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Personal Social Services Research Unit

Evidence-informed policy making: Exploring the concept of knowledge transfer in social care

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Acknowledgements

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Introduction

In recent years, much attention in the social care policy and practice arena has been given to understanding the role of research evidence in policy making. Given the substantial resources invested in the production of research evidence, it is vital to maximise the use of that knowledge in developing social care policy.

The issues many social care researchers face often concern the level of impact their research is having on policy and how to improve the use of research evidence in informing policy decision making. This is particularly challenging in the context of social care, an area where policy and practice often draw on multiple sources of knowledge. In the process of producing evidence and sharing research findings it is important to bear in mind that social care's stock of knowledge includes not only academic research but also other forms of evidence gathered by think tanks, government organisations, and various stakeholder groups (Davies *et al.* 2008, Weiss 1979). Messages coming from academic research therefore need to compete with information derived from these other sources.

There are number of different terms used in the literature to describe the process whereby research evidence informs and influences policy and practice. The term *knowledge transfer* is probably the most commonly used and can be defined as "… the process of getting knowledge used by stakeholders" (Graham *et al.* 2006). The primary purpose of knowledge transfer is to increase the likelihood that research evidence will inform policy. Lavis and colleagues have developed an organising framework for a knowledge transfer strategy which focuses on the five key elements of transferring knowledge: the message, the target audience, the messenger, the knowledge-transfer processes and supporting communications instruments, and evaluation of knowledge transfer (Lavis *et al.* 2003).

The use of the term *knowledge transfer* has sometimes been criticised because it implies a unidirectional relationship between knowledge producers to knowledge users. It has also been seen only to refer to the initial stage in the process of disseminating knowledge to stakeholders without actually encompassing the use of knowledge (Graham *et al.* 2006). Other terms such as *knowledge exchange, knowledge translation,* and *research utilisation* have been used to address some of these concerns about the concept of knowledge transfer.

There are a number of different ways of moving knowledge into action. A review of the literature on knowledge transfer has identified three types of knowledge transfer processes: a linear process, a cyclical process, and a dynamic multidirectional process (Ward *et al.* 2009). For this study of knowledge transfer in social care, the focus will primarily be on dynamic models, putting an emphasis on the degree of linkage and exchange between the users of knowledge and producers of that knowledge.

Although 'evidence-based policy' is a widely used term, the extent to which policies in social care are informed by academic research findings is still limited. Even when evidence is informing policy in general terms, its use in support of specific policies depends, as discussed later in this paper, on many factors. Overall, the reality is that research findings are still largely underutilised in policy decision making. This limited use of research evidence can be partly attributed to the different cultures of those who produce research and those who might be able to use it (Lomas 2000).

The literature focusing on the knowledge transfer aspect of the use of research in social care policy development is quite limited. Most of the understanding about the nature of the processes involved – and the effectiveness of different methods of influencing policies – comes from health care policy research. The aim of this exploratory study is to examine current thinking in the social care research community about the use of research evidence in social care policy and practice. The information presented in this briefing paper is based on open-ended interviews with social care researchers and policy makers. All participants held senior research posts in their research units or departments at different academic institutions across England. On average, the respondents had around 20 years of experience as academic social care researchers. The interview outline included questions about the concept of knowledge transfer, challenges and opportunities in transferring research evidence, and the future directions of knowledge transfer in social care.

The research team also interviewed a group of professionals from the policy community for their views about knowledge transfer in social care policy making in 2010. As with the researchers, the discussions focused on policy makers' experiences of barriers, facilitators, and the priorities for how social care researchers can make their research evidence more effective.

This paper presents the views of social care researchers (SCRs) about their perceptions of the role of research evidence in policy making.

What do we mean by 'knowledge transfer' in social care?

The concept of knowledge transfer in social care is still very much unexplored. We asked our interviewees about the meaning of knowledge transfer in relation to social care research and policy making. The main overall message was that the term 'knowledge transfer' is not the most suitable for describing the process of creating and using knowledge in social care. Typical expressions of how knowledge transfer was generally conceptualised among our social care researchers were:

> *It's about informing people about what you found. I don't think it is very*
> *helpful term. One of the things that it implies is that there is a stock of*

knowledge and it's got to go from one place from another. I don't think that's really the way it works (SCR 1).

Well it means the process of getting knowledge, ideas, and research findings out into the public domain. But I have to say it wouldn't necessarily mean that to me if I didn't know that's what is meant. I don't think it's the best term. And I am not sure how meaningful it would be to those people we are trying to transfer knowledge to (SCR 6).

It conveys a model of communication that implies that an expert has some form of knowledge which they want to convey to somebody who may or may not be aware that they are in need of that knowledge (SCR 3).

There was also a distinct emphasis on the nature of social care research and the extent to which the very process of creating knowledge is often determined by the scientific paradigm within which the research takes place.

I don't think it's useful within the context of social care or social policy. There are a number of reasons for that. One of which is that research, for good reasons, generally doesn't happen in that way. Applied research is generally commissioned by people who have got a particular interest in the outcomes or the findings they are expecting from it. Practitioners … aren't passive recipients of knowledge that you fill up their heads with and they go out and do something because you've put knowledge into their heads in some way. So I think of this whole area much more as a two way process. Actually it's much more complicated than that because there are many stakeholders in this (SCR 8).

For some of our policy maker respondents, knowledge was not seen as the same as evidence. This meant they referred to knowledge transfer and evidence transfer as two separate domains. In social care research, they said, 'evidence transfer' would be a more appropriate term to use rather than knowledge transfer to describe the process.

The importance of transferring not just knowledge but also skills was seen as another shortcoming of using the concept of knowledge transfer:

It's not a very good term I think because I would be concerned not only with the transfer of knowledge from research but with the transfer of the skills necessary to understand and use that knowledge. So in my work … we have not just been interested in transferring knowledge, we have been interested in building the competence of people developing and providing services to do a better job (SCR 2).

Overall, the term knowledge transfer was seen as being quite narrow in the sense that it does not fully capture the complexity of the social context in which policy decisions are made.

Knowledge transfer as an interactive process

It was clear from the interviews that, overwhelmingly, social care researchers view effective knowledge transfer as a dynamic, engaging, and ongoing process of putting knowledge to action.

Similarly, the evidence from the literature suggests that interactive engagement may be the most effective approach to knowledge transfer. Interaction can take place at any stage in the research process and the policy development process (Lavis *et al.* 2003). This interactive dimension of knowledge transfer is even more relevant in social care, given that social care research is by definition an applied discipline. As one respondent pointed out *"… there should be a flow of knowledge and a dialogue between the researchers and research users almost as a kind of default position" (SCR 7).*

Most of our social care researchers described knowledge transfer as a dynamic relationship between knowledge producers and knowledge users.

> *The idea of knowledge transfer is sharing more effectively what we know, what we've discovered, and what we understand across the boundaries between pure research and the applied settings in which it might be employed. And of course it can be in both directions because researchers need to be informed by practitioners' experiences and by users. It's a two way process… [Knowledge transfer] is part of a dialogue. It is critically important that people that use services are involved in that dialogue and are not just consumers of the knowledge but are also seen in terms of what it is they want to know and understand. They are the logical end point. I think they need to be involved in the planning process – what sort of information is useful to them (SCR 7).*

> *I see the relevant process as being one of knowledge exchange because I think that knowledge transfer and knowledge exchange are more about communication and are different from dissemination because they take into account the impact of the knowledge and how it's implemented (SCR 3).*

For social care researchers, their potential audiences and the people they hope to influence should usually be the first point of reference when identifying research topics and formulating research questions. This dialogue is essential for many researchers as it gives them a frame of reference for identifying the kind of research that might be worth

undertaking (Box 1).

Box 1. An example of an initiative to improve knowledge transfer and exchange in social care

Making Research Count

Making Research Count (MRC) is an initiative aimed at promoting communication between those examining social care and those engaged in it.

MRC is a network comprising social work/care departments in 10 universities in England, each of which has established partnerships with local agencies including children's and adults' services, health trusts and independent sector organisations.

MRC aims to:

▪ improve the dissemination and implementation of research and related findings in the field of social care;
▪ increase mutual understanding between researchers, practitioners, carers, and service users; and
▪ influence the shape of evidence-based practice, through its contribution to debates about appropriate research methodologies for the field of social care.

Further information about MRC is at http://www.kcl.ac.uk/sspp/kpi/scwru/mrc/about.aspx.

Therefore, improving the links between research and policy making, including closer collaboration, consultation and active mutual involvement in all stages of research and policy making, should be a priority in ongoing efforts to bring the two communities closer together (Lomas 2000). We also need to account for the importance of the institutional and political contexts for policy making which provide a social framework within which policy decisions are made and research questions formulated.

In the light of the evidence presented above, knowledge transfer in social care and policy research is often an interactive process which might indeed better be described by other terms such as knowledge exchange, research utilisation, and knowledge translation. It might also be the case that simply labelling this process as 'putting knowledge into action' might be the way forward when re-examining the nature of knowledge transfer in social care research.

Are there specific issues around knowledge transfer in social care?

The majority of our respondents shared the view that, compared to other social policy areas such as education or health policy, transfer of knowledge in social care is different. One of the distinctive features of knowledge transfer in social care was a lack of emphasis on doing, understanding, and applying research. As our interviewees explained:

> *In the field of health you have got a basic research culture. There is an understanding of the importance of research as part of the professional training of all health professionals but that is just not there when it comes to the field of social care. Social care seems much more basic. Research seems to be an add on, a luxury (SCR 1).*

> *The health service culture is still dominated by medical views. And one of the characteristics of medics' view of the world is that they believe in research. They think that research is a useful thing to do in quite a sophisticated way … In social care, in my experience, that culture is largely absent. Research is just not on the horizon. People have been much more concerned with managing the politics of the job because of the importance of local democratic control and also the increasing importance of responding to government pressures (SCR 2).*

Other differences mentioned included a lack of occupational groups that have a good understanding of research and the importance of developing research skills among different stakeholders in social care.

> *The dominant group in social care is social work. Social workers generally have very limited exposure to research. It's almost entirely [exposure] to qualitative research and actually that's not just a [single] issue. It's also the case that most of the research they are exposed to is not intervention research and that's a big difference to health in particular (SCR 2).*

The professional incentives built into the health system were recognised as an effective way of stimulating the development of research skills in health care. In social care, however, similar incentive mechanisms are still not as integrated in the reward system as well as they could be.

The size of the social care workforce is another factor that adds to the complexities of making people involved in social care more aware of the potential that research can offer in informing policy and practice. In addition, a relatively small proportion of the social care workforce has professional training and numerically the sector is largely dominated by part-

time workers. For unqualified, part-time social care staff, research evidence is perhaps not something they are exposed to or would consult on a regular basis.

Our policy respondents generally shared a view of social care as being distinct from other policy areas in terms of the nature of the sector, the number of people working in social care compared to the NHS, and the plurality of the social care context. What was also mentioned as a different challenge, and something that sets social care research apart, is *a lack of accessible ways of finding relevant knowledge*. The potential for cross-sector knowledge transfer – especially between health, education and social policy in general – was suggested as a way to compensate for some of the gaps in social care's knowledge base.

It is therefore important to recognise that knowledge transfer in social care is primarily about knowledge interaction and research utilisation through which we, the researchers, should aspire to advance social care practice. Overall, our interviewees pointed out that, in the absence of a receptive environment for translating knowledge into action and without established effective channels of communications, knowledge transfer in social care can remain quite challenging.

Who are the main audiences for social care research?

A range of audiences were mentioned including academics, policy makers, practitioners, service users, politicians, campaigners, charities, families, informal carers, media, and the general public. Although there are many audiences and customers for social care research, our respondents noted that, since the main objective of social care and policy research is to improve service delivery, researchers need to be able to address different actors within the social care system, including policy makers, commissioners and purchasers of services, as well as the people who actually provide services.

Policy makers were generally perceived as being engaged and interested in research evidence. The policy makers themselves, however, were also usually quite explicit about the political realities of their position and the context in which policy decisions are made. Sometimes, even though they might be interested in a particular piece of research, nevertheless the reality of policy making could dictate that the implications of that research were not taken on board.

Knowledge utilisation also depends on having the opportunity, time and resources to engage in active dissemination of research evidence. There was a sense that there was no systematic strategy to transfer knowledge to the target audiences and that researchers have a constant feeling that they *"… ought to be doing more of it but also a constant question about how effective this is"* (SCR 3).

With regards to ways of communicating research evidence, generally policy makers and other target audiences search for information in different places and they are also tuned to different types of messages. Researchers are therefore often worried that their messages might be overshadowed by similar types of messages from a number of other stakeholders. However, to make their messages stand out from other competing information, researchers need to be relatively creative in their communications strategies. There are many more channels available for researchers to express an opinion and many more places to deposit evidence. But that, by implication, means that there is also an awful lot more material for the target audience to choose from. So there is the challenge of information overload and how to convey evidence so that it stands out.

Generally, involving the target audiences and other stakeholders at the initial stages of research project was seen as essential in the process of formulating the questions, and identifying a set of relevant issues.

> *I always establish a research advisory (or project advisory) group that contains representatives of the target audiences. But they are more than audiences. These are people who help to shape the research in many ways (SCR 8).*

Therefore, given that the primary goal of social care research is to improve services, it is essential that evidence is specifically tailored for each of the relevant target groups at policy, management, and delivery levels. The evidence from the literature suggests that indeed 'no one size fits all', and that specific messages need to be tailored to each audience (Mitton *et al.* 2007).

Whether the researchers are best placed to carry out knowledge transfer was also one of the issues raised in discussions with respondents. Some of our interviewees believed that processes of knowledge transfer, knowledge exchange, and communication all require special skills and those are usually the sort of skills and experiences that researchers might not be the best suited to acquire. A lack of evidence about the effectiveness of different knowledge transfer strategies is one possible reason why researchers are sometimes unsure about the appropriate methods and channels of communications for engaging with their audiences.

Researchers also need to think about the incentive framework that would not only encourage their target audience to be informed about relevant findings but also provide the right conditions for them to adopt the information and eventually put the evidence into action.

What are the challenges for knowledge transfer in social care?

In a systematic review of the literature on barriers to, and facilitators of, the use of research evidence by health policy makers, among the most frequently reported barriers were lack of personal contact, lack of timeliness or relevance of research, mutual mistrust, power and budget struggles (Innvær *et al.* 2002).

A similar set of challenges was also identified in a review of evidence on knowledge transfer and exchange in health policy decision making (Table 1).

Table 1. Main barriers and facilitators in the use of evidence in health policy decision making

Barriers	Facilitators
Individual level - lack of experience and capacity for evidence - mutual mistrust - negative attitude toward change	*Individual level* - ongoing collaboration; - values research - networks - building of trust - clear roles and responsibilities
Organisational level - unsupportive culture - competing interests - researcher incentive system - frequent staff turnover	*Organisational level* - provision of support and training (capacity building) - sufficient resources (money, technology) - authority to implement changes - readiness for change - collaborative research partnerships
Related to communication - poor choice of messenger - information overload - traditional, academic language - no actionable messages (information on what needs to be done and the implications)	*Related to communication* - face to face exchanges - involvement of decision makers in research planning and design - clear summaries with policy recommendations - tailored to specific audience - relevance of research - knowledge brokers - opinion leader or champion (expert, credible sources)
Related to time or timing - differences in decision makers' and researchers' time frames - limited time to make decisions	*Related to time or timing* - sufficient time to make decisions - inclusion of short-term objectives to satisfy decision makers

Adapted from: Mitton et al. (2007) Knowledge Transfer and Exchange: Review and Synthesis of the Literature, p. 737.

Some of these challenges broadly resonate with the issues mentioned by our interviewees. For instance, peer-reviewed journals have traditionally being the desirable vehicle through which academics publish their findings. However, there is now a consensus that peer-reviewed journals are not effective channels for the process of disseminating and communicating social care research evidence.

At the organisational level, the reward system in academia is still largely focused on the traditional forms of knowledge transfer through academic journals (Jacobson *et al.* 2004). Therefore, there is pressure on academics to write academic papers and generate more research income rather than engage in other forms of knowledge transfer.

It is also the case that social care researchers in their ongoing efforts to secure funding, often find themselves bidding for projects and doing research outside their expert areas. This can limit the opportunities to develop good working relationships with policy makers in that field.

At the individual level, given that most researchers are funded by time-limited contracts, there is generally very little time for knowledge transfer.

> *From the researcher end its lack of time I think, particularly for a researcher who is pressurised to put in the bids for the money, actually do the research, deliver the reports and is then supposed to be doing peer reviews. To then add knowledge transfer on top just becomes too much. I think it needs to be better integrated into the entire process, ideally how it's going to happen [should be seen] as part of the project (SCR 1).*

For others the main obstacle was a failure of the research community and indeed policy makers to understand and approach knowledge transfer as being about research utilisation and not dissemination. As one respondent pointed out:

> *… It would be perfectly possible to develop funding streams that enable people to make use of research and that include funding for researchers as part of that. It's perfectly possible to do that. And peoples' failure to do that can only be explained by a failure of imagination (SCR 2).*

Using the mass and specialist media to provide channels of communication in social care was also mentioned as an effective way of disseminating messages and influencing wider audiences. However, there seems to be a considerable fear of journalists, which very often is unjustified. There are many ways of making sure that the media communicates messages accurately.

Overall, the evidence indicates that there is a relatively limited infrastructure for knowledge transfer in social care, and a lack of motivation and adequate incentives for social care researchers to participate more actively in knowledge transfer. Our respondents from the policy community mentioned a number of challenges such as getting the product right for the audience, thinking about knowledge transfer from the beginning of the project, and evaluating the impact of different knowledge transfer activities.

What are the facilitators of, and opportunities for, knowledge transfer?

The evidence about the facilitators for putting research evidence into practice largely comes from health policy. The review mentioned earlier found that the most commonly reported facilitators were personal contact between researchers and policy makers, timely relevance, and the inclusion of summaries with policy recommendations (Innvær *et al.* 2002). Again, these elements broadly correspond to the experiences and views among our respondents regarding the use of research evidence to inform social care policy and practice.

One strategy to increase the use of research evidence in policy and practice is to work towards bringing the research evidence closer to the people who are going to potentially use that research (Box 2).

Box 2. Research in Practice for Adults: using evidence from research and people's experience to help understand adult social care and to improve how it works

Research in Practice for Adults (ripfa) is a charity that supports people to find, use and share evidence. Its purpose is to improve practice and services in social care for the benefit of adults requiring additional support.

Ripfa uses a range of evidence-informed methods to deliver sector-led support, tailored support, hard copy resources and web-based resources. These include learning events, change projects, one-to-one projects, guides and practice tools.

Ripfa works closely with its local authority Partners around the country to identify and address sector priorities and to spread experience of what works. It delivers individual projects for organisations and works at a national level to promote the use of evidence in policy and sector improvement. Its values are integrity, growth and making a difference.

More about ripfa at http://www.ripfa.org.uk/

Our interviewees referred to particular examples of their work that were successful in transferring research evidence. The factors that facilitated the process of knowledge transfer included working alongside people, audiences being receptive to new evidence and practice, the material being topical, and researchers having full control of the pace at which the work was conducted. In addition, making the evidence more accessible and generally improving the visibility of the evidence was thought to improve transfer of knowledge.

It was further recognised that it is quite unlikely that putting more pressure on researchers to engage in knowledge transfer will make a real difference in terms of changing their

current practice with regards to transferring evidence into practice. It was also noted that researchers on the whole may not be the right people to take on a task of putting research evidence into policy and practice. According to one interviewee:

> *They are too absorbed in their own interests and their careers, and don't have the right incentives for them to participate in knowledge transfer. Most of them don't have the right personalities to go out and promote things. They are not salesman, they are researchers. So I think we should give the responsibility for knowledge transfer to specialists in that field. The research commissioners should use some of their resources to make sure that research they are funding is fully and adequately conveyed to the stakeholders. That would imply that those research commissioning organisations need effective communications departments (SCR 3).*

An alternative, more positive approach to the role of researchers, would seem to flow from the view that, if 'one-way' transfer is the wrong model and some form of early dialogue with stakeholders is required to ensure that research relevance, then this must be undertaken by the researchers who can translate policy and practice issues into researchable questions. That type of early engagement might well alter the role of the researchers in the subsequent use of the research.

According to one study, funding bodies can have a key role in "… creating a culture shift such that processes leading to policy and practice impacts are better understood, valued, and facilitated" (Meagher *et al.* 2008, p.172). However, the views of our respondents about the role of the funding bodies in communicating research evidence were mixed, with some described as being proactive and hands on while others had relatively little involvement in transferring messages. For other respondents the issue was much deeper in a sense that the roots of the problems with knowledge transfer can be traced back to the *"… failure to adequately conceptualise the process of transferring knowledge and skills from research into practice" (SCR 2).* Rather than focusing attention on dissemination and on how proactive researchers are in putting information out in various forms, the emphasis should be on research utilisation.

As researchers themselves generally have limited resources, time and (in some cases) experience of transferring knowledge to their audiences, funding bodies are often the best placed organisations to provide the communications infrastructure for knowledge transfer. However, the experiences of our respondents were that funding bodies rarely come back with any questions regarding the communications strategies or the impact of evidence on policy and practice.

What should be the priorities for social care researchers in setting their knowledge transfer strategies?

Sufficient incentives need to be built in into research contracts in order to prioritise knowledge transfer. In addition, researchers need to keep channels of communications open and generally *"… get smarter about different ways of doing things" (SCR 8).*

Being able to translate research findings into relevant implications for policy and practice is still a great challenge for academics *"… who need to say a bit more about why particular research matters, what difference it makes and what the implications are for practice" (SCR 4).* This was also recognised by our policy interviewees who referred to the lack of research evidence where the policy implications had been translated into a set of clear messages aimed not only at the policy community but also at wider audiences. Social care researchers need to treat policy makers as intelligent customers keeping in mind that if they want their work to be influential they have to see it from the policy makers' point of view.

As Lomas (2000) pointed out: "Researchers and policy makers would both benefit from a greater understanding of each other's worlds. Researchers need to appreciate that decision making is not so much an event as it is a diffuse, haphazard, and somewhat volatile process. Similarly, decision makers need to recognise that research, too, is more a process than a product. Better links between research and decision making depends on the two communities finding points of exchange at more than the 'product' stage of each of their processes. More attention needs to be given to establishing and maintaining ongoing links between the two worlds" (Lomas 2000, p.140).

The focus therefore needs to be shifted towards understanding the *researcher-policy maker relationship* to be able to understand the key challenges and opportunities in making better use of the research evidence in developing social care policy.

> *The priority is to identify the target audience very early on in the process and then get these people involved and seek their advice in the process of designing the work … And I think if we are going to get evidence actually used out there then we need to be going and talking to the people themselves at that early stage. And understanding from their point of view what it is they want to add to the work that we are proposing. [But] it is actually difficult to engage them sometimes (SCR 1).*

Similarly, some of the key messages for the researchers from the policy community are essentially to think at the very start of the project if they are asking the right question. There also needs to be willingness on the researchers' part to adapt over time so that they can communicate the message that people are interested in. The researchers need to think about 'who is my audience for this' (policy makers are quite a heterogeneous group), think

what is going to work well for that audience, and they probably need to be working with that audience. It is essential for policy researchers to be able to produce high-quality research within a relatively tight deadlines and only the *"… the best researchers can handle those conditions"*.

Conclusions

The evidence presented here suggests that *knowledge transfer* may not be the best term to use in order to describe the process of transferring knowledge to action in the context of social care research. Among the researchers who participated in this project, the knowledge transfer concept was seen as a relatively static and linear model of using research evidence to inform and influence social care policy and practice. The shortcomings of using 'knowledge transfer' as a concept to encapsulate "… the messy engagement of multiple players with diverse sources of knowledge" (Davies *et al.* 2008, p.188) has been recognised and it has been suggested that *knowledge interaction* might better describe the process (Davies, *et al.* 2008). The interactive aspects of knowledge transfer were indeed extensively mentioned in discussions with both of our groups, social care researchers and policy respondents.

As discussed earlier, many actors are involved in policy making, and as Weiss (1979) pointed out: "Those engaged in developing policy seek information not only from social scientists but from a variety of sources: administrators, practitioners, politicians, planners, journalists, clients, interest groups, aides, friends, and social scientists, too. The process is not one of linear order from research to decision but a disorderly set of interconnections and back-and-forthness that defies neat diagrams … In this model, the use of research is only one part of a complicated process that also uses experience, political insight, pressure, social technologies, and judgement" (pp.428-429).

Successful knowledge exchange involves establishing an early dialogue with practitioners and policymakers to ensure that research is focused on the right questions. It also usually means getting the evidence to the right people at the right time, using the right format and language, and providing solutions. Policy makers are generally mainly concerned with the relevance of a specific research to the policy context, clarity of information presented, and accessibility of the research findings. It is also important to recognise that research and policy are processes not products. It is usually the case that researchers and policy makers only come together around the final products of their work (Lomas 2000).

Some experts argue that evidence-based policy and evidence-based practice are generally over-stated and to some degree misleading in the sense that researchers, in particular, tend to believe that policy decisions are largely based on scientific evidence. The reality of policy

making indicates that research evidence often plays only a part in the process. Evidence is usually considered alongside other sources of information, and within a specific social and political climate within which the decision making takes place. In this respect, it might be more accurate to refer to policy as 'evidence-informed' or 'evidence-aware' rather than evidence-based (Davies *et al.* 2008). Therefore, using the term 'evidence-informed' policy rather than 'evidence-based' policy might be even more relevant for social care research since, as has been seen in the course of this study, an extensive research knowledge base in the area of social care is still lacking.

In conclusion, some of the key messages from our interviews with social care researchers and policy makers focused on putting more emphasis on:

- Integrating knowledge transfer activities into a research design in order to achieve better time and resource efficiency;

- Involving target audience(s) and other relevant stakeholders from the start of the project;

- Developing incentives for social care researchers to engage more actively in the process of knowledge transfer;

- Recognising a lack of research evidence in the social care field as one of the main challenges in knowledge transfer;

- Focusing not only on the transfer of evidence but also on research utilisation as a way of putting evidence into action;

- Emphasising the importance of the relationships between researchers and policy makers in the decision making processes. Better understanding of each other's needs, constraints, and priorities seems to be a crucial step in bridging the gap between the policy and research (Conklin *et al.* 2008);

- Increasing the uptake of social care research in policy development, given that the extent to which research is utilised could be increased (OPM report for the Audit Commission 2005);

- Developing better understanding of the whole process of policy making;

- Improving and nurturing working relationships between social care researchers and policy makers;

- Engaging the relevant funding bodies in the process of knowledge transfer;

- Ensuring that potential cuts in funding have a limited impact on the resources and investment put towards communications and dissemination activities planned as part of the knowledge transfer strategy; and

- Investing more in social care research in order to improve the knowledge base.

We hope that the findings from this study will contribute to opening up a debate about the complexities and unique challenges of transferring knowledge and evidence into action in the context of social care.

References

Conklin A, Hallsworth M, Hatziandreu E, Grant J (2008) *Briefing on Linkage and Exchange: Facilitating Diffusion of Innovation in Health Services*, RAND Europe, Prepared for Lord Darzi and the Department of Health.

Davies H, Nutley S, Walter I (2008) Why 'knowledge transfer' is misconceived for applied social research, *Journal of Health Services Research and Policy*, 13, 3, 188-190.

Dobbins M, Rosenbaum P, Plews N, Law M, Fysh A (2007) Information transfer: what do decision makers want and need from researchers?, *Implementation Science*, 2, 20 http://www.implementationscience.com/content/2/1/20. [Accessed 6 August 2013].

Graham DI, Logan JRN, Harrison BM, Straus SE, Tetroe J, Caswell W, Robinson N (2006) Lost in Knowledge Translation: Time for a Map? *Journal of Continuing Education in the Health Professions*, 26, 13-24.

Innvær S, Vist G, Trommald M, Oxman A (2002) Health policy-makers' perceptions of their use of evidence: a systematic review, *Journal of Health Services Research & Policy*, 7, 4, 239-244.

Jacobson N, Butterill D, Goering P (2004) Organisational factors that influence university-based researchers' engagement in knowledge transfer activities, *Science Communication*, 25, 3, 246-259.

Lavis JN, Ross SN, Hurley JE, Hohenadel JM, Stoddart GL, Woodward CA, Abelson J (2002) Examining the role of health services research in public policymaking, *The Milbank Quarterly*, 80, 1, 125-154.

Lavis JN, Robertson D, Woodside JM, McLeod CB, Abelson J, the Knowledge Transfer Study Group (2003) How can research organisations more effectively transfer research knowledge to decision makers? *The Milbank Quarterly*, 81, 2, 221-248.

Lomas J (2000) Using 'linkage and exchange' to move research into policy at a Canadian foundation, *Health Affairs*, 19, 3, 236-240.

Lomas J (2000) Connecting research and policy, *ISUMA*, Spring, 140-144.

Meagher L, Lyall C, Nutley S (2008) Flows of knowledge, expertise, and influence: a method for assessing policy and practice impacts from social science research, *Research Evaluation*, 17, 3, 163-173.

Mitton C, Adair EC, Mckenzie E, Patten SB, Perry BW (2007) Knowledge transfer and exchange: review and synthesis of the literature, *The Milbank Quarterly*, 85, 4, 729-768.

The Office for Public Management (2005) *The Impact of Research on Policy-making and Practice: Current Status and Ways Forward, Literature Review*, Report for The Audit Commission, London.

Ward V, House A, Hamer S (2009) Developing a framework for transferring knowledge into action: a thematic analysis of the literature, *Journal of Health Services Research and Policy*, 14, 3, 156-164.

Weiss C (1979) The many meanings of research utilization, *Public Administration Review*, September/October, 426-431.