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Getting the evidence into practice and policy to improve young people's health: Some barriers and facilitators

Rather than just focusing on the viewpoint of researchers, this article illustrates that there are challenges for policy-makers and practitioners too including adopting a more multi-stakeholder approach that involves recognising different interests, greater collaboration and becoming skilled communicators.

There has been increasing awareness of the role research plays in informing policy and practice, particularly in health and education. January 2005 saw the first edition of the journal 'Evidence and Policy', devoted to the relationship between research and decision making.

Recent years have also seen the establishment of academic units dedicated to this relationship such as the Unit for Evidence based Practice and Policy at UCL and the Research Unit for Research Utilisation at St Andrew's University.

Similarly, at the level of decision making, an increasing requirement for accountability, performance management issues and greater scrutiny of public interventions has led to more demand for evidence to inform action.

What we have seen as a result is a number of key government documents emphasising the contribution evidence can and should make in decision making (see for example Strategic Policy Making Team, 1999).

All of this appears to be very favourable with regard to the acknowledgement of the importance of evidence. However, the way in which this actually happens is a complex and challenging process (Backett-Milburn, Platt & Watson, 1998). For instance, there are potentially differing expectations and cultures of stakeholders and, as Fox (2003) notes, they have have different world views

on the same subject matter. This can mean that the translation of research findings into policy and practice is seldom straightforward.

Some Challenges

A recent report by the Kings Fund has stressed the gap between the "rhetoric of evidence-based policy" and what actually happens in communities where policies are implemented (Coote, Allen and Woodhead, 2004). The report also asserts that practitioners working at local level often find that the formal 'evidence base' does not address their needs and their own knowledge is not taken into account.

Time can be a challenge...

Time can be a challenge in getting the evidence into policy and practice. Gathering evidence of effectiveness can be resource intensive and time consuming and hence there can be a 'need' to continue with a strategy or programme or roll it out even if eventual results prove disappointing.

Policy makers may also be less receptive to alternatives especially if a great deal of funding has been invested to make a particular initiative work. Policy makers can be anxious to receive results quickly to show evidential support. In this process, the short term horizons of policy making can outpace those of research. So, there may be insufficient time for the analysis of any impact. Also, political considerations often mean

there is a need for results as early as possible in order to plan ahead.

Furthermore, evidence is only one influence on both policy makers and practitioners; other influences have legitimate call upon their attention, e.g. financial. In practice, policy makers and practitioners may value other types of evidence, such as personal experience or the opinions of important colleagues'. In all of these ways, then, researchers are competing with other sources of persuasion.

The evidence itself...

The evidence itself can present a challenge. Sometimes there is simply a lack of available evidence. On the other hand, there can seem to be a great wealth of evidence and, indeed, a lack of consensus among researchers regarding the value of different forms of evidence can also be challenging,

Relevance of evidence to policy....

Another challenge is the policy relevancy of evidence. Research can be gathered for wider academic purposes and is not always relevant to policy. However, we have to exercise caution because such an observation may tend to assess the value of research simply in terms of its impact on policy.

Also, we can adhere to a linear model of policy and research that neglects their interactivity. Evidence can be empirically elusive and difficult to pin down and/or

measure. This works both ways as concepts which become fashionable with policy can also be elusive, e.g. social capital.

Researchers may themselves be politically naïve, not aware of how policy is made, or unclear about the constraints and demands of practice. Policy making can be perceived as a linear event rather than a diffuse process. Hence opportunities and circumstances where research can be useful can be overlooked.

On the other hand, policy makers and practitioners may often lack the research-based skills to deal with evidence, for example knowing where to find it and how to use it, considering not only what works but also how it works.

Young People's Health in Scotland: Linking Policy, Practice and Research Initiative

In 2002 a need was identified for a research and information base regarding young people's health in Scotland by a forum of representatives from key agencies working with young people (see Backett-Milburn and MacKinnon, 2003).

There are many different models of how research knowledge may be made accessible to practitioners and policy makers but most emphasise closer collaboration between commissioners, research users and academics through out the research process (Davies, Nutley & Smith, 2000; Nutley, Davies & Tilley, 2000).

With this in mind, a research and information initiative on young people and health in Scotland was initiated to encourage close collaboration between NHS Health Scotland, University of Edinburgh research centres, policy-makers and practitioners working in the area of youth health and well-being.

As well as contributing directly to the development of a major programme of work on young people established by Health Scotland in 2001, the research aimed to promote dialogue and encourage a broader alliance of national agencies. The research also aimed to develop an interface mechanism whereby research-practice-policy dialogue was built into strategy development.

Involving stakeholders...

Involving stakeholders early on had a number of benefits. It encouraged

engagement with the evidence process, built ownership and user involvement. It also placed value on practice-based evidence.

A three stranded initiative...

Health Scotland commissioned a three stranded initiative. Firstly, in order to scope existing research four literature reviews were commissioned from leading academics to explore different aspects of the health and well-being of 11-25 year olds.

Although there was a significant body of data on young people's lives and health in Scotland, a considerable amount of this had been gathered from the perspective of adult-defined health concerns. Consequently, one review specifically reported on young people's own concerns.

Secondly a mapping of current information sources on young people and health that were routinely available to those working with young people and a review of current consultation processes with young people was undertaken.

Thirdly a consultation seminar was held to discuss the research and strategic development possibilities with researchers, policy makers and practitioners working with young people. Importantly many of the participants had been involved in the research and information exercises in the first two strands, which had aided inter-agency awareness and previous work. Essentially this seminar allowed for more effective dissemination and discussion of the evidence.

To disseminate more imaginatively...

The initiative also sought to disseminate more imaginatively beyond the more traditional outputs. The findings were presented at a Policy Forum meeting at the Scottish Executive, organised by the Chief Scientist Office. A special edition of the Scottish Youth Issues Journal was produced to reach its target audience of youth organisations and agencies. As well as the research reports, five research briefings were produced and made available on Health Scotland's website - www.hebs.com/research.

It became apparent from the organisations that are involved with young people in Scotland that better networks and links between them would promote a more holistic approach to meeting young people's needs. In particular it was demonstrated that smaller organisations find it hard to access up-to-date information related to health.

Consequently Health Scotland's programme manager for young people established a Youth Health Network with an accompanying newsletter outlining the latest policy and research developments relevant to young people's health.

Conclusion

Contributing evidence to health improvement policy and practice will continue to present challenges but it can be aided by recognising a 'pluralistic' culture, a more multi-stakeholder approach where we recognise different interests and greater collaboration.

Different individuals and groups want different things from research and have different stakes in it. The research and information initiative illustrated the need for researchers to become skilled communicators, e.g. improving our ability to define a problem according to different points of view, adapting the argument to the audience.

However, mutual exchange and promoting learning and improvement was also found to be essential. In particular it was apparent that evidence is most likely to influence policymakers and help practitioners through an extended and multi-faceted process of communication.

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