

Connecting Communities: Building Relationships

Improving Decision-making and Practice in
Public Health and Social Care Research by Making the
Connections between Cardiff Council and Cardiff University.

Final Report

Keith Bowen, Dan Bristow, Emma Taylor-Collins, James Downe

Contents

1. Summary	3
2. Context	4
3. Methodology	5
4. Findings	7
5. Conclusions	10
6. Recommendations	11
7. References	13
8. Appendices	14

1. Summary

The project explored the current level of research activity and evidence-informed practice in Cardiff Council Children's Services. It investigated, through three workshops and an online survey, the structures and processes required to improve performance in this area. It also considered what relationships and networks between Cardiff University and the Council are needed to deliver long-term change.

The project revealed a wide range of research use and evidence-informed practice undertaken by staff in Children's Services, but this was not always consistent or coordinated. There were few direct links with Cardiff University except individual staff undertaking postgraduate study. There was also little contact with regional or national level initiatives, such as those led by Social Care Wales.

There was, however, considerable enthusiasm to improve the use of research and evidence-informed practice among all levels of staff in Children's Services. They recognised the value of evidence in:

- Informing direct work with children and families (including assessments and reports);
- Supporting strategic reporting and service planning; and
- Incorporating 'good practice' within staff training.

Although there was little evidence of engagement with specific academic projects, there was significant interest in developing this in future, particularly on improving long-term outcomes for children and families, including health outcomes from pre-birth, the impact of Adverse Childhood Experiences (ACEs), and mental health. Improving links with Cardiff University were seen as vital to achieving this.

Familiar barriers to evidence use were identified: staff having insufficient time or capacity; the 'accessibility' of research findings; and the need for and role of training in helping staff to understand and incorporate research into practice. Increased collaboration between the Council and the University was seen as an opportunity to address some of these issues.

Several opportunities to build relationships and networks between Cardiff University and Children's Services emerged during the project. We recommend several 'quick wins' to take the agenda forward including setting up direct links between key Children's Services staff and University research centres such as [CASCADE](#) (Children's Social Care Research and Development Centre), [DeCIPHER](#) (Public Health Research Centre of Excellence), and [ExCHANGE](#), which brings leading researchers together with practitioners and service users to share expertise, research evidence and care experiences.

Achieving these 'quick wins' will support the role of key personnel, such as Principal and Consultant Social Workers, who have responsibility for improving decision making and practice in Children's Services, as well as strengthening peer supervision, training and quality assurance. Links made with Social Care Wales through this project should also be maintained to increase the engagement of staff in regional and national developments.

Building on these 'quick wins', we recommend that a steering group take forward further work and provide longer-term support to align research use and evidence-informed practice to the strategic aims of Children's Services and the wider Council. This will assist Cardiff becoming known as a site for cutting-edge research and practice.

The findings from this project suggest there is value in building on the emerging relationships developed and trialling new approaches to support knowledge co-production (such as embedded researchers, research champions, and co-producing small research projects). This will help to build a network to support sustainable research activity and ultimately lead to improved outcomes for children and families and have a positive impact on health inequalities.

2. Context

Improving decision-making and practice in local government by making connections with academia is a long-standing issue. The metaphor of 'two communities' of policy and academia has been used for over thirty years (Caplan, 1979), but this has been questioned by recent research. Some advocate for understanding evidence engagement as a spectrum rather than in binary terms (Newman, et al. 2016), and others describe the boundaries between research and policy as blurred (Wehrens, 2014).

There is a growing body of literature which sees local government, health, and academic researchers as research partners. Studies investigating the co-production of research have highlighted the benefits of partnership working in discovering new knowledge through dialogue (Frantzeskaki and Kabisch 2016), generating evidence that is used in practice and embedding new models of working (Miszczak and Patel, 2018). These findings have inspired our approach to this project, which aims to address the lack of empirical evidence on how and whether such approaches work (Cotterill and Richardson, 2010).

The barriers and enablers of the use of evidence by policymakers are well known. Several systematic reviews have concluded similar findings which illustrate that the main barriers to evidence use are the availability of and access to research; clarity and relevance of research findings; timing; policymaker research skills; and costs. Addressing these issues can facilitate evidence use, as can promoting collaboration and building relationships between policymakers and researchers (Oliver et al. 2014). The impact of austerity on local government capacity, combined with the effects of Covid-19, has added to existing challenges. Armed with this understanding and awareness that barriers/enablers will be context dependent, our project examined what changes could be introduced to build long-term relationships between Cardiff Council and Cardiff University.

In building these relationships, both the University and the Council will need to be open to change. The University needs to reward and facilitate policy-relevant research and academics may need to adapt their approach and increase their understanding of the local government context. For councils, there is a need to move beyond pockets of good practice where research-informed officers may work alone (Walter et al. 2004) to embed a culture across a service and ultimately the whole organisation.

Research has shown that interventions that take a passive approach to communicating evidence and to skills building, e.g. one-off training and communities of practice, do not generally have positive impacts. There is 'cautious' evidence of positive effects of interventions that change

structures to facilitate evidence-informed decision-making, such as through ‘evidence-on-demand services integrating push, user-pull and exchange processes’ (Langer et al. 2016). Two potential examples worth exploring are embedded researchers and knowledge brokers. While the evidence on embedded researchers is mixed (Cheetham et al. 2018), it is possible to outline key ingredients which can increase the likelihood of success including time to develop relationships, ongoing support, customised approaches, and opportunities for individual and organisational capacity development (Dobbins, 2009). Knowledge brokers can help to establish and nurture connections between researchers and practitioners and improve the quality and usefulness of evidence in decision making. They can also play a key role in helping develop research questions which are most likely to have impact in practice (WHO, 2004).

This NIHR project comes at an opportune time as it closely aligns with current Wales Centre for Public Policy (WCPP) research on evidence use in policymaking, how to get research evidence into practice, and a research theme on children looked after. The Centre’s innovative, demand-led model of knowledge mobilisation involves working closely with Welsh Government Ministers and leading researchers across the UK and internationally. WCPP has a strong interest in understanding what, if anything, is replicable from this model at the local level and examining other systematic approaches that could be introduced to improve connectivity between organisations.

3. Methodology

A project planning group was established involving the research lead from Cardiff Council and representatives from WCPP and Social Care Wales. The group helped to scope the project, develop the research questions, and design the format for the online workshops and survey.

The Cardiff and Vale University Health Board were signed up as a key stakeholder of the project, but owing to the Covid-19 pandemic were not able to release staff to be actively involved. We liaised with representatives of the Health Board throughout the project and they are keen to be part of future work, but this limited our ability to fully explore the potential links between Children’s Services and the regional public health team. Based on a steer from the funder, the project did not explicitly seek to examine possible areas of shared research interest. However, there is clear overlap between public health and children’s service priorities. The aspiration to improve evidence-based practice in the Council is rooted in a desire to improve outcomes for families that are grappling with the same issues that public health colleagues are concerned with – mental ill health and substance misuse in particular, but also the wider determinants of health. Research and evidence use was seen as a mechanism for supporting greater collaboration and alignment between services (e.g. through improved data capture and use).

Cardiff Council had two external inspections (social services and youth justice service) during November-December 2020. Given the short timeframe of the project and pressing contextual issues, the planning group concentrated exclusively on Children’s Services. This emphasis on a single service area meant the project secured contributions from a wide range of personnel within Children’s Services, academia, the third sector and Welsh Government. There is potential in a further project to include contributions from other Council departments such as housing, education and leisure, as well as the Regional Partnership Board.

Data was gathered via three online workshops held in November 2020, December 2020 and January 2021. The workshops gathered in-depth views on evidence use and decision-making from key stakeholders and involved 22 attendees in total, from unqualified front-line staff to senior

managers, including the assistant director and cabinet member for children, representatives from Social Care Wales, Welsh Government and the third sector.

The workshops examined three main questions on evidence use and relationships between the Council and University:

- Where do we want to get to in Cardiff?
- How can research use best be supported? and
- What needs to happen next?

Workshop 1: Where do we want to get to? This considered current approaches in Children's Services around evidence-informed practice, research literacy, becoming more research active, and undertaking reflective practice. These approaches were drawn from research examining teachers' engagement with research evidence (Tripney et al. 2018). Participants also discussed existing links with Cardiff University. We identified three desired outcomes from collaboration between the Council and the University:

- 1) Strengthening existing efforts to promote and embed evidence-informed practice;
- 2) Improving the structures and processes through which research evidence is distilled, translated, and disseminated across Children's Services; and
- 3) Establishing Cardiff Council as a site for cutting-edge research.

Workshop 2: How can research use best be supported? This developed the themes identified in workshop 1 to discuss potential models/approaches in each of these areas, drawing on existing research (Michie et al., 2014).

Workshop 3: What needs to happen next? This built on the two previous workshops to focus on the relationships, networks and mechanisms which need to be in place to take evidence-informed practice forward in Cardiff. Attendees included those with the responsibility and resource to put a revised structure in place.

A follow-up online interview was conducted on 19 Jan 2021 with the assistant director of children's services, corporate director (statutory lead), and the cabinet member for children, which focused on exploring leadership priorities and appetite for change.

An online survey of Children's Services staff ran concurrently with the workshops. The survey asked respondents about their perspective on and current practice related to the four approaches discussed in workshop 1, and their views on relationships between the University, the Council and public health.

A total of 42 respondents participated (from a total of all 600 Children's Services staff). Social workers were the main respondents (15), followed by other Children's Services staff (14) and managers (10). The remaining three classified themselves as third sector (1) and 'other' (2).

The write-ups from each workshop and a report on the survey are provided as appendices.

4. Findings

Our findings are drawn from the workshops and survey and grouped under three key themes related to evidence-informed practice and research use at the Council:

- Current practice
- Barriers to good practice
- Opportunities and proposed ways forward.

Current practice

We identified several existing efforts and enthusiasm from staff to promote and embed evidence-informed practice at the Council.

Most staff reported being engaged in some form of evidence-informed practice and thought it was important. Staff could point towards a wide range of activity where evidence-informed practice was used in Children's Services, including influencing their direct work with families on issues such as domestic abuse and ACEs as well as in writing assessments and reports (including section 47 child protection assessments, well-being assessments and court reports). One participant wrote:

"I use it to inform my practice of working 1-1 with children. I believe it informs how social service staff back up their practices and decisions".

Staff reported a high level of reflective practice, related to Children's Services' use of the Signs of Safety approach. Evidence-informed practice was seen as central to this approach, in particular reflective practice and peer supervision, which had an impact on the use of the care system.

Several reported using evidence-informed practice in their pre- and post-qualification studies. Research undertaken by social work students was also highlighted as an example of existing practice, although there was concern that this was not integrated into the strategic aims of Children's Services and tended to exist in isolation. Specific approaches such as the NSPCC Reunification Model (based on Bristol University research) was also cited as an example of current practice.

Existing practice in data collection and research use was cited in relation to quality assurance, early help and intervention, pre-birth and ACE aware and trauma informed practice. One participant suggested that there is potential for more work in these health-related areas:

"Sometimes we may be missing opportunities e.g. we have had a pre-birth team in Cardiff for three years - good example of good practice and the opportunity for research / evidenced based practice development".

Supporting staff to find relevant evidence is an important part of improving evidence use. Participants reported several places where staff could access research reports, with one example of a shared folder for their team to add any new pieces of research they have come across to discuss in team meetings and sharing login details to access online forums.

Barriers to good practice

Despite these areas of good practice, staff felt that evidence-informed practice was often disjointed and ad hoc, relying on the interests of key staff rather than being consistently implemented across Children's Services. One participant commented:

"I think we've got some models going on at the moment which we can attach this research lens to, but I think it is very patchy and probably underdeveloped and actually, teams are very busy as well, we have to make it part of their practice in a supportive way other than an additional job, because it won't happen".

Existing structures and processes in this area were seen as poorly coordinated and inconsistently implemented, with no overall framework:

"We have done some work (into using research) but it's really piecemeal. It is how we broaden that out across the system for everybody, (research may be) really well written and really interesting to read ... but it is how do we translate those key messages, how do we get that out there".

Staff did not necessarily know about work taking place within their team or department, or in the wider social services or Council. For instance, some staff were unaware of the positive work at strategic level such as Lightfoot on health and social care and the Canterbury Model, despite their relevance to Children's Services.

Time and capacity were also seen as major barriers, as this participant highlights:

"I think the difficulty is really that people just don't have enough time to leisurely read research. I think that if capacity wasn't such an issue there could be training opportunities for instance half a day a month per practitioner. To have dedicated time to have reading and then take it back to a team meeting".

Improving research literacy was felt to be very important by survey respondents but almost all (90%) thought that staff need additional support in this area. This was also reflected in the workshop discussions. Staff wanted help in "translating" research for use in practice, as these comments demonstrate:

"Maybe some kind of very jargon free key messages very relevant to practice I can really see and relate to".

"Do social workers actually have time on the ground to be reading some of the research? What we need is somebody to chunk it down into manageable bits that we can deal with".

"With Signs of Safety it's about removing all jargon and writing in a manner that is appropriate to that individual and their level of comprehension or reading and writing ability. So to then put research into the paperwork and create quite a significant barrier in a power differential so it has to be used carefully and that's why it's not in everything".

Opportunities and proposed ways forward

Training and workforce development were seen as central to supporting staff and building their confidence to make greater use of research in their work. One participant said:

"I think (if) we can really have an effective framework for analysing what training is needed across all different levels of staff then we have more chance of establishing with the right stakeholders exactly what elements of research we were expecting, you know who is doing what and hopefully we're in a better position to come together".

"There's lots of us want to do some good training ... maybe using links (with) the University to do that".

Principal and Consultant Social Workers were regarded as key staff, as disseminating research is part of their job descriptions:

"The Principal social worker role should be key in all of this and I know again they have pressures but that is part of their role and they really, really need to be doing this. So it has to be right across the whole service really".

“There seems to be an appetite across local authorities in Wales for bringing Principal social workers [PSW] or Consultant social workers or other practitioners that are involved (together). We are looking to bring PSWs and other practitioners involved in research together”.

However, the pressures of work meant that these staff are increasingly pulled into complex case work, leaving little time to focus on research use.

Staff highlighted several potential opportunities for structures and processes to support the translation/distillation of research evidence into practice. The concept of **research champions** to promote and disseminate research and evidence was generally welcomed. Again, Principal or Consultant Social Workers within the Signs of Safety model were seen as best suited to the research champion role, although there were words of caution:

“I would just suggest that you get better outcomes (if) you have a champion as a connection to put all the ideas forward, a champion role - more about bringing things together than being the source of the information and the interpretation etc.”.

“I am nervous about the use of champions as a single point, (there needs to be) a broader perspective. No one can see the world through a sufficient range of perspectives. In terms of diversity more broadly, perhaps inviting non-Social Care staff in would also help”.

Staff also saw potential in the **embedded researcher model**, as this participant reflects:

“A policy officer or policy research officer within the Council would be really helpful because social services through the years have lost that. I definitely think that Universities, particularly Cardiff, can have a better relationship with social services and health about how you help us with that”.

Interest in this NIHR project was initiated by the **senior leadership** in Children’s Services and the need for an on-going commitment from leaders to support capacity was emphasised by participants:

“There is more success where there is leadership, senior leadership buying into the role and helping them to protect the time. Part of bringing research into that big change agenda”.

The importance of research use and evidence-informed practice was highlighted at strategic level, to align research and evidence use with corporate priorities, support decision making and budget setting. These issues were discussed in the interview discussing leadership issues with the assistant director, cabinet member and statutory lead.

The need for a **steering group** to take these issues forward was repeatedly mentioned:

“If there was some sort of steering group that involved Children’s Services staff and academic staff who could map, design, plan, etc. This might also help with the ‘motivation’ aspect of people feeling supported to undertake this work”.

“I think if the people who were either undertaking it or trying to spearhead some of this were meeting regularly, discussing and disseminating we would have a more cohesive idea what was going on and what everyone is doing individually ... any kind of working group, development group or steering group would be important and probably quite intrinsic in getting this off the ground and everyone working together quite cohesively. I think at the moment there is a lot of people doing some excellent work in very different area different ways but none of it meets”.

There was significant interest in **Cardiff Council becoming more research active**, and ultimately being known as a site for cutting edge research and practice. Despite the evident enthusiasm to increase the use of research and evidence-informed practice at the Council that emerged during the project, there were few existing links between Children’s Services and the University. Most survey respondents said they were not currently involved in research activity. Discussions at the workshops suggest that Council staff are also not engaged in the regional and national work to

promote evidence-informed practice undertaken by Social Care Wales. There was significant interest in developing this in future, particularly on improving long term outcomes for children and families. Staff were keen to develop a bottom-up approach to any developing research agenda:

“I like some of the participatory research approach, kind of ground up community led, like Camden, when they re-designed their child protection conferences and processes. I would like us as an organisation to have research that can be understood by families and children as well”.

There was interest in developing links with Cardiff University on a range of potential research areas across Children’s Services, such as pre-birth, contextual harm, outcomes for children looked after, safeguarding, criminal and sexual exploitation as well as improving health outcomes and integrating health and social care. This included improving data collection and statistical information, particularly on strategic decision making and service delivery, but this needed to be relevant to the strategic priorities for Children’s Services. Staff also wanted research to focus on the impact of the work of Children’s Services:

“We haven’t spent enough time working with services to say, how you can be sure (about) what impact you’re having or what differences you’re making. So Signs of Safety there is evidence out there that’s quite complicated but how do you know ...what difference your service is making?”

“What about the Welsh context, how do we manage these children and young people where the outcomes can be very poor and lifelong. That’s the kind of hot topic at the moment”.

The focus on impact did not just mean the ‘here and now’ issues. Staff also wanted to examine longitudinal outcomes at a local level such as examining the impact of the ‘toxic trio’; domestic and sexual violence, substance use and mental health problems. There was also a demand for more comparative research and data so that work in Cardiff can be seen in a wider context, to help inform practice, as this participant told us:

“For me it’s about ... looking across the UK and perhaps wider about what actually works in terms of structures ... the way structures work best in social services, how are people supported best in social services, the research around connected systems for example”.

Participants wanted to work with a range of stakeholders, including public health, the third sector and Cardiff University to develop a multi-agency approach to research and evidence use. For example:

“How (do) we work with educationalists in schools ... how we support young people particularly in the looked after population. But also ... Public Health Wales and the Mental Health Foundation”.

“Canterbury research...is person centred but it also is supported by information from GPs, health, schools, probation services a wide range of research which gives you a much better picture of the family and the issues before they start manifesting themselves”.

“Key evidence and research outcomes should be equally disseminated across all the relevant Children Services, including different internal Council departments, but also other organisations, such as Third Sector organisations who deliver relevant services”.

5. Conclusions

Research has found that local government has very little awareness of the research undertaken by UK universities and dwindling capacity to engage with it (Allen et al. 2015). This was found to be generally true in Cardiff, but there was evidence of a genuine appetite across all levels of Children’s Services to improve connections with academia and make the boundaries between the

'two communities' more porous (Caplan, 1979). Better collaboration with Cardiff University was seen as an opportunity for the Council to increase evidence-informed practice and become a site for cutting-edge research and practice.

The Council already has structures and processes in place that are intended to: facilitate access to research evidence; embed evidence-informed models of practice; and have designated sources of expertise throughout Children's Services (i.e. Principal and Consultant Social Workers). However, this project has highlighted that these measures have been insufficient, leading to pockets of 'good practice' without these becoming widespread or mainstreamed.

In the short-term, Cardiff University is well placed to support Children's Services in terms of facilitating access to research, promoting evidence-based practice, and supporting workforce development.

The research suggests a possible role for knowledge brokers who could 'translate' research for use in practice, rather than expecting academics to change how they communicate their research and social workers to have sufficient time to read research evidence. The experience of WCPP in working with both Welsh Government and public services suggests that a high value is placed by officials on contact with experts (e.g. roundtables or 1:1 briefings) rather than reading documents, and these are also opportunities for reciprocal learning. A knowledge broker or embedded researcher could facilitate these activities and organise meetings and events to build understanding of evidence use, develop research questions, and share the results from research in an easily accessible format.

There is potential to co-produce small projects which synthesises evidence in key areas and presents them in a suitable format for use on the frontline. A range of potential and pre-existing research topics have already been suggested including pre-birth and ACEs, to health and educational outcomes for children looked after. A steering group of representatives from across the key stakeholder groups would agree on the research topics, the evidence needed to answer them, and then commission an expert.

This project has complemented the ongoing work of WCPP and Children's Services at Cardiff Council, and laid firm foundations to establish Cardiff Council as research active, able to fully participate in social care and public health research. There are opportunities to build on the emerging relationships developed through this project to explore areas of mutual research interest and introduce approaches to support knowledge co-production. Building on the recent research in a health setting in Bristol (Wye et al. 2020) a Cardiff research system could include a combination of knowledge brokers and embedded researchers who can facilitate exchange within and between different council departments, as well as research champions, and co-producing small research projects. This infrastructure will help to deliver sustainable research activity and ultimately lead to improved outcomes for children and families and have a positive impact on health inequalities.

6. Recommendations

Quick wins:

- Immediate links should be facilitated between key Children's Services staff (in particular lead Operational Managers) and specific Cardiff University research centres, including WCPP, CASCADE, DECIPHer and ExChange, so that relevant work streams highlighted

during the project can be developed. This is already being pursued but needs to be developed.

- Cardiff University, in particular ExChange, should be more involved in Children's Services training and workforce development.
- The coordination of staff undertaking undergraduate and postgraduate study should be improved so that people are more aware of who is involved in work-based study and have broader links with a range of academic work.
- The connection between Children's Services and Social Care Wales established during the project should be developed, so that Council staff are fully engaged in regional and national initiatives – in particular, on the use of research champions and data collection.

Building long-term relationships:

- A steering group should be established involving Children's Services, Cardiff University and Social Care Wales to consider the next steps needed to take this agenda forward and establish a Cardiff research system. Building on the 'quick wins', the group should consider:
 - Which models best suit the brokering of knowledge (e.g. embedded research, research champions, etc.) and what resources would be needed to make this operational.
 - Learning from other NIHR-funded projects in this call as well as CLAHRCs (Collaborations for Leadership in Applied Health Research and Care) on how a research infrastructure could be set up.
 - Building on the work of Social Care Wales to integrate any activity with regional and Welsh Government developments.
 - Developing a theory of change to understand how the various inputs in the Cardiff research system can be managed to produce the greatest outcomes.
 - How the role of Principal and Consultant Social Workers can be consolidated within Children's Services with the support of Cardiff University and Social Care Wales, to safeguard time to undertake research and evidence-based practice work.
 - Who else within Children's Services has responsibility for supporting research and evidence-based practice, what their roles should be, and what support they need.
 - How the structures and processes within Children's Services can be strengthened to support research and evidence-informed practice, safeguarding and maintaining the key roles of those responsible.
 - Beyond establishing initial links, identifying what support is needed from the research community at Cardiff University.
 - How to broaden the work of the steering group to include the third sector, health, housing, education, etc.
 - Understanding 'what works' in terms of good practice of evidence use in Cardiff and exploring how this links with regional and Welsh Government level initiatives.

7. References

- Allen, T. Grace, C. and Martin, S (2015) *Making the Most of Research: Final Report of the ESRC Local Government Knowledge Navigator* <https://solace.org.uk/wp-content/uploads/2019/05/SOLACE-Reports-and-Guides-Solace-Making-the-Most-of-Research.pdf>
- Caplan, N. (1979) The two-communities theory and knowledge utilization, *American Behavioural Scientist*, 22, 459-70.
- Cheetham, M., Wiseman A., Khazaeli B., Gibson E., Gray P., Van der Graaf, P. and Rushmer, R. (2018) Embedded research: a promising way to create evidence-informed impact in public health? *Journal of Public Health*, 1(40): 64-70.
- Cheetham, M., Redgate, S., van der Graaf, P., Hunter, R. and Ritson, L. (2019) *Local Authority Champions of Research Project: A Report for the Health Foundation* <http://www.fuse.ac.uk/askfuse/resources/LACoR%20Final%20Report%20October%202019.pdf>
- Cotterill, S. and Richardson, L. (2010) Expanding the use of experiments on civic behavior: Experiments with local government as a research partner, *Annals of the American Academy of Political and Social Science*, 628(1), 148-164.
- Dobbins, M. (2009) A description of a knowledge broker role implemented as part of a randomized controlled trial evaluating three knowledge translation strategies, *Implementation Science*, 4(1).
- Frantzeskaki, N. and Kabisch, N. (2016) Designing a knowledge co-production operating space for urban environmental governance - Lessons from Rotterdam, Netherlands and Berlin, Germany, *Environmental Science & Policy*, 62, 90-98.
- Langer, L. Tripney, J. and Gough, D. (2016). *The Science of Using Science: Researching the Use of Research Evidence in Decision Making*, UCL Institute of Education: London.
- Michie, S., Atkins, L. and West, R. (2014) *The Behaviour Change Wheel: A Guide to Designing Interventions*, Silverback Publishing: London.
- Miszczak, S. M. and Patel, Z. (2018) The role of engaged scholarship and co-production to address urban challenges: a case study of the Cape Town Knowledge Transfer Programme, *South African Geographical Journal*, 100(2), 233-248.
- Newman, J., Cherney, A. and Head, B. W. (2016) Do Policy Makers Use Academic Research? Re-examining the "Two Communities" Theory of Research Utilization, *Public Administration Review*, 76(1), 24-32.
- Oliver, K., Innvar, S., Lorenc, T., Woodman, J. and Thomas, J. (2014) A systematic review of barriers to and facilitators of the use of evidence by policymakers, *BMC Health Services Research* 14(2), 1-12.
- Tripney, J. Gough, D. Sharples, J. Lester, S. and Bristow, D. (2018) Promoting Teacher Engagement with Research Evidence, Wales Centre for Public Policy: Cardiff <https://www.wcpp.org.uk/wp-content/uploads/2018/11/WCPP-Promoting-Teacher-Engagement-with-Research-Evidence-October-2018.pdf>
- Walter, I., Nutley, S., Percy-Smith, J., McNeish, D. and Frost, S. (2004) *Improving the use of research in social care practice* <https://www.scie.org.uk/publications/knowledgereviews/kr07.asp>

Wehrens, R. (2014). Beyond two communities: From research utilization and knowledge translation to co-production? *Public Health*, 128, 545-551

World Health Organization (WHO) (2004) *World report on knowledge for better health: Strengthening health systems*,
<https://apps.who.int/iris/bitstream/handle/10665/43058/9241562811.pdf?sequence=1&isAllowed=y>

Wye, L., Cramer, H., Beckett, K., Farr, M., le May, A., Carey, J., Robinson, R., Anthwal, R. Rooney, J., and Baxter, H. (2020) Collective knowledge brokering: the model and impact of an embedded team, *Evidence & Policy*, 16(3), 429-452.

8. Appendices

As a separate document -

Appendix 1: Online survey report

Appendix 2: Workshop 1 - "Where we want to get to?" Key points and themes

Appendix 3: Workshop 2 - "How can research use be supported?" Key points and themes

Appendix 4: Workshop 3 - "What needs to happen next?" Key points and themes