NIHR South Tyneside Council Report

Research-informed decision-making: learning from each other to develop research capacity and activity within South Tyneside Council whilst harnessing the benefits of a wider regional research support infrastructure

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EXECUTIVE SUMMARY

There are some examples of research within South Tyneside Council (STC) with engagement being positive. However, this tends to responsive when approached by others for engagement but proactively instigating and undertaking research is less likely.

We used a mixed-methods approach with both quantitative and qualitative methodologies with a survey and focus groups involving STC officers as participants. In addition, we held a consensus development workshop to develop and finalised a research capacity toolkit incorporating a "road map of research support" that the organisation could utilise for help in improving research activity. Furthermore, a framework was developed that incorporates external inputs, activities, processes within STC and a series of recommendations surrounding this that could help improve outcomes and utilisation and engagement with research.

We found confidence and enthusiasm to be high amongst officers in relation to engaging with research activities and using research methods. However, definitions and use of research deviated away from traditional academic norms and NIHR definitions and were less robust with competency and capacity lacking in relation to these.

Lack of time, access to funding, the need for upskilling and training, communication and organisational research culture within STC and the wider research community were all identified as barriers engaging with and conducting research.

Our proposed research capacity tool and associated recommendations will guide the development of increased research activity within STC. It recognises the need for increased communication and links with external organisations and research partners with the council in-order to harness the expertise and research support that is available in the wider research community. External

investment is also recognised as an important lever for change in order that the council can develop and resource a research infrastructure including governance and ethics processes, development and adoption of a research strategy, a centralised resource for research and upskilling and training. A change in culture regarding research within the council and with external research partners and funding bodies is also central to this.

BACKGROUND

Health and social care organisations including local government face many challenges. These include an ageing population, more people living with long-term conditions and an increasing demand on services, coupled with ever-increasing scarcity of resources. Austerity and the consequent severe financial constraints, mean that local governments are facing deep cuts in public spending (1) and a situation where public health priorities may suffer (2). Under such circumstances, it is crucial that scarce resources are allocated and decisions are made in such a way to maximise effectiveness, efficiency and equity of services and so provide services that reflect local needs and priorities but ensure health and wellbeing of local populations are maximised. These challenges are especially obvious in the North East and North Cumbria (NENC), where health and social inequalities are higher and worsening (3). Residents, of already socio-economically deprived communities are facing significant disadvantages in relation to welfare reform, and now disproportionately suffer the effects of COVID-19 (4).

Given the challenges facing decision-makers in local governments, the need to utilise evidenced based approaches to aid local decision-making is crucial. However, decision-making within the context of local government is complex and involves multiple dimensions with elected members as the key actors playing a central role in decision-making. Hunter *et al.*, (5) highlighted key factors shaping the likely acceptability and utility of evidenced based or informed decision making in English local government settings. These being the need to take into account the importance of the wider organisational and cultural context of local government to ensure the take up and spread of the use of research to aid decision-making. Furthermore, ensuring committed leadership and engagement from elected members as well as officers was identified as being critical to success (6). Other challenges regarding the use of research findings and evidence are that the evidence base is often incomplete and contested. The use of tacit knowledge by local government officers and perceived limited applicability of the findings of large-scale studies to local communities can reduce the use of

research evidence. As a consequence, research evidence utilised by local government may take on a different meaning and only being seen as one factor amongst many that local government decision-makers may consider and include in their decision-making (7). Evidence informed decision-making involves integrating the best available research evidence with contextual factors including community preferences, local issues (e.g., health, social), political preferences, and resources (8).

Furthermore, the research infrastructure and support mechanisms for social care research in local government settings is improving but is still relatively fragile and has lagged far behind those within the NHS (9). The NHS has long since benefited from a well-developed research infrastructure which the establishment of the National Institute for Health Research (NIHR) in April 2006 to provide the framework through which the Department of Health and Social Care can position, maintain and manage the research, research staff and research infrastructure of the NHS in England as a national research facility. Given the focus of the NIHR on the NHS, research funded by them has tended to have a clinical and a biomedical focus. However, relatively recently, Adult Social Care has become a strategic priority for the NIHR with the introduction of the School of Social Care Research (SSCR) in May 2009. The School's primary aim is to conduct or commission research that will help to improve adult social care practice in England.

Case Study Site

South Tyneside is a compact geographical borough in the North East of England with a population of approximately 150,000 people. It has lower than average life expectancy and healthy life expectancy when compared to England and some of the highest rates of unemployment and poverty in the UK. There are also stark inequalities within the borough with a healthy life expectancy gap of nearly 18 years between some wards. To help address these significant challenges, the Council took the lead on the development of South Tyneside Alliance in 2017 to fulfil its duty to develop integrated

commissioning, join up health and care services and oversee £350m per year resource allocation to improve the health and wellbeing of local people.

There is existing engagement with research with South Tyneside Council (STC), with the Public Health Team securing funding to undertake a two-year evaluation of their Best Start in Life Alliance through the NIHR School of Public Health Public Health Practitioner Evaluation Scheme. Team members have been involved in bids to the North East and North Cumbria (NENC) Applied Research Collaboration (ARC) and the Director of Public Health is on the Operational Executive of the ARC and sits on the crosscutting theme of Inequalities and Marginalised Communities. The Public Health Knowledge and Intelligence Lead is an Associate Lead for Public Health Research on the NIHR Local Clinical Research Network (CRN).

The Public Health Team also supported access for a PhD student to use South Tyneside as a study site for research into the long-term impact of Universal Credit and an MPharm student to research the role of Health Ambassadors as their degree project. More broadly, the South Tyneside Alliance approach has been featured as a case study in evaluations by the Royal Society for the encouragement of Arts, Manufacturers and Commerce, the King's Fund, and the Local Government Association.

Building on these successes, South Tyneside Council would like to spread the undertaking and engagement with research across the council, particularly those that influence the wider determinants of health. An increase in profile of research and evidence-based policy making could aid strategies related to for example, health and wellbeing and economic recovery strategies related to COVID-19.

AIMS AND OBJECTIVES

The aims of this study were to co-create a research capacity toolkit to enhance the research infrastructure within South Tyneside Council and existing regional research collaborations, to ensure decisions are research informed and made in such a way to maximise effectiveness, efficiency and equity.

Specifically, we had four objectives:

1. To conduct a research needs assessment to explore the research needs and capacity of South Tyneside Council in relation to identifying, undertaking, utilising and applying research and evidence to aid decision-making. Thereby identifying existing research and analytical expertise and, identifying gaps for further development, collaborative support and training.

2. To explore how South Tyneside Council interacts and collaborates as an active member of existing research infrastructures both regionally and nationally, creating "a road map for research" for use by the council.

3. To synthesise findings and co-create in collaboration with the council, a research capacity framework building on existing platforms and gaps in the organisation related to research and its various components.

4. To produce a research capacity toolkit, incorporating a framework and "a road map for research" to aid utilisation of research via appropriate knowledge transfer mechanisms and to aid production of research.

METHODS

The methodological focus of this research was aimed at producing a collaboratively developed research capacity tool kit, with the aim of maximising the use of existing research and the generation

of research evidence in South Tyneside Council. This involved multiple methods with these being centred around specific work packages (detailed below).

For the purposes of this study, the definition of "research" closely relates to its academic classification. The survey conducted previously amongst this cohort defined research as "as a systematic evaluation that implements suitable methodologies to collect and arrange relevant data followed by analysis and interpretation of the data to assemble a body of valuable information. This excludes: audit; needs assessments; quality improvement and other local service evaluations".

WP1: Scoping exercise/research needs assessment to explore and scope the research capacity needs of South Tyneside Council (Objective 1) using focus groups, survey and documentary evidence review.
WP2: Development and Co-creation of a research capacity toolkit (Objectives 2 & 3) using findings from WP1 and a consensus development workshop.
WP3: Production and refinement of the research capacity toolkit (Objective 4).

Each of the methods utilised are detailed below.

Survey

The survey was designed to investigate the attitudes of employees within the STC towards research, both participating in research and using research within their roles. All 2,881 STC employees were invited to take part by completing a self-assessed survey and/or attend one of several focus groups.

Survey Instrument

The Local Government Associations' "Survey of research capacity in local authorities" was utilised and adapted for the purposes of this study (10). The survey questions were formulated and

submitted to the steering group for discussion. A pilot survey was then conducted over the course of a week with subsequent amendments made. The adjusted survey was sent to all 2,881 employees within STC via by email on 23/11/20. Reminders were sent out on 30/11/2020. The survey was closed on 04/12/20 with a total of 124 STC staff responding. 31 of these members of staff agreed to take part in the focus groups.

Measures

The first nine questions of the survey asked participants to identify details of their employment using closed ended categories. Details regarding their service areas/divisions and sub-service areas was requested in addition to whether they worked full or part-time and if they had permanent or fixed term contracts. Details of employment grade of staff was also obtained (from senior manager to apprentice) along with highest level of qualification (from none to PhD). Finally, there were two questions relating to time worked in the local council and time in current role. These questions were deemed important to try and evaluate if there were any trends in research engagement and use relating to different employment characteristics.

The following six questions of the survey measured employees use and knowledge of research and confidence in using research using a series of Likert scales. Participants were asked how likely they were to undertake or use various research activities in their current role on a five point Likert scale (very unlikely to very likely). How confident participants were in undertaking these research activities was measured on a five point Likert scale (strongly disagree to strongly agree). Their self-confidence in undertaking these research activities. Research methods training in individuals was explored using a set a non-mutually exclusive closed answer statements. The use of specific research methods in current role was explored by a series of research methods statements and associated four point Likert scale (never, rarely, sometimes and often) along with their confidence in using each of these measured on a five point Likert scale (strongly agree to strongly disagree). Views

surrounding barriers and enablers to engage with or undertake research was explored using a series of statements with associated five point Likert scale (strongly disagree to strongly agree) as was the likelihood in developing research skills in the next twelve months.

Data Analysis

Frequency counts and percentages were conducted for all survey items. In particular, the distributions of the participants by service area, employment category and qualification level were also calculated. In terms of service area/ division, grade of employment and their highest level of qualification it was decided to collapse these data into three possible categories for analysis. For service area, participants were grouped into "Children, Adults and Health", "Regeneration and Environment" and "Business and Resources". For employment category, participants were grouped into "Employee", "Manager" and "Senior Manager". For qualification level, participants were grouped into "Below degree", "Undergraduate degree" and "Postgraduate degree".

The frequency counts and percentage of responses for each level on the Likert scales were calculated for each item within the six questions that measured employees use and knowledge of research and confidence in using research.

The Likert scales were transformed into continuous variables by assigning a number to each level, with 1 being the lowest level ("Very Unlikely", "Strongly Disagree" or "Never"), and each level increasing the number by one. Having assigned a value to each Likert response, the items within each question were summed to produce a collected score for each participant for each question. Forward stepwise linear regression was used to examine employees use and knowledge of research and confidence in using research (with transformed continuous dependent variables) (11). Covariates chosen as a priori were employee's service/division area, employment grade and highest level of qualification level. Forward stepwise linear regression begins with the empty model (a

model with no variables within it, only the intercept) and adds the variables in one at a time, starting with the "best" variable – "best" for this analysis being defined as the lowest p-value. Once the model no longer improves by adding more variables, the regression stops. For this analysis, the variables do not improve the model if they are not statistically significant (they do not have a p-value<0.05). All statistical analyses were carried using SPSS version 26.

Focus groups

The qualitative method of "focus groups" was used to understand the context behind the quantitative data gathered regarding the research capacity within the STC and to have a deeper understanding of employees' experiences and perspectives in relation to engagement and use of research in context. Where appropriate, qualitative analysis provides the gateway to gather in-depth rich data that enhances quantitative data (12). Focus groups were preferred over one-on-one interviews. This was because of the dynamic environment that focus groups can potentially create by mixing participants. It stimulates conversation and thinking that leads to more information being revealed. This type of flexible rapport is less likely in one-on-one interviews or other methods (13) This is especially essential when exploring new areas of research where little evidence may be present (12).

Data collection

Thirty-one of the 124 participants agreed in the survey to participate in the focus groups. Six focus groups were held. A "Doodle poll" was sent out to the 31 participants so that they could be allocated to a specific focus group. Composition and allocation were based purely on availability which led to each group having a mixture of participants from different service areas, employment categories and level of qualifications. This would represent the diversity across the organisation. Invitations were sent out via email. Participants were informed that all focus groups would be conducted online via Microsoft Teams and Zoom. All participants that accepted the invitation gave consent to being video

and audio recorded. They were informed that full anonymity would be assured. Subsequently, a total number of 20 participated in the focus group out of the 31 invited. Two participants from "Business and Resources", eight participants from "Children, Adults and Health" and ten participants from "Regeneration and Environment" attended. Reminders were sent to participants closer to the focus group dates. Most focus groups had an average of three to four participants. One focus group had 5 participants while another planned focus group was conducted as an individual interview following last minute cancellations.

The aim of the focus group was to expand upon and provide further exploration into the findings of the survey data. Topics were discussed amongst the four researchers conducting the focus groups as well as the steering group committee. The main topics explored were:

1. **Definitions, use and value** of research within their role
2. **Barriers** to how research is being used within their role
3. **Opportunities** for changes and improvements towards a research

The focus groups were conducted over one hour with one facilitator and two assistants present. The facilitators were able to do an introduction and propose the main topic. Questions were not presented verbatim rather that open-ended questions allowed for the expansion from one topic to the next. The facilitator was able to establish, guide and direct the transitions between topics as well as investigate further into specific comments. The assistants were present to familiarise themselves with the audience for transcription and to note emerging themes.

Data analysis

All focus groups were audio recorded and transcribed verbatim. Four researchers openly and independently read and coded the transcripts. All transcripts were double coded. A constant comparative approach was used to isolate broad themes and expose sub-themes (14). These emerging themes and findings were summarised using the thematic framework analysis steps (12).

They were compiled by each researcher and compared against those complied by the other researchers. The themes and sub-themes were discussed and analysed amongst four researchers to establish higher reliability of interpretation. The interim results were presented to the steering group for consensus.

Documentary review

Documentary evidence was requested from STC regarding the development and research and its use across the organisation.

Consensus development workshop

A consensus development workshop was held in early 2021 via Microsoft Teams. The members of this workshop consisted of members of the research team and the study steering group and therefore included officers from STC. This facilitated a group approach of multiple experts to share ideas to form consensus on issues to be included in the research capacity toolkit with issues ranging from appropriateness of activities and processes to research agenda development.

Research ethics

Research ethics was obtained from the University of Northumbria.

RESULTS

Survey Results

The response rate for the online survey was 4.30%, details of all survey responses are presented in appendix one. Data was collected from 124 participants. Fifty-one participants were employed in "Children, Adults and Health" service area (41.4%), 31 participants in "Regeneration and Environment" (25.0%) and 42 participants in "Business and Resources" (33.9%). Most of the

participants were in the “Employee” employment category (60.5%) with 35 in “Manager” (28.2%) and 14 in the “Senior Manager” (11.3%). The majority of participants had either an undergraduate degree (42.7%) or post graduate degree (29.8%) as their highest level of qualification with 34 participants having “Below degree” (27.4%). See Table 1 below.

Table 1: Participant characteristics

Participant characteristics		n	%
Service Area			
	Children, Adults and Health	51	41.3%
	Regeneration and Environment	31	24.9%
	Business and Resources	42	33.8%
	Total	**124**	**100%**
Employment Category			
	Employee	75	60.5%
	Manager	35	28.2%
	Senior Manager	14	11.3%
	Total	**124**	**100%**
Qualification			
	Below Degree	34	27.5%
	Undergraduate Degree	53	42.7%
	Postgraduate Degree	37	29.8%
	Total	**124**	**100%**

Likelihood of undertaking research activities

The majority of participants (77.4%) felt that they were either very likely (41.9%) or likely (35.5%) to use research to make informed decisions in their current role (Table 2). Fewer participants were likely or very likely to actively undertaking research that incorporates data analysis (49.2%). Over

half of participants (56.5%) felt that it was either very unlikely or unlikely that they would engage with research as a research partner. Similarly, 67.7% of participants felt it very unlikely or unlikely that they would commission research from external partners.

Table 2: Likelihood of undertaking research activities

Item	**n**	**Responses**									
		Very Unlikely		**Unlikely**		**Neither likely nor unlikely**		**Likely**		**Very Likely**	
		n	***%***	**n**	***%***	**n**	***%***	**n**	***%***	**n**	***%***
I use results from research to make informed decisions	124	11	*8.9*	10	*8.1*	7	*5.6*	44	*35.5*	52	*41.9*
I actively undertake research that incorporates data analysis	124	24	*19.4*	17	*13.7*	22	*17.7*	33	*26.6*	28	*22.6*
I engage in research as a partner	124	46	*37.1*	24	*19.4*	22	*17.7*	22	*17.7*	10	*8.1*
I commission research from external partners	124	66	*53.2*	18	*14.5*	15	*12.1*	16	*12.9*	9	*7.3*

Confidence in undertaking research activities

Confidence in using research results to inform decision-making was high with most participants (85.5%) either strongly agreeing (31.5%) or agreeing (54%) with this (Table 3). Confidence in undertaking research that involves data analysis was also high with 67.8% either strongly agreeing or agreeing with this. Although fewer people engaged in research as a partner as noted above in Table 2, more of the participants strongly agreed or agreed that they would have the confidence to participate in this area relative to strongly disagreed or disagreed.

Table 3: Confidence in undertaking research activities

Item	n	Responses									
		Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly Agree	
		n	%	n	%	n	%	n	%	n	%
Using results from research to make informed decisions	124	3	*2.4*	1	*0.8*	14	*11.3*	67	*54*	39	*31.5*
Actively undertaking research that incorporates data analysis	124	9	*7.3*	6	*4.8*	25	*20.2*	55	*44.3*	29	*23.4*
Engaging in research as a partner	124	13	*10.5*	11	*8.8*	46	*37.1*	40	*32.3*	14	*11.3*
Commissioning research from external partners	124	18	*14.5*	24	*19.4*	48	*38.7*	20	*16.1*	14	*11.3*

Research methods used in current role

Over half of participants reported that they sometimes or often engage with each of the research activities presented in their current role (Table 4). Participants engaged with data collection and management and data analysis the most (71.8% and 62.9% respectively). Lowest areas of engagement were for consultation and engagement activities, audits and designing research/data collection tools (50%, 50.8% and 56.4% respectively).

Table 4: Research methods in used in current role

Item	n	Responses							
		Never		Rarely		Sometimes		Often	
		n	%	n	%	n	%	n	%
Designing research/data collection tools	124	29	*23.4*	25	*20.2*	49	*39.5*	21	*16.9*
Data collation and management of data	124	11	*8.9*	24	*19.4*	43	*34.7*	46	*37.1*
Data Analysis	124	22	*17.7*	24	*19.4*	43	*34.7*	35	*28.2*
Use of literature and/or literature reviews	124	20	*16.1*	35	*28.2*	39	*31.5*	30	*24.2*
Communicating research findings	124	22	*17.7*	27	*21.8*	45	*36.3*	30	*24.2*

Consultation and engagement	124	36	*29*	26	*21*	40	*32.3*	22	*17.7*
Audits	124	32	*25.8*	29	*23.4*	38	*30.6*	25	*20.2*

Confidence in undertaking research methods

In general, confidence was higher relative to a lack of confidence in undertaking all specified research methods. Confidence was the highest in undertaking data collation and management activities with 73.4% either agreeing or strongly agreeing and lowest in undertaking audits with 50.8% of participants reporting that they strongly disagreed or disagreed that they had confidence in this (Table 5).

Table 5: Confidence in undertaking research methods

Item	n	Responses									
		Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly Agree	
		n	*%*	n	*%*	n	*%*	n	%	n	*%*
Designing research/data collection tools	124	11	*8.9*	12	*9.6*	28	*22.6*	61	*49.2*	12	*9.7*
Data collation and management of data	124	7	*5.6*	8	*6.5*	18	*14.5*	67	*54*	24	*19.4*
Data Analysis	124	7	*5.6*	11	*8.9*	29	*23.4*	56	*45.2*	21	*16.9*
Use of literature and/or literature reviews	124	8	*6.5*	8	*6.5*	23	*18.5*	63	*50.8*	22	*17.7*
Communicating research findings	124	9	*7.3*	8	*6.5*	18	*14.5*	67	*54*	22	*17.7*
Consultation and engagement	124	12	*9.7*	13	*10.5*	24	*19.4*	60	*48.3*	15	*12.1*
Audits	124	14	*11.3*	16	*12.9*	31	*25*	49	*39.5*	14	*11.3*

Barriers and enablers

Despite high levels of interest and motivation (79% strongly agreed or agreed with this statement) and confidence in engaging with and undertaking research (66.9% either strongly agreed or agreed with this statement), the biggest barriers to this was lack of time. There were more neutral responses regarding having access to research training, funding and research being a departmental priority (33.1%, 33.9% and 33.9% respectively) possibly due to lack of knowledge regarding these issues (Table 6)**.**

Table 6: Responses to the trait “Barriers and enablers"

Item	n	Responses									
		Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly Agree	
		n	*%*	n	*%*	n	*%*	n	%	n	*%*
I am interested/motivated	124	0	*0*	3	*2.5*	23	*18.5*	61	*49.2*	37	*29.8*
My employer/line manager encourages and is supportive	124	4	*3.2*	5	*4*	33	*26.6*	49	*39.6*	33	*26.6*
I have access to research training	124	17	*13.7*	35	*28.2*	41	*33.1*	23	*18.5*	8	*6.5*
I have the budget/have access to funding	124	30	*24.2*	35	*28.2*	42	*33.9*	8	*6.4*	9	*7.3*
It is prioritised in my role or in the department	124	21	*16.9*	26	*21*	42	*33.9*	24	*19.3*	11	*8.9*
I have the confidence or understanding	124	2	*1.6*	5	*4*	34	*27.4*	60	*48.5*	23	*18.5*
I have the time	124	20	*16.1*	38	*30.6*	41	*33.1*	17	*13.7*	8	*6.5*

Developing research skills in the next twelve months

The likelihood of undertaking research skill training of any kind in the next twelve months was felt to be less likely rather than likely for all types of training. Engagement with a degree/MSc/post-doctoral training was deemed the most unlikely with only 8.8% of participants either strongly

agreeing or agreeing to this. Engagement with on the job training or personal upskilling was deemed most likely with 33.9 % strongly agreeing or agreeing to both of these activities (Table 7)

Table 7: Responses to the trait “Developing research skills"

Item	n	Responses									
		Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly Agree	
		n	*%*	n	*%*	n	*%*	n	%	n	*%*
As part of a degree/MSc/post doc	124	63	*50.8*	32	*25.8*	18	*14.5*	4	*3.3*	7	*5.6*
As part of CPD training	124	33	*26.6*	28	*22.6*	32	*25.8*	26	*21*	5	*4*
As part of on-the-job training	124	24	*19.4*	25	*20.2*	33	*26.6*	30	*24.2*	12	*9.6*
As part of personal upskilling	124	23	*18.5*	29	*23.4*	30	*24.2*	29	*23.4*	13	*10.5*

Relationship between emolument characteristics and outcomes

Forward stepwise linear regression was used to examine the relationships between the employment characteristics of participants (in terms of service area/division, grade of employment and highest level of qualification) and their use of and confidence in undertaking various research activities and associated methods, barriers and enablers of research and likelihood to develop research skills in the next twelve months.

Table 8 shows the results of these and regressions and the employment characteristics that had a statistically significant effect on each dependent variable.

Table 8: Statistically significant employment characteristics for each dependent variable

	Statistically Significant Variables	β	se β	p
	Employment category: Manager	3.021	0.852	0.001

Likelihood of undertaking various research activities	Employment category: Senior Manager	3.992	1.212	0.001
Confidence in undertaking various research activities	Qualification: Postgraduate degree	2.219	0.658	0.001
Likelihood of Research methods used in current role	Employment category: Manager	4.596	1.035	0
	Employment category: Senior Manager	4.739	1.472	0.002
Confidence in undertaking various research methods	Qualification: Postgraduate degree	2.599	1.214	0.034
Summed score for "Barriers and enablers"	None	N/A	N/A	N/A
Summed score for "Developing research skills"	Employment category: Manager	2.026	0.772	0.01

β is the coefficient for this variable in the regression. It shows the importance of the variable, so the bigger the value the more important the variable

se β is the standard error of the co-efficient. It shows the variability of responses. The larger this value then the more variability there is between respondents.

p is the probability that the variable not different from 0 (i.e., no effect). The smaller this value then the stronger is the evidence that this variable is predicts being confidence in undertaking various research activities

Employment category: Being a manager was the most common predictor being statistically significant for likelihood of undertaking research activities, of using research methods current role and developing research skills in the next twelve months. Being a manager predicts a higher valued response in all three areas with p-values <0.05.

Being a senior manager was also a statistically significant predictor of the Likelihood of undertaking research activities and the likelihood of using research methods in current role with P-vales < 0.05. Holding a postgraduate degree was also a statistically significant predictor of self confidence in both research activities and research methods with a p-values<0.05.

There were no statistically significant predictors of barriers and enablers to engage or undertake research.

Survey results summary

The majority of participants had either an undergraduate or a post graduate degree (72.5%) with most of them being employees (60.5%) the remainder either being senior managers or managers (39.5%) with representation from all main service areas.

Generally, likelihood of engaging with research activities and use of research methods in participants current role was high as was confidence in undertaking these. Research activities included various ways of engaging with research including use of data in decision-making and commissioning research with external partners. Research methods specified included key elements of the research process including designing research to data analysis and communication of findings.

Interest in and motivation to engage with research was high (79% strongly agreed or agreed with this statement) with the biggest barrier being lack of time (66.9 either strongly agreed or agreed). The likelihood of undertaking research skill training of any kind in the next twelve months was felt to be less likely rather than likely for all types of training.

Being a manager or senior manager was a statistically significant predictor of the Likelihood of undertaking research activities and the likelihood of using research methods in current role. Holding a postgraduate degree was also a statistically significant predictor of self confidence in both research activities and research methods.

Focus group results

Definitions, use and value of research within their role

The focus group participants were vague in their definitions of research and their understanding of research methodologies. Views about the prevalence of research activity varied greatly with participants reporting that the council conducted little/no research activity and others reporting frequent research. Typically, however this research activity was defined as non-systematic 'searching

for evidence' and therefore with much of the focus being on secondary research with primary research being limited to customer satisfaction surveys and prospective quality improvement strategies.

"I think research is about …. roundabout [sic] looking at patterns and themes and trends and using it to either avoid doing something because it's a disaster or using it for, in the good way so you know, looking at sort of good practice. How to develop things for the better".

"Research to me is the understanding of our highways network and how we can improve it, whether that's looking at the existing data sets that we own or asking members of the public and analysing their responses, that's what it means to me. And it has to be bigger, better and stronger to make smarter decisions rather than spending hundreds and thousands of pounds on useless bits of stuff we never use".

"[…] best ways about might be anything from surveys that was conducted around what kind of business support that they need, but also in a lot more of an informal way using feedback from our staff. For instance, staff within our business centres who have their ear to the ground"

"I think it's very, very rare that I would undertake any sort of, what you would say primary research".

How research is being used

Participants typically reported that research was useful in the council to provide supportive evidence in decision-making, understanding best practice, knowledge translation, identifying needs and evaluation of services. It was apparent that the use of secondary research was the popular choice and used for situational needs to find answers based on a broad notion of what was deemed credible. Views surrounding what constituted evidence was much wider than traditional secondary sources. Government policies, national guidelines and evidence-based academic research outputs

were all utilised for the above and their sources ranged from NICE guidelines to PHE for public health to Conservation Evidence for habitat preservation guidelines to Department of Transport reports for highways.

"[….] I will sort of have a well-worn method of looking at what national policy is, what our own policies are, what our own performance is, how it compares with others nationally, locally and within our sort of subsection of similar authorities. And also to research good practice in whatever particular area that is [sic]…so the sort of research I do is very general".

"I think within my role we use research a lot, mainly and predominantly around when we're [reviewing our practice] looking at child safeguarding practice reviews or safeguarding adult reviews".

Secondary research evidence was also useful as a platform for communication of findings to audiences in plain English summaries and was used for knowledge transfer between colleagues, councillors, and council members.

"And in some respects, we all have to take research, secondary research and turns out [even if] we don't use it [or] report it, we also need to be able to present it to councillors and members or other officers [in a way] that makes sense and easy to understand. The trouble is that a lot of research, it isn't easy to understand".

Value of research

The value of research and its potential value were acknowledged across most focus groups. It was implied amongst their conversations that research was appreciated because it facilitated the efficacy and effectiveness of outcomes to society and provided to pathway to continuous improvement, development, and advancement.

"I can think back to the times we didn't have 'stop smoking services' – in the year 2000 we had a

variety of different approaches to help people quit smoking, which were things like hypnosis, counselling, hypnotherapy – we didn't know a psychological approach in most cases leads to most people having a successful quit attempt – it was only the research that took us to the point of understanding. So the research becomes evidence and evidence becomes informed interventions".

However, as mentioned above, perceptions of what constituted as a reliable secondary evidence base deviated away from traditional research norms. Participants found large national datasets, guidelines and policies had limited value due to the perceived lack of transferability of findings to the local setting. Views were the same for the value of peer reviewed journal articles. This led to most research not being useful because of its finding being so far away from local practice, sometimes outdated and not malleable towards many situations. Participants would be more likely to use locally conducted research because of its relatability. This is clear indicator that research conducted on-site could possibly be accepted favourably by users.

"So when we did that program, we had to do some testing, to test whether was locally acceptable. Because evidence was that it worked but did it have a high level of local acceptability. And at the end, it did but it did have some teething issues. So that translation is not that straight forward - sexual health is a good example. A lot of the research is based down London and London and South Tyneside are quite different areas in lots of respects. So again it's a lot about contextualising to a local area".

"I don't know, maybe because they're very good at what they do. Their reports are easy to read, they give you lots of pointers and, do inform your practice so well, so those were really, really good. But I think it was to do with whether they've got the right people doing the research and really understand and get behind what translate well".

"Getting both [local and national] data is important – getting that local information is crucial to know what's going on the ground but some of the sample sizes are small and we don't know if it's

representative in our industry. We also record anecdotally what's happening and report it up to the government. I think X does some of that too with regional work for transport. I think that's a key activity as well. But you have to have a mix of different approaches and methods".

Barriers to how research is being used within their role

Competency and capability of the workforce

Competency skills in being able to approach and conduct research confidently and successfully varied across the cohort. Some skills from university training were brought forward but it was not implied that specific knowledge and skills relevant to research could be applied competently by participants to select between methodologies for a research question.

"I would say mine are extremely rusty now on how to actually do any formal research like a research project".

Most participants reported they found academic research difficult to access and understand. Within social care in particular, there was a sense that published academic research was focused upon health with less relevance to their area of practice. This was reported by participants to limit their ability to use research to inform their work or to present as evidence to decision-makers.

"I think it's generally public health that would use those skills. I don't think it's a great deal else of it going on around. I might be wrong, that's my perception".

While the participants were keen to build on their knowledge, they were uncertain whether this would be supported by the council. Managerial support for the development of research knowledge and skill was inconsistent and dependent upon the individual manager's approach to professional development, rather than prioritisation of research as a necessary activity.

Where research was identified as necessary within specific areas of the council, this was outsourced to external firms and the missed opportunity of in-house skill use was apparent. This compounded the view that research was 'not their responsibility'. Many participants felt that they were used as data resources, leading to skills drain and a lack of translation into practice.

"If you are bringing outside people in to do that, when you've got that team there that's so passionate about what they're doing. You are going to miss a lot I think yeah".

"[…} I don't think there's been too many research skills being developed in the council because, you know if there was anything substantial, then it would immediately go over to a consultant".

Capacity

Time and capacity resonated throughout all focus groups and all departments that participated, as a substantial barrier to research activity. Whilst participants recognised the potential of research to benefit their practice, other activities which were viewed as being more central to their role were consistently prioritised. Participants highlighted heavy workloads within roles where research was not considered a priority.

"But I would love to have time [to do] research and look at even my own case – "Alright, OK, what am I getting, why am I getting a lot of people at the moment for domestic violence. Why is that - Is it due to Covid, is it due to isolation".

"Well, other than the cultural thing, I think the other thing is capacity because people are too busy trying to bail the water out of the boat without trying to find the hole".

Research culture

Importance and relevance of research did not appear to dominate within the organisation's general ethos. The public health division was considered by the participants to be the specialists towards research while in other divisions it was deemed more peripheral and less of a priority. Participants implied that any research that was conducted in silos with little or no knowledge transfer across the wider organisation.

"I think internally, knowing who has access to what and how we can work together to use those sources of information which was breaking down the silos but I don't know what those channels of access and staff and data would be without having that conversation over a desk or being in a forum like this at the moment, I think certainly in our service would struggle to know who and what would be the best route to go down".

Allocation of resources towards investing in competencies and capacities of people for research was generally not portrayed as a priority within the individual departments of the council. It was noted that several years ago, some resources were available however these roles have since been dissolved and the need for in-depth research across any capacity appeared to have been outsourced. Now, the use of secondary research is more encouraged to reach the same results.

I think there's too much of a culture there of thinking 'well, if we can get away without doing that research and still make the decision', senior management will tend to opt for that rather than you know, sort of do that research. Because we're presuming in a way, I think for a lot of us, with our projects we are presuming that we know what the answers are. We're presuming we're going to know what the customers want…[…]".

Participants doubted if managers would see the research as being a necessary component within individual roles. A few participants implied towards some colleagues/mangers showing resistance to change and being happy to continue following the routes they had been set from the start.

"Also, with evidence you have to be careful as it can backfire. Sometimes people are not interested in what the evidence says – they are interested in their own experiences quite often".

"I tend to find that more officers are more amenable than others. My point of view is that there is a generational gap – not necessarily between young and old but more a case of who has spent a lot of time in the local authority and who's been a bit long in the tooth – they are a bit more silo driven".

Support structures for research

There were no formal support structures in place for research within the organisation. Most support was informal and limited to verbal communications within each division/department with little or no sharing of knowledge across other departments. Lack of a research "lead" meant that there was no "go to" person to mediate more formal avenues or to get research information from. This led to some instances of duplication of work and missed opportunities for collaboration. There was no mention of guidance or policy in place regarding research skills, its governance and application. Roadblocks towards research was also commented on. In particular, the governance behind research (e.g., GDPR, ethics) was considered new and complex which led to some being reluctant to participate.

"I don't know if anyone else finds this really rigorous information governance process, where for our service that one extra question or that one extra query on a data return or an enrolment form would actually transform how we could deliver service but because it's not a statutory return there's often a lot of resistance to collect in that, in the first place".

"In terms of some of the work that I'm looking at mainly around those kind of local health profiles […] and emergency admissions, if we could drill down some of the information […] details around the admissions […], but it's just tying to link and all of that together, that would be really helpful. That would be a really good piece of research to do. But we don't know where to start or who to ask".

Links to external organisations/partners that can offer research support was minimal largely due to the lack of awareness of their existence. Any external links that were formed were informal in nature and tended to be coincidental and were used mostly to share and borrow information (e.g., other local governments, universities etc.). These were established via networks that longstanding staff members had nurtured over time.

"So I'm sort of quite heavily reliant on other people, so it is a lot of the time, it's more like a networking job to know who to talk to. And I've been doing this for about 20 years, so I built up quite a bit in network, so I know generally either who to speak to or I know someone who will know who to speak to give us the information in the format that we need".

Opportunities for changes and improvements

Culture shift

Throughout all focus groups, there was a resonating theme of needing a dramatic cultural shift, especially from senior management towards prioritising research.

"and that goes back to what Y said, where it needs to come from the top and they need to value what research could bring them. Even if it's a headache".

"[If] senior leadership shows that actually research is a really important element of all of our jobs, and that we should be allocated time to be able to do research, and that would be really effective, I think".

"I think for me that there needs to be, really from the top, because it can only come from the top, but a real desire to continuously improve because research fed into a business informs future decision…[…]".

Staff need to be encouraged to be more research active with being prioritised and supported by senior management. A few suggested finding enthusiastic staff capable of breathing new life into research in the organisation and possibly finding research "leads" within departments.

"You need that bit of background knowledge. I guess [an] Officer needs [it] themselves don't they? But I think someone within [the organisation] and it may be the information team that has that reach that we know we can go to, to either help set up the survey, to advise on what's the best way to collect that information and help with that".

Many advocated for a hospitable environment towards research where they would be encouraged to spend time on it and develop it.

"if you're going to get really productive, effective research, you have to be given the time and support to be able to do that. They can't just say kind of [sic] or want you to do that but just do like half a job, but that's no good. You're not going get what you want because you're just going to be doing it half-heartedly and that's you know it has to be given the kind of profile high profile it deserves".

"I was going to say, not only time to actually conduct research, but also time to not conduct research, time to think. Because I feel like, like a lot of people Are so overworked, […] and never having the time to go "what have I been doing? What was interesting? Is that the same?".

Skills, people, and support

Participants in all focus groups felt that upskilling and training was required as they lacked confidence and felt their skills were "rusty" and outdated. The confidence to successfully select appropriate research methodologies would provide more depth to their roles.

"OK, it could be, say, being able to structure the research questions in the right format, in the right way to be able to get the exact information that we're looking for…so that could be the sort of training on tools that I would need to do that?".

"But if you went out and said "think of a question, think of area" that's going to take a little bit longer or it's

going to take a little bit of consideration to think "Right, well what questions would get us the most responses to give us a good enough sample". It's that kind of, it's that difference in situation that I think would make it a different length".

While it was appreciated that resources are limited, participants commented that investing in people would be beneficial to the organisation in the long run.

"But for me it's about empowering for staff to be able to be given the time, the support, the skills to be able to undertake research and not just doing it for the sake of doing it. So doing it with a real clear focus of what you're meaning for what you want the outcome to be to be, but really specific to what Y has said and kind of implement learning and take that on board because you will learn as you go along. But to be creative".

"We need to invest in our people. There's a lot of really kind of skilled people already who work for the local authority, and if they are given the time and the support".

Relationships and communication

Improvement of internal relationships and communication would lead to better understanding of how departments could collaborate instead of one department solely being involved in research. Having a designated research hub and/or department would aid breaking down of silos and would lead to further engagement in research for all staff and promote more collaborative work.

"[…] relationships and at the end of the day making the connections – trying to reach out and trying to make a case for doing a joint piece of work [sic] and to separate out the different agendas of wellbeing and health and economy [or other departments]".

"I'm thinking about the health agenda and thinking about the ecology agenda. There's a lot of there is research out there that suggests that having access to nature, being out in nature actually helps with people's mental health and wellbeing. Yeah, but those departments don't really work together […]".

Partnerships and knowledge regarding external partners were also considered valuable by most participants however most did not know where to start. Participants were eager and enthusiastic not to only be approached for data but also to be incorporated into the research journey from start to finish. As mentioned before, while these external partnerships (mostly informal) do exist currently, they appeared to be more on a nuclear level within departments where one or two people knew who to contact externally.

Summary of Focus Groups

Defining and understanding how research is used within their role

Definition of research was weighted more towards the use of secondary research. However, participants perceptions of what constituted high quality evidence deviated away from the academic norms with reliance on government policies and guidelines. Furthermore, any 'searching for evidence' was non-systematic.

Understanding and engagement with primary research was limited to satisfaction surveys.

Barriers to how research is used within their role

Most participants felt that the organisation did not give value and status to the importance of research and it was mostly a specialist area for Public Health.

The research within the organisation was conducted within silos and knowledge banks that not everyone could access. There was no research "lead" to co-ordinate research activities leading to lack of collaboration and missed opportunities across divisions and/or departments.

Time was identified as a major barrier within individual's capacity to engage with and undertake research. Participants did not have allotted time and was doubtful that it would be added to their roles.

The majority of participants felt their knowledge was outdated. While they reported that they were capable and enthusiastic about updating on deciding between research methodologies, they were unsure if upskilling would be encouraged by the organisation.

Opportunities for changes and improvements

Participants suggested there needed to be a shift in organisational culture regarding the value of research. This needed to be recognised by the executives and senior managers.

Participants felt that the establishment of a designated research hub and/or department would aid breaking down of silos and would lead to further engagement in research for all staff, promoting more collaborative work.

It was highlighted that formal internal and external links needed to be identified to improve cross collaboration and knowledge transfer regarding research.

Documentary review results

There was no documentary evidence regarding the development of research within STC. There were documents relating to research projects (past and present) that the Council had been or were currently involved in, but these were not kept in any centralised database or filing system; rather in the possession of the individuals who had been involved.

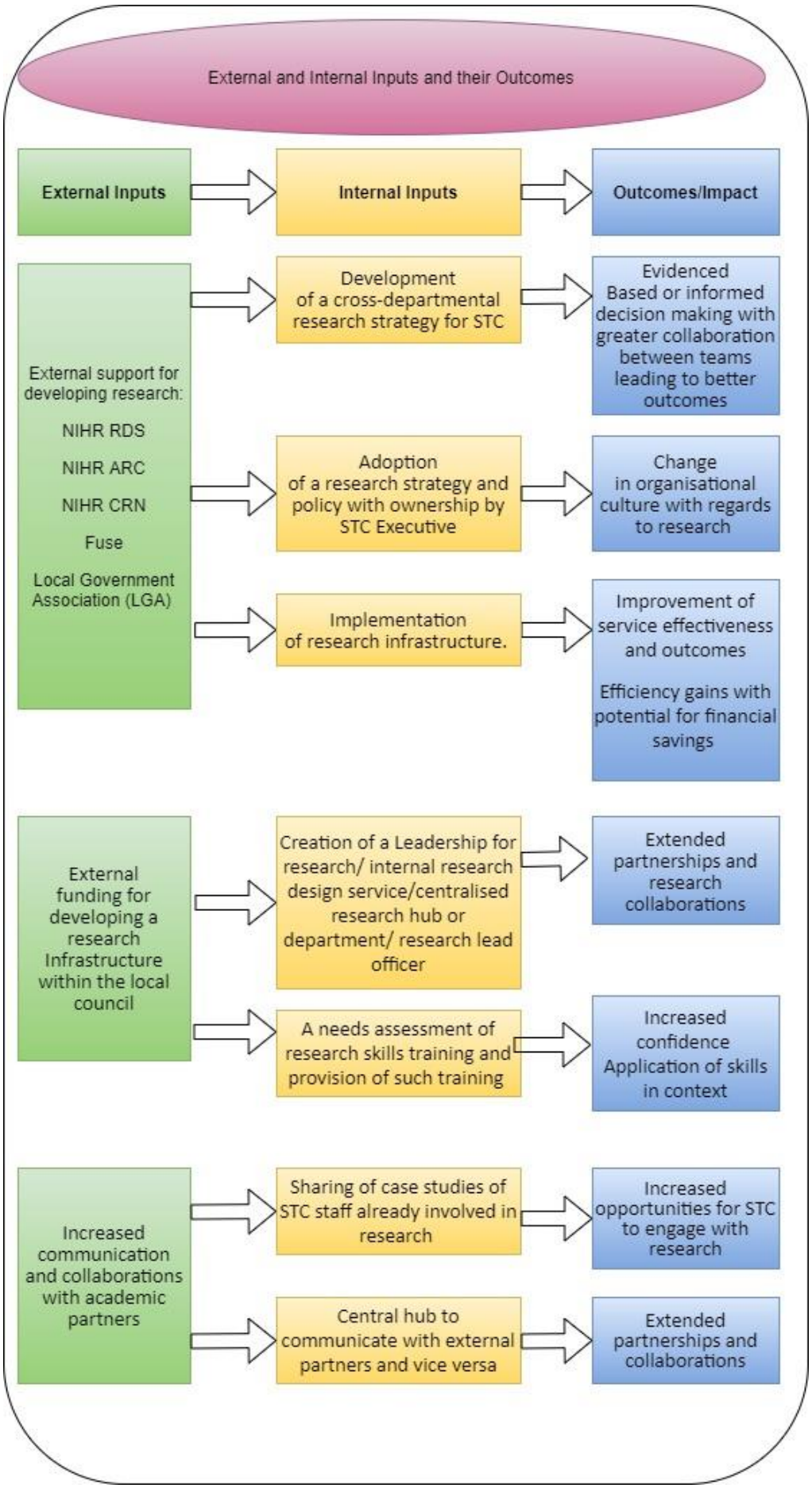
Consensus development workshop

A consensus development workshop led to agreement of what the research capacity toolkit should include and address. This was subsequently refined and sent out for final comments via email. The research capacity toolkit is presented below.

RESEARCH CAPACITY TOOLKIT, SUMMARY AND RECOMMENDATIONS

The research capacity toolkit is summarised in figure 1 below. This incorporates a research capacity framework identifying recommendations in terms of external inputs from outside STC and internal activities and processes within the organisation in order to achieve outcomes and impact. This also incorporates a research road map with further details specified below.

Figure 1: Research capacity toolkit


External and Internal Inputs and their Outcomes
External Inputs
Internal Inputs
Outcomes/Impact
External support for developing research:
NIHR RDS
NIHR ARC
NIHR CRN
Fuse
Local Government Association (LGA)
Development of a cross-departmental research strategy for STC
Evidenced Based or informed decision making with greater collaboration between teams leading to better outcomes
Adoption of a research strategy and policy with ownership by STC Executive
Change in organisational culture with regards to research
Implementation of research infrastructure.
Improvement of service effectiveness and outcomes
Efficiency gains with potential for financial savings
External funding for developing a research Infrastructure within the local council
Creation of a Leadership for research/ internal research design service/centralised research hub or department/ research lead officer
Extended partnerships and research collaborations
A needs assessment of research skills training and provision of such training
Increased confidence Application of skills in context
Increased communication and collaborations with academic partners
Sharing of case studies of STC staff already involved in research
Increased opportunities for STC to engage with research
Central hub to communicate with external partners and vice versa
Extended partnerships and collaborations

Road map for research

Improved communication is needed between STC and external organisations who can help and support in developing research in local government. This communication needs to two ways with STC reaching out to them and vice versa. There is a lack of knowledge within STC regarding the existence of these organisations, their remit and the support they can provide local government. Details of these organisations and contacts are specified below in a road map for research below:

NIHR Research Design Service

The NIHR Research Design Service (RDS) supports researchers to design high quality research proposals for submission to NIHR research programmes and other open, national, peer reviewed funding competitions for applied health or social care research.

The NIHR Research Design Service North East and North Cumbria (RDS NENC) is one of ten regional services that make up the national NIHR Research Design Service; it aims to increase the number and quality of applications for applied health and social care research that benefits patients and the public.

The North East and North Cumbria team includes experienced researchers with expertise in all aspects of applied health and social care research methods, including qualitative and quantitative design, statistics, health economics, evidence synthesis, clinical trials, public involvement, NHS acute care, primary care, public health and social care research.

Specifically, the RDS can offer the following support:

- designing a study
- research methods (qualitative and quantitative)
- identifying suitable sources of funding

- involving patients and public in research design
- identifying potential academic, clinical, small-to-medium-sized enterprise (SME) and public collaborators
- identifying and refining the research question
- medical statistics
- health economics
- advice on common pitfalls
- interpreting feedback from funding panels.

The RDS can help identify possible gaps in a research team and collaborators who can add value to research, including health and social care clinicians, policy makers, academic researchers, small-to-medium-sized enterprises (SMEs) and patients and the public.

The RDS can offer support tailored to the needs of a research team. Advice is available at face-to-face meetings, by telephone or email, at research clinics or as feedback from panel review meetings.

Contacts:

https://rds-nenc.nihr.ac.uk/

NIHR Applied Research Collaboration (ARC) North East and North Cumbria (NENC)

NIHR Applied Research Collaborations (ARCs) support applied health and care research that responds to, and meets, the needs of local populations and local health and care systems.

These 15 local partnerships between NHS providers, universities, charities, local governments, Academic Health Science Networks and other organisations also undertake implementation research to increase the rate at which research findings are implemented into practice.

The ARC NENC is a region-wide and responsive network of clinicians, public health and social care practitioners, commissioners, voluntary sector providers, researchers, and other professionals – all focussed on applied research and innovation to prevent illness, improve care, promote health and reduce health inequalities.

As a collaborative group, they work together with communities, to design, deliver and implement research that helps to achieve better fairer health and care at all ages and in all places.
The ARC NENC also works closely with regional and national research organisations, including other NIHR ARCs and NIHR bodies.

They offer a training and academic career development programme that aims to support and develop a strong network of researchers, practitioners and public partners involved in applied health and social care research across the North East and North Cumbria.

Contacts:

https://arc-nenc.nihr.ac.uk/

NIHR Clinical Research Network (CRN) North East and North Cumbria (NENC)

The NIHR Clinical Research Network (CRN) supports patients, the public and health and care organisations across England to participate in high-quality research, thereby advancing knowledge and improving care. The CRN is comprised of 15 Local Clinical Research Networks and 30 Specialties who coordinate and support the delivery of high-quality research both by geography and therapy area. National leadership and coordination are provided through the CRN Coordinating Centre.

The CRN enables high-quality health and care research in England by meeting the costs of additional staff, facilities, equipment and support services so that research is not subsidised with funding that has been provided for health and care treatments and service. The CRN also provides a vast range of national and local resources and activities designed to support health and care organisations, staff, patients and service users to be research active. These include specialist training, information systems to manage and report research, patient and public involvement opportunities and engagement initiatives, and communications expertise.

The CRN provides a Study Support Service that helps researchers and the life sciences industry plan, set up and deliver high-quality research in both the NHS and across the wider health and social care environment in England.

Contacts:

Administration Team

T: 0191 2823845

E: nencadmin@nihr.ac.uk

Academic Health Sciences Network – North East and North Cumbria – AHSN NENC

There are 15 Academic Health Science Networks (AHSNs) across England, established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth. Each AHSN works across a distinct geography serving a different population in each region.

The AHSN NENC is the regional body that connects NHS and academic organisations, local governments, the third sector and industry thereby creating the right conditions to facilitate change across the regional health and social care economies, with a clear focus on improving outcomes for

patients. It helps identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations.

Contacts:

enquiries@ahsn-nenc.org.uk

https://www.ahsn-nenc.org.uk

Tel : 0191 208 1326

Fuse- The Centre for Translational Research in Public Health

This is a virtual centre, currently operating across five universities in North-East England: Durham, Newcastle, Northumbria, Sunderland and Teesside. The expectation is that it's remit will widen to also include North Cumbria. Fuse's mission is to transform health and wellbeing and reduce health inequalities through the conduct of world-class public health research and its translation into value-for-money policy and practice.

Its three broad aims are to:

- Deliver world-class public health research
- Build sustainable capacity
- Build effective and lasting partnerships

Workshops, Seminars and research meetings are offered free of charge. By joining Fuse, it provides a platform to engage in world-class public health research, help build research capacity in the North East and support translation of research into practice through extensive (inter)national and regional networks and groups. Fuse is keen to link with everyone working to improve the health and wellbeing of the population. This invitation is open to local council staff.

To become a member of Fuse use the following link web address

http://www.fuse.ac.uk/getinvolved/joinfuse/

The Local Government Association

The LGA is the national membership body for local governments whose work focuses on supporting, promoting and improving local government. The LGA provides a range of practical support, on a free of charge and/or subsidised basis, to enable local governments to exploit the opportunities that this approach to improvement provides. This includes support of a corporate nature such as leadership programmes, peer challenge, LG inform (the LGA's benchmarking service) and programmes tailored to specific service areas such as children's, adults', health, care, financial, culture, tourism, sport and planning services. They also offer research and analytic services to help support local government officers.

Contacts:

Email: **info@local.gov.uk**

Telephone: **020 7664 3000**

Summary of findings

Our research showed that

- Local governments have an extensive range of evidence needs but that this is rarely underpinned by NIHR and academic definitions of research.
- There is a lot of interest and motivation in local governments for engaging in and conducting research but a lack of competence and capacity for doing so. Skills and confidence in research methods were high from survey but the focus groups revealed that there was disparity between how local governments defined research (as above) and the academic norms.

- Being a manager or a senior manager was a significant predictor of the likelihood to engage with research activities and research methods in their roles.
- Lack of time, access to funding, training and organisational research culture were all identified as barriers engaging in and conducting research.
- There were a few examples of research collaborations with external consultancies, academia, and the third sector but engagement was inconsistent, and often depended on existing links between individual researchers and local government officers.

Recommendations:

- **External funding to support a research infra structure within STC:** For local governments to proactively engage with, use and apply research, collaborate with research partners and or potentially lead research, external investment in a research infrastructure is needed. This includes funding for training and skills development, suitable information technology, staffing and the establishment of governance and ethics processes.

- **Increased communication and links with external organisations and research partners**: There is a need to support strategic and scalable opportunities to promote and facilitate research collaborations between local government organisations, local governments collectively, and centres of research excellence that can meet their evidence needs, using 'easy wins' to demonstrate the impact and benefit of such collaborations such as in public health or social care. There needs to be increased links with STC and the wider research community which typically sits within local academic organisations. Improving this would foster greater opportunities for engagement with and undertaking of research. Engaging with organisations that offer research support such as the NIHR organisations specified above will aid this, but it would still be helpful to have a centralised link from within STC with these academic partners. As local governments move towards working in Integrated Care

Systems and Health and Care partnerships consideration could be given to sharing NHS knowledge and skills in research and from Research and Development teams, understanding it is not directly transferable from the NHS to local governments.

- **Development and adoption of a comprehensive research strategy within STC:** It is imperative for the organisation to develop a comprehensive strategy regarding development of research and adoption by the Council as a policy with commitment from the executive. This should encompass and be relevant to every department within the Council and levels of employment grade of officers and should focus on cross departmental working where appropriate. It would be useful to include short, medium and long-term objectives with an action plan of how these will be achieved.

- **Implementation of a research infrastructure within STC**: A department or hub dedicated to research with a research lead for the organisation would provide a central dedicated resource for staff to utilise for internal support for development of research ideas and proposals. These may mirror something akin to the NIHR RDS or NHS or Commissioning R&D service but on a smaller scale with the Council having an internal RDS. Furthermore, a research Lead Officer to take responsibility for collation and dissemination of key information regarding for example, current projects and funding bids and updates of opportunities. Such a role could act as a conduit for communication and provide links with academia and collective research with other local governments. The research officer lead may well also be able to provide some internal training depending on skills and expertise.

- **Needs assessment and research training within STC**: Applied research methods training would facilitate the upskilling of employees. This could be provided for by a number of

academic organisations as continuous professional development (CPD) and may be accredited or non- accredited. This eventually could be offered internally by key staff members who have or have gained appropriate skills themselves. In order that any training meets the needs of the organisation and STC officers, a needs assessment of research skills might precede any training provision. It is possible that different levels of research skills training are offered to different officers according to their individual needs. Training could include the following (this list is not exhaustive):

- Defining research – what is it, why do it?
- Identifying a research question
- Research methods: Quantitative, Qualitative and Mixed Methods
- Primary Research – study design and data collection tools
- Secondary Research – locating data sources and critical appraisal
- Research Ethics & Governance – ethical principles, processes and practice
- Data Analysis - statistical skills, interview and focus group training
- Presentation of research

- **Action from research funding bodies:** There is also a need to draw in other research councils to ensure that their research agendas address local government evidence needs that lie beyond the expertise of social scientists, and to engage with the Council Research and Intelligence Association, the Department for Communities and Local Government, and other Government Departments.

- **Change of culture in both academic communities and STC**. Is needed and the development of more systematic approaches to achieving connectivity between them. The barriers to engagement are not insuperable but local government, the research community and research funders need to take action to:

1. Challenge existing cultures and mind sets;
2. Stimulate demonstration projects and learn from them;
3. Establish a web-enabled platform to better connect local government and research knowledge;
4. Encourage the co-production of research agendas and projects.

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