
Evidence to Action in public service delivery:
an overview of What Works Scotland
knowledge partners

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What Works Scotland

What Works Scotland aims to improve the way local areas in Scotland use evidence to make decisions about public service development and reform.

What Works Scotland is working with Community Planning Partnerships (CPPs) and stakeholder partners to achieve its aims, namely to:

- Identify and better understand what is working and not working in public service delivery in Scotland, and how we can translate knowledge from setting to setting
- Contribute to the development of a Scottish model of service delivery that brings about transformational change for people living in different places across Scotland

What Works Scotland (2014-2017) is a collaborative between The Scottish Government, the Economic and Social Research Council (ESRC), the University of Edinburgh and the University of Glasgow. www.whatworksscotland.ac.uk

This Working Paper is one of a series of papers that What Works Scotland is publishing to share evidence, learning and ideas about public service reform. This paper relates in particular to the WWS **Evidence into Action** work stream.

This is a summary of a more detailed report which offers a broad map of WWS knowledge partners' Evidence to Action activity in the context of public service delivery.

Karen Seditas works with the Centre for Research on Families and Relationships where she developed the Evidence Bank model, a knowledge service which supports evidence into action.



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1. Summary

What Works Scotland (WWS) has a range of knowledge partners who have a role in improving the use of evidence in public service reform. We explored these partners' Evidence to Action (E2A) activity in the context of public service delivery to provide an overview of the evidence approaches provided, specifically:

- target audiences/participants,
- broad topics (relating to public service reform),
- what resources they use,
- the types of activity (mechanisms) involved in those services,
- what gaps currently exist.

This is not an exhaustive map of WWS knowledge partners or of E2A activity in the public sector, and it does not examine the impact of those activities. Instead it aims to set out some of the key E2A resources for Public Service Reform.

Not surprisingly, the areas we explored look quite different across the knowledge partners due to the range of types of organisations, their size, activities, remits and contexts. All knowledge partners provide evidence for use by, or which can be accessed by, external agencies or partners. Most often, this is aimed at public sector organisations. Some partners also have a remit to provide information to inform their internal workforce and activities. Collectively, providing evidence to inform topics around health and social care features most prominently.

In terms of how evidence is provided, knowledge partners' approaches encompass providing data, reports, toolkits etc. (linear dissemination); events, networks and brokering (relational activities); and creating capacity, capabilities and structures to facilitate those activities (systems). Each of these approaches builds on the former, so for example while collectively partners conduct a relatively large amount of 'linear' dissemination of data this is often combined with more relational ways of working. Indeed, activities around networking, connecting and dialogue feature heavily across all partners. This relational activity appears to be a central ethos for many partners in their core work, an approach which lends itself to E2A work. Yet while networks and relationships are seen as key, there may be both challenge and opportunity around how to create tangible activities from these in a context of restricted resources.

Knowledge partners identified a range of gaps and issues around taking evidence into action to deliver public services, mainly relating to knowledge brokering, the nature of the evidence base and access to evidence. Knowledge brokering is a growing area, particularly across the health sector partners, some of whom are developing knowledge broker roles in their teams. There is a general desire amongst partners to develop processes, capacities and capabilities to support better use of evidence. Currently, language relating to 'knowledge brokering' is used in variable ways across partners and sectors, the skills and competencies required for such roles are not necessarily clear and there is limited support for capacity and capability building in this area, suggesting this as an important area for further exploration.

While we did not explore what is seen or valued as 'evidence' by knowledge partners, it was clear that this varies across sectors. This will become of increasing relevance as health and social care integration progresses, and will have implications for the types of knowledge

required to meet sector needs and what 'knowledge brokering' needs to look like within this changing context. This may also offer opportunities for academics to work with the third and public sectors to better understand evidence needs and develop the evidence base to inform public service delivery.

While some knowledge partners have specific resources to support E2A activity this is not extensive nor widespread, though most partners have access to communications staff. For those organisations without core funding the need to be constantly seeking funding is constraining and diverts capacity away from areas such as E2A. There may be potential to work with a broad range of funders (for example public agencies and independent funders) to enable E2A activities to be a more central part of funder criteria.

2. Background

What Works Scotland (WWS) is a partnership which aims to improve the way local areas in Scotland use evidence to make decisions about public service development and reform. The emphasis of WWS on the use of evidence in planning, service delivery and service reform led to a stream of work focused on Evidence to Action (E2A).

The E2A workstream includes a working group which brings together representatives from WWS national partner organisations and others with an interest in the delivery of evidence. Collectively, these organisations are WWS 'knowledge partners' (listed in the appendix).

About this report: The E2A workstream carried out a mapping of WWS knowledge partners' Evidence to Action activity, and the ways they deliver that activity, in the context of public service delivery. It aimed to:

1. Produce an overview of the evidence service/s provided, for whom, on what broad topics (relating to public service reform), and with what resources;
2. Specifically, to identify the types of activity (mechanisms) involved in those services (e.g. providing tools, facilitating networks, brokering evidence);
3. Explore what gaps may currently exist in providing evidence.

Points to note: This is a summary of a more detailed report which offers a broad map of WWS knowledge partner E2A activity in the context of public service delivery. It is not an exhaustive map of WWS knowledge partners or of E2A activity in the public sector, and does not examine the impact of those activities. Representatives from each organisation were consulted during the mapping; wider consultation across the organisation was not systematically conducted as this was outwith the project scope and resources. All knowledge partner organisations operate on a national level. An outline of how the mapping was conducted is given in the appendix.

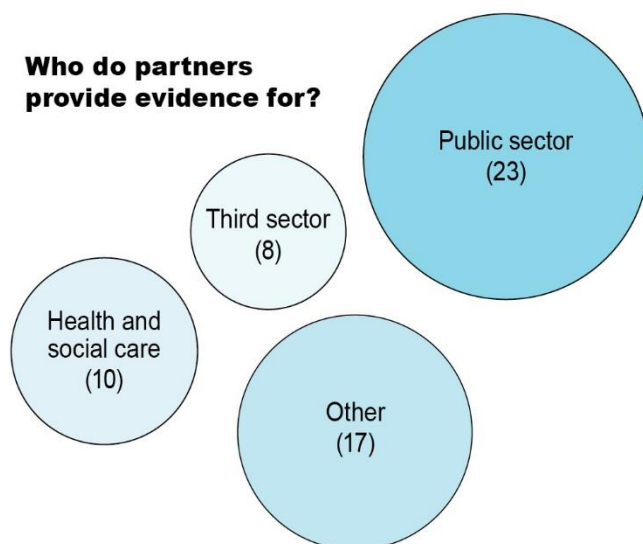
3. Overview of knowledge partners' E2A

E2A activity and processes vary across the knowledge partners due to the range of types of organisations, activities, their size, remits and contexts. Indeed, 'evidence' and 'evidence

provision’ looks very different across the partners. For example, for Evaluation Support Scotland ‘evidence’ is third sector organisations’ self-evaluation evidence which they support organisations to generate, analyse and act on. For Inspiring Scotland, ‘evidence’ is data and information they produce about the performance of investments and the social impact of those investments. For NHS Education Scotland (NES), ‘knowledge’ includes: research knowledge, and other forms of documented knowledge (policy papers, evaluation reports etc.), and knowledge from experience and from practice. The focus for SCVO (the Scottish Council for Voluntary Organisations) is on building an agenda for change within a policy context. Any evidence generation relates to the third sector, and any use of evidence is directed towards this change agenda.

3.1. Why do partners provide evidence for to support public service delivery?

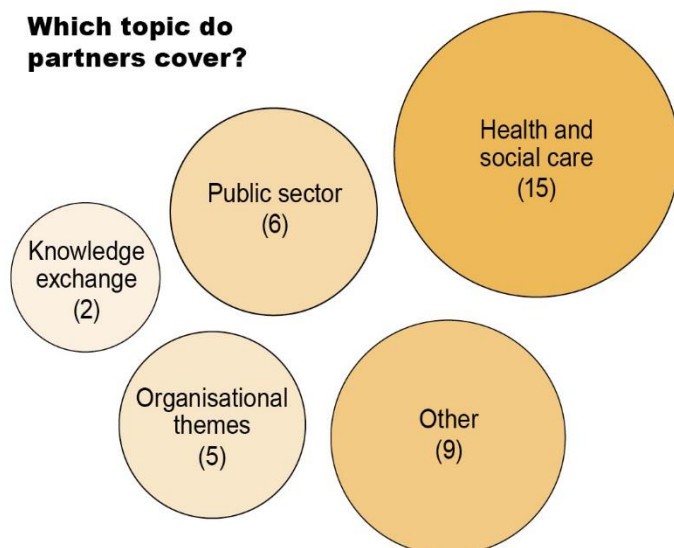
All knowledge partners provide evidence for use by, or which can be accessed by, external agencies or partners. Some also have a remit to inform their internal workforce and activities.



Of the sectors which knowledge partners refer to providing evidence for, the public sector is most common (such as Scottish Government, Community Planning Partnerships, local government and their partners, and policy makers). Health and social care agencies mentioned include national health boards, Health and Social Care Partnerships, the public health community including those who access services and carers in their communities (e.g. co-production teams) and the workforce within statutory, third, and private sectors. Partners also provide evidence for the third sector in Scotland and the UK, and those organisations that fund and

support the third sector. Other areas include the academic community (including students), the international community, partners, communities, the media and organisations with specific requests (e.g. commissions and Freedom of Information Requests).

3.2. Which topics do partners cover?



The knowledge partners represent a broad range of topics relating both to public service delivery and reform and the 'evidence' function of the organisation. Most frequently mentioned is health and social care (such as topics related to improving health and well-being, population health, health and social care integration, early intervention, and health service data), followed by public sector topics (such as areas of current policy emphasis and public policy change, asset-based approaches to change, reducing inequalities and performance improvement).

Other topics mentioned by knowledge partners include:

- the third sector in Scotland (its profile, size, funding etc.);
- issues of particular relevance to the third sector (such as the economic agenda, digital participation);
- workforce planning and recruitment;
- childhood, families and relationships;
- environment, lifestyle and consumption;
- gender-based violence and child protection; and
- work, institutions and civic society.

Five knowledge partners (Iriss, Inspiring Scotland, Evaluation Support Scotland, Health Scotland, and Glasgow Centre for Population Health (GCPH)) highlighted that their work topics change in accordance with context (e.g. organisational themes, locality). Knowledge exchange as a topic was specifically mentioned by the Centre for Research on Families and Relationships (CRFR) and the Scottish Government.

3.3. Approaches to providing evidence

Three evolving approaches

E2A can be viewed as three approaches which have developed over time, with each building on the previous approach: linear models, relationship models, and systems models¹. These models provided a framework for gathering and presenting information about knowledge partners' E2A activity.

¹ Best, A. and Holmes, B. (2010) *Systems thinking, knowledge and action: towards better models and methods*. Evidence & Policy (6) 2: 145-59

In a **linear approach**, knowledge is a product, often seen as ‘data’, whose use depends on effective packaging, and is usually a one-way process. Linear activities can be ‘products’ such as data, tools, reports, and social media.

A **relationship approach** incorporates linear ways of dissemination and diffusion, but also focuses on the interactions amongst people using the knowledge. It emphasises sharing knowledge, developing partnerships, and fostering networks of stakeholders with common interests. Knowledge is seen to come from multiple sources and its use depends on effective relationships and processes. Examples of relational activities are events, networks and knowledge brokering.

A **systems approach** builds on linear and relationship models and recognises that diffusion and dissemination processes and relationships are shaped, embedded and organised through structures that mediate interactions across different stakeholders. Links between those stakeholders need to be activated. For our purposes, ‘systems’ incorporates activities such as training, skills and role development intended to increase capacity and capability both within individuals and organisations around evidence to action.

That each approach includes and develops the previous approach is important. Much of our knowledge partners’ activity can be seen as ‘linear’, however this does not mean that they mostly rely on linear ways of providing evidence. Indeed, some partners explicitly highlighted that ‘data’ is used in relational ways (for example using toolkits with Communities of Practice) or is produced at the request of, or with, others.

WWS knowledge partner activity is outlined below, the three approaches are described individually for simplicity.

Linear ways of providing evidence

Online: All knowledge partners produce publications and resources which are publicly available and freely accessible from organisation websites.

Not surprisingly, health sector partners (NES, Health Scotland, Healthcare Improvement Scotland) or those working with them (the Knowledge Hub) offer the most substantial online libraries and portals to access publications and resources. Other partners offer a library-type resource (Iriss, SCVO) which are not actively maintained partly due to capacity required to maintain such resources, and partly because the information can be readily accessed elsewhere. A more ‘user-led’ type of library is offered by Iriss through Research Unbound, an open access area where researchers can post details of their research more quickly than traditional academic routes allow.

Toolkits: Nearly all knowledge partners offer toolkits and resources to support finding and using evidence, in relation to the remit of the organisation. For health partners in particular, these take the form of guidelines, planning tools, impact assessments, and costing tools for the health (and increasingly social care) workforce. NES is developing mobile apps to support use of knowledge at the point of care. NHS Information Services Division (ISD) offers dashboards to access and analyse the data it holds. The Scottish Public Health Observatory (ScotPHO) (lead by Health Scotland and ISD) pulls together a wide range of data in specialist profiles to support understanding of local areas for planning purposes and has developed the Informing Investment to Reduce Health Inequalities Tool.

For the wider public sector, the Improvement Service provides a range of data and analysis tools and other tools to support public service delivery such as the Public Service

Improvement Framework²; Iriss offers Leading for Outcomes guides which focus on supporting team leaders to take evidence into practice; Inspiring Scotland produces toolkits on play ranger and active play (arising from specific work programmes) and various outcome frameworks. Iriss in the past produced 'Confidence through Evidence' toolkit which provides guidance on the process of finding and using evidence for service innovation and improvement, though they note that the problem with such 'traditional how-to guides' is that people need a reason to go to it in the first place. Health Scotland have an outcomes framework website to support planning and evaluation of health improvement work across public service delivery.

CRFR offers resources on communicating evidence for Knowledge Exchange (KE) including a writing for KE manual, guidelines for writing briefings and blogs.

While many of the above resources relate to using evidence, two partners in particular offer resources about creating evidence: Evaluation Support Scotland offers self-evaluation guides and resources, and CRFR produces guidelines on stakeholder mapping, assessing impact, and working in partnership.

For the internal KE work of the Scottish Government, guidelines for policy staff on accessing and interpreting evidence are not provided as dialogue between researchers in the Office of the Chief Researcher and policy colleagues is required.

Reports and other publications: All knowledge partners produce publications and for a range of reasons: arising from the organisation's own activities or activities in conjunction with their partners (all partners); commissioned to other parties (Scottish Government, Evaluation Support Scotland occasionally); and in response to requests for evidence publications by either internal or external parties (CRFR, Healthcare Improvement Scotland, NES, Health Scotland).

Making evidence accessible: All partners aim to make evidence accessible in some way. Data visualisation and infographics are used to varying degrees by CRFR, Healthcare Improvement Scotland, Improvement Service / Knowledge Hub, and in particular by GCPH. This method is being looked at more by ISD and while Iriss previously developed a data visualisation tool this is no longer invested in as other tools are widely available, rather they encourage visual ways of producing data. Other multi-media methods include animation (GCPH, Iriss), podcasts and video (Iriss, Health Scotland, Healthcare Improvement Scotland) and interactive pdf formats (Healthcare Improvement Scotland).

While all partners aim to produce clear reports and resources, plain language reports and summaries are an explicit aim for CRFR, GCPH, and Iriss. Healthcare Improvement Scotland produces lay summaries of SIGN³ Guidelines, and the Scottish Government occasionally produce Easy Read summaries.

Signposting: Signposting to specific evidence is mostly found within the health sector partners (e.g. producing reading lists).

Social media: All partners, with the exception of ISD, use social media such as Twitter (most popular), Facebook, LinkedIn, YouTube, blogging and social reporting. Although the Scottish Government uses social media, it is not conducive to the Government's policy timeframe.

² PSIF: a performance improvement model using a self-assessment approach which encourages organisations to conduct a comprehensive review of their own activities and results.

³ The Scottish Intercollegiate Guidelines Network (SIGN) develops evidence based clinical practice guidelines for the National Health Service (NHS) in Scotland.

Mailing lists and alerts: Most partners have some sort of mailing list or bulletin to communicate organisational activities and related relevant information. Alerts specifically to new evidence and publications are provided by NES, Healthcare Improvement Scotland, ScotPHO and Health Scotland, and by the Scottish Government through ScotStat.

Further plans: linear activities

Some knowledge partners highlighted plans for developing particular activities in the near future:

- *Health Scotland – more use of infographics;*
- *Healthcare Improvement Scotland – environmental scanning at health board level;*
- *ISD – more interactive websites and explore use of digital technologies to share data.*

Relational ways of providing evidence

Events: All knowledge partners hold events of some type (workshops, seminars, sharing and learning events, masterclasses, forums, roundtables and conferences) at least twice per year and some frequently. Most partners hold events which aim to be interactive, often arising out of or informing programmes of work, and in response to sector needs. Some events are by invitation and/or aimed at internal staff or partners. Other events are publicised outwith the organisation though in a targeted way. CRFR and NES hold events and workshops specifically around evidence to action.

Some partners highlighted a deliberate attempt to bring sectors and diverse stakeholders together implying that knowledge is seen to come from multiple sources: GCPH seminar series events include a follow-on discussion day, and their partners have opportunity to shape areas of work at all stages; Evaluation Support Scotland and SCVO hold discursive events to explore issues relevant to the third and public sectors (SCVO on policy issues and relevant themes, and Evaluation Support Scotland proactively creates ‘collaborative spaces’); CRFR’s Knowledge Exchange work is boundary spanning and brings together practitioners and policy-makers from a range of roles across the third and public sectors, as well as the academic community. Health Scotland chairs a collaborative partnership forum.

The majority of events are face to face, while the Knowledge Hub offers and supports others to present webinars and NES offers WebEx sessions through the K2A network⁴.

Facilitating networks: All knowledge partners facilitate or actively contribute to a range of formal networks. Online networks or communities of practice are hosted or supported by Healthcare Improvement Scotland, the Knowledge Hub, Inspiring Scotland and NES. GCPH and the Scottish Government in particular underlined that relationships are key to their ethos and approach to getting evidence into action. Three knowledge partners (CRFR, Iriss and Healthcare Improvement Scotland) jointly host a Knowledge Exchange Community of Practice.

Two knowledge partners highlight user-driven approach to network building: Iriss encourages the social services workforce to build their own networks of practice through Personal Learning Networks; Knowledge Hub communities are user-driven and organic. NES also supports healthcare staff to form online communities of practice.

Health Scotland chairs the Inequalities Action Group whose aim is to identify feasible evidence based actions for national action and those that could be taken forward by local Community Planning Partnerships. It brings together policy makers, officers and experts who are familiar

⁴ K2A is the national knowledge management platform for health and social care.

with the evidence and have knowledge of the operational limitations of the public, private and third sector, and are skilled in translating evidence into action. It provides a mechanism to continue the momentum of the ministerial task force on health inequalities, including ensuring lessons learned from policy evaluation inform future recommendations for action, focuses on knowledge and its translation into action at national and local levels, and is a national collaboration between the Scottish Government and key public service organisations.

Brokering evidence: Nearly all knowledge partners have a role to support access to or to mediate the production or use of evidence in some way, across the range of areas that the partners represent (while sharing knowledge and expertise among practitioners is part of LARIA's remit, the network does not aim to broker evidence). 'Knowledge brokering' is a growing area and language relating to this is used in variable ways across partners and sectors, highlighting this as an important area for further exploration.

A significant development within the health sector is the Knowledge into Action multi-agency knowledge broker network, which includes NES knowledge services, Healthcare Improvement Scotland, Health Scotland, a network of health boards library staff, and other staff. The knowledge broker network is partly a learning network which supports sharing of experience in providing knowledge into action support, and a programme of learning opportunities in knowledge brokering skills. NES is also facilitating its development as a service delivery network, initially in the form of the coordinated national evidence search and summary service. While this currently serves the health sector, the health and social care integration agenda will mean a different range of evidence needs.

NES is leading the development of the librarian roles across NHSScotland to increase knowledge brokerage competencies; Healthcare Improvement Scotland is inputting to this development by providing training in expert literature searching and the summarising of findings. Healthcare Improvement Scotland have also developed three knowledge broker roles within their knowledge management team which provide a conduit for project team knowledge needs. ISD is currently placing an analyst or information specialist within each Community Planning Partnership or Health and Social Care Partnership to support those agencies to use data. Health Scotland works to support evidence use with Community Planning Partnerships, Health and Social Care Partnerships and local authorities, and responds to requests to share and discuss evidence. GCPH programme staff work alongside local partner organisations.

Outwith these health sector knowledge partners, several mention using relationships and brokerage to influence areas of work: Evaluation Support Scotland and SCVO champion third sector evidence in policy and practice; Evaluation Support Scotland supports funders to think about evidence and the evaluation questions they should ask to generate evidence; Inspiring Scotland uses learning from its programmes to influence policy and practice and involves the organisations it works with in identifying areas of social need for potential investment; the Scottish Government emphasises that relationships and dialogue are essential (both internally and externally) to know what people need to know from evidence.

CRFR has specialist staff in knowledge exchange and impact, who work with a range of third and public sector partners on the links between evidence and action. This includes programme level evaluation, linking data, research and evidence, and using contribution analysis as a planning/reflection/evidence gathering tool. CRFR also works with academics to help them plan and execute KE strategies.

CRFR has developed an evidence to action process with third and public sector partners to support organisations to identify gaps in knowledge, gather and synthesises a range of evidence in accessible and actionable formats, and support organisations to plan how to use evidence in service planning and delivery. This is currently being further developed during What Works Scotland. CRFR also leads work to increase understanding about evidence to action, building on the current research on how research gets used and ways of thinking about the evidence to action process.

In terms of generating evidence, Evaluation Support Scotland supports third sector organisations in self-evaluation through tailored consultancy work. Lastly, the Improvement Service supports public sector agencies in improving use of evidence and data for performance management.

Further plans: relationships

Some knowledge partners highlighted plans for developing particular activities in the near future:

- *Evaluation Support Scotland - convene third sector group to explore how to evaluate influencing policy, produce knowledge brokerage material in the context of funders;*
- *Health Scotland - greater involvement with Health and Social Care Partnerships;*
- *Healthcare Improvement Scotland - develop an evidence and evaluation function and a knowledge broker role for healthcare improvement;*
- *Iriss – place-based work;*
- *ISD – develop E2A work and knowledge brokerage skillset;*
- *Improvement Service / Knowledge Hub - piloting technology to move to a more fluid way of working, the Knowledge Hub to work with communities;*
- *NES - a next phase of developing the multi-agency knowledge broker network;*
- *SCVO - strategic roundtables around data work;*
- *CRFR is committed to sustaining a vibrant events programme allowing researchers, policy-makers and practitioners to interact to discuss and develop research, and to continued research partnerships and joint studentships.*

Systems ways of providing evidence

For our purposes, a systems approach to evidence to action includes developing E2A capacity and capabilities of staff, building E2A approaches into work, and developing structures which support E2A and mediate interactions between stakeholders. The majority of knowledge partners referred to work which reflects one or more of these areas.

Healthcare Improvement Scotland and NES specifically highlight developing knowledge broker staff competencies and skills; while in the Scottish Government all civil servants must demonstrate analysis and use of evidence as a key skill. CRFR has staff with specific remits to deliver KE work, develop KE partnerships, and increase understanding and ability around E2A. Health Scotland has created a team to actively support Community Planning Partnerships and Health and Social Care Partnerships in using evidence for planning around reducing inequalities, support areas around preventative spend, and to increase capacity locally around outcomes planning and evaluation.

CRFR, Evaluation Support Scotland, Iriss and SCVO are involved in work which aims to increase awareness and understanding of what evidence is, how it can be generated, how it can be used, and how its use can be evaluated.

External training and resources to develop E2A processes is offered by CRFR (on a range of KE areas), Evaluation Support Scotland (self-evaluation), and SCVO (some monitoring and evaluation). Knowledge partners also offer support to their own partners to build capacity and expertise in, for example using data (ISD), knowledge management (the Knowledge Hub), ways of presenting data (Iriss), and organisational strengthening (Inspiring Scotland).

Further plans: systems

Some knowledge partners highlighted plans for developing particular activities in the near future:

- *Evaluation Support Scotland – capacity building around interpreting research evidence and secondary evidence;*
- *Health Scotland - governance processes informed by K2A; possible network for local evaluation support; considering requirements of knowledge broker role; devising protocols to generate and synthesise knowledge internally;*
- *ISD – planning an internal pilot around good data conversations; want to increase capability at a local level (data and analytical skills, confidence in decision-making) however there is a capacity issue;*
- *Improvement Service/Knowledge Hub - considering how IT might support localism;*
- *NES - hoping for a next phase of K2A for integrated health and social care;*
- *SCVO - ambition to support members' digital communication capacity;*
- *CRFR - through its involvement with What Works Scotland, CRFR will be increasing the capacity of local government to use a range of types of evidence;*
- *Inspiring Scotland: may consider exploring what a successful exit would look like at a fund level. For example, embedding some Inspiring Scotland practices into a public funding vehicle (e.g. Community Planning Partnerships);*
- *Iriss – develop organisational enquiry and personal learning network approaches with partners.*

3.4. Approaches to providing evidence

WWS knowledge partners identified a range of gaps and issues around taking evidence into action to deliver public services, summarised below, with the majority relating to knowledge brokering, the nature of the evidence base and access to evidence. ‘Talking Points’ are included to facilitate reflection and discussion around these areas.

Knowledge brokering and skills: There are gaps in support to take evidence into action in particular service contexts, and in building capacity to analyse and use data at local levels. The role of the ‘knowledge broker’ is not widespread and at the same time different sectors can mean different things by ‘knowledge broker’. There is a training gap for knowledge brokers, who may need to draw on different types of skills at different times. What is viewed as ‘evidence’ is different in different sectors, and certain types of evidence can be seen as more important and relevant than others (e.g. Randomised Controlled Trials in health, practice wisdom in social services). There are fewer resources to identify and meet evidence needs outwith the health sector. There is a gap in bringing different types of evidence together,

creating challenges in partnership working arrangements (e.g. health & social care integration).

Talking Points

- *What does the role of 'knowledge broker' look like in different settings? How is it described (a 'knowledge broker', librarian, communications, research)? What is the most useful language?*
- *What are the core activities of a knowledge broker and what skills does this role require? Might role requirements change, for example in the context of health and social care integration?*
- *How can knowledge brokers working in and with public services be better supported?*
- *What do staff in your setting see as 'evidence'? Do they see different types of evidence as more or less useful or important? How does this compare with other settings?*

Evidence, research and access to data: More opportunities for academics to engage with those delivering a public service would be beneficial, yet the Research Excellence Framework⁵ does not tend to reward academic and third sector collaborations. Practice evidence can address questions often missing in other types of evidence, such as: how long does it take to make a difference, how much does it cost? In academic research, Scotland is not often included in comparative studies meaning there is lack of relevant research, and there is a lack of academic research around the third sector. There is also a gap in our knowledge over the extent to which public service delivery is itself based on evidence, our understanding about how it uses evidence, and what the gaps in evidence actually are. Service user knowledge and practice-related postgraduate students' work are untapped resources of evidence. It can be difficult for those delivering public services know where to find reliable data. They may lack resources such as libraries, and often paywalls and cost issues prevent practitioners or policy-makers accessing evidence. There are few resources to support professionals to identify gaps in knowledge and sift, identify and interpret the vast amount of existing evidence available and the way evidence is presented is not always directly relevant to policy-maker and practitioner needs

Talking Points

- *How can evidence from practice be better represented in the evidence base relating to public services?*
- *How can academics and the public and third sectors work together to develop the evidence base, and inform public service delivery?*
- *What could help staff delivering public services to access and use data (including data sources, data in useful formats, identifying useful evidence)?*

Implementation methodologies: There is a lack of clarity around the strengths and weaknesses of available implementation approaches. An emphasis within the health sector on a narrow range of improvement methods (i.e. the Institute for Healthcare Improvement's improvement methodologies) means it can be difficult to introduce other approaches, though the social care sector may be more open to a wider range of implementation approaches.

⁵ The Research Excellence Framework (REF) is the new system for assessing the quality of research in UK higher education institutions.

Talking Points

- *What would help to provide more clarity over implementation methodologies? How could this be provided?*
- *How could the social care sector contribute to conversations over implementation methodologies?*

Collaboration and collective learning: A collaborative mind-set, a willingness to share, and reusing existing resources such as and bringing in experts from other areas, can help to break down barriers across public agencies. Coordination across partners and services is also needed (to avoid missing both gaps and duplication). However, there is currently limited collaboration across health and social care, despite a strategy to collaborate and provision of national knowledge tools and resources across both sectors. A way of capturing collective learning about public service in Scotland and how it might change, informed by evidence, economic constraints and constraints of delivery would be beneficial, as would an overview of activity (such as what is happening in local councils, CPPs, Health and Social Care Partnerships).

Talking Points

- *How could public services activities be shared in a manageable way, to share awareness and learning and avoid duplication? Which organisations, roles and mechanisms might be able to support this?*
- *How can organisations be supported to work together more effectively? What areas need to be explored – leadership, communications, resources, mechanisms, infrastructure etc.?*

Structure and processes: Working with local and national government structure and processes can be challenging. Repeated changes in personnel loses organisational learning, those who recognise the value of particular work do not necessarily hold decision-making power, and cross departmental issues have to engage with different departments with different timings, schedules, ways of working, outcomes, frameworks etc. The point at which evidence is sought is not always early enough in the decision-making process, compounded by the length of time involved to secure funding for academic research which does not align with policy and political timescales. Local devolution can mean it is difficult to influence local authorities, and difficult to maintain a national strategic approach. Local government has a less strong and co-ordinated research community than health and the CPD framework for elected councillors does not include using evidence to inform decisions. Short term funding for third and public sector work inhibits the ability of services to take a 'long view' and plan strategically.

Talking Points

- *How can those delivering public services engage with national and local government structures and processes, in a timely way, given the varying processes, personnel and focus?*
- *What could help elected councillors to access and use evidence in decision-making, in a timely way?*

Capacity issues: There is often little time for strategic thinking, engagement and learning and it is difficult to justify spending time building relationships. At local levels there is a gap in capacity to increase capability around using data.

Talking Points

- *How can those delivering public services be better supported to engage in reflection, learning and relationship building? What key elements need to be in place to facilitate this?*

Technological gaps: CPPs do not have an overarching, linked digital approach and public bodies would benefit from client management systems (i.e. database of client contacts, interactions, and agreements).

Talking Points

- *What would improve digital capacity and capability in public bodies? Which organisations might be best placed to develop this area?*

Workforce: There is a lack of career structure and support for applied researchers (e.g. short term contracts). Postgraduate courses do not show what it's like to work in a local authority / public service delivery. The national leadership development landscape tends not to involve academics.

Talking Points

- *What could be done to link education and training with the public sector workplace (e.g. placements, mutual visits, information, partnerships)?*
- *How can leaders delivering public services and academics link better?*

3.5. Drivers of E2A topics and activities

Factors which drive the type of evidence provided and the E2A activities of knowledge partners are both internal to their organisations and external. The most frequently mentioned internal drivers are equally staff interests and internal directions, followed by gaps identified through e.g. self-evaluation and reporting requirements. The most influential external driver was identified as the need to consult with stakeholders, and second the policy context and social issues. Other external drivers include Scottish Government and funder priorities, technological developments which enable better access to data and information, and innovations in evidence to action work.

3.6. Resources for E2A

In terms of resources specifically relating to E2A activities, the majority of knowledge partners have access to communications staff, which often includes e-communications. Some partners (GCPH, Health Scotland, Iriss, Healthcare Improvement Scotland and CRFR) specifically mention that communications staff are geared towards knowledge exchange, such as providing support to think creatively, infographics expertise, clear language writing, video, social media, interactive pdf formats and graphic design.

While one could argue that all knowledge partners include key staff with an interest in E2A, as demonstrated by their involvement in this work, a small number of partners have staff with a specific E2A remit:

- GCPH programme manager and researcher roles explicitly involve evidence to action and knowledge brokerage;
- Healthcare Improvement Scotland's knowledge and information team all have some type of knowledge brokerage element, and have developed three specific knowledge broker roles within their knowledge management team which provide a conduit for project team knowledge needs;
- NES is leading the development of the librarian roles across NHSScotland to increase knowledge brokerage competencies. While the majority of librarian time is still spent on 'traditional' activities such as managing library resources, the balance is shifting to enable staff to prioritise K2A work. However, the challenge remains that K2A support has been developed primarily within existing resources, and there is a need to build up capabilities for sustainability;
- CRFR has a director-level specialist in knowledge exchange and impact, and a knowledge exchange officer and assistant. As well as generating E2A work and supporting CRFR research staff in E2A activities, they work alongside project-funded staff who deliver E2A projects. Funding for all this work is generated from research councils and other project funders.

For those organisations without core funding the need to be constantly seeking funding was constraining, echoing challenges commonly heard within the third sector. This impacts on E2A activity since capacity can become concentrated towards fund-raising for core business, constraining the time available to develop E2A activities. Of course this raises the challenge of how to make E2A part of that core business, and how funders can include E2A work.

4. Next Steps

The WWS E2A working group will use report to inform its work around providing accessible evidence for those delivering public services. In the first instance, we will explore how to improve what evidence is available to, and used by, local authorities. In doing this, we will also draw on other WWS developments including the findings of a survey of Community Planning Partnership officers.

5. Appendices

5.1. How the mapping was carried out

The mapping was conducted by semi-structured interviews with key representatives of WWS knowledge partners during May – August 2015. Interviews were audio-recorded and transcribed to ensure accurate and full information was captured. Transcripts were coded by categories relating to the areas discussed using Quirkos software. E2A profiles of each knowledge partner were produced using this coded data, which inform this mapping. Draft profiles were sent to partners for comment over November – December 2015. All but two of the fourteen partners interviewed returned revised versions. Of those two, one draft profile was used for this report, and one draft profile was not used due to significant structural changes since the time of interview (Joint Improvement Team). Approaches to providing evidence (section 3.3) were summarised by partner in an excel spreadsheet and then synthesised to provide an overview.

5.2. WWS knowledge partners

Centre for Research on Families and Relationships (CRFR) (leading the E2A workstream with WWS) produces, supports, stimulates and shares, high quality social research on families and relationships across the lifecourse, and works to increase understanding about evidence to action.

Evaluation Support Scotland provides evaluation resources and training, and supports Third sector evaluation

Glasgow Centre for Population Health (GCPH) works across the boundaries of research, policy, implementation and community life to generate insights and evidence, support new approaches, and inform and influence action to improve health and tackle inequality.

The Improvement Service works with Scottish councils and their partners to improve the efficiency, quality and accountability of local public services by providing advice, consultancy and programme support. They run the Knowledge Hub: a platform for KE about public service issues

Inspiring Scotland is an outcome focused venture philanthropy organisation which aims to tackle social issues and change lives.

Iriss supports the diverse health and social care workforce by providing high quality support through the use of evidence, innovation and creativity

LARIA (Local Area Research and Intelligence Association) are a network of local government researchers

NHS Education for Scotland (NES) synthesizes evidence, supports the knowledge needs of integrating health and social care, and supports knowledge broker roles

NHS Health Scotland provides resources and evidence to support Community Planning and have evaluation expertise. Their aim is to reduce health inequalities and improve health.

NHS Healthcare Improvement Scotland provides evidence synthesis services and uses data for to improve services across health and social care

NHS Information Services Division (ISD) provide quantitative data analysis and modelling

SCVO (Scottish Council for Voluntary Organisations) coordinates the MILO database, which shares data on third sector activities and assets between third sector support providers in localities across Scotland.

The Scottish Government Office of the Chief Researcher provides a strategic, corporate and professional support function to social researchers across the Scottish Government