

Institution: The University of Edinburgh

Unit of Assessment: 22 Social Work and Social Policy

a. Context

Edinburgh's Social Work and Social Policy Unit of Assessment brings together colleagues located in the School of Social and Political Science, School of Health in Social Sciences and the School of Molecular, Genetic and Population Health Sciences which hosts the Centre for Population Health Sciences (CPHS). The UoA includes the cross-college Centre for Research on Families and Relationships (CRFR), which is a consortium research centre linking researchers across Scotland, UK and internationally, providing leadership and training across the UoA on research utilisation.

A strong focus on impact is central to our work, reflecting *inter alia* the applied nature of much social policy and social work research and its potential to contribute to academic and public debate on social issues of high saliency, closeness to the Scottish Government, other national and international public authorities, as well as linked policy communities, intense interactions with stakeholders across health and social care policy and practice, and the reputation of our staff for delivering internationally recognised research findings.

We have long recognised the importance of working alongside policy and practice colleagues to ensure the relevance and usefulness of research and focusing on impact through applied and basic research that informs, as well as evaluates, policy and practice. CPHS has taken a lead role in the creation of the Scottish School of Public Health Research (SSPHR), a partnership between the public health departments of five leading Scottish universities, including Edinburgh, supported by start up funding by the Scottish Funding Council in 2011-2012. SSPHR aims to create world-class research collaborations which will develop and communicate the evidence base for implementing effective public health policies in Scotland. In Social Work, Social Policy and the School of Health in Social Science (SHiSS), there has been close interaction and partnership working with stakeholders across health and social care and social work policy and practice at national and international levels, informing the development, implementation and dissemination of research. CRFR, established through a Scottish Funding Council Research Development Grant with an explicit remit to forge an effective relationship between research, policy and practice, was ahead of its time in terms of understanding and developing approaches to knowledge exchange (KE) and impact. It acts as a network and hub for researchers and research-users in policy and practice, across voluntary and statutory sectors, and brings KE expertise into the UoA, offering links through its network, specialist user-engagement advice, and practical support through events management and graphic design, ensuring that research has the best chance of reaching relevant audiences.

We have excellent links with key potential beneficiaries of our research whether they are local, national or international policy-makers or practitioners, and across different sectors. These networks and links have included professional associations, campaign groups, trades union, trade associations, advocacy and local community groups; and spanned the education, early years, health and social work sectors.

b. Approach to impact

Underpinning our approach to achieve impact are efforts to understand and develop thinking about the use of evidence in policy and practice. For example, K Smith's current ESRC Future Research Leaders award explores how public health policymakers perceive and respond to tools designed to increase their use of evidence; examines the roles of third sector and commercial organisations in mediating the relationship between public health research and policy in the UK; and aims to enhance current guidelines for research impact by enhancing the incorporation of research users' and mediators' perspectives. CRFR works closely with a range of local government and third sector organisations to help them utilise the available evidence for service improvement, including a Big Lottery funded 'evidence to action' project from 2010-2013 (£457k), and self-evaluate using Contribution Analysis. Drawing on the strong international and comparative research expertise, an important aspect of impact has been the support of policy learning internationally (e.g. Clasen and Clegg [FP6 project RECOWE]) and in Scottish and UK policy-making (e.g. Naumann, Koslowski, Parry). Other research input has been influential in informing the development and implementation

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of health-related policy in several areas, e.g. tobacco control (Amos, Collin, Ritchie, Hill, Platt) and suicide prevention (Platt, Chandler).

We utilise a variety of mechanisms to achieve impact, deploying the full range of what could be called 'push', 'pull' and 'linkage and exchange' approaches appropriate to social science knowledge exchange and impact-related activity. Of course, these analytically distinct mechanisms are not mutually exclusive. In fact, over the longer term they are often connected, i.e. 'pushing' research activities out via various forms of dissemination can lead to being 'pulled in' for further research and impact related activities.

Push mechanisms: We aim to maximise the impact of our research through a variety of dissemination methods which actively push research out to the public domain. Research findings and analyses are widely disseminated in the *print and broadcast media* (note, in particular, the extensive coverage of CRFR research through print and broadcast media). Staff have given *presentations to parliamentarians and civil servants* (e.g. Smith to the Czech senate; Collin to the Scottish parliament cross-party group on Malawi; Platt to the Scottish Government Minister for Children & Families; Harden to Scottish Government leads for Parenting Strategy). We have delivered *training for CPD* (e.g. Tisdall: Listening to Children at CRFR; Amos, Collin: contributions to CPD module run by UK Centre for Tobacco Control Studies). An innovative example of *successful public engagement on a priority public health topic* (suicide prevention) is Platt's role as joint executive producer of a film 'U Can Cope' (September 2012), which has been viewed over 24,000 times on the 'Connecting with People' channel alone.

Pull mechanisms: We also achieve impact by responding to demands for evidence from relevant sectors. Colleagues have participated in *consultations and inquiries* (e.g. Tisdall's work informing reports and inquiries of several parliamentary committees; Heins contributed to the Scottish Government consultation on changes to eligibility criteria for providers of primary medical services; Hellowell's work has informed reports and inquiries of several parliamentary committees; CRFR regularly responds to consultations across its areas of expertise). Many UoA staff have performed *advisory roles* for agencies and inquiries (e.g. Parry giving evidence on the organisation of devolution to various parliamentary committees; Tisdall advising Scotland's Commissioner for Children & Young People; Naumann for Children in Scotland; Collin participating in a WHO expert committee on tobacco industry interference in policy; Clarke chairing the Scottish Committee reviewing nursing in Scotland). Several colleagues have undertaken *consultancies* and supported the production of *policy reports*.

Linkage and exchange mechanisms: In addition to the above, we make use of a variety of structural and ad hoc linkage and exchange mechanisms. *Specialist units* are key to creating these mechanisms. From its inception CRFR sought not only to conduct high quality research in this interdisciplinary area, but to ensure its relevance. The centre provides us with an established interface between academic research, civil society and government, and offers institutional and personal expertise in the support of KE, dissemination and for the enhancement of impact. A programme of KE activities has built on an open networking approach, linking in hundreds of interested research users through regular communication, accessible briefings, a well-utilised website, regular news and several collaborative research projects with voluntary and statutory sector organisations. 134 events (training, conference, seminars, etc.) have been held since 2008 with 4816 participants. A six year contract with the Scottish Government led to a direct link on issues such as migration, health, childcare and ethnic minority families.

The Public Policy Network connects the UoA's research with various policy communities and in the Global Public Health Unit the central focus on impact throughout the research process is illustrated by engagement with health campaign groups to discuss policy priorities prior to the development of research proposals and in revising research priorities in light of preliminary findings (e.g. 'Tobacco Industry Influence on European Union Tobacco Control Policy', funded by European Smokefree Partnership, with U. of Bath). Understanding impact and, more broadly, the relationships between research, evidence and policy is itself a major focus of research. K Smith's ESRC-MRC Post-Doctoral Fellowship was primarily intended to enable her development as an interdisciplinary academic researcher whose work analyses and helps facilitate the translation of ideas between research, policy and practice in the context of public health.

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The Criminal Justice Social Work Development Centre for Scotland provided a forum to engage with key users through, for example, National Development Champion groups and the organisation of 12 one-day practice conferences each year across Scotland aimed at building practice networks for KE and transfer. *Routes out of Prison* research (2008-2011) findings led to interim investment (£0.5m) by Scottish Government in Life Coaches to support resettlement of short-term prisoners. Social Work has a regular seminar series that is extended to local practitioners/managers providing an opportunity to disseminate research. The ESLA (Engaging with involuntary service users in social work) project seminar in November 2011, attended by 80 practitioners, led to the formation of a group of practitioners/managers exploring approaches to working with children and families (the Edinburgh Practice Panel). A good practice guide, disseminating key messages from the project, was also developed.

Many other colleagues are involved in networks of relationships with many statutory and third sector organisations, and retain active roles 'in practice'. One example is our partnership with NHS Lothian and the Nursing Studies subject area to establish clinical academic research careers (CARC) through several routes: academic staff spend 0.2fte in the clinical environment supporting the implementation of research based knowledge and working with clinical staff to determine research questions of relevance for that area (Tocher and Rodgers in 2012-13, for example); academic staff hold senior honorary contracts with the NHS (e.g. Ritchie); and clinical staff hold linked doctoral studentships and post-doctoral fellowships in a related area (e.g. Ramsey in relation to critical care). This network of external relationships extends into policy development (e.g. Kean in partnership with an MP), service improvement (e.g. Cook in partnership with the Scottish Government Joint Improvement Team), and service users (e.g. Wilkinson's instrumental role in establishing the user-driven Scottish Working Group on Dementia which has subsequently affiliated with Alzheimer Scotland). Research conducted in collaboration with non-academic partners has been at the forefront of methodological developments and has been key to developing practice (e.g. Wakeford in relation to participatory research methods; Cook in relation to the development of 'Talking Points' as a user-led outcome tool for service improvement). Staff continue to organise and participate in events designed to shape policy and research agendas (e.g. Naumann: Nordic Horizons meetings in Scottish Parliament; K Smith's symposium on commercial sector involvement in public health via the University's Public Policy Network; Collin's plenary at Scottish Alcohol and Tobacco Policy Summit prior to 2011 elections; Hellowell's contribution to a Commonwealth Secretariat's roundtable on public private partnerships in contexts of low institutional capacity).

c. Strategy and plans

There are four broad strands to our future strategy for ensuring that the maximisation of impact of research is a central component of activities and competencies: staff training; continuing engagement with policy making processes; improving understanding of the relationship between public health research and advocacy; and expanding professional access to teaching/training. Examples of each strand are given below.

Staff training

Training in understanding the processes of impact and skills development for new researchers in achieving impact (e.g. partnership working, dissemination, engagement, social media) will continue to be embedded in our approach. The Applied Quantitative Methods Network (AQMeN) brings research methods training to non-academics in order to increase the uptake of research (Koslowski, Norris). Research network training for non-academics has been established; subsequently, research and training in collaboration with government agencies will be developed. CRFR offers a suite of KE training, including 'understanding KE theory and practice' and practical sessions on communication skills, networking, social networking. All PhD students at CRFR are supported to maximise the impact of their PhD studies. CRFR supports researchers across the UoA in relevant topics to set up pathways to impact, identify relevant stakeholders, communicate in a timely and appropriate way with them, and collect and analyse data on impact using contribution analysis.

Continuing engagement with policy making processes

Engagement with policy processes in Scotland and the UK remains a key focus of our work.

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Researchers across the UoA can draw on well-established policy networks, at both national and local government levels. All pathways to impact analyse the potential for engagement with policy at local/Scottish/UK/European levels, and researchers are supported to engage with relevant policy-makers through links with established networks, e.g. CRFR, the Public Policy Network. This is often coupled with support from the University Press Office to create multifaceted channels to communicate research.

Improving understanding of the relationship between public health research and advocacy

A key future research priority is to improve understanding of the relationship between public health research and advocacy, including exploration of the diverse ways in which specific fields of research and policy (including non-communicable diseases and health inequalities) have been shaped by the multiple roles played by key researchers and their interactions with policy networks. We intended to incorporate this interest within postgraduate training, reflecting the view that advocacy represents a critical but usually neglected component of public health training and competence. Following a one day workshop during the University's innovative learning week in February 2013, a new course 'Advocacy, Lobbying and Public Health' will run for the first time in 2013-14.

Expanding professional access to teaching/training

Colleagues involved in the Global Public Health Unit intend to expand access to teaching on a CPD basis, particularly by developing courses to be offered via e-distance learning. These commenced in academic year 2012-13 with a 20 credit module 'Health inequities and the social determinants of health' and the subsequent offer of a 60 credit certificate in Global Health Policy. CPHS intends to sustain and expand its wide range of intensive training courses offered on a CPD basis. CRFR has run three successful practitioner research programmes (two in collaboration with Social Work) that support practitioners to conduct their own research and associated KE. Social Work has completed one KE Fellowship (fathers in child protection). KE Fellowships are designed to promote collaboration between voluntary, public and private sector organisations and the University. Fellows are provided with an academic mentor and have access to University resources to work on a project of mutual interest.

d. Relationship to case studies

Uncovering the cost of private sector involvement in the NHS is an example of impact on public policy, achieved through strong links with policy, and supporting researchers to respond to policy consultations. In ***Improving engagement with involuntary service users in social work*** our research achieved impact through sharing and implementation of knowledge about 'what worked' within and across the participating local authorities. ***Contributing research evidence to support the reduction of suicide in Scotland*** presents evidence of the cumulative impact of research in a single policy area, achieved through sustained networking and relationship development between UoA staff and policy-makers and practitioners. ***Bringing children's concerns to the development of alcohol policy and services, and sex education practices*** demonstrates the achievement of impact through our openness to non-academic research agendas, working in close partnership with voluntary sector organisations, and carrying out targeted KE to ensure a wide uptake of findings in policy and practice. ***Improving night-time care in residential and nursing homes*** shows how our research findings have fed into policy by responding to government consultations, researchers' involvement in relevant policy fora and a press strategy carefully negotiated with project partners. ***Influencing tobacco control policy and practice*** illustrates the impact of research and KE activities achieved through effective dissemination of research findings, strong professional links with policy and practice communities, and membership of key committees. ***Influencing dementia philosophy, policy and practice*** shows how we have advanced dementia care education, training and practice development through effective campaigning and self-advocacy of people with dementia working in partnership with UoA staff to create a receptive policy environment.