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Jessica Kingsley 2015

## **Incorporating 'Knowledge Exchange' into research design and dissemination strategies**

This chapter focuses on how knowledge exchange was incorporated into the dissemination strategy of a series of three linked, survey based, research studies. Dissemination is defined as 'spreading' or 'scattering' and in the research context is associated with researchers ensuring that their research findings reach relevant audiences. Knowledge exchange is usually defined or understood as a two-way, or multi-way, process where social scientists, users of research and wider groups and communities share learning, ideas, evidence, expertise and experiences (ESRC 2014). It therefore offers a forum to create a dialogue between these communities. Knowledge exchange helps research influence policy and practice and thus offers increased potential for research impact (REF 2014). However, it also aims to ensure that knowledge from policy and practice is included in the research process by taking account of policy and practice perspectives when constructing, sorting and organising knowledge.

The studies outlined below set out to build an 'evidence base' concerning social work and social care practitioners' experiences of, response to and preparedness for working with people affected by problematic use of alcohol or other drugs (AOD). The misuse of alcohol and other drugs is a factor which features in the lives of many people needing to access social work and social care services. The extent to which the workforce feels prepared to work with these problems, and the ways in which practice and policy can be developed to support front line workers, are therefore pertinent issues.

Accordingly, our studies focused on both developing our understanding of the challenges faced by front line practitioners when responding to problems associated with problematic AOD use and how these difficulties might be overcome by investigating the training opportunities available to practitioners. Increasingly social work research has embedded the perspectives of practitioners and policy makers within the process of knowledge generation, application and implementation. It has recognised the added value of their unique knowledge of constraints and enablers in the practice field. Within this context we discuss our experience of using 'knowledge exchange' as an integral part of the research process and its role in disseminating the research findings to practitioners, policy makers, social work educators and training leads.

### **Abstract**

Our use of the knowledge exchange platform was planned to occur towards the end of our work on the three linked surveys, each of which we summarise here. The first study in the series, completed in 2011, used a study specific online survey complemented by focus groups and interviews with key

informants across 10 children's and seven adults' social care directorates in England (Galvani, Dance and Hutchinson, 2011). This project was focussed on:

- identifying the extent and nature of practitioners' experiences with AOD problems across the range of local authority provided social work and social care services
- exploring practitioners' knowledge of and attitudes towards working with AOD problems (using an adapted version of The Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ) see Hutchinson, Galvani and Dance, 2013)).
- appraising the nature and extent of joint working with specialist substance misuse professionals
- examining practitioners' experience of and desire for training in working with service users whose AOD use is problematic.

Invitations to participate in the online survey were delivered to front line social work and social care practitioners via contacts in each directorate. A total of 597 responses were received (excluding those working in specialist substance use roles at the time). The overall response rate was 21%, with rates ranging from 12% to 56% across individual directorates.

The findings of this study pointed to variation in the extent to which participants encountered AOD problems depending on their area of service. The highest rates of encounters with AOD problems were reported by those working in children and families teams in relation to child protection or children in need or in care; those working with young people and those working with adults with mental health problems. Practitioners working with older people and people with learning difficulties reported the lowest rates, although they still encountered people affected by AOD use on a regular basis. For the most part, problems with alcohol or, less often, a mix of alcohol and illicit drugs were most commonly encountered – although misuse of prescription medicines was also noted fairly often by those working with people who had physical disabilities.

An adapted version of the AAPPQ standardised measure (Cartwright, 1980; Gorman and Cartwright, 1991) was embedded in the online questionnaire. Analysis based on the data returned in this study revealed differences between practitioner groups, with average scale scores for workers in adults' services indicating lower levels of confidence in their knowledge about AOD, in their access to support and in their sense of legitimacy or entitlement to intervene than was the case for workers in children's services (see Hutchinson et al., 2013 for a detailed discussion of the measure, analysis and findings). Both the quantitative and qualitative data also indicated significant challenges for practitioners in working with AOD problems, particularly in managing risk and encouraging engagement with treatment services.

Despite the issues faced by practitioners when working with service users who had AOD problems, 49% reported receiving no training in this area of practice on their qualifying courses and a fifth had not received it as part of Continuing Professional Development (CPD). Again children's services workers fared better than those working in adults' services and those employed as social workers fared better than practitioners from other service backgrounds. These findings provided the rationale for further analysis of these data and a further two surveys which focused on provision of

AOD training in qualifying education for social workers, and AOD training opportunities provided by local authorities for their social work and social care workforce.

The second study in the series built on research completed by Harrison in 1992, which examined the extent to which substance use was covered in social work education. With this survey we sought to gauge the degree to which qualifying social work programmes in England were delivering and/or integrating substance use learning into their curriculums some 20 years later. A full sampling frame of all social work qualifying programmes, and their programme leads, was constructed (157 courses in 79 universities in England). In total, responses were received from 41 universities, representing 63 qualifying programmes which equates to a 52% response rate for universities and 40% response rate for programmes. There were no significant differences between responders and non-responders to the survey in terms of region, university type or faculty/department of programme which increases confidence in the generalizability of the findings.

Initial findings suggested that 94% of responding qualifying programmes provided some teaching and learning on AODs. However, further analysis revealed significant variation in what is taught and the depth of coverage. Only a few specialist modules on AOD were reported (n=13), although there were a higher number of specialist sessions (n=53). The majority reported that AOD teaching was integrated into other modules. Overall, the research highlighted a lack of consistency across programmes and possible over-reporting. The priority given to AOD teaching was considered to be too low by almost three quarters of the respondents. No respondents thought it was too high.

The AOD-related topics most commonly included in teaching were the impact of AODs on physical/mental health, attitudes and values, and risk assessment. Gender and ethnic differences in AOD use, prescribed drug use and identifying problematic drug use were the AOD-related topics least covered. As with Harrison's (1992) research, there was a concerning degree of mismatch between the reported topic coverage and the hours in which it was taught. In a significant minority of specialist AOD modules and in half of all AOD specialist sessions far too many topics were reported as being covered in the time available. This suggests either that the coverage of topics was brief or that reporting was inaccurate.

The third survey comprised an online survey of local authority training provision, examining the extent and nature of AOD training within statutory children's (CS) and adults' services (AS) in England. A sampling frame was developed which included almost all of the workforce development departments linked with every CS and AS in England. In total, 200 invitations to participate in the survey were sent to contacts in workforce learning development departments (WLDs) in 94% of all local authorities (LAs). A total of 98 surveys were returned from respondents, representing 94 workforce development departments (46% response rate) and 80 LAs (56% response rate). Data was collected on the broad characteristics of these departments and respondents; information on how substance use training is developed; and characteristics of individual substance use training courses. Comparisons of survey responders and non-responders suggest the responding departments were broadly representative of all workforce development departments in the sampling frame by region and type.

Findings indicated that between 2011-2012, AOD training was provided by 77 WLD departments (83%); on average, 4.56 courses on AOD were delivered per department, although AOD training was mandatory in less than one-quarter (n=15, 23%). Just over one quarter of WLD departments (n=22, 28%) said there was a dedicated training strategy or a series of programmes on working with AOD use for social work and social care practitioners; slightly more reported awareness of policies and practice guidelines for working with AOD concerns (n=30, 40%). Almost 60% (n=44) of WLD departments said they provided tools or resources for assessing and identifying AOD use to support social care professionals in their work.

Mirroring the reports of the practitioners surveyed in the first study, more training was aimed at social care professionals in Children's Services (CS) than in Adults' Services (AS), and Social workers were the target of more training opportunities than other social care practitioners. Most AOD courses lasted a day at most and were considered basic (n=83, 50%) or intermediate (n=68, 41%). Three-quarters (75%) of AOD training courses were externally commissioned (n=64, 39%) or provided jointly with others (n=59, 36%). Most common topics covered in training were alcohol and its effects, illegal drugs and their effects, identifying problematic alcohol use, treatments and interventions available and impact on physical and mental health. This reflects some overlap with topics covered in qualifying education.

Taken together the findings from all three surveys suggest practitioners face challenges in working with people affected by problematic AOD use but that training to work with these issues is far from embedded into qualifying training or CPD. Therefore, towards the end of the research a knowledge exchange event was held to discuss these findings with research users. This occurred after data collection and initial analysis of the second and third surveys. The event allowed us to present initial findings on all three surveys to potential users of the research to discuss our interpretation of the results, the implications of findings so far and to help us decide on further analysis. The way in which we incorporated this into our research process, the reasons why we did so and the role of knowledge exchange in dissemination are the focus of the remainder of this chapter.

### **Key innovative elements**

Exploring the origins of knowledge exchange in social work research we searched the 'SocIndex' bibliographic database using the terms 'social work' and 'knowledge exchange' or 'knowledge transfer'. The results suggested that this terminology began to be used in late 1970s. At this point the references tended to point to 'knowledge transfer' implying that the exchange of knowledge might be in one direction with the focus being on empirical research knowledge being absorbed and utilised by policy and practice. Although the notion of exchange, rather than transfer, has become increasingly popular, the legacy of previous thinking remains strong in some areas and many dissemination strategies are based on a transfer model of knowledge sharing. The potential value of exchange of information and ideas between researchers and practitioners seems to have been first noted in relation to evaluation of planned organisational change.

These discussions about the transfer or exchange of knowledge in the literature are not confined to consideration of social work, rather ideas about facilitating change through sharing of knowledge

and experience between research practice and service users span the range of activities in all human endeavour, and especially in relation to health care research (e.g. Allen et al. 2007).

The aim of applied social, or social work, research is, and should be, to inform policy and practice and thus contribute to changes which might lead to improvements in people's lives or their experience of using services (JUC SWEC, 2006). However, there have long been tensions in this field in terms of what is to be considered knowledge, who can legitimately claim to hold knowledge, what is the source of the knowledge and what is its worth? These considerations are intrinsically bound to the debate that has raged in social work in relation to 'evidence-based practice' (Fisher, 2005 and 2012; Fook, 2005).

Over the years there has been increasing critique regarding the concept of knowledge transfer or knowledge transition which is associated with a one-way flow of 'knowledge' from researchers to policymakers and practitioners (Chew, Armstrong and Martin, 2013; Davis, Nutley and Walter, 2008; Oborn, Barrett and Racko, 2010; Murdock, Sharriff and Wilding, 2013).

Knowledge 'exchange', which aims to enhance interaction between researchers and research users, can help to facilitate the conditions and circumstances which support the use of research evidence in policy and practice (Cherney et al. 2012). Our experience suggests that incorporating 'knowledge exchange' as an integral part of any social work research project has huge potential to validate and ground that research activity in terms of research user involvement. Social work research is generally anxious to involve the perspectives or participation of those using services as well as policy makers and practitioners. It is worth noting at this point, that while our research was ultimately intended to inform changes which might benefit users of social work or social care services, the immediate focus was in understanding the practitioner and education provider experience. Therefore, our 'research users' were providers of social work education and work-force based training services and the practitioners who received this training, rather than those using the services provided by social workers and social work agencies. However, knowledge exchange is conducive to a participatory and inclusive model of working with service users and their voices might be included as research users in projects with a different focus.

Our engagement with knowledge exchange reflects our recognition that the process by which research relates to policy and practice is complex, multi-way, non-linear and interactive, usually requiring behaviour change (Davies et al. 2008; Knight and Lydall, 2013; Ward, House and Hamer, 2009). Clavier and colleagues (2012) write about the co-construction of knowledge by researchers and participants as research partners suggesting that new knowledge is produced at the interface between 'academic and experiential' exchange rather than transferred from one sector to another. This is encapsulated in the words of Davies and colleagues (2008), where they state:

*"we suggest that 'knowledge interaction' might more appropriately describe the messy engagement of multiple players with diverse sources of knowledge, and that 'knowledge intermediation' begins to articulate some of the managed processes by which knowledge interaction can be promoted."*(p190)

Knowledge exchange can also be understood as an interactive process of learning together. Through collaboration, partners learn about each other's expertise, share knowledge and gain an appreciation of different professional cultures. As a collaborative activity, knowledge exchange can lead to a better understanding of the ways in which academic research can add value and offer

insights to key issues of concern for policy and practice and can result in researchers having an improved understanding of practice and policy experience, concerns and constraints.

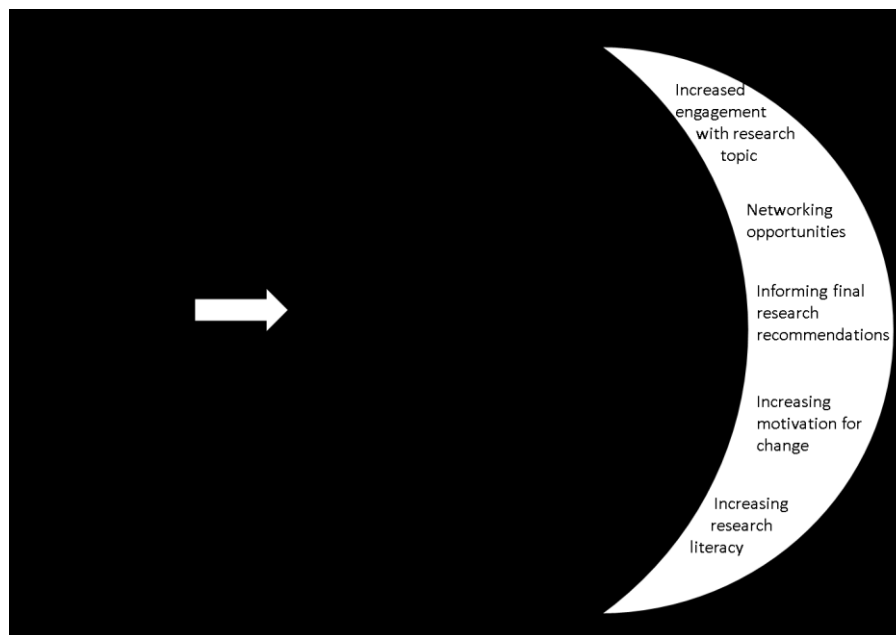
A variety of models of knowledge exchange have been discussed in the literature, some involving formal, long-term partnerships between universities and organisations in the form of knowledge transfer partnerships and sometimes including academic mentoring of practitioner research (Murdock et al, 2013). Such activities have examined the issue of engaging involuntary service users for example (Smith et al, 2013). However, these approaches can have significant cost implications (Murdock et al 2013). The model of knowledge exchange that we used was less elaborate and is illustrated in Figure 1. In total, 40 people took an active part in a one-off event discussing, not only the findings from the three surveys, but also possible solutions to some of the challenges and barriers identified. We felt it was important not just to focus on the challenges of providing substance use education to social workers, but to use joint and different knowledge to think about solutions and ways forward. Therefore, participants in the knowledge exchange included:

- Research team members representing each strand of the research (4)
- Practitioners from children’s and adults services in England (20)
- Social work academics/educators in England (9)
- Workforce development leads (WDLs) from different Local Authorities across England (7)

The knowledge exchange was structured as follows:

- On arrival, participants were allocated to tables for the morning session. Different types of professionals (i.e. social work educators, practitioners and WDLs) were seated together to facilitate a mixed professional discussion in the morning.
- Each study was introduced in terms of the objectives and an overview of the methodology used, but not findings. Key questions were highlighted and groups were asked to discuss what they thought the findings would be and why. Each table was asked to focus on a specific topic (issues for practitioners, issues for educators, issues for workforce development).
- Responses from tables of mixed professionals on their allocated strand. Professionals were asked to predict some of the research findings and discuss reasons why they thought the research would find certain things (e.g. percentage of local authorities providing training on alcohol and other drugs).
- Actual research findings were then presented with further invited responses from participants.
- The afternoon brought professional groups together (practitioners, educators and workforce development leads) and asked them to discuss solutions to identified problems and give examples of best practice in relation to the findings relating to their professional interest area.
- The day concluded with a plenary session and final update.

- Participants were aware at the point of invitation that we would want to draw on the day’s discussions when writing up our report. They therefore agreed that notes may be taken of the content of the discussions throughout the day.



**Figure 1: Model of Knowledge Exchange used in this research**

Our approach, as illustrated in Figure 1, was to bring together research knowledge, professional knowledge/expertise and an understanding of the policy and practice context in order to facilitate discussion, mutual understanding and new learning in relation to the subject matter. We hope that participants experienced an increased understanding of the researcher perspective, opportunities to create new networks and felt validated in their desire for change. As researchers we certainly appreciated understanding their professional and practice perspectives in helping us to draw realistic conclusions and recommendations from our studies.

Qualitative analysis was used to examine the notes written up from the day and this fed into the overall discussion for each of the studies. There was a range of reflections raised on the availability, nature and extent of training on alcohol and drugs for social work practitioners from different perspectives. Most participants assumed a poor engagement from university qualifying courses and local authorities- especially regarding the strategic priority afforded to practitioner training for working with AOD. Particular attention was paid to organisational barriers which limit either training availability or the time that practitioners have to attend such events. Social work/care practitioners, social work educators and workforce development leads also shared their own experiences about what they do to overcome some of the challenges and barriers, which helped bring life and realism to the research recommendations. Workforce development leads, for example, spoke about how they ensured practitioners turned up for training and how they measured the impact of the training they provided, and practitioners discussed the potential of establishing special interest study groups within their own practice context. These insights and discussions fed directly into the final research recommendations made, and the nature of outputs which were developed specifically for research users. Our final report and the discussion of our findings was therefore informed by the contextual and experiential knowledge of participants. Other outcomes, as indicated in Figure 1, included

networking opportunities, increased engagement with the research topic, increased motivation for change for all involved as well as an increased awareness of the perspectives of and constraints on other professional roles.

## **Strengths and Challenges**

When exploring the factors which facilitate the use of research in both health and social care practice, many researchers have found that opportunities for interaction between researchers, policy makers and practitioners were central to this process (Buckley et al. 2014, Cherney et al. 2012; McEwen et al. 2008; Morton 2014; Reimer, Sawka and James, 2005). Such interactions allow for research ideas to be communicated to researchers, research findings shared and discussed, and new research projects to be developed. Interactions between researchers and research users also help to build 'trusting relationships' of mutual respect, which contributes to developing the 'motivation' needed to invest in the process of knowledge exchange (Allen et al. 2007; Contandriopoulos et al. 2010; Lencucha, Kothari and Hamel, 2010; Wilkinson, Gallagher and Smith, 2012).

Research users are more likely to invest in the process of knowledge exchange if they are confident that their contribution will be recognised, valued and used in some way. It is also thought that 'tacit' knowledge held by experienced practitioners and policy makers is best shared from inter-personal social practices (Rashman and Hartley, 2002). However, 54% of respondents in a study by Cherney et al. (2012) said that there were a lack of networks and forums for bringing together researchers and non-academic research users. Setting up a knowledge exchange event which brings different knowledge stakeholders together in one place is one way of facilitating such interactions. In an age of competing priorities, researchers now need to invest in relationships with policymakers and practitioners to increase participation and to help research users justify valuable time spent in knowledge exchange, which may have few immediate tangible outputs.

A further factor important for ensuring research is accessible for research users is ensuring that research evidence is synthesised and disseminated in user friendly forms (Buckley et al. 2014; Kouri, 2009; McEwen et al. 2008). A key strength of our knowledge exchange event was that it played an important role in the final analysis of each research strand, the suggested 'solutions' or 'ways forward' and nature of the research outputs produced. Ensuring all outputs were available at no cost and through electronic means via various networks was highlighted by the knowledge exchange participants, for example.

The programme of research described above was effective at identifying the nature and extent of substance use training provided to social workers and other social care practitioners in England, along with the barriers of providing such training and the need for it. The research was less effective at identifying the ways in which training could be improved or increased, with few examples of best practice being available. Without such data, it becomes difficult for researchers who are not part of a particular organisational context to make specific recommendations for change, often resulting in generic and sometimes unhelpful sweeping recommendations from research. Jacobson, Butterill and Goering, (2003) and Kouri (2009) argue that researchers need to know more about the end user



context to increase more effective use of research in practice as end users often have to adapt research findings to create impact. Specific contexts for research use have huge implications for how research is understood, interpreted, integrated and used, and researchers often have limited scope in understanding the influence of research and how this can change over time (Morton, 2014). Our knowledge exchange invited those who would be using the research, to facilitate change in their organisations, to highlight some of the policy and organisational factors impacting on this process. Findings can be open to multiple interpretations, particularly when taking into account different contexts and perspectives (Goering et al. 2003; Rashman and Hartley, 2002). Inviting users of research to comment on the findings at an early stage resulted in the development of recommendations and outputs which had already received input from a wide range of research users.

Therefore, we suggest that to be most effective, knowledge exchange (whether it occurs during the research or as a dissemination strategy) should not be treated as an 'add-on' at the end of a research project. Such exchanges work best when considered at the research proposal stage and built into a project with sufficient funds allocated to the planned activities (Goering et al. 2010). Holding a knowledge exchange event, which might be best considered a form of dissemination, during the research process highlights a shift in mentality about the nature of dissemination and 'application' of knowledge. A knowledge 'exchange' recognises that research findings or recommendations are not interpreted and implemented in a vacuum, but within a particular organisational, economic and political context (Buckley et al. 2014; Gredig and Sommerfield, 2008; Brownson et al. 2006; Waddell et al. 2005). Voices from social work education, policy and practice are not only a source from which to gather rich research data, but partners in problem-solving ways to implement and integrate 'best practice' evidence-based research recommendations.

While knowledge exchange can occur in many formats, bringing many participants together for a specific event helped policymakers, educators and practitioners create space to engage in knowledge exchange in a tangible way, while also contributing to their own professional development. Knowledge exchange which involves structured activities with clear aims, objectives and outputs are more likely to appeal to busy research users who have to justify time spent on such activities, especially when there are funding implications.

Another reason why our knowledge exchange event was particularly successful was the relevance of the research to the participants invited to attend (as suggested by Kouri, 2009). The research gave social work educators and workforce development leads, in particular, straightforward and rigorous evidence about the training needs of social work practitioners in relation to substance use. Using the focus of workforce development to facilitate research transfer at an organisational level, as recommended by Reimer et al. (2005), was therefore easy to do. The research findings in themselves act as a resource for those meeting the training and development needs of social workers, and provide evidence and justification for increased spending or prioritisation in this area. Participants were able to use the research findings shared with them at the knowledge exchange event to give substance to practical ideas about how they might go about using the research in their own specific organisational and professional contexts.

The knowledge exchange model therefore offers an alternative to a more traditional 'dissemination' style event and is one which recognises the complex process of implementing and integrating research knowledge into practice. The event allowed those who would be using the research to ask questions before they were presented with the final research recommendations, holding the research team accountable for taking into consideration the organisational, political and economic contexts of practice within which 'best' and 'evidenced-based' practice needs to function. Importantly then, our knowledge exchange took place at a point in the research which enabled the responses and participation of the beneficiaries to be reflected in the project outputs, and the event was conducted in the spirit of discussion and debate about the data already collected (and sometimes the methodology!).

It also has to be recognised that clear and targeted knowledge exchange activities are extremely attractive to research funders at this time, who have come under increased pressure from the UK government and research councils to ensure more effective use of research evidence in policymaking (Holmes and Harris, 2010; Knight and Lydall, 2013). The UK government, the ESRC and the Academy of Social Sciences have played a particular role in advancing knowledge exchange activities in the social sciences, with the ESRC providing specific funding streams for programmes of knowledge exchange (Benyon, 2009; Hardill and Baines, 2009). Budgeting and planning in knowledge exchange activities was also a priority for our funder who expected outputs to be communicated to those in a policy and practice context. Commitment at a systematic level from research funders is likely to encourage researchers to think about more creative ways of interaction with research users in the future (Reimer et al. 2005). Knowledge exchange activities are also increasingly being used to evidence 'impact' as defined by the Research Excellence Framework (Murdock et al. 2013; Wilkinson et al. 2012), shifting some of the responsibility of ensuring the use of research in practice from practitioners themselves to researchers (Brownson et al. 2006).

For a multi-strand piece of research, the knowledge exchange event was also key in bringing each strand of the research together to examine the connections and relevance across different providers and receivers of social work education and training. The knowledge exchange event therefore provided the opportunity for social work practitioners, social work educators and workforce development leads to discuss the training they receive and provide on alcohol and drugs, how they might better share resources and reduce duplication.

One of the main challenges when designing our knowledge exchange event was how to include as many participants and knowledge bases as possible while ensuring exchanges were productive, within budget, and meaningful. While the temptation might be to open up a knowledge exchange event to a large number of participants or different groups (such as service users), this needs to be balanced with the logistics of ensuring meaningful contributions and sharing. In our event the inclusion of service users might have offered a valuable perspective but would have changed the focus and the dynamic of the group. Events that become too large risk losing learning from the exchanges that take place and increase the logistical elements of facilitating meaningful and purposeful exchanges. Because our knowledge exchange event was held as part of the research process rather than as specific form of dissemination, the event was 'invitation only' to ensure that only those professionals with relevant experience in relation to the three strands of the project were present. This allowed us to manage numbers and organise activities which would maximise both

participation and exchange, ensuring that all contributions and exchanges were fed back into the research. Invitations were made based on relationships the researchers had built with relevant practice, policy and education networks. However, Cherney et al. 2012 warns that the partnerships built through such networks can be undermined by the high turnover of staff in public agencies, or frequent reorganisations that changes the nature of roles and responsibilities. This is a very real issue when working with LAs in particular.

A further challenge we encountered when developing our knowledge exchange event was ensuring the exchange was beneficial for all participants/stakeholders/attendees rather than just the research team. While we had budgeted for the venue and refreshments at the proposal stage, we were unable to pay travel costs for the attendees. This meant that in most cases participants had to apply for organisational funding (predominantly from Local Authorities) by providing a clear justification of what they would get out of the event in terms of both professional and organisational development. This contributed to the lower than anticipated numbers of social work educators and workforce development leads; and inadequate agency resources for engaging with research has been cited as a significant barrier to implementing evidenced based practice (Gray and Schubert, 2012). We were also only able to hold one event (in London), which led to a bias in the regional distribution of attendees. Nevertheless, feedback from attendees suggested they valued highly the interactive nature of the day, and that it had enabled attendees to develop their own networks. We also provided access to a range of resources on alcohol and other drugs to maximise the benefit to participants.

How a knowledge exchange event is structured is likely to reflect the aims, objectives, value base and resources of the organisers (Murdock et al. 2013), with decisions having to be made regarding who to invite (such as service users, social care practitioners, qualified social workers, policy-makers, managers or educators), how to share knowledge (such as through presentations, case studies, discussion groups, question and answer sessions, roundtables) and how much time to give various participants to share and exchange knowledge. Such decisions will be based on the resources available to facilitate the process, and will also reflect the values and priorities of the organisers, such as whether they are willing to power share and change agendas based on the needs of various stakeholders (Kouri, 2009). While as researchers we had a specific agenda for the event, we were also aware that we had to ensure the event was valuable and meaningful for all participants.

One further consideration that needs to be born in mind when designing 'exchange' events is the danger of research independence being diluted or agendas being dominated by practice or policy imperatives. While increased understanding of different perspectives is important, it is critical that both research and practice are able to retain their distinct value bases and perspectives. Research must retain the ability to challenge policy and practice – and vice versa.

## **Conclusion**

Across social care, approaches to knowledge exchange and knowledge exchange events are held under various names and in various formats (Murdock et al. 2013). Such exchanges might happen as 'roundtables', 'policy forums', 'professional advisory groups', 'knowledge transfer partnerships' or 'knowledge brokering events', for example. The common strengths appear to be the interactive

nature of exchange which values contributions from a range of research users, and seriously takes forward knowledge which is developed through these interfaces within different practice, organisational and political contexts. While there has been an increased engagement by organisations with 'knowledge brokering' activities (Chew et al. 2013; Knight and Lydall, 2013), this chapter has aimed to highlight the action that can be taken by individual research teams to ensure they do all that is possible to create the environment and circumstances which facilitate rather than hinder the use of research in practice and policy contexts in social work.

Our experience of knowledge exchange as part of the research process has been a positive one and one which has highlighted for us both the opportunities it presents and the considerations for conducting future events of this kind. In our discussion of the implications of our research findings we were able to incorporate perspectives from the front-line and we hope that those who participated returned to their agencies more aware of the importance of research in the development of the services they provide. The challenges which are faced by social care today are complex, and very often daunting, and cannot be solved by researchers alone. 'Exchange' events provide an opportunity to bring various stakeholders together to identify best ways forward based on different types of knowledge. In an era of austerity and competing priorities, it is not enough to passively disseminate research and hope it will be useful – research agendas and findings need to be located in specific organisational, political and practice contexts. Applied researchers in the social sciences therefore have a responsibility to take such 'exchange' events seriously at the beginning of the research process rather than leave it as an afterthought at the end.

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