

Generating Evaluation Findings to Create Impact



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Things we'd like you to reflect on:

- What do you think impact should 'look like'?
- How do you currently disseminate evaluation findings?
- At what point do you decide which stakeholders you are trying to impact on with an evaluation?



NIHR Public Health Intervention Responsive Studies Teams: PHIRST CONNECT aims



To co-produce robust and responsive evaluations of public health interventions



Up to 10 projects over 5 years – funded to end of July 2025



Rigour and robustness that is standard of NIHR funded research



Meet the needs of public health and the broad range of stakeholders



Co-production with end users, providers, service users, carers, the public



Mobilise knowledge produced from the work into policy and practice

Knowledge Mobilisation-Implementation-Impact

- **Knowledge Mobilisation (KM)** – a *dynamic and interactive* process which ensures that public investments in research deliver the *greatest possible benefits*.
- **Implementation** – the process of putting an *intervention (or evidence) into action*
- **Impact** - an *effect on, change or benefit* to the economy, society or culture, public policy or services, health, the environment or quality of life, beyond academia.



Mobilising Knowledge to Create Impact

- **What?**
 - Are the key messages from your evaluation research?
 - Are the external influences /factors that affect mobilising this knowledge?
 - PESTLE SWOT analysis – useful tool

| Factors | Strengths | Weaknesses | Opportunities | Threats |
|---------------|---------------------------|---|--|---|
| Political | Having political support. | Not having political support or not a priority. | If the messages are in line with existing policy priorities. | Findings are not positive about the organisations involved in their dealing of the whole system approach. |
| Economic | Provision of funding. | Lack of training and therefore knowledge about interpreting the findings. | | No funding for the dissemination to the different stakeholder groups. |
| Social | population interest | | | |
| Technological | | | | |
| Legal | | | | |
| Environmental | | | | |
| Industrial | | | | |

Mobilising Knowledge to Create Impact

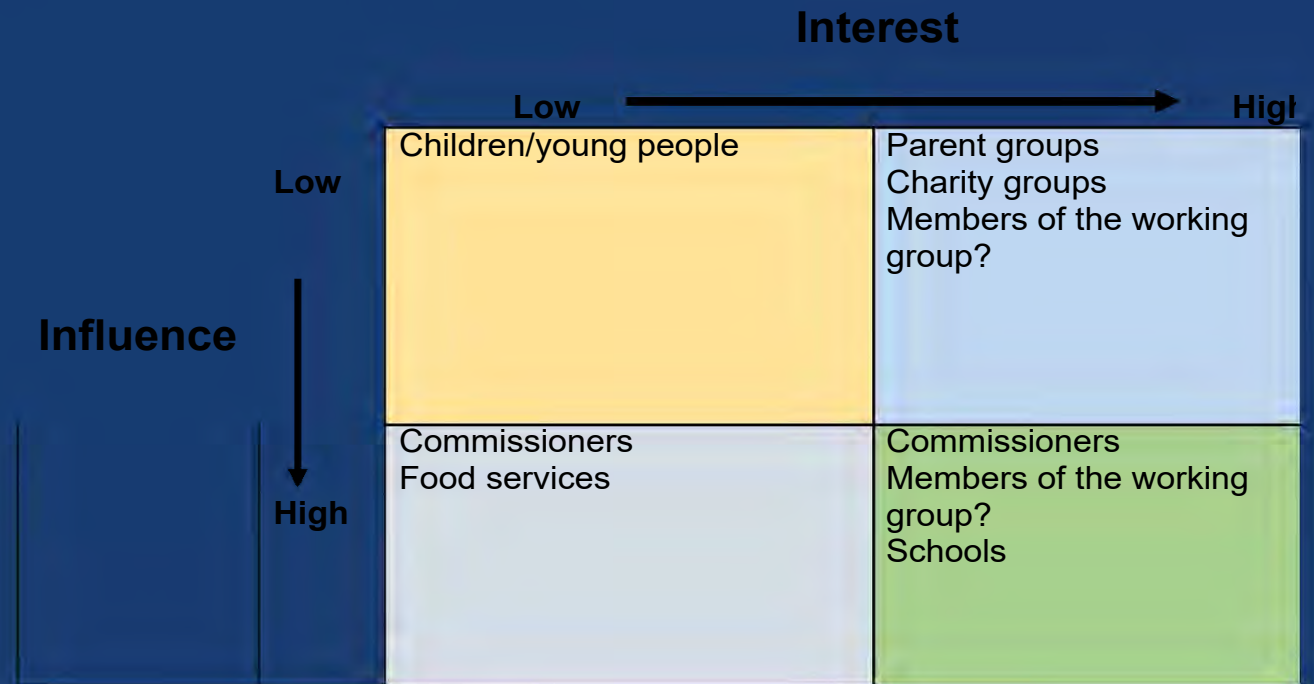
- **Who?** – Target beneficiaries
 - National/international organisations/agencies - government departments, agencies, professional/membership associations
 - Local/regional organisations/agencies - local authorities, public health agencies, service providers/commissioners, NGOs
 - Public beneficiaries – service users, sub-population groups, wider general public
 - Individuals/influencers – key figures/representatives

| National/international organisations | Local/regional organisations | Public groups | Key individuals |
|--|------------------------------|----------------------------|------------------------|
| OHID | Social enterprises | Parents groups | Advisory group members |
| Social services | Health visitors/GPs | School groups | Head teachers |
| NHS/primary care | Schools/school nurses | Youth organisations | |
| National forums for public health e.g. RSPH, RCN, RCGP | Charities | Third sector organisations | |

Mobilising Knowledge to Create Impact

- **Why?**
- Knowledge importance
 - Interest and influence that each beneficiary organisation/group/person might have
 - Significance/relevance for them? – e.g., new way of working, change in service model/current practice
 - Scope/applicability? – e.g., specific populations, sector-wide, cross-sector, wider/generic

Interest and influence that each organisation/group/person might have:



Knowledge Mobilisation & Dissemination Plan: Example from Leeds Covid Drug & Alcohol Service Evaluation (DASE)

Step 1) *What is the key message and why is it important?*

| What? | Why? | |
|---|--|---|
| Key message arising from the evaluation <i>Knowledge to be mobilised</i> | Significance/relevance Example: <i>new knowledge, change in practice</i> | Scope Example: <i>specific to the intervention evaluated/sector-wide/multi-sector</i> |
| Limited evidence on remote delivery of drug and alcohol services of the type seen during the pandemic | Our evaluation of remote service delivery is novel | Relevant D&A sector-wide and across public health |
| Remote interventions delivered mainly by websites and apps do help people to reduce alcohol and substance use | Our evaluation is amongst the first to focus on phone and video conference support | Relevant D&A sector-wide and across public health |

Step 2) *Who could (should be) interested in this message? (target beneficiaries)*

| What? | Who? | | | |
|--|---|--|---|--|
| Key message arising from the evaluation <i>Knowledge to be mobilised</i> | National/international organisations | Local/regional organisations | Public groups | Key individuals |
| Our evaluation of remote drug and alcohol support interventions during covid provides novel evidence to support future drug and alcohol service design | Department of Health & Social Care, UKHSA, NICE | Leeds City Council, Forward Leeds (provider) | Digital service providers, third sector organisations | Service users, commissioners of services |
| | | | | |

How to turn knowledge into impact?

- **Examples of co-produced activities/outputs:**
- **Workshops** – co-production/participatory/dissemination
- **Publications** – research articles, newsletters, reports, briefing notes, blogs
- **Creative media** – podcasts, videos, illustrations, craft, dance, theatre
- **Policy toolkits** – checklists, frameworks, decision-making algorithms
- **Educational material** – teaching slides, curriculum/lecture/training content
- **Events** – conferences, meetings/networking events, national/international days ... pub/stand up ... public events...

Creative Approaches



Co-Produced Main messages grounded in findings

PHIRST CONNECT

REMOTE ACCESS TO DRUG AND ALCOHOL SERVICES DURING COVID-19
SERVICE USER PERSPECTIVES

KEY MESSAGES

| | |
|---|---|
| <p>A MIXED APPROACH</p> <p>Our research found clear evidence to support a mixed delivery of the service, where face-to-face and remote delivery are both used together. Where possible, the preference of the service user should be considered. However, based on individual service users' needs, not everyone will be suitable for remote delivery.</p>  | <p>SERVICE USERS LIKE REMOTE ACCESS</p> <p>Service users like having parts of the service delivered remotely because:</p> <ul style="list-style-type: none"> It is easier to keep appointments There is less waiting and fewer people in the building It can be easier for those struggling with social anxiety They feel respected by the service. <p>This is important for building trust.</p>  |
| <p>KEEPING AND BUILDING TRUST</p> <p>It is important to keep a focus on building and maintaining trust between the service users and the staff /service. Face-to-face delivery may be needed at the start to build trust. It is easier to see if the service user is 'telling the truth' or 'needs more help' when face-to-face.</p>  | <p>NOT EVERYONE HAS THE RESOURCES</p> <p>The service needs to check the resources that the service user has to help them use the service.</p> <p>For example, does the service user have?</p> <ul style="list-style-type: none"> Internet / devices Transport costs Skills / knowledge Social support.  |
| <p>FEELING READY TO TACKLE SUBSTANCE USE</p> <p>The service needs to look at the service user's reasons to take part in treatment.</p> <p>Remote options may not be the best option for those who are not fully ready.</p> <p>Remote options and fewer medication pick-ups could be a reward for those making good progress with their recovery.</p>  | <p>MENTAL HEALTH PROBLEMS</p> <p>Mental health problems, particularly social anxiety, were mentioned by nearly all service users.</p> <p>Remote delivery was beneficial for some people's mental health, but losing the need to leave the house to attend appointments, was bad for others.</p> <p>The service should act with caution when deciding on remote delivery options.</p>  |

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







PHIRST CONNECT

REMOTE ACCESS TO DRUG AND ALCOHOL SERVICES DURING COVID-19
SERVICE USER PERSPECTIVES

UPDATED KEY MESSAGES

We listened to you and adapted our original key messages based on your feedback

| | |
|--|---|
| <p>A MIXED APPROACH</p> <p>The key message is still that a mixed approach (face-to-face and remote) is wanted, and that preference must be taken into account when planning care. Some service users (SUs) prefer the convenience of remote delivery, others felt it was better than nothing, but would prefer to go back to face-to-face. If people are very unwell and in need of urgent support, then they need more than a hub appointment, they need services to come to them. We recommend the service records the SU's preferences, ensures they see the SU at the start of their treatment and at regular intervals, and visits the service user if they are concerned about wellbeing and the SU cannot come to the hub.</p>  | <p>REMOTE ACCESS PROVIDES NEW OPPORTUNITIES</p> <p>This key message has been expanded slightly to capture new ideas. We found that having at least part of the service delivered remotely provides opportunities for improved efficiency, easier appointment keeping, less waiting, and fewer people in the building. As a result, service users (SUs) have a better experience of the service. This is important for building trust and relationships, and helping the service to suit the SU. We recommend that the service continues to ring the SU to remind them of their in-person appointment.</p>  |
| <p>KEEPING AND BUILDING TRUST</p> <p>It was agreed that it is important to meet the service user (SU) face-to-face at the start of their treatment and then with intervals or when concerned about them. People agreed that deceiving your support worker is easier when remote. One SU described deceiving your support worker as playing 'snakes and ladders'.</p> <p>Service users recommended setting up a SU consultation group, run by them, to understand what is working well and what needs improving. We also recommend avoiding changes to workers once a relationship has been built.</p>  | <p>NOT EVERYONE HAS THE RESOURCES</p> <p>It was agreed that the service needs to check the resources (financial, social and psychological) that the service user (SU) has to help them use the service. However, we also learned that poor physical health (e.g. abscesses that are painful) is also a barrier to travelling to / attending an appointment. Some people need to be seen where they are.</p> <p>We recommend the service looks into providing free travel passes and digital devices (acting with caution). There could also be community-based computers in accessible and confidential places for joining online meetings.</p>  |
| <p>READINESS TO ENGAGE</p> <p>This message was supported and some additions have been made. Several SUs said that a moment of motivation should have the same importance as a moment of crisis. It is a window of opportunity, and a 'big deal'.</p> <p>The use of remote delivery as part of a 'reward structure' will only be appropriate for some. Some SUs need to feel the service is 'really caring, which can be demonstrated through home visits. We recommend more support to maintain structure and routine after rehab, and long-term ongoing support / training to deal with life events, confidence, and rebuilding relationships damaged by addiction.</p>  | <p>MENTAL HEALTH PROBLEMS</p> <p>Mental health problems, particularly social anxiety, were mentioned by most SUs. Staff may need more training to identify and support those with mental health problems, e.g. help to recognise when it affects engagement with the service.</p> <p>Currently, it is felt that the level of crisis for mental health support is too high. Crisis support would be valuable, and clear signposting is needed when support cannot be given.</p> <p>Lastly, it was felt that there was not enough focus on why SUs were using substances and that SUs may still use substances to deal with difficult life situations.</p>  |

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Example of an adapted message following service user input



- Main message relating to wanting to keep a mixed or hybrid service offer going forwards
- Our data showed that many service users liked remote services and they brought a number of benefits (e.g. less waiting, improved efficiency, greater anonymity, more convenient)
- Not right for everyone and some services can't be delivered remotely
- For the most vulnerable service users – outreach and seeing them where they are is needed – not about remote vs. in-person!



The 'Creativitree' using creative methods to help give everyone in the room a voice

Poetry – “Basis Leeding drug and alcohol support” by Amander Wellings





- “Ba S!sters not just surviving living!
- Soldiers battling a war of misfortunes, Peace by mutual understanding.
- Rid war of Judgement and prejudices “The She was” culture trapped unable to move beyond the past.
- “You’re Pretty!”
- “Yes pretty annoying but free to be me here”
- Lionesses learn to take Pride...”

Image credit: Silent Addiction by Murphy (Five Ways recovery hub user, Leeds)

“Basis – Help meet basic needs, food, toiletries, clothes, companionship, activities.

“Anyone need deodorants shower gel shampoo, new underwear!”

Food donated to share knowing there are still people who care!

Free donated clothes rail browsed, “better than a catalogue this” Designer labels.

“Do you want this leopard skin print top Love a bit of Vera Duckworth me?”* ...”

*Vera Duckworth – soap character known for a love of leopard print





“Basis helping create a positive outlook.

Some people are challenging to those trying to grow. “Wish you would get in your plant pot and grow the fuck up”.

Moving past previous mess ups,
Growing confidence skills and ability.
Creativity Activity needed – Growing plants, cooking on a budget.

Mindfulness colouring and crafts –
calm a chaotic mind, problems drift,
“What no Pink!”

“Go where the happy people are”.
“I like the weirdos the alternative people” ...”



“Basis saving lost souls
A shoulder to cry on and release
some of the burdens.
Need Music Dance Sing Happy
times – not just wallowing in
other’s problems.
Companionship – wind to power
my ship- noisy verbal hot air-
balloon helping me to fly- find my
natural safe highs.
Dozen years been Coming here
from when it was an egg.
It’s all its cracked up to be,
laughter having a joke”. ..”

Basis Yorkshire team with our
researchers

Reflections:

“Co-producing the creative outputs with the service users allowed me to see a side of them I wouldn’t have seen using traditional methods; we laughed and got to know each other. The outputs are a reflection of all the fascinating voices in the room.”

Charis Bontoft, Research Assistant, PHIRST CONNECT

“Working with the University of Hertfordshire in collaboration with services in Leeds, on this evaluation, has been a unique learning experience. The project is robustly and systematically unearthing the learning from the move to remote service delivery, in drug and alcohol service services in Leeds, in a very real world environment”

Dan Burn, Health Improvement Principal, Leeds City Council



**Service provider and service user
findings highlighting the need for
a mixed approach to substance
use support**

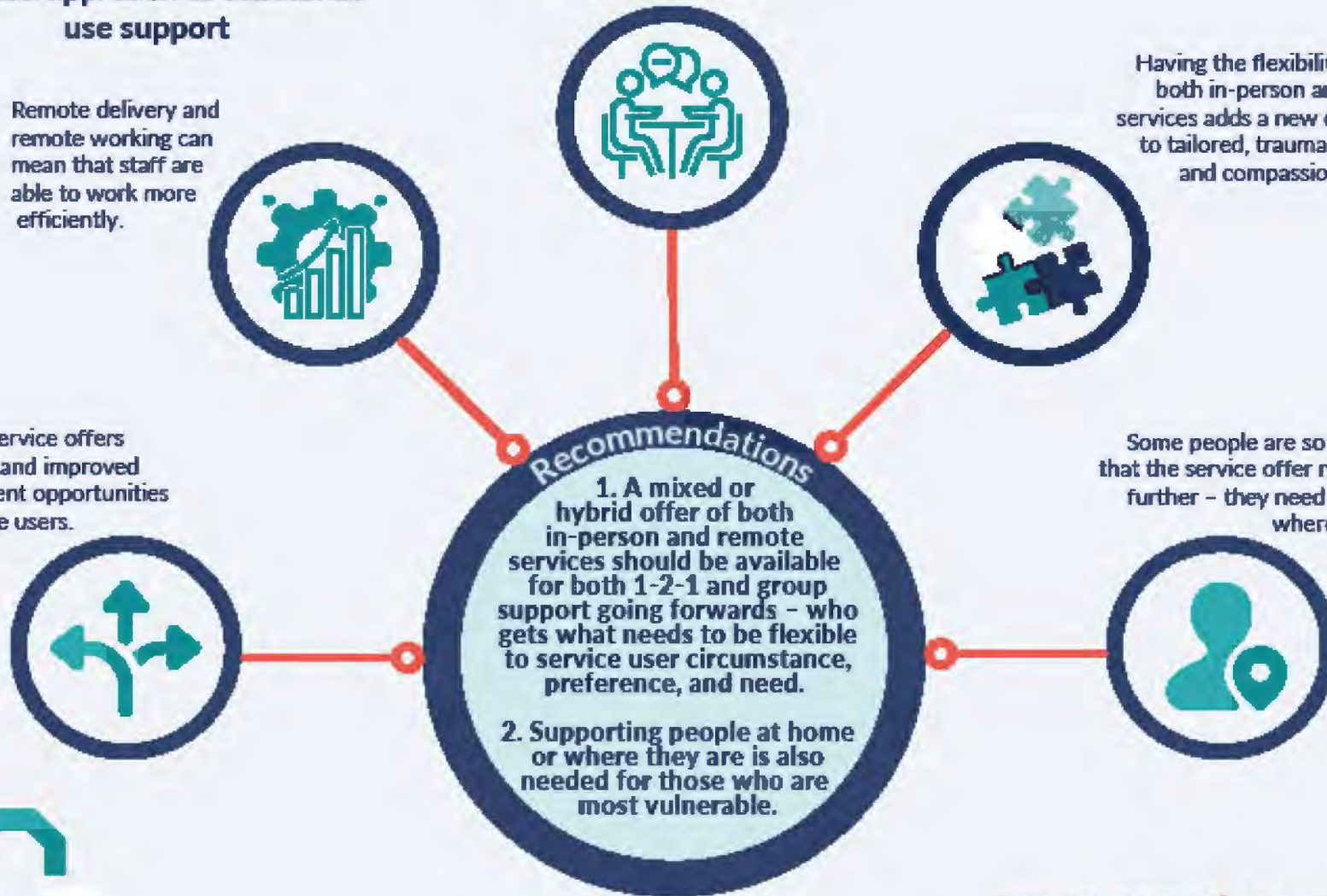
Keeping face-to-face is still important
as in-person support is preferred by
some and important for good quality,
safe care and support.

Remote delivery and
remote working can
mean that staff are
able to work more
efficiently.

Having the flexibility to offer
both in-person and remote
services adds a new dimension
to tailored, trauma-informed
and compassionate care.

Remote service offers
flexibility and improved
engagement opportunities
for service users.

Some people are so vulnerable
that the service offer needs to go
further - they need to be seen
where they are.



Example of
infographic
briefing -
DRAFT

Knowledge Mobilisation – Lessons Learned



A range of voices are important in shaping diverse project outputs



Conversations with diverse groups are needed to generate accessible outputs



Flexibility of the research team is important – activities and outputs tailored to both the audience and context



What level of risk is acceptable? Novel approaches can be tried, tested and adapted



Activities may not go to plan but are always a learning experience for those involved

Measuring impact

- Short vs medium/long term impact
 - Change can take many years
 - What indicators do local residents think are important to measure?
- ‘Softer’ impact is important too
 - Feedback to participants and service users
 - Building relationships with those we are researching with is crucial
 - Building relationships means it is easier to ‘follow the impact’

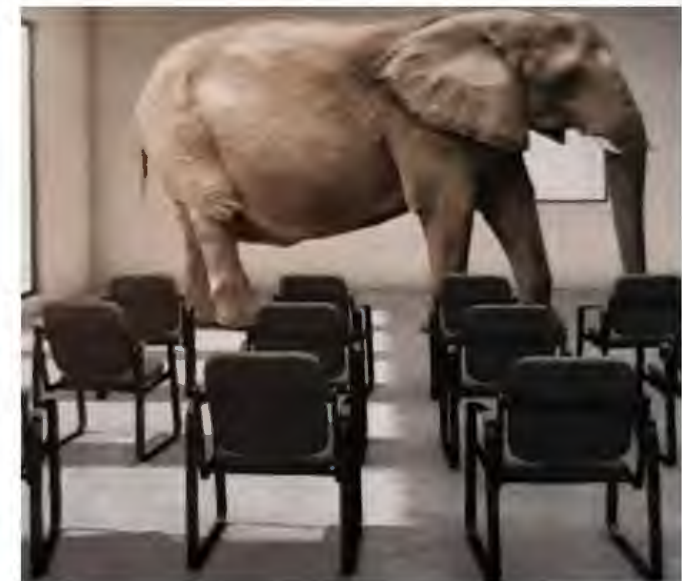
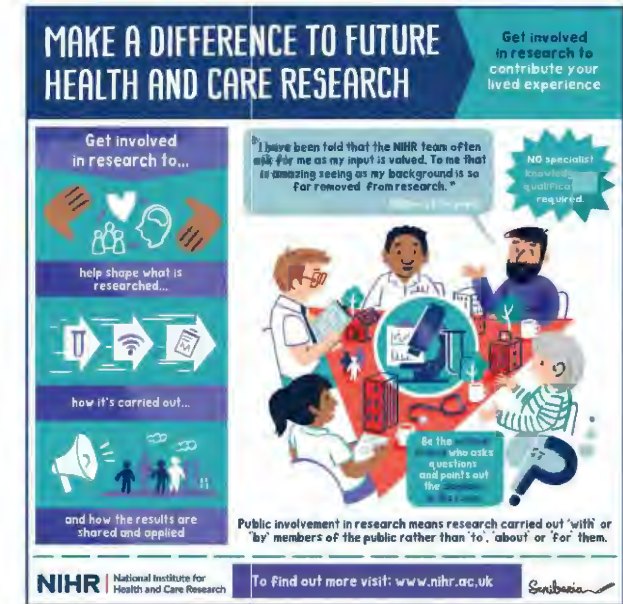


Importance of User Feedback (People's Video)



Resourcing co-production as part of an impact plan

- Should always be included!
- Requires:
 - Budget
 - Support
 - Processes
- Use NIHR Centre for Engagement and Dissemination 'starting out guide':
- Starting Out Guide - Why and how to get involved in research | NIHR



Thank you!

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PHIRST website finally being launched 1st July 2022!
www.phirst.nihr.ac.uk

