Abstract
This paper explores the need for better links between research and practice in relation to work with children and health inequalities. Despite continuing discussion about the need to improve dissemination of research activity in general, study of this area remains largely neglected. As a result, despite the rhetoric, the research and practice gap continues to exist. An attempt to remedy this was undertaken through the support of a user fellowship as part of the UK Economic and Social Research Council Health Variations Programme. The paper describes a number of activities that were undertaken during the fellowship, and discusses the implications of these for improving connections and minimizing the research and practice ‘gap’. It argues that a need exists for researchers to develop innovative dissemination strategies and suggests that potential exists for an interactive model of dissemination. Such a model implies a more active role for users of research in the shaping of research agendas.

Introduction
Need is frequently expressed for better links between research and practice in relation to work with children and health inequalities. However, despite continuing discussion about the need to improve dissemination of research activity in general, study of this area remains largely neglected (King et al., 1998). This paper reports a recent project which addressed this gap, and locates particular issues around children and inequalities in wider debates about linking research with policy and practice.

The long-standing concern that research findings are not used or are only used in partial ways has gathered momentum in recent years due principally to renewed government interest in policy-related research, e.g. in relation to children and health inequalities (Graham, 2000). Within a range of professional groupings, new emphasis has been placed on multidisciplinary approaches to tackling health inequalities. These have been based on a belief that boundaries between professional roles should be blurred in the interests of more holistic approaches. At strategic levels, partnership working has assumed an equally high profile within the UK. At the same time, debates within both policy and practice settings over the value of ‘evidence-based research’ have shed light on the complexities of both the ‘user community’ itself and on the challenges facing researchers in taking their work to wider constituencies.

Further gaps exist in our general understanding about the relationship between research and practice (Holman, 1996; Sheldon and Macdonald, 1999). For example, until recently, the social
processes underlying research and practice have been neglected (Backett-Milburn et al., 1998). At the same time, discussion about the need for researchers to be more sensitive to the needs of user groups has been limited (Kelly, 1990; Crosswaite and Curtice, 1994).

It is clear, for instance, that little attention has been paid to the different and, sometimes, conflicting expectations of research held by these different user groups. In the field of children and health inequalities, the audience is especially diverse: policy makers, multidisciplinary professional groupings, community groups, the general public, parents and children themselves all have an interest in the processes and outcomes of research in this area (Mayall, 1996). Such an amorphous and ill-defined group may have very different access, expectations and existing knowledge. Equally, they may be guided by different and even competing frameworks and concepts (Shucksmith et al., 2001). It is increasingly clear that an all-embracing model of dissemination may be of little practical use to such multifaceted groups. Poor understanding also exists about the ways in which research cultures, and researchers themselves, may help or inhibit the take up of new research by user groups. Thus, the relationship between research evidence and implementation remains highly problematic (Backett-Milburn et al., 1998).

An attempt to address this deficit was undertaken through the support of a user fellowship dedicated to dissemination as part of the Economic and Social Research Council Health Variations Programme (hereafter ESRC). The ESRC is the major funder of social science in the UK and the programme was set up to improve understanding of the causes of socioeconomic inequalities in health. The user fellowship scheme offered secondment opportunities for practitioners to work with researchers on developing links with user groups. The first author was seconded from her post as a health promotion coordinator to the study of the ‘Socio-Economic and Cultural Context of Children’s Lifestyles and the Production of Health Variations’, a project based at the University of Edinburgh, for 1 year on a part-time basis. She collaborated with the researchers, with policy makers and practitioners to plan and undertake the dissemination activities described in this paper. A summary of the study can be found at Table I.

In this paper we will explore the background to evidence-based practice and the dissemination of research findings before summarizing the role of research in relation to children and health inequalities. We will then examine the work of the user fellowship and evaluate the effectiveness of this approach, drawing out which groups were included in the dissemination activities and highlighting implications for further work in this area. The paper concludes by arguing that a need exists for dedicated dissemination strategies and for more theoretical consideration of the place of dissemination in the research process. It suggests that potential exists for an interactive model of dissemination. Such a model implies a more active role for users at different stages of the research process and, in particular, in the shaping of future research agendas.

The work reported here took place at a time of change in Scotland with the setting up of a new parliament in Edinburgh and the devolving of further functions to the Scottish Executive (Centre for Research on Families and Relationships, 2002). In many respects the policy-making climate was favourable to this kind of dissemination exercise and, arguably, opportunities existed to communicate more directly with government than is usual in other areas of the UK. The smaller population of Scotland also made the dissemination activities described here more feasible than in some European contexts. However, the poor transport links and other dissemination challenges such as the isolation of practitioners working in remote areas are not unique to Scotland, making the findings from this study of much wider relevance and application.

Evidence-based practice and dissemination of research findings

Increasingly, policy and practice has been driven by calls to base practice more clearly on sound
research evidence (Sheldon, 1994; Raphael, 2000). The classic problem arising from this is how policymakers and practitioners are supposed to interpret evidence from research which often appears to offer conflicting viewpoints. One answer, although not the only one, is a growing reliance on systematic reviews of evidence.

Whilst it is important to consider how research evidence may be disseminated, it is also necessary to reflect on the nature of research evidence itself. Debates over the role of evidence-based practice have taken place across a range of fields including health promotion (Tutt, 1996; McQueen 2001), education (Hammersley, 2001) and social welfare (Oakley, 2000; Roberts, 2000). Much of this debate has derived from the ‘evidence-based’ movement within medicine (Klein, 2000).

Within the fields of health promotion and children’s welfare, recent interest in systematic reviews of evidence has demonstrated an increasing concern for a more concrete evidence base. Centres such as the Evidence for Policy and Practice Information Coordinating Centre (http://ioe.ac.uk) and the international Campbell Collaboration (http://campbell.gse.upenn.edu/faq.html) aim to produce systematic reviews of evidence-based policy making and practice in parallel with the medical model of the Cochrane Collaboration (http://www.cochrane.co.uk). The Health Development Agency also has an evidence base as well as links to the collections referred to above (http://www.hda-online.org.uk/evidence). The ESRC programme on Evidence Based Policy and Practice coordinated at Queen Mary College, University of London demonstrates a commitment on the part of the research community to address these issues. Roberts (Roberts, 2000) has argued, for example, that systematic reviews of research evidence on children and health should form a vital component of the evidence base in order to ensure that the helping professions avoid the use of interventions which may be well meaning, but ineffective or even harmful.

However, Klein (Klein, 2000) argued that much of the emphasis on evidence-based research failed to problematize the concept of evidence and was based on a highly simplistic view of the policy process. He also suggested that attempts to divorce evidence from the social and political context in which it is constructed are unrealistic, since values

Table I. The socioeconomic and cultural context of children’s lifestyle and the production of health variations

<table>
<thead>
<tr>
<th>Study design</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primarily qualitative</td>
<td>Children and parents in the more and less affluent areas revealed starkly different lives in terms of opportunities, choices and perceived safety nets.</td>
</tr>
<tr>
<td>Two rounds of in depth interviews with 35 children aged 9–12 from two areas with contrasting socioeconomic profiles</td>
<td>Children were articulate about inequalities, both material and social.</td>
</tr>
<tr>
<td>Interviews with 30 of their parents</td>
<td>In both areas, children challenged the idea that their lives were overly affected by inequalities in income.</td>
</tr>
<tr>
<td>Community profiling of two areas, documenting resources and facilities relevant to children’s health lifestyles</td>
<td>Children spoke about their everyday experiences of inequalities as much in terms of social relationships as material resources.</td>
</tr>
<tr>
<td>Ethnographic work in the two areas, observing where children meet and play and the resources which they access</td>
<td>Gifts and transactions from wider kin often softened the everyday experiences of material disadvantage.</td>
</tr>
<tr>
<td>Inequalities in access to health supporting resources were identified</td>
<td></td>
</tr>
</tbody>
</table>

Funded under Phase 2 of the ESRC Health Variations Programme in 1999–2001

The research team was based in the Research Unit in Health, Behaviour and Change, Department of Community Health Sciences, University of Edinburgh. It was composed of Dr Kathryn Backett-Milburn, Dr Sarah Cunningham-Burley, Dr John Davis and Ms Carolyn Macdougall. The community profiling was undertaken by Steven Cummins, University of Glasgow.
are integral to the construction of evidence. Klein concluded that researchers need to develop more sophisticated understanding of policy processes and to assert their claims from findings with a degree of modesty in recognition of the range of evidence contributing towards the decision-making process.

Clearly, policy makers want to base the planning of interventions on the best available evidence. Equally, but less obviously, a need also exists to define more closely the nature of that evidence, the underlying values, the paradigms within which the research has been framed, the choice of methodology and the analysis. Within particular fields primacy is often given to traditional positivistic models of research and this may cause other forms of evidence to be neglected (Hammersley, 2001). In particular, this may result in a privileging of quantitative approaches over qualitative work (Raphael, 2000). Once these issues are highlighted, it becomes clear that research is often only one of a number of forms of evidence on which policy decisions are based (Tutt, 1996). This has important implications for dissemination, suggesting as it does a complex set of underlying assumptions and expectations of what research is and what it can do in building an evidence base. Much of this debate has neglected consideration of the underlying values and epistemological bases of different research models.

Literature on how these underlying processes operate in practice is sparse. However, the exploration by Backett-Milburn et al. (Backett-Milburn et al., 1998) of the relationship between researchers, commissioners and purchasers of health promotion research yielded useful insights. They showed that participants in the research process often operated with incomplete understanding of each other’s work and suggested that this exerted a powerful impact on how ‘evidence-based practice’ was understood. Their analysis of the day-to-day social processes which promoted or undermined research-based practice highlighted the complexity of the relationship between the cultures of researchers and purchasers, the structural and economic influences at work, and the differing expectations of research. They suggested that decision makers, even within one organization, may hold conflicting perspectives about the purpose and value of research. Furthermore they showed that these decision makers were likely to be influenced by a broad range of agendas, including the setting of national priorities and targets, their own professional interests, and work in related fields.

Models of research that derive from action research, such as participatory appraisals, which set out to involve practitioners at every stage of the research process offer a very different approach to systematic reviews (Rifkin, 1996; Philip, 2001). Such approaches offer potential for power sharing between participants throughout the research process (Labonte, 2001). However, this is also different to the approach adopted here since the original study did not set out to involve user groups at every stage of the research process, but rather to develop a dialogue.

The construction of knowledge and expertise

The term ‘dissemination’ is frequently taken to refer to the communication of knowledge about a new programme of work. This definition renders the user group a passive recipient of knowledge from ‘on high’ and is frequently described as a one-way process from the researcher to the practitioner. King et al. [(King et al., 1998), p. 237] were critical of dissemination strategies which were essentially a downstream transfer from a group who produce knowledge to a group who implement programmes, arguing that it should be a two-way process. However, such a process may be inherently problematic as Mason and Chandler (Mason and Chandler, 1999) have noted in their discussion of dissemination to policy makers.

The tension between making findings accessible and comprehensible without losing the complexity poses a number of challenges to dissemination. An additional underlying issue here is identifying the optimal point for user groups to participate in the research process. Final findings from a research study may be ambiguous, open to different interpretations and defy easy translation into simple
terms. The original questions may have been refined and adjusted in the light of developing understanding, and this process may itself be significant for policy makers and practitioners. It may be difficult for user groups to engage with such questions if they are simply presented with findings at the conclusion of a study. At the same time, practitioners may lack the confidence to challenge such findings if they have not had any training in research methods themselves. Practitioners may also struggle to locate findings from new research against their existing understandings gleaned in the field and from practical experience. Dissemination strategies too often have failed to help make the links between these and to create a climate to explore how to integrate new findings with such other forms of knowledge.

Crosswaite and Curtice (Crosswaite and Curtice, 1991) identified three models of dissemination. Briefly, these were Thomas’s ‘limestone model’ by which findings gently seeped into the surrounding area and gradually influenced the policy context. According to this model, dissemination was a diffusing process marked by a lack of urgency. A second model of the ‘gadfly’ framed the researcher in frantic public relations mode: networking furiously to cultivate support in order to impress on key individuals the importance of a new piece of research. The final model, ‘the insider’, carefully ensured that research findings and results were in line with government concerns, and that the researcher was able and willing to enter into dialogue with policy advisers on how it could be implemented.

These models demonstrate the taken for granted notions of research as a one-way process of communicating ‘results’ down to a less-skilled, although possibly influential, audience. This paper argues for a more dynamic but systematic approach to dissemination which enables both users and researchers further to develop thinking around new findings through a sustained dialogue. The process may be a messy one, but may have important messages for the development of research agendas which build on both research evidence and user group experience.

A working definition of dissemination could embrace the notion of dialogue between researchers and user groups. Thus, dissemination could be described as the communication of new findings and knowledge through a process of interaction with user and potential user groups. In this way it may be possible to build a more coherent shared understanding of what constitutes evidence, of the underlying processes impacting on research agendas and of the research needs of different user groups. Such dissemination challenges formed the backdrop to the user fellowship work reported here which focussed on research on children and inequalities.

The role of research in relation to children and health inequalities

The welfare of children and the reduction of health inequalities lie at the heart of current UK government policy. This focus has been enshrined in documents such as the National Plan for the NHS (2000) and Our National Health (2000). Key themes in these plans are the emphasis on interdisciplinary working by service providers and active community participation in the design and delivery of effective services. A raft of new policy interventions has also been based on recognition that health inequalities overlap and interact with other forms of inequality. The overall approach claims to embrace both ‘upstream’ and ‘downstream’ approaches to these issues (Shucksmith et al., 2001). Clearly, social science research has played a significant role in the framing of these agendas, in the planning and design of policy interventions, and in the devising of strategies for evaluation (Graham, 2000). However, there is less clarity about illuminating how social science research might interface effectively with policy and practice on an everyday basis.

Although international research studies have demonstrated that childhood is a pivotal stage for interventions in relation to health inequalities (Hertzman, 2000), little research has taken place about how such inequalities are being created and recreated in childhood on a daily basis. Studies have consistently demonstrated that material and
environmental disadvantage accumulates over the lifecourse, that childhood experiences influence health at later stages, and that childhood is a critical point for interventions designed to reduce health inequalities (Mielck et al., 2000). Nevertheless understanding remains limited about how children perceive and understand their social networks, and how these may influence their health (Morrow, 2000).

The new policy agendas mentioned above have indicated a pressing need for better linkages between participants in the associated fields. However, until recently, working links between research, policy and practice in this area have been limited despite a consensus that these are a key element of effective dissemination of research findings (Crosswaite and Curtice, 1994). Although the Joseph Rowntree Foundation and the ESRC provide short and accessibly written summaries of research for practitioners, these have a limited circulation and are not interactive.

Moving on to the specifics of the project, this paper now reports on the dissemination activities undertaken by the user fellow.

**Methods**

The user fellowship scheme initiated by the Health Variations Programme provides an opportunity for practitioners to work with researchers to disseminate findings from research. The author, an experienced social researcher at postdoctoral level, was seconded for 1 year on a part-time basis to work with the study described in Table I.

The aims of the fellowship given in Table II.

A mix of methods was used by the user fellow in order to establish contact and develop work with existing and potential user groups in Scotland. These are described in Table III.

**Database and key contacts**

In order to identify the potential audiences for the study, an extensive database of national and local contacts from the different sectors was built up by the user fellow. Here the user fellow’s own networks and history of working in health promotion, community work and applied social science proved an invaluable starting point. From this database 20 key contacts within user communities were identified and invited to participate in the dissemination activities. They were selected on a purposive basis to represent both different geographical areas and different interests. They were known by the user fellow to be active in promoting inter agency working, to have a dissemination role within their organizations, to have organized practitioner networks or as activists in community projects. These key contacts provided a valuable resource for networking across Scotland throughout the life of the project and provided a useful starting point for ‘snowballing’ to networks beyond those already familiar to the user fellow.

**Newsletters**

The production and distribution of two newsletters about the project by the user fellow enabled access to a wide audience and drew in a wide range of practitioners. The user fellow adapted material for short articles and outlines about the research study

---

**Table II. Aims of the user fellowship**

- To disseminate new understanding of children’s perspectives on health inequalities to practitioner audiences in key settings across Scotland and thus enable users to approach their task with stronger evidence base
- To act as a conduit for taking the findings of this new area of research to practitioners, and to explore how these can shape future policy and be translated into planned and effective forms of intervention
- To establish a more constructive and effective relationship between researchers and practitioners in relation to new models for work on health inequalities in relation to children
- To identify effective ways of including children in dissemination activities
- To offer a practical approach to implementing findings of this new research within the context of Scotland, taking account of the diverse dimensions and building on experience acquired elsewhere
from papers prepared by the researchers and from notes of meetings with the research team. These newsletters enabled users to go beyond an exploration of the findings from the research, to examine the range of ‘child-friendly’ methods in use, to get a flavour of the developing analysis and of the overall approach taken in the study. Key contacts agreed to distribute copies of the newsletter within their organizations and to provide feedback from colleagues on the content. In addition, copies of the newsletter were circulated in mailings to professional networks, voluntary sector forums and local authority departments across the country.

In line with the aims of the fellowship, the newsletters also set out to explore how to develop a dialogue between research and practice. Feedback was requested from readers about the articles or queries about other aspects of the research study. Both newsletters aimed to engage with those practitioners who are often excluded from dissemination, and to this end considerable efforts were made to ensure copies were sent to rural areas and

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Details</th>
<th>User groups targeted</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Database</td>
<td>March 2000–Feb 2001</td>
<td>300 contacts + internal circulation in agencies</td>
<td>health, education, social work, voluntary sector, central/local government</td>
<td>amended throughout user fellowship</td>
</tr>
<tr>
<td>Identify key contacts for diffusion</td>
<td>March–June 2000</td>
<td>20 selected purposively</td>
<td>Scotland wide via above and national networks postal/E-mail and networks across Scotland</td>
<td>revisited contact throughout 2000–2001</td>
</tr>
<tr>
<td>Newsletter 1</td>
<td>June 2000</td>
<td>300 introduction to project and study</td>
<td>postal/E-mail and networks across Scotland postal/E-mail and networks across Scotland</td>
<td>feedback from 40 responses analysed (July–Sept 2000)</td>
</tr>
<tr>
<td>Newsletter 2</td>
<td>December 2000</td>
<td>emerging findings/progress of study</td>
<td>postal/E-mail and networks across Scotland</td>
<td>feedback from 15 telephone interviews analysed (Jan–March 2001) feedback via workshops, requests for further information, phone/E-mail discussions</td>
</tr>
<tr>
<td>Short articles, presentations, posters at workshops, conferences, practitioner groups</td>
<td>May 2000–2001</td>
<td>introduction, emerging findings, child friendly methods, health inequalities</td>
<td>UK wide</td>
<td>feedback via workshops, requests for further information, phone/E-mail discussions</td>
</tr>
<tr>
<td>Practitioner seminar collaborative with research team, Highland Council and Health Board</td>
<td>April 2001</td>
<td>research reports on two studies and user fellowship; workshops 50 participants</td>
<td>Inverness base, but Scotland wide</td>
<td>evaluation report based on key points from workshops (joint with collaborators)</td>
</tr>
<tr>
<td>Gatekeeper Seminar Collaborative with Health Education Board for Scotland, Convention of Scottish Local Authorities</td>
<td>June 2001</td>
<td>research reports on two studies; presentation on ‘what works’; workshops 80 participants</td>
<td>Glasgow base, but Scotland wide</td>
<td>evaluation report based on key points from workshops and forms (joint with collaborators)</td>
</tr>
</tbody>
</table>

Articles were accepted in the following newsletters: *Report*, Journal of the UK Public Health Association; *Fare Choice*, newsletter of the Scottish Community Diet Project; *Gossip*, newsletter of the Scottish Social Inclusion Projects; *Research and Intelligence Briefing*, Convention of Scottish Local Authorities; *Research Matters*, newsletter of the Chief Scientist Office; *CHEX*, newsletter of the Scottish Community Health Exchange, *Children in Scotland*, *HEBS* briefing; *Concept North East*, community education workers newsletter; *Health Variations Programme* newsletter; *Scottish Befriending Network* newsletter; *Scottish Early Years and Family Network* newsletter.

*Newsletters can be found on the following website: http://www.link.med.ed.ac.uk/phs/SPSH/idg/index.html*
that they were distributed at different levels within organizations. The user fellow was responsible for the design, planning and content of the newsletters, but discussed these with the research team who provided advice and support. One member of the research team organized printing and distribution of the newsletters.

**Mapping feedback**

Evaluation of the dissemination activity was tailored to the aims and objectives of the fellowship, and was thus purposeful and rigorous in terms of accessing its target audiences. Thus a variety of methods was used to map the feedback on the newsletter from user groups and these are summarized in Table III.

**Findings from feedback**

The evaluation findings demonstrated that the newsletters fulfilled a need that was not being met, that the content was relevant and accessible with a minimum of jargon, that they were reaching out to a range of groups, that they were timely in relation to policy developments, and that user groups were making use of them in different ways. These included training of staff and volunteers, as an example of good practice, as additional evidence for making a case for resources, and as a means of developing discussion across departmental and disciplinary boundaries.

Feedback illustrated a number of problems faced in accessing research findings more generally. Knowledge of resources available through professional libraries and agencies was very uneven. Identifying and evaluating relevant research studies was also problematic, both within and across agencies. An underlying theme expressed by practitioners was lack of confidence in their ability to evaluate research and use it in day-to-day practice. It appeared that the newsletters went some way to demystifying this process.

Subsequent dissemination activities undertaken by the user fellow were shaped by reflection on this feedback. For example, practitioners in rural areas complained that their needs were often overlooked by urban-based networks and groups. It was agreed to organize one of the planned seminars in a rural area in order to improve their chances of participating.

**Articles and networking**

Practitioners have frequently criticized the research focus on peer-reviewed journals rather than in professional outlets since these are frequently inaccessible, expensive, and there can be a considerable time lag between the completion of research and final reporting (Needham, 2000). Such criticisms were reinforced by participants in workshops and meetings. It was clear that practitioners placed a value on research findings to underpin their work, but that these should be in clear and accessible formats, and offer opportunities for further discussion. Pleas for ‘firm’ evidence from research were also made and this may pose more challenges for researchers in relation to the role of research in practice-oriented fields.

**Feedback**

Feedback from short articles usually took the form of requests for further information about the research study or related work on children and inequalities in health. In some instances the user fellow was able to indicate sources on websites, other references or contacts in related fields on the topics explored. The user fellow used these opportunities to explore issues arising from the articles. A recurring point made was the difficulty faced in gaining access to research findings. Related to this, questions were raised about how to prioritize research, and about the difficulties in allocating time and other resources to critically evaluate new research findings. This was evident at both managerial and fieldwork levels. While many of these questions related to professional issues, they nevertheless have a bearing on how research can be accessed and effectively disseminated. They also raise questions about continuing professional development and the role of researchers in this.

An important, but taken for granted, point in all of this activity was the direct contact with the user fellow as a link to the research study. In discussion within workshops and the seminars, such contact...
was seen as the optimum model of dissemination. However, this is rarely possible on a day-to-day scale for academic researchers. For example, the user fellow presented papers and/or posters and facilitated workshops on the dissemination activities of the user fellowship to a wide range of audiences including teachers, health workers from a range of backgrounds, community workers in statutory and voluntary sectors, and parents groups. She also participated in discussions at national and local networks which dealt with children and health inequalities. Themes explored at these meetings included the needs of vulnerable children, mental health, social inclusion, homelessness, community participation and children’s rights. Invitations to speak about the user fellowship to localized community education health groups, new community school staff groups, health promotion networks, parents’ groups and social inclusion projects were also taken up. Such meetings also highlighted issues facing particular groups of practitioners such as those working in remote and rural settings in accessing and using new research, the different levels of power and influence within agencies, communication issues within and across organizations, and constraints such as time on diffusing research findings. All the information gathered from these activities, and the direct feedback and impressions gained by the user fellow, were used to plan the final seminars.

Seminars with key user groups

As a result of feedback from the work described above, two collaborative seminars were organized towards the end of the fellowship with one targeting practitioners and the other targeting policy makers in recognition of the different dissemination needs of these groups. It is clear that scope exists for more collaborative effort in both disseminating research and in the shaping of research agendas. King et al. (King et al., 1998) have argued that dissemination is most likely to be influential when it is based on a collaborative face-to-face exchange of knowledge between researcher and practitioner groups.

Both seminars used a workshop format as well as speakers and this led to lively discussions. The use of round tables at which the group met throughout the day created an informal atmosphere, and facilitated an exchange of views and reflections based on learning something of each other’s backgrounds and interests. The seminars focused on findings from two studies, one of which was the study referred to in Table I, and the other was an investigation of the health promotion needs of children and families (Shucksmith et al., 2001). In addition, the policy makers’ seminar included a paper given by a previous user fellow on ‘what works’ in social welfare with families (Roberts, 2000). The introduction of key questions, which were based on findings from earlier dissemination activities, framed the discussion alongside issues arising from the presentations.

Findings

Both events were oversubscribed, which enabled the organizers to purposively select participants in order to ensure a rich mix of disciplines and backgrounds. A synergy was created from the two events that promises to extend the dialogue between researchers and practitioners, between practitioners themselves and across sectors, beyond the life of the intervention. Although schools were represented, teachers were poorly represented at both seminars. It may be worth investigating how best to extend such opportunities to this group.

All collaborating agencies agreed to continue to hold similar seminars in which to explore new research and have distributed reports on the seminars. This has created opportunities for wider dissemination activities on a joint basis between researchers and practitioner networks. Both seminars brought together those in policy and practice who had rarely worked together, and this has already fostered practical linkages as well as the inclusion of groups who might otherwise have been overlooked. Thus the user fellow acted to initiate a sustainable process of dialogue and discussion about research.
Lessons learned from the dissemination process

In many respects the user fellowship was limited: the different timescales of the researchers and policy makers created some difficulties in, for example, finding an acceptable time to arrange seminars. As a result, the decision makers’ seminar was held after the fieldworkers workshop. The original intention of encouraging gatekeepers to release staff to participate was therefore lost. Although this did not affect numbers attending the seminars, assessment of the participants' lists suggested that it may have resulted in over-representation of those who were already well networked. The seminars were well received both by researchers and practitioners, indicating that interest in the new research outweighed any scepticism about research that has been noted in the past. The involvement of researchers in existing practitioner networks and meetings could be further investigated, and might go some way towards demystifying research activity, equalizing power relationships and creating synergy. However, the underlying issue remains that researchers move on in their studies and their jobs, and may not always be able to disseminate indefinitely after a study is completed.

A number of issues emerged in relation to how the findings from this evaluation can be replicated elsewhere with other studies. First, few research projects could afford the time, skills and funding to support this level of dissemination. It is also important to note that the research team for this study was already highly committed to dissemination, had themselves been actively involved in applied research activity in the past, and saw it as a priority to allocate a considerable amount of time and energy to support the user fellowship. Nevertheless the benefits of developing a wider constituency of practitioners, across boundaries, all with an interest in developing their understanding of new research, has value in terms of more knowledgeable audiences and a climate of interactive dialogue.

Research funding bodies have a key role to play in recognizing the important role of dissemination. However, aspects of the reported work could be developed and the overall strategy of developing an interactive approach has great potential. It is clear that a user fellow who has a ‘foot in both camps’ and a range of useful contacts can provide a valuable link and foster a spirit of critical dialogue between the different parties. Indeed, it is hard to see how this relatively brief project could have been implemented without the user fellow having a personal ‘headstart’ in these respects.

Secondly, this work has underlined that dissemination activities can tap into and benefit from communication networks among practitioners. Some difficulty was experienced in reaching practitioners who are not already networked, although inroads were made to this through the activities described above. The targeting of rural practitioners was successful as evidenced by the demand for a seminar in a rural area and by the positive feedback from rural colleagues. Continued monitoring of this project shows that those who participated in the activities have acted as further conduits into localized networks.

The project highlighted communication problems within some organizations, with numerous requests for newsletters from practitioners working in the same organization, building and even the same room. This illustrates that users of research are to be found at different levels of hierarchies within agencies as well as across professional fields. Overall, however, there was ample evidence that practitioners shared information across and within organizations. The diffusion of newsletters across a wide range of disciplines and departments was helpful for practitioners in making contacts with others. There was also evidence to show that new research can foster joint working by acting as a focus for discussion, e.g. as when one respondent to the mapping informed the user fellow that her interdisciplinary team had used the first newsletter as a mechanism for exploring how to develop child-friendly practices.

Thirdly, it is well known that taking research to practitioners in attractive forms is important in...
itself. The positive response to all the activities signalled that practitioners need and appreciate tailor-made forms of dissemination, as Roberts (Roberts, 2000) among others has shown. The short articles on the work in accessible outlets further developed the opportunity for researchers and practitioners to identify other sources of information, support and training. Setting discussion of new research next to other forms of evidence and ‘grey literature’ gives it a place within current policy and practice, and may go some way towards demystifying academic work. This could also provide a positive starting point to help practitioners become skilled up in using and in critically assessing research, and in dealing with findings that challenge existing practices.

Fourthly, a two-way dialogue between researchers and existing and potential users of the research may yield more useful long-term advantages for both research and practice. Within the current rapidly changing policy context, fostering such a dialogue can yield important insights for both researchers and users of research. Practitioner organizations have already offered to investigate how best to continue the dialogue beyond the fellowship. It is clear, however, that there is a need to both acknowledge existing tensions and to work towards a more equal relationship of mutual respect. At the same time, it is important to recognize that researcher credibility hinges on the need to stand back and use critical reflection, and that this may not always be popular with practitioners.

A fifth question relates to the integration of findings from national research studies with other forms of information and data. Making connections between the dissemination of findings from national research with the work of in-house investigations, localized studies, health impact assessments, participatory appraisals, community plans and needs assessments may provide a wealth of useful and useable evidence on which to base future practice and research. However, such activity sits uneasily within existing funding arrangements for research which seldom allow resources to be allocated for dissemination and review in this way, and a need exists to develop better opportunities for this.

Finally, well-planned and targeted dissemination has important benefits for the research community in informing future research agendas, and in building an audience of skilled and critical practitioners who understand the importance of rigorous and systematic investigation. The need for researchers to become ‘skilled up’ in working with practitioner groups is equally clear. The opportunity for better understanding of the relative strengths and weaknesses of the partners may be particularly positive, and may have most potential when embedded in a shared piece of work where questions relating to policy, practice and research can be explored.

Conclusions

In relation to children and inequalities in health, the work reported here suggests that a need exists for a more interactive model of dissemination in which the users of research and researchers can explore the implications, not just of findings, but of methods and epistemological issues within new research studies. In this way the place of research within a sound evidence base can be more clearly communicated and understood.

The importance of an independent link, such as the user fellow model reported here, may be one means of achieving a more fruitful relationship between research and practice. Researchers may benefit from a relationship with practitioners, but do not have the time, and may lack the skills and access to effective networks to undertake the activities outlined. However, such an investment may pay dividends in building ‘research friendly’ user groups with whom to explore the framing of research agendas.

Such a model of dissemination could also inform the ways in which researchers work with groups that are often marginalized from dissemination activities, clarify the role of research in changing practices and help user groups become more skilled up in the critical appraisal of research. For
example, although there was no direct work with children, all the activities reported above raised questions about how best to involve children themselves in dissemination activities. By providing a mechanism to allow diffusion of the findings from the study, more user groups may be drawn into dissemination activity.

Acknowledgements

The study was supported by research grant L128 25 1007 awarded by the ESRC Health Variations Programme. The authors wish to acknowledge the helpful comments of three anonymous reviewers.

References


Received on December 4, 2001; accepted on July 27, 2002