individual patients at the micro level and the public at macro level through influence on policy or practice change. The main beneficiaries of the research include the NHS, the Departments of Health and Education, local authorities, care homes, schools, charitable organisations and other government-related structures. Involvement of patients and the public in all of our research studies has ensured that the work is grounded in current concerns to health services and the experience of the user, be it an older person or a teenager. Within the Centre for Primary and Community Care (<a href="#">CRIPACC</a>) the Adolescent and Child research group works closely with schools, teachers, the students themselves, young people and their parents and charitable organisations (e.g. Association for Young Peoples' Health, WellChild, Institute of Health Visiting). The Older Persons research group engages with care home staff and residents, as well as with charitable organisations in this sector (e.g. the National Care Homes Organisation). In the community they engage with practitioners through the Community of Practice of Dementia Champions. Strategically, representatives of many of these beneficiaries contribute to programme development and sit on the CRIPACC Advisory Board, which is chaired by an external member of the public. This model of engagement has been replicated in other research groups across the Health and Human Sciences Research Institute (HHSRI).</p> <p><b>b. Approach to impact</b></p> <p>We have engaged with a wide network of non-academic research users through the following mechanisms:</p> <p><b>1. Direct engagement and dialogue with local, national and international leaders of health care organisations, charities and professional bodies.</b> The Patient Involvement in Research Group (PIRG) is central to our engagement strategy, including 12 core members and a wider community pool: it contributes directly to ensuring relevance and access of our research to non-academic audiences. PIRG strategy has directly informed the Eastern Academic Health Science Network approach to public engagement. <b>Wilson</b> was also a member of the NHS Hertfordshire stakeholder group and, more recently, East and North Hertfordshire Clinical Commissioning Group; <b>Wills</b> is an adviser on obesity to the Hertfordshire Health and Wellbeing Board; <b>Brooks</b> engages widely with 43 international organisations through the WHO <a href="#">Health Behaviour of School-aged Children</a> (HBSC) Network; and <b>Kendall's</b> engagement is through the Institute of Health Visiting (which reaches almost 1,000 health visitors), International Collaboration for Community Health Nursing Research, Index Fundacion in Spain, Japanese Academy of Community Health Nursing, and the Korean Academy of Community Health Nursing. Such engagement has had direct impact as a consequence of our research, as highlighted in the case studies.</p> <p><b>2. Appointment to committees and panels that develop strategy and implement research into practice.</b> <b>Wilson:</b> 1 of the 30 nationally appointed members of NIHR INVOLVE, as well as the East of England Research Design Service Patient Public Involvement (PPI) working party and the East of England Primary Care Research Network, leading on PPI for the Collaboration and Leadership in Applied Research in Health and Care (CLARHC East). <b>Kendall and Wilson:</b> East of England SHA Patient Experience Board (to 31 March 2013). <b>Brooks:</b> Advisory council member of the Association for Young People's Health, member of the Hertfordshire Public Health Board. <b>Goodman:</b> East of England SHA End of Life Programme Board member (to 31 March 2013), British Geriatrics Society working group on the health care contribution to care homes, DH Nursing and Public Health Community Nursing Development Programme, Alzheimer's Society Care, Services and Public Health Grant Advisory Board and advisor to the Order of St John Care Trust on research in care homes. <b>Wills:</b> member of Food Standards Agency Social Science Research Committee. <b>Kendall:</b> Trustee of the Institute of Health Visiting and member of the Department of</p>
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Health, Health Visiting Taskforce and a member of the Hertfordshire Board of the Eastern Academic Health Science Network.

**3. Engagement with organisations and institutions through public involvement events, presentations and publications.** For example, the **Health Research Showcase** (2009) supported by the university provided schools, charities, government organisations and members of the public with the opportunity for hands-on engagement with our research. **Wills** and **Brooks** engaged 40–50 schoolchildren in health-related activities that have led to school-aged children being actively involved in research from a user perspective. **Wills and Dickinson** supervised a Year 12 student in summer 2013 as part of the **Nuffield Research Placement Scheme**, designed to inspire the next generation of researchers. This resulted in the student being first author on the report, which has inspired her to think about doing research in the future. The UH **Health Care Forum** provides three keynote lectures per year that are aimed at public service organisations and members of the public, and have recently featured lectures from **Goodman and Wilson**. Audiences ranging in size from 75 to 167 were made up of a majority of external attendees from across the voluntary and public service sectors. As a direct result of the Health Care Forum, **Goodman** made new links with Black and Minority Ethnic groups, one of whose members joined the steering group of the EXPLORE DD project and the LINKS group (now Health Watch) and subsequently participated in the MRC WISH study as expert stakeholders. **Goodman's** talk was uploaded to the public LINKS site for discussion and dissemination. This forged closer links with the local hospice and the successful tender to evaluate the East of England dementia train-the-trainer scheme. **Wilson's** presentation was attended by members of the Expert Patient Project executive team, who disseminated the presentation to the Community Interest Company to inform their strategic direction in promoting self-management within the UK, and **Wilson** was subsequently invited to become an expert member of the EPP CIC advisory panel. Published documents that have supported engagement outside academia have included the **UH Futures (2012)** document that features the work of **Wills, Bunn, Kendall, Goodman and Wilson**, the **UH Annual Review (2013)** that features the NIHR funded mentorship scheme for clinical academic career trainees, and also the **Public Services Review (2011)** that featured the work of **CRIPACC**. Networking events with key users of the research have been organised since 2005 with funds from our research enterprise through **ReACH (Research in Adolescent and Child Health)** and **AGENet (research in older persons' health)**. These events each attract 60 or more practitioners, managers and commissioners, and led to **Goodman** being invited to present and write briefings on end-of-life care commissioners and working with care homes and the Hertfordshire Clinical Commissioning Group.

**4. Engagement with the media.** Researchers are supported, encouraged and offered media training to enhance impact opportunities through local and national and international press, radio and social media coverage. For example, **Kendall and Bloomfield's** involvement with parenting programmes in Japan was featured in an Uchinada newspaper, raising the collaboration's profile amongst the Japanese public and resulting in support from the mayor's office to continue the parenting programme, as described in the impact case study. The work of **Brooks, Wills, Wilson, Kendall** and **Goodman** has been the subject of press releases that were picked up by local and national press and television. **Goodman's** work has been used by UK charities in the field such as the Alzheimer's Society and Age UK, and has featured on Channel 4 and BBC radio *Women's Hour*. **Brooks' research** on the HBSC survey has been extensively mentioned in national press and led directly to her contributing to the Chief Medical Officers Report in 2013. **Wills' work** has created impact particularly through public engagement and communication using social media and the press: for example, Health Board directors in Scotland took account of the findings when designing child healthy weight intervention programmes, which became a requirement for Health Boards in 2009 ('HEAT3' targets). In 2012, the university awarded a grant of £10,000 to researchers specifically to fund the capture of evidence of impact.

### c. Strategy and plans

Our future plan for impact is to build on strengths and to develop further existing impacts, in order to deepen the impact and widen the reach while also identifying new avenues for impact:

1. Form a strategic group to lead on engagement with key stakeholders and users of research which will report to the Health and Human Sciences Research Institute (HHSRI) management group to identify routes to impact and share good practice.
2. Ensure that every research group develops an impact plan that sits alongside the required research delivery plan. The impact plan must be more than traditional dissemination, ensuring engagement with the public and research users by building on all of the approaches described in the approach to impact above. Goals and milestones must be integrated into the impact plan, and Principal Investigators must be accountable for ensuring these are met. Impact plans and approaches are being shared across disciplines in the HHSRI.
3. Continue to develop our public involvement strategy and to ensure even wider representation and inclusion of minority groups. For example, there is currently extensive inclusion of people with learning disability across the region and nationally in our taught provision, and we will ensure that this is reflected in our research. We will extend the MSc module in Patient and Public Involvement to fit with new and emerging structures such as the CLARHCs and to make it available to the international, commercial and public sectors as one of the only taught masters modules on PPI in the UK.
4. Ensure that our communications strategy fully reflects our intention to continue developing excellent public relations and disseminating our research in a user-friendly style, and to influence non-academic users more widely. For example, **Brooks** and the [HBSC](#) team have developed a research blog, written by young people, that debates issues of importance to young people, and **Wills** has created a research blog in relation to the [Kitchen Life](#) project that invites users to comment. This year CRIPACC has developed a [Facebook](#) page and a Twitter account to communicate our research more widely and engender good public relations and engagement with our research. Followers from public services and user groups are growing.
5. Our aspirational goals are to explore and refine methodologies for evaluating the impact of research on end-users, to ensure that impact of research is enhanced, evidenced and documented. Work by [Bunn](#) on evaluation of impact is informing our approach to this aspect.

#### d. Relationship to case studies

The case studies submitted are good examples of the operational planning and support that has been strategically developed to enable identification of the significance and reach of our research impact. The resource provided by the university has enabled us to collect and document the evidence required to support the case studies. For example, all of the above have directly influenced **Brooks'** work as the lead researcher for England on the WHO HBSC survey. Impact from this work has accumulated as a result of developing strong external and public relations with schools, young peoples' organisations and with bodies such as the World Health Organisation, Association for Young Peoples' Health and the Departments of Health and Education. Young people themselves have taken part in international events to disseminate the work. As a result, the findings from this research have directly informed the Department of Health's strategy on health for young people, the Public Health Outcomes Framework and the Chief Medical Officers Report for 2013.

Stakeholder and public engagement and involvement has also been central to the impact of **Kendall and Bloomfield's** work on evaluating parenting support in the community, with an initial impact on Hertfordshire County Council. Voluntary and public sector organisations such as Durham County Council use [TOPSE](#) as part of their commissioning cycle, which demonstrates impact in terms of quality of service provision. The Welsh government has also implemented TOPSE to evaluate their Flying Start programme. International engagement through the TOPSE website has led directly to enhancing the reach of the research, the tool being translated into 10 languages, and its use in countries such as Japan, Germany and Israel to evaluate parenting support. The evidence of international impact is described in the case study.