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In the know: Knowledge Transfer Partnerships – encouraging the development of an evidence-informed approach to practice through a successful partnership between a University and a Local Authority

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Abstract

Wakefield Metropolitan District Council Family Services and the University of York are taking part in a two year collaborative Knowledge Transfer Partnership (KTP) project, the aim of which is to encourage a culture of evidence-informed practice and continual improvement within Wakefield MDC's Family Services as part of the Directorate's performance management framework, and to ensure that the Research Governance Framework (RGF) in Health and Social Care (Department of Health, 2001 & 2005) is fully implemented.

This paper will outline the key aims and objectives of the project, and explore the benefits of Knowledge Transfer Partnerships as a model for knowledge exchange. It will also describe the successful completion of the initial stages of the project, which included an RGF benchmarking project and the development of a communication and engagement strategy aimed at increasing awareness of the potential value of research and evidence-informed practice. The paper will also highlight examples of good practice which can be replicated in other Local Authorities.

Keywords: Research, evidence-informed practice, knowledge transfer, research governance

Introduction

The expectation that social care, education and health practitioners will use the best available evidence to inform their practice has intensified in recent years, as is clear in the range of recent policy initiatives that have stressed the importance of developing a 'sound evidence base' in relation to service provision (Department of Health, 2006). At the same time, there has been an increased emphasis on the effective governance of research, and in 2001 the Department of Health published the *Research Governance Framework in Health and Social Care* (RGF), which places a new requirement on Local Authorities to assess the quality and ethics of research before allowing access to service user and staff populations.

Against this background, Wakefield Metropolitan District Council (Wakefield MDC) and the University of York have entered into a two-year Knowledge Transfer Partnership, the aim of which is to fully implement the RGF and to develop a culture of research and continual improvement across Wakefield MDC's Family Services Directorate. The project has now been running for ten months, and this paper will highlight some of the key achievements and challenges from this period.

Knowledge Transfer Partnership (KTP)

Knowledge Transfer Partnership (KTP) is a UK-wide programme funded by 13 Government organisations led by the Department of Trade and Industry (DTI). Each project is part funded by these Government organisations, with the balance of the costs coming from the 'company'

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partner. During 2007, the lead sponsor will change from the DTI to the Technology Strategy Board, and an additional 3 sponsors will join the KTP Management Board, bringing the total to 16 (KTP Management Board, undated).

Each partnership employs one or more graduates ('associates'), who are employed by the 'knowledge base' organisation, and seconded to the 'company' partner on a fixed term contract. The primary aim of any KTP project is to transfer knowledge from the knowledge base partner into the company partner in order to meet specific business aims and priorities. However, in reality, the transfer of knowledge is effectively a two way process.

This partnership is one of the very few examples of a public sector KTP, with the vast majority of KTPs taking place in private business and industry. However, the DTI are keen to reproduce the benefits of KTPs across the public sector, and this project may therefore provide valuable lessons and examples of good practice that can benefit future partnerships. In this sense, the value of this project lies not only in the potential benefits for those directly involved in it, but also the benefits it may offer to the wider sector.

Benefits/disadvantages of KTPs

In general, the benefits/disadvantages of Knowledge Transfer Partnerships can be categorised in relation to three areas:

1. Benefits/disadvantages to the company;
2. Benefits/disadvantages to the knowledge base;
3. Benefits/disadvantages to the associate.

1) Benefits/disadvantages to the company

An obvious key benefit is the knowledge transfer and better links with universities and other educational institutions that the partnerships enable. In addition, many KTPs bring financial benefits to the company partner, and it is estimated that, on average, each partnership will result in over £200,000 increase in annual profits (Momenta, undated). However, this focus on the financial benefits of KTPs highlights one of the key disadvantages of the programme, which is that its language and structure are geared towards private profit-based industries: an approach which doesn't necessarily lend itself to public sector organisations. Whilst, undoubtedly, KTP projects may bring financial benefits to public sector organisations, the nature of these organisations means that the success of the project cannot be measured in monetary terms alone.

This is particularly problematic in terms of applying for funding for a KTP, as the application form asks applicants to clearly state what the expected benefits are in terms of profit. With regard to public sector organisations, it is difficult to predict these benefits at the time of application, and the application process does not recognise the potential for any non-monetary benefits. However, public sector organisations can be creative in the way that they answer this question, as there is no requirement to provide proof of any profits or losses at the end of the project.

A further potential disadvantage is that there is usually no extra funding available for KTPs, and thus if the project runs over schedule, it may place a financial strain on the company to complete it. Similarly, the sustainability of the project may also be affected due to a lack of any additional funding, and it is therefore vital to the success of any project that the issue of sustainability is carefully considered in the project plan.

2) Benefits/disadvantages to the knowledge base

Some key benefits to the knowledge base include opportunities: to develop business/ practice-relevant teaching materials; identify new research themes and undergraduate and post-graduate projects; and publish high quality research papers, thus contributing to the Research Assessment Exercise (RAE) assessment and rating of their department (Momenta, undated).

With specific reference to this project, a further key benefit is the links that have been made with Wakefield MDC's Family Services Directorate (which includes the functions of adult and children's social services and education), which have the potential to offer increased opportunities in relation to practice learning and access to research populations.

3) Benefits/disadvantages to the associate

Undertaking a KTP project gives associates the opportunity to manage, with support, a challenging project that is central to the strategic development of the organisation in which they are placed. Associates are also encouraged to undertake personal development activities, and are enabled to do so through the provision of an associate development budget, and free access to business management and leadership skills training and an NVQ level 4 in Management. Associates are also permitted to spend 10% of their time on personal development activities.

A further key benefit is the triangular system of supervision, where associates receive academic and business related support through supervision with a representative of the company and of the knowledge base. However, this may also be a disadvantage if the company and knowledge base partners have competing priorities, as associates may be asked to carry out conflicting tasks or be given conflicting advice which will impact on their ability to successfully complete the project.

Project outline

The primary aims of this project are to build upon the interim arrangements already in place within Wakefield MDC to ensure that the Research Governance Framework (RGF) is implemented, and also to stimulate the development of new research activity to encourage a culture of evidence-informed practice and continual improvement throughout Wakefield MDC Family Services.

The need for quality research has been reaffirmed through the publication of the Research Governance Framework (Department of Health, 2001 & 2005). The RGF requires health and social care services to register, approve and monitor all relevant research under a clear structure in relation to five key principles:

- Ethics;
- Science;
- Information;
- Health, safety and employment;
- Finance and intellectual property.

The main responsibility for Wakefield MDC is thus to assess the quality and ethics of any proposed research before allowing access to staff and service user populations.

In addition to promoting and enabling the effective governance of research, there is also an increasing emphasis within policy on using research evidence (amongst other types of knowledge) to inform practice. As Nutley *et al.* (2002) argue, although there is "nothing new about the idea that policy and practice should be informed by the best available evidence" (p. 2), the ideas and themes surrounding evidence-informed practice have "risen to prominence over the past two decades" (p. 2).

Furthermore, Humphreys *et al*. (2003) suggest that the evidence-informed practice debate is now taking place in a much changed arena, and that the rise in demand for evidence-informed practice needs to "be understood alongside the rise in other practices which are currently dominating this area … in particular, the managerial agenda with its attention to performance targets, procedures, outcomes and value for money in a constricted resource environment" (p. 41).

It is thus argued that the effective use of research is crucial at the levels of both individual practice, in terms of aiding understanding and decision-making and assisting with the management of change and innovation in agencies, and also at the level of performance management, in terms of ensuring that research is integral to the overall strategy of the organisation in order to ensure the continual improvement of services. The primary aim of the project is thus to develop a means of embedding research as part of the Family Services Directorate's Performance Management Framework in order to ensure that service delivery is effective and efficient.

The project also aims to incorporate an outcomes approach. Outcomes approaches usually focus solely on outcomes for service users. As Nicholas and Quereshi (2004) point out, a whole range of recent policy initiatives have "stressed the importance of maintaining a focus on outcomes when designing, delivering and evaluating social care" (p. 1). Outcomes approaches are also becoming increasingly integral to performance management, with the new performance assessment framework (CSCI, 2006) being based on the seven outcomes identified in the White Paper *Our Health, Our Care, Our Say* (Department of Health, 2006), and the five outcomes identified in *Every Child Matters* (Department for Education and Skills, 2003). In this sense, one aim of the project is to facilitate the increased and more efficient use of research in order to develop services that are able to achieve desired outcomes for service users.

However, whilst the underlying aim of the project is to improve services, the direct impact of the project on services would be difficult to measure, and the impact of any service changes on outcomes for service users would be an even more challenging task. Thus, for the purposes of the project we will be focusing on outcomes for staff, as the project will aim to have a direct and measurable impact on the perceptions and skills of staff and the levels of research utilisation across the Directorate, and, correspondingly, outcomes for staff. The project also seeks to engage staff in developing these outcomes measures, in order to ensure that outcomes are relevant to both individual staff members and the organisation as a whole.

A key challenge for the project lies in Wakefield MDC's recent restructure. At the application stage, it was anticipated that the project would be embedded within the former Social Services and Health Directorate. However, during the application process, the new Family Services Directorate was formed, bringing education alongside adult and children's services under one Corporate Director. There is little doubt that the education sector can, potentially, benefit from the development of a research culture in the same ways that the social care sector can (see, for instance, Simons *et al.*, 2003). There has also been a recent drive within policy for "a more cumulative evidence base to inform decisions about policy and practice" in education (Sebba, 2004, p. 1), and it was therefore agreed that it would be logical and advantageous to roll out the project across the whole of the new Directorate in order to ensure a coherent and consistent approach to research. The full inclusion of education into the project does, however, pose a challenge that was not originally anticipated, and we will need to

ensure that we address this at each stage of the project.

The next section will describe the successful completion of some of the initial stages of the project, which included an RGF benchmarking project and the development of a communication and engagement strategy aimed at increasing awareness of the potential value of research and evidence-informed practice.

RGF benchmarking project

One of the first tasks of the project was to undertake an RGF benchmarking exercise. The aims of this were to: gather information about the RGF systems in place in a number of other Councils with Social Services Responsibilities (CSSRs); use this information to evaluate the current RGF systems in place within Wakefield MDC; and develop proposals for the improvement of Wakefield's RGF systems – drawing on examples of good practice from the other CSSRs.

Methods

Information was gathered from each of the seven CSSRs involved by talking to relevant members of staff, including those responsible for implementing the RGF, and examining their written RGF policies, procedures and application forms. We also felt that it was important to assess Wakefield MDC's RGF systems in relation to a wider, national picture of implementation, and we thus combined the information that we had received from the above CSSRs with information from the RGF literature, and information from the two national baseline surveys that were carried out in 2002 and 2005 (Pahl, 2003 & 2006). From this, we were able to develop the following list of Benchmarks to assess Wakefield MDC's and the other CSSRs' RGF systems against:

1. Systems to ensure that all staff are aware of the RGF;
2. Ensuring that all research is recorded centrally;
3. Independent ethics/methods reviews;
4. Managing/monitoring research;
5. Routinely notifying relevant staff about approved research;
6. Ensuring that levels of scrutiny are proportionate to levels of risk;
7. Systems to ensure that a sponsor is in place for all external research;
8. Checking that arrangements are in place to seek informed consent;
9. Checking that the research will meet the requirements of the Data Protection Act 1998;
10. Checking that the research meaningfully involves users and carers, and that it takes account of diversity and the need for appropriate methods of obtaining and disseminating information;
11. Checking that research applicants have examined existing sources of research evidence to ensure that their work will not duplicate that of others;
12. Checking that information is provided on how the research will be disseminated;
13. Checking that health and safety procedures will be observed, and that risks are minimised to both researchers and participants.

Recommendations

On the basis of this analysis, the following recommendations were made:

- Amending/developing Wakefield's RGF application form to ensure that it asks for information about:
    - The experience/skills of the lead researcher/their supervisor;
    - CRB checks;
    - How the project will conform to the requirements of the Data Protection Act 1998;

  - Details of insurance cover;
  - Service user/carer involvement in the research process and/or design of the research proposal and/or the process of analysing and disseminating the research findings;
  - Issues of diversity and equal opportunities, including accessibility of the research methods and research findings. How will service users be enabled to participate in meaningful ways? How will they be compensated for their time? How will the research findings be presented to them?;
  - Informed consent, and how it will be achieved and maintained throughout the project.
- Developing a communication and engagement strategy to ensure that all staff are aware of the RGF, and to ensure that staff are routinely notified about approved research;
- Establishing better links with the Corporate Research Team, and developing systems to transfer records to the SCIE National Research Register once it has been launched;
- Developing systems for independent ethics/methods review to include front-line staff, service users, carers, representatives from adult, children's and education service areas, and representatives from a University to provide specialist knowledge on research methods. Exploring opportunities to develop links with health in this area;
- Designing and implementing systems to ensure that research is monitored throughout the project.

Summary

The extent to which the RGF has been implemented across the CSSRs in this study mirrored, to a large extent, the national picture of implementation as illustrated by the two national baseline surveys (Pahl, 2003 & 2006). Thus, both locally and nationally, the vast majority of CSSRs have taken steps to ensure that the RGF is implemented to some extent (Pahl, 2006, p. 15). Wakefield MDC's RGF systems and structures also seem to be on a par with those of the other CSSRs in the study. Although the present RGF system has some weaknesses (robust systems for independent ethical and methodological review need more development), in other areas it seems to be ahead, for instance in terms of recording research centrally.

Once the recommendations from this study have been implemented, Wakefield's system will incorporate national and local examples of good practice, and will be well placed to achieve comparability with some of the more robust RGF systems that already exist. However, all the CSSRs' RGF systems had strengths and weaknesses, and many attributed these weaknesses to "lack of resources and time … lack of support and information from DH, lack of specialised research staff within departments and problems in getting staff interested in the RGF" (Pahl, 2006, p. 3), again mirroring issues expressed by CSSRs in the 2005 national baseline survey (Pahl, 2006). Pahl (2006) recommends that in order to resolve these issues and improve RGF systems, there needs to be the development of national, centrally controlled measures which focus on financial support for RGF, a national lead for social care ethics review and provision of further training and information. Until this happens, implementation may therefore remain patchy in some areas, even in those CSSRs that have made a great effort to implement the RGF fully.

Communication and engagement strategy

The aims of the communication and engagement strategy are to: increase awareness of and knowledge about the RGF, and ensure that all staff are aware of their responsibilities under it; increase

awareness of the potential value of evidence-informed practice; develop strategies which aim to overcome barriers to research and give staff the skills, knowledge and ability to carry out and/or utilise research more effectively; increase the utilisation of research; and increase organisational commitment to the development of a research culture.

In addition, it is hoped that by engaging key stakeholders and securing their support at an early stage in the project, any resistance to the embedding of a research culture can be ameliorated. For instance, as Slovin (undated) suggests, successful changes in organisations are "predicated on all members of a team being active participants" in the change, and that therefore "every person must have a voice in support of progress, or changes will be resisted".

The strategy identified, from the literature[1], the following key barriers to utilising or undertaking research in social care, education and health settings:

Lack of awareness of the RGF	Lack of training
Lack of time/ workload pressures	Agency culture
Lack of resources	Lack of motivation
Lack of accessible research findings	Lack of awareness of the value of utilising/ undertaking research
Lack of skills/confidence	Lack of organisational/ managerial commitment

For each of these identified barriers, the strategy then outlined a number of proposed remedial approaches, which included:

1. Undertaking a staff research survey;
2. Holding a research and evidence-informed practice conference;
3. Developing an information pack to link research and evidence-informed practice with the General Social Care Council requirements for re-registration of qualified Social Workers;
4. Continuing to link research and evidence-informed practice with the Directorate's performance management framework.

1) Staff research survey

The aims of the survey were to:

- Determine the proportion of staff that currently undertake and/or use research;
- See if there are variations in research use across different areas of the Directorate;
- Provide a baseline measurement of research use so that the survey can be repeated towards the end of the project as a means of measuring its impact;
- Determine what staff consider to be the barriers and enablers to using and/or undertaking research, in order to develop further strategies to overcome these barriers;
- Engage staff in developing outcomes measures;
- Begin to engage staff as part of the communication and engagement strategy.

219 questionnaires were sent out to staff, and 105 were retuned – a response rate of 48%. This high response rate is likely to be partly due to the fact that the survey was anonymous. However, even when this is taken into account, the large number of completed surveys received is encouraging, and may indicate a good level of interest in research and evidence-informed practice.

The staff in the sample were selected purposively so that all relevant service areas were reflected in the sample (Commissioning, Performance and

Partnerships; Adults; Physical Disabilities and Older People; Safeguarding and Family Support; and Schools and Lifelong Learning). They were also chosen with regard to the following inclusion criteria:

- staff who have direct contact with service users;
- and/or staff who are involved in research;
- and/or staff who are involved in service planning.

These staff represent the area of the workforce that the organisation would wish to target for the development of an evidence-informed practice approach.

The results from the survey indicated that a high number of staff do already engage with research. For instance, 60% of the respondents said that they had taken part in research, 47% said that they had undertaken research, and 85% said that research helps to inform or shape their practice. However, the results may not be truly representative of the population, in that those who had taken part in research may be more likely to have a current interest in research, and may, therefore, be more likely to take the time to complete and return their questionnaires.

Nonetheless, even when this is taken into account, the high numbers of people reporting that they have taken part in research appears inconsistent with the fact that a relatively small amount of research activity has been recorded in WMDC's corporate research database, or brought to the attention of those responsible for performance management and those responsible for planning and developing services. This would therefore indicate that a significant amount of research is taking place, but that staff are under-reporting their research or the systems in place for recording and sharing information from this research are inadequate.

In order to address this, a number of strategies have been recommended, for instance:

- Continuing to implement the RGF, which places an obligation on all CSSRs to identify research activity to ensure that research is not undertaken without being assessed against the RGF criteria. This will be achieved by continuing to advertise and promote the RGF to all staff.
- The RGF also requires CSSRs to maintain records of all research activity undertaken, and this will be achieved by maintaining a database for Family Services research, as well as submitting details of all research undertaken to WMDC's corporate research database and a national research database maintained by SCIE.
- Working with the Staff Development team to develop a system for the recording and sharing of information collated as part of a qualification/ learning activity. For instance, establishing a 'library' for literature reviews that can be accessed by practitioners, and holding regular workshops where practitioners can talk to others about any research that they have carried out as part of their qualification/learning activity.

The results from the survey are also useful in identifying gaps in research resources and training. For instance, the resource that is available to the least amount of people is opportunities to work with researchers, and this was also something that was identified as a key resource that staff would like to be available. To some extent, this is likely to be addressed by full implementation of the RGF, as researchers will be obliged to share the findings of research with those involved (Department of Health, 2001 & 2005). In addition, a research conference is being organised (see below), which will give staff the opportunity to engage directly with

research staff from Universities, as well as colleagues who have experience of undertaking research. We will also be looking at the possibility of some members of staff being seconded to Universities for a short period of time, which could enable them to learn new research related skills and possibly take part in some research.

2) Research conference

Nutley *et al*. (2002) argue that one of the key requirements for improving evidence-informed practice is the "effective dissemination of evidence to where it is most needed and the development of effective means of providing wide access to knowledge" (p. 1). A conference which combines information about research with relevant examples of research will therefore allow us to promote evidence-informed practice and the RGF to a wide audience, whilst at the same time disseminate research findings to staff at all levels of the organisation. Some of the research examples will be presented by researchers, which will also provide an opportunity to develop "better, ongoing interaction between evidence providers and evidence users", which Nutley *et al*. (2002) argue will also help to improve the uptake of research evidence (p. 9).

In addition, the conference will further demonstrate an organisational commitment to research, particularly as the Corporate Director of Family Services will be in attendance.

3) General Social Care Council (GSCC) re-registration information pack

The GSCC requires Social Workers to complete 90 hours or 15 days of study during their period of registration (3 years), and states that any failure to meet this condition may be considered misconduct, which would have implications for re-registering after this period. This study can include undertaking research that is related to their practice, negotiating protected time to research latest policy and good practice developments in their field of practice, and reading a research article, report or document that leads to new insight or learning (GSCC, 2006).

Drawing on these requirements may therefore be an effective way of promoting and encouraging the use of research amongst social work qualified staff. It may also be an effective way of engaging qualified staff, as it is highlighting activities that they are already required to undertake, rather than asking them to undertake new activities in a climate of workload pressures and perceived lack of time for new initiatives.

In partnership with the Staff Development and Practice Learning Unit, we have therefore developed an information pack, which includes an outline of the GSCC requirements, recommendations on how to use research to contribute towards Post Registration Training and Learning (PRTL) requirements, and a log for staff to record their PRTL hours. The pack also includes fact sheets which offer information and advice to staff in the following areas: evidence-informed practice; sources of research; useful internet resources; tips for critically appraising research; tips for internet research; and the RGF.

4) Performance management

Locating the project within the Directorate's performance management framework will also help us to ensure that research is fully embedded within the organisation. For instance, there is a requirement for each individual team to produce a team plan, indicating key performance targets and areas for development/improvement. We have amended the team planning template to include a section asking teams to outline any research they have undertaken, any research that they plan to undertake in the next financial year, and any research that

they have used to develop their services. This will help us to further promote the RGF and evidence-informed practice, as well as providing a forum for staff to begin to think about research and how it impacts on the services they provide.

Summary and what happens next?

Although the survey indicated a clear interest in research, and considerable levels of current engagement with research, the recommendations and strategies outlined above will help to further improve this, and ensure that the systems and structures are in place to facilitate a clear, consistent and comprehensive approach to research. This will be further enhanced by subsequent stages of the project, which will include further review and development of the RGF, including establishing an ethics panel, and developing a system of research mentors to champion research and evidence-informed practice across the Directorate.

The success of the project also depends, to a large extent, on research activity continuing to flourish beyond the lifetime of the project. The above strategies therefore aim to help ensure that the project is sustainable, and one of the key means by which this will be achieved is to ensure that change occurs at an organisational level, as well as at an individual practitioner level.

As Walter *et al*. (2004) suggest, there are three models for research use in social care, and the most effective means of enhancing and sustaining research activity may be to develop a 'whole systems' approach which incorporates aspects of all three models.

The three models are:

- The *research-based practitioner* model, in which it is the responsibility of the individual practitioner to keep up to date with research and apply it to their practice;
- The *embedded research* model, in which research is embedded in the systems and processes of social care, such as standards, policies, procedures and tools; and
- The *organisational excellence* model, in which research use is supported by developing a research minded culture across the whole organisation.

This article therefore acknowledges that a focus on individual practitioners is important, but insufficient in itself, and that it needs to be combined with an approach that also recognises that "the key to successful research use lies with … delivery organisations: their leadership, management and organisation" (Walter *et al.*, 2004, p.xvii). Thus, as well as measures aimed at individual practitioners, there are also measures that seek to have an impact at an organisational level.

Endnote:

[1]Sources used: Cooke *et al*. (2002), McCaughan *et al*. (2002), Nutley *et al*. (2002), Research Mindedness in Social Work and Social Care (2002), Rycroft-Malone *et al.* (2004), Small (2005), Thompson *et al*. (2005) and Walter *et al.* (2004).

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