

Joining up? Linking research and practice in relation to children and health inequalities

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Introduction

The value of a strong evidence base of robust research has been highlighted in recent policy documents.^{1,2} However, until recently, working links between research, policy and practice have been limited.

This article explores the barriers to a closer integration of research and practice, and describes an attempt to tackle them through the Health Variations Programme User Fellowship Scheme. This scheme offers secondment opportunities for practitioners to work with a research project on developing links with user groups. I was attached to a study based at the University of Edinburgh which is exploring how children themselves experience health inequalities in their day-to-day lives, using a range of child-friendly and community-based methods to do this.³ The research team was keen to engage with groups that are often neglected in dissemination activities. I used my User Fellowship to develop and 'road test' ways of joining up research and practice.

Barriers to joining up practice and research

Practitioners working in the area of child health and health inequalities cover a diverse set of audiences. Fieldworkers and policymakers, for example, may have different models of health and different conceptual frameworks of health inequalities may guide their work. In addition, groups differ in their opportunities to shape agendas and to implement research. A clear need exists for researchers to take account of such differences and for dissemination strategies to engage with the challenges facing practitioners.

Above all, attention needs to be paid to the reasons why research is not implemented. These may be relatively difficult to tackle: for example, research has a poor image for some practitioners and this relates to a disillusionment with 'expert opinion'. Practitioners often point out that theoretical research neglects the realities of working in practice settings, uses needlessly obscure language, favours publication in inaccessible journals at the expense of professional outlets and that findings take too long to reach the field. Practitioners may also experience 'information overload' and complain that expectations placed on staff involved in joint working take them far beyond their previous remits. While this may motivate some to engage more strongly with research, for others it may become an added burden to already overstretched workloads. The relationship of parents and children to research is even more problematic: groups may resent

giving up time to take part in studies if they are not acknowledged as an audience. This has led some communities to resist being cast as 'subjects in a goldfish bowl' and to adopt a wary approach to researchers. Of course, many of the issues raised above also influence research agendas. Often researchers complain about a professional reluctance to adjust their practice in the light of new findings and argue that some professional groups may be overly defensive. Many of the issues under examination are complex and multi-dimensional and may not yield 'easy answers'. Practitioners and community activists may also lack the confidence to reassess 'taken for granted' assumptions and established ways of working in the light of new findings.

The approach

My overall aim was to provide practitioners with a stronger evidence base for their work by acting as a link between the research team and practitioners. Over the duration of my Fellowship (April 2000-March 2001), I undertook a range of activities.

- *The database* An extensive database of national and local contacts was established building up from existing contacts and a trawl of activity across Scotland. This was a useful starting point for making contact with practitioners, networks, community groups and voluntary organisations. Additions have been made throughout the year as activities have developed.
- *Newsletters* The production and distribution of newsletters enabled access to a wide audience and drew in many working in remote settings. The newsletters included brief articles giving background information to the study and the policy context. They introduced the team, described the methods used in the study and discussed emerging findings from the interviews with children. The benefits of a child-friendly approach to working with children were also explored. Readers were also invited to contact the team if they wanted to hear more about the work. To date, two newsletters have been circulated to keep people up to date with progress. Practitioner feedback has been carefully monitored. The feedback suggests the newsletters fulfil a need which is not being met, that the content is relevant and accessible, that they reach out to a range of groups and that users are using them in a variety of ways. Examples of comments are given below.

Practitioner views on the Children and Inequalities in Health Newsletter

“ I will be circulating copies to health professionals... including school doctors, school nurses, health visitors, community dieticians and oral health educators”

“ The newsletter provides useful ammunition for us in making a case for our work to funding bodies”

“ The information will help us in planning our strategy for children”

“ This is helping us in trying to come to terms with the new set up”

“ The newsletter is useful in helping us work with colleagues in other disciplines to get a shared ‘vision’”

“ We will be using this as an example of good practice with our partner organisations”

- *Invitation to key contacts* A covering letter was sent with a copy of the first newsletter to a sample of individuals who were asked to distribute the newsletter in their own and related organisations. They were also asked to provide feedback on the distribution and the content of the newsletter. This ‘cascade’ approach was important in drawing practitioners into the dissemination activity and in building a framework for future discussion.
- *Articles and networking* Short articles on the study were published in a wide range of in-house journals, briefings, newsletters and magazines. Conferences, seminars and networking meetings have provided useful information, contacts and the opportunity to test out findings from the study. Themes explored at these inter-agency meetings have included the needs of vulnerable children, mental health, social exclusion, homelessness, community needs and children’s rights. The User Fellow has also participated in practitioner research networks which aim to raise awareness and understanding of the value of research.
- *Seminars* As a result of findings from the initial work, two seminars are being planned to take place towards the end of the Fellowship. One seminar will be a joint seminar organised with the Health Education Board for Scotland, the Convention of Scottish Local Authorities and the research team. This will target 100 key decision makers and managers within partnerships, voluntary organisations, health services and local authorities across Scotland. A second seminar will focus on 40-60 fieldworkers who are working directly with communities. It is being arranged in collaboration with the Highland Council, Highland Health Board, Highland Childcare Partnership and the Scottish Early Years and Family Network. It is hoped that a synergy will be created from these two events that will extend the dialogue for research and practice. A final newsletter will report on these events.

Concluding points and emerging issues

The activities I have undertaken to link research and practice have highlighted a number of issues.

Firstly, they have underlined the importance of communication networks among practitioners. There was, for example, some difficulty in reaching practitioners who are not already networked, although inroads have been made to this through the User Fellowship activities. In addition, one seminar is targeting rural practitioners. The project also highlighted communication problems within some organisations, with numerous requests for newsletters from practitioners working in the same organisation, building and even the same room. Overall, however, there was ample evidence that practitioners shared information across and within organisations.

Secondly, it is clear that taking research to practitioners in attractive forms is important in itself. The positive response to all the activities signalled that practitioners need and appreciate tailor-made forms of dissemination.

Thirdly, a two-way dialogue between researchers and existing and potential users of the research may yield more useful long-term advantages for both research and practice.⁴ Within the rapidly-changing policy context, fostering such a dialogue can yield important insights for both researchers and users of research. Practitioner organisations have already offered to investigate how best to continue the dialogue beyond the Fellowship.

A fourth question relates to the integration of findings from national research studies with other forms of information and data. Making connections between the dissemination of findings from national research with the work of in-house investigations, localised studies undertaken by practitioners alone or in collaboration with research bodies, health impact assessments, community plans and needs assessments may provide a wealth of useful and useable evidence on which to base future practice.

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References

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4. Roberts, H (1999) ‘Making research work: reflections of a User Fellow’, *Health Variations Newsletter*, Issue 4, July, 6-7.