THE DISSEMINATION OF FINDINGS OF RESEARCH FUNDED BY THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY

by

MICHAEL DAVID GORDON, B.A., M.Sc.

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PUBLICATIONS

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M.D.Gordon	Towards a social systems model of research dissemination. Knowledge: Creation, Diffusion, Utilization 1983 (in press).

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M.D.Gordon	How authors select journals for their papers: a test of the reward maximization hypothesis. <u>Social Studies of</u> <u>Science</u> 1983 (in press).

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BIBLIOGRAPHY

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LIST OF ABBREVIATIONS

- AHA Area Health Authority
- BMJ British Medical Journal
- C & D Catering and Dietetics Division
- CCETSW Central Council for the Education and Training of Social Workers
- CNO Chief Nursing Officer
- COMAFP Committee on Medical Aspects of Food Policy
- CR Computers and Research Division (Research replaced by OCS)
- CSRC Chief Scientist's Research Committee
- DES Department of Education and Science
- DHSS Department of Health and Social Security
- EAO The Economic Advisor's Office
- HMSO Her Majesty's Stationery Office
- HPSS Health and Personal Social Services
- INR Index of Nursing Research
- IS (OCS) Information Section of OCS
- LA Local Authority
- LASS Local Authority Social Services
- MRC Medical Research Council
- NHS National Health Service
- NISW National Institute for Social Work
- OCS Office of the Chief Scientist
- OPCS Office of Population Census and Surveys
- PQ Parliamentary Question
- PSSC Personal Social Services Research Group
- RCGP Royal College of General Practitioners
- RNC Royal College of Nursing
- RHA Regional Health Authority

RLG	Research Liaison Group
CRLG	Children's RLG
ERLG	Elderly RLG
FPRLG	Forensic Psychiatry RLG
HARLG	Homelessness and Addictions RLG
LASSRLG	Local Authority Social Services RLG
MHRLG	Mental Handicap RLG
MIRLG	Mental Illness RLG
NRLG	Nursing RLG
PHRLG	Physical Handicap RLG
RASRLG	Reproduction and Allied Services RLG
RM	Research Management
SGC	Small Grants Committee
SSD	Social Service Department
SSORU	Social Services Organization Research Unit (Brunel University)
SSRPC	Social Security Research Policy Committee
SSRC	Social Science Research Council

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CHAPTER 1

INTRODUCTION

<u>Mr Carter-Jones</u> asked the Secretary of State for Social Services what is the value of research if the beneficial results of past research are not implemented.

<u>Mr Moyle</u>: My Department's aim in commissioning research is to increase our knowledge and enlarge our understanding of problems which concern us. The findings of research are taken into account, with other relevant considerations, in reviewing existing policies and services; they are also communicated to, and exercise an influence directly on, practitioners in the field.

> Parliamentary Question 21 February 1977 <u>Hansard</u> (1977)

1.1) The background and objectives of the study

The Department of Health and Social Security (DHSS) has responsibility for the central supervision of health and personal social services (HPSS), and for the provision of social security services in England, Wales and Scotland. With a few specialized exceptions,¹ DHSS does not provide HPSS itself, but is responsible for ensuring that these are satisfactorily provided by other bodies; most notably the National Health Service (NHS) and Local Authorities.

In pursuance of these responsibilities, the Department centrally funds a programme of research covering all aspects of the delivery of HPSS.² Provision for this programme was first made in 1946, when the National Health Service Act empowered the Minister of Health to "conduct or assist research into any matters relating to the causation, prevention, diagnosis or treatment of illness or mental defectiveness". However, it was not until 1962 that the Ministry of Health began to explore the possibilities for service orientated studies. In 1963 the Treasury approved the allocation of funds for "operations research" in the hospital service, and for the "assessment and development of hospital supplies and equipment".³

In 1968 the programme was taken over by DHSS (on its creation from the union of the Ministries of Health and Social Security). Throughout the early 1970s, research management at DHSS underwent reorganization along lines recommended in the 'Rothschild Report'.⁴ This report suggested that Government research should be funded in

- 1. For example, the four Special Hospitals (for patients requiring psychiatric care under especially secure conditions).
- 2. The Department also supports social security research, but this is not included within the terms of reference of the present study. Up until April 1978, DHSS gave funds to a 'Locally Organized Research Scheme'. From April 1978 full responsibility for the administration of this scheme was devolved to the health authorities. See DHSS (1978a) p. 15.
- 3. DHSS (1976), p. 49.
- 4. Rothschild (1971).

accord with a customer-contractor principle, and led to the publication of a White Paper⁵ which required that the Department develop a 'customer' capability. By the mid-1970s the main organizational structures characterizing a post-Rothschild approach to research management had been developed,⁶ and the research programme had grown considerably both in size and diversity. In 1975 the Department's Health Services R & D Branch reported that: "R & D in the field of health and social services covers a diversity of studies ranging from nutrition surveys of the population to detailed evaluation of new X-ray equipment; from research aimed at improving the treatment of cancer to enquiries into the cycle of social deprivation."⁷ Projects within the programme were broadly divided into three main categories, according to their primary objectives. They were:

- "(1) The surveillance of population health and social standards.
 - (2) The provision of health and social services. These may be focused on particular diseases, particular groups such as old people or children, or on particular types of services such as those provided by family doctors.
 - (3) The better use of resources such as personnel, buildings and equipment." 8

The findings of projects commissioned within this diverse programme of research are clearly of potential interest to a variety of different occupational groups. Researchers are themselves an important target audience, but the primary 'customers' for research findings are DHSS personnel concerned with policy and service development. The Department

^{5.} Framework for Government Research and Development (1972).

^{6.} For a study of these developments see Kogan and Korman (1979) and Kogan et al. (1980). For some leading researchers' criticisms of the developments see McLachlan (1978).

^{7.} Health Services Research and Development Branch, DHSS (1975), p.36.

^{8.} Ibid.

is, however, sometimes a 'proxy' customer, rather than direct consumer of research findings. For, within the terms of its brief, it commissions some research which primarily has implications for the work practices of extra-Departmental groups involved in the administration or delivery of services. Most notable amongst these groups are administrators in Health Authorities and Social Service Departments (SSDs), social workers, medical practitioners and paramedical staffs. Research findings also occasionally have implications for other groups which are not normally considered to be audiences for HPSS research: magistrates, educationalists, architects, etc. In addition, research findings can be of interest to sectors of the general public; especially those concerned with, or affected by, particular social or medical problems.

It is therefore apparent that the Department funds a large and diverse research programme, the findings of which have interest and implications for a highly heterogeneous audience. In consequence, the full value of the Department's research programme can only be realized if the findings of research are effectively disseminated. Effective dissemination requires that the findings of each project be presented in an accessible and assimilable form to all the groups for whom they have implications. Ensuring that such extensive dissemination is effected presents major problems, and recognizing these problems, DHSS commissioned the present study in 1978.

The objectives which guided the study were:

- i) to map out the systems and patterns of dissemination relating to DHSS-funded research;
- ii) to examine the practices of "key actors" within these systems;
- iii) to determine the nature and extent of use of particular dissemination channels;
 - iv) to identify problems inherent in current dissemination arrangements and practices;

* Approximately £10m per year (DHSS, 1980a)

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and, v) to provide a basis for the drawing of implications on how dissemination could be made more effective (within the limits imposed by available resources).

It was originally intended that, in pursuit of these objectives, researchers, DHSS personnel and field authority personnel would be studied, and the nature of the communications taking place between each of these groups would be determined. However, during the course of the project, the Office of the Chief Scientist (OCS - the Department's research management division) expressed a preference for an investigation which did not extend to the field authorities. In accord with their wishes, the study focusses on researchers and the Department, and analyzes the actions of personnel within each group in terms of their consequences for dissemination.

1.2) The diversity of previous studies

Prior to the present study, the Department had already initiated an examination of the development of its research management structures and procedures,⁹ and a survey of the attitudes of DHSS personnel towards research.¹⁰ However, no previous work had been done on the dissemination of the findings of the research which the Department sponsors. While the Department of the Environment has looked at some of the problems associated with the dissemination of research findings in the field of housing,¹¹ no other UK Government Department or research funding agency appears to have commissioned an investigation equivalent to the present. However, the Joseph Rowntree Memorial Trust has conducted a study of "the outcome" of the social welfare research projects which it has funded, and the report of that investigation has some parallels with parts of this study of DHSS's research programme.¹²

- 9. Kogan and Korman (op. cit.) and Kogan et al. (op. cit.).
- 10. Moss (1977).
- 11. Tinker and Brian (1979).
- 12. Heady (undated).

While no equivalent investigations to the present have therefore been conducted, there are many reports of studies which are relevant to this study of the dissemination of DHSS-sponsored research findings. Such studies can be split into six categories:¹³

- 1) Studies of researchers as generators¹⁴ and disseminators¹⁵ of research information.
- 2) Studies of the dissemination of very specific types of HPSS research information (e.g. on innovations in medical practice¹⁶ and new hospital technologies¹⁷).
- 3) Studies of the communication of research information within organizations.¹⁰
- 4) Studies of the operation of particular communication channels or information systems.¹⁹
- 5) Studies of the information needs and search strategies of particular HPSS professional practitioner groups.²⁰
- 6) Studies of the influence of research findings on the development of policy and professional practice.²¹
- 13. Havelock (1976) presents an extensive state of the art review of this literature (not limited to HPSS research).
- 14. See, for example, Bell and Newby (1977) and Platt (1976).
- 15. See, for example, Garvey (1979) and Goslin (1974).
- 16. Coleman et al. (1966), Stross and Harlan (1971).
- 17. Russel (1976).
- 18. See Allen (1978), Bozeman et al. (1978), Rothman (1980), and Streatfield and Mulling (1979).
- 19. See, for example, Hibbard (1980), Lindsay (1978), and Streatfield and Wilson (1978).
- 20. For each of the three major professions, medicine, social work and nursing, see, respectively, Ford et al. (1980), Wilson et al. (1978) and Myco (1979). Further studies will be referred to later in the thesis.
- 21. An extensive literature exists. For a variety of approaches and perspectives see Caplan (1976), Cohen (1978), Donnison (1972), Freeman and Sherwood (1970), Goldsmith (1973), Rein (1976) and Rein (1980). A useful short review of the literature appears in the editor's introduction to Weiss (1977)(ed.): this book also contains a number of other useful contributions on the subject. These studies are more concerned with the impact of research on policy than on professional practice (though the latter is clearly influenced by developments in the former). For studies of the influence of research on professional practice see Coleman et al. (op. cit), Comro (1978), Stross and Harlan (op. cit.), Kogan (1963), Myco (op. cit.), and Yin and Gwaltney (1981).

This investigation contrasts with most of the \bigwedge in dealing with a diversity of types of research information, all the channels through which this information is disseminated, and all the major audiences for whom it has relevance. Previous studies are necessarily disparate in nature, and fragmented in approach. It has therefore been part of the present task to consider how the findings of such studies might be integrated into a coherent account in terms of which the dissemination of DHSS-funded research results can be considered.

Some progress toward the formulation of such integrated accounts has recently been made. For example, Cherns has proposed a taxonomy which shows the relationship of "types" of research to their "generalisability" and the "preferred diffusion channel".22 In addition models have been suggested which may be used to describe the 'flow' of research findings from producer to user²³ and the processes through which research findings can influence various types of action.²⁴ Unfortunately, most such models tend to be either trivial or of limited relevance to an understanding of the dissemination of Department-sponsored research findings. A model therefore had to be developed specifically for the purposes of the present study.²⁵ Before such a model could be drawn up, it was necessary that a general description be obtained, of how the findings of DHSS-sponsored research are disseminated, how respondents view their role within the process, how they view the roles and role performances of other actors within the process, and the nature of its problems and problematics. An initial set of exploratory interviews were conducted, and they allowed the following description of the dissemination process to be produced.

7

above

^{22.} See Cherns (1979), Ch. 7.

^{23.} Many are critically reviewed in Havelock (op. cit.).

^{24.} See, for example, Van der Vall (1975). A brief critical discussion of such models appears in Weiss (op. cit.) Ch. 1, and Havelock, op. cit.

^{25.} For a discussion of the role of models in communication research see Hanneman (1975).

1.3) An outline of the dissemination process

The researcher can be taken as the starting point for dissemination (see Chapter 2). Researchers initiate the majority of dissemination to extra-Departmental groups themselves (see Chapter 3), either through formal channels (journal articles and research monographs) or through informal communication (personal communications, teaching, restricted circulation documents, presentations at meetings and conferences, etc.). The dissemination of findings which appear via formal channels can be enhanced by their inclusion in secondary services (information systems, indexes, bibliographies and abstract journals). There are many such secondary services operating in subfields of HPSS, some of which are run by the DHSS Library and the Nursing Research Section (see section 7.3).

Divisions of DHSS assist and facilitate the dissemination of research findings, to both extra-Departmental groups and the Department's policy and service development staff in a number of other ways. Before describing these it is necessary to outline the Department's research management structure and practices.

The Office of the Chief Scientist (OCS) has responsibility for managing the Department's research programme. It has an administrative section (OCS(A)) which has responsibility for contractual, financial and staff matters, and three professional sections (medical, nursing and social work service) which are concerned predominantly with planning, progress and the assessment of research (see sections 4.0, 4.1).

OCS staff work with, and within, a series of research management committees. The most important of these, from the perspective of the consideration of completed research, are the Research Liaison Groups (RLGs) and the Small Grants Committee (SGC).

The RLGs act as Departmental 'customers' (in the Rothschild sense) by bringing together representatives of relevant policy divisions, OCS and external scientific advisers. They have responsibility for formulating research objectives and priorities, commissioning research to meet these objectives, monitoring the progress of this research and reviewing its results (see Chapter 5). Each of the RLGs is responsible for research in an area of policy corresponding to an administrative division within the Department. The SGC, in contrast, responds to spontaneous applications for financial support (of up to £40,000 each) for research projects in all areas of HPSS, and reviews reports of this research on its completion (see section 4.413).

When final reports of research are submitted to the Department, copies are received by both administrative and professional research managers. OCS administrators have responsibility for depositing a copy of each report in the appropriate project file and with the Information Section of OCS (see section 7.21). Under certain circumstances, they also deposit a copy with the Department's Library (see section 7.22). Most of their professional colleagues, meanwhile, have two types of responsibility relating to research information: firstly, as a 'lead officer' for research management in a specific policy (usually RLG) area; secondly, as liaison officer for one or more of the Department's units, programmes or projects. When research is of a specialist nature and the necessary professional expertise is not found within OCS, an officer from some other Division is appointed (see section 4.1).

All the professional research managers in OCS have liaison responsibilities. These include keeping the Department informed on the progress of projects, and keeping researchers in touch with customer requirements. On receipt of final reports, liaison officers are expected to "circulate and obtain scientific comment upon such reports; arrange for adequate discussion and follow through with policy makers on dissemination"²⁶ (see Chapter 4), and "feedback to the researchers on what has happened"²⁷ (see Chapter 6). Professional research managers, who also have lead responsibilities, perform liaison duties for the majority of projects falling within their 'lead' briefs. In addition, they alert policy divisions within the Department about research in their field of interest, and feed reports of completed research into the appropriate RLG, for its consideration (see section 4.41, and Chapter 5).

These are the main lines of dissemination within the Department. In addition, the consideration of final reports by RLGs and customer divisions can also enhance extra-Departmental dissemination in four ways:

- 1) by giving feedback to researchers on the dissemination initiatives which they might make (see Chapter 6);
- by assisting this dissemination by organizing meetings, seminars or conferences, or by funding a publication (see section 7.1);
- 3) by issuing a Departmental letter or circular to the "field" authorities (see section 7.7);
- 4) by including the findings of research in other Departmental publications or ministerial statements and speeches (see section 7.8).

1.4) The development of a systems model

On the basis of this description, and a consideration of related studies, a model for the dissemination of DHSS-sponsored research was set up. It is shown in Figure 1. This model describes 'the general situation' by identifying the routes through which the findings of the vast majority of projects are disseminated, and by showing how they relate to one another and to the relevant social groups. The model does not, of course, provide a definitive or all-inclusive description.

- 26. Research Management Guidance Manual, Amendment 4, October 1979.
- 27. Ibid.



Rather it represents a conceptual tool which was designed to aid the formulation of a research strategy and assist the interpretation of the data it generates.²⁸

The use of this model implies a systems approach to the study of communication.²⁹ Within this approach a system can be defined as a set of units organized into some kind of structure and distinguishable as a group from its environment. "In the abstract a system may be thought of as merely a set of components which act with and upon oneanother to bring about a state of balance, inter-dependence and wholeness."³⁰

When these components are individual people (actors), or groups of actors, who can be differentiated in terms of individual roles and constellations of roles, then we are dealing with a social system. As described by Parsons and Shils: "it is a system of differentiated actions organized into a system of differentiated roles".³¹

The relative advantages of a systems approach to studies such as the present, have been argued by Havelock³² in the course of an extensive critical review of research into the dissemination of research information. Of the 4,000 reports he examined (all the reports he was able to identify), 748 fell within the fields covered by DHSS's research programme. In searching for the conceptual framework which was best able to "make sense" of the data produced by these studies, Havelock concluded:

> "It seemed helpful to think of the pattern of the flow of knowledge from its generation to its final

28.	For a discussion of the value of models in relation to the	hese
	aims see Hanneman, op. cit.	

- 29. See, for example, Buckley (1967) and Buckley (1968).
- 30. Havelock, op. cit., p 22.
- 31. Parsons and Shils (1951). Quoted in Havelock (op. cit.), p. 2-25.
- 32. Havelock (op. cit.).

utilization as a complex social system in which there are many senders and many receivers all clustered in various types of groups, associations and organizations, and linked together, sometimes tightly and sometimes tenuously, by various memberships, proximity, shared values and established communication channels."³³

While Havelock has identified the general congruity which exists between systems concepts and the findings of studies on research dissemination, Orr et al. have applied these concepts within a highly relevant context. They have analyzed the dissemination of biomedical research information, and have shown how the communication of this information can be conceptualized as taking place within a series of interdependent systems. In so doing, they develop a model of the aggregate system and argue that such systems models can be useful:

- 1) To identify critical operations and activities where limited capacity may disrupt the functioning of whole components or of the entire system;
- 2) to specify the type of processor required for different services;
- 3) to determine where innovations may be advantageous and to predict their effects on other parts of the system;
- and, 4) to assess mechanisms for coordinating component operations and activities.³⁴

Drawing on the above studies, it seemed appropriate to develop some form of systems model for the present investigation. In proceeding toward the articulation of such a model, Chin suggests:

> "It is helpful to visualize a system by drawing a large circle. We place elements, parts, variables inside the circle as components and draw lines among the components Outside the circle is the environment, where we place all other factors which impinge upon the system."³⁵

33. Ibid., pp. 1-12.

- 34. Each of the points is presented with accompanying discussion in Orr et al. (1964), pp. 1144-1145.
- 35. Chin (1962), p. 203.

In adopting this modus operandi, the components within the aggregate dissemination system are found to cluster into three major blocks: firstly, the research community; secondly, the Department; and thirdly, the field authorities and services, and other research audiences. It is clear that each of these 'blocks' could be considered as a system unto itself. Within each of these systems, individuals and groups exchange such commodities as money, power, authority, prestige and, most notably within the present context, information. At the same time, each of the systems exchanges these commodities with its environment, and in so doing maintains its own dynamic equilibrium (i.e. continued existence, but evolving nature). The systems can therefore be described as "open".³⁶

In breaking the total dissemination system into three component open systems, it is clear that each component system has the other two such systems as the dominant exchange agents (systems exchanging commodities) within its environment. One can therefore argue for the adoption of what has been described as an "inter-systems" model. Within such a model, two or more open systems are identified and attention is focussed both on their separate operation as open systems and their exchange relationships with one another. As Chin points out: "the inter-systems model leads us to examine the interdependent dynamics of interaction both within and between units" and "provides a tool for diagnosis that retains the virtues of systems analysis, adds the advantage of clarity, and furthers our diagnosis of the influence of various connectives, conjunctive and disjunctive, on the two systems".³⁷

The model adopted for the present study is therefore an inter-

^{36.} For a detailed presentation of the open systems perspective, see Katz and Kahn (1978).

^{37.} Chin, op. cit., p. 208.

systems model, consisting of three evolving (and therefore dynamic) open systems, which interact by means of the exchange of information, finance, powers and other resources, subsumed within the generic term "energies" within open systems theory.³⁸ While adopting this broad conceptual framework, this study is focussed on only one of the forms of "energy" exchange; research information. Why then does such a broad model have to be used?

The advantage of this conceptual framework over one which merely maps the passage of research information, is that it places the dissemination process within its social context. It does not therefore treat dissemination as an independent problematic, but rather recognizes the dependence of patterns of information exchange on the nature of other exchange relationships.³⁹

Within the context of a study of the dissemination of DHSS-funded research, this is necessary to accommodate three important factors.

- Research information is transmitted via the same channels as other types of messages: professional journals, personal communications, DHSS internal memoranda, ministerial speeches, etc.
- 2) Research information is only one of many forms of "energy" exchanged between actors, and the extent and nature of this transmission is largely determined by the expectation of the receipt, in return, of information (feedback) and/or other types of energy money, power, prestige, etc. In this sense, the transmission of research information takes place within the context of "political" relationships.

38. Katz and Kahn, op. cit.

^{39.} For a discussion of exchange relationships between organizations see Benson (1975), Hall et al. (1974) and Levine and White (1961).

3) Actors situated in differing social systems, or subsystems of a given system, are located in differing political relationships. All actors do not, therefore, transmit information in pursuit of common goals and interests. Rather, research information is only transmitted when actors perceive it to be consistent with their personal and professional interests to do so. Actors thus participate in the dissemination system in a fashion determined by their personal and occupational priorities.

If one takes researchers as an example, they may disseminate research information to research peers, in anticipation of the receipt of professional recognition.40 They may give research information to DHSS in the hope of receiving further funding, or they may write popular books in the hope of being given public visibility as an expert, and perhaps a financial remuneration in the form of royalties. Each of these courses of action involves the expenditure of a valuable resource; the researcher's time. This resource could be invested in activities other than dissemination: writing research proposals, supervising research students, working on other research projects, sitting on committees, consultancy, etc.. Each of these activities could result in the receipt of other, or further, exchange commodities. The researcher has therefore to decide how much time to invest in dissemination as a whole, and how much to invest in each "type" of dissemination. And this is done within the context of personal priorities and expectations about the receipt of those exchange commodities vital to the furtherance of the researcher's career; continuity of funding,

40. Hagstrom (1965).

elevation of professional status, etc..⁴¹ Thus the amount of time invested in dissemination activities cannot be viewed in isolation from the wider exchange relationships in which the researcher is located.

Similarly, actors situated in other social systems, and located in other sets of exchange relationships, will be influenced in the ways in which they transform, transmit and, perhaps, utilize research information in accord with their perception of their personal and professional objectives and priorities. Thus while all actors may identify with some broad objective for the total dissemination process (for example: "Research should be disseminated in such a way as to lead to the optimal improvement of services"), they will diverge in respect of the objectives which guide their individual participation in the process.

1.5) The 'value' and 'values' of research information

While actors differ in respect of the objectives which guide their dissemination activity, they also vary, one to another, with respect to their estimation of the value of research information. For the totality of research information cannot be split into homogeneous units, and even if one were to take a single piece of research information, its exchange value would vary across time and social space (i.e. across actors operating in different social systems and subsystems).⁴² While this is true of all information, ⁴³ research

43. Ibid.

^{41.} This analytic perspective draws on "Exchange Theory" as presented in Blau (1964). The particular value of exchange theory in the present context is that it provides a link between an understanding of individual behaviour, social relations and the structure and performance of social systems. As stated by Blau, its "fundamental concern [is] with utilizing the analysis of simpler process for clarifying complex structures" (p. 2).

^{42.} Machlup (1979).

information has characteristics which make its value even more variable across social space. For judgements of validity and relevance are dependent on acceptance of implicit values and assumptions within the information, and consensus on such values and assumptions cannot be assumed. This can present major problems, as argued by Mayntz:

> "The communication problem can be aggravated by specific institutional forms of cooperation, but it is not basically an organizational one. Science, politics and administration constitute different cultural systems; each is characterized by its own perspective and pursues different interests and follows their separate procedural norms. It is recognized that communication between these systems requires some sort of translation, but the true nature of the problem escapes₄₄ attention where science is held to be value free."

Mayntz elaborates on this point in relation to social science and the policy making process by arguing that no research is value free. Explicitly or implicitly research embodies a set of values, by the way it selects and defines problems, by the analytic concepts and techniques it adopts, and by the grounding of its conclusions and recommendations in particular normative bases. Weiss supports this position and describes the problem of diverse values as "the undissolved lump that clogs many dissemination systems".⁴⁵ Havelock, meanwhile, argues that "real or imagined, these value differences probably constitute the major barrier to inter-system knowledge linkage".⁴⁶

While value divergence exists between each of the systems depicted on our model, such divergence can, of course, also exist between subgroups within each system. Thus, while researchers can be depicted as sharing, to some extent, a common culture they will nevertheless fall into differing "schools of thought", and so will apply different

^{44.} Mayntz (1977) p. 63.

^{45.} Weiss, op. cit., p. 10. Chapters 2, 3 and 7 of this book of collected readings also deal with value divergence. See also Weiss (1975).

^{46.} Havelock, op. cit., p. 40.

research methods and assumptions in the course of their work. In addition, they may have differing perceptions of their role in the dissemination process. Indeed, Kogan et al. found that researchers in DHSS-funded units are predominantly either "mission or profession or science-orientated".⁴⁷ Clearly, such differences in orientation suggest differences in attitude toward dissemination.

Differing attitudes towards participation in the process of dissemination and utilization of research information similarly exists within DESS. Some of these differences reflect the varying occupational concerns associated with the diverse 'constellations of roles' which make up the Department. But even within a group sharing similar roles, differences still exist. For example, Kogan et al. found that research information was seen by some personnel within customer divisions "as serving strictly instrumental functions in providing specific data, whilst others hoped it would provide understanding of the fundamental problems faced by policy".⁴⁸

The greatest diversity of values and orientations in relation to research information is to be expected within the least structured⁴⁹ and most diffuse of the social systems; the extra-Departmental research audiences. The most prominent sub-systems within this aggregate audience system are the service professions: social workers, doctors, para-medical groups, etc.. These groups are often found to display marked differences in perspective on the nature and management of particular health or social welfare problems, and divergence of values

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^{47.} Kogan et al., op. cit., p. 40.

^{48.} Ibid., p. 23.

^{49.} Katz and Kahn, op. cit., describe formal structure as "the network of standardized role behaviours" (p. 45) and give a detailed examination of "The Growth of Organizational Structures and Subsystems" in Chapter 4. For further discussion see note 53.

is found not only between professions (e.g. comparing doctors to social workers) but also between members of a given profession.

Take, for example, the field of mental health, a research area in which DHSS invests a large proportion of its research budget. Mechanic has observed that: "Mental health professionals vary considerably in viewing mental illness primarily as a disease, a disturbance in the functioning of the personality, or as a problem in living".⁵⁰ For the first group, mental illness has to be treated by drugs, electroconvulsive therapy and sometimes even psychosurgery. For the second group, psychoanalytic treatment is thought appropriate, while for the third, mental illness derives from "confusion in communication, maintenance of particular social rules, and enforcement of certain moral standards. Such theorists maintain that persons are labelled mentally ill because they fail to conform to certain social standards either because of their own unique understandings and viewpoints or because of their failure to develop certain social skills which others define as necessary."⁵¹ Clearly for this latter group, the origins of mental illness can be traced to the social environment.

By viewing the different perspectives on the nature of mental illness, illustration is given to Blume's assertion that: "In almost every area in which social policy deals, there exist a variety of problem definitions, interpretations and postulated causalities. This variety is to be found not only among professionals, but also at the academic/research and policy levels also."⁵²

This observation has important implications. Firstly, it illustrates how research audiences can differ one from another in

- 51. Ibid., p. 5.
- 52. Blume (1975), p. 307.

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^{50.} Mechanic (1964), p. 4.

their judgement of the validity and relevance of a given piece of research information, even if they are faced with the same policy or professional practice problem. That which is valued by one group may be considered worthless by another. Secondly, and more generally. while it has been established that 'value' differences can frustrate inter-system communication, it is clear that they can also create impediments to the communication of research information between subgroups within each system (e.g. between divisions in DHSS, between one profession and another, or even between one sub-group of a profession and another). Incongruence between the values implicit in research information (i.e. conceptions of the nature of problems, their causes and appropriate 'treatments') and the beliefs of actors receiving, processing and transmitting this information can therefore lead to a premature break in the dissemination process.

1.6) Organizational factors and DHSS

When studying the communication of information within a social system, consideration has to be given to the role of organizational factors. DHSS represents a highly structured⁵³ organization, and represents a system which is equally concerned with each of the three phases of information exchange: input, throughput and output. It is therefore the system for which the literature on "organizational factors" has particular relevance. This literature directs attention to the role of many such factors in inhibiting or facilitating the communication of information "through" an organization (i.e. from input to output) and "around" it (i.e. circulation of information for processing within). Amongst these factors, the nature of the social

^{53.} For a discussion of the concept, and role, of social structure in the context of communication within an organization, see Evan (1976), Ch. 16. See also note 49.

structure within the organization has been found to be a crucial determinant of information flow. Landsberger.⁵⁴ for example. has shown how the division of labour within a bureaucracy led sub-groups to share common concerns and sub-group norms which were at variance with the concerns and norms of other sub-groups within the organization. The non-complementarity of such sub-group interests has been found in other studies to lead to competitive relationships which inhibit the exchange of information.55 In addition, Katz and Kahn argue that "the position people occupy in organizational space will determine their perception and interpretation of incoming information and their search for further information". They suggest, therefore, that: "Within the organization there are problems of clear communication The messages emanating in one part of the organiacross subsystems. zation need translation if they are to be fully effective in other parts."57

While such problems exist in the communication of information across sub-systems, impediments to communication within such subsystems could be presented by the hierarchical status relationships which are found within DHSS,⁵⁸ and, perhaps, a variety of other organizational characteristics (for example, reward patterns, the nature of the training of staff members, physical separation between sub-groups

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55. Schein (1965).
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56. Katz and Kahn, op. cit., p. 434.

57. Ibid.

58. For an analysis of hierarchical relations in bureaucracies see Blau (1955). For a review of patterns of communication within hierarchical structures, see Hall (1972), Ch. 9. For experimental studies of the influence of hierarchical relationships on communication, see Cohen (1958) and Gerard (1953).

^{54.} Landsberger (1961).

and leadership behaviour⁵⁹). All these factors can inhibit the "throughput" and assimilation of research information in large social However, in the case of DHSS, a further organizational systems. factor has to be considered. The Department, like other organizations, is divided along branching lines of administrative responsibility. and is stratified in terms of hierarchical status. But it also contains a series of overlapping hierarchies: the administrative and the various professional groups (medical, social work service, nursing, etc.). The existence of the professional groups may present further obstacles to the communication of research information, by creating an extra dimension for subsystem fragmentation. On the other hand, the professionals' communications with one another may provide 'linkages' between administrative units (subsystems) which otherwise would have remained unconnected. For the professionals identify both with their professional group and with their administrative unit, and they may tend to view research more favourably as a consequence of their professional training. In addition, when professionals are compared with administrators, they are found to spend a greater proportion of their time communicating horizontally (i.e. across subsystems and to approximate status peers) as opposed to vertically (i.e. to status superiors and inferiors within their subsystem).⁶¹ They also tend to be more outward looking generally. As noted by Havelock: "Although such professional commitment is often viewed with suspicion by

- 59. The literature pertaining to each of these factors is reviewed in Havelock, op. cit., Ch. 6.
- 60. For a discussion of the concept of 'linkage' see Havelock, op. cit., Ch. 7, and Rothman, op. cit., pp. 49-53.
- 61. This is based on a comparison between the findings of a review of studies of administrators (Porter and Roberts (1976)), and a study of health care professionals (Hage (1974)). While it is methodologically perilous to draw inferences from such a comparison, Hage presents a theory to reinforce this hypothesis (he relates patterns of communication to modes of organizational control).

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administrators, the proper balance of organizational functioning is usually enhanced by the knowledge entry increment which is associated with active professionalism. Increased professional striving brings with it great striving to 'keep up' with what outside colleagues are doing. The greater knowledge which results may very well be beneficial to the organizational activities in which the person is engaged."⁶²

1.7) Methodology

The first stage in the study was exploratory. As described above, it involved a series of interviews with members of OCS, DHSS Library and the research community. These were used to gather as much information as possible about the dissemination process. This was then employed, along with a review of studies of communication within similar types of settings, to develop a model and attendant conceptual framework (outlined above). Having developed a systems model, a research strategy was drawn up which aimed to examine the processing of information within each system and the exchange of information between each system and its environment, while being sensitive to the influence of factors outlined above. More specifically, the study aimed to:

- 1) identify personnel who perform relevant information processing roles;
- 2) examine any potential conflicts between the performance of these roles and other occupational tasks, responsibilities and concerns;
- 3) determine how each system's members perceive its environment;
- and 4) describe the communication relationships which exist between units within systems and between systems and their environments.

This programme was operationalized through the conduct of four

sets of interviews. The interviewees in each series were: 1) researchers; 2) lead/liaison officers; 3) OCS administrators; and 4) personnel having responsibility for Departmental publications and information services.⁶³

In addition, RLG minutes and committee papers were examined to determine the role of RLGs in the consideration of completed research. Other Department files, internal documents and publications were examined to obtain supplementary information for each phase of the project.

The study of research contractors was carried out through a series of interviews (schedule attached as Appendix 2), supplemented in six cases by postal self-completion questionnaires (due to the location of these six respondents being such that interview costs would be prohibitively high). There was very little difference between the questionnaire and interview schedules, and those differences which did exist related to layout and design rather than substance.

The survey aimed to identify how different types of researcher disseminate their various types of research, and what factors lead to particular forms of dissemination. Questions therefore covered such topics as researchers' work experiences, the conduct of their research projects, their perceived interest and implications for various possible audience groups and the ways in which dissemination has been attempted. For the purposes of the investigation, a sample of researchers was therefore selected so as to allow sufficient time for post-completion dissemination to have been effected, whilst not allowing so much time as to create recall difficulties for respondents. Those chosen were, in consequence, research contract holders whose projects had been completed during the 12-month period April 1976 - March 1977

^{63.} It was originally intended that RLG members and other representatives of policy ('customer') divisions would be interviewed. However, just as these interviews were about to be initiated, the Department withdrew its authorization.

(according to DHSS records).⁶⁴ This permitted a period of between 18 and 30 months between project completion and interview (mean = 24 months).

Thus constituted, the population consisted of 68 researchers responsible for 'single' projects, together with researchers responsible for a further 30 projects completed within units which received DHSS support on a programme basis. Of the 98 potential respondents, seventy three were interviewed and three completed questionnaires. One interviewee was eliminated from the sample as his project fell outside the terms of reference of this study, and six other projects were identified as similarly inadmissible. This left a sample of 91 and 75 responses (82%). Of the 16 'non participating' members of the sample, one had died, three had emigrated, two had retired, three had 'disappeared', and the remaining seven were unwilling to participate.

Analysis of interview and questionnaire responses was conducted by two methods. Firstly, all responses were reduced to hard data, which were coded for analysis by computer using SPSS packages. Secondly, question by question and theme by theme, respondents' actual comments were mounted on index cards. In this way, hard data identify patterns and groupings and the 'generalizability' of descriptions, whilst 'soft' data form a complement in offering more sensitive accounts of particular cases, and a context of 'meaning' to more general statements.

The second set of key actors within the dissemination system are the Department's lead and liaison officers. With the assistance of OCS staff, a list was compiled of those currently holding these posts, together with those who had recently vacated them. A total of 28 names was thus produced. Of these, two were inaccessible (they having left the Department), one was found not to have had any lead and or liaison responsibilities, one was "too busy" to be interviewed / one

^{64.} Only centrally-funded HPSS researchers were include in the study, and interviews with DHSS and research unit staff suggested that all were identified.

was too new to her position to justify an interview, in one case a 'joint' interview was held (2 officers on the list shared responsibilities), and in another, questions were answered on behalf of a respondent by her superior, who claimed to have supervised her work very closely. Of the admissible sample of 26, therefore, responses were given by 22 members (85%), and on behalf of a further one member (3%). The attached schedule (Appendix 3) was used as a 'guide' in the interviews which were conducted in a relatively unstructured way, with responses tape recorded for subsequent analysis. All the tapes were transcribed, and interdivisional comparisons of practices and perceptions were examined.

The next important phase in the dissemination system is the interface between on the one hand, those concerned with the conduct and management of research, and on the other, the customer divisions. It was not possible to interview representatives of customer divisions on any systematic basis,⁶⁵ so description of this interface has to draw on a) the accounts given by lead and liaison officers, and b) analysis of RLG minutes and committee papers. RLGs do not exist in all areas in which research is commissioned, but where they do, they represent a formalized arena of exchange between customers and "the representatives of research". As such they have an important (potential) role to play in the consideration, assimilation and dissemination of research findings. The analysis of RLG minutes, agenda and committee papers thus set out to determine, in qualitative and quantitative terms, the prevailing attitudes towards the consideration of final reports of research within each RIG, the level of activity of each RIG vis-a-vis this aspect of its brief, and the nature of the discussion and recommendations made within the context of this activity. For details of the analysis see Chapter 5.

A third set of interviews was conducted with each of the five heads of administrative units within OCS which have responsibility for depositing copies of final reports in the Library, OCS Information Section, etc.. These interviews set out to identify how this operation was conducted, and the administrators were therefore asked 'open' questions concerning where, within the Department, they sent copies of final reports. When answers indicated deviation from relevant procedural guidelines, further, more focussed questions were asked, to explore why respondents adopted their own sets of preferred practices.

The final set of interviews was conducted with DHSS personnel who are concerned with the running of the Department's various publications and information services. These interviews sought to determine as fully as possible the present and potential role of each of these dissemination channels in the communication of Department-funded research findings. While each interview focussed on similar concerns (e.g. determinants of inclusion in the dissemination channel, audience reached by dissemination channel), the nature of the publications and information services for which respondents had responsibility were too dissimilar to permit the use of a uniform interview schedule. Rather, questions were 'open' and exploratory, and adapted to the particular concerns of each respondent.

1.8) The structure of the thesis

The structure of this thesis, as of the investigation, is based on the 'key phases' identified in the outline of the dissemination system. In Chapters 3-7, each of these 'key phases' is examined in turn, and the practices of 'key actors' are described in terms of the factors which influence their communication behaviour.

The structured description of the dissemination of research findings is preceded by an examination of relevant aspects of their

generation (Chapter 2) and followed by an examination of their assimilation (Chapters 8 & 9). The thesis thus aims to show how the dissemination or research information is influenced by aspects of its generation, and that there are inherent problems which inhibit the translation of research into action. In the final chapter, the main findings of the study are reviewed, and their practicle and theoretical implications are considered.

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CHAPTER 2

RESEARCHERS AND RESEARCH PROJECTS: THE GENERATION OF RESEARCH INFORMATION

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2.1) The research projects : staffing, location, size and costs

Contractors conducting research for DHSS had a variety of disciplinary backgrounds and were affiliated to a fairly broad heterogeneous mix of institutions. Table 1 shows distributions with respect to each of the two variables for the lead researcher on each project. It is seen that the disciplinary category of highest qualification most frequently held by lead researchers was medical (47%), followed by social and behavioural science doctorates (20%) and natural science doctorates (15%). This preponderance of medical affiliations is again reflected in the distribution of researchers' institutional bases. Almost a third (30%) of projects were found to have been based in medical schools or teaching hospitals, and a further 11% were based in non-teaching hospitals. Of the other categories of institution, universities proved to have been the most frequent recipients of grants (20% of total sample). Table 2 shows separately the location of 'single' projects and those based in units funded on a programme From this table it can be seen that the or rolling grant basis. universities' share of contracts consist of a large proportion of projects in the 'programme funded' category, while this is not the case for medical schools and hospitals (teaching or otherwise).

Projects in:	Govt. Dept.	Teaching Hosp. or Med.Schl.	Other Hosp.	Univ.	Non- Univ. Res. Unit	Ind. Research	SS Dept.	SS Int. Gr. or Council	Other
Programme funded unit	0	6	1	13	2	0	1	ı	0
Singly funded	3	21	7	7	6	2	1	l	4

TABLE 2 : Mode of funding by Researcher Institution

1. Cherns (1979) Ch.7, and Trist (1970) discuss the differing nature of various types of research institution, and the relative qualities of each in relation to the conduct of particular types of research.

Table 1: Institution and highest qualification of main researcher

TOTAL т т м 27 36% 8 11% 3% ч ч 20 27% 8 11% 33 5 4 % 100% Other тž 0 0 0 0 പ 0 0 0 н Paramedical 345 0 0 Ч 0 0 0 0 0 Ч Medical 35 47% 20 ~ m 2 0 0 Ο N Ч Post-grad. Soc./Behav. Sci. 15 0 0 0 2 0 N 9 4 Ч Post-grad. Nat. SCC. 10 3 0 9 0 0 0 0 0 Ч Statistical 2% 0 0 0 ч 0 0 0 0 Ч B.A./B.Sc. 8 11% 0 0 0 N 0 m Ч Ч Ч No. Non-university research unit Soc.Serv.Dept. Interest Group Teaching Hosp. Med.School or Independent Researcher Institution Other Hosp. Gov. Orgn. University Soc.Serv. Total Other

Highest Qualification

Institution	Up to 1 yr.	2 yrs.	3 yrs.	4 or more years
Gov. Orgn.	2	1	0	0
Med.School or Teaching Hosp.	2	4	10	10
Other Hospital	3	1	1	3
University	4	5	6	3
Non-university research unit	1	2	4	0
Independent Researcher	l	l	0	0
Soc.Serv.Dept.	0	l	0	0
Social Serv. Interest Group	l	1	0	0
Other	l	2	1	0
Total	15 21%	18 25%	22 31%	16 2 3 %

Table 3: Research institution and project duration

4 missing values

Research Institution	l	No. of r 2	esearchers 3	4 or more
Gov. Orgn.	l(1)*	2 (2)	0	0
Medical School or Teaching Hospital	7 (3)	10 (10)	<mark>2 (</mark> 2)	8 (7)
Other Hospital	4 (4)	l (1)	2 (2)	l(0)
University	4(1)	7 (2)	3(0)	6(4)
Non-university research unit	4(2)	2 (0)	l(1)	l ₍₁₎
Independent researcher	l(1)	l(1)	0	0
Social Serv. Dept.	0	0	0	l(1)
Social Serv. Interest Group	0	l(0)	l(1)	0
Other	l(1)	3(3)	0	0
Total No. %	<mark>22 (</mark> 13) 29%(25%)	27 (19) 3 6% (37%)	9 (6) 12%(12%)	17 (14) 23% (25%)

Table 4: Research institution and project size (number of researchers)

* The figures in brackets refer exclusively to non-programme funded (i.e. 'single') projects. While hospitals and medical schools (largely through 'single' projects) and universities (through a mix of unit programmes and 'single' projects) are first and second in a listing of those institutional groups most frequently in receipt of research contracts, Table 3 shows that these institutions also house the largest proportions of long projects. For example, 35% of hospital-based projects and 17% of university based projects were of 4 or more years duration, while none of the projects carried out at other types of institution were funded over more than 3 years.

Medical schools, hospitals and universities also appear to have had larger numbers of researchers (on 'part' or full-time bases) involved in their projects than did other types of institution (Table (57% for 'singles') 4); 45% of university projects and 37% of hospital and medical school (43% for 'singles') projects/having involved the work of more than two researchers, (27% for 'singles') compared with 20%/for projects in other institutions.

Cost range of projects	Govt. Dept.	Tchng. Hosp. or Med. Schl.	Other Hosp.	Univ.	Non- Univ. Res. Unit	Indep- endent	SS Dept.	SS Int. Gp. or Council	Other
£0-10,000	2	6	4	5	1	2	-	l	2
£10,000-30,000	l	9	3	1	-	-	l		l
£30,000	-	5	-	l	3	-			l

TABLE 5 : Projects Costs by Researcher's Institution ('Singles' only*)

Missing cases = 2

With these distributions in the duration and staffing of projects, one might expect that as well as being the most frequently chosen sites 'single' for the placement of research contracts, university, medical school and hospital contracts would also prove to have been the most expensive. This is found to be so, to some extent, for teaching hospitals and medical schools (Table 5): only 30% of their projects cost less than

* It is difficult to separate out the costs of individual projects from the total grant awarded to programme-funded units. £10,000, while for the remainder of the sample, 63% fell into this low cost category. "Other" hospitals and universities were not, however, similarly proportionately more expensive, each having 57% and 71% of their projects falling into the low cost category. It can be inferred from these data that costs are kept down in universities and nonteaching hospitals in some way, and interviews with researchers reveal than an area of saving lies in research staff salaries. For while the grants of medical schools and their affiliated teaching hospitals normally covered the salaries of full-time researchers, many university and non-teaching hospital based research projects capitalized heavily on time being given to projects by staff receiving salaries from host institutions (for teaching or medical practice).

2.2) The research projects : areas of coverage

The sample of projects gives a broad coverage of research into health and personal social services. Many taxonomies could be proposed for the sub-categorization of these areas, but two are thought to be most useful for the purpose of analysis. The first is derived from the organizational divisions drawn at DHSS for the management of research. These divisions are the demarcated areas of responsibility held by each RLG. The RLG's functions are "to define the requirement for, and objectives of, R & D within their areas of interest, to promote R & D to meet the objectives, to receive reports on work under commission and to arrange for the assessment, development and assimilation of results".² The use of RLG areas of responsibility, as an analytic taxonomy is therefore desirable as it affords the possibility of a comparison between RLGs in terms of the differing types of research management problems they face, the practices they have adopted, and the consequences of these practices for the conduct and dissemination of research. RLGs' areas of research management responsibility have been established, by the Department, to correspond broadly with the structure of its administrative divisions. RLG areas are thus defined in terms of ranges of policy responsibility, rather than any kind of research typology. Such an alternative research typology can, however, be found to be analytically useful. One has, therefore, been chosen for this study; it being the typology developed by Moss³ for his investigation of attitudes towards research within DHSS. Moss' typological taxonomy was selected as it promised to offer valuable opportunities for the intercomparison of his findings to those of the study here described.

The two taxonomies are thus as follows:

Moss's taxonomy

- Descriptive accounts of an existing situation based on some form of survey or analysis of statistics, eg trends in infant mortality or bed occupancy rates or extent and distribution of physical handicap.
- 2) Examination of how a particular service is <u>currently</u> working.
- 3) Study of the feasibility of a new way of meeting known need.
- 4) Study designed to compare costs of alternative ways of meeting a known existing need.
- 5) Study designed to seek out gaps in the present provision of services.
- 6) <u>Clinical Laboratory</u> research which helps understanding of the nature or cause of particular illness or evaluates a way of treating it or helps to develop methods for doing these.
- 7) <u>Field Trials</u> on a controlled basis to test usefulness of existing methods of treatment or the possible contribution of a new treatment.
- 8) Other research.

RLG categorization

Children	(C)
Elderly	(E)

Forensic Psychiatry (FP)

Homelessness & Addictions (HA)

Local Authority Social Services (LASS)

Mental Handicap (MH)

Mental Illness (MI)

Nursing (N)

Physical Handicap (PH)

Reproduction & Allied Services (RAS)

Other (non RLG)

As one might expect, both taxonomies have limitations in that neither is able to offer a framework for unequivocal categorization. Many projects cut across two or more categories within a taxonomy (with this problem being more acute in the case of Moss's typology). Nevertheless, for the purposes of a baseline description of the sample, one can apply a principle of "best fit" (i.e. attributing a project to a category which, in the opinion of the author, it best fits), and if one does this the distribution portrayed on Table 6 is found.

From this table it can be seen, firstly, that while DHSS described RLGs in 1978 as "the principal executive organs of the Department's R & D system (the customers in the Rothschild sense)",⁴ only 48% of projects reaching completion in the previous year fell within their range of responsibility. The remaining projects, outside RLGs' areas of concern, cover a variety of subjects, including public and environmental health, manpower and training, general practice and dentistry, pharmacology and pharmaceutical services, central planning and organization (the Department's arrangements for the management of these will be discussed in later chapters). Of the RLG categories MH and RAS are found to be the ones with most sample projects falling within their areas of responsibility. As will be seen (Chapter 5), it is somewhat surprising that there should be found to have been so many projects reaching completion in RAS RLG's area of responsibility when it has one of the smallest programmes of work of any of the RLGs.

Looking at Moss's typology one finds that the largest category is "Clinical/Laboratory research which helps understanding of the nature or cause of a particular illness or evaluates a way of treating it or helps to develop methods for doing these". Eleven non-RLG projects were included under this heading and four RAS ones. The remainder of

the RLGs have no projects in the "Clinical/Laboratory" category, with their most common categories of research being the related and somewhat overlapping pair: the workings of particular services and studies of existing situations.

2.3) Researchers' difficulties

Researchers were offered a list of difficulties which they might have encountered, asked to indicate whether they had, in fact, suffered from any, and which of those suffered had been the most serious. Table 7 shows that they reported suffering all the difficulties listed, with the majority of categories being cited by between 20% and 30% of respondents.⁵

Cutting across the categories appearing on Table 7 are three broader divisions into which researchers' difficulties can be placed. Firstly there are difficulties associated with researchers' conditions of work and employment; secondly there are researchers' uncertainties in relation to the workings and needs of the Department; and thirdly there are researchers' substantive intellectual and methodological difficulties.

Recent studies of the sociology of social research have illustrated the interdependence of these three types of problems.⁶ For the purpose of this study, however, the third category is of less primary detailed interest, while the first and second have considerable relevance. The first group of problems revolve around the limited job security and employment stability of untenured research workers.

^{5.} Categories of difficulty (a - h) are derived from the study by Moss (op. cit.), in which he asked DHSS personnel "If you could put yourself in the place of the researchers, would you judge that any of the following points gives rise to difficulty?".

^{6.} For an approach based on systematic survey, see Platt (1976). For an approach based on the compilation of 'sociological' reflections, see Bell and Newby (1977).

TABLE 7	:	Researchers'	difficulties:	programme	and	singly	funded	researchers
				بالمشجب الكروج بالألا				

% experiencing as:

		i) <u>A difficulty</u>		ii) <u>-</u>	The main	difficulty	
		<u>A11</u>	<u>Units</u>	Singles	<u>A11</u>	<u>Units</u>	Singles
(a)	Getting or keeping adequate staff to do work they have contracted to do	24	13	29	8	4	10
(ъ)	Giving staff adequate opportunities to develop their careers	29	29	29	8	-	11
(c)	Managing your budget so as to fulfil the contract reasonably	7	9	6	3	-	4
(d)	Designing and carrying out the project in such a way as to make it useful to the Dept. while also valued by research peers	23	25	22	5	4	6
(e)	Expressing research results in simplified form which can be readily understood by laymen	28	29	28	3	4	2
(f)	Dealing with difficulties arising out of the research situation in which you or your unit are based	16	17	16	5	8	4
(g)	Getting cooperation needed in the field	27	3 9	22	11	17	8
(h)	The way that research management operate at DHSS	27	25	28	11	4	14
(i)	Finding time to get progress reports written	19	22	18	9	-	4
(j)	Finding time to get the final report written	33	23	41	15	13	16
(k)	Getting research findings published	24	22	26	11	17	8
	N =	75	24	51	75	24	51

Researchers' presentations of such problems included both general accounts of "the problem", and concrete descriptions of how its consequences disrupted the particular projects in which they had been involved. General accounts took the form: "the lack of security of tenure for researchers presents a severe obstacle to longer term research. The constant worry about the future dissipates energies research is difficult enough without worrying about whether or not you're to lose your income."

Along with such statements there were six accounts from unit directors of problems associated with accommodating 'discrete' contracts into smooth 'ongoing' work programmes, and further descriptions of difficulties associated with fitting the research tasks required by such contracts, into the patterns of career development of various types of research worker (technicians. medical and paramedical practitioners and social scientists). Various difficulties arising out of the premature departure of research staff were also described. In the case of one project, for example, both research officers left early in its last year (to embark on other careers) and the project leader first became ill, then had too many other professional commitments to write the final report. This report was, however, eventually written and submitted two years after the date of project completion, with no other reports of the research being written up (e.g. journal articles) during that two-year period, or since. The project director claimed, meanwhile, that the project had produced findings worthy of In another similar type of case, a project leader publication. explained how the only research assistant had written up his part of the work and then left for another post. The project leader then explained: "As director of a duty organization I had insufficient time for the final editing and writing of my part of the work". The final report was eventually submitted seven months late.

While these types of problems were encountered through the appointment of temporary full time research officers. two researchers were identified who retained their full time permanent professional practice posts, while taking on research projects without the help of research assistants. The first, a G.P., suffered through overwork which was highly disruptive of his personal life. This was, he explained, a situation aggravated by the Department's lack of understanding of the difficulties involved in writing up research, while running a busy practice. The second 'lone' researcher, a physiotherapist, similarly suffered through a heavy workload. This researcher also explained how her enthusiasm was eroded through feelings of isolation brought on by her colleagues' (and superiors') lack of sympathy for the value of research and its personal and methodological demands. She explained that these attitudes were typical of her profession with its low research orientation, and argued the need for full-time physiotherapy research posts to be set up.

The second major division of problems relate to difficulties researchers experience in understanding the needs and workings of the Department, and communicating with its officers.

The most immediate difficulty was experienced in respect of maintaining continuity in contact with the Department through a single liaison officer. Thus one researcher explained: "The single biggest problem is that every year or two there's a personnel change and every time there's someone new, it's back to square one again". Another researcher similarly reported "four changes of responsible person" in a three year project, "and as soon as a dialogue is established, it's broken, and it takes time to interest a new individual in the project and get him sufficiently 'au fait'." A further seven researchers made similar complaints, each pointing out how the staff changes at DHSS had

disrupted their projects. One described how to her "the Department seems so mysterious, the structure is so difficult to understand and there's such a rapid turnover in personnel - they seem to show a curious mixture of casualness and strictness". Other researchers found in this "curious mixture" a frustrating lack of clarity and consistency in the statement of research needs. One, for example, described how "trying to find out what the Department really wanted was impossible - they only had a fantasy of what they wanted and the slowness and uncertainty of their response killed enthusiasm and led to apathy all round". It is interesting to note that both the two researchers quoted immediately above had their projects approved, monitored and considered by RLGs. From Table 7 it can be seen that the Department's actual research management arrangements and practices were found to present difficulties for 27% of the respondents. This compares with the 33% of the sample who identified "finding time to get the final report written" as a difficulty (the most frequently cited category). The extent to which difficulties were experienced by researchers in this aspect of their work is underlined by observing that finding time to get final reports written was not only the category most frequently cited as a difficulty, but also the category most frequently cited as the most serious difficulty experienced.

Breaking projects down into 'single projects' and those located in units funded by DHSS on a programme basis, one finds that it is predominantly researchers in the former category (i.e. singles) who suffer the problem of finding time to write up final reports, they citing it with twice the frequency as <u>a difficulty</u> compared to programme funded researchers. 'Singles' project researchers also most frequently cite this difficulty as their <u>main difficulty</u>. The soft data referred to above indicate that a major factor underlying the high frequency of reported difficulty in finding time to write final

reports is the low level of job security and employment stability amongst contract research workers in general, and those funded on a single project basis, in particular. For clearly when research staff are threatened with redundancy at the completion of a project, they are likely to apply for new posts prior to project completion. They will then either depart to take up a new post before the project ends, thus creating strains both on themselves and remaining researchers, as they endeavour to write up final reports. Alternatively, if their early job or research applications are unsuccessful, they will, as their project approaches its deadline, spend increasing proportions of their time seeking future sources of income, and thus increasingly relegate the priority given to writing final reports.

The 'most serious difficulty' joint most frequently cited by 'programme funded' researchers is another factor intimately related to dissemination: viz. getting research findings published. This is somewhat surprising as one would have thought that those working in units funded by DHSS on a programme basis would have had the easiest access to publication outlets, being, in large proportion, career researchers in the health and social services field, with a large body of professional knowledge on the availability, accessibility and suitability of possible publication outlets.

When one examines Table 8 it is seen that an overlapping category of researchers, those based in universities (39% of university researchers are based in 'DHSS units') are found similarly to record, with very high frequency, difficulties in getting research findings published. Of all the institutional groups of researchers, those based in universities might have been expected to have collectively had the highest orientation toward publication and the highest levels of expertise in gaining access to it. These data indicate, however, that difficulties in this crucial dissemination phase are experienced by over 1 university researcher in 3.

TABLE 8: Researchers' difficulties: by institution										
No.experiencing difficulty										
		Govt. Orgn.	Med. Sch.	Other Hosp.	Univ	Other res. unit	Ind. <u>Res</u> .	Social Service Dept.	Social Service Agency	<u>Other</u>
(2)	Getting or keeping adequate staff to do work they have contracted to do.		12		3	1			1	1
(b)	Giving staff adequate opportunities to develop their careers.		9	1	7.	4		1		
(c)	Managing your budget so as to fulfill the contract reasonably.	1	2	.1	1			,		
(d)	Designing and carrying out the project in such a way as to make it useful to the Dept. while also valued by research peers.		4	2	5	4	1	1		
(e)	Expressing research results in simplified form which can be readily understood by laymen,		4	3	8	4		1		1
(f)	Dealing with difficulties arising out of the research situation in which you are based.		7	1	3	1				
(g)	Gctting cooperation needed in the field		5	1	6	5	1	1		1
(h)	The way that research management operate at DHSS	1	5	3	5	2	2			1
(1)	Finding time to get progress reports written	. 1	ß		4					1
(1)	Finding time to get the final report written	1	12	1	5	3		1	1	2
(k)	Getting research findings published		4	2	5	2			1	2
	N =	3	27	8	20	8	2	1	2	4

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In interpreting these 'hard' data, one must look to soft data for In so doing one finds that two types of difficulty further evidence. The first is the consequence of are subsumed within the statistics. researchers not having adequate time to prepare manuscripts for publication which they feel could and should be produced. The second is gaining access to those channels in which they wish their manuscripts to actually be published. The first group of problems again derive from the fixed term nature of contract research employment and are thus analogous to those of finding time to write final reports. However, while the difficulties of finding time to write final reports may be experienced as more acute than those of finding time to prepare manuscripts for publication (through having to work to binding deadlines), the consequences of the latter difficulties may be more serious. For while final reports are normally written (if, sometimes, rather tardily), many 'would be' publications are never completed. Quotation illustrates how a researcher experiences and views this problem:

> "The Department has a right to expect what it pays for on time. If you want to do something more academic you must use your own time, but they [the Department] should more often consider funding you for another year. I would have liked to have written an academic book and also one for [a section of the general public]. If they'd given me more money I would have done this, but as it was I had to start on new work. They must give some tenured posts. All they seem to care about is getting a report. They have a much more positive role to play. Where they're onto a good thing they ought to have a system to encourage people to make the most of what they've done."

While this researcher suggests that her books will never be written, it would appear that other monographs are started but never completed, through researchers not having adequate time while in subsequent employment. As will be seen in the next chapter, many researchers reported intentions with respect to book and journal publications which they had not had time to embark upon in the period between the date of their project's completion and the date of their interview (this period averaged two years).

Other researchers did, however, find time to prepare their material for publication, and still found difficulties in gaining access to appropriate channels. There were, firstly, cases in which the form of their research findings could not easily be accommodated by existing publication media. For example, one researcher wanted to publish in particular journals but had conducted a large study producing wast amounts of data which could not easily be condensed and packed into journal articles. Another researcher explained that it was her Institute's policy to publish its researchers' reports, but that her report was very long and contained a great deal of tabular material. It was also felt that the necessary print run for such a long report would have to be small as there would be so few buyers. There was thus reluctance to embark upon such an uneconomical publishing proposition. [In this case a solution was found by producing a limited number of copies of the full report and publishing an abridged version in a large print run.]

When reports were of an appropriate form for adaptation to full monographs, and researchers endeavoured to find publishers willing to accept them, their efforts were always eventually successful. Sometimes, however, they had to show great persistence before their manuscripts were accepted. As will be seen in the next chapter, monographs were the chosen publication outlet for a small minority of projects (18%) and journal publication was far more frequently sought, and normally obtained. In terms of the arguments and observations presented above, this can itself be attributed to limits imposed on the amount of time contract researchers are able to devote to the publication and dissemination of findings of research conducted in previous employment. For while some researchers indicated the relative advantages monograph

publication would have had for the dissemination of their findings (most notably being less 'piecemeal' and more able to accommodate large bodies of data and descriptive material), they proceeded to explain how the writing of journal articles was more easily accommodated within the time they had available in their current (i.e. post-project) employment. In addition it should be noted that the production of a monograph from a project on which more than one researcher has worked, normally requires the collaboration of research staff (or creates arguments over rights to authorship). This can be difficult if a research team has split up, as indeed they regularly do at the termination of a contract. The production of articles and papers can, however, overcome these problems as it affords opportunity for each member of the research team to exploit independently the aspect of the research in which he or she has been most involved, and in so doing, satisfy individual career interests by publishing in journals valued by his or her particular group of 'significant' peers.

When researchers sought journal publication they experienced relatively few difficulties. Two experienced journal publication delays (over 12 months) as a major frustration, and two were having great difficulty in placing their articles as a consequence of the non-existence of journals suitable for the type of work they had conducted. One explained that "no journals are available to publish the kind of evaluative work we've been doing. Journals are either too high flown or too naive, particularly in the social work area, and DHSS aren't easy to persuade to help." The second researcher, meanwhile, claimed that "the most valuable and interesting part of our work is the most difficult to publish - it's applied psychological work. The difficulty is slotting the work into the existing categories. Concern in psychology is with psychiatric medicine (the psychiatric hospital) and there's no concern for ordinary medicine and its

psychological implications - hence the journal-paper publication problem." This researcher was attempting to solve the problem by submitting papers to an American journal.

While two researchers experienced these difficulties there were, of course, other cases in which researchers had their articles rejected by the journals which had been their first choice for submission. Publication outlets were, however, invariably found through subsequent submissions, for parts, if not all, of their major findings." Only one researcher expressed total frustration at his inability to gain access to publication. The findings of his clinical research were submitted to three British medical journals and rejected by each. The researcher bitterly expressed the opinion that "once a paper has been rejected by one journal, the refereeing system is so interconnected that you have little hope of getting publication elsewhere". The experience of other researchers in the sample gives little backing to this assertion.⁸

It has been shown (Table 8) that researchers affiliated to universities are the institutional group who most frequently cite "getting research findings published" as a difficulty. Further examination of Table 8 reveals a broader context for these findings. This is the high frequency with which particular difficulties are cited by those researchers based in institutions which are the traditional locations for health and social services research and house the major portion of the DHSS' portfolio. In particular one can cite the high frequency with which researchers based in teaching hospitals and medical schools report that they suffered difficulties, i) arising out of the research situation in which they were based, ii) getting or keeping adequate research staff, and iii) finding time to get final reports

^{7.} For an analysis of UK journal rejection rates and editorial selection processes, see Gordon (1978).

^{8.} Nor indeed do studies of referee selection: see Abelson(1980), Blaivas et. al.(1981), Gordon(1980) and Lindsay(1978).

written up. All these difficulties derive from the structural conditions under which research is undertaken within the housing institutions, and it is, therefore, somewhat surprising that they should be so frequently cited by researchers working in institutions which have the accommodation of health services research as part of their traditional function.

While these are the patterns of citation of difficulty found when researchers are split according to the type of institution in which they work, it may also be informative

to view the relative frequency with which various kinds of difficulty are experienced by researchers working in the research areas for which differentiated research management structures exist (Table 9). The numbers of projects included under each RLG heading are too small for the drawing of meaningful inter-RLG comparisons. However, if all RLG area projects are grouped together and compared to all non-RLG area projects, some interesting patterns are found. The initial observation to be made is that researchers working on RLG area projects cite with higher frequency almost every category of difficulty.

A part of an RLG's function, and certainly a part of its load officer's function, should be the minimization of many of these difficulties. For example, RLGs should be facilitating the conduct of research which is both scientifically sound and useful to the Department, yet approximately twice as many researchers working in RLG areas (compared with those working in non-RLG areas) report difficulty "designing and carrying out a project in such a way as to make it useful to the Department while also valued by research peers" (31% c.f. 15%, p < 0.2). Further, looking at items more specifically related to dissemination, one finds i) almost half (47%) the RLG area researchers have difficulty expressing research results in a form readily intelligible to non specialists, compared with only 15%

TABLE 9: Researchers' difficulties: research areas

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		RIG area	Non-RLG area
(a)	Getting or keeping adequate staff to do work they have contracted to do	25 %	23%
(ъ)	Giving staff adequate opportunities to develop their careers	33	26
(c)	Managing your budget so as to fulfil the contract reasonably	6	8
(d)	Designing and carrying out the project in such a way as to make it useful to the Dept. while also valued by research peers	31	15
(e)	Expressing research results in simplified form which can be readily understood by laymen	47	15
(1)	Dealing with difficulties arising out of the research situation in which you or your unit are based	22	10
(g)	Getting cooperation needed in the field	31	24
(h)	The way that research management operate at DHSS	28	26
(i)	Finding time to get progress reports written	19.	18
(j)	Finding time to get the final report written	42	26
(k)	Getting research findings published	33	15
	N =	36	39 -

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of non-RLG researchers experiencing similar problems (p < 0.01), ii) 42% of RLG area researchers experience difficulty finding time to get final reports written, compared with 26% of non-RLG researchers (p < 0.2), and iii) 33% of RLG area researchers experience difficulty in getting research findings published, compared with 15% of researchers in non-RLG areas (p < 0.1).

Thus one finds that where research management at DHSS has become most highly evolved (along Rothschild lines) researchers most frequently indicate that they are subject to professional difficulties, many of these intimately related to dissemination. Of course many of the projects in this sample were initiated prior to the establishment of an RLG in their area, and research management at DHSS cannot possibly have control over all factors potentially creating difficulties for Such difficulties are the outcome of the complex interresearchers. action between the professional competence of the researcher (or research team), the nature of the substantive content of the research work (and the manner of its definition) and the structural conditions under which the research is undertaken (physical location, professional contacts, field and management cooperation, terms of employment, etc.). Further, while discrete difficulties are listed in the analysis above, each individual category of difficulty is, to varying extents, interrelated to other categories and cannot be treated as an independent problematic. Thus while factors resulting in the experiencing of difficulties by researchers are not all, by any means, fully controllable by research management at DHSS, there remains a potential for them to make a contribution to the amelioration of many.

While researchers' difficulties prevail with the form and frequency outlined above, they cannot be considered to be the problems of researchers alone. For the researcher is but one level of actor in a series of overlapping inter-dependent social networks, within, and

through, which research information is generated, communicated, assimilated and utilized. The direct outcome of researchers experiencing the various types of difficulties discussed above is the deterioration of the quality, quantity and timeliness of their research information output. An initial perspective on the latter of these factors can be obtained by analyzing the relative frequencies with which final reports are submitted to the Department 'on time', and at various levels of 'lateness'.

2.4) Lateness of final report submission

The first observation to be made is that under half of all projects resulted in a report being submitted on time, approximately 40% were still outstanding 12 months after the termination of the grant, and 20% were still outstanding at the time of interview (between 18 months and 30 months after project completion dates). These figures have similarity to equivalent data produced in a study of predominantly SSRC researchers, 9 and exclude cases where the researcher claimed that an agreement had been made between him/herself and the Department that either no report was required, or reprints or a book would be sent in due course in lieu of a final report. In some cases, particularly those of researchers working in non-RLG areas and conducting research at medical schools of a primarily laboratory or clinical nature, researchers just assumed that no report was required, or that the sending of reprints in lieu would suffice, but at no time had they ever come to any agreement with the Department that this course of action would be taken. This situation contributes to the comparatively high frequencies with which medical school/teaching hospital projects, and non-RLG area projects, appear in Table 10 as outstanding long after

TABLE 10: Lateness of report submission v. research(er) variables

Other ξ M М 4 ł +7 Indep. Dept. Gp. or Council *, SS N I 5 <u>--</u> ~~ SS I I ~ ~ ~ Ч \sim \sim \sim \sim ł N final reports (in each group) submitted by each time Univ. Research Non-Univ. Unit ŝ ð 9 S 9 ۱ \sim \sim 2 9 പ 16 llosp. Accumulative Number Other * N \sim N Μ 2 . Med. Sch. (% TH) 23 5 σ 2 2 -15 Gov. Μ З М М I m Non-RLG 40% 30 % 15% 45 8 61 6 5 51% 69% 779 80% 11% 35 RLG Unit Singles Accumulative Percentage 20% 65° 73% 45% 265 Ц 53% 47% 65% 27% 53% 12 1 4**9**% 62% 21° 51° 71% 57% 52 All Lateness standing view day Inter-11 ა^E 12 E Out-0 z

one case a book was sent, by agreement, in lieu.

* in two cases reprints were sent, by agreement, in lieu.

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the date of project completion (p < 0.001 and p < 0.1 respectively). Closer liaison undertaken by lead officers in RLG areas may also play a role in limiting the lateness of final reports in those areas.

Researchers accounted for the lateness or non-submission of final reports in a variety of ways. Most of these derive predominantly from the kinds of difficulties researchers encountered during the conduct of their projects (discussed above), the inadequacy of the time they consequently found available for the writing up of final reports, and the recurrent underestimation of the time required for this phase of projects, made when their timetables had originally been planned. ¹⁰

Delays in the writing up of final reports were further compounded by the departure of untenured research staff, prior to the termination of grant and completion of final report. In the case of 8 projects such problems arose. Either the tenured project directors were then left to complete final reports on top of already full workloads, or, alternatively, the departed researchers were expected to complete final reports in their own time while settling in to a new post and removed from elements of the raw data. Inevitably, either one of these arrangements (or mixtures of the two) led to long delays in the submission of final reports.

It has been shown that researchers funded on a single project basis report difficulties in finding time to get final reports written twice as often as do researchers working in units funded by DHSS on a programme basis. It has, further, been suggested that one of the factors underlying this finding is the higher job insecurity and employment mobility of 'single' project researchers. In view of

^{10.} It has been suggested by a senior researcher who was not in the sample (personal communication) that researchers tend to underestimate the time required for report writing, partly through optimism, but partly as a conscious attempt to make their proposals more attractive.

the above identification of problems associated with the premature departure of untenured research workers, it is somewhat surprising to find that reports of 'single' projects are only marginally (and non-significantly) later in their profile of times of submission. A number of factors can be cited as leading to the situation in which programme funded units' reports are only marginally less tardy than those of singly funded projects. Firstly, it has to be recognized that the period of tenure and employment security of many unit staff is not much greater than that of untenured single project staff, and, secondly, completion date may be differentially perceived within a programme funded unit. To a single project researcher a completion date is something hard, tangible and fixed; a date on which a contract ends, a report is due, and funding terminates. To a programme funded researcher, by contrast, a completion date may be perceived as no more than a personal deadline. Work on other projects may commence before the completion date, funding does not end when it comes, and 'writing up' can be completed at convenient times within the context of the developing unit programme and personal (researcher) workload. Thus while the employment instability of single project researchers leads to the frequent late submission of their reports, employment uncertainty (to a lesser extent than is the case for single project researchers) plus the 'fluidity' afforded by the programme continuity of units, appears to lead to programme funded units' reports being almost equally tardy in submission.

While these factors inhibit the prompt submission of final reports, it should be noted that researchers expressed varying levels of commitment to report submission; some because they cynically saw it as serving little purpose (e.g. "they would just have tied a ribbon around it and put it on a shelf") and some because they perceived the preparation and submission of such reports as not advancing personal

or career interests (e.g. "the current system offers little or no reward in personal or professional terms to the researcher. He needs an indication of appreciation of work and an indication that something is being done - or if not why not").

In addition, some researchers appear to have given low priority to the submission of final reports to the Department, as a consequence of uncertainty with regard to what the Department required from a report. Thus one unit based researcher argued:

> "We need much stricter guidance from DHSS on the final format of reports, and this should occur right at the beginning. The length and who the report is directed towards are important, otherwise one writes long turgid tomes, unreadable by ordinary people, or the people who would find it most useful."

2.5) Conclusions

In reviewing the difficulties described by researchers, one finds that problems have frequently been encountered which derive from the structural conditions within which they work, and limitations on their ability to communicate with, and understand the needs of policy makers and research managers within DHSS. Problems within each of these categories are found to affect researchers' perceptions of the value of report submission, their consequent motivation toward prompt report submission, and their ability to 'deliver' reports on time. Further, while these circumstances result in considerable variability in the timing of report submission, they would also appear to contribute to inconsistencies in the format, 'quality' and 'usefulness' of reports which the Department receives. This latter outcome is not only the consequence of uncertainty on the part of researchers, with respect to what the Department expects from their final reports, but also variation in the ways in which researchers view deadlines, and the consequent time pressure experienced by researchers in the writing

of reports. Researchers holding tenured posts in universities, for example, may view a submission date as nothing more than a personal target, while for a researcher working in a unit which is funded predominantly by discrete single project grants, it can become a professional imperative. Such a perspective is derived not only from the need to advance the reputation of the unit (and hence to get more grants) but also from the need to maintain continuity in both the employment of staff and projects for them to work on. In analyzing the pressures these forces bring to bear, Platt concludes that the situation of such units "encourages some valuable kinds of professionalism, but that meeting deadlines and keeping to budgets can entail distortions or incompleteness in the research". ¹¹

These conclusions appear consistent with accounts given by DHSS For any difficulty encountered during the conduct funded researchers. of a project adds to the difficulty of completing it in full by the date of termination of funding. Thus if data collection and analysis overrun, less time is left for the final synthesis of data and preparation of final report. It is therefore at this final phase that sacrifices are made as a consequence of difficulties and hold ups being experienced in earlier phases. If researchers perceive deadlines as professional imperatives (rather than personal targets) and experience any hold ups, they then have to disregard particular sets of data, while retaining those which can be 'pulled together' into 'the most satisfactory report possible' within the time available. It is extremely rare for a research project to proceed according to the timetable in its protocol, without any difficulties and hold ups being experienced. Indeed, only 7% of projects in this survey were able to claim 'no difficulties'. An almost inevitable consequence of researchers experiencing deadlines
as 'professional imperatives' is thus selective and incomplete reporting of the findings of research to the Department. Similarly, an almost inevitable consequence of researchers not perceiving deadlines in this way, is the late submission of their reports.

CHAPTER 3

RESEARCHERS AS DISSEMINATORS OF RESEARCH INFORMATION

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3.0) The freedom to publish

The Department's research programme is an 'open' one, in the sense that researchers are free (in general) to publish or otherwise disseminate their findings as they wish. Written answers to Parliamentary Questions indicate that this was Department policy throughout the 1960s. The fullest statement was given in July 1971 by the then Secretary of State for Social Services, Sir Keith Joseph, when asked how much his Department spent on research and: "what requirements he imposes regarding publication and consultation before publication; whether deletions or alterations have been required or permission to publish refused in respect of all or part of any project whose results were submitted to his Department during the last 10 years". The Secretary of State's reply stated:

> "Reports to my Department are required in respect of all research commissioned. In general, researchers are also free and expected, but not obliged, to publish the results themselves. The draft of the publication is submitted to the Department for preview, but, subject to the exclusion of references which might lead to the identification of individuals who had cooperated in the investigation, the author is free to reject or accept any comments made. Exceptions to this rule are made in respect of work on hospital building and engineering where reports, plans, etc., are Her Majesty's copyright; and on equipment, where the Department's consent is required before publication, eg. in order to safeguard commercial rights and interests. I am not aware of any refusal of a request by a research worker for permission to publish his results. Amendments or deferments in the equipment field have been requested in a few instances for the purposes of the safeguards which I have stated."1

It is interesting to note that a question more specifically focussed on the issue of Crown Copyright was asked the following December, within the context of a series of similar questions addressed to three Government Departments. In each case the

minister concerned was asked "to what extent the publication of nondepartmental research projects financed by him is subject to Crown copyright". Examination of DHSS files shows that initially the Treasury were proposing to give a common answer for all the Departments. This proposed answer read: "Under the terms of section 39 of the Copyright Act 1956 all literary works made or first published by or under the direction or control of HM or a government department are usually the subject of Crown copyright. The degree to which Government financing of any particular research project brings it within these provisions on Crown copyright depends on the circumstances of the case."²

DHSS were not, however, willing to have this answer given on their behalf. An internal memo' from a research administrator argued:

> "The proposed Treasury reply is completely unacceptable. If given, it would prejudice our consultations with the MRC and the scientific community generally on the Green Paper on Government R & D.³ If our practice is different from that of the Treasury, there are very good reasons for the differences on our part, and the differences cannot be disguised."⁴

This initial response was endorsed by the memo' recipient who added, "We must insist on this. Suspicion about the Department's publication policy is one of the key reasons, or excuses, for the reluctance of the scientific community to accept 'Rothschild'. We must not merely conceal, we must amputate, the cloven hoof."⁵

The Treasury were thus asked to hold back the reply and subsequently gave their written answer on behalf of themselves and the Home Office,⁶ leaving the Secretary of State for Social Services to

- 2. Internal DHSS memo. 2 December 1971.
- 3. Rothschild (1971).
- 4. Internal DHSS memo. 2 December 1971.
- 5. Internal DHSS memo. 2 December 1971.
- 6. <u>Hansard</u> (1971c).

give an independent answer:

"SIR KEITH JOSEPH: The position regarding Crown Copyright has been given by my hon Friend the Financial Secretary.

Arrangements made by my Department have normally specified that the researcher is free to publish his findings, except in respect of work on equipment when the Department's consent may be required before publication in order to safeguard the rights and interests of commercial firms."⁷

The Department is thus seen to have given considerable emphasis to clarifying that it was its policy to give the maximum possible freedom to researchers in respect of their rights to publish as they wish. This Departmental posture was maintained throughout the 1970s, as is indicated in its document "Standard Conditions of Support for Research Grants". Within it, the treatment of these issues has undergone no major changes, and the most recent revision (11/79) states:

"11. PUBLICATIONS

11.1 Crown Copyright.

Any report or publication arising from work carried out under the direction or control of a Government Department is subject to crown copyright, and support in whole or part from Government funds is evidence of this. All stages of the report or publication are thus covered.

11.2 Crown copyright and publication in commercial book form

If publication of material arising from this research in commercial book form is envisaged DHSS (OCS) will be consulted before any arrangements are entered into in order that advice on questions of the application of Crown copyright and royalties may be given.

11.3 Crown copyright and publications in learned journals or analogous publications.

It is not intended that the provisions of Crown copyright should restrict in any way a researcher's freedom to publish the results of his work in learned journals or analogous publications throughout the world. The researcher will, however, submit a copy of any proposed publication to DHSS at least one month before the intended date of submission to the journal or other publisher, and the Department will communicate any comments to him within 28 days. The author is free to accept or reject these comments, provided the conditions on confidentiality are observed."

Researchers' responses during the interviews indicated that the Department had acted in a manner consistent with its stated policy, and subject to one exception (falling within a category detailed within the Parliamentary Answer given above) no researchers reported the Department obstructing their freedom to publish.

A minority of researchers, however, attended to the Departmental request detailed under 11.2 above, or submitted copies of proposed publications to the Department, one month in advance of submission to journals. Most claimed that they were unaware of this Departmental requirement.

3.1) Researchers' perceptions of responsibility for dissemination

Researchers thus enjoy freedom to disseminate as they wish, and in exercising this freedom, constitute the most important group of actors in the dissemination of research information. It is predominantly they who select dissemination channels (in so doing determining priorities amongst potential audiences), write published texts and deliver verbal presentations. They may receive advice and assistance from, or via, research managers, professional bodies, extra-Departmental health and social service agencies or communication professionals (publishers, journal editors, etc.), but ultimately the form and extent of the majority of primary research dissemination is the product of researchers' efforts. It would not, however, be true to say that all researchers accept dissemination as purely their responsibility. Indeed, Table 1 shows that only 35% of researchers thought dissemination was their responsibility alone, while 27% thought it was a joint

TABLE 1: Researchers' identification of whose responsibility it is to disseminate

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		SIN	Non-RLG					Ned.sch.			
		area	area	Sincles	Units	Medical	Non-Med.	or hosp.	Univ.	Other	
Researchers	35	29	43	39	27	52	27	62	11	11	ટેડ્
Mostly researchers	2	26	14	20	18	17 -	21	Ø	21	33	ેં
Both equally	57	59	25.	20.	4 1	77	31	14	47	22	રેર
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n II	17	35	36	61	22	23	4,8	34	19	18	

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responsibility they shared with the Department (as research sponsor), and 11% thought that responsibility for dissemination lay solely with the Department.

Breaking these figures down one finds a markedly higher frequency of identification of responsibility for dissemination lying with the researcher, amongst researchers who work in non-RLG areas (43%, p < 0.2), most particularly when these researchers work on medical (Moss categories 6 and 7) projects (52%, p < 0.05), and more markedly still, when researchers are based in medical schools and teaching hospitals (62%, p < 0.001). In terms of the influence of institutional affiliation upon the identification of the locus of responsibility for dissemination, it is of further interest to note the high frequency with which researchers based at universities, and those working in units funded by DHSS on a programme basis, cite the responsibility for dissemination as being jointly held, by researcher and Department together (47% [p<0.005] and 41% [p<0.1] respectively).

3.2) The identification of target groups

Before proceeding to an analysis of the actual dissemination initiatives which researchers took, it is also of relevance to examine the audiences for whom they thought their research had most potential implications. Researchers normally cited more than one type of 'interest group' but were asked to put potential groups in order of priority: the first listed thus being the group for whom they thought their findings had most potential implications. These acts of identification are clearly of interest as they represent considerations, attended to by researchers, in their decisions vis-a-vis the choice of dissemination channel into which to place their findings. (This is not to suggest that they are the only considerations attended to when such decisions are made.)

Looking at aggregate data in Table 2, the extent to which the Department can be seen as a 'proxy' customer is indicated. For the groups for whom researchers most frequently thought their findings had most implications were professional practitioners. rather than This is not to suggest that it is inconsistent with policy makers. the responsibilities of the Department that its contracted external researchers should view professional practitioners as the main potential 'consumers' of their research information. Rather it indicates that the programme of research which the Department funds, in pursuance of its responsibilities for the provision of health and social services, is predominantly perceived by researchers as having other than DHSS policy development personnel as its main 'direct' customers. That the Department is perceived as having thus performed as 'proxy' rather than direct customer, in the funding of research, must, of course, be borne in mind when examining the relative emphases researchers give to writing reports for the Department, as compared with devoting time to producing publications for, or otherwise disseminating to, extra-Departmental groups.

Professional practitioners are not, of course, the only extra-Departmental groups for whom researchers feel their research findings have primary interest (i.e. those for whom findings are thought to have most implications). Fellow researchers are listed, in aggregate, as being the primary 'interest' groups by 23% of research contractors. It is noticeable that the frequency with which fellow researchers are thus identified varies considerably between researchers working in different institutions and types of research. Thus, researchers based in programme funded units identify policy makers as the primary interest groups with relatively high frequency (44%) compared with single project researchers (24%) [p < 0.1], and, by association, fellow researchers are identified as the group for whom findings have most interest by

TABLE 2: 'The identification of groups for whom researchers think their findings have most implications

	TIV	RLG area	Non-IUG area	Singles	Units	Medical	Non-Med.	Med.sch. or hosp.	Univ.	Othe	된
Researcher	23	34	11	Ñ	t.	04	16	34	Ы	7	%
Professional pracs.	39	29	77	39	39	52	33	40	40	37	%
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Others	©	11	11	9	13		8	ΓT	ſ	Ŋ	%
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only 4% of programme funded unit researchers, compared with 31% of single project researchers [p < 0.02]. Partly by way of further association (65% of university based researchers worked within unitfunded programmes) it is noticeable that university based researchers identify policy makers as the groups for whom their findings have most implications with higher frequency (50%) than do researchers in any other of the institution 'type' groups [p < 0.05]. Relatedly, they also identify research peers as the 'primary interest group' with outstandingly the lowest frequency (only 5%) [p < 0.01]. This finding is clearly at variance with expectations derived from traditional stereotypes of the academic, and hence research peer, orientation of university based researchers. For they, along with researchers based in programme-funded units, are identified as having relatively high orientation towards generating information for policy makers, while researchers in medical schools and hospitals, along with those funded on a single project basis, are found to have the highest research peer orientation. In the case of medical projects, researchers identify fellow researchers as primary interest groups with relatively high frequency (40%, p < 0.05) and, not surprisingly, professional practitioners with the highest frequency (52%, p < 0.2). Policy makers were, meanwhile, not cited at all [p < 0.001]. In making this observation it must be noted that such research might not have been funded by the Department on the understanding that it was predominantly clinical in nature. For, as one researcher explained, "I only have interest in clinical and therapeutic aspects of [a problem of interest to an RLG], not in operational research, but I worded my application that way to get the money."

Cutting across the above categorizations of researcher is the divide between RLG area and non-RLG area research. If such a dichotomy is established, it is found that 34% of researchers working in RLG

areas thought fellow researchers would be the groups for whom the findings of their research would have most implication, while only 11% of researchers working in non-RLG areas identified research peers as the primary interest group [p < 0.02].

The Department is, of course, concerned with funding a programme of applied research which has as its objective the generation of information facilitating improvement in the delivery of services within permissible resource allocations. In working toward this end, and developing itself organizationally along lines designed to improve its effectiveness as a research 'customer' (in the Rothschild sense), RIGs have been set up in areas covering approximately half the total external health and personal social services research programme. It is interesting to note, therefore, that research contractors working in these areas at the time of conduct of interviews, identified researchers as the groups for whom their findings had most implications, with three times the frequency of research contractors in [p < 0.02]. non-RLG areas And, further, that research contractors working in RLG areas saw policy makers as the main group for whom their findings had implications in 26% of cases, while researchers in non-RLG areas identified policy makers as their primary interest group with almost twice that frequency (50%) [p < 0.05]. These findings cannot be used to indict the performance of RLGs as commissioning customers for research, for many of the researchers interviewed had commenced their projects prior to the establishment of RLGs in their areas. Rather, these data suggest that the areas in which RLGs have been set up are those in which the Department's research customer facility had been relatively poorly developed.

^{8.} For a discussion see Kogan and Korman (1979) and Kogan et al. (1980).

3.3) The relationship between 'target group' and dissemination responsibility

When the Department's lead and liaison officers were interviewed (in a later phase of the project - see most notably section 7.11), respondents were asked to identify who they thought had responsibility for ensuring effective dissemination of research findings. Answers varied to some extent, but a frequent response was of the form that responsibility for disseminating the 'scientific content' of research to research colleagues lay with the researcher, while responsibility for ensuring the effective dissemination of those research findings which inform the policy making process, or have implications for administrative action, lay with the Department. Most respondents omitted discussion of the locus of responsibility for disseminating to professional practitioners, and those who did, normally presented this as a problematic area. (In the case of nursing research, however, the facilitation and encouragement of dissemination to practitioners was seen unequivocally as a Departmental responsibility.)

In view of these expressed opinions it is of interest to view the congruity of researchers' perceptions of responsibilities. In so doing one can show the possible relatedness of the two variables discussed above, viz: i) researchers' perceptions of the locus of responsibility for the dissemination of findings of <u>their</u> projects, and ii) the groups for whom researchers felt their findings had most implications.

Cross tabulation of these two variables (Table 3) illustrates inconsistency in researchers' identification of loci of responsibility, even when one controls for "primary target group". There is, however, some congruity between the perceptions of research managers and research workers, in that both their sets of responses are skewed toward researchers' dissemination responsibility, for research findings of

	Pr:	imary Target Gro	oups
Locus of dissemination responsibility	Researchers	Prof. pracs.	Policy makers
	%	%	%
Researcher	65	30	18
Mainly Researcher	6	30	9
Researcher-Dept.joint	18	30	36
Mostly Department	6	7	9
Department	6	4	27
N =	17	27	23

TABLE 3: Target groups and dissemination responsibility (researchers' perceptions)

primary interest to researchers, and, to a far lesser extent, skewed toward Department responsibility, when findings primarily have implications for policy development. In the latter case, it should be noted that the largest category identified by researchers was joint researcher-Department responsibility. In the case of research findings which are identified as having their major implications for professional practitioners, researchers infrequently felt that the Department had the sole, or dominant, responsibility. About a third of researchers in this category felt that the responsibility for dissemination was exclusively theirs, a further third thought it to be "mostly theirs", while the remaining third felt the responsibility was jointly held by themselves and the Department.

Against this background of perceptions of responsibility and identifications of 'primary interest groups', researchers embarked upon their various dissemination initiatives.

3.4) Researchers acts of dissemination

The findings of approximately 90% of projects received some form of dissemination beyond submission of a report to the Department (Table 6).

Looking at the various channels through which findings were disseminated, one finds that full monograph publications were relatively infrequently used. While 27% of projects led to papers being published as parts of books (including published conference proceedings), only 13 projects produced complete monographs (5 published by research institutes, 5 by commercial publishers and 3 by HESO). Publication far more frequently took place in the form of journal articles and papers. In aggregate, 68% of projects produced journal publications; 46% for specialist research journals, 42% for practitioner journals and 20% for administratordirected publications.

As has been argued in the previous chapter, a major factor underlying the preference for journal, as opposed to monograph, publication, is the greater ease with which manuscripts can be prepared for the latter medium. For clearly, the writing of journal articles makes less demands on the time of researchers who, at the time of manuscript preparation, will normally have moved into subsequent employment. The use of journal articles also allows the publication of the products of research to be more easily split in accord with both an individual's particular contribution to a project and his or her subsequent career interests. (For a discussion of the influence of these factors on the choice of journal type, see section 3.431.) The splitting of the publication of results in this way is made all the more likely if possibilities for team collaboration beyond the project completion date are made difficult by problems of geographical dislocation.

Needless to say, other factors also influence the choice of publication medium; for example - the nature of research findings, their implications for various groups, the career aspirations and

ideological orientations of researchers, and their range of professional connections. While such factors underlie the relative frequency with which monographs and journal articles are used as publication outlets, a variety of informal channels of dissemination were also used. One researcher reported giving approximately 30 lectures on his work to various audiences, and explained how he felt the spoken word was the most effective way of disseminating the information generated by his Another researcher, meanwhile, described how in his project, study. dissemination had only been effective because he was "already on the lecturing circuit". Other forms of verbal presentation took place on six projects where results were 'fed back' to institutions which had housed the objects of investigation in particular research projects, and a further two researchers (in the social welfare field) reported giving regular presentations of their work and its implications over a long period of time. Their audiences varied, but included representatives from lobby groups, voluntary and statutory agencies and members of the public.

Research findings were also informally disseminated in non-verbal form, through the selective distribution of reports (or elements thereof) to groups identified by researchers as having an interest in their topic of investigation: for example Area Health Authorities, Water Authorities, the Royal Commission on the NHS, World Health Organization, Regional Post Graduate Medical Deans, and the Council for the Education and Training of Health Visitors. In one case a researcher passed copies of his final report to a voluntary social welfare agency, who undertook to distribute them to persons interested in the topic it addressed. Another researcher explained that he had himself distributed large numbers of his final report to a wide variety of individuals and bodies, and that he chose this course of action, in preference to publishing his findings, as he felt that his study was valuable,

but had not included sufficient cases to claim scientific validity.

In addition to these informal dissemination activities initiated by researchers, there were many cases in which researchers supplied information, on request, to various individuals and groups making bona fide enquiries. Amongst these the most notable request came from the United States Congress, before whom a researcher appeared as an expert witness.

The relative frequency with which both formal and informal channels of dissemination were used, appear on Table 4. On Tables 4, 5 and 6 one can also compare the patterns of dissemination identified as characterizing various research and researcher 'types'.

3.41) Institutional differences and patterns of dissemination

The establishment of two taxonomies of institutional groups have been found useful. Firstly a dichotomy was established between those researchers funded on a single project basis, and those supported in units funded by DHSS on a programme basis ('units' for economy of expression). In comparing the dissemination carried out by researchers in each of these two groups (Table 4 ii) one finds that 'unit' based researchers are more active disseminators in every medium (with the exception of theses, which infrequently facilitate dissemination beyond a very restricted group of specialist researchers). While the frequency of monograph publication is only marginally and insignificantly higher for unit based researchers, differences in frequency of publication are far more marked in each of the categories of journal. 88% of unit-based researchers disseminated through some form of journal article, compared with 59% of 'single' researchers [p(0.05] (Table 6), and unit-based researchers published articles in practitioner and administratordirected journals with approximately twice the frequency of those funded on a single project basis [$p \lt 0.2$ and $p \lt 0.01$ respectively](Table 4).

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TABLE 4: Patterns of Dissemination for research of various types

S = specialist research journal, P = professional practitioner journal, a = administrator directed journal.

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TABLE 5: Institutional affiliation and the dissemination of findings

Table 6: Patterns of non-dissemination of research findings

Administrators Policy makers/ 4 (18%) (18%) 3 (14%) 2 (%) 1 (5%) 22 MAIN TARGET GROUP Researchers Practitioners 2 (7%) 10 (34%) 10 (34%) 9 (31%) (% 1 1 4%) 29 7 (41%) (%71) 2 4 (24%) 7 (14%) 6 (35%) 12 'Units' 3 (12%) 3 (12%) 3 (12%) 3 (12%) 2 (7%) 53 FUNDING 'Singles' 21 (41%) 11 (22%) 6 (12%) 21 (41%) 19 (37%) 5 14 (19%) 24 (32%) 8 (11%) 22 (30%) 24 (32%) ALL 74 which were neither disseminated through: presentations journal articles No. of projects nor seminars or nor conference nor any other meetings medium. nor books =N

There were also fewer cases in which unit-based researchers did not carry Table 6: they relate to the time of interview, i.e. an average of two out any dissemination (p<0.8). (Data on 'non-dissemination' appear in years following project completion.)

These findings could be interpreted as suggesting that the greater employment stability and continuity of programme funded researchers contributes to their sustained interest in the dissemination of findings after the date of project completion. They thus more often disseminate beyond the minimal level which is contractually required (final reports) and desirable for career advancement (papers in specialist research journals), while assisted by more frequently having continued proximity to raw data and support from colleagues who are familiar with their work and researching in similar areas. As compared with transient single project researchers, those who remain their in programme funded units after/projects completion are also likely to enjoy greater consideration and encouragement from their employers requesting time-off from subsequent projects, to extend the dissemination of previous ones (as this enhances a unit's reputation). Such programme funded researchers may also be able to exploit contacts maintained by the unit. These latter factors may make a significant contribution to the high frequency with which unit based researchers present their findings via meetings of various types.

The second institutional taxonomy is that depicted on Table 5. From this it can be seen, firstly, that researchers based in Government Organizations disseminated via restricted circulation reports and meetings, and in one case (that of an OPCS study) an HMSO publication resulted. Researchers in Government Organizations saw themselves as having little individual responsibility for dissemination, and little career interest in pursuing it beyond the level requested by Departmental customers. Thus only one of the three researchers in this category produced an article (for an administrator directed journal) and no conference presentations were given. Another small category of researchers, those without institutional affiliation, disseminated in a similar way, viewing their role as that of consultants. They

thus perceived their responsibilities with respect to dissemination to end with the presentation of findings to the Department; in one case as a report and in the other through a meeting. One of the two independent researchers wrote an article for an administrator directed journal, while the other gave an invited talk to a voluntary organization, and did not try to get his findings published, explaining: "I live on consultancy fees and don't worry about getting publications. They don't bring the contracts in."

Looking at the larger categories of institution; universities, medical schools and hospitals, one finds far more extensive individual dissemination initiatives on the part of the researchers they house, with conferences and journals relatively frequently used.

Comparing the dissemination carried out by researchers in each of these institutional groups, however, one finds some somewhat unexpected patterns. For example, researchers based in non-teaching hospitals more frequently published monographs [p < 0.1] and papers in specialist and professional journals [p < 0.1], and gave more conference presentations, than colleagues based in the more 'elite' and research orientated medical schools and teaching hospitals [low statistical improbability due to the small number of cases]. University researchers were, meanwhile, found to publish research monographs with a relatively low frequency (11% of projects) compared with researchers in non-university-affiliated research units (38%) [p < 0.1]. It might have been expected that monograph publication would have been a medium preferentially used by university based researchers, in the interests of career furtherance, but this is shown not to be so. The other such medium would be papers in specialist research journals, but university based researchers are also found to use this medium with a lesser frequency than the remainder of the sample. Thus by comparing the dissemination acts of DHSS-funded researchers based

at differing types of institutions, one finds patterns which are at variance with expectations derived from 'institutional stereotypes'.⁹

3.42) Comparing dissemination: RLG and non-RLG areas

Comparing the patterns of dissemination characterizing projects falling in the areas of responsibility of RLGs, to those of the remainder of the sample, one finds a slightly lower frequency of conference presentation (44% c.f. 52%, p < 0.5) but a higher frequency of dissemination through meetings (69% c.f. 45%, p < 0.05), journals of each type (50%, 44%, 25% c.f. 42%, 39%, 16% [p < 0.5, 0.7, 0.5] respectively) and full published monographs (33% c.f. 3%, p < 0.001). It is, further, noticeable that all the projects which resulted in publication by HMSO either as a full monograph or part - lay within RLG areas.¹⁰ It is not possible to determine from this data alone whether the existence of RLGs accounts for the higher levels of dissemination (via the majority of media) effected for projects in their areas, but further discussion and analysis of the performance of RLGs in relation to the facilitation and encouragement of dissemination will be presented in Chapter 5.

Based on data generated by interviews with researchers alone, a more rewarding analytical approach is that of examining the relative frequency with which papers are written for journals of various types (i.e. focussed toward particular audience groups), in the light of the identification by researchers of the groups for whom they feel their findings have most implications.

See, for example, Bulmer (1982), Ch. 6; Cherns (1979), Ch. 7; Perry(1976); and Trist (1970).
 It should be noted, however, that analysis of RLG minutes

^{10.} It should be noted, however, that analysis of RLG minutes indicates that the RLGs neither suggested nor initiated these actions. Rather, they were reported to the RLGs 'faits accomplis'.

3.43) Identified 'target groups' and dissemination strategies

3.431) The use of journals

If we split journals into three groups - specialist research journals, professional practitioner journals, and administrator directed journals; and then, similarly, split the occupational groups for whom findings are thought to have most implications into fellow researchers, professional practitioners and administrators/policy makers, we get the following results:

impl	icat	ions	for	vario	us g	roups						
	G	roupe	for	whom	res	earch	has n	ost	implic	atio	ns:	
	Res	earch	lerв	Prof Prac	essi titi	onal ' .oner	Admin polic	istr y ma	ators/ kers		Tota	1
No. of cases (N)		17	<u></u>		29			22			68	
No. of projects disseminated through:	S*	P*	A*	S	Р	A	ន	Р	A	S	Р	A
	9	3	0	14	7	5	8	9	9	31	19	14
Ав % of N	53	18	0	48	24	14	36	41	41	46	28	21

TABLE 6: The use of journals for dissemination of research with

S = specialist research journals P = professional practitioner journals A = administrator directed journals

Looking at this table it is seen that professional practitioners were most frequently identified as the 'interest group', followed by policy makers and finally researchers. Yet these acts of identification are not translated into determinations of priority vis-a-vis the choice of journal type for the submission of papers and articles. For, of the three possible target groups, researchers were listed last in terms of those for whom findings have implications, while they appear first in terms of those for whom journal papers are written. By way of association, professional practitioners and policy makers are listed as first and second in terms of the frequency with which researchers

identify them as being the primary interest groups, while journals directed towards these groups are second and last in terms of the proportion of projects which use them as publication outlets [significant difference in distribution of proportions: $\chi_2^2 = 20.18$, p < 0.001].

There is, of course, overlap between the audience groups reached by each of the three types of journal. For instance, specialist research journals are read by some specialist medical practitioners as well as researchers, and journals such as the Lancet and B.M.J. are professional practitioner journals which represent prestigious publication outlets for research (and hence communication to specialist research peers) while also being read by, and scanned for, policy makers and administrators. User studies indicate, by contrast, that administrator directed journals are not read by researchers or professional practitioners to any significant extent.¹¹ Thus. it can be assumed that articles appearing in administrator directed journals are aimed almost exclusively at administrators, papers in professional journals are aimed predominantly at a mixture of fellow researchers and professional practitioners (with the possibility of them being viewed by administrators), while papers in specialist research journals are, with the possible exception of non-researching specialist medical practitioners, written almost exclusively for specialist researchers. The consequence of consideration being given to overlaps in the readership of various types of journal, when drawing inferences with respect to author intentions in publishing in each, is thus a reinforcement of the above interpretation of the hard data alone. It is seen to be the case, therefore, that while researchers identify professional practitioners, policy makers and researchers as the groups for whom their

^{11.} See, for example, Bowden (1971), Ford et al. (1980), Guha (1971), McCulloch and Brown (1968), Strasser (1978), Wender (1979).

findings have the most important implications (in that order of frequency of identification), they use journals to communicate findings to those groups with a re-ordered frequency, most notably using journals most often to reach researchers and least often to reach administrators.

This preferential use of journals as vehicles for communication to specialist peers can be interpreted in a number of ways. One factor relates to the discussion presented at the beginning of this chapter: that is the way in which the reporting of the findings of team projects often has to be split as a consequence of the team breaking up at the time of project completion (i.e. grant termination). In such cases an integrated multidisciplinary topic-focussed mode of reporting can sometimes be necessary for the drawing out of implications for policy and/or practice. Such an integrated style of reporting usually requires a degree of collaboration between authors, and such collaboration can be difficult if a research team has split up. Each team member may well have taken up a new (perhaps geographically distant) post, and in so doing, assumed a new set of professional concerns and priorities. While the exploitation of 'past' research may be relegated in priority by the demands of a new position, it is normal for researchers to publish when they can, and they are thus motivated toward seeking ways of publishing their research contributions, in pursuit of career advancement.12

Researchers thus invariably find themselves motivated toward obtaining publications from past research, while constrained by time (through having taken on new responsibilities) and limited in possibilities for collaboration in authorship with previous research team

^{12.} For a general discussion of this behaviour see Meadows (1974), Ch. 2.

members (through the break up of those teams).¹³ Under such circumstances it is not surprising to find that/single authored papers are produced, which report the specialist contribution of individual group members, rather than the topic-focussed findings of multi-disciplinary It is, further, not surprising that researchers should accept teams. this outcome and publish in specialist research journals; for as is generally recognized, such journals perform a multiplicity of functions. They are not only media of communication, but also lie at the heart of a professional reward system 14 - bestowing visibility, status and the means of career advancement to their papers' authors.¹⁵ Within the context of the systems model outlined in Chapter 1, specialist research journals are thus the medium through which fellow members of a social system exchange 'energies' and in so doing exercise social control Hagstrom describes this form of exchange relationover one another. ship as the gift giving mode: scientific information is the gift, packaged in the form of a research paper, and in return for their gifts, donors expect the receipt of social recognition from their Once the gift (a paper) is given (published in a journal), peers. and recognition (the exchange commodity) is given to its donor (the author), the gift belongs to the community at large and the donor abdicates all property rights. Thus, once a paper is published, and credit given to its author, it remains in a permanent archive, available for all time and throughout the world to any who may choose to Further, the onus is on future researchers to retrieve consult it.

- 13. For a discussion of the problems associated with team social research see Platt (1976), Ch. 5.
- 14. The reward system of science receives its most detailed description within a model derived from 'exchange theory' in Hagstrom (1965).
- 15. These outcomes are measured quantitatively in Cole and Cole (1973).

16. See Hagstrom, op. cit. In particular pp. 12-22.

the paper, assess its relevance to their own work and use (and cite) it as they think appropriate. Certainly a great deal of important informal communication takes place between researchers,¹⁷ but, nevertheless, there remains a perceived onus on researchers to make their work public and available to all in 'the literature', at the completion of a study,¹⁸ and it is vital for their career advancement that they do so.

Researchers do not generally feel an equivalent responsibility in relation to making 'public and permanent' those findings which have implications for policy or administrative action. For communication to persons outside the 'social system of science' do not take place within the context of the same 'gift-giving' modes of exchange. Researchers may, for example, feel it to be their contractual obligation to conduct such dissemination (i.e. a discrete 'contractual exchange'), or they may aim to disseminate in a fashion congruent with their perception of the values of personnel within the Department, in the hope of being viewed favourably when submitting subsequent research proposals (i.e. an attempt to sustain an 'on-going contractual exchange relationship'). Alternatively, some researchers may feel that one day they will wish to, or have to, leave the research world, and they therefore aim, through inter-system dissemination, to demonstrate the relevance of their skills and knowledge to other institutional spheres. They thus invest energy in dissemination activities, in anticipation of a diversification of career possibilities. Other researchers may, meanwhile, be less motivated by career considerations than by personal or ideological commitment to particular causes and interest groups

^{17.} For an examination of patterns of informal communication, and its role in a variety of disciplines, see Garvey (1979). For evidence that researchers in applied fields are more dependent on informal channels than those in pure fields, see Parker and Paisley (1966).

^{18.} This 'onus' is raised to the level of an 'institutional imperative' within normative sociologies of science. See, for example, Merton (1967) pp. 550-561 and Storer (1966).

(e.g. ASH, Women's Movement, Child Poverty Action Group, Age Concern, etc.). Even in these cases, the communication of research information can be viewed as taking place within the context of exchange relationships. For in disseminating information to such groups, an individual can expect the return of such commodities as gratitude, recognition as an expert, gestures of peer-solidarity, etc.. In such an exchange, the gift-giving mode can again be seen to be operating. For as noted by Smelser,¹⁹ such modes of exchange are not limited to the research world, but are characteristic of all social groupings concerned with the maintenance and transmission of common values. Lobby and interest groups clearly constitute such social entities.

Dissemination beyond the research community thus takes place within a diverse array of exchange relationships, and the audiences in such inter-system dissemination acts are far more heterogeneous than the research world in respect of their constituents' information needs and acquisition practices. When comparing researchers' attitudes toward intra-system (researcher to researcher) dissemination, to their perspective on inter-system (researcher to other) dissemination, marked differences are therefore to be expected.

Firstly, one would expect researchers to have a higher level of commitment to intra-system dissemination than inter-system dissemination, for the research world (or 'system') is able to offer exchange commodities (professional recognition and advancement) which are normally of greater immediate value to the researcher than those offered by other systems. Implicit within the drawing of this inference is, of course, a set of assumptions about human behaviour and, more specifically, social interaction. For clearly, one is assuming that social interaction is governed by the desire of

19. Smelser (1959).

individuals to obtain rewards of various sorts, and the resulting exchange of benefits shape the structure of social relations. As Blau points out:

> "The question that arises is whether a rationalistic conception of human behavior underlies this principle that individuals pursue social rewards in their social associations. The only assumption made is that human beings choose between alternative potential associates or courses of action by evaluating the experiences or expected experiences with each in terms of a preference ranking and then selecting the best alternative. Irrational as well as rational behavior is governed by these considerations."²⁰

By analyzing the differing nature of the exchange relationships within which researchers' dissemination acts take place, one finds not only that intra-system dissemination is normally more highly rewarded, but also that dissemination in different ways (formats, channels, etc.) is differentially rewarded by each potential audience group. Thus it was found that while researchers wish to make their findings 'public and permanent' in journal literature for use by the research community, such an attitude rarely exists in relation to dissemination to adminis-In these latter exchanges, rewards (e.g. trators and policy makers. the Department's favourable disposition, future field cooperation by research subjects, gratitude, etc.) are more likely to be received, and received in greater degree, in exchange for focussed dissemination. And the exchange value of policy relevant information is highly dependent on timing.²¹ Rather than aiming for the permanence and universal availability of journal publication, researchers therefore seek alternative dissemination strategies when presenting research findings to administrators and policy makers. This accounts for the low frequency of publication in administrator-directed journals.

^{20.} Blau (1964), p. 18.

^{21.} See, for example, Donnison (1972), Goldsmith (1973), and Sharpe (1977).

3.432) Alternative Strategies

The alternative strategies adopted in these cases fall into two Firstly, there is focussed dissemination of findings to categories. those bodies or individuals who have responsibility for the relevant area of policy development or administrative action. In such cases researchers often perceive the limit of their responsibilities to lie in the submission of a final report to the Department with the assumption that responsibility for all subsequent action (including focussed dissemination) lies with the officer of the Department in receipt of the report (or others in the Department to whom he or she may pass it). In other cases, however, researchers undertook their own focussed dissemination, by sending copies of their reports (or extracts) to extra-Departmental executive and/or consultative bodies (e.g. AHAs, Water Authorities, The Royal Commission on the NHS, and Committees concerned with the training of health care professionals).

In addition to this 'focussed' dissemination, a second strategy adopted by researchers with policy relevant findings, was that of seeking to raise public awareness, concern and understanding in relation to particular problems (thus attempting to effect change in policy through influence upon the environment of opinion surrounding it²²) through a variety of media. At the most formal level, monographs were published, while on the less formal level, researchers spoke through public media (local radio and television) and a wide variety of meetings attended by members of lobby groups, voluntary organizations and those concerned with the delivery of health and social services at the 'grass roots' level. Meetings in the latter category were also the means through which a small minority of researchers sought to inform and influence the professional practices of social workers employed in the statutory agencies.

22. Cherns (1979) argues that this tends to be a very slow process.

One can see the effects of these differing researcher orientatedpolicy/action orientated dissemination perspectives and strategies in Table 4 iv. However, one must be careful in drawing inferences from comparisons of its three categories lest their meanings be confused. The three groups refer to those who were identified by researchers as being the ones for whom their findings had most implications, and it does not follow, therefore, that the groups identified were the only ones for whom researchers perceived their findings as Thus it is seen that when policy makers were having any interest. the identified primary interest group, papers were written for professional journals and specialist research journals with equal or insignificantly lower frequency than administrator directed journals. And, further, researchers who identified professional practitioners as the groups for whom their findings had most implications, were only disseminated via professional journals in 24% of cases, while being published in specialist journals with twice this frequency. Research findings in this latter category (i.e. of primary interest to professional practitioners) were. meanwhile. also disseminated with relatively high frequency via monographs, meetings (usually held in the vicinity of the researcher) and teaching. Researchers who taught in medical schools and included findings of their research, or perspectives derived from their research, in their teaching, felt that this was one of the most important channels of dissemination. While the potential audience for such dissemination acts may be limited in size, this audience was found to be far more easily influenced by research findings, being a 'captive audience' in a 'learning situation' with less commitment to previous ideas than qualified and more experienced A recognition of this situation led a researcher with practitioners. findings of specific relevance to general practice to indicate that it would only be possible for his findings to influence G.Rs' practices

if they could be introduced via vocational training courses. Tutors on such courses were, therefore, the key initial audience group in a 'two step' process of dissemination.²³

23. 'Two Step' models were originally proposed for use in understanding the effects of mass media messages: see, for example, Katz (1957). However they have been applied in more relevant contexts: see Rogers (1962).

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CHAPTER 4

THE MANAGEMENT OF DEPARTMENTAL REPORT RECEPTION

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4.0) Introduction

The Department's Standard Conditions of Support for Research

Grants requires that:

"A final report will be submitted to DHSS on termination of the research. It will describe the method and findings of research and will incorporate a summary containing the major findings and any aspects which are considered important for the future development of services or which merit further examination through research or experimental development. The data collected and analysed should be produced in appendices to the report for reference. The Department's Research as appropriate. Division or Liaison Officer should be consulted about the number of copies of the final report which will be required by DHSS, but this will normally be at least ten."1

As has been seen in the survey of researchers, 71% satisfied the above requirements in respect of submitting <u>a</u> report of some kind, and the majority of administrators in OCS feel that a similar proportion of researchers currently are meeting this requirement. They similarly point out that many reports still arrive late, and often only then as a consequence of a good deal of chasing up by liaison officers and themselves.

When final reports are submitted to the Department, researchers send them either to an OCS administrator or professional (the liaison officer). The 'Standard Conditions of Support' give no guidance to the researcher as to which should be selected, but most Department officials concerned with research management (professional and administrative) understand it to be the formally correct procedure for reports to be submitted to an OCS administrator. The administrator then has responsibility for relaying reports to liaison officers and disposing of reports to project files, information division of OCS, customer division and DHSS Library (see Chapter 7). In addition, the OCS

^{1.} DHSS, <u>Standard Conditions of Support for Research Grants</u>, Revision 12/77, para. 8.2. A further revision was produced in November 1979, but no changes affecting the comments made in text were made.

administrators sometimes assist their professional colleagues in circulating reports within the Department.

While this is the normal sequence of events, researchers sometimes submit copies of their reports directly to their professional It appears that this practice is most common when liaison officer. the professional liaison officer has had particularly frequent contact with the researcher. In such cases it is the responsibility of the liaison officer to pass copies to the administrative research manager. The Research Management Guidance Manual asserts that "In research management a close working relationship between the professional and the administrator is essential for satisfactory results to be achieved. Both have a part to play and it is necessary for each to keep the other informed at all stages in the commissioning, development and conclusion of a contract."2 In interviews with the professional and administrative research management officers, no major difficulties in maintaining communication and coordination were mentioned, and it appears, therefore, that the relay of final reports from one group to the other does not present problems.

Professional liaison officers and administrative research managers thus both receive final reports of research and are, as will be seen, the starting points of dissemination networks within the Department, which in some cases subsequently extend beyond its boundaries. The networks which have administrative research managers as their entry points will be examined in Chapter 7. In this chapter, there follows a description of the responsibilities and practices of the professional liaison officers, as they relate to the management of report reception.

^{2. &}lt;u>Research Management Guidance Manual</u>, Amendment 4, October 1979, Internal DHSS document.
4.1) The liaison officers: their identity and identification for interview

Liaison officers are all Department professionals, with professional 'grades' in their respective hierarchies: medical, social work service (SWS), nursing, economic, catering and architectural. An important distinction has to be drawn, however, between those within, and those outside, the OCS structure.

Prior to 1978, the Chief Scientist, Sir Douglas Black, and the Chief Scientist's Research Committee had had an advisory role, with administrative and executive responsibility for the Department's programme of research lying within an administrative branch - CR 2. At this time, the professionals concerned with management of research were located in their respective professional divisions, outside of the Chief Scientist's structure. At the beginning of 1978, however, Professor Arthur Buller was appointed as Chief Scientist and in August 1978, following a Department management review, he assumed full administrative responsibility for the Department's biomedical, health and personal social services research (HPSS) and social security research programmes, while retaining an advisory role in relation to the research programmes for NHS Computers, Supplies, Building and The Office of the Chief Scientist (OCS) was then re-Engineering. organized to provide the Chief Scientist with more effective support. The previous administrative and medical branches of research management were brought within OCS; and the SWS and nursing research staff, while remaining accountable to their own professional heads, became answerable to the Chief Scientist for that part of their work concerning In this way, 'professional' research managers were brought research. into the OCS structure.

At present there are 5 medical professionals, each having liaison responsibilities for approximately 6 health services research units, plus 'singly funded' projects in designated areas. The senior medical professional also has liaison responsibilities in relation to Small Grants Committee projects, while the other four have 'lead' (or jointlead) responsibilities in relation to particular RLGs. These are respectively, i) Reproduction and Allied Services RLG, and Child Health aspects of Children's RLG; ii) Physical Handicap RLG and (jointly) Homelessness and Addictions RLG; iii) joint Elderly RLG; and iv) Forensic Psychiatry RLG and Mental Illness RLG.

In addition to these medical professionals there are, within OCS, three SWS and three nursing professionals having lead and liaison responsibilities. The nurses each have designated lead and liaison responsibilities within the research programmes of the Nursing RLG and its sub-groups, and also perform the liaison role for projects in extra-RLG areas with a nursing interest (e.g. projects funded through the Nursing Fellowship Scheme and Small Grants Committee. midwifery and nursing aspects of health care and hospital organization). The three SWS officers, meanwhile, each have lead responsibilities: respectively for, i) Children's RLG (jointly held), ii) Mental Handicap RLG and Local Authority Social Services RLG; and iii) Elderly RLG and Homelessness and Addictions RLG (both jointly). A fourth, and the most senior SWS officer in OCS, vacated his post in mid 1979 and has not been replaced. In consequence, his liaison responsibilities have been distributed amongst his three colleagues, and they now all have liaison responsibilities for extra-RLG projects, in addition to their RLG lead briefs.

While these three professional groups have been brought together under the Chief Scientist to perform their various roles within the OCS structure, they nevertheless retain both accountability to their respective professional heads, and identification with their professional groups. As such their identities within the Department are to some extent ambiguous; lying both with OCS and their particular professional

Each OCS liaison officer thus has to balance his or her own group. identification with OCS on the one hand, and a professional group on the other. Meanwhile, there exists a degree of conflict of interest between the professional groups, which led one lead officer to describe OCS as "somewhat like Yugoslavia". The origins of this situation have roots in the history of research management at DHSS, in which one witnesses, throughout the 1970's, an increase in the relative size (cost, number of projects, etc.) of the SWS and nursing elements of the research programme, balanced against a relative decline in the areas of health services research falling within the medical professionals' range of responsibilities. Having this historical dimension, it would seem that those professionals recruited from outside the Department, subsequent to the date when the professional groups were brought within OCS, are subject to less conflict of identification than those who had research responsibilities within the professional groups prior to these organizational developments. Such 'new recruits' are in the majority within the SWS group, but are minorities on the medical and nursing side. Nevertheless, no-one cited 'conflict' between the interests of the professional groups as a major source of difficulty in the conduct of lead and liaison duties, and a member of the medical group summed up the situation thus:

> "When you get many disciplines involved in projects then you run into big problems both in the outside world and inside [the Department]. I think our relationship with the nurses and the social scientists depends upon individual people, and I think that on the whole we're developing a reasonable relationship. I don't think that anyone's trying to grab everything into his empire."

In this way the eleven lead and liaison officers operate within their three professional groups under the Chief Scientist. All but two of these officers were interviewed. In the case of one exclusion, responses were given on her behalf by her immediate superior, who

claimed to have supervised her work closely (in addition to having liaison responsibilities of her own). In the other case, the medical officer in question had too recently taken up her post to justify an interview; she had insufficient experiences of the receipt of final reports to draw upon. Instead, an interview was conducted with the officer who had previously held her post (and responsibilities).

The OCS professionals perform the liaison function for the majority, but not all, of the Department's externally funded research programme. For administrative guidelines dictate that when "research is of a specialist nature and that particular expertise is not found within OCS or the associated Nursing or SWS research staff, an officer from some other division may be appointed".³ Eleven such non-OCS liaison officers were identified: two in the Economic Advisers Office (EAO), two in Catering and Dietetics (C & D), one in the Works Group, three in the Welsh Office, and three medical officers with specialist interests outside those covered by OCS staff. All but one of these were interviewed (she having left the Department). In addition, two officers who had been involved in research liaison during earlier periods were interviewed. Through these latter interviews, a perspective was obtained on how 'liaison' responsibilities and practices had evolved throughout the 1970's. It had been hoped that one further ex-research liaison officer would be interviewed, but this proved impossible owing to his other commitments. Thus, of an original list of 26 potential respondents, one was excluded as a consequence of her too recently having taken office. This left a total of twenty-five potential interviews, with responses successfully elicited from 22 and on behalf of a further one.

4.2) The interviews

The interviews were conducted throughout the first two months of 1980, using a cassette tape recorder and a relatively unstructured interview schedule (see Appendix 3) as a guide. This method was chosen in view of the size of the sample and the anticipated nonhomogeneity in types of accounts respondents would offer: in view of this anticipated non-homogeneity it was felt that respondents ought to be as free as possible to give accounts within their own frameworks.

The aim of the interviews was, firstly, to obtain descriptions of the practices liaison officers normally adopt for the handling of final reports of research, and, secondly, to determine how these practices wary with circumstances. Liaison officers' views were also sought on wider issues of research presentation, evaluation, consideration and dissemination. The actual questions fell into three groups: i) the practices respondents normally invoke for handling final reports of research; ii) how they handled the last report they received; and iii) general questions concerning respondents' perceptions of the respective responsibilities and performance of researchers and the Department, in the dissemination of research in which Questions were asked, where possible, in the order/they findings. appear on the schedule, but respondents were encouraged to comment and illustrate by example, so long as these deviations remained This sometimes led to a necessary re-ordering of questions relevant. during the interview, to accommodate the development of a coherent In some cases the nature of respondents' accounts made account. a major re-ordering of questions a procedural imperative, for the order and structure did not correspond with respondents' practices This was typically the case for non-OCS liaison and perceptions. officers, who preferred to describe their practices on a project-byproject basis, with explanations relating each of their actions to specific circumstances or considerations.

4.3) The responsibilities of lead/liaison officers for managing the receipt of final reports

A general account of the responsibilities of lead and liaison officers has been given in Chapter 1. Their more specific responsibilities in relation to the reception of final reports are listed in the Research Management Guidance Manual as being:

> "to prompt researchers to submit their final reports by the due date; circulate and obtain scientific comment upon such reports; arrange for adequate discussion and follow through with policy makers on dissemination and feed-back to the researchers on what has happened; and to obtain departmental comments on draft publications submitted by researchers (bearing in mind that a response within 28 days is required). It may be convenient to seek the help of administrative colleagues in these tasks, but any letters conveying comments to the researcher should be signed by the liaison officer.

to draw to the attention of the customer (and where appropriate, the Chief Scientist) any service implications or matters of interest to the Department."⁴

The same document instructs that the non-OCS liaison officer "is expected to comply with the same practices and principles as his therefore counterparts in OCS". The above guidelines can/be understood to be applicable to all the liaison officers interviewed. Additional written guidance exists, however, for liaison officers who have lead responsibilities in relation to RLGs, for "the functions of RLGs fall under two main heads, i) to define the requirements for, and objectives of R & D within their area of interest and to promote R & D to meet these objectives, and ii) to receive reports of work under commission, and to arrange for the assessment, development and assimilation of results".⁵ The performance of RLGs in relation to the second of these responsibilities is analyzed in the next chapter

4. Ibid.

(Chapter 5), and an internal document suggesting guidelines for this activity is included as Appendix 1. It will be seen from this document that a lead officer's responsibilities in relation to the consideration of final reports by RLGs are of two types: firstly, feeding reports into the RLG, and, secondly, giving feedback on RLG discussions to researchers. Actions taken in pursuit of the second of these responsibilities are discussed in the following two chapters. In this chapter, the practices lead officers adopt so as to satisfy the first responsibility will be examined. Before doing so, however, the guidelines covering recommended practices for the execution of these responsibilities are worthy of quotation:

> "Whenever a final research report is received in response to an RLG commission, it is proposed that the Research Management Lead Officer (in agreement with the RLG Secretary) should send one copy of the full report to a selected Scientific Adviser, with a request to act as scientific rapporteur, and another copy to a selected administrator or professional in the Client group, who would be asked to comment on the policy/service implications of the research. It would be open to each of these recipients of the full report, at this stage, either to seek more specialist advice on its technical aspects, or to advise that the report was defective in some respects and thus unsuitable for consideration by the RLG until these deficiencies have been made good. Otherwise, it is assumed that the research report will be tabled for consideration at the next convenient meeting of the RLG, and copies of the researcher's own summary . . . together with any written comments by the scientific rapporteur and the policy adviser, will be circulated to all RLG members."

> > [Appendix 1 - underlining is in the original]

In examining the actual practices of lead and liaison officers, these guidelines can be used as a yardstick, without suggesting that they are necessarily correct and appropriate for any or all cases.

4.4) Liaison officers' practices

4.41) The practices of OCS lead/liaison officers

The OCS officers perform the liaison role for the majority of HPSS projects, and of the 5 medical, 3 nursing and 3 SWS professionals, only one does not also have RLG lead responsibilities. The practices they adopt on receipt of final reports are therefore of central importance.

4.411) The securement of evaluation: RIG projects

Lead officers always send the final reports of projects commissioned by their RLGs to scientific assessors, but differences exist in the number of 'referees' they normally choose to consult. and the considerations they bring to bear in their selection. The nursing lead officers, for example, normally select two assessors, but sometimes opt for one or three, depending on the number of areas of specialization requiring evaluation. Each of the nursing officers chose RLG advisers as assessors if they had the specialized competence, but in a majority of cases found it necessary to 'go outside'. One of the officers felt that the selection of external assessors was, in any case, preferable, commenting, "If the most knowledgeable person was on the committee, then I would choose them, but if it's equal, I would prefer an external". [Why?] "It's important to get as wide a span of comment as possible. If you use, as a matter of course, people who are already involved in the Department, it can get a bit incestuous_"6

The SWS lead officers' practices are similar, but their expressed and implicit preferences with respect to the choice of assessors are somewhat different. For they each, as normal practice, fed reports into the RLGs and their scientific advisers, and only went to external

^{6.} For an examination of the influence of shared membership of social groups on patterns of scientific evaluation, see Gordon (1980).

assessors when difficulties arose with the evaluation of reports which were 'off centre'. One lead officer described his practices thus: "If the report's in an RLG area, I push it straight into the RLG process that's to say I put it immediately to the Secretary of the RLG who'd be responsible for pushing it around, and at the same time I would send it to one or two of the advisers of the RLG and they would be asked specifically to address themselves to problems of assessment." The RLG's advisers are thus used by the SWS officer as part of the accepted RLG procedural mechanics. A SWS colleague, meanwhile, expressed a clear preference for the use of RLG advisers, explaining that they were "more accustomed to RLG procedure and expectations", and thus "performed better".

The use of (normally two) RLG advisers as scientific assessors for final reports was also presented as a matter of normal practice by medical lead officers, again with the qualification that if no RLG adviser could be found with the necessary specialist expertise, then an external referee would be consulted. For most of the medical lead officers this was a relatively rare occurrence. However, for one of them, an important factor in the choice of assessors was the size of If a report was small he sent it to all the RLG advisers. a report. inviting written comments and asking the one with the most expertise in the subject matter of the report to lead its scientific discussion in the RIG. He would only go to external referees for small reports very infrequently, and then only when he felt that specialist evaluation, beyond the scope of RLG advisers' expertise, was absolutely necessary. For large reports, however, he was able to offer a scientific assessor's fee and was thus more willing to go to an external referee (having first clarified that he required an evaluation solely of scientific validity, and established a willingness on the assessor's part to work to this brief). When this lead officer received an assessor's report, he

would send it back to the researcher and then present it for discussion, with the researcher's response, to the full RLG. Prior to these RLG discussions, RLG advisers were advised that the full report was available if they wished to see it, and were sent a summary of the report, the assessor's evaluations and the researcher's response. Asked whether he was generally satisfied with the assessors he consulted, the lead officer replied, "Yes, they're generally very good. And comments are generally better from external referees. Advisers are in the system and thus less dissociated from RLG discussions and assumptions. Often [RLG] advisers have vetted a protocol and made an input to methodology. Hence they'd be vetting their own ideas. Therefore outsiders have strengths in relation to judging 'science'. Of course they're less able to talk about policy - being further from its development - but then it's science we want them to evaluate."

If, therefore, one takes an overview of the practices adopted by lead officers for the scientific evaluation of final reports, one finds acceptance of the need to consult scientific assessors, but variations in the actual practices adopted.

The practices lead officers adopt for obtaining evaluation of policy implications also vary. For rather than sending a report "to a selected administrator or professional in the client group, who would be asked to comment on the policy/service implications of the research" (as suggested by Toulmin), lead officers tend to send reports to "the customers" (i.e. the group or groups within the Department having primary policy interest); in so doing sending copies of the report both for information and for comment.

Nursing lead officers' normal practices are firstly, to secure scientific evaluations, and then to summarize the main points and send them with copies of reports to the customers, with invitations for their comments. The lead officers hope to receive customer comment prior to RLG discussions, but the customers do not always respond with the necessary timeliness.

SWS lead officers, in contrast, go to their customers at an earlier stage. Only one sought scientific assessment prior to sending reports to customers, and then only "if there was time" (frequently she found that there was not). The other two SWS officers went straight to their customers when final reports arrived. They emphasized that the customers often met researchers during the conduct of projects, and read interim reports: they were thus aware of many of the findings of research prior to the submission of final reports. Further, one lead officer emphasized the need for Departmental consideration of the 'product' of research projects, prior to report submission. He explained:

> "If you've got a three year project, you're encouraging the researcher to write up his ideas Specifically, at some as he's generating them. stage prior to the end of the project you're going to him and saying how are we going to organize the end game here . . . You're looking at the problem of the presentation of final report to the Department, and associated with that, the presentation of the thing to the academic world. Generally I think it's helpful to have a very specific inter-change at some stage before the researcher commits his last words to paper, and to have some exchange with the customer group, so that everyone gets to know what's the issue. Often the customers who'd originally agreed to the contract have changed jobs and another group of individuals have taken over the files but haven't met the researcher, so it can sometimes be useful to have the researcher in the Department to say this is what we've done and so on. You have to be careful with that as sometimes the researcher has changed from what he intended to do as a consequence of field work difficulties, and customers don't like it at that late stage when they discover what's happened. There are lots of tricky issues but what you're trying to do throughout the closing months of a project is to prepare the Department to receive the report, make sure the researchers are hitting their deadlines and that they're aware of what it is they've got to address in order to meet the terms of the original contract, and make them aware of the latest nuances of fluctuation in Department policy."

Differences thus exist between the practices of the nurses on the one hand and SWS officers on the other. The modus operandi of the medical lead officers do not align them, collectively, with either professional group. For their practices reflect somewhat individualistic approaches to the securement of policy evaluation. For at one end of a spectrum of practices a medical lead officer reported that he would normally send a 'courtesy title' to, for example, the Chairman and/or Secretary of the RLG for which he has responsibilities, but he would "go through the scientific hurdle before sending it beyond", ensuring, meanwhile, that customers had time to consider reports prior to their discussion at RLG meetings. At the other end of the spectrum a colleague described how she would go straight to her customers with final reports, leaving RLG scientific advisers to receive copies in due course, when sufficient numbers were made available in readiness for discussion of the report at an RLG sub-group meeting. The two other medical lead officers' practices lay between these two positions. One described how he would put a copy of a report on a file and send it for circulation to customer divisions, while simultaneously sending copies of reports out for scientific evaluation. He would then add scientific assessors' comments to the file when they came in. The final medical lead officer, meanwhile, claimed that the sequence in which she sent full reports to customers and scientific assessors respectively varied in accord with circumstances; but that both would be done within a period of about two weeks. This lead officer had also recently begun to use RLG field service advisers as assessors of the policy and service implications of research.

It must be emphasized that the above is not an exhaustive account of the practices adopted by lead officers for the securement of evaluation of research. Firstly, it excludes the role of RLG discussions and the 'pooling' of opinion, and secondly it deals with projects

clustering around 'the norm', rather than with exceptions. Typical such exceptions would be very large projects involving teams with a variety of specialisms, and perhaps jointly funded by the Department and other bodies. Such projects produce reports and working papers periodically and may continue beyond the date of submission of final report, or reports, to the Department. Researchers may therefore view the submission of such reports as somewhat arbitrarily timed in relation to a continuing programme of research, and the work may appear to Department officials as open-ended, diverse in nature and difficult to focus into policy relevant conclusions. Under such circumstances ad hoc arrangements are sometimes devised, typically involving the circulation of documents to interested parties and subsequent discussion in RLG sub-groups, specialist committees or ad hoc meetings. In such cases, researchers are normally invited to attend for at least a part of the discussions.

While these exceptions exist, one can, nevertheless, draw certain generalizations from the practices described by lead officers for the handling of final reports clustering around 'the norm'. Firstly, it can be seen that lead officers' practices vary both within and between professional groups. Thus one finds a contrast between the nursing and SWS officers in terms of the preferences of the former group for using 'external' scientific assessors, and the practices of the latter group who, as a matter of course, use the RLG's scientific advisers - they being part of 'the process' (see section 4.412). The two professional groups also differ in respect of their expressed preferences with respect to sequence; the nursing lead officers seeking, when possible, scientific evaluation prior to customer consideration, while the SWS professionals seek the fullest customer involvement in the consideration of products of research at the earliest possible moment. The medical lead officers contrast with the other two professional groups in terms of the far greater extent to which there is variation between the practices of individuals within the group. One of the consequences of this is that where joint RLG lead is held by a medical and SWS professional, in one case the two officers' practices are very similar (Elderly) while in the other they are significantly different (Children).

If the various practices described by lead officers (for the securement of evaluation) are compared to those recommended in the Toulmin memorandum, one finds an acceptance, in principle, of the necessary functions which Toulmin identified. It should be noted. however, that this separation of functions cannot be considered unproblematic. For there are clearly difficulties in isolating 'scientific merit' and 'policy relevance' as discrete dimensions for the evaluation of HPSS research.⁷ While lead officers gave no explicit recognition to these difficulties, their practices nevertheless displayed varying degrees of deviation from the Toulmin recommen-There is some deviation in respect of the securement of dations. scientific evaluation; most notably in terms of the numbers of scientific evaluators used, and the need found (and, in some cases, preference expressed) for the use of external referees. The most significant and consistent deviation from the Toulmin guidelines is, however, reflected in the strategies adopted for the securement of policy evaluation. For the Toulmin guidelines recommend that "lead officers should send one copy of the full report . . . to a selected administrator or professional in the client group who would be asked to comment on the policy/service implications of the research, and that he or she would then supply written comments in time for

7. This difficulty is discussed in Henkel and Kogan (1981).

circulation to RLG members, prior to the meeting at which discussion of the report is tabled." In contrast to this directive. lead officers, when asked how they secured evaluation of policy/service implications, said that they sent copies of reports for circulation (sometimes in project files) to 'customers' or 'client teams', with an accompanying invitation for comments to be either added to the file or returned to the lead officer. The outcome of these practices appears to have been relatively poor in terms of the timeliness, quality and quantity of written feedback which lead officers are able to secure. Circulating files were often found not to have returned by the time of RLG meetings, and few detailed sets of comments were forthcoming directly from recipients. It was thus often left to customer representatives to present customer evaluations within the RLG meetings, with no prior circulation of written comments to RLG members.

In contrast to the general satisfaction expressed by liaison officers in relation to the written scientific evaluations they were able to secure, some lead officers expressed disappointment at the paucity of written policy/service evaluation that was forthcoming. Clearly, senior researchers are more accustomed to performing evaluation of reports of research than are policy makers, and they have a higher level of professional commitment toward it. It may be generally true that detailed evaluation of research reports is normally given lower priority by administrators than researchers. If, therefore, detailed written comments on the policy/service implications of research are required, it would seem that the responsibility for the production of such comments would have to be clearly focussed; as, for example, in the manner recommended by Toulmin and infrequently practised by lead officers. (An account of why Toulmin's recommendations are not followed is given in 4.412 below.)

4.412) Tabling reports for discussion in RLGs

Lead officers of each professional group claimed that they had a major influence in the setting of RLG agenda, and that they used this influence to ensure that all final reports of completed RLG research were tabled for discussion. The descriptions offered by lead officers of the ways in which RLG agenda are drawn up and reports thus tabled for discussion, varied to some extent. The general situation was described by one lead officer:

> "The RLG is a process as well as a meeting, it's a group of actions that take place, and it's clear to my mind that it's OCS that's in the lead, even if the Chair position is held by the policy division. Dealing with the meeting first: throughout the period prior to a meeting, papers will be coming in - either the customer or the lead management group can put items onto the There's a Principal of the policy agenda. division (who's actually the Secretary of the RLG), and his responsibility is to act as Secretary working to the Chairman, but he or she would be ill-advised to move ahead without consultation with the OCS. The OCS could put any item on the agenda of the RLG that it wanted to, or prevent any item going onto the agenda that it wanted to, as could the policy group. That's not quite true actually; I think the policy group might find it very difficult to object to, for instance, the OCS wanting to put an item on the agenda that was concerned with say the assessment of a piece of research.

Now the process which is rather more complex than that, across time. Anything can become part of the process, any of the actors defined as relevant. The OCS has got the main responsibility there because a significant portion of one's job is to make all that machinery work, whereas the other people have got other jobs and this is something that's there to help them to do their own job."

Placing this account alongside those of the methods adopted by lead officers to secure evaluations of the policy implications of research, a perspective is obtained on why there is an observable deviation in practice from the Toulmin guidelines. For implicit within the guidelines is a static and rather rigid model of the passage of final reports to and 'through' individuals who work in clearly demarcated organizational structures (OCS professionals, OCS administrators, customer divisions, etc.). Within the model implicit in Toulmin, communication between individuals (including the relay of reports and the return of evaluations) are viewed as discrete formalized acts; taking place either as verbal exchanges within RIG meetings (and duly recorded in RLG minutes) or as interdivisional document transfers. The model underlying the comments of lead officers appears, in contrast, far less ordered and formalized. Communication exchanges outside RLG meetings are formalized to the extent that participants accept the need for satisfaction of such procedural minima as ensuring that representatives of each of the key groups receive at least one copy of each final report. Beyond this, however, both verbal and paper-based exchanges take place in accord with determinations by actors in each group of the importance to be attributed to an incoming report, and perceptions of problems posed in its consideration. Through working together in this process, procedural conventions are adapted to the immediate demands of subjectively defined circumstance. And in addition, formal professional relationships develop a personal dimension. Thus, key members of each of the relevant groups become increasingly familiar with one another's practices, preferences and concerns; and so organizational boundaries between groups present less of an inhibiting effect on communication than appears to be assumed in Toulmin's model.

More particularly, it is apparent that the various ordered communication acts identified by Toulmin as 'necessary' have been substituted by a larger number of less formalized communication acts with overlapping purposes. This finds expression firstly, in the close working relationships which have developed between some lead officers and customer representatives, and secondly in the fusion of, on the one hand, the circulation of reports within customer divisions 'for information', and on the other, the process whereby evaluations of the policy implications of reports are sought (for discussion within RLG meetings and relay to researchers as feedback).

The time sequence of exchanges between lead officers and customer representatives appears highly variable, and dependent most notably on the speed and nature of customers' responses. Actual RLG discussion of a report can therefore take place at various moments within the sequence, and in consequence, the tabling of reports can sometimes be somewhat ritualistic; either being too premature for the presentation of considered opinions by key actors, or alternatively, long overdue and overtaken by events. The latter case would represent instances in which the RLG 'process' had short circuited the RLG meeting and so obviated its necessity (in relation to the consideration of particular reports). Nevertheless, each of the lead officers claimed that all final reports of research commissioned by RLGs appeared on RLG agenda (see Chapter 5 for analysis of the consideration of reports in RLGs).

Most lead officers had discussions with RLG Chairmen or Secretaries so as to decide whether a report should be placed on an agenda 'for information' or 'for discussion'. An indication of the varying importance attributed by lead officers to discussion of final reports within RLG meetings is illustrated by differences in the way such agenda setting discussions proceeded. For, at one extreme, a medical lead officer explained that he tabled all final reports 'for discussion' as a matter of course, explaining "that's their role". An SWS officer, in contrast, discussed the agenda of each RLG meeting with the RLG Secretary, and they then decided between them whether to table reports for information or discussion; the decision being made in the light of how full the agenda of a forthcoming meeting had already become. Clearly, differences in both levels of consultation, and determinations

of RLG priorities, are implicit in these two approaches. The remaining RLG lead officers' practices are found to lie between these two conventions.

All reports of RLG commissioned research are therefore claimed to appear before RLG meetings either for discussion. or for information. Similar claims were also made by most lead officers for the consideration of reports which arose from research initially funded by the Department in RLGs' areas of interest, but prior to the establishment of RLGs. Nursing and SWS lead officers claimed that they handled such reports in the same way as they did those of RLG commissions, and that they were 'looked at' within the appropriate RLG. Medical lead officers were, however, more selective in terms of what they put before RLGs. One explained that he felt it to be clearly his decision whether or not to table reports of pre-RLG commissioned research for RLG discussion. He would arrive at his decision by talking to administrators and their professional advisers in the appropriate customer divisions. He then explained, "If by accident a report fitted in with RLG priorities we would give it full RLG evaluation. If it didn't fit in with RIG priorities we wouldn't do this, we'd just circulate the report for information to policy makers."

4.413) Small Grants Committee Projects

One designated member of each of the OCS professional groups sits on the SGC and performs liaison functions. The choice of liaison officer for each SGC project is determined by the relative proximity of its content to the interests of each professional group. Occasionally, when there is little clear medical, nursing or SWS interest, a non-OCS liaison officer is chosen who does have a professional concern with relevance to a project's content.

When an SGC application is first received, it is sent for

evaluation to the SGC scientific adviser who has most specialist competence in its content. The scientific adviser then introduces discussion of the application at the next convenient SGC meeting, and following this discussion a project can be funded. When such an SGCfunded project reaches completion, the final report is sent to the advisers who evaluated the original application for funding. The adviser is then responsible for reading and evaluating the report, and presenting it to the Committee who may, or may not, choose to discuss it.

In describing this procedure, the medical OCS liaison officer claimed that his participation in the management of SGC report reception was "virtually nil" and described the subsequent sequence of events thus:

> "There is no immediate attempt to find a customer when a project is funded. When we agree to a project we ask the scientist concerned to pay particular attention to the publishing of his results in a learned journal. We reckon this is one of the best ways of assessing whether we're getting value for money (i.e. it satisfies referees) and our advisers confirm or refute their judgements. If it [i.e. a report] has any particular interest to the Department other than adding to core knowledge, then one of us would indicate to the Secretariat that it might be useful to send it to 'so and so'. Since there isn't a customer interested in the normal way, that doesn't commonly happen with Small No customers sit on Small Grants, but Grants. lists of reports coming in are sent around the Department and people are asked whether they wish to have an interest. If they indicate so then there's close contact between the customer division and the Secretariat from then on. If no customer indicates interest, the report is just noted."

The nursing and SWS liaison officers for SGC projects gave similar accounts of SGC procedure, but indicated that they played a more active role in identifying customers within the Department and sending off copies of reports, rather than leaving this to the SGC Secretariat. The nursing liaison officer described how reports might also be tabled for information at NRLG (or sub-group) meetings,

and how sometimes discussion of such reports would develop. Up to the time of these interviews, there had also been the possibility of bringing an SGC application which had a nursing interest into the NRLG (or appropriate sub-group) programme. At project completion the report would then be given "the full NRLG treatment". The liaison officer felt, however, that there was currently a policy movement against this, and discussion of final reports would therefore have to take place in the SGC, if it was to take place at all.

4.414) Other projects

OCS professionals also act as liaison officers for projects in a variety of areas which are not funded through either the RLGs or the SGC. The majority of such projects fall in the areas of health and hospital services, and are handled by the medical professionals within The officer dealing with the majority of such reports explained ocs. that he normally sent copies to those professionals and administrators within the Department whom he thought would have an interest. He appended a covering note asking them to indicate their views on, for example, whether they would like work continued, whether they would like work slanted in a different direction, etc. At the same time, he would send out copies of reports to external referees. He would normally select two such referees, offer a payment if the report was large, and ask referees to judge reports solely on their scientific The response to this request was generally found to be good; merit. "usually two or three pages of very helpful comment" produced fairly promptly, sometimes arriving before Departmental appraisals of the policy implications of research.

This use of external scientific advisers was not, however, found necessary for all non-RLG, non-SGC final reports, by all the medical liaison officers. One such officer described how: "it would

be a joint decision with customers in non-RLG areas whether to secure scientific evaluation", explaining that "unless there was a special need to go out for scientific opinion I wouldn't necessarily do it. These are fairly clinically orientated [reports] so it probably wouldn't be necessary to seek specialist scientific opinions."

Another large and growing category of reports outside both the RLGs and SGC, are those which are produced by the nursing fellowship scheme; "the objectives [of which] are to provide opportunity for suitably qualified nurses to acquire a thorough educational grounding in research methods and to carry out research on some aspect of nursing for a higher degree".⁸ Twenty-four such degrees had been awarded by March 1979 and a further fifteen theses were being submitted during the year 1979/80.9 When reports of this research were received in the Department by a nursing liaison officer, she did not obtain a scientific critique, feeling that "it is up to the supervisor to ensure scientific standards". As the fellowship scheme is not based on a customer-contractor principle there is not usually a clearly focussed customer interest. However, the liaison officer found that there was always someone who could be identified as having potential customer interest, and she would relay copies of a report to such potential customers, inviting comments, and sometimes putting them in touch with the researcher.

4.415) Circulation of reports within the Department

As described above, customers are sent copies of final reports of research in all categories (RLG, SGC and other) both for considered comment (for research management purposes) and 'for information'.

9. Ibid.

^{8.} Lelean (1980) p. 7.

Following the initial circulation of reports, a more extended circulation is sometimes judged to be necessary. All the present nursing and medical CCS officers take it to be clearly their own responsibility to identify further potential recipients and take appropriate action. This they claim to have done within the limits imposed by practical constraints (most notably time and the cost of producing extra copies). A nursing officer, for example, pointed out that if there are a large number of potential recipients, it is not economical to send individual copies to each person. On occasion she has gone back to the researchers and asked them for more copies, but the researchers have then had difficulty in supplying such further copies as their DHSS funding had run out. In such circumstances the liaison officer has had to circularize copies with an appended note indicating to whom each report should be sent.

The SWS officers, in contrast, do not see the identification of further Departmental recipients for reports as their own responsibility. One claimed that she had never thought of circularizing reports herself, but thought that the administrative division of OCS might do so. A second SWS officer saw responsibility for this task as jointly held by herself, as liaison officer, and the RLG Secretary. The remaining SWS officer explained that "looking at the Department's distribution of business and asking questions like 'where else in the Department is this relevant?', is the responsibility of the Secretary of the RLG. I would want to be sure that he was doing that properly, and if he wasn't I would be active in nudging his elbow." This liaison officer then emphasized the importance of this task in an area such as that covered by LASS, which has responsibility for coordination across the Department.

While SWS lead/liaison officers were thus distinctive in not depicting the responsibility for the identification of Departmental report recipients as their own, they were also distinctive in attributing responsibility for the actual circulation of reports elsewhere. One officer explained that this was a task more suited to the RIG Secretary as he was an administrator, and therefore had a 'support group' under him. He was thus felt to be "better equipped to deal with the paper work".

Reports are distributed within the Department with a variety of different types of accompanying note. Two medical officers have often sent complete project files out as a 'round robin', inviting a list of recipients to add their comments. This practice gave recipients full opportunity to examine the background to projects, the scientific criticism levelled on their findings and the opinions of Department personnel who have received reports prior to themselves. There are. however, some problems with this approach, most notably in that bulky files tend to be demanding on recipients' time, and unless they are designated as requiring high priority consideration, circulation can become very slow. There is also the danger that files might get totally lost. Due partially, at least, to these reasons, the other medical officers normally distribute individual reports with brief background notes.

The majority of nursing and SWS lead/liaison officers also reported that 'individual' copies of reports were distributed (subject to availability and size) with varying amounts of appended information. In some cases such appended information is minimal, and of the form "Please find attached ... for your information", while in other cases, officers attached copies or summaries of evaluators' comments, and/or material providing a context to recipients' consideration of reports. Nursing officers distributed evaluators' reports and sometimes added notes placing reports within the context of other relevant research. With regard to the attachment of such supplementary material, a nursing

officer commented that, "this would be an ideal, but we don't have time to do it properly".

The practices of SWS lead/liaison officers, in contrast, vary from one to another. As described above, one officer did not circularize or distribute reports at all, while a second collaborated with the RLG Secretary in performing this task. The third SWS officer assumed a more active role in the distribution of reports and added her own comments whenever possible. These gave information on the circumstances under which a report was written, and were sometimes "directive", depending on "how strongly ... [she] ... felt". She explained:

> "The Department is a hostile place to research, and the more you can do to inject a kind of positive enthusiasm, the better.... People have little time to read research, and if you do put a view, you can have quite an impact on the way people read [a report]".¹⁰

4.42) The practices of non-OCS liaison officers

4.420) As explained above (section 4.1), when research is of a specialist nature and the particular expertise is not found within OCS, a liaison officer from some other division may be appointed. It will, further, be recalled that, according to the Research Management Guidance Manual, such non-OCS officers are expected to comply with the same practices as their counterparts in OCS.

Eleven non-OCS liaison officers were identified; only eight of whom were actually DHSS officers; the remaining three belonging to the Welsh Office. One of the DHSS officers had left the Department,

^{10.} This has been found in other studies. For example, Rothman (1980) states, "Over and over again respondents pointed out that research findings and recommendations had to be communicated assertively and on a sustained basis within the organization. New understandings and truths set down on paper were no assurance that organizational behavior of any kind would change. Sometimes aggressive advocacy was suggested", pp. 77-79. See also Dunn (1980).

leaving seven available for interview. All were found to be members of professional groups within the Department (two economists, two medicals, two caterers and one architect). Taking each professional group in turn, their accounts of their practices for the management of report reception were as follows.

4.421) Liaison officers in the Economic Adviser's Office

The two economists differed from the rest of the non-OCS liaison officers, in not working within divisions which have responsibility for particular areas of policy or service development. As part of the Economic Adviser's Office (EAO), they are not constituents of the divisions having customer interest in the research project for which they perform liaison duties. They thus have an independent intermediary status, analogous to that of OCS professionals.

One of the EAO liaison officers only had liaison responsibilities in relation to a single project, and felt that he had been asked to carry out these duties as he had personal experience of conducting some related research. He had not yet received the final report from this project, but had received a number of technical papers. These had been distributed to individuals within the Department whom he had identified as having a specialist interest. In effecting this distribution the liaison officer had appended his own opinions to papers and a request for customer comment.

When the final report did come in, it was to be sent to the Social Security Research Policy Committee (SSRPC) as a matter of standard procedure. The liaison officer explained that he would anyway have chosen to submit the report to the SSRPC as it would contain some "very technical mathematical statistics" and there were not people with sufficient specialist expertise within the EAO to evaluate such work. The SSRPC, however, had academic advisers who

could perform such specialist evaluation, and the Committee could also decide to consult an additional 'external' referee if this appeared necessary. Once the report had been considered by the SSRPC, the liaison officer then expected to distribute a summary of the major findings to relevant policy branches within DHSS. In addition, he might circulate some copies of the full report, if it were not too long.

The other liaison officer in the EAO had had responsibility for four projects, only one of which had produced a final report. This report had had implications for policy in an RLG area and had been 'processed' within that RLG, under the guidance of its lead officer. The customers had been involved in this project at all stages of its development. At its conclusion, its findings were, it was claimed, brought to the attention of all those in the Department having customer interest.

Two of the other projects had not had similar exposure, as it had been felt that they were deficient in quality. In one case statisticians in the Central Statistical Office had given unfavourable evaluations: in the other, economists in the EAO had recommended that the researchers should rework their material before it was given further Departmental consideration. The remaining project had been brought to the attention of a clearly identified customer group. The findings of this research were currently being viewed within the context of other relevant work, as discussion of the topic had been independently initiated within the Department, shortly prior to the receipt of the final report. Other customers were also being brought in to think about the need for further research.

4.422) Non-OCS medical liaison officers

Two non-OCS medical professionals had liaison responsibilities.

The first had taken on these responsibilities when working in research management, but had since transferred to a senior position in a medical division concerned with policy development. The area of policy concern of this division corresponded to the customer interest of the projects for which he performed liaison duties. He therefore continued to perform these duties through to each of the project's completion.

At completion, the officer assisted the researchers in the reworking of their draft reports into final versions, which in each case were eventually published as full monographs. In the case of one project, sufficient expertise was felt to exist within the division to preclude the need for external evaluation. In the other, it was intended that a copy of the book should be sent, for comment, to the referees who had originally approved the protocol. It was, however, felt that their evaluations were, to some extent, superfluous. For, firstly, opinions within the division would have long before been formed on the basis of a pre-published type-script; and, secondly, these referees would probably be asked to review the book for the relevant journals, and their assessment of the value of the work would then be seen. In the case of both projects, pre-published typescripts had been circulated within the division, with comments of the liaison officer and some of his colleagues appended.

The other non-OCS medical liaison officer has liaison responsibilities as a far larger component of her overall workload. She is Secretary of the Committee on Medical Aspects of Food Policy (COMAFP) and liaison officer for all research which has a bearing on nutrition. Such research falls into a number of categories; including direct COMAFP commissions, SGC-funded projects, 'in-house' studies, OPCS surveys and spontaneous applications for research money beyond the limit imposed by the SGC brief.

At their completion, projects in each of these categories are fed either directly into COMAFP, or indirectly via a relevant specialist sub-committee. These sub-committees are set up under the chairmanship of a COMAFP member, when the main parent committee recognizes a problem area in the relationship between nutrition and health. The brief of each sub-committee is to produce a report, analyze the available (or obtainable) scientific evidence on a given problem, and on this basis to make recommendations to the Department on the advisability of possible policy formulation.

The Chairmen of the specialist sub-committees present their reports to COMAFP. Occasionally revisions are made in the light of COMAFP discussions, and then reports are made widely available both within and outside the Department, through Grey Book Publications (see section 7.6). Those divisions which most frequently represent the customers for nutritional research do not, however, have to wait until a Grey Book is produced. For they can find out about relevant research through having representation on COMAFP. Their attention will thus be brought both to reprints of relevant research papers and unpublished reports arising out of major commissions. 'In-house' studies are also received, evaluated and discussed within COMAFP, and then published in the Grey Book series.

The findings of Small Grants research are, however, handled rather differently. For SGC projects, reprints of papers published in scientific journals are accepted in lieu of final reports, since it is felt that they cover all the necessary aspects of the conduct and outcome of research. Such papers would not necessarily be put before COMAFP, but would be used by a specialist sub-committee if they fell in its area of concern. It was explained that the specialist members of the sub-committees would often recognize areas in need of research, through sub-committee discussions, and so would prepare

protocols for (non-preferential) consideration by the SGC. In consequence, the products of SGC-funded research often fall within specialist sub-committee areas of interest, and so find their way into sub-committee reports.

4.423) Liaison officers in Works Group

The Works Group have their own financial allocation for research. They use this to commission studies when they feel that a particular aspect of architectural design needs to be examined. Approval for the funding of such projects comes solely from within the Works At the time of commissioning, it is made clear to the Division. researchers that the Department will probably want to publish a report when a project reaches completion (though no binding undertaking is During the conduct of the research, regular meetings are held made). between researchers and members of the Works Group, headed by a senior architect who acts as liaison officer. This officer described the purpose of this close liaison to be "to get the brief over and so get what the Department wants in the end". Final reports are thus written in consultation with the Works Group, and to an agreed brief. These reports have 'exceptionally' been sent for evaluation to a non-Departmental expert, but this is not the rule, and no panel or committee has been set up to assist the 'scientific' evaluation of research. However, reports are circulated to a variety of people within the Department, with requests for comments, especially in relation to implications for policy development and service delivery. A circulation list is compiled for each report so as to include both those involved in Works (e.g. Chief Works Officer, Chief Architect) and Department personnel with responsibilities in relevant areas of HPSS. (The liaison officer has contacts within these latter groups who assist in the identification of potential report recipients.) In all, the

number of such recipients of reports may go well into double figures, but the response has been found to be disappointing. The liaison officer explained:

> "We hope to get feedback but it's generally pretty slow - whether it's the way we produce the reports or it's just that people are too busy to read them - I wouldn't know. Perhaps it's the covering letters."

As well as finding the feedback from HPSS personnel disappointing at this level of individual response, the liaison officer also expressed dissatisfaction with more general attitudes toward the consideration of architectural research, on the part of those involved in HPSS policy development. He explained:

> "I don't have as much contact as I would personally like - for two reasons. Firstly, the work we're involved in - architecture etc. - there's a tendency to leave it to the last bit of thinking. In the last 2 or 3 years I've not sat on any RLG, and I would only attend if a piece of Work's work went to service division and they invited me to discuss the work with the RLG. There's a tendency for service development people in, for example, LASS, Mental Handicap, Mental Illness, Forensic Psychiatry and possibly Children, with their medical, nursing and social service input, to think about us as out on a limb in some way. For example the Mental Handicap White Paper Review Team only consulted us at the end on specific topics of building, while we could offer a lot to the general discussion. We should have the Works input at an earlier stage."

Based on this account, it would appear that Works research is given wide circulation within the Department, but receives comparatively little consideration outside of Works Division.

4.424) Liaison officers in Catering and Dietetics

Catering and Dietetics (C & D) are a small group giving the Department advice on C & D aspects of its responsibilities. As part of this work they encourage research, which is usually funded through the Hospital Services budget allocation. Until recently, this research has been carried out almost exclusively in a single specialist Catering Research Unit.

The products of the Unit's research enter the Department in any of three ways. Firstly, annual meetings are held to discuss the Unit's work: the Unit Director is present along with interested parties from within the Department. Secondly, the Unit sends in reprints, laboratory reports and other research reports presenting data at various levels of These are then kept on file by liaison officers; for refinement. their own reference use, and as an information resource to be used when responding to any queries which may emanate from within the Department. When the liaison officers, assisted by their files, are unable to respond to a query, they invoke the third channel of assimilation, which is to approach the Unit's Director and ask for his informed By the date of interview, no complete final reports had opinion. been received from the Unit and none of the preliminary reports which had been received, had been subjected to scientific evaluation. A liaison officer explained "it's not that type of research".

One final report had, however, been received in C & D: this arose from a project which had not been funded in the Unit. The project was conducted in conjunction with an RHA, and the report was considered by an ad hoc committee containing representatives from C & D, OCS (A), Hospital Services (DHSS) and the RHA. No external scientific assessors were consulted, but the comments of committee members were pooled as a basis for deciding whether the report should be published and the extent to which it should be distributed within the NHS.

4.425) Reports received in the Welsh Office

A senior medical officer heads the management of research in the Welsh Office, but there are currently no liaison officers within any independent Welsh Office research management or OCS structure. Rather, liaison officers are selected for each project from amongst the professional members of the divisions having a customer interest.

They have responsibility for liaising between the researcher and customer interests (in the usual way) and, in addition, report to the Welsh Office Research Strategy Group; a committee which meets to determine priorities for the Welsh Office vote of DESS research funds. The liaison officers appear to retain a customer, rather than research management, identity. This can be attributed to their formal divisional affiliations, the low research component of their occupational responsibilities and their high 'turnover' rate. A consequence of this situation is that the practices which liaison officers adopt on receipt of final reports are ad hoc, and not characterized by any uniformity beyond that of circulation of reports within the Welsh Office customer groups to which they belong.

A departure from these arrangements was, however, embarked upon, in 1976. A SWS officer was appointed, specifically to carry out liaison duties in relation to a group of eight projects, all of which fell in RLGs' areas of interest. He saw each of these projects through to completion in the following three years, and was thus able to offer a general description of the management of reception of final reports in these areas.

Each of the final reports he received were effectively given "the full RLG treatment". Scientific evaluation was carried out by passing copies of reports to the Lead Officer of the appropriate RLG. In so doing, all responsibility for the securing of scientific evaluation was also transferred. Responsibility for the consideration of policy implications was not similarly passed. Prior to 1978, DHSS officials had played a major role in the consideration of the implications of Welsh Office research. But in April of that year an agreement was reached between DHSS and the Welsh Office to the effect that all policy audit for research initiated in Wales would fall to the Welsh Office. Thus the liaison officer circulated reports to all

those in the Welsh Office with a customer interest (both professionals and administrators), and appended a sheet posing such questions as: "i) What are the implications for practice and policy? ii) What are the things to feed back to the researcher? iii) What are the implications for further commissioning work in this area?". While doing this, further copies might be circulated 'for information' to additional groups both within the Welsh Office, and, with the assistance of an RLG lead officer, the equivalent customer divisions of DHSS. A short note would be added to these copies, explaining the background and scope of the studies and advising that scientific evaluations would follow once the report had undergone RLG discussion. All the reports he handled were presented for RLG consideration, six of these being tabled for discussion at a meeting of the MERLG held in Cardiff, in July 1978. (This was the one time an RLG met outside London.)

4.5) Structure and Process in the management of report consideration

It has been found that lead officers within CCS always send the final reports of RLG research to scientific assessors, but differ in respect of the number of assessors they use and their mode of selection. Practices adopted for obtaining policy evaluation also vary, as does the sequence in which scientific and policy evaluation is obtained. This variety of practices adopted for securing evaluation of final reports leads to considerable deviation from recommended procedural guidelines. It has been argued that this deviation results from the guidelines being based on an inappropriate model of social interaction: a model which places communication within the context of social structure, while omitting recognition of the role of social 'process'. While previous studies have shown that it is crucial for structural variables to be considered in establishing mechanisms for the assimilation of research findings within organizations,¹¹ it is clear that they should not be considered in isolation from 'process' variables. As stated by Rothman: "Structure and process, like anatomy and physiology, should be holistically related and integrated."¹²

In his analysis of the utilization of research in British Social Service Departments, Rothman found many structural factors crucial to the determination of levels of usage: for example structured access of researchers to "top planning functions", the existence of generally effective communication channels within the organization and the existence of specific linkage mechanisms (development officers; development panels with membership cutting across divisions; and Research Liaison Groups). Rothman then noted that:

> "Linkage requires a connecting of research tasks and operational tasks, of research personnel and operational personnel. Structural linkage ... is one way of accomplishing this. In and of itself, however, structure may be sterile and static if not articulated with appropriate implemental processes. Process involved the intermingling of the dual set of tasks and persons in collaborative sequences of action. These sequences of action are the arena in which the research-and-operations amalgam is worked through and consummated."¹³

In examining an organization's assimilation of externally funded research as 'process', one must, of course, recognize the importance of events taking place prior to the submission of a research report: the involvement of personnel within the organization in defining research problems,¹⁴ 'on-going' consultation between the organization and the

- 11. See, for example, Kogan (1963).
- 12. Rothman, op. cit., p. 34.
- 13. Ibid., p. 68.

14. Ibid., pp. 69-72. See also Cherns (1979), pp. 168-171.

researchers throughout the project.¹⁵ and, what one lead officer described as "the organization of the end game". The focus of this chapter is, however, on the management of report reception within the Department, and here key elements in the 'process' appear to be problematic. For while all reports are sent to their primary customers (i.e. the relevant policy division), the processes through which further potential Departmental audiences are identified, and the ways in which additional copies of reports are distributed, both appear to be ill-defined. In consequence, the practices adopted for the identification of Departmental audiences beyond the primary customers are variable and, to some extent, idiosyncratic. Even when audiences have been identified, the manner of distributing reports is equally variable, and reports are often circulated without any accompanying comments on policy interest or scientific merit.

While there exist these variabilities and inadequacies in the circulation of final reports, it should be noted that the circulation of such reports does not normally constitute an optimum means for effecting the assimilation of research findings across large highly structured organizations. For clearly, individuals and groups within a large organization have different concerns, information needs, professional values, time pressures and attitudes toward research, and these factors will influence their response to the receipt of any given set of research findings.¹⁶ A necessary part of the management of report reception is, therefore, the 'tailoring' of research findings (i.e. the selection of aspects, issues etc.) and their 'packaging' (i.e. the choice of verbal or written presentation, style, format,

^{15.} See Cherns, op. cit., pp. 168-176; Chester and Flanders (1967); and Rich (1975).

^{16.} See Rothman (op. cit.), pp. 76-77 and discussed in the Introduction of this thesis: see section entitled "Organizational Factors and DHSS".
etc.), in line with the particular needs and orientations of research audiences. This can be most effectively done if these audiences are drawn into the 'process', by being given an opportunity to state and discuss their interest in a piece of research with research managers, and, perhaps, researchers. On the basis of these discussions, the needs and interests of audiences can be negotiated within the context of the potential of research findings. Having been involved in the process, audiences can also be expected to have a greater commitment to the consideration of research findings.¹⁷

Present practices tend to exclude secondary audiences (i.e. Departmental audiences beyond primary customers) from the consideration of completed research, and may well, therefore, frustrate the assimilation of research findings within the Department. For primary customers, meanwhile, part of the 'process' of assimilation has been formalized through the establishment of Research Liaison Groups as structural linkage mechanisms.¹⁸ Their performance is therefore of crucial importance.

17. See US Department of Health, Education and Welfare (1963).

18. Rothman, op. cit., discusses this concept.

CHAPTER 5

THE RESEARCH LIAISON GROUPS · CONSIDERATION OF COMPLETED RESEARCH

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5.0) Introduction

It is clear from the preceding chapter that the RLGs play a major role in the consideration and assimilation of research findings within the Department. An analysis of their performance of this role is, therefore, a necessary component of any account of these processes. Ideally, such an analysis would have drawn upon non-participant observation of RLG meetings, and a series of interviews conducted with key actors within the RLG. Interviews with one sub-group of these actors, OCS lead officers, have been conducted, and their role in feeding reports into the RLG 'process' has already been discussed (Section 4.412). Interviews with other key actors have, however, not been possible, nor has comprehensive observation of meetings. In the absence of data derived from each of these exercises, an analysis has been made of all RLG minutes and committee papers so as to try to reconstruct those aspects of the proceedings of RLG meetings which relate to the consideration of completed research, and the improvement of provision for the dissemination and assimilation of research results. Before proceeding to present the findings of this analysis, however, one must note that, as it is based on descriptions and inferences drawn from RLG minutes and committee papers, there must inevitably be some distortion of the actual RIG proceedings which these records present. While minutes are meant to be neutral, value-free and objective accounts of committee discussions, their composition demands the exercise of discretion on the part of the compiler. This discretion must inevitably reflect the compiler's own concerns and responsibilities, and his or her assumptions about the role of the RIG and its constituent members. (The minutes are compiled by an RLG's secretariat, which is composed of a member or members of an RLG's administrative policy division.)

While the above factors influence the length, emphasis and detail with which individual discussions are recorded, it is to be hoped that, if discussions of any aspects of report consideration or research dissemination took place, some minimal record, at least, would have been entered in the minutes. The analysis of committee minutes presented here is based on the assumption that all items formally presented for information or discussion, and all recommendations for action, will have been recorded: and, further, that these 'recordings' will give some indication of the major substantive content of each particular item.

In proceeding to analyze and intercompare these 'recordings', one must remember that each RLG operates under circumstances which are, in part, unique unto itself (e.g. the nature of the definition of the research field, the representation and range of customer interests and the extent to which research in the area of coverage is institutionalized - in both social and cognitive terms¹). One should not, therefore, evaluate the relative performances of RLGs as 'good' or 'bad', solely on the basis of the data which follow.

While recognizing the extent to which the 'constraining environment' within which each RIG operates is unique, one must also place the analysis of the part played by RLGs in the consideration of completed Departmental research, within the context of wider RLG and other Departmental research management activities. For, firstly, it should be recalled that the RLGs' areas of concern do not cover the whole of the Department's research portfolio. (Indeed, in the sample of projects analyzed in Chapters 2 and 3, only 45% fell within the field covered by RLG briefs.) And, secondly, the consideration of completed research is but one aspect of an RLG's brief. Detailed discussion of the roles and development of RLGs has been presented elsewhere², but it is appropriate here to present these as they relate to, firstly, the

2. Kogan and Korman (1979).

^{1.} For a comprehensive discussion of the meaning of these terms see Whitley (1974).

general brief and responsibilities of RLGs, and, secondly, the place within this of responsibility for the consideration of completed research.

5.1) The role and responsibilities of RIGs

The RLGs were set up between 1973 and 1975 to act as Departmental customers (in the Rothschild sense) by bringing together representatives of the relevant policy (administrative and professional) divisions, research management and external scientific advisers. They are thus of considerable interest, since they represent a major organizational development towards a new rationalized framework for the management of research, along the lines recommended in the Rothschild Report³ and adopted in the White Paper 'Framework for Government Research and Development'.⁴ This importance is recognized by those involved in research management, as is reflected in the RLGs being described as the "principal basic executive organs of the Department's R and D system"⁵ in the DHSS Handbook of Research and Development, 1978.

In general terms, the RLGs shared, at their outset, a brief and a division of responsibilities described by Research Management as follows:

- "(a) Formulating research objectives the Policy Divisions.
 - (b) Promoting research to meet approved objectives
 Research Management.
 - (c) The development of an overall research programme to serve the RLG's needs will be the responsibility of the group as a whole
 - i. the responsibility for securing decisions on individual projects and programmes rests with Research Management.

5. DHSS (1978a) p. 26.

^{3.} Rothschild (1971).

^{4.} Framework for Government Research and Development (1972).

- ii. advice on the standard of scientific merit and feasibility is the responsibility of the Chief Scientist's advisers, either as individuals or in concert with second tier bodies.
- (d) Monitoring research in progress and revising commissions when necessary - Research Management.
- (e) Reviewing and acting on the results of research -Policy Divisions."⁶

The concern of this present report is predominantly to analyze RLGs' performance in relation to (e) above, and, by implication, also (d). It is worth, therefore, quoting the expansion of (e), in the same document, which appears under the title 'Assessment and Utilization of Research'.

> "There are two ways in which assessment of the research will be undertaken.

- 1. ... (representatives of the Chief Scientist's Research Committee) will visit research resources in the field and in particular will report both formally and informally on the scientific competence of units and programmes.
- 2. Interim and final reports are required from all research workers undertaking commissions from us. Copies of these will be sent for assessment to the RLG concerned originally with placing the commission and also to any supporting bodies so Where the reports give no grounds concerned. for criticism they will be accepted and utilizations will follow. Where the reports have notable shortcomings research management will take these up with the contractor and will take account of the criticisms when determining where future commissions might be placed. If the criticisms apply to a unit or programmes, or another major research resource, the supporting body involved will formally note this in reporting to the Chief Scientist.

The responsibility for utilization of research rests with the policy/administrative divisions through the RLGs. It is a matter on which Government Departments may be called upon to comment in the annual report to Parliament and within the Department there is therefore a direct line of responsibility on this issue between the policy/administrative divisions and the Planning Committee." Before one considers procedural guidelines for the RLGs, in relation to their formal responsibilities for consideration of completed research, it should be noted that the tabling of a piece of completed research at an RLG meeting, by itself, could constitute an effective starting point for dissemination both within and beyond the Department. For, even if no discussion of the quality and implications of a piece of completed research takes place at an RLG meeting, the circulation of a summary, or notification of availability, of a report, can come to the notice of an RLG member who may follow-up the research, or notify 'significant' colleagues of its existence. Thence, dissemination of the report's findings, and/or incorporation of some element of those findings in other work, may follow. This being so, it is worth reviewing briefly the composition of RLGs and the responsibilities of their members in relation to the consideration of completed research.

5.2) The composition of RLGs and the responsibilities of membership groups

The size of RLGs varies from about 11 members (Forensic Psychiatry) to 25 (Children), but each has a similar constituency. This is composed of representatives of administrative divisions, professional civil servants (doctors, nurses and social workers), Chief Scientist's Advisers, Research Management, the Welsh Office and other interested parties. These latter may either have a permanent seat, or attend on an irregular basis, as required by the Group. Some RLGs have recently added local health and social service representatives. As all RLG members are very much part-time, in that their primary work responsibilities lie in other areas (to which the findings of completed research may, in some cases, be related), both RLG and non-RLG responsibilities of members have to be borne in mind when considering their roles in the assimilation of research findings. Below are briefly described: (i) RLG responsibilities of members, as they relate to the consideration of completed research, and (ii) non-RLG responsibilities, as they relate to a potential 'bridging' role in bringing the findings of research, tabled for discussion at RLG meetings, to the attention of those with whom they may interact in their non-RLG environments.

5.21) Administrative Divisions

These divisions supply the Chairman (with the exception of the Nursing RLG), secretariat and much of the continuity between meetings. They thus have a crucial role in establishing the nature of meetings and formulating the agenda. This is not to deny that other groups, most notably RLG lead officers, do not also play an important part (see section 4.412), but rather, recognition that through the Chair an administrative division is best situated to direct the discussion of completed research and control the amount of time allocated to it. Further facility to direct such discussion is given by the consultation of administrative policy makers for the purpose of eliciting evaluations of the policy implications and interest of given pieces of research.

As well as having this control over the staging of discussion, the administrators are, of course, potentially able to carry research findings away and utilize them directly in their major occupational role - that of formulating policy. The CSRC report of the panel on RLG plans records that "Chairmen, in general, felt that they, and other policy makers, were learning from their experience in RLGs and that research did, therefore, influence policy, albeit indirectly. They emphasized that "policy" developed through a highly complex process, influenced by tradition, suggestions from various groups of outsiders (professional and lay), parliamentary questions, Ministers, standing advisory committees, and information collected in a variety of ways.

> "... The policy-research interactions in RIGs were a further, and increasingly important, influence."⁷

5.22) Professional Civil Servants

The role of professional civil servants (predominantly doctors, nurses and social workers) is somewhat diffuse. Within the RLG they do not have the same controlling power as the administrators, but their non-RLG responsibilities have a degree of overlap, and they are sometimes asked to evaluate the policy implications of research. While administrators are primarily concerned with developing Departmental policy, professional civil servants tend to be more concerned with the interface between Departmental policy and the organization and administration of services at the local level. Of course they also have experience of working within these services. As a consequence of their past and present occupational responsibilities, professional civil servants thus have the potential to bring two differing (though clearly not unrelated) perspectives to bear on the discussion of completed research. They are also in a position to assist and advise on the relay of findings of relevant research to those involved in professional practice, staff training and the administration of service delivery in the field.

5.23) Research Management (Administrative and Professional)

The main responsibilities of Research Management (i.e. OCS) in relation to the consideration of completed research, lie in reminding RLGs that such activity falls within their terms of reference, and in formulating recommendations for procedures to be adopted in this aspect of their work (see Appendix 1). Research Management also has a related responsibility; that of monitoring and liaising with research contractors and ensuring that they submit reports of their completed work in an appropriate form, so that RLG, and other Departmental consideration, can take place. When such consideration has taken place, lead/liaison officers in OCS then have responsibility for giving feedback to researchers on the opinions or recommendations, of the RLG, with respect to dissemination or other action.

Research Management has, in addition to these responsibilities for facilitating RLG consideration of final reports, a further role to play in publicizing the overall programme of research being sponsored by the Department. This obligation is met through the compilation and distribution of the <u>Departmental Annual Report on R and D</u>.⁸

5.24) Scientific Advisers

There are, in aggregate, some 80 external scientific advisers. In relation to the consideration of completed research, their role is clearly that of acting as scientific rapporteurs (i.e. advising on the scientific quality of research, whether findings are reliable enough to justify the initiation of any type of action, and what implications the quality and nature of research findings have in relation to the choice of topics and contractors for future RLG commissions).

Not all scientific advisers are solely academic researchers. Many have other roles which may enable them to act as disseminators of research findings in their regular occupational environments. This is most noticeably the case in such RLGs as Mental Illness and Handicap, where scientific advisers have the Aultiplicity of roles often associated with senior medical personnel (i.e. they are researchers, eminent specialist practitioners, lead teams of more junior medical specialists, engage in pre- and/or post-registration medical education, and in some cases, direct 'care' units or institutions). By holding such influential positions, this type of scientific adviser is well situated to promulgate widely, at field level, innovations and new perspectives in service delivery or professional practice which may arise from research encountered via RLGs.

5.25) Local health and social service representatives

It has recently been decided that representatives of the field authorities should be added to the RLGs in order that RLGs' discussions should become better informed on developments and problems perceived at the local level. While field authority representatives have thus been invited to join RLGs to act primarily as an information input, there is clearly a role which they could play in carrying the findings of RLGs' research projects back to their working environments. The success with which local representatives might perform such a role will, of course, depend partially on the extent to which RLGs' programmes share the concerns and problems of the field authorities.

5.26) Demarcation and interchange of roles and responsibilities

One thus finds that, while the various groups who sit on RLGs are assigned particular roles in relation to the consideration of completed research, they perform additional 'bridging' roles in bringing the findings of completed research projects to the attention of those with whom they interact in the course of their regular non-RLG occupa-The exact nature of the 'bridging' role performed by tional duties. any individual RLG member is dependent on his or her unique set of occupational responsibilities and professional contacts. With the exception, therefore, of colleagues sharing both RIG membership and DHSS divisional affiliation, the overlap between potential 'bridging' roles is limited, as is the scope for interchange of such roles between Assigned procedural roles, in contrast, rely upon the RLG members. acceptance by RLG members of divisions of responsibility established by procedural guidelines, and assumptions which all RLG members may not adhere to, regarding the division of specialized competence within Kogan and Korman undertook extensive observation of RLG the group. meetings and in relation to wider aspects of RLG briefs they concluded:

"When set up, RLGs brought together three groups: policy makers as the customers for research, scientific advisers to assist in analysing customer research needs and research management. While this division of responsibility is clear in theory, it often gets muddled in practice".⁹

There appears no reason why this 'muddling' of responsibility which is observable on the general level, should not also be apparent in relation to the specific responsibilities assigned to RLG membership groups, for the consideration of completed research. Indeed, some Lead Officers indicated during interviews that RLG members tended to assume roles which they had not been assigned. Thus, for example, it was not uncommon for scientific advisers to express opinions on the policy implications which could be drawn from research, or, similarly, for administrators and professional civil servants to articulate strong opinions on the rigour and validity (or lack of each) displayed in reports under discussion.

Thus one finds that while bridging roles are fixed by the unique circumstances of individuals, the assigned procedural roles are not similarly fixed, and RLG members assume roles beyond those demarcated by the division of responsibility presented in procedural guidelines.

5.3) Guidelines for the consideration of final research reports

Having been assigned the constitution and the broad terms of reference outlined above, it thus remained for each RLG to develop its own substantive and procedural conventions and priorities. As will be seen below, some RLGs considered reports of completed work from the outset; tabling for discussion reports of projects initiated prior to the establishment of the RLG. Other RLGs, meanwhile, considered this activity to be outside their brief, and waited for their own

commissions to reach completion before engaging in any consideration By early 1977, the shorter RLG commissions were of completed work. beginning to reach completion and it became apparent to research management that RLGs would have to allocate increasing amounts of time and effort to the consideration of completed work. In anticipation of this situation, they circularized a memorandum (signed by R. Toulmin, CR5) to all chairmen of RLGs and sub-groups, detailing recommended practices for the consideration of final reports (Appendix 1 contains the full text of this memorandum). The memorandum starts by establishing that it should be a shared assumption amongst RLG personnel that the two functions of RLGs (viz. (i) to define the requirements for, and objectives of R & D within their areas of interest and to promote R & D to meet these objectives, and (ii) to receive reports on work under commission and to arrange for the assessment, development and assimilation of the results) are of equal importance.

The memorandum then describes what procedures should be initiated for the evaluation and discussion of reports.

"Whenever a final research report is received in response to an RLG commission, it is proposed that the Research Management Lead Officer (in agreement with the RLG secretary) should send one copy of the full report to a selected Scientific Adviser, with a request to act as scientific rapporteur, and another copy to a selected administrator or professional in the client group, who would be asked to comment on the policy/service implications of the research. It would be open to each of these recipients of the full report, at this stage, either to seek more specialist advice on its technical aspects, or to advise that the report was defective in some respects and thus unsuitable for consideration by the RLG until these deficiencies have been made good. Otherwise, it is assumed that the research report will be tabled for consideration at the next convenient meeting of the RLG, and copies of the researcher's own summary together with any written comments by the scientific rapporteur and the policy adviser, will be circulated to all RLG members." (See Appendix 1)

Following these guidelines, the memorandum suggests various courses of action which the RLG might take (i) to provide feedback to the researcher(s), (ii) to relate findings to the process of refining RLG research requirements, and (iii) to initiate dissemination of the policy and service implications. The options suggested for consideration by the Groups for the latter task were:

- i. encouragement of commercial publication (extending in the exceptional case to financial support from RLG funds).
- ii. the preparation of a summary of the findings, in a form agreed with the researcher, for communication to health and social services authorities and other interested parties.
- iii. an internal meeting/seminar to bring together researchers and interested Departmental staff.
 - iv. an external presentation/seminar to bring together the researchers with field authorities and other interested public bodies.
 - v. action with Information Division to communicate the research findings to the press either in a general handout or in a more detailed form to selected journalists and periodicals, as agreed with the researcher.

Toulmin's memorandum represents a blueprint for RLG procedure, and offers a useful yardstick against which to assess the actual practices adopted by RLGs. However, before proceeding to describe these practices, it is interesting to compare RLGs with respect to their under standings of their responsibilities for the consideration of final reports, their discussion of procedures considered appropriate for this task, and their wider views of their responsibilities for assisting in the assimilation, dissemination and utilization of research findings.

5.4) The responsibilities assumed by RLGs

A comparison of RLGs with regard to their various levels of acceptance of responsibility for completed research, and attitudes towards priorities and practices for this aspect of their work, is best presented by summarizing, for each RLG, pertinent discussions of these topics, as recorded in RLG minutes.

5.41) Children's RLG (CRLG)

At the first meeting of the RLG, a senior representative of research management was asked who would examine final reports, and he "suggested that the Group might not wish to lay down any procedure at this stage, but in general the full RLG might concern itself with overall strategy and consideration of major research reports, leaving other matters to be dealt with by sub-groups, or where appropriate, by administrators and research management".

The pattern of work which followed reflected these early pronouncements in some, but not all, respects. A considerable proportion of the RLG's business was devolved into sub and working groups, and the procedure for consideration of completed reports remained flexible and 'pragmatic'. Although research management had suggested otherwise, the sub and working groups also took over most of the consideration of completed work, and through this further devolution of responsibility, there appears to have been greater opportunity for discussion with researchers of their final reports. Normally, the main RLG would have summaries of these final reports amongst their committee papers, sometimes with the comments of a scientific rapporteur appended, and an indication that copies of the full report were available, on request, from the Secretary. There is no record in the minutes of any discussion of the Toulmin paper, even though Toulmin himself became a member of the RLG, on leaving research management and joining Children's Division. In the notes accompanying the presentation of one final report, however, reference is made to "the procedure suggested by the Chief Scientist for consideration of reports of completed research"(RLG(CH)78/14).

On a number of occasions emphasis was placed upon the need to be kept up to date on non-RLG studies. In the very first meeting of the main RLG a representative of Children's Division stressed the need to keep in touch with non-Departmental research, and, at the next meeting, a list of relevant research was presented and discussed. It was also agreed that, in future, annual lists of DES commissions should be produced. "(A scientific adviser) suggested that the collection and circulation of 'research news' in such a way that projects could be evaluated and good research noted for replication was important." It was explained that it would be difficult to do this effectively, and "The Chairman said that he hoped to look to the scientific advisers to provide such news and evaluation. It was agreed that the approach to this would be pragmatic" (29.1.75).

There is no record of any discussion of problems of dissemination. Only once did the RLG make recommendations to the Department for action to assist dissemination, and, in this case it was not a regular research report which was under consideration. The suggestions were aimed at giving visibility to the <u>Report of the Working Group on Research arising out of the Court Committee</u>.¹⁰ The minutes record agreement "to leave the Department, in consultation with (the author) to determine the method of publication. The report could be issued as a priced publication by HMSO or produced in-house and distributed free. The latter course would be quicker but would be unlikely to attract attention from the specialist journals. In either case the report could be sent to field authorities under cover of a Health Notice" (8.2.79).

10. Subsequently published within DHSS (1980b).

5.42) Elderly RLG (ERLG)

In its early meetings, the Elderly RLG showed considerable concern with keeping up-to-date on the findings of pre-RLG Departmental, and non-Departmental research. At the first meeting, summaries of such work were presented, and, at the second, it was agreed that an annotated bibliography should be commissioned "setting out the aims and findings of particular research projects and giving some indication of the scientific validity of each study".

Some time later (11.11.77) the group had their attentions turned further toward the findings of non-RLG research, when a committee paper produced by the Group's secretariat was presented for discussion. This paper stated that: "The attached lists the sources of information on local research which are readily available to the Department and includes work undertaken by Health and Local Authorities, Community Health Councils and Voluntary Organisations. It would be useful to have the views of the RLG on the importance they attach to being kept informed of local studies and whether information should be collected and tabulated." In response to this initiative, the minutes record that it was "agreed that information on completed local research should be circulated by the Group's secretariat".

It was not until 1978 that consideration of reports from the RLG's own commissions appears to have been discussed. A committee paper was then tabled (RLG(SHB)117) with the title 'Conduct of Business'. In this paper, the Secretariat suggested that "In view of the growing size of the RLG's research programme and the increase in number of RLG advisers, it was thought RLG members might welcome a chance to discuss the RLG's conduct of business at the various stages of completion". Of the six stages listed and discussed 'final reports of research' appears last, with the comment: "Copies of all final reports will be sent to all research/service advisers. The summary and conclusions together with Departmental comments will be circulated as an RLG paper. One RLG adviser will be asked to act as the scientific rapporteur when the report is discussed at an RLG meeting." This recommended procedure appears to have been accepted by the RLG. The only qualifications were voiced six months later, under 'Matters Arising' (17.11.78): "The external advisers had discussed ways of improving the consultation and advisory procedure; they suggested, and it was agreed, that: - the Department should make clear the importance it attached to a project when sending it to advisers for comments

- whilst all advisers would continue to be invited to comment on projects, the Department should nominate one or two of their members from whom comments would be particularly welcome.

The advisers had also considered the idea of allocating specific and continuing responsibility for particular projects to individual advisers but had rejected it in favour of the present arrangements, whereby the Department invited assistance when special problems arose".

At the same time (March 1978) as the RLG was considering the Secretariat's recommendations for procedures for the consideration of final reports, they were presented with another paper by the Secretariat This touched on the wider issues of what 'types' of (RLG(SHB)110). information the Department hoped the RLG's commissions would generate, and the format in which the RLG should assist its relay. A quote from this paper suggests the nature of the 'leadership' exercised by the administrative division (SH2B) in the proceedings of the RLG. (Both Secretariat and Chairman belong to the Division.) "In the light of the increasing size of the elderly population and the severe restraints on public expenditure, it has been decided that projects sponsored by the RLG should be primarily designed to provide information about ways in which resources for the elderly can be deployed more effectively and economically, not only in relation to individual

services, but also to services across the board, taking into account the contribution of non-HPSS services (e.g. Housing) and voluntary effort of all kinds. Such research information needs to be presented in a form readily suitable for use by the Department as a basis on which to reach decisions on policy development and issue guidance to field authorities." This quote suggests that a high valuation was placed by the Division on gaining access to appropriately presented findings and incorporating them in their policy formulation process. This was also reflected by the RLG Chairman's activity in reminding the Group (in March 1978) that the then forthcoming White Paper on the elderly "would include reference to research projects sponsored by the Group" and that "it was important that those (projects) due for completion during 1978 should not be delayed since the results would need to be taken into account in the development of strategies set out in the White Paper".

It is striking on examining the minutes of the Elderly RLG that the Administrative Division made a particularly vigorous attempt to direct the programme of research and the consideration of utilization of research findings from the perspective of its own information needs. One consequence of this appears to have been that the RLG's role in relation to enhancement of the assimilation and utilization of research findings became restricted to effecting optimal satisfaction of the information needs of central policy makers - with a commensurate comparative neglect of other potential consumers of the research findings.

5.43) Forensic Psychiatry (FPRLG)

The first item on the agenda at the first meeting of this RLG was a discussion of the Group's role. A committee paper was tabled (FRLG 1) which asserted that the Group's "function is to define their requirements for and objectives of R & D within their areas of interest,

to promote R & D to meet the objectives, to receive reports of work under commission and to arrange for assessment. development and assimilation of results". While the minutes record extensive discussion of the RLG's boundaries, needs, priorities and appropriate procedural practices, no mention of procedures for consideration of final reports, or the problems of communication and assimilation of research findings, appears. A further opportunity for such discussion arose at the fifth meeting, when a paper (FRLG(22)) was tabled describing the experiences of commissioning research by the DHSS/SSRC Working Party on Transmitted Deprivation. This paper discussed problems of handling the results of research, but, again, no comment upon this issue appears in the RLG's minutes. There is, further, no record of discussion of Toulmin's paper (nor, indeed, any indication of its receipt), nor any statement of policy or opinion on that aspect of the RLG's task concerned with handling completed research.

There was, however, some indication of the need to maintain an awareness of the findings of non-RLG projects in the Forensic Psychiatry area. This was expressed at the second meeting through a suggestion that an annotated bibliography of work done in the field should be compiled. It was explained at the next meeting, however, that the suggestion would have to be "set aside".

The RLG's only recorded discussion of problems and policy for dissemination arose at the fifth meeting, and its emergence was somewhat incidental. The RLG was primarily concerned with stimulating interest in its own research priorities amongst potential researchers, and "the possible value of conferences was noted". However, "it was agreed that there were separate objectives to conferences of the sort envisaged, one was directly satisfying the customers' needs, the other was to attract people to the research field. They would not necessarily coincide." The RLG was clearly far more concerned with the latter than the former.

5.44) Homelessness and Addictions RLG (HARLG)

It was not until September 1977 (8th meeting) that the RLG discussed their policy for handling research reports. The discussion, one assumes, was precipitated by the circulation of the Toulmin paper (though no formal mention of this is noted). The minutes record that "a new procedure for handling research reports has been instituted". and then proceed to summarize and paraphrase the text of the Toulmin memorandum, including mention of the Group's responsibilities vis-a-vis "suggesting suitable action to make ... report findings more widely known". The absence of additional discussion would appear to indicate the acceptance, in principle, of these procedural guidelines. It should be noted, however, that the minutes record: "Research reports received otherwise than as a result of RLG commissions, i.e. the majority of reports likely to be received in the [then] near future, would be handled in the same way or by a previously agreed procedure". The handling of such reports was a matter which the Toulmin memorandum left for each RIG to determine in the light of guiding considerations, which it outlined (see item 7, Appendix 1).

As is shown above, the Elderly RLG was guided towards a role, in relation to completed research, somewhat akin to a Departmental 'entrepot'; receiving research findings, performing quality control, selectively repackaging and relaying to the Elderly Administrative Division. The Homelessness and Addictions RLG, by contrast, appears to have been more concerned with effecting an improvement in the communication of the findings of its commissions to a far wider range of audiences. Towards this end, a number of strategies and initiatives were adopted.

At the second meeting (1.11.76) it was agreed that "efforts should be made to encourage some projects involving interplay between research and service development, so that even while an evaluation is in progress, services were modified to meet needs and overcome problems identified by the researchers. Linkages of this kind might best be arranged at the local level rather than through the Department." This emphasis on encouraging an action-research¹¹ approach illustrates one option which has been considered for bringing research findings to bear on particular extra-Departmental audiences. Another means of enhancing the dissemination of research findings adopted by the RLG was that of convening workshops and seminars.

The first of these was set up after consideration of the final report from a study of a Women's Refuge (7th meeting, 25.4.77). "It was agreed that it would be worthwhile bringing together people currently researching in the field of marital violence so that they might become familiar with each other's work and findings. The Department undertook to arrange a meeting, and the advisors indicated that they would wish to attend."

At the tenth meeting (25.5.78) it was reported that "the meetings had proved successful in bringing researchers together to exchange views", and it was suggested that an "SSRC type" workshop should be arranged to examine the main possibilities for research in this area. This suggestion was extended by the Department who put before the eleventh meeting (6.11.78) the proposition that "instead of a further consideration of research alone, the workshop should consider prevention and services providing treatment and rehabilitation for battered women and their families and ways in which they might be improved in the light of research findings". It was proposed that "researchers, including those sponsored by the RLG, would be invited to speak on the findings of their research and representatives of statutory and voluntary bodies could be invited to speak on the services provided for battered women and their families" (RLG(HA)(78)(P)39).

^{11.} For a discussion of the nature, and relative advantages and disadvantages of action research, see Cherns (1979), MacDonald and Otto (1978), Rapoport (1970) and Town (1973).

The RLG responded to this suggestion by arguing that both workshops on research and a seminar on the development of services were required. It was agreed that two such sessions would be held. The first, for researchers, would consider conceptual and methodological problems and take place in the summer of 1979 as a preliminary to the main seminar in the following October. This seminar on the development of services would "consider the development of services in the light of research findings. It would disseminate the results of research and assist in facilitating the work of the voluntary bodies. It would be attended by a small number of researchers, professionals, representatives of statutory and voluntary bodies and the RLG."

Violence in marriage has been the area in which most effort has been expended in trying to enhance dissemination through workshops and The value of such gatherings has not, however, been overseminars. looked in other areas of the RLG's brief. It was suggested at the tenth meeting (22.5.78) that day seminars on service problems associated with alcoholism and drug addiction should be arranged, so as to further advance knowledge of such problems, and thus help them to refine their formulation of priorities and research needs. A seminar on 'Research into Alcoholism' was arranged, chaired by the Chief Scientist, and attended by invited representatives of a diversity of organizations and professional groups, as well as researchers. The stated aim of this seminar was "to provide an account of the state of play of research into alcoholism" (6.11.78), so that the RLG could identify areas most in need of commissions. Needless to say, such a seminar could also inform many of the participants of research findings and/or perspectives of which they were previously ignorant. It thus constitutes a potentially valuable medium for dissemination, in addition to its primary RIG-defined objective (see 7.12).

It remains to be seen whether this RLG continues to arrange seminars of various types on chosen topics, and whether it will continue to regard the time and effort expended upon such meetings as worthwhile. If it does, the Group's experiences could be of value to other RLGs.

5.45) Local Authority Social Services RLG (LASS RLG)

The first meeting of the RLG (28.5.75) spent the majority of its time clarifying the RLG's terms of reference (LASS RLG(75)1), determining its strategy, and distinguishing its functions from those of the Personal Social Services Research Group. It was explained that: "the PSSRG had hitherto undertaken some of the work proper of the RLG. The RLG's role would be to advise and assist LASS Division to determine its priorities and needs as customer. The PSSRG's function related to research management and the overall objectives and balance of the Department's research programme in so far as it related to the social services. The RLG, therefore, would not monitor individual projects and its meetings with researchers would be on a different basis from those which had taken place, or would take place, between them and members of PSSRG" (28.5.75).

A representative of the PSSRG sat on the RLG and explained the relevant functions of the Personal Social Services Council. Within the presentation he explained that "the Council had no intention of competing with Birmingham University in providing a clearing house for local authority social services research but they had plans to assist local authorities by providing abstracts of completed research" (28.5.75). Their experiences in this respect remain to be determined.

From the outset, the RLG showed considerable concern with maintaining its own current awareness. At the first meeting it was suggested that, firstly, "studies in the personal social services in progress or completed should be mapped so as to reveal the clusters of activity and inactivity", and, secondly, "seminars should be held on specific aspects of the personal social services to which those engaged in relevant research should be invited". It was decided that action would be deferred on both these suggestions, but, at the third meeting (24.11.75), it was requested that a review of completed DHSS projects should be made. "It was explained that all projects commissioned by the Department should already have been reviewed but in practice this might not always have happened, or have been done adequately. Review of projects could be regarded as within the responsibilities of the RLG. The Chairman asked whether research management could undertake the survey", and they agreed to do so, "but only in crude terms as evaluation was a very complex subject" (28.5.75).

The research strategy paper (LASS RLG(75)2) tabled for the first meeting had had an appended list of 'recently completed' and 'current' projects (numbering ll and 20, respectively). For each project, details of the title, researchers, institution, level of support and date of completion were given, along with a brief (~ 4 line) summary of the nature of the project. The requested review (LASS RLG(76)3) was presented to the RLG meeting of 12 March 1976 and consisted of the above annotated list, with very short comments on the value of each report to the Department. The response of the RLG is interesting and worth quoting at length:

> "Members of the Group noted that there was little evidence in the paper of action taken to disseminate the findings of completed research. Particular reference was made to the NISW Workload Study of Social Workers in Health and Welfare Departments and the study on Policy and Practices of Local Authority (Children's) Social Services Departments. The findings of the former were of importance because, for example, they had demonstrated that only a very small proportion of a social worker's time in the field was spent with clients. [Two Department officials] said that

the findings had been of considerable value to the Department. The Chairman agreed that the research did have important implications and suggested that its findings were relevant to the Working Party on Manpower and Training and to CCETSW.

The following suggestions were made during the discussion:-

- i. a list of completed research might be published in the Social Work Service Bulletin;
- ii. when commissioning future research the researcher should be asked what plans he had to publish the findings;
- iii. it should be made a condition of the research contract that a summary should be included in the Report;
 - iv. in addition to running seminars Brunel SSORU produced very readable articles on their work and this practice might be followed by others.

The Chairman noted that past omissions should not be repeated because it was now part of the responsibility of the Group to evaluate completed research and to suggest ways in which the findings might be disseminated" (12.3.76).

Two months later, research management (CR5) presented a paper entitled "Research Management's policy on reporting, publishing and evaluating the results of research" (LASS RLG(76)20) which described current departmental practices and preferences and then in its conclusions stated "there is no comprehensive firm policy on this yet within Research Management and the above are put forward as suggestions. As the LASS RLG are already faced with completed research it is open to them to establish their own pattern to meet their own requirements."

Despite the determinations of the previous meeting and this invitation from Research Management, the RLG declined to undertake any further discussion of how reports of completed research should be handled, and no recognition of Research Management's paper appears in the minutes. It was approximately 18 months before the RLG returned to discussion of practices for the consideration of completed work, and these discussions were prompted by the tabling of the Toulmin memorandum. In discussing it the RLG "agreed that a flexible procedure for handling completed research based upon that described in the paper should be adopted. Research management would try to ensure that reports published by the institutes were made available to the RLG, and enquiries would be made about the public availability of unpublished reports held in DHSS (19.10.77).

With reference to the latter point, the RLG were told at the next meeting (20.1.78) that "enquiries had been made of Research Division who said that published reports were held by the British Library and DHSS Library. Unpublished reports sponsored by the Department were held by Research Division and if sufficient copies were available a copy was sent to DHSS Library". The Chief Librarian later joined the meeting and added that "the Library only received unpublished reports when spare copies were available and these were included in the Library's Social Service Abstracts". Restricted material could not, of course, be included.

When discussing completed research, members asked whether data relating to completed research were available, and were told that "although, strictly speaking, such material belongs to the Department, it was retained by the researcher". Members also "raised a number of questions about the use made by the Department of occasional papers issued by Units and it was agreed that attention should be given to the procedure for ensuring that relevant research findings, interim reports, and occasional publications should be brought to the attention of the RLG". These documents would have further enhanced the RLG's current awareness, already aided by annual lists of interim and final reports received by its Secretariat, similar lists and minutes sent on by RLGs concerned with client groups, lists of SGC completions and summaries

of current research issued periodically by the Birmingham University As was argued above (see 5.1), maintenance of a good Clearing House. current awareness constitutes in itself a medium for dissemination (in this case predominantly by providing an entre for research findings into the Department's Social Work Service and LASS Administrative Division). But there appears to have been comparatively little attempt to overcome the wider problems of dissemination, as the RLG itself recognized. Suggestions for directions along which the RLG might take initiatives were presented to its early meetings. A major such suggestion was presented by the Chief Librarian of DHSS in a paper (Appendix to LASS RLG 75(15)) which argued the need for the Department to produce a Central Register of Research for the Personal It was claimed that: "for administrative and Social Services. practical purposes in central and local government such a register could and should perform several useful functions. These might be summarised as follows (not necessarily in order of importance):

- (i) Avoid duplication.
- (ii) Identify undue emphasis on certain areas at the expense of others (there is a fashion in the choice of research topics as in everything else and a register can help to display this bias).
- (iii) Identify gaps.
 - (iv) Identify research orientated, active and/or innovative organisations and individuals and consequently their passive colleagues who might be encouraged to undertake new work.
 - (v) Provide the administrative and funding authorities with a global picture of the total research effort and expenditure on which various 'mapping surveys' could be based. (Much useful data can be gleaned from a structured classified display of the register information with appropriate indexes by subject, research organisation, client groups, methodologies employed, etc.).
 - (vi) Provide the administrative and funding authorities with a means of monitoring the need for and progress and effect of the research sponsored (by linking subsequential development work and citations in professional journals, etc.).

- (vii) Provide a link between academic theory and practical application and to provide a very necessary channel of publicity for work done so that others can benefit from it.
- (viii) Offset the economic and temporal constraints of publishing research work - a register of on-going research, with abstracts, issued at fairly current intervals can allow funding organisations, research workers and practitioners to get an overview and a list of contacts reasonably quickly to mutual advan- tage. It may well be argued that research work that is not publicised and applied is stillborn and money wasted."

The RLG's response to these suggestions was guarded, and the minutes record that "since the subject [of the papers] was a general one, it was best pursued by research management in consultation with [the Chief Librarian], keeping the RLG informed of developments" (24.11.75). The minutes of later RLG meetings do not record any such developments being reported or discussed.

While the RLG did not, therefore, give support to this venture, it did involve itself in some dissemination-related projects, such as the Bradford Seminar in Social Work Research, held in September, 1976. At this forum it was able to present its priorities to an audience of researchers who, in turn, were able briefly to present their work. The seminar, while itself effecting a degree of dissemination, reminded the RIG "about the need for urgent thinking about the ways in which the dissemination of research (what is being done) and research findings might be improved. Pungent comment was made about the apparent unwillingness of social workers to utilize research findings though it was recognized that basic training courses had an important role to play in preparing social workers to read and utilize research studies. Similarly, there was an onus on researchers to present their work in a form which could be understood" (LASS RLG(76)28). In the RLG discussions of the report on the seminar, from which the above extract was taken, no comments were made on the dissemination problems it cited, nor was there any discussion of possible ameliorative strategies.

5.46) Mental Handicap RLG (MHRLG)

The RLG was set up in May 1974, in a field where the major research resources resided in specialist units. At the second meeting (10.12.75), it was agreed that all reports emanating from these units, as well as all other reports of completed DHSS-sponsored Mental Handicap research, should be circulated to RLG members. At the fourth meeting (26.3.76), it was recognized that the RLG's brief included the item "to examine the outcome of completed research and to ensure that action appropriate to the Department be taken". At this meeting, agreement was also expressed with the "Department's suggestion that the costs of disseminating research findings could be a legitimate charge on research funds". This was the first comment upon what was to become an extensively discussed issue: what initiatives could the RLG take to try and enhance the dissemination of research findings?

The first major RLG debate on this topic took place when one of the scientific advisers tabled a paper (RLG(MH)P23) which clearly and succinctly stated the issues. As such, it merits quotation in full:

"DISSEMINATION OF RESEARCH

Although there is considerable uncertainty at the present time on the subject of dissemination of research, it is essential for the RLG to develop a dissemination policy. It is well recognised that a great deal of research remains unknown to practitioners and to parents, even though it is potentially relevant to practice and to service delivery; the former Secretary of State in her policy statement in February 1975, spoke of a 'yawning gap between our knowledge of ameliorating mental handicap and what is done in practice'. There is reason to believe that this gap could be narrowed by a policy of active but selective research dissemination; the RLG will need to consider such a policy.

Among the questions to be considered are the following:

1. How can DHSS facilitate a dialogue between research workers and practitioners, such that research workers become better informed about problems experienced by practitioners, and vice versa?

- 2. Is it possible to ensure that dissemination of research is, where appropriate, built into the research design, and time allowed for it?
- 3. Given the short term nature of much research funding, what arrangements can be made to encourage research workers not only to disseminate through publication but also to become involved in certain cases in attempts to implement their findings or recommendations?
- 4. What are the alternatives to dissemination through orthodox research publication outlets?
- 5. What steps can be taken to help research institutes deal with the large number of inquiries that reach them not only about their own research but about many other questions relevant to mental handicap or mental handicap research?
- 6. Is there a case for a central agency to co-ordinate information retrieval and research dissemination?
- 7. Is it possible to ask applicants for research grants to outline their plans for dissemination (as is already the case in other research councils)?"

Professor P. Mittler (author of the above paper) introduced the discussion and explained that he felt the Department should examine dissemination policy. The minutes record that:

> "A distinction was made between reviewing individual research reports, which was a task of each RLG, and fostering the absorption of results of research into practice and policy thinking, which was a much wider issue for consideration by the CSRC rather than individual RLGs.

- It was therefore agreed:
- i. to ask the CSRC to consider the question of dissemination of research findings.
- ii. to obtain copies of the SSRC's 'check lists' for evaluating research proposals and final reports to see if they could be adopted or adapted, with regard to the research priorities set out in the strategy document, as a tool for the RLG in evaluating research applications and monitoring results.
- iii. to consider holding a small meeting of researchers in the field of mental handicap when comments on the strategy document had been received to discuss the facilitation of dialogue between researchers and

practitioners. The RLG would consider inviting other RLGs and their researchers when this meeting was discussed." (15.3.77)

Each of these determinations was acted upon. A meeting of researchers was held and reported to be "a success" (24.6.77); check lists were obtained and the CSRC were informed of the RLG's concerns. Research management were also invited to comment on the Mittler paper, and sent a note to the RLG chairman indicating that, while they recognized "most RLGs have dissemination problems [they] expect their preferred solutions to vary widely and, for this reason [they] would not place too much hope in any central policy for dissemination applicable to all research sponsored by the Department". The note suggests that "it is for the Client Group to consider what are the lessons of the research for policy or services in their fields of responsibility and to devise appropriate means for putting these lessons into practice" (memo from R. Toulmin CR5/6 to Mrs. Woods, MHB, 8.12.76).

The following May, the RLG received a copy of Toulmin's procedural guidelines (Appendix 1) and in their meeting the following June (24.6.77) discussed the handling of final research reports. The meeting agreed that the guidelines would be adopted by the RLG, and then proceeded to discuss the value of check lists. On this matter, it was agreed that these should be used as "aides mémoires which need not be followed slavishly" and that items on ethics and design should be added to the <u>SSRC checklists for rapporteur's report on completed investigation</u>. At the following meeting, it was added that the maximum possible openness should be practised in the case of referees' reports, and they should be "ideally circulated to all members of the RLG subject to the Chairman's discretion - to be exercised only in exceptional circumstances" (22.9.77).

At this same September meeting, the RLG's concern with the wider problems of dissemination was again shown in the tabling of their progress report to CSRC. Under the heading of 'Implications of existing research for policy makers', the report pointed out that: "No indices exist to guide decision makers at different levels to relevant existing research results, national and international. At all levels, from practitioners in the field to policy makers at DHSS, this can lead to arbitrary and sub-optimal choices being made. The RLG has already begun to consider the implications of research projects on completion, but this was not done systematically in the past. Previous research therefore needs to be brought together in a series of documents geared to the needs of different groups of policy makers and practitioners."

While thus expressing concern about the problems of exploiting research findings, the RLG has been able to make limited progress toward improving dissemination and assimilation in its own area. It is shown below that, of all the RLGs, the MHRLG has been one of the most active in considering reports of completed work, and in discussing and suggesting ways in which dissemination could be improved on a project-specific basis. It has also been the only RLG to implement formally item 3 of the Toulmin guidelines; viz. recording for each final report "first, the nature of the communication to be made to the researcher (the essential customer-contractor dialogue envisaged by Rothschild) in response to the report; second, consideration of the policy/service implications of the research findings; and third, consideration of further research needs arising out of the findings of the report" (Appendix 1). No other RLG has consistently broken down its discussion of the reports even of its own commissions in this way, let alone adopted the convention for pre-RLG commissions, as has MHRLG.

The RLG has also managed to incorporate dissemination facets into its own commissions. As noted above, it was recognized by the

RLG at an early meeting that the costs of disseminating research findings might be a legitimate charge on research funds (26.3.76). A year later, it was recorded that the increasing tendency for research projects before the RLG to have dissemination objectives built into them was "encouraging", but "not sufficient".

Most recently, the RLG had approved extending the appointment of a research worker whose "job was unique in relating a particular research project to services in ATCs (Adult Training Centres). His aims were to ensure effective methods of dissemination of the findings and to help ATC staff to develop relationships between a particular project and workers in the field in order to test results as they went along" (20.2.79).

While consideration has thus been given to improving dissemination of research on a project-by-project basis, the RLG had before it, at its meeting on 11 May 1979, a paper which sought to tackle problems on a broad front, and argued for "a clearly stated policy on the dissemination of research findings". The paper suggested strategies for improving dissemination which should underline the formulation of such a policy. The paper received a lengthy discussion and a somewhat mixed reception, which failed to reach agreement on any significant points for action.

5.47) Mental Illness RLG (MIRLG)

As one of the first two RLGs to be set up, the MIRLG had its functions and working procedures discussed at a preliminary gathering convened specifically for that purpose (12.10.73). When the first meeting of the RLG took place (20.11.73), this discussion was continued and focussed on the research management paper (CR5 GT3, October 73) summarized in section 5.1 above (the paper was tabled as RLG(MH)4). The author of the paper presented it to the RLG, and the absence of

critical discussion in the minutes of the meeting would seem to indicate that no major objections were raised regarding its content. It is merely recorded that "the Chairman expressed the hope that the RLG would be pragmatic in its approach".

Over the next few meetings (held at monthly intervals) there re-appear references to the research management paper, as further suggestions were made in respect of procedures which the group might adopt in pursuing their overall objectives.

On the 31st January 1974, the RLG discussed the problems of determining the relevance of existing research to mental illness policy, and "there was general agreement that the compilation of a list of successfully completed projects which had been sponsored by the Department would be helpful", for "it might then be possible to see what kind of research had been of value in relation to policy". At the meeting in the following May (29.5.76), the group pursued this point, and suggested "that there might be value in selecting 1 or 2 projects for scrutiny in order to see how far the actual work corresponded to what was originally envisaged and what use had been made of findings". (There is no subsequent entry in the minutes to indicate that this evaluation took place.)

At the same meeting, it was also resolved that "the outcome of research projects would in future be reviewed either (i) by the Chief Scientist calling for a report on the utilization of research results, or (ii) in the Annual Report on R & D". This, it was felt, would maintain an awareness of the outcome of the Group's commissions, at least amongst those involved in, or close to, the Group. At the same time, the RLG, itself, felt that it had to take measures to maintain its own level of awareness of extra-RLG Mental Illness research. To this end, it requested that it be informed of proposals accepted, or rejected, by the SGC and that contacts be established with bodies such as MRC who were involved in related work.

No further discussion of problems associated with the assimilation of completed research took place (other than on a projectspecific basis) throughout the following $2\frac{1}{2}$ years. Then, in May 1977, the Chairman drew the attention of the group to a Parliamentary Question concerning the value of DHSS-funded research¹² - there is no record of any other RLG having had its attention drawn to this Question. The minutes record that "the importance was stressed of making maximum use of research commissioned by the Department and the value that the officials placed on the opinion of the Group's advisers in considering the merits of completed pieces of work" (5.5.77).

In keeping with this re-emergent concern for the consideration of completed research, "it was remarked that, in order to give research papers the kind of attention needed for a thorough assessment, ideally only one should be considered per meeting" (5.5.77). The meeting then proceeded to consider three final reports.

No discussion of the appropriateness of any given set of procedures for the consideration of final reports had taken place up to this meeting, nor, indeed, did any take place at the meeting itself. At the next meeting (27.7.77) the Toulmin paper was presented (RMI(77)33), but the minutes simply record: "This paper was noted".

The only subsequent dissemination-related topic to be discussed by the RLG was the possibility of setting up fellowships in Social Service Department Research Units, to promote a research orientation amongst social workers. It was further suggested that field social workers could be given research experience in the research and intelligence units of Local Authorities. These suggestions emerged within the context of discussion of the RLG's strategy document, and had as their primary concern the cultivation of research ability amongst chosen

12. See Hansard (1977), quoted on the 'cover page' to Chapter 1.
field social workers. It was hoped that they might then be able to take on commissions in the areas of social service delivery as it relates to the mentally ill. If such a policy were very actively pursued, increasing numbers of social workers might be kept in touch with the findings of the RLG's research programme.

The omission of a discussion of the implications for dissemination of the proposed scheme possibly reflects a generally fairly low priority for the problems of dissemination. It may be that this is a consequence of the priorities of the administrative division, rather than of the group as a whole. This would at least appear to be so from the experience of the working group on Case Registers. On the 9th March 1978, they discussed the publication of research results, and it was explained that the Department could not undertake to publish the results from Case Register work in its series of statistics and research reports. The minutes record that "The outside advisers remained convinced of the need for more Departmental support for the publication of research findings".

5.48) Nursing RLG (NRLG)

For more than any other RLG, the objectives and actions of the Nursing RLG need to be viewed within the context of the particular problems which the Group inherited.

Firstly, it must be recognized that it was not until the 1960s that any concerted attempt was made to establish a framework within which research in nursing could grow.¹³ In making initiatives toward this end, a number of difficult problems had to be overcome. There were, and still are, few departments of nursing within the higher education sector, and few graduates (approximately 0.5%) in what is the largest professional group in the Health Service.¹⁴ Compounding

14. Lelean (1980).

^{13.} Simpson (1971).

these difficulties, training of nurses has had little, if any, research orientation, and a period engaged in research was not easily integrated into normal professional career paths.

The net outcome was that only a very limited number of individuals were able, and willing, to conduct nursing research, and there were few channels of dissemination for the findings of those studies that were undertaken. Further, those dissemination channels that did exist were unable to reach the vast majority of nurses who were neither research, nor literature, orientated.

The Department, as virtually the sole funder of nursing research, appreciated the folly of merely making research grants available, and recognized that a multi-faceted research infra-structure would have to be established within the nursing profession, if the research was to have any effect. It was this objective, of introducing research as a significant component within the profession, which the NRLG had to take-on as its responsibility. This was a far broader brief than that of the majority of other RLGs, who saw their role more in terms of steering existing research potential in directions more congruous with the Department's policies and priorities.

Thus, when the NRLG was set up, the discussion of the role of the RLG at the first meeting (in the presence of the Chief Scientist) led to a decision that a framework should be established for the nursing research programme which should have three aspects:

"l. Provision for training in research.

- 2. Provision of focal points for growth in research.
- 3. Provision of facilities to encourage the dissemination of research" (24.10.73).

Concern for this third aspect was immediately reflected when the meeting chose to discuss the then recent decision of the <u>Nursing</u> Times to discontinue its 'occasional papers' series. It was felt

that "the papers had been valuable for the publication of short research reports", and that, although "the journal would be printing similar articles in the main text, probably monthly, these would no longer be available on separate sheets as reprints". A member undertook to discuss the matter informally with the editor of the <u>Nursing Times</u>, and at the next RLG meeting was able to report that:

- "a. After numerous complaints the <u>Nursing Times</u> had decided to resume its occasional papers series using centre folds once the paper and printing situation eased.
- b. The <u>Nursing Times</u> had also reorganised and simplified their arrangements for ordering offprints.
- c. The publishers were also considering publishing a quarterly Nursing Research Journal" (11.2.74).

The RLG then proceeded to offer suggestions for the new journal in respect of format, target readership and economies of publication, which a member undertook to pass on to an individual responsible for the proposed project.

At the first meeting, it had been decided that the RLG would set up two sub-groups, one each for 'Education' and 'Practice', and it was agreed soon after that a third should be set up for 'Service'. Responsibility for the monitoring of individual projects within their subject areas fell to these groups, and this brief included the assessment and assimilation of research findings. The main RLG, meanwhile, received reports from these groups and involved itself in the wider framework of the NRLG brief outlined above.

Amongst the initiatives discussed in evolving this framework were the establishment of Nursing Research Liaison Officer posts, a research fellowship scheme, research appreciation courses, involvement in the Royal College of Nursing series of publications and the establishment of a Nursing Research Index (see section 7.23). Each of these schemes could have helped the establishment of conditions for

improving the dissemination of the findings of nursing research - an objective which was specifically discussed at the sixth meeting (23.6.76), where the group "endorsed the importance of developing an efficient nursing research information system for the whole of the UK". The Chief Librarian of DHSS was in attendance, and she described the Department's library services and "the problems of providing information for individual client groups such as Nursing with very limited resources". The meeting then proceeded to discuss the problems of separating professional information from research, and of providing a central research register, as well as the need for a very sophisticated classification and terminology system. The conclusion drawn from these discussions was that "some sort of freely available publication detailing existing nursing research seemed to be indicated rather than an index card system, e.g. a quarterly publication or an annual with regular references giving bibliographic sources of the latest research findings" (23.6.76).

The Group's concern with establishing improved channels for the dissemination of nursing research findings continued to express itself through discussion and action related to the various special programmes in which it became involved. A very large proportion of NRLG committee time was expended on these items. The sub-groups had, meanwhile, taken over their responsibilities for the consideration of individual project completions, with each sub-group free to formulate its own procedural priorities and practices. The same suggested terms of reference were presented for discussion at the first meetings of both the Service and Practice sub-groups. Of the five points presented, only the fifth related to the consideration of completed work, that being: "To maintain the continuing appraisal of research findings and identify appropriate action for the Department which can be recommended by the RLG".

The Practice sub-group discussed the other four terms of reference (related to setting research objectives and commissioning research to meet these), but no record exists of any statement of policy or opinion in respect of the fifth. The minutes of the first meeting of the Service sub-group record, however, that

"It was AGREED that:

- a. Annual reports on projects could be examined within the Department, for further study at a sub-group meeting as necessary. Final reports would be considered by the sub-group.
- b. Other reports, e.g. at the pilot stage, should be requested as necessary.
- c. The importance of reports should be stressed to researchers from the commissioning stage on" (27.2.75).

The Education sub-group, by contrast, did not discuss its terms of reference, but went straight into its business. The minutes of its first meeting do, however, indicate that consideration of, and recommendation of action upon, completed work, were not to be overlooked as responsibilities. For the sub-group discussed a paper reviewing existing research into nursing education, prepared by one of its members, and "agreed that this invaluable paper should be published so as to be available to other researchers". The group further "undertook to find out what publication possibilities there were from DHSS and the RCN".

From these beginnings, the sub-groups proceeded to concentrate on the determination of research priorities, the commissioning of research, and the monitoring of commissions and other projects within their area of concern. Each evolved its own system for the consideration of completed reports: none discussed the Toulmin paper, nor any other set of guidelines for appropriate practices. The outcome appears to have been a series of pragmatic project-specific decisions concerning the effort which should be expended on this part of their brief. Occasional references endorsing dissemination initiatives by the main NRLG are recorded. However, the only time that any subgroup discussion of dissemination arose outside of the context of the consideration of a final report occurred when it was reported that Parliamentary Questions had been asked about pressure sores. "In discussion it was pointed out that literature was available on the subject of pressure sores and the sub-group recommended that ways should be found of ensuring that this information was disseminated to those actually undertaking nursing care in the ward situation" (Practice sub-group 25.8.76).

It is interesting to note that while this <u>appears</u> to be an example of recognition being given to a dissemination problem, there was no indication of which individual, division or institution should assume responsibility for taking ameliorative action, nor was there any suggestion as to the nature that such action might take.

5.49) Physical Handicap RIG (PHRIG)

Since its establishment in 1974, the PHRLG has increased its share of the HPSS research budget from approximately 1% to over 9%. In the associated promotion of its research area, it has encountered some of the same problems as the Nursing RLG. Most noticeably, the Departmental <u>Annual Report on R & D (1978)</u> records that for the PHRLG, like the NRLG, "a major recurring difficulty is the limited number of teams willing to undertake commissions in this field".¹⁵ Similarly, both RLGs share the problem of having practitioners at the field level who have a low level of research orientation and are thus difficult to reach with the findings of research.

Organizationally, the two RLGs have similarities, too, in that the PHRLG has also devolved a large proportion of its work (determining research objectives in specific areas, commissioning projects to meet these objectives and monitoring these projects) to working groups. It has established four working groups (Aids and Mobility, Hearing Impairment, Rehabilitation, Visual Impairment and General Classes), each, like the NRLG sub-groups, chaired by a representative of the appropriate Departmental administrative division. The working groups give fairly extensive reports of their meetings to the main PHRLG, with minutes usually circulated previously to the RLG members, along with other committee papers.

The minutes of the PHRLG record neither any discussions of the RLG's role in relation to the assimilation or dissemination of completed work, nor any recognition of the Toulmin paper, nor, indeed, any discussion of the practices to be adopted on receipt of final reports. Very few of the RLG's own commissions appear to have reached completion by the date of the last set of minutes to which access was available (17.10.78), but many projects seemed to be nearing this stage. It appears that consideration of final reports will be handled by working groups on an ad hoc basis, but any comment on the procedures adopted for this aspect of the RLG's work would seem to be premature.

The RLG has not, however, completedly overlooked disseminationrelated problems. For example, in April 1977 it is recorded that "it was generally felt that not all the information about research currently being undertaken by universities and other outside bodies into physical handicap rehabilitation, etc., was fed back to the Department. The research could affect the sub-group's choice of priorities and the Chairman and Secretariat agreed to consider what, if anything, could be done to improve the situation" (22.4.77).

The Rehabilitation Working Group, meanwhile, was concerned with the very limited level of research orientation at the field practitioner level (most notably amongst physiotherapists), and reported that "the

key to progress was the evaluation of the work done by the remedial professions and that, in this connection, research strategy should concentrate on three main approaches:

- i. the development of research interest and capability amongst the remedial professions
 a start was being made on this by the creation of two research fellowships to start in the next academic year;
- ii. the development of research appreciation courses; and
- iii. further activities in the training field for example, a conference (to be held at the King's Fund in February 1978) for members of the remedial profession interested in research" (28.11.77).

5.4(10)) Reproduction and Allied Services RLG (RASRLG)

The RASRLG was set up in December 1975, and the first meeting records its stated aim to be the identification of "areas where research would be of most use and to indicate areas of priority according to the available resources" (3.12.75). The Chairman subsequently said that he saw the RLG's "role as defining objectives for research into health and social aspects of sexual belief and behaviour, setting research priorities and in advising on research proposals received by DHSS". There was no discussion of the wider terms of reference tabled for other RLGs, nor any discussion of the RLG's responsibilities for considering completed research and assisting the dissemination and assimilation of findings. Receipt of the Toulmin paper was not acknowledged, nor was there any discussion of what practices should be adopted for handling final reports.

Some completed work was, however, considered (both pre-RIG and RLG commissions) with the handling of each report (or other final document, or verbal presentation) determined in what would seem to be an ad hoc pragmatic way.

5.5) The consideration of completed work

5.51) The priority given to report consideration

The description of RLG discussions has shown that the ten Groups differ from each other in terms of the degree of priority which each placed on that part of their brief which is concerned with the handling of completed research. This non-uniformity in the determination of procedural priorities is further reflected in an examination of the number of completed projects which each RLG has considered. Comparisons drawn between RLGs have, of course, to be placed within the context of the differing concerns of, and constraints upon, each of the Groups.

Table 1 sets out the relevant data. The number of months passed and number of meetings held, since the establishment of each RLG, are tabulated along with financial indicators of the size of each RLG programme (taken from the 1978 R & D <u>Handbook</u>). The number of sub and working-groups each RLG has set up are also listed, so that allowance can be made for the levels of devolvement of workload and responsibility within each RLG.

The number of commissions each RLG has made and the number of final reports each has considered are then listed, so that they can be inter-compared. To assist in these comparisons, whilst controlling for committee-time factors, the absolute figures for numbers of completions considered and numbers of commissions made are also shown 'normalized' by presenting the figures of each, 'per year' and 'per meeting'. Finally, the quotient of the number of completions considered over the number of commissions made, is listed.

Before proceeding further it is necessary to qualify any inferences that may be drawn from the data, by identifying limitations in the data itself. These are:

> i. The number of working or sub-groups an RLG sets up does not necessarily reflect the extent to which



Table 1: RIG's rates of commissioning research and considering final reports

11.6	No.of subs & working groups	Annual Unit/& program- me costs	Cost of commus.	Estab- lished	Age in months at Apr.'/)	No.of maet- ings	No of. I communs. (N ₁)	No.of commn/ yr	No.of communs/ meet.	No.of complet- ions consid-	No.of CCs per year	No.of CCs. per meeting	CZ Z
		£,000	1,000							10 TO 10		£	
Iren	9.	380	530	412/6	55	15	15	lt.18	1.25	9	1.31	0.40	0'10
rly	Occ	202	610	8/74	56	14	18	16.4	1.80	13	2.79	0.93	0.72
nsic ch.	2	62	31	3/76	37	2	2	0.96	0.33	L	0.32	0.14	0.50
less dicts	2	105	420	1/2/6	55	12	13	3.63	1,41,1	10	2.18	0.83	0.77
	-	601	280	5175	64	11	5	1.71	0.71	6	2.30	0.81	1.80
al.	2	695	12	44.75	59	13	£	0.77	0*30	- 13	2.44	0.92	It.00
al	4	11,75	300	11/73	65	26	11	2.49	0.50	11	2.03	0.42	1.00
sical d.	5	0 [†] 1 [†] 0	900	10/21	54	6	30	8.57	4.29	1	0.22	0.11	0.03
3°5°	0	ξţ	200	12/75	0 ¹	11,	14	1.71	0. 414	£	0*90	0.27	0.75
ing	8	235	370	10/73	99	12	17	3.78	1.89	18	3.27	(1.5)	1.05
ice	in above	in above	in above	2/75	50	10				9	1-111	0.60	
F	=	:	=	11/73	65	16				2	1.30	0.63	
tice	=	=	=	3175	64	16				5	1.22	0.31	

figures as at March 31st 1978.
 # figures as at March 31st 1979

RLG business is devolved from the main meetings. Sub and working groups differ considerably amongst themselves in the frequency of their meetings and the range of their responsibilities.

- ii. The costs of an RLG programme of research are not necessarily a reliable index of the amount of effort required for its management and monitoring.
- iii. The number of meetings an RLG has had is not necessarily a reliable index for comparison, between RLGs of committee hours expended. One RLG may, for example, have meetings averaging 2 hours, whilst another has meetings averaging 5 hours.
 - iv. The number of commissions an RLG has made is not necessarily proportional to the amount of committee time expended on making those commissions.
 - v. Similarly, the number of completions considered by RLGs does not constitute a non-problematic index of the level of activity which each has expended on this aspect of its brief. Further, it must be remembered that the number of completions which could be considered by each RLG, is constrained by the number of non-RLG commissioned projects reaching completion during the period of study, which are of sufficient relevance to RLG concerns, to merit tabling for consideration.
- vi. The quotient of the last two indices is subject to the compounded effects of qualifications placed on each of them.

While all these considerations have to be recorded, the data in Table 1 still have value as indicators upon which to draw qualified inferences, particularly when this involves inter-comparison of indicator values which have large differences. (For example, there is a reasonably high probability that one RLG will use up more committee time considering 13 completions (elderly), than does another RLG in considering only one (physical handicap).) In addition, of course, the number of completions considered, and the number of commissions made, are data which have value in themselves, for the purpose of inter-comparing the activities of RLGs.

On examining Table 1, the most striking feature is the high level of variability between RLGs in respect of the number of completions each has considered. Even when one controls for an RLG's age and frequency of its meetings, this high variability remains striking. For example, the Elderly RLG's rate of considering completions per meeting is over eight times that of the Physical Handicap RLG. It is also noticeable that there is a higher variability amongst the 'per meeting' rates at which RLGs consider completions, than there is amongst the per meeting rates at which they commission projects (if the standard deviation divided by the mean is used as an index of this, one gets 0.32 vs. 0.28). While this high level of variability is found to exist in the numbers of final reports which have been considered, there appears to be only a limited association between this variable and the number of meetings an RLG has had. There is, further, no association between it and the number of commissions which each RLG has issued (i.e. those RLGs which have considered most completed projects are not necessarily those which have made the most commissions or those which have had the most meetings (see Graph 1).

Commissioning research and considering final reports both make demands on RLG time. The balance between these two claims appears to have been determined for each RIG by a number of factors. The first is the distribution of durations of the RLG's early commissions, and the speed of the RLGs in making their first commissions. With an average age of RLGs (at 1 April 1979) of approximately 42 years, there has only been time (for the average RLG) for projects of up to $3\frac{1}{2}$ years duration commissioned in the first year, $2\frac{1}{2}$ years duration commissioned in the second year and $l\frac{1}{2}$ years duration commissioned in the third year, to reach completion. Clearly not all RLGs are 'average', and their ages at April 1979 vary from about 32 years to 52 years. In respect of this factor, therefore, there is greater opportunity for a larger proportion of older RLGs' projects to have reached completion and, in consequence, to have been available for consideration.

A second factor is the level of relevant research activity which was already in existence in an RLG's area, prior to its establishment; and, more particularly, the number of relevant research projects which reached completion during the period between an RLG's establishment and April 1979. Clearly, this factor limits the number of non-DHSS and pre-RLG DHSS-funded projects which an RLG could choose to consider. The third factor is the RLG's attitude toward considering completed non-DHSS, or pre-RLG DHSS-funded research. The Toulmin guidelines left the formulation of policy on this issue for each RLG to determine (see below).

A fourth factor is related, but broader, and concerns the wider priority given to the consideration of completed work by each RLG. In section 5.4 it was shown how each RLG developed its own understanding of its role and procedures in relation to the assimilation, dissemination and utilization of research findings. Some RLGs were seen to place a strong emphasis on these aspects of their

Reasons for the emergence of these emphases wary. Sometimes brief. an administrative division has wanted to develop the RLG into a body performing an entrepot role, assimilating research findings for the division's own use (e.g. Elderly RLG), sometimes there has been a broadly based concern with problems of dissemination to practitioners in the field (e.g. Nursing RLG), and sometimes it has derived from concern and agitation about dissemination by individual external advisers (e.g. Mental Handicap). Whatever the reasons, RLGs have discussed their roles and practices in relation to completed research to widely varying extents. Some, like the Elderly, Nursing and Mental Handicap RLGs, have devoted considerable attention to this, whilst others have given minimal consideration to problems of research assimilation and have not even discussed what to do with final reports, preferring instead to proceed in an ad hoc way. In this latter category fall Forensic Psychiatry, Physical Handicap, and Reproduction and Allied Services RLGs.

It is striking that the former group corresponds to those RLGs which are found to have considered the largest numbers of final reports, while the latter group correspond to the RLGs considering the least. This suggests that the greater an RLG's concern with problems of research assimilation, the larger the number of final reports which it has considered.

5.52) The selection of reports for consideration

While the above observations are made on the basis of the relative numbers of reports tabled for consideration by RLGs, one is, of course, led to ask how many completed DHSS-funded projects may have been deliberately, or accidentally, neglected by the RLGs. An indication of the degree to which RLGs give consideration to the totality of Department-funded projects, falling within their areas of responsibility

(during the period of this study) can be obtained by analyzing the fate of the 36 projects identified in the survey of researchers (by the author) as falling within these areas.

As all these projects were due to reach completion during the 12-month period ending 31 March 1977, and the analysis of RLG minutes covers not only this period, but also the following 2 years, full opportunity exists in terms of the timing of report submission and consideration, for each of these reports to be tabled at meetings of the appropriate RLG. In fact, one finds that only 15 such reports (42%) were tabled for consideration by the RLG to which they primarily related, while a further 2 (11%) were viewed by other interested RLGs (Table 2).

RLG	No. of projects considered (C)	No. of projects neglected (N)	$\frac{C}{N + C}$ %
Children	2	3	40
Elderly	2	Ο	100
Forensic Psychiatry	1 ·	Ο	100
Homelessness and Addiction	2 (+1 not interviewed)	3	40
LASS	1	Ο	100
Mental Handicap	-	1	ο
Mental Illness	3	3	50
Nursing	2	3	40
Physical Handicap	1	1	50
Reproduction and Allied Services	l	7	13
Total	15	21	40%

TABLE 2: Proportion of sample projects considered by RLGs

It must, of course, be noted that only a small minority of the group of 36 projects in RLG areas were, in fact, RLG commissions. For the date of commencement of the majority pre-dates the establishment of the relevant RLG. The Toulmin guidelines for the handling of such projects were as follows:

> "The degree of attention which the RLG should give such reports will, we suggest, depend on such considerations as the importance and cost of the research in question, whether the RLG has actively considered progress reports on it subsequent to commissioning, whether the research team have requested an extension of support from the RLG, or whether the RLG are themselves considering further research in the same field. In some cases, this could lead to a decision to accord a pre-RLG piece of research the full RLG treatment as outlined above; in others, the minimum routine of collecting Departmental comments for communication to the researcher by Research Management may be considered sufficient; many cases will no doubt be felt to fall somewhere in between."

These guidelines, dated May 1977, may have arrived a little late for many RLGs. In any case, a minority of RLGs actually discussed the guidelines and the majority relied on ad hoc pragmatic decisions on procedural matters; the guidelines, of course, suggested that this should be so in relation to the consideration of reports of pre-RLG commissioned research. In the light of this situation it is interesting to compare the characteristics of projects selected by RLGs for consideration, to those which were neglected. This can be done in terms of the research/researcher variables used in the survey of researchers (Table 3).

It is seen from Table 3 that the proportion of short projects chosen for consideration is higher than the proportion of long ones, but that the proportion of expensive projects chosen is higher than the proportion of cheap ones. However, numbers of cases are small and these differences are far from significant [p < 0.8 and p < 0.7 respectively].

· · · · · · · · · · · · · · · · · · ·	No. of projects chosen (C)	No. of projects neglected (N)	$\frac{C}{N + C}\%$
Duration		 	
≫l year	3	3	50
2 years	5	6	45
3 years	5	8	38
≪4 years	2	4	33
Cost*			
∑ £20,000	4	9	31
< £20,000	7	7	50
Researcher Institution			
Govt. Organization	1	-	100
Medical School or Teaching Hospital	3	8	27
Other hospital	-	4	0
University	5	3	63
Non-University Research Unit	4	3	57
Independent Researcher	1 -	-	100
SSD	-	1	0
Soc ial Ser vices Interest Group	-	1	0
Other	1	1	50

TABLE 3: Research(er) variables and the selection of projects for consideration

* Data are only available for 'single' projects.

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Looking at the insitutional location of researchers, one finds that reports emanating from Government organizations (in . this case, OPCS), universities and non-university affiliated research units are considered by RIGs with a higher relative frequency than those coming from social services departments, social welfare agencies, hospitals and medical schools. Numbers of cases are again very small, and one should be guarded in drawing inferences. However, a noticeable feature is the markedly low frequency with which hospital-based projects were chosen for consideration [p < 0.2]. A factor underlying this situation would appear to be the reluctance of RLGs to involve themselves in the consideration of research which, while focussed on the problems of client groups for which they as RLGs have responsibility, also relates to the clinical management of patients. This situation finds its clearest expression in Table 4, were one observes the total neglect of reports of projects in Moss' Category 6- Clinical/ Laboratory Research [p < 0.2].

5.53) The nature of report consideration

A full descriptive account of the consideration of final reports by each of the RLGs would be prohibitively long for presentation. The modus operandi here will, therefore, be to present tabular descriptions of the consideration of final reports, using the same categories for all projects considered by each RLG (see Table 5).

The RLGs' roles in respect of assimilation of research findings can be split into two. On the one hand, the RLG contains members of Departmental divisions who are potential direct consumers of research information (i.e. they are in a position to incorporate research findings

Research Type	No.of projects chosen for RLG consideration C	Number of projects neglected N	C N+C [%]
1	4	5	44
2	9	8	53
3	2	5	29
4	-	3	-
5	4	1	80
6	-	5	-
7	2	5	29
8	8	6	57

Table 4: Projects considered by 'Moss' category of research type.

Research Type

- 1. Descriptive accounts of an existing situation based on some form of survey or analysis of statistics, e.g. trends in infant mortality or bed occupancy rates or extent and distribution of physical handicap.
- 2. Examination of how a particular service is currently working.
- 3. Study of the feasibility of a new way of meeting known need.
- ⁴. Study designed to compare costs of alternative ways of meeting a known existing need.
- 5. Study designed to seek out gaps in the present provision of services.
- 6. <u>Clinical Laboratory</u> research which helps understanding of the nature or cause of particular illness or evaluates a way of treating it or helps to develop methods for doing these.
- 7. <u>Field Trials on a controlled basis to test usefulness of existing methods</u> of treatment or the possible contribution of a new treatment.
- 8. Other research.

	CRLG	ERLG	FPRIG	HEARLG	LASSRIG	MHRLG	MIRIG	NRLG	PHRLG	RASRI
No.of completions . considered	6	15	1	10	9 ^c	12	11	18	1	3
Dept.funded projects ^a	5	13	1	. 9	9	8	11	1 8	1	2
RLG commissioned projects	ο	9	0	6	0	0	1	?	0	0
Researcher to discuss	0	1	0	_ 3	o ^d	0	1 ^e	8	0	1
b Summary provided	5	3	0	1	9	11	4	8	1	1
Pre-read in Dept.	4	4	Ó	4	4	0	1	1	1	Ò
RLG readers	2	7	0	2	0	12	6	4	1	1
Discussion of content	6	9	0	5	1	12	9	16	1	3
Discussion of policy implications (inc. research)	2	4	0	4	3	1 0	. 5	. 9	1	3
Discussion of research implications	2	2	o	2	2	9	6	5	1	1
Discussion of dissemination	0	7	0	3	1	7	2	1;	2 1	1,
Recommendation re dissemination	0	5	6 0	3	1	_ 6	. 2	1	1 1	1
Attempt dissemination action	0	C	0	2	0	2	О	i	2 1	1
Initiated other action	0		1 0	1	1	° 0	0		1 0	O
Just "noted"	0	C) 1	1	1	0	0		1 0	ο

Table 5. The consideration of final reports by RLGs: establishment - Arril 79

Notes

- a) Projects funded jointly by the Department and other bodies are included
- b) In the case of MERLG and NRLG, verbal summaries are included
- c) One report was considered by both the LASERIG and the ERLG
- d) In one case the RLG agreed to convene a meeting for some of the RLG
- members to meet the researchers to discuss their recort
- e) In addition to the six cases of researchers being invited to the RLG, there were a further three cases where RLG representatives visited the researcher and returned to the RLG to give a report on their meeting.

into the policy making process) and indirect consumers (i.e. they can recommend recognition of research findings in policy making processes taking place elsewhere, e.g. service administration at the local level). Discussion of final reports at RLG meetings can thus play a dissemination enhancement function in itself, and this would appear to be very much the case when an RLG specifically discusses the policy implications of In most cases, an administrative division should have research. received a copy of a report containing research of relevance to its concerns via a project liaison officer. Through RLG discussions, however, the visibility of research findings can be raised. Attention can be focussed both on report content as a whole, and on specific elements - the policy implications, the levels of scientific validity of findings, and the congruence of findings and policy implications with the differing occupational experiences and concerns of other RLG members.

The other way in which the RLG can participate in assisting dissemination of research findings, is by discussing the dissemination problems of individual projects, and either making suggestions as to how they might be ameliorated, or instigating action to effect such amelioration.

Of these two aspects of the RLGs' potential dissemination enhancement role, inferences in relation to activity related to the first can be drawn from inter-RLG comparisons of the frequency with which final reports are discussed, and the range of these discussions (see Table 5).

A crude indication of the extent to which the second aspect of the RLGs' dissemination enhancement role is fulfilled can also be inferred from Table 5. These inferences can be refined by presenting brief descriptions, on a project by project basis, of the nature of the RLG discussions concerning the dissemination problems of individual projects.¹⁶

5.531) Children's RIG

The RLG did not discuss, or make any recommendations on, dissemination of completed research projects. There was, however, discussion of how the 'Report of the working group on research arising out of the Court Report' should be published (see section 5.41). It is interesting to note that none of the research reports considered by the RLG were, in fact, RLG commissions, though five RLG commissioned projects were due to reach completion by January 1979.

5.532) Elderly RLG

- Project 1 The Group were told and indicated approval of the researcher's intentions for journal publication.
 - " 2 The Group found the project disappointing, but would not wish to prevent the researcher from publishing.
 - 4 It was announced that the report had already been viewed by the 'Elderly' Division and would be published by HMSO. At the RLG meeting it was agreed that two of the Group's advisers should join a steering group to plan a seminar. It was envisaged that this would be a small meeting of researchers and policy makers who would consider the implications of the survey and suggest further action.
 - " 7 It was agreed that the report should be sent to those Authorities which had participated in the study and made available to others who might express interest.

^{16.} In examining these summaries it should be noted that additional discussion and consideration would normally have taken place outside the meetings of RLGs: most notably within customer divisions and between customer divisions and liaison officers (see Chapter 4). Less frequently these discussions would involve researchers (see Chapter 6).

- Project 9 It was agreed that the findings should be the subject of further discussion by a small group to whom would be pre-circulated a summary and a critique prepared by a scientific adviser (who had acted as rapporteur).
 - " 10 Scientific advisers gave their comments on the report, and the Group thought that the researchers should be invited to a meeting with the RLG and other researchers who had just completed work on a similar topic. At the next meeting, the Group were told that having seen the report, the Department proposed to consider what additional guidance on the establishment and maintenance of day hospitals might be issued to Health Authorities.
 - " 11 The implications of research findings for the Pharmaceutical Industry and Royal College of General Practitioners (RCGP) were examined, and it was agreed that the RLG's comments should be conveyed to those concerned with prescribing in the Department. It was further argued that the researcher should be encouraged to publish his report soon, preferably in the RCGP journal so as to reach GPs, and it was agreed that the Department should invite the researcher to join in an approach to the RCGP about a possible programme of education in prescribing for the elderly.
 - " 13 The RLG were told that the report was also under consideration by LASS RLG and that it was to be published shortly. At the ERLG meeting it was agreed that it would be of value to circulate findings to Directors of Social Service Departments and those involved in social work.

5.533) Forensic Psychiatry RLG

There were no discussions or recommendations with respect to

dissemination for the one completion tabled for consideration. This was an SGC project.

5.534) Homelessness and Addictions RLG

- Project 1 The publication of the report was discussed (it was later published by HMSO), and the Department undertook to consider whether they might circulate it to local authorities and other interested parties. It was also agreed that it would be worthwhile bringing together people researching in the field covered by the report (marital violence).
 - " 6 After a discussion of the content of the report, the group suggested that the Secretariat should bring the report to the attention of the professional organizations, who said that they had found that much knowledge had been imparted and that the findings of the research should be made available to Social Service agencies. It was also agreed that to further advisers' knowledge of service problems associated with alcoholism and drug addiction, as well as to identify needs, day seminars on alcoholism and drug misuse should be arranged.

5.535) Local Authority Social Services RLG

The Social Work Service and LASS Division have taken a number of initiatives to enhance the assimilation and utilization of Departmentfunded research in the LASS field. The LASS RLG minutes would seem to suggest that the Group has been an observer rather than instigator of these activities. Even in the one case listed where the RLG did comment on the dissemination of the findings of a project, it did so predominantly in terms of endorsement. Thus: Project 8 - The RLG were told in connection with this project that

"the means of dissemination of results of the research is to be a series of monographs to be published by Allen and Unwin during the course of 1979. The Department is anxious to do all it can to make the results available to bona fide enquirers, meanwhile, without undermining the success of the 1979 publications. It has been agreed that a summary will be prepared by the researchers in accord with the terms of the contract, and this summary will be made available as appropriate until the publications are available. The summary will also be sent to members of the RLG as soon as it becomes available."

Six months later the RLG were told that a seminar for the Social Work Service was being planned to discuss the issues raised by the report, and the RLG agreed that "i. a seminar for SWS should be held and SWS should pursue the possibility of a larger seminar with the PSSC and ii. consideration should be given to holding a workshop next year" (21.7.78).

5.536) Mental Handicap RLG

- Project 2 The RLG suggested to the researchers that they should publish their report so that it could be read in the NHS.
 - " 3 The RLG described the report as "an illuminating study worthy of wider dissemination" and suggested that in addition to the book which the researcher was planning to publish, an article should also be written for a social service journal, so that findings would be available to those working in the field.
 - " 4 The RLG felt that publications arising from the work would be of interest and assistance to parents and teachers.
 - " 5, 6 The RLG thought that workshop discussions of the findings should be encouraged, and that a pamphlet summarizing the findings of these, and other related, studies should be produced.

- Project 11 The RLG felt that the layout and presentation of the report was deficient and should be improved.
 - " 12 The Group felt that the researcher should be encouraged to publish his work, but, in doing so, he should place his findings within the context of other related studies. It was also suggested that the researcher should publish a teaching manual.

As was explained (in section 5.46) above, the Mental Handicap RLG was the only group to split its comments on reports into the three sections recommended in the Toulmin guidelines: viz. i. communication to researcher, ii. policy/service implications, and iii. considerations of further research needs. It is noticeable that the majority of suggestions pertaining to dissemination which the group has made, are recommendations to researchers. Not all these recommendations appear, however, under the heading 'communication to researcher' in the RLG minutes and it would, therefore, be interesting to find out what actual feedback the researchers received.

5.537) Mental Illness RLG

- Project 5 The RLG found the "form" of the report unsuitable for consideration by them, or, indeed, by the Department. To them it appeared "overlong and unfocussed" and they would have preferred an edited version. The group suggested that the report might be divided into two sections, the first descriptive, the second evaluative.
 - " 6 The group commented that "one or two papers based on the research could usefully be published in journals, but that there was no reason for the Department to depart from its usual practice of not financing the publication of research, either in full or in part".

5.538) Nursing RLG

- Project 1 The sub-group agreed that the Department, as joint customer, should ask the researcher to provide a more condensed version of the report and general conclusions and also advise on particular points of interest to the Department, so far as the evidence collected allowed.
 - " 3 The sub-group felt that, if the author were to proceed with publication, a condensed version concentrating on factual analysis would be of greater use to nurse teachers.
 - " 4 The sub-group offered similar comments on this report, as on project 3, and agreed that comments on both reports should be conveyed to the researchers.
 - " 5 The sub-group suggested that a letter be sent to the researcher, asking that, if the report were condensed for publication, the Department would like an opportunity to comment on the article prior to its submission.
 - " 6 The sub-group suggested that the researcher should consider publishing a condensed version as an article in the nursing press.
 - " 8 The sub-group suggested that action should be taken to encourage the RCN to give wide publication and advertisement to the study. At a later meeting, the sub-group met the researcher, afterwards expressing further concern over the availability of the research findings. They suggested that the RCN should issue a pamphlet, and that the Department should discuss with the RCN the possibility of their books being put on general sale.
 - " 9 The sub-group were told that the Department had found the study (a review) useful as an introduction, but not suitable for publication. The sub-group suggested, however,

that the bibliography could be published and encouraged the researcher to circulate a paper to urologists and nurses dealing with the problem it discussed.

- Project 10- The sub-group discussed the possibility of including extracts in a Chief Nursing Officer's letter, or publication of a summary or monograph. Two sub-group members undertook to follow up the discussion.
 - " 12- The sub-group recommended that the report should be revised for publication, and were informed that it was scheduled for HMSO.
 - " 13- The sub-group discussed the pros and cons of circulating the report to researchers. The opinion of the main RLG was sought, and they thought it should be publicized as widely as possible.
 - " 14- The sub-group emphasized the need to publicize the study and agreed that, after the publication of a book, the possibility of mounting a conference on the subject should be considered. At a subsequent meeting, it was explained that the report was too large to form a commercially viable publication, but that Central Management Services were preparing a number of abstracts drawn from the report, and these would be circulated within the NHS.
 - " 15- The sub-group suggested that a paper should be sent to the National Staff Committee for Nurses and Midwives and that the possibility of publication of the research through Chief Nursing Officer letters, journals, etc. should be pursued.

5.539) Physical Handicap RLG

Project 1 - The RLG decided that the report should be circulated to the Elderly client group and a meeting of client groups should be arranged. It was also suggested that some of the findings might be suitable for inclusion in the White Paper on the elderly which was in preparation.

5.53(10)) Reproduction and Allied Services RLG

Project 3 - The RLG suggested some alterations that the researcher should make if he were planning to publish his report.

5.54) Summary of comments made on individual reports

Summarizing these comments on dissemination, made in the consideration of final reports by RLGs, it is found that of 82 completions considered, in 35 cases (43%) there was some discussion pertaining to dissemination (broadly defined). In four of these cases, there was discussion without any element of recommendation.

In the remaining 31 cases (38% of the total number of completions considered) some kind of recommendation with respect to dissemination was put on record. It does not follow that the recommendations were, in all cases, passed on to those individuals to whom they would appear to have been aimed. Nor, that when recommendations were passed on, they were necessarily acted upon.

The recommendations break down as follows:

Relay findings to a division within DHSS	2
Approach professional body	2
Send notification to AHAs	1
Send notification to LAs	l
Send notification to SSDs	2
Send notification via CNO's letter	2

Organize a seminar/workshop/meeting	7
Organize a conference	l
Recommend publication as report/ monograph/book	4
Recommend publication as journal article	5
Produce a pamphlet	2
Produce teaching manual	1
Informal circularization to researchers	1
Informal circularization to specialist group of practitioners	1
Reorganize layout of report	6

Referring back to Table 5 and the itemized comments above, it can be seen that the RLGs making most recommendations for dissemination are those which tabled the most reports for consideration: viz. Nursing, Mental Handicap, and Elderly. PHRLG, with only one project considered, cannot meaningfully be included in this analysis.

It was observed in the "quantitative analysis" (section 5.51) that the greater the extent to which an RLG's discussions reflect concerns with problems of research assimilation, the larger the number of final reports which the RLG is found to have considered. Having examined the nature of the consideration given to final reports by RLGs, it would now appear that this group of 'concerned' RLGs not only table more reports for consideration: they also discuss dissemination on a project-specific basis more frequently, and more often make recommendations on how dissemination might be improved.

5.6) Conclusions

An examination and comparison of RLG minutes has shown considerable variation in the extent to which the Groups have discussed problems of research assimilation and dissemination.

Differences between RLGs can be attributed to a number of factors. One would appear to be the differing ways in which RLGs' research areas are defined. Two have as their focus 'client' groups (Children, the Elderly), two have 'services' (i.e. LASS, Reproduction and Allied Services), two others an area of professional practice (i.e. Nursing, Forensic Psychiatry), and the remainder, particular forms of illness, handicap or social disadvantage (Mental Illness, Mental Handicap, Physical Handicap, Homelessness and Addictions). Clearly, such differences in focus lead to RLGs having different types and ranges of potential consumers for the findings of their research programmes. Even within these categories of RLG, there can be major differences in the type of potential research consumer which an RLG has to consider. For example, the Nursing and Forensic Psychiatry RLGs both have as a focus an area of professional practice; yet the two professional groups with which they are concerned could hardly be more different as research Nursing is vast in size, with low research and literature consumers. orientation:¹⁷ Forensic Psychiatry is relatively small and highly specialized, with a high orientation toward professional literature, in general, and research literature, in particular.¹⁸

Further factors can be identified as having significantly influenced RLG discussions of their roles in relation to completed research. A major such factor would appear to be the extent to which each RLG's related administrative division has used its influence (through the Chair and Secretariat) to guide RLGs toward their own concerns regarding research assimilation (see, for example, the Elderly RLG). The extent to which RLG members share a concern for the building up of a framework through which research can become an increasingly

17. See Lelean, op. cit., and Simpson, op. cit.

18. See Bowden (1971).

significant influence on particular areas of service delivery, can also be seen as important (see, for example, Nursing and Homelessness and Addictions). Another factor is the influence of strong representation by external advisers concerned with both general and project-specific problems of research dissemination (see, for example, Mental Handicap).

Just as RLGs have shown differing emphases in relation to problems of dissemination, so considerable variation has also been displayed in the levels of priority given to the consideration of final reports. Thus, at one extreme, Forensic Psychiatry has tabled only one report for consideration in the period up to April 1979 (and in this case the minutes record no discussion), while, at the other extreme, the Nursing, Elderly, and Mental Handicap RLGs have discussed eighteen, thirteen and twelve final reports, respectively, during the same period.

It must be emphasized that this is a period in which RLGs were Throughout the period the Groups were, therefore, newly set up. exploring their new role, with the members of each RLG negotiating both the objectives of their Group and of themselves as individuals within it. The period analyzed was also one in which few projects actually commissioned by the RLG came to completion: it was not until 1979 that such projects came to be regularly received. Up until March 1979, many reports of research set up prior to the establishment of RLGs were received in the Department. Individual RLGs were left free to determine which of these they wished to table for consideration. And when one examines the number of reports which were tabled, it is found that the greater the extent to which an RIG's discussions reflect concern for problems of research assimilation and dissemination, the larger the number of final reports chosen by that RIG for

consideration. An examination of actual RLG discussions of final reports has found, further, that the RLGs which have tabled most final reports for consideration, have also most frequently (as a proportion of reports tabled) discussed the dissemination problems of these projects, and made recommendations in pursuit of their solution.

The recommendations which RLGs have made with the objective of enhancing dissemination for individual projects, can be split into two basic categories. Firstly, recommendations to researchers that they disseminate via particular channels (e.g. journals, books and pamphlets); and, secondly, recommendations of action that the Department could take (e.g. issuing circulars or memoranda to central administrative divisions or to administrators at the local level, organizing meetings, etc.). The balance between these two categories in terms of numbers of recommendations made is almost even (20 to 18).

The next chapter presents an analysis of the actual feedback which researchers received from the Department, and within this analysis (see 6.44) a comparison is made between cases where reports have been considered by RLGs and cases where they have not.

CHAPTER 6

THE FEEDBACK GIVEN TO RESEARCHERS

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6.0) Introduction

It will be recalled from Chapter 4 that liaison officers' responsibilities are described in the Research Management Guidance Manual as being: "to prompt researchers to submit their final reports by the due date; circulate and obtain scientific comment upon such reports; arrange for adequate discussion and follow through with policy makers on dissemination and feedback to the researchers what has happened."¹ While these guidelines apply to projects in all areas, it has been seen that the Toulmin memorandum gave further guidance to RLGs on the consideration which they should give to the issue of feedback to researchers (see Appendix 1). In particular, Toulmin's guidelines are seen to emphasize the need for advice and assistance to be given to researchers in relation to the dissemination of their findings. Thus it is of interest to examine firstly, the accounts lead and liaison officers give of their attitudes and actions in relation to the issue of feedback; secondly, the accounts researchers give of the feedback which they have received; and thirdly, the differences which may exist between particular groups of researchers, in respect of the feedback they received. Within this latter context, it is of particular interest to compare the accounts given by researchers whose final reports were considered by RLGs, to those whose reports were not.

6.1) Lead/liaison officers' accounts of feedback given to researchers

6.11) OCS officers' practices

A medical liaison officer described his understanding of the normal conventions for giving feedback to researchers in the following way:

^{1. &}lt;u>Research Management Guidance Manual</u>, Amendment 4, October 1979, sections 4.3.4 g and h. Internal DHSS document.
"It depends on the professional. Reports should come to him as liaison officer, and he is expected within three weeks to give a reply. Three weeks is a bit tight, knowing how long it can take for customers to respond and other delays. But we very often comment. In particular when we're dealing with units, we send quite a lengthy letter saying those parts the Department's interested in, those bits we feel we need a bit more information on, etc."

This officer's medical colleagues, in contrast, claimed that they always sent researchers a record of RLG comments if projects fell in RLG areas (N.B. they claimed that all RLG commissioned projects were discussed within the RLGs), and other comments for extra-RLG projects. A medical liaison officer, whose experience went back over a number of years, added that

> "It had been the practice when I first came to research management, for the Principal [i.e. administrator] to send any comments to the researcher, unedited, for information. These were so confidential and often so scurrilous that I took it upon myself to edit them and then send them with a review of a more formal kind by the RLG. The researcher would have to wait probably three months, until the RLG had considered the report, then he would get a formal written statement giving the official views of the RLG (if they wished him to be told anything), plus edited comments of anything anybody had said (including external reviewers)."

This liaison officer also claimed that discussion of dissemination intentions would "always" take place between researchers and himself,

explaining:

"Sometimes someone in customer division or the RLG would express an opinion, and I would forward that in so many words."

While these kinds of practices were described for the mainstream of RLG area and unit reports, distinctive practices were described for giving feedback on receipt of Small Grant Committee (SGC) reports. It was explained that

> "in the ordinary way, no feedback is given, because most of the small grants are handled by a lay Secretariat."

However, the medical liaison officer dealing with SGC reports added that if he, as a professional, received one, he would usually write:

> "I find this interesting, I have informed my customers who are glad to have this information and we hope that you will use any means within your power to disseminate the knowledge that you've acquired."

He further explained:

"Most of the researchers have better links with the journalistic side of science, so for us to say 'look we think you ought to publish in such and such a journal' would be presupposing that there would be space in the journal, so we merely say that we would like you to publish if you possibly can, or can we give you any help in getting it published in, for example, <u>Health Trends.</u>"

The SWS liaison officer who dealt with Small Grant projects did not draw a similar distinction between the practices she adopted for giving feedback on Small Grants' reports and those arising from other types of projects. She explained that she always gave as much feedback as possible on each of the reports she received. She included her own comments along with any scientific and client evaluations she was able to obtain. These latter evaluations were passed on as fully as possible (having been recast by herself if they were unconstructively damning). In about a third of the cases she invited researchers up to the Department to discuss their final reports. Her SWS colleagues concurred in reporting that feedback was, or at least should be, always given. One explained that she gave particular emphasis to matters related to dissemination, when giving feedback to researchers. This meant. she explained.

> "dissemination in the sense of how we [the Department] let local authorities and social services departments know [about research], what form any publications might take, when it might happen, whether the Department might be interested in publishing some part of it in some form, etc."

This SWS officer described herself as "very interested in the publications/

dissemination side of it", explaining:

"It seems to me that that's at least half the reason for doing it, and that part of research reporting is for internal consumption [i.e. in the Department], but a lot of the social research is for practitioners and professionals - people working in the local authorities and so on, as well as for academic interest, which for me <u>is</u> important."

As well as having these concerns and consequently informing researchers as fully as possible of Departmental opinions and intentions with respect to dissemination, the officer also described how she would help researchers find publishers for their work if she could:

> "I know the research world and some publishers and I know the sorts of series they have. I also know some of their general editors and I might sometimes suggest that someone contacted them."

The nursing lead/liaison officers agreed with their medical and SWS colleagues in thinking that feedback should always be given to researchers, and they said that they always tried to do so. In the case of RLG projects, the researcher would receive an initial acknowledgement then, after RLG discussions, a digest of scientific rapporteurs' evaluations and appraisals of policy/service interest, along with occasional recommendations for the dissemination of findings. A nursing lead officer reported that, in addition, she often invited researchers to the Department, to discuss their research reports. She pointed out:

> "There's nothing like face to face discussion between the customer and the researcher - it's more satisfactory for both."

In the case of projects which have been funded through the nursing research fellowship scheme, final reports are relayed directly to customers when they are received by the designated nursing liaison officer (as described in 4.414). This liaison officer explained that having considered these reports, the customers sometimes respond directly to the researcher and sometimes to her as liaison officer. If the latter were the case, she would proceed to provide feedback on comments and criticisms ("provided they're not too damning"), as well as making suggestions with respect to publication or further dissemination. She explained that she felt it was "particularly important to encourage and assist (if possible) publication for Research Fellows as they are less experienced and motivated toward publication than other established research workers". As well as encouraging publication, she explained how she also thought it important to put Fellows in touch with one another when they had been researching similar topics.

In addition to issuing the various types of feedback outlined above, OCS officers also indicated that they sometimes communicated to researchers the Department's views on the future research which it would like to have conducted, and which the researcher might like to undertake. The SWS officers described giving such feedback when customers expressed interest in developing particular lines of enquiry. Medical officers referred to the transmission of such information in their accounts of RLGs' consideration of final reports. It was, further, pointed out that, in the case of units funded on a programme basis, giving such feedback was less concerned with the question of "what project might you do next?" than with "how should your programme be developed?".

An overview of OCS lead and liaison officers' reported practices in relation to the issue of feedback therefore indicates that they claim to give a considered response in almost all cases (exempting a portion of SGC projects), and that this response, (i) normally includes evaluations of the scientific validity and policy implications of final reports, (ii) sometimes includes recommendations with respect to dissemination and publication of findings and possible future research projects, and (iii) occasionally offers assistance in the dissemination of findings and invitations to discuss findings with policy makers in the Department.

6.12) Non-OCS liaison officers' practices

As described in Chapter 4, the majority of non-OCS liaison officers were involved in relatively small numbers of projects. Indeed only three liaison officers had received any more than four reports. Amongst the liaison officers dealing with small numbers of reports, there was general recognition of the need to give feedback to researchers: this tended to be viewed not so much as a discrete act subsequent to report submission, but rather as a part of a dialogue maintained throughout the conduct of projects. More specifically, less feedback tended to be given on final reports than on earlier drafts of these reports, on interim reports and on papers produced during the conduct of projects. This was particularly the case when liaison officers' regular work responsibilities brought them into close working contact In one instance, where the liaison officer with research customers. was actually a member of a customer division, he was able to offer direct customer feedback all through the project. Liaison officers in the EAO differed from this in that they were independent of customers (as were OCS officers) and so played a more formalized intermediary role. They interpreted customer opinions and communicated them to researchers, along with the evaluations of specialist scientific advisers. While performing these same functions, EAO liaison officers nevertheless indicated that a major part of the feedback which they were able to give to researchers (on Departmental attitudes to the outcome of their projects) had still been delivered prior to the submission of final reports.

It will be recalled that liaison arrangements practised by Catering and Dietetics, and Works liaison officers, required periodic meetings between researchers, liaison officers and interested parties within the Department. In each case considerable feedback was again given to researchers prior to completion of their projects. In the case of Works' reports, there was considerable Departmental input not only into the clarification of the research briefs, but also into the determination of content and format of final reports. Once these had been produced, the liaison officer also fed back to the researchers all the comments obtained by circulating reports throughout the Department (see section 4.423).

The medical liaison officer dealing with nutrition research received reports in a wide variety of forms and they were processed in various ways (see section 4.422). Feedback would not necessarily be given in all cases. For example, SGC researchers, from whom the Department received reprints in lieu of reports, would not necessarily receive feedback. Researchers who had major studies considered by COMAFP would, however, be told of the Committee's opinions. It was pointed out that detailed rules regarding handling were, in any case, somewhat irrelevant as the liaison officer knew the majority of researchers well enough "to talk to them before they ever write anything". She would also sometimes invite them up to the Department to discuss their work, both before and after completion of their projects.

The projects for which the Welsh Office performed the liaison role could be split broadly into two categories. On the one hand, there were individual projects which had customer division representatives as liaison officers (see section 4.425), and, on the other, there were projects in units, for which a professional research manager took responsibility. This research manager explained that he, like his London-based colleagues, also maintained close personal contacts with researchers. At the completion of projects he fed back both the scientific evaluators' comments and policy reactions, "to the extent that we thought them useful to the shaping of future work", usually through face-to-face discussions followed by confirmation in writing. Thus, non-OCS, like OCS, liaison officers claim almost always to have provided feedback to researchers, covering both the Department's perceptions of scientific validity and policy interest of research reports. Non-OCS liaison officers have placed particular emphasis on the maintenance of personal links with researchers, and with the issue of feedback prior to project completion.²

6.2) Researchers' accounts of feedback received

6.21) The general patterns of feedback received

During the survey of those researchers who had completed their projects during the period April 1976 - March 1977, questions were asked regarding the feedback received from the Department on submission of final reports (Interview schedule in Appendix 2). Of the 75 researchers, 65 knew whether they had or had not received comments. Only 33 (51%) had received comments, while 32 (49%) had not.

Of those who had received feedback, 3 had not been sent any official comments but had heard how their reports had been received from friends working in the Department. A further two researchers had only found out the opinions expressed about their research by subsequently joining RLGs as scientific advisers, and thence viewing back copies of RLG minutes. A sixth researcher obtained her feedback informally and unofficially by being seconded to the Department for a period subsequent to report completion. She then worked with the personnel who had been given responsibility for reading her report and considering its implications.

If one analyzes all the instances in which feedback was received, the following breakdowns are obtained.

^{2.} The value of such practices has been highlighted in other studies. See, for example, Rothman (1980).

Medium

- 4 telephone
- 7 verbal (purposive meeting)
- 2 " (incidental meeting)
- 16 letters
- 4 others
- 33 cases of feedback received
- 32 cases of no feedback

Content

- 4 full reports of scientific evaluation
- 1 full report of 'policy' evaluation
- 4 full reports of science and 'policy' evaluation
- 5 edited reports of scientific evaluation
- 2 edited reports of 'policy' evaluation
- 4 edited reports of both
- 11 brief indications of appreciation
- 2 others
- 33 cases of feedback received
- 32 cases of no feedback

Evaluator's identity

- 14 evaluator identified (predominantly Department personnel evaluating customer interest)
- 19 anonymous comments
- 33 cases of feedback received
- 32 cases of no feedback

Suggestions/Offers received

- 12 (16%) recommendations for future research
 - 8 (11%) recommendation for publication or dissemination
 - 5 (7%) offer of assistance in the publication of findings
 - 7 (10%) invitation to present and/or discuss findings with any group within DHSS

6.22) Levels of satisfaction

When asked whether they were satisfied with the feedback they had received, only 13 researchers indicated that they were satisfied. These 13 represent only 20% of those who could recall whether or not they had received feedback. One researcher expressed satisfaction though he had not received any feedback: he explained: "I was doing a job for DHSS and did it. Then it's up to them. I didn't really expect any feedback." Making allowance for this researcher, only 12 (36%) of the 33 respondents who actually received feedback were satisfied with what they got. The remainder, not surprisingly, made a variety of complaints. Expressions of dissatisfaction were also made by many researchers who had not received any comments from the Department.

6.23) Types of dissatisfaction

The first group of statements of dissatisfaction revolved around the difficulties or inabilities of researchers to elicit responses from the Department. Typical comments were as follows:

- "I received nothing. I would like to have heard, and I asked for comment, but it was obviously a highly political problem and the Department didn't want to know."
- "All I received was a letter saying that the Department didn't have any particular comments to make. It was just an acknowledgement. I would have liked feedback from the customer division, a dialogue on applicability, etc. I would also like to have received an indication of whether or not the Department liked the work, so as to know whether or not to go back for more."
- "I heard nothing for two months, then I received a phone call to say that the report had been found 'interesting'. I would like to have known how it fitted in with their policy concerns."
- "No, I didn't receive any comments. I was a bit annoyed about that as I sent them about a dozen copies and didn't get any reply to my request

for comments on substance. I got two promises but the comments never came. It was very disappointing. I have heard informally that the report was discussed at an RLG meeting. If this is true it would have helped considerably had the researchers been invited to present it. A fairly lengthy and amorphous report could then have been focussed upon Departmental concerns."

The majority of other 'complaints' in this category were less specific and just expressed disappointment at either not receiving any feedback at all, or none beyond a brief note of thanks.

There were, however, further complaints when feedback was received. This normally took the form of dissatisfaction with the nature of assessors' reports, and in a number of cases, frustration at not being able to discuss the points at issue. Thus researchers commented:

- "I sent the report in in 5 parts and obtained comments on each part. But the comments on each part contradicted each other. So what I did was take note of some and ignore others. It's a nuisance not knowing who the referee was."
- "I received a letter with a series of amendments: it was way beyond their brief. I responded, they replied and the matter was closed. I can guess who wrote the comments but I would like to know. There would have been a much better dialogue if it had not been mediated by research management."
- "Some specific critical points were offered. Most could be answered but as the referee was anonymous; it was very annoying not being able to reply."
- "I would like to have known who the referee was, so that I could respond. His comments were all on the statistics, but he was obviously not familiar with the patient care content. We just didn't have the same outlook."
- "After a long wait and a lot of prompting I got a response from the Department. I didn't want to distribute copies of the report prior to receiving the Department's comments. The letter writer summarized from formal reports without giving any invitation to respond, and no indication of who had made the reports. This made things difficult as I would like to have met the referees and discussed their comments."

Dissatisfaction was thus expressed in relation to (i) difficulties experienced in eliciting feedback, (ii) the nature of critical content within such feedback, and (iii) the lack of opportunity which exists for the initiation of a dialogue on points at issue. Some frustration was also expressed in a minority of cases where researchers expected the Department to take certain courses of action on receipt of their reports, and such action had not been taken. In two cases the researchers' expectations revolved around their hopes that they would receive programme funding to monitor particular kinds of development in the organization of health service delivery.

One of the researchers in question had directed a group of projects looking at various aspects of such a development. He had received a letter from the Department which attacked fundamentals underlying his work. The researcher became annoyed by what he considered to be "strange comments". From this time on, "personality and other problems" developed between Department officers and himself, with the consequence that no further research was undertaken.

Another senior researcher felt that his work had shown unequivocally that a certain innovation could improve the cost-effectiveness of a particular aspect of health service delivery. He submitted his report to the Department and, receiving no response at all, began to phone and write. He was eventually told that his report had been studied by the Department, but that they had decided that it had nothing to offer the NHS. The researcher thought that "this seemed crazy" and assumed that the report had not been seen by anyone qualified to comment (specifically on certain technical aspects). He therefore continued to protest and eventually received a visit from two DHSS officials. Discussion of the innovation took place which the researcher described as "thoroughly unsatisfactory", explaining "they seemed to accept that ------ had a lot to offer (which is

not what they'd said before) but they didn't think that the Department could do anything to promote it. If this is so, how can they describe themselves as customers for research?".

In summary, researchers' accounts of the feedback they received from the Department indicate that only half (51%) actually received any comments, and that of these, a third only received a brief indication of appreciation. Many of those who had not received feedback cited this as a cause of frustration and annoyance, and a significant proportion of those who had received feedback found it deficient or misconceived in some way. This situation contrasts with liaison officers' claims to have given feedback in almost all cases of report submission, and to have included fairly detailed comments in their communications to the majority of researchers.

6.3) Understanding the non-congruity of accounts

There is clearly a mismatch in the reporting of events between, on the one hand, researchers' accounts of the feedback they have received, on the other, liaison officers' accounts of the feedback they have given. This 'mismatch' is so marked that it cannot be passed over without comment. A number of factors can be identified as possibly being involved.

The first possible contributory factor is that of the timing of the survey. Liaison officers were interviewed during the early months of 1980. They were asked to recount the practices they had adopted <u>since taking on liaison duties</u>, but nevertheless may well have skewed their responses toward the most recent period. Actions taken during this period would have been clearest in their minds. Moreover, 25% of OCS liaison officers and 13% of non-OCS officers had only been appointed during the two year period preceding the interviews. Researchers, in contrast, were discussing the feedback

they had (or had not) received on submission of their final reports during (predominantly) early 1977. Researchers' accounts therefore represent recollections of feedback received during 1977, while liaison officers' accounts draw heavily on practices adopted for the issue of feedback in the two subsequent years. It should be noted, however, that no liaison officer mentioned changing his or her practices during late 1977.

The second way of explaining the mismatch between accounts given by liaison officers, on the one hand, and researchers, on the other, is by considering the differing subjective perceptions members of each group may have had. There is scope for such subjectivity to be exercized both in attributing meaning to such words as 'feedback' and 'satisfaction', and/recalling, in an inevitably selective way, actual communications issued and received. Probes were used to try to minimize both types of influence upon the responses of each of Nevertheless, the systematic exercise of subjectivity the groups. appears to have contributed to the clear inconsistencies which are found in comparing their aggregate responses. In trying to account for how responses came to be ordered in these inconsistent ways, a number of further factors can be identified. For example, liaison officers may have been inclined toward giving accounts of their practices which appear consistent with recommendations appearing in administrative guidelines, rather than discussing cases in which they deviated from such conventions.³ Researchers. on the other hand. may have consistently overestimated the value of their work, and so been predisposed to dissatisfaction with the quantity and nature of the feedback they received. Meanwhile, the accounts given by both

^{3.} A reluctance to disclose deviation from procedural conventions has been found to characterize bureaucratic behaviour in a variety of studies. See Francis and Stone (1956).

sets of respondents may have been influenced by a desire to satisfy the interviewer through offering what they considered to be preferred sets of responses;⁴ each group having differing expectations of the nature of such preferred responses.

The range of influence of each of these factors is impossible to determine, but their aggregate effect is clearly marked. This effect, meanwhile, appears to indicate that the Department's liaison officers are insufficiently sensitive to researchers' desires for, and expectations of, feedback upon their reports.

6.4) Feedback received: comparisons of research/researcher types

6.41) Institutional differences

Table 2 presents a quantitative analysis of differences in the frequency with which feedback is received by researchers affiliated to various types of institution. The small number of cases appearing in many categories of institution 'type' make it difficult to conduct meaningful comparisons as a basis for the drawing of inferences. However, some interesting differences are noticeable.

For example, one can observe the high frequency with which feedback is given to researchers based in Government Departments. In all three cases feedback was received and two of the three researchers were found to express satisfaction with their comments. This may be compared with feedback received by only one researcher based in a nonteaching hospital out of 8 (13%). He received an edited report of anonymous scientific criticisms which he felt to be inappropriate and misconceived.

The low frequency with which feedback is given to researchers based in non-teaching hospitals seems to be associated with the nature TABLE 2: Feedback received: institutional differences

					비	stitution	type			-
		Government Orgn.	Med.School or Tching. Hospital	Other Hospital	University	Non Univ ReseUnit	Independent Researcher	Soc.Service Dept.	Soc.Welfare Interest Group	Other
i) Com	nents received									
feed	er receiving Iback	£	2	÷	10	4	٢	٢	2	۲
	II N	б	19	ω	18	ω	N	Ч	N	t
ii) Reco	ommendations received									
Rect fut	ommendation for 1re research	~	٣	€.	5	4	-	O	0	ο
Rec(pub] dist	ommendation for lication or semination	۴	o	o	N	б	0	۲.	۲.	0
Off(the find	er of assistance in publication of lings	o	٣	o	N	~	0	~	0	0
Inv: and, witl DHSS	itation to present /or discuss findings 1 any group within 5	N.	-	o	3	۲	0	0	0	0
	= N	б	27	8	19	ø	2	н	N	4

of the research conducted in this group of institutions, rather than with the institutional identities of the researchers themselves. Seven of the eight hospital based research projects are found to fall in Moss' categories 6 and 7; i.e. they can be broadly defined as 'medical' research. The feedback received by medical researchers is therefore of interest.

6.42) Feedback received by 'medical' researchers

If medical research projects (i.e. those projects falling in Moss' categories 6 and 7) are isolated and compared with the remainder of the sample, there appears to be an appreciable difference in the frequencies with which researchers receive feedback. Of the 17 medical researchers 3 (18%) received feedback, compared with 31 out of 48 (65%) of other researchers [p < 0.001]. Further examination of the three cases in which feedback was received by medical researchers indicates that one case was an edited report of scientific comments, the second was an edited report of an evaluation of service implications, and the third was a brief indication of Departmental appreciation. For all three, the feedback was communicated by letter, and all three researchers expressed dissatisfaction with the comments they received. Hence, none of the 17 medical researchers reported receiving satisfactory feedback.

6.43) Feedback received: 'Singly' funded researchers and programme funded units

It might be expected that researchers based in programme funded units would receive feedback on their reports more frequently, since this would form part of the ongoing liaison dialogue. In fact there appears to be very little difference in the frequency with which feedback is received by unit based researchers (50%) and singly funded researchers (51%). The actual content of feedback received is also found to be similar, with the only difference existing in the greater frequency with which singly-funded researchers received recommendations for future research (20% cf. 9%, p < 0.3).

				Singles	Un	its
i)	Feedback received			22 (51%)	11	(50%)
	N =			43	22	
ii)	Recommendations received					
	Recommendations for future research (project or programme)			1 0(20%)	Z	2(9%)
	Recommendations for publication or dissemination			5(10%)	3	5(1.3%)
	Offer of assistance in the publication of findings			3(6%)	ä	2(9%)
	Invitation to present and/or discuss findings with any group within DHSS			10(10%)	ź	2(9%)
	2	N		51	23	
iii)	Satisfaction with feedback					
	Proportion of all researchers expressing satisfaction			8(18%)	4	(17%)
	Proportion of researchers receiving feedback expressing satisfaction			18(41%)	8	(36%)
	3	N	=	43	22	

TABLE	3:]	Feedback	received:	singles	V5.	unite
•	F					

6.44) Feedback received: RLG, RLG area and non-RLG projects

The Toulmin memorandum (Appendix 1) describes communication to the researcher as "the essential customer-contractor dialogue envisaged by Rothschild", and directs RLGs to discuss what exactly this communication should convey. The memorandum continues: "The nature of the communication to be made to the researcher will obviously vary with circumstances, but it is suggested that it should normally consist of an account of the discussion of the report in the RLG (possibly in the form of an extract from the minutes) which could be conveyed to the researcher by the RM lead officer under suitable covering letter".

The proportion of final reports which were actually considered by RLGs has been analyzed in Chapter 5 (see 5.52), as has the nature of recommendations which RLGs have made for transmission to researchers (summarized in 5.54).

All liaison officers have responsibility for the issue of feedback to researchers (see 4.3 and 6.0). It can be seen from the above extracts of the Toulmin memorandum that when reports fall within RLG areas, and are discussed within RLG meetings, there is additional emphasis placed on this aspect of liaison duties. It is therefore of interest to view the frequency with which researchers recall receiving feedback, when it is known (from analysis of RLG minutes) that their reports have been discussed within RLG meetings. So as to determine the influence RLG discussions may have had on the issue of feedback, the aggregate reported frequencies of receipt of feedback can be compared with, i) the reported frequency of feedback for RLG area projects which were not tabled for RLG discussion, and ii) the reported frequency of feedback for non-RLG area projects.

These comparisons are shown on Table 4. Researchers who completed projects in RLG areas are found to have received feedback more frequently than other researchers (61% cf. 28%, p < 0.01). Feedback was received with even greater frequency (80%) when reports were actually considered in RLG meetings [p < 0.001]. The RLG (see 4.5) 'process' may have contributed to the former figures, and clearly, RLG discussions within meetings have had influence on the latter. While the existence and actions of RLGs thus appear to have increased the frequencies with which feedback is given, the discussion of reports in RLG meetings does not appear to have effected any significant

	Projects tabled at RLG meetings	RLG area projects not tabled	Non-RIG area projects
1) No. of projects (N ₁)	15	21	39
ii) No. (%) receiving feedback (N ₂)	12 (80%)	10 (48%)	11 (28%)
iii) No. (%) receiving reports of RLG meetings	3 (20%)	1 (5%)	ο
17) No. (%) satisfied with feedback	(%24) 2	th (19%)	3 (8%)
v) No. receiving: (%N ₁)(%N ₂)			
Recommendations for future research	6 (40%)(50%)	5 (24%)(50%)	2 (5%)(18%)
Recommendations for publication or dissemination	5 (33%)(42%)	3 (14%)(30%)	(%0)(%0) 0
Offers of assistance in the publication of findings	5 (1 3%)(17%)	5 (10%)(50%)	1 (3%)(9%)
Invitation to present and/or discuss findings with any group within DHSS	3 (20%)(25%)	2 (10%)(20%)	3 (8%)(27%)

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TARLE 4: Feedback received: RLG vs. Non-RLG projects

improvement in the 'quality' of this feedback. In cases where reports had been considered by RLG meetings, the frequency with which researchers received specific recommendations and offers from the Department (listed in Table 4v) was not increased (as a proportion of cases in which feedback was received). Indeed, 50% of researchers whose reports had been discussed in RLGs received no more than "a brief indication of appreciation".

The existence of RLGs therefore appears to have contributed to a situation in which feedback is more often given to researchers. It has not, however, led to any significant improvement in the quality of this feedback.

THE DEPARTMENT: RESEARCH INFORMATION RESOURCES AND DISSEMINATION INITIATIVES

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CHAPTER 7

7.0) Introduction

In the preceding chapters, researchers have been identified as the leading participants in the dissemination of research findings to extra-Departmental audiences (see Chapter 3). The roles played by Department personnel have been predominantly identified as being to ensure effective circulation of reports to customer groups within the Department (see Chapters 4, 5), and to produce suggestions to researchers on how they might undertake dissemination initiatives (see Chapters 5, 6). The Department can, however, also enhance dissemination in other ways. These can be grouped under seven headings:

- i) Assisting the dissemination of particular projects, or particular groups of projects, through organizing conferences, seminars or report publication;
- ii) Including research findings in other Departmental publications;
- iii) Maintaining "research memories" as an information resource;
 - iv) Producing an annual report of research;
 - v) Producing topic-related current awareness services (which include the Department-sponsored research amongst other work);
- vi) Producing journals for distribution to professionals and administrators involved in service delivery at the local level (which sometimes include articles on Department-sponsored research);
- vii) Inclusion of research findings in Departmental circulars, ministerial speeches and answers to Parliamentary Questions.

7.1) Project-specific and topic-specific initiatives

7.11) Perceptions of responsibility

The decision to assist in the dissemination of findings from individual projects, or from particular groups of projects, is normally taken after discussion between the appropriate customer division(s) and lead/liaison officer. It is therefore of interest to view the latter group's perceptions of Departmental responsibility for dissemination.¹ Liaison officers were asked: "Do you consider it to be primarily the researcher's or the Department's responsibility to ensure effective dissemination of research findings?". Responses typically took the form: "There are two sides - the science side is purely the researcher's responsibility. We can merely urge him and can't do more than that. As far as the policy side is concerned, we can take this on board in deciding all the different policy aspects - discussion amongst ourselves, putting it into a variety of different committee activities and that we will consider to be our responsibility."

In examining such responses, two categories can be discerned: one concerned with communication to researchers (researchers' responsibility) and the other concerned with policy development (the responsibility of Department officers). Responsibility for dissemination to professional practitioners and others involved in actual service delivery was less well defined. Most liaison officers initially omitted mention of responsibility for ensuring dissemination to this group, until their opinions were probed. The nurses are a clear exception. One described Departmental responsibilities thus:

> "In some research it may be enough to get research to those who wanted the findings to feed into policy; which means it needn't go further than the Department, the Customer Divisions and perhaps the Secretary of State. In such cases there's no need for the Department to disseminate further (other than in the R & D Annual Report and Index of Research).² But if it has implications for practice then there is every reason why we should help to get those findings disseminated further."

The Medical and SWS officers did not take such a clear line on Departmental responsibility for ensuring effective dissemination to those involved in service delivery. They were more inclined to emphasize the <u>ad hoc</u> nature of decisions related to assisting such

For an examination of researchers' perceptions of responsibility, see Sections 3.1 and 3.3.

^{2.} See Sections 7.4 and 7.23 respectively.

dissemination. While most liaison officers recognized that the Department could, and sometimes should, play some role, they tended to emphasize that dissemination to professional practitioners remained fundamentally the researcher's responsibility, and that OCS had only limited resources to assist this activity. One liaison officer added that different types of responsibility existed, and other 'bodies' could be viewed as bearing some of these. He explained:

> "There are two sides to dissemination which people tend to confuse when they talk about it. Firstly there's a straightforward communication - 'A' has some findings and he wants to communicate them to 'B'. There are various channels, and that's it. Secondly, there's communication plus persuasion and occasional coercion of somebody to take action on findings, and it's certainly arguable whether it is the responsibility of the Department to promote good practice (which after all a good deal of our research is aimed at), or whether it's the responsibility of Authorities as employers and providers of a service, or whether it's the responsibility of professional organizations to enhance the status and standing of those working in a profession. Each of these three have a role."

These comments draw a distinction between 'pure dissemination' and 'advocacy'. It has been seen that there is uncertainty concerning the Department's responsibilities in effecting, or assisting the former. There can clearly be equal, if not greater, uncertainty in respect of This can be attributed to the political problems raised the latter. by advocating action, as compared with generating information. The possibility that the Department might be seen as drawing specific implications for action from the findings of particular projects can evenlead to a Departmental reluctance to support particular types Liaison officers recounted a number of cases in of dissemination. which it had at one time been thought that a report should be circulated to Health or Local Authorities under a Departmental Notice or Letter, but later the idea was rejected because customer divisions felt that the Department should not be seen as endorsing the work.

With the exception of the nursing liaison officers, responses therefore indicate a fairly low level of perceived Departmental responsibility for assisting dissemination, apart from internal Departmental circulation, and the issuing to researchers of suggestions. In offering these responses, some liaison officers emphasized that the Department's programme of research was an 'open' one; researchers were therefore free to publish, and with this freedom they bore the major responsibility for disseminating findings.

7.12) Conferences, seminars and workshops

While responsibility for dissemination was seen to be primarily the researchers', the Department has occasionally assisted by organizing conferences, seminars and workshops. Of the 74 researchers who were surveyed, 36 (49%) had given some form of conference presentation, but only 4 (5%) had spoken at a gathering organized by the Department. Each of these four had completed projects in RLG areas.

Examination of RLG minutes (see Chapter 5) reveals that conferences, seminars or workshops were only suggested in connection with seven completed projects, during the six years prior to March 1979 (during which 84 final reports were formally tabled for consideration). Closer examination of these proposed meetings shows that they differed both in their nature and objectives. There were three basic approaches:

- i) bringing researchers together to exchange views and discuss conceptual and methodological problems;
- ii) bringing together researchers, research managers and other interested parties to discuss the "state of play" of research, and to identify areas most in need of (further) investigation;
- and, iii) bringing together researchers and those involved in service provision, to consider the implications of research for service development.

The first category represents an RLG's attempt to develop the research resources available to it, while the second reflects an RLG's

attempt to exploit its research resources in making its commissions. In each case, gatherings are organized which do not have dissemination <u>per se</u> as their primary objective, but do have secondary dissemination functions. These conferences, seminars or workshops may reflect the RLGs' early period of development. If this is so, future gatherings may be increasingly of the third type, which clearly have the dissemination and assimilation of research findings as a far more central concern. They are therefore potentially more valuable for promoting dissemination (if suitable topics can be identified).

7.13) HMSO publication of research reports

Discussion of the Department's policy with regard to Crown Copyright and the publication of research findings has been presented in Section 3.0. It will be recalled that Crown Copyright can be claimed on the findings of Department-funded research but that "it is not intended that the provision of Crown Copyright should restrict in any way a researcher's right freely to publish the results of his work in learned journals or analogous publications".³ However, researchers are instructed

> "if publication of material arising from this research in commercial book form is envisaged, the Department will be consulted before any arrangements are entered into in order that advice on questions of the application of Crown Copyright and royalties may be given."⁴

Under the terms of the Copyright Act of 1956,⁵ the Department has a right to first refusal on monograph publication, but has very infrequently used this right to publish monographs either itself, or through HMSO. In the survey of researchers, only three out of 74 (4%) had their reports published as full monographs by HMSO. This is partly due

^{3.} Conditions of support form.

^{4.} Ibid.

^{5.} Copyright Act 1956, Section 39, Statutes in Force (revised edition) (1978) p. 56.

to HMSO's requirement that monograph publications should be commercially viable propositions. It may also derive from the Department's reluctance to endorse reports for consideration by HMSO, lest such publication give an imprimatur of Departmental support for conclusions which the research may draw. In addition, some researchers were reluctant to publish their reports with HMSO. They felt that HMSO publications were "depersonalized"; appearing in bibliographies and indexes under the Department's, rather than the researcher's name. Some researchers were also unhappy about the distribution system: they thought HMSO publications rarely appeared in "normal" bookshops.

The three reports which HMSO did publish had a number of features in common. None of the authors worked in programme-funded units; two of the three presented their findings at seminar/workshops organized by the Department; all thought their findings had most interest for professional practitioners, and each of their research projects fell within an RLG's area of concern. It should be noted, however, that RLG discussions played very little, or no, part in instigating publication by HMSO.

One of the reports was produced by OPCS and therefore went to HMSO "as a matter of course". The RLG, meanwhile, proposed that the publication should be accompanied by a seminar,⁶ the main purpose of which was to identify further research.⁷ (HMSO also published a discussion document⁸ based on the report⁹ and the Department released a Health Notice and Local Authority Circular¹⁰ summarizing the main findings.)

5. See ERLG meeting, 11 November 1977.

10. HN (78) 19 February 1978 and LAC (78) 3 February 1978, respectively.

^{7.} As described in the minutes of ERLG meeting 3.8.78. The seminar was held on 3.3.78.

^{8.} DHSS (1978b).

^{9.} Hunt (1978).

The second report was not discussed at all by an RLG. The researcher described how he was advised by his liaison officer to try to obtain publication through HMSO. At the researcher's request the liaison officer gave further assistance by making the approach to HMSO which resulted in publication of a full monograph.

The third report was considered at a meeting of the appropriate RLG, and the minutes record that: "Publication of the report was discussed and the Department undertook to consider whether they might circulate it to local authorities and other interested bodies".¹¹ No recommendation of HMSO publication was made by the RLG, and the prime initiator appears to have been the researcher who described how she "hassled the Department about publication". Two meetings and eight months after the first RLG discussion, the Group were informed in a committee paper¹² that HMSO had agreed to publish the report in book form, and that copies would be sent to the press. "The RLG welcomed the news."¹³

7.2) The maintenance of research memories

7.20) Introduction

Another way in which the Department can assist the dissemination of research findings is by maintaining 'memories' of research which can be used as information resources. Three such memories are kept in the Department: one by the information section of OCS, the second by the DHSS Library, and the third by the research section of Nursing Division.

The maintenance of a comprehensive collection (or catalogue) of reports of Department-funded research depends on the appropriate

13. (HA) RLG meeting, 26.1.78.

^{11. (}HA) RLG meeting 25.4.77.

^{12.} RLG (HA) (78) (P) 1, 26.1.78.

documents reaching the personnel who manage each of these information resources. Administrators within OCS are responsible for ensuring that reports of DHSS-supported research are relayed in this way. Guidelines covering their actions state:

> "DISPOSAL OF PUBLISHED REPORTS AND PUBLICATIONS FROM DHSS SUPPORTED RESEARCH

1. When research units and projects send OCS copies of publications (including published reports) stemming from DHSS supported research, they should be disposed of in the following way:

a. If very few copies of the publication are provided, it may or may not be reasonable, depending on the nature of the document, to ask for extra. (Note: Revision 12/77 of the 'Standard Conditions' calls at para 8.2 for a minimum of 10 copies of Final Reports.) The first copies should be disposed of in this order:

First copy - the file.
Second copy - the Customer Division(s).
Third copy - Professional Liaison Officer
 (if he wishes).
Fourth copy - Information Section
 (OCS(A)2 (IS)).

Fifth copy - DHSS Library (but see para 2 below). [Para 2 appears in section 7.22.]

b. If further copies are provided, Information Section can use a second copy and DHSS Library can use a total of up to 6. Any further copies may be distributed as appropriate."14

The administrative branch of OCS is split into eight units, each of which deals with a specific area of research (e.g. Children and Mental Health), or aspect of research (e.g. policy and organization). Four of these units provide administrative support for the management of projects in specified research areas, while one deals with SGC projects. The heads of each of these administrative units (Principals,

14. Guideline OCS (A) 2 PI No. P4 December 1977.

SEOs and HEOs) have a variety of responsibilities, which include, (i) ensuring that researchers submit reports at the end of their projects, and (ii) disposing of reports in accord with administrative guidelines (set out above and in section 7.22). These unit heads were, therefore, interviewed to determine how they followed recommended procedures, and, more particularly, whether reports were relayed to the Department's various research memories.

7.21) OCS Research Index and Report Collection

Each of the five heads of the OCS administrative units which receive final reports, indicated that they or their staff sent copies to the Information Section of OCS; but not with any great immediacy. While a report is being considered by the appropriate Department committees and personnel, any enquiries regarding the project, or its report, should be directed to the appropriate liaison officer or OCS administrator. Once the 'consideration processes' are complete, (at least) one copy of the final report is deposited in the project file (retained for five years in the appropriate OCS administrative unit), while another copy is sent to Information Section. Reports are, therefore, only received in Information Section once they have already been circulated and considered within In describing these practices an OCS unit head the Department. identified the collection of reports held in the Information Section as "only having historical value".

It appears that all final reports are eventually sent to the Information Section who therefore hold a comprehensive collection for projects reaching completion in the period since the adoption of these practices (the last one or two years). In addition to final reports, Information Section also endeavour to collect as many interim reports and papers (arising from Department-funded research) as they are able.

As material arrives it is indexed both in terms of its authorship and topic (multiple entry). The collection is then divided into published and unpublished documents. The published material is kept on shelves for easy access, while the unpublished material is filed in storage boxes. The Index covering both these sets of documents is, meanwhile, supplemented by inclusion of other material relevant to the Department's research interests. Such supplementary items include current and completed research appearing in registers, current awareness services, etc. In addition old files are regularly inspected and reports withdrawn. (It is the Department's practice to destroy files after five years if no argument is given for their preservation.) Research reports have been destroyed within these files in the past, but they are now retrieved, where possible, for inclusion in Information Section's Research Index and Collection.

It is only in the last few years that the present system has come into being. Financial records only began to be systematized in 1974, and, prior to 1976, there was no central record of research in progress under the Department's sponsorship. The first centralized records were developed within the Information Section (IS) of the administrative division which at that time dealt with research (CR2). From 1976 onwards, IS tried to build up its own collection of final reports by tapping the administrative units of CR2 which dealt with the management of projects (CR2 C-E). The officer managing IS thought that by mid-1977 she received most, but not all, the final reports of research submitted to the Department. Some final reports still went no further than their project files and were not, therefore, held either by IS, or by the Library. It appears that, by 1977, IS had built up a larger collection of unpublished reports of DHSS-sponsored research than had the Library. The Library, meanwhile, possessed the larger collection of published reports, through its regular purchasing

programme (of books, periodicals, etc.), and through the occasional spontaneous submission of copies of published reports by researchers.

The LS report collection had associated with it a register of "final reports received". This register constituted an adequate bibliographic tool while the number of entries remained relatively small. However, as the report collection grew, so the register became ineffective as means for effecting topic related retrieval. It was therefore superseded by the present Research Index which is designed to make retrieval in response to enquiries as easy as possible.

The Index and report collection are now available for use by Department officers and other <u>bona fide</u> enquiriers. Actual 'searches' through this information system are made by a clerical officer on receipt of an information request. Since November 1979, this officer has kept a record of the searches she has made; noting the date, identity of enquirer, and nature of enquiry for each search.

Analysis of these records is now possible for their first six complete calendar months of coverage (December 1979 - May 1980 inclusive). This analysis shows that a total of 107 enquiries were received during the period, and that after an increase in the rate of receipt over the



first three months, a 'levelling off', or even slight decline in numbers of enquiries was experienced during the following period. It appears that this change mainly reflects alterations in the patterns of usage of the Index by OCS.

OCS administrators are the group who have most frequently used the index (40 enquiries). OCS professionals also consulted it about twice a month (10 enquiries), which means that just under half (47%) of all the enquiries received by the Index came from within OCS. Α further 31 (29%) came from other divisions within the Department (one of which came from the Nursing Index), and 14 (13%) came from DHSS Library. No data are available to identify the 'users' for whom the Library were acting when they made these requests. It is not clear, therefore, whether the Library's enquiries constitute further use by DHSS personnel, or whether they reflect use by other individuals Twelve direct approaches were received from such and institutions. extra-Departmental enquirers. These include six from local or health authorities, one from a government department, two from DHSS's Regional Offices, one from the Northern Ireland Health and Social Services Library, and two from researchers.

The nature of the enquiries received was equally diverse. Most consisted of information requests related to specific topics. These enquiries were either of the form "I want to know as much as possible about X", or "What research has been conducted on X?". The specificity of the topics, meanwhile, varied from "Down's syndrome in children" to "the Elderly". Eighty-four (79%) of the enquiries received by the Index addressed particular topics: 33 of these fell in RLG areas, 19 related to hospital services, 3 to general practice, and 29 cut across these three categories (e.g. premenstrual tension). The remaining 23 enquiries could be broadly described as 'administrative' in nature. They included requests for information on what particular

researchers, or research units, had produced, researchers' addresses, file numbers, project costs, research council handbooks and terms of reference, the Department's R & D Handbook, etc.

7.22) The Library

As seen in section 7.20, administrative guidelines direct OCS administrators to deposit copies of final reports in the Department Library. They add, however, that:

> "2. The library do not require copies of papers intended for publication in the more well-known learned and professional journals, since such periodicals are taken by the library and their contents are catalogued as part of normal procedure. It would however be useful if copies of papers for publication in lesser-known journals could be provided for the library.

3. This instruction <u>does not relate to unpublished</u> <u>reports and papers</u>. Unpublished documents should not be sent to the library as this may give rise to trouble about such things as confidentiality and copyright; their circulation should be controlled by research management and limited as appropriate, eg. to the file, the liaison officer, the customer or RLG, and appropriate Sections of OCS(A)."15

While paragraph 1 (presented in section 7.20) directs that copies of final reports should be deposited in the Library, it is apparent from paragraphs 2 and 3 (above), that reports should only be sent if they are in the form of monograph publications or copies of papers appearing in lesser known journals.

Final reports are, however, rarely presented in either of these forms. Interviews with researchers has shown (Chapter 3) that they produced monograph publications infrequently. When they did, these publications normally appeared some considerable time after project completion and were not, therefore, available for submission as final reports. Journal papers were, meanwhile, infrequently presented as (or in lieu of) final reports, and the vast majority of journal papers which were submitted to the Department appeared in journals which were

held by the Library. There were, therefore, very few cases in which administrative guidelines required that reports be sent to the Library.

The OCS administrators who have responsibility for the "disposal" of reports do not, however, feel bound by the requirements of these guidelines. Indeed, not one of these administrators made reference to the guidelines when asked to whom they sent copies of reports. Two administrators explained that they did not normally deposit reports in the Library, but might occasionally do so if they had spare copies. One sent the Library a copy of each of the reports he received, whether or not it was in published form. Another just sent copies of reports to the OCS Information Section and then left it to them to decide whether one should be relayed to the Library. The fifth OCS administrator thought that all reports, published and unpublished, should be sent to the Library as a matter of course. However, he was not sure that this always happened to the reports received by his group, since he delegated responsibility in this area. He explained that the Department's research programme is an "open" one, and that it is therefore the researchers' responsibility to ensure that confidentiality is respected. This being so, he saw no reason why unpublished reports should not be freely available.

Despite the existence of guidelines, OCS administrators' practices with regard to the deposit of reports in the Department Library are, therefore, quite variable. While the Library maintains an extensive collection of published reports (through its regular acquisitions programme) its collection of unpublished reports of Department-sponsored research is far from comprehensive. A further consequence of the inconsistent practices of OCS administrators is that the Library's collection of unpublished reports does not reflect the systematic application of any selection criteria.

A further source of uncertainty in relation to this collection of reports is the extent to which it should be freely accessible. For while the Department describes its research programme as "open", a large proportion of the unpublished reports of its research are stored by the Library in a classified (i.e. restricted access) section. These reports are not available for inspection without the approval of the appropriate administrative division. It is not clear that these arrangements have been specifically requested by OCS (or by the previous CR Division), yet they restrict the availability of reports and lead to their non-inclusion in the Central Catalogue (which is shared by the DHSS Branch Libraries). In consequence, no reference is normally made to these reports in the Library's current awareness services (see section 7.4), reference and enquiry services, reading lists and bibliographies.¹⁶

The Library's function is seen to be "to provide information on all aspects of the Department's work for, and on behalf of, the Department; to keep the Department's staff up to date with new developments; to provide background briefing material as, and when, required and to provide for the official information needs of all staff whatever their jobs or locations".¹⁷ In attempting to fulfil these functions the Library maintains a collection of 200,000 books and pamphlets, 1300 journals and a comprehensive collection of the Department's publications, as well as all relevant Government and International Organization publications. The Library participates in inter-library loan arrangements and houses most of its collection on open stacks, available to Department staff for inspection and loans. The Library is also "available for reference use for postgraduate students or accredited

^{16.} These are described in <u>Guide to Library Services</u>, DHSS Library (1977).

^{17.} Ibid., para. 1.
research workers who wish to consult material not readily available elsewhere".¹⁸

It is not possible to determine the extent to which these services assist in the dissemination of findings of research sponsored by the Department. The Library does not keep any records on the use of specific documents, or groups of documents. The use of reports of Department-sponsored research cannot, therefore, be separated out from the use of the rest of the Library's stock. The only available statistical information on Library use is very crude, and relates to loans issued by the Library. These figures indicate that of 25,000 loans made in 1979, approximately 60% went to Department personnel, 30% to other libraries, 9% to NHS staff, and 1% to Local Authority staff.

The Library is thus used extensively for recall of published research findings, but it appears that only a small proportion of this recall relates to Department-funded work. The dissemination of published research is greatly enhanced by the various services which the Library offers, but these do not, in general, assist the dissemination of unpublished work. However, the Library does play an additional role with regard to the latter. For, when its own resources are unable to satisfy an information request which relates, or appears to relate, to Departmental research, an enquiry is made to the Information Section of OCS. As was seen in section 7.21, sixteen such enquiries were made during the six months December 1979 - May To this extent the Library not only constitutes a research 1980. memory (with associated bibliographic and current awareness services) but also an information broker; accessing information from resources within the Department and relaying it to users.

7.23) The Index of Nursing Research

The Index of Nursing Research (INR) was set up in the late 1960s as a record of the private reading and research information of a former DHSS Principal Nursing Officer. The project was formally developed in 1975 with the employment of a part-time librarian: a second part-time librarian was added in 1977. The INR is currently staffed by these two librarians, and based in the Research Section of Nursing Division. It contains a card index of approximately 3,500 entries detailing UK research-generated information. The information is of two types: i) bibliographical details of nursing research completed since 1968 (this includes studies both <u>of</u> nurses and nursing, and <u>by</u> nurses), and ii) details of on-going nursing research projects (funded both by the Department and other agencies). The cards are arranged in three sequences:

- i) published research indexed by author;
- ii) on-going projects indexed by author/researcher:
- iii) published research and on-going projects indexed by subject.

The information which is included in the INR is obtained from a variety of sources. Published reports of nursing research, whether in journals or monographs, present the fewest problems, since the DHSS Library maintains an extensive collection. All relevant additions to the Library's collection are indexed and abstracted for inclusion in the INR system. Information on unpublished reports is also included where possible. The OCS administrator dealing with the Department's nursing research indicated that he would send all final reports, both published and unpublished, to the Library. All relevant final reports should, therefore, be included in the Index. When asked about inclusion of unpublished material in the INR (and <u>Nursing Research Abstracts</u> see 7.32), a nursing lead/liaison officer (i.e. professional) explained

that this was a

"difficult area with the problems of confidentiality. [However], as far as DHSS permission is concerned, all reports would automatically go into the system. Our programme is an open one and we make it clear from the outset that we feel that anything we get will be, or could be, published So, even if the research has not been published in any recognized form, a copy of the report which is sent in by the researcher would be deposited in the Library and the summary of that report would be put into <u>Nursing Research Abstracts</u> [see 7.32]. And, if anyone could not get that report anywhere else, they could phone the Index and be directed toward DHSS Library."

It is implicit in this statement, that access to the INR is not restricted to Departmental personnel. A pamphlet¹⁹ produced by the INR to advertize its services states the situation explcitly:

"Who Can Use the INR and What Does it Cost?

Although the INR is used as a research management tool for Nursing Division, it has always been appreciated that it has almost equal value to the NHS, to researchers and to individuals in a position to make use of innovations. The INR may be used by any researcher, organisation or individual needing to find out information about UK nursing research. Requests for information may be made by post or telephone. or alternatively. personal visits may be arranged by appointment to carry out more extensive searches and at the present time the service is free to all enquirers. Postal and telephone requests from outside the DHSS are dealt with as received and every effort is made to deal with all enquiries within five days."

During the period December 1978 - November 1979, the INR received 685 enquiries. This represents an increase of 16% over the number of information requests received in the previous 12-month period. No breakdown of the identity of personnel making these requests is available. Enquiries have, however, been analyzed in terms of the topics on which information was sought. It was found that most of the topics frequently requested in 1978, continued to be heavily requested in 1979.

^{19.} The Index of Nursing Research. Pamphlet available from The Index of Nursing Research, DHSS, London.

[The three topics of most interest were Nurse Education (27 enquiries), Health Visiting (20 enquiries), and Community Nursing (18 enquiries).²⁰] No records are kept concerning specific enquiries for reports of Department-funded research. While the performance of the INR as an information resource in the field of nursing research can, therefore, be appreciated, there is limited evidence regarding the significance of the INR in the dissemination of findings of Department-sponsored research.

7.3) Current Awareness Services

7.30) In addition to being resources which respond to spontaneous enquiries, two of the Department's research memories are also used to produce current awareness services. These services take the form of current awareness bulletins and abstract journals.

7.31) The Library's Current Awareness Services

The Chief Librarian of DHSS sees one of the Library's important functions as helping "keep the Department up to date on what's going That means getting the right information to the on outside it. right people at the right time." The Library attempts to do this by indexing, abstracting and 'repackaging' the publications it acquires. Items thought to have particular interest are noted and added to cumulative classified indexes. These indexes can be consulted in the Library and are used by Library staff when answering queries and compiling bibliographies. Titles and abstracts are, meanwhile, collated by topic, and packaged in bulletins and abstract journals. The bulletins are published by the Library. They are aimed primarily at keeping the Department's staff up to date on current research, and

^{20.} Index of Nursing Research - Information Service : Analysis of Requests. Appendix 5 of internal document (unpublished).

on developments relating to policy and service delivery. The bulletins are, nevertheless, made available, free of charge, to the NHS, local authority social service departments, researchers and others with a genuine interest in matters of concern to the Department. The abstract journals are similarly produced to satisfy the Department's information needs, but are not distributed free of charge. However, <u>Social Service</u> <u>Abstracts</u> was distributed without charge up until 1980. The present prices and frequencies of publication of <u>Social Service Abstracts</u>, and the Department's other major abstracts journal, <u>Hospital Abstracts</u>, are given in Table 3 of Chapter 8.

The Library's <u>Guide</u> to its services (1977) lists and describes its current awareness bulletins and abstracts as follows:

'Libr ary Bulletin	The Library Bulletin gives details of new publications added to stock. Publications are grouped under broad subject headings. Each publication is assigned an identi- fying number which can be quoted when requesting an item on loan. The Bulletin is distributed to all branches in the Department in London and the Regions for general circulation.

Current Hospital This current awareness bulletin is produced Literature Twice a month and lists all significant periodical articles, books and other items on hospital services. The more important items in this bulletin are selected for inclusion in <u>Hospital Abstracts</u>.

Hospital Abstracts The Hospital Abstracting Service was started in January 1961. This consists of a journal <u>Hospital Abstracts: a monthly survey of</u> <u>world literature</u>, published by Her Majesty's Stationery Office. Each issue contains about 150 summaries of periodical articles, books, pamphlets and reports from all over the world. The abstracts are arranged in classified order and each issue has a detailed list of contents and an author index. A subject index and a cumulated author index are provided for each annual volume.

Social ServiceThis bulletin, started in January 1977,Abstractsis the successor to Current Literature on
Personal Social Services. Each monthly
issue contains about 200 brief summaries

of journal articles, reports, books and pamphlets on the personal social services, arranged in classified order, with a detailed subject index. Annual cumulated indexes of authors and subjects are to be produced.

- Social Security A monthly list of books and periodical Library Bulletin articles relevant to social security, as well as some general items on topics such as management, of special interest to the local offices.
- Health Buildings A monthly list of references relating to Library Bulletin health building matters for the Department and the NHS.
- Current Literature A monthly list of books and periodical on Health Services articles with short annotations, for the Department and the NHS on all aspects of health services, apart from hospitals and general medical practice.
- Current Literature A monthly list of books and periodical on Computer articles compiled in co-operation with CR3 Services [Computer] Division. It aims to cover some of the more interesting items on computers in general and on the techniques involved, and to cover more comprehensively those on the applications of computers in medicine, health services, social services and public administration.
- Medical Current Awareness Lists Other lists are also issued covering the following subjects: Artificial Limbs; Communicable Diseases; General Health Topics; General Medical Practice; Wheelchairs.
- Annual List of The library compiles a list of publications Publications published by HMSO and the Department itself during the preceding year. In order to ensure that this is as comprehensive as possible, branches are requested to send copies of any publications they produce to the library for inclusion on the list."

The recent round of public expenditure cuts, and associated restrictions on civil service recruitment and staffing, have resulted in the Library having to suspend publication of over half of its current awareness bulletins. Complete listings of current awareness publications maintained and suspended, as at January 1980 show: Table 1: DHSS Library Current Awareness Publications - January 1980

(a)	Current
	l. Library Bulletin. Monthly List of New Additions.
	2. Current Literature on Health Services. Monthly.
	3. Social Service Abstracts. Monthly.
	4. List of Periodicals Currently Received. Annual.
	5. Hospital Abstracts. HMSO. Monthly.
	6. Current Literature on General Medical Practice. Monthly.
(ъ)	Suspended
	1. Current Hospital Literature. Fortnightly.
	2. Current Literature on Artificial Limbs and Appliances. Monthly.
	3. Current Literature on Communicable Diseases. Monthly.
	4. Current Literature on Computer Services. Monthly.
	5. Current Literature on General Health Topics. Monthly.
	6. Current Literature on Wheelchairs. Monthly.
	7. Current Literature on Computers. Monthly.
	8. Current Literature on Social Security. Monthly.

9. Quarterly List of DHSS Publications. With annual index.

It was noted in section 7.22 that the Library acquired the vast majority of published reports from DHSS-sponsored research, but that its collection of unpublished work was far from comprehensive. It is Library policy that items should not be included in current awareness services unless the Library is able to supply copies of such items on request. Uncertainty over the 'confidentiality' of unpublished reports therefore precludes their inclusion in current awareness services, unless a clear indication is given to the Library that a report can be made freely available. Such explicit directives are not normally received. Hence, published reports of research funded by DHSS are normally included in the Library's current awareness services, but details of unpublished reports are rarely given. The current awareness publications are distributed fairly extensively and so assist in the dissemination of published research findings. Actual distribution statistics for the major services have been compiled, as shown in Table 2.

Of course it is not enough for the current awareness services to be widely distributed, it is also necessary that they be read, scanned or collated and stored as an information search and retrieval tool. No user studies exist which give a clear indication of the levels of such use. However, the available evidence suggests that the majority of practitioners and administrators in the field make little direct use of current awareness services.²¹ Librarians, information officers and individuals performing other information storage and relay functions do, on the contrary, find them of considerable value. It is not clear, however, that all personnel who would find the <u>Abstracts</u> of use, actually receive copies. For example, an evaluation of <u>Social Service</u> Abstracts concluded:

> "Although we are not in a position to know the extent' of the present circulation of the Abstracts within Social Service Departments, our assumption is that copies are sent to senior staff at Headquarters with the request to circulate them throughout the Department. This approach is based on the belief that there is a clearly defined procedure for the dissemination of this kind of material from H.Q. to the areas. In our experience this procedure is either applied haphazardly or is non-existent, and there is certainly some corroborative evidence for this opinion in the failure of the information service experiment set up by Jessie Parfit [22] whose publicity was based on a similar assumption. In our view. effective dissemination of material within a Social Services Department, which originates from outside, can only be achieved if entry is made at several different levels. Only in this way is it possible to overcome the blocks and bottlenecks that build up in the course of normal vertical Departmental information flow. At least one team leader known to us would be interested in seeing Social Services Abstracts on a regular

^{21.} See, for example, Ford et al. (1980) and Brittain (1975).

^{22.} Parfit and Gobling (undated).

Table 2: Distribution of the Library's Major Current Awareness Publications

DISTRIBUTION OF LIBRARY BULLETIN (as at 3.6.1980)			
1.	DHSS Social security 870 London HQ Buildings 350 DHSS outside London <u>79</u> 1299	1299	
2. 3. 4. 5. 6.	NHS Other government departments Academic institutions Local government Other institutions	186 49 47 7 <u>103</u> 1691	

[25 copies go overseas - also included in 4) and 6) above.]

Distributio	n of <u>Hospital Abstracts</u> and <u>Cur</u> <u>on Health Services</u>	rent Literature
	Hospital Abstracts	Current Literature on Health Services
DHSS	50	130
NHS	*212	2163
Overseas	*532	55
Others	*226	750

* Figures relate to 1976; more recent figures not yet available from HMSO.

	Social	Service	Abstracts	distribution:#
DHSS			251	
Other governmen	t depar	rtments	134	
Local governmen	t		1077	
NHS			208	
Other organizat	ions		283	
Academic instit	utions		613	
Individuals			82	
Abroad			106	
	App	rox:	2750	

Prior to suspension pending a determination of price for future issues.

Health	Buildings	Library	Bulletin	distribu	tion:
			فتستعصب فستعصب والمتعاد		and the owner of the owner owner owner owner o

DHSS	139
NHS	44
Others	44

General	Medical	Practice	distr	ibution:
			the second s	

DHSS staff		49
NHS		253
Local government		46
Other government	departments	31
Others		12
	Total issue	391

basis but under the present system it never reaches him. If it is not part of the DHSS strategy already, we feel that direct mailing to Area Directors, team leaders and seniors could well achieve a new audience for the Abstracts.¹²³

While these conclusions direct attention to the problem of ensuring that distribution is appropriately focussed, this study of <u>Social Service Abstracts</u> also considered the nature of the items included in the current awareness service. It found that "the coverage of books and reports is especially helpful as these may be overlooked as information sources because they are not publicised systematically in other places".²⁴ This observation identifies <u>Social</u> <u>Service Abstracts</u> as playing a particularly important role in raising the visibility of work which might otherwise remain obscure. Hence, if the coverage of <u>Social Service Abstracts</u>, and, indeed, the other current awareness services, could be extended to cover unpublished reports of Department-funded research, these documents might also be expected to achieve greater visibility.

7.32) Nursing Research Abstracts

Such coverage of unpublished research report literature is given in <u>Nursing Research Abstracts</u>. The <u>Abstracts</u> are prepared with the assistance of DHSS Library, and include all additions to the Index of Nursing Research (INR). As described in section 7.23, the INR covers both reports of completed research and accounts of on-going research. In the former case, unpublished reports of DHSSfunded research are included, with back-up copies available in the Department Library. This is seen by administrative and professional nursing research management personnel to be consistent with the description of the Department's research programme as 'open'.

24. Ibid., p. 6.

^{23.} Blake et al. (1978) p. 7.

Abstracts of unpublished reports of Department-sponsored research appear alongside abstracts of published work, within a sequence of twenty-two topic-related "main classes". The main classes and the terminology used in the subject index are based on a classification and thesaurus developed especially for use with the INR. (The terminology is similar to that used in the <u>International Nursing Index</u> and the <u>Index Medicus</u>.) Accounts of on-going research appear in <u>Nursing Research Abstracts</u> under the same topic-related class headings as reports of completed research. Abstracts of nursing research projects funded by the Department are always included, with nursing liaison officers ensuring that the necessary information is made available to the INR librarians. <u>Nursing Research Abstracts</u> therefore gives comprehensive coverage of the Department's programme of on-going research, and of reports of completed Department-sponsored projects.

The first issue of <u>Nursing Research Abstracts</u> was published in 1979 following the production of two trial issues in 1978. The service is therefore very new: the demand for it is currently being evaluated. During this period the <u>Abstracts</u> journal is being produced on a quarterly basis and distributed free of charge within the NHS and institutes of higher education. The INR librarians have compiled a breakdown of the distribution of the <u>Abstracts</u>, based upon an analysis of the 2,285 recipients and 2,550 copies of each issue (see Table 3).

To help assess the demand for <u>Nursing Research Abstracts</u>, a short questionnaire was sent out with the first two issues. The response was found to be "overwhelmingly favourable".²⁵ It therefore appears that <u>Nursing Research Abstracts</u> may be able to play an important role in raising the visibility of projects within the Department's programme of nursing research, and in assisting the dissemination of findings of this research.

DHSS (includes DHSS and other government libraries and one copy for each member of Nursing Division	= 5%
<u>INR</u> (including a reserve stock of each issue)	= 12%
CHIEF NURSING OFFICERS FOR WALES, SCOTLAND AND NORTHERN IRELAND (CNO's do their own distribution)	= 22%
<u>NHS</u> (including all Regional Nursing Officers, Matrons, Area Nursing Officers and District Nursing Officers)	= 20%
<u>ACADEMICS</u> (includes all Directors of Nurse Education, other Institutions are Polytechnics, Universities, Colleges of Further Education etc.)	= 16%
LIBRARIES	= 8%
RESEARCHERS	= 3%
INDIVIDUALS (identified by private addresses)	= 7%
OVERSEAS (most recent geographical break-down appended)	= 4%
MISCELLANEOUS INSTITUTIONS	= 3%

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7.4) The Department's Report and Handbook of Research and Development

The Department has produced an <u>Annual Report on R & D</u> since 1974, and a <u>Handbook</u> since 1976. In 1977 the two were combined, and now appear annually as the <u>DHSS Report and Handbook of Research and Development</u>. This volume is produced by the Department (it is compiled in the information section of OCS) and published by HMSO. The most recent issue is split into two parts: Part A - "Report on Research and Development for the financial year ending 31 March 1979", and Part B - "List of projects supported by the Department in the financial year 1978-1979".

Part B contains the title of each project, its duration, the grant administering body, the level of support, researcher's name and researcher's institution. When a project has been completed during the year, a note to this effect is added, along with an indication of whether or not a final report has been received. The format of this Part of the Handbook has remained essentially unchanged since it first appeared in 1976. Part A has, however, been greatly expanded. It now presents a report on the preceding year's R & D activity which includes a brief description of the Department's arrangements for research administration, and summaries of the research programmes set up in a variety of specified research areas (including RLG areas, health services, economic research, etc.). These summaries give brief details of selected projects within programmes and, in a limited number of cases, reference is made to reports of completed research.²⁶ Included as an appendix to this report is a collection of the RIGs' strategy statements. These define the areas covered by each RLG, and set out the priorities which guide the RLGs in their development of a research programme.

There is considerable variation between the format and contents of each RLG's strategy statement. Some present projects which have already been completed. For example, the 1979 Elderly RLG's strategy statement lists 15 projects which have reached completion, giving project titles, researcher and researcher's institution. The Children's RLG statement, meanwhile, indicates that copies of final reports which it has received "are available and will be supplied to researchers on request by the Secretary of the Children's RLG [address given]".²⁷

The <u>Report and Handbook of Research and Development</u> appears to serve two main functions. The first is to satisfy the need for public accountability in the spending of money on research. This requires that details be given of "how much is spent on what".

The second function is to publicize, and enhance the visibility of, the Department's research activities. The content of the <u>Report</u> <u>and Handbook</u> suggests that it is aimed primarily at personnel involved in either the administration, or in the conduct, of health and social services research. The importance of researchers as a target readership group is illustrated by the inclusion of RLG strategy statements in the most recent issue (1979), with an explanation: "We hope that these strategy statements will help to increase interest among potential researchers and stimulate proposals, particularly within the areas identified."²⁸

In view of these intended functions of the <u>Report and Handbook</u>, and the groups at which it is aimed, it is of interest to examine how it is distributed. 1875 copies of the 1979 edition of the <u>Handbook</u> <u>and Report of Research and Development</u> were produced. Approximately half were distributed free of charge, whilst the remainder were made available for sale (price £5.50). Of the free copies issued, about a third went to senior administrators and professionals within the Department and the Regional Liaison Division. A further 15% were

27. Ibid., p. 26.

28. <u>Ibid.</u>, p. 24, para. 7.

sent to the DHSS Press Office. Copies of reports were also sent to the NHS (15%) and Directors of Local Authority Social Services Departments (15%), while 10% went to advisers of the Chief Scientist, and a further 10% to research unit directors. No details are available on the identity of purchasers of the 1979 <u>Report and Handbook</u>.

The interviews with research contractors (reported in Chapters 2 and 3) indicated that an appreciable proportion of researchers did not know that the Department produced an annual report of its research programme. These responses were obtained after the formal interview, and so were not systematically recorded. Two respondents even suggested that the Department should produce an annual report, and were surprised to hear that it already did.

The current distribution, range of content and 'packaging' of the <u>Report and Handbook</u> may therefore not be appropriate for bringing the Department's research programme and future plans to the attention of researchers. This seems to be part of a more general problem. For while the <u>Report and Handbook of Research and Development</u> contains a great deal of information on the Department's research activities, different aspects of the Report's content are of interest to a variety of different readership groups, and each would ideally require its own distinct form of presentation.

7.5) The Department's Journals

7.51) Health Trends

<u>Health Trends</u> describes itself as: "A quarterly review for the medical profession issued by the Department of Health and Social Security and the Welsh Office".²⁹ It is issued free of charge to all doctors in contract with the NHS in England and Wales (approximately 55,000) as well as senior hospital and health authority administrators and senior nursing officers. The total circulation is of the order of 62,000. The journal is edited by a member of the Department's medical staff, supported by an editorial board consisting of senior medical practitioners, a medical statistician and representatives of the medical staffs of DHSS, the Welsh Office and an Area Health Authority. The editorial board is chaired by the Deputy Chief Medical Officer of DHSS.

The aims of <u>Health Trends</u> were published in the journal in 1974,³⁰ and the present editor describes them as basically unchanged. They are:

- "i) To give better information to the [medical] profession as a whole about the activities of the DHSS, and about events in the NHS and the policies on which it is being developed.
- ii) To provide a convenient vehicle for the distribution in compact form of information bearing on the Service not otherwise readily available to the professions working in it.
- iii) To provide a series of papers on subjects relevant to the management of medical work and/or administrative planning in the Health Service.
 - iv) To pass on to the health professions information available in the Department. This may be administrative (e.g. figures on medical staffing and career prospects) or clinical (e.g. accounts of departmental surveys such as the paper on patients notified by hospitals as addicted to drugs) in nature.
 - v) To act as a unifying influence between the different branches of the profession."

A readership survey³¹ has shown that over 50% of recipients

of <u>Health Trends</u> read "all or most issues" and a further 33% read occasional issues (see Table 4).

These data suggest that <u>Health Trends</u> is reaching the majority of its target audience (in communication as well as distribution terms), and that it should be possible, therefore, for the journal to meet its objectives.

30. Health Trends, 6, 4 (1974); 78.

31. Health Trends (1976), p. 5. The response rate was 59%.

	Read all or most issues	Read occasional issues	Read all, most or occasional issues
	%	%	%
General practitioners	258 (42)	240 (39)	498 (80)
Senior hospital doctors	482 (58)	280 (33)	762 (91)
Junior hospital doctors	134 (35)	187 (47)	321 (82)
Community physicians	352 (81)	65 (15)	417 (97)
Senior nursing officers	188 (59)	101 (32)	289 (91)
Senior administrators	34 (52)	20 (30)	54 (82)
All	1,448 (54)	893 (33)	2,341 (88)

Table 4: Responders claiming to read all, most or occasional issues

The dissemination of findings from a number of DHSS-funded research projects could be considered to fall within these objectives, as could articles giving information on the Department's activities in the field of research sponsorship. However, little presentation of either of these types of information has so far been given. The editorial policy does not differentiate in favour of Departmental research. The uniform procedure is to send each submission to the member of the editorial board who has the greatest specialist knowledge in its area of content: he or she then acts as "head referee". An opinion is also normally sought from a member of the Department's medical staff whose work covers the same topic. The paper is then tabled for consideration at an editorial board meeting, along with reviewers' comments.

In addition to selecting papers for publication, the editorial board also make suggestions concerning topics on which, they feel, the journal should publish articles. Additional suggestions are sought from other members of the Department's medical staff. All proposals are then considered by the editor and the chairman of the editorial board. (Authors are often suggested in conjunction with specific topic proposals.) When a proposal is thought to be worth pursuing, the editor approaches a potential author and asks if he, or she, would be willing to prepare an article on the specified topic. No guarantee of publication is given, however, and articles submitted subsequent to the placing of a commission are subjected to the same review process as outlined above.

When <u>Health Trends</u> was first established, the editor tried to interest all his senior colleagues in the journal, and many were helpful in making suggestions which led to papers being published. However, it took time for <u>Health Trends</u> to be generally accepted as an "official journal", and for its readership (as opposed to its circulation) to grow. When first established (in 1969), the editorial office had difficulty compiling enough copy for each issue. At present, the situation is very different. Of the articles submitted to the journal 40% are rejected; on occasion, even articles commissioned from medical staff within the Department have been turned down.

During the eleven years of the journal's existence, the editor has made repeated contacts with personnel involved in research management, but states that he has not received any articles based on Departmentsponsored research from, or via, OCS, or from the Department's previous research divisions.³² The editor also reports that he has never been approached by any research manager with a suggestion that an article on a particular topic should be commissioned. There are, of course, limits to the number of research-based articles that the journal could publish in a given period without disturbing its balance. Departmental

^{32.} The non-OCS liaison officer with responsibility for nutritional research has, however, written a series of articles which draw upon the findings of this research. See Darke (1975, 1979a, 1979b).

research managers do not, however, appear to be making use of the space which would be available for appropriate items.

As well as indicating that he would like to receive articles based on Department-sponsored research, or suggestions for their commission, the editor of Health Trends has also invited research management to prepare summaries of the Department's annual Report and Handbook on R & D. Each year MRC have submitted an equivalent summary of their Annual Report, and each such submission has been subjected to the regular review process and then published. Research management at DHSS have submitted equivalent summary articles on a number of occasions, but only once was such an article accepted for publication.³³ The stated reason for this difference is that the Department's submissions are written in an inappropriate style. They were described as having the form of working committee documents rather than interesting articles with wide readership appeal. The MRC articles, in contrast, were considered to be good examples of "how it should be done".

The editor of <u>Health Trends</u> has recently proposed a third way in which the existence of the journal could assist OCS in matters related to dissemination. He has recently discussed (with the Chief Scientist) the potential use which OCS might make of the journal's editorial office. The Office contains expertise in a variety of aspects of medical publishing: it might therefore be able to provide advice to OCS on, for example, the production of the annual <u>Report and Handbook of Research</u> and Development. It could also undertake some publishing exercises.

<u>Health Trends</u> thus appears to represent an under-used resource in the dissemination of findings of Department-sponsored research.³⁴ Three potential uses might be:

33. Health Services R & D Branch, DHSS (1975).

34. The exception is DHSS-funded nutritional research. See note 32.

- i) Publishing articles based on Department-funded research;
- ii) Publishing summaries/guides to the Department's R & D <u>Report and Handbook</u>; and so giving greater visibility to its research programme;
- iii) Providing advice on the production of publications, or facilities for the publication of items for OCS, outside of the context of <u>Health Trends</u>.

7.52) Social Work Service Magazine

The <u>Social Work Service Magazine</u> is issued by the Social Work Service (SWS) of DHSS.³⁵ It has a circulation of approximately 16,000 and is distributed free of charge to all Social Service Departments (SSDs) in England and Wales, most SSDs in Scotland and Northern Ireland, a few SSDs in Eire (on request), all the major voluntary agencies and all academic institutions giving courses in social work and related studies. Copies of the <u>Magazine</u> are also sent to an assortment of people working, and libraries serving, in the fields of health, education and social welfare.

Since 1978, the <u>Magazine</u> has had a part-time editor, assisted by a panel of four editorial advisers. These advisers are chaired by an Editorial Director, who is the Assistant Director in the SWS responsible for regional work and the Development Group. In January 1980, one of the OCS SWS officers joined the panel of editorial advisers.

The editor sees the Magazine's objectives to be:

- "i) to disseminate innovations, interesting examples of practice and research findings,
- ii) to publicize work of the SWS which is of value to clients,
- and iii) to promote current policies".36

36. Interview data.

^{35.} For a discussion of the role and operation of the Social Work Service, see Utting (1978).

In seeking to meet these objectives the editor tries to achieve a "balance" in the articles carried in each quarterly issue. She aims to include at least one article which is research-based (while at the same time having broad readership interest) and one article on the work of the SWS. The remaining space is available to any type of article falling within the journal's area of coverage, if it has sufficiently wide interest and fits well into an issue 'package'.

Articles are not subjected to any formal refereeing procedure. If an article relates to the work of the SWS it is sent to the appropriate personnel within the Department. They are asked to check the accuracy of information and voice any objections they may have to the content. If an article is submitted which is based on research, it is sent to the OCS member of the editorial panel for comment. If articles in either of these categories contain arguments which are inconsistent with Department policy, they are not automatically rejected. Instead, authors are invited to rewrite their articles in "debate form". Of the articles submitted to the <u>Magazine</u>, 90% are published, but many have to be fairly extensively revised.

Not all articles are the result of spontaneous submissions. The editor also commissions articles, and searches for authors and topics by looking through the professional press and having discussions with professional colleagues. Almost all articles written as a result of such commissions are accepted for publication.

The present editor has had discussions with SWS officers in OCS as part of her search for articles to commission. The links established in these discussions have been formalized by the appointment of an OCS officer to the editorial advisory panel. OCS officers have made some suggestions for possible commissions, and these proposals have been considered by the editor. Up to the present, preferential consideration has not been given to research-based

articles when they report Department-sponsored research. Consideration may be given to doing this if the competition for space greatly increases in the future. However, the editor pointed out that the <u>Magazine</u> should not become merely a vehicle for Departmental information, especially if this information is already going out in other forms (e.g. via Social Service Abstracts).

Readership surveys of social services department staff show that <u>SWS Magazine</u> is not widely read: data are presented in Table 12, Chapter 8 (page 305). Some of the <u>Magazine's</u> authors have, however, reported receiving feedback from the readership, and the editor is confident that some ideas published in the <u>Magazine</u> have been put into practice.

Clearly, if the <u>Magazine</u> is able to increase its readership, it could prove a valuable medium for assisting the dissemination of a limited number of carefully chosen projects.

7.6) Other Department 'research related' publications

Supplementing the above dissemination outlets are a number of Departmental and HMSO publications which are more <u>ad hoc</u> in nature. Such publications include the proceedings of seminars which are, at least partly, sponsored by the Department,³⁷ a major review of primary health care research,³⁸ and a collection of papers written by members of a large collaborative team project (each paper reflecting the particular interests of its author(s), within the context of the project).³⁹

In addition to such <u>ad hoc</u> publications, there are also three series of occasional publications which present the findings of research. The first consists of reports produced by Works Division.

37. See, for example, DHSS (1978c, 1979).

38. Hicks (1976).

39. DHSS (1978d).

As discussed in section 4.423, representatives of Works Division maintain close collaboration with researchers in the preparation of their final reports, and the Department normally publishes these reports of architectural research itself.⁴⁰ The Works Division currently intends to develop a series of such reports dealing with the evaluation of buildings in which mental health services are delivered.

A second group of occasional publications is the series: Reports on health and social service subjects. Seventeen reports have been published by HMSO, for the Department, in this so-called "Grey Book" series. Nine of the seventeen have discussed topics relating to nutrition and health. Each of these represents a report of the Committee on Medical Aspects of Food Policy (COMAFP), or one of its specialist panels or sub-committees. 41 These reports critically review the findings of research funded both by the Department, and by other bodies (as described in section 4.422). Other reports in the Grey Book series also present aspects of the Department's research. One of these is a report of an enquiry into the promotion of research into deafness. 42 and a further two consist of the proceedings of Department-sponsored conferences. 43 In each of the 'Grey Book' reports listed above, the presentation of findings of Department-funded research is not itself the final objective. Rather, the findings of this research are only included when they have relevance to the concerns of a particular 'Grey Book'. There is, however, one report in the series which has the format and objectives of a regular research monograph. This

- 40. See, for example, Wyvern Partnership and Social Services Unit (1977, 1979).
- 41. See Report No. 3 (1972), No. 6 (1973), No. 7 (1974), No. 9 (1974), No. 10 (1975), No. 12 (1977), No. 15 (1979), No. 16 (1979), No. 17 (1980).
- 42. Rawson (1973).
- 43. DHSS (1973, 1974a).

presents the findings of a single study commissioned by the Department in one of its programme-funded units.

The third group of occasional publications, carrying research findings, are the reports of working parties set up either solely, or jointly, by the Department. These reports typically collate and critically review the available 'scientific' evidence on a specific topic; for example, obesity, ⁴⁵ back pain, ⁴⁶ and health and social services for children. 47 In so doing they include discussion of the findings of research funded by the Department if such research is judged (by the working party) to be of sufficient quality and relevance to its concerns. The reports of these working parties are published by HMSO, and constitute authoritative state-of-the-art reviews which draw implications for the development of policy both in DHSS and in other government departments. The reports are, therefore, widely read and are often given extensive coverage in It has been claimed, in relation to the last working the mass media. party report (on Lead and the Environment⁴⁸), that the Department did not wish to encourage this extensive coverage. 49 This suggestion has been "hotly denied by DHSS spokepersons".50

- 44. Knight and Warren (1978).
- 45. DHSS/MRC (1976).
- 46. DHSS (1974b).
- 47. DHSS (1980b).
- 48. DHSS (1980c).
- 49. <u>New Scientist</u> (1980), p. 101.
- 50. <u>Ibid</u>.

7.7) Department Circulars

Department Circulars⁵¹ are the official means by which the Department delivers information and guidance to the NHS and Local Authorities. Health Service Notices and Circulars and Local Authority Letters have, in the past, been issued as an attachment to copies of reports and publications of interest to specified groups in Health and Local Research reports have occasionally been distributed Authorities. in this way. (It is revealed in Chapter 5 that this course of action was recommended for the dissemination of five of the 84 reports tabled for RLG consideration.) Department Circulars normally commend reports for the attention of specified groups within the Authorities, but sometimes they also summarize the contents of a report or publication. Such summaries have been issued as an accompaniment to a limited number of research reports,⁵² and would appear to aid the assimilation of major findings.⁵³ However, the full text of reports appears to be valued by administrators in Social Service Departments (SSDs). In a study of the relative frequency with which SSD Directors use various sources of research information, reports circulated by the Department were ranked secondly only to an SSD's own research unit's reports. These two types of report were used far more frequently than any other source.54

- 51. 'Department Circulars' is used as a generic term for all the Letters, Notices and Circulars issued by the Department and listed in the annual <u>Index to Circulars</u> published by the Department.
- 52. See, for example, HN (78) 19 and LAC (78) 3.
- 53. See Rothman (1980), Chapter 5.
- 54. Rothman lists the reasons given for reliance upon DHSS reports under a series of headings: "Obligatory, Intrusive Aspect; Resource Acquisition; Provides Social-Services Relevant Information; Provides Comparative Social Services Information; Expert-Authoritative Aspect; Constitutional Relationship and Responsibility; and, Direct Contact and Expectation", p. 164.

Rothman's study appears to have been carried out in early 1979. In the latter part of that year, the Department's methods for distributing copies of research (and other) reports were scrapped and replaced by a new system. Two new series of documents were established: an <u>NHS Bulletin of Publications</u> and a <u>LASS Bulletin of Publications</u>. Each was announced in November 1979 through, respectively, a <u>Health</u> <u>Notice⁵⁵ and a LASS Letter.⁵⁶ The first of these explained:</u>

> "This notice introduces a new series of quarterly bulletins which identifies recent reports and other publications which may be of interest to the NHS, gives a brief description of their content and provides details of their availability.

1. The new series is designed to replace the present practice whereby reports and other publications are issued for information under the cover of a separate health circular or health notice and is in line with the Government's intention to reduce the flow of circular type communications to the NHS.

2. The bulletin will include HMSO publications, whether originating from this Department or others, DHSS publications and documents issued by outside bodies.

3. Documents excluded from the list include those issued for comment by authorities and those on receipt of which specific action is to be taken by authorities and operational documents, such as guides or manuals.

4. Documents (free of charge unless otherwise stated) are obtainable from the source indicated against each item."

The LASS Letter similarly established that:

"1. The present practice of issuing copies of reports or other publications of interest to local authorities under cover of a separate LASS Letter has been modified in line with the Government's intention to reduce the number of circulars sent to local authorities by central government departments.

55. HN (79) 114.

56. LASSL (79) 13.

2. Under the new arrangements a periodical local authority social services letter will be issued to local authorities, together with a list of reports and publications of interest to authorities, copies of which will be available upon request."

The first issue of the <u>LASS Bulletin</u>⁵⁷ listed seven "publications/ reports", one of which related to research funded by the Department ("Aids for disabled people - evaluation of personal hygiene aids"). A brief description of the nature of the research was given, together with an indication that copies of the report were available from the 'Socially Handicapped' Division of DHSS.

The first issue of the <u>NHS Bulletin of Publications</u>⁵⁸ contained eight entries in the "publications/reports" section. Two of these related to research: one was identical to the item appearing in the <u>LASS Bulletin</u>, the other was an announcement of the availability of a report on public attitudes to kidney donation.

The frequency with which future <u>Bulletins</u> include entries on reports of DHSS funded research remains to be seen.

7.8) Ministerial Statements and Speeches

The visibility of research findings can be greatly raised when reference is made to them in ministerial speeches. These are given coverage in both the professional press (e.g. <u>New Society</u>, <u>EMJ</u>, <u>Nursing</u> <u>Mirror</u>) and the mass media (television, radio and newspapers). Any research information included in a ministerial speech is therefore brought to the attention not only of the immediate audience to whom the speech is addressed, but also of a potentially 'mass' secondary audience.

Such speeches are not, of course, normally intended simply to impart information. There are also political considerations. These

^{57.} LASS Bulletin No. 1, November 1979.

^{58.} NHS Bulletin No. 1, November 1979.

considerations do not necessarily preclude the uncontentious presentation of research findings. The present Secretary of State, for example, used a speech to draw attention to a rising incidence of alcoholism (as quantified in a recent Department-sponsored study), and these research findings were given coverage in the national press.⁵⁹ However, not all ministerial speeches introduce research findings in such a nonproblematic way. Thus an article in a national newspaper presented extracts from a speech given by the Secretary of State in which he drew conclusions from a research report to support his arguments.⁶⁰ The article claimed that the researchers "who wrote the report ... are appalled by the use to which it has been put" and thought that the Secretary of State had totally misrepresented the available research evidence.

Ministers have a relatively large measure of control over the speeches which they choose to give. They have less freedom in respect of the Written Answers which they are obliged to present in response to Parliamentary Questions (P.Q.s). Questions are asked about all aspects of the Department's activity and policy. Research findings can influence this activity and policy, and can therefore affect the response given to any P.Q. Specific Questions are, however, also asked in relation to the Department's research activity and its outcome. Over the seven-year period January 1973 - December 1979, 90 such Questions were tabled. It is striking that the vast majority of these (approximately 90%) could be answered with information freely available in the annual Research and Development Report and Handbook series. Most of the Questions were of the form, "Is the Department conducting any research into ...?", "How much money is the Department

60. Owen (1979).

^{59.} See, for example, "Alcoholism affects one person in 25", <u>The</u> <u>Guardian</u>, June 10th, 1980.

spending on research into ...?", etc. Written Answers typically list projects, give financial details and/or point out that the area of research covered by a P.Q. is at least partly the responsibility of the Medical Research Council, which is answerable to the Secretary of State for Education and Science. (In one case, research findings were volunteered when they were not specifically requested.⁶¹) Only seven P.Q.s were asked which unequivocally requested that findings of research be given, or commented upon. In each case the Answer was given by the Department with considerable caution.

P.Q.s are addressed to the Secretary of State, but Written Answers are prepared by civil servants. The Department's Parliamentary Branch direct Questions to the divisions to which they primarily relate. Draft replies are written within these divisions and then circulated to any other parts of the Department which are thought to have an interest. In the light of any comments received, a final draft is prepared and sent for ministerial approval.

Formal guidelines for the drafting of Written Answers are sent by Parliamentary Branch to the civil servant chosen to perform the task. These guidelines instruct that Answers should be "calculatedly informative". This directive appears to be interpreted by civil servants to mean that replies should be as informative as possible, subject to the qualification that they should not disclose any information which could be used to bring political pressure to bear on the Department or Government.

Publicity has recently been given to the ways in which DHSS's civil servants sought to avoid disclosure of a particular set of research findings when responding to a series of P.Q.s on the incidence of hypothermia.⁶² The civil servants' actions illustrated how the

- 61. Hansard (1978).
- 62. Bailey (1980).

political considerations described above are brought to bear on the drafting of a Parliamentary Answer. Examination of files containing drafts and memos written during the preparation of other Written Answers shows that this case is not unique.⁶³

It is therefore apparent that research findings are presented both in ministerial speeches and in Written Answers to Parliamentary Questions, but that their inclusion and presentation is constrained by political considerations. These political considerations lead to a highly selective disclosure of research information, and, it seems, occasional misrepresentation.

63. The author holds copies but they cannot be made public.

CHAPTER 8 USERS IN THE FIELD: PATTERNS AND PROBLEMS OF ACCESS TO RESEARCH FINDINGS

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8.0) Introduction

Having examined how research findings are disseminated by both the Department and its researchers, one can question the congruity which exists between these acts of dissemination, and the information gathering practices of potential users in the field. More specifically, one can seek to assess whether the channels through which research findings are disseminated, correspond to the sources of information which are accessible to, and regularly used by, administrators and practitioners in the Health Service and Local Authority Social Service Departments.

The first necessary step is to review studies of such potential users' efforts to acquire and assimilate research information. These studies typically focus on the information gathering practices of particular user communities (e.g. social workers or health authority administrators), but do not distinguish between DHSS-funded and other Indeed, many do not even distinguish research forms of research. information as a discrete category. For individuals do not generally have distinct information needs, each of which can be met by a particular "type" of information; one such type being research information (or even more narrowly defined - the findings of DHSS-funded research). Rather, "they experience a problem, a difficulty, or are under emotional pressure, and these cognitive and emotional needs may be met, or partially met, by obtaining and applying information".¹ Within such a perspective, it is clear that users will often be minimally concerned with whether information is based on statistical returns, authoritative opinion or research. If information is in the form of research findings, then the source of funding of the research is of even less To the extent that these considerations have any importance.

significance, it is only as they reflect upon the reliability and validity of information.

Thus in informal interviews with health authority administrators, it has been found that "the findings of DHSS-funded research" do not constitute a distinctive category of information. Respondents see no value in making such a categorization and make no effort to do so. They are thus unaware of how frequently or extensively they encounter and make use of DHSS-funded research findings.²

The clear implication of this situation is that it is not possible to carry out a conventional "user study" type of survey of the various HPSS administrative and practitioner groups, in order to determine, for each, levels of use of DHSS-funded research. Instead one must draw on user studies which are far broader in scope, and some related supplementary evidence, so as to determine typical patterns of information use. Observations can then be made concerning the levels of congruity which exist between these information-gathering practices, and the dissemination practices of DHSS and its researchers.

8.1) Health authority personnel

8.11) Information in health authorities

Over the last ten years, considerable concern has been expressed with regard to the provision and utilization of information in the NHS. Thus in 1972, the "Grey book", <u>Management Arrangements for the</u> <u>Reorganization of the National Health Service</u>³ acknowledged that, although there is a great deal of information available at all levels in the NHS, many improvements are needed: "Existing information is

^{2.} This information was acquired, at the present author's request, by Blaise Cronin, during preparatory field work for an ASLIB study of information flows within a health authority (unpublished).

sometimes unreliable, of doubtful relevance and out of date, and there are gaps in what is available, especially about the community's needs for health services and the effectiveness of society in meeting those needs."⁴

The Grey Book argued the need for improved information systems throughout the NHS, and the establishment of an "expert information function" at Area and Regional levels.5 In the following years the Department issued a series of circulars dealing with various aspects of the provision of information services during and after reorganization. The Kings Fund produced a report which provided a clear analysis of government guidance, and suggested the nature of arrangements required Most notably, it advocated the provision to satisfy information needs. of integrated information services, and recommended the establishment of combined information centres and libraries at Regional, Area and Some Areas and District levels of health service management. Districts⁷ followed this recommendation, but the majority concentrated on providing statistical information services of varying complexity.¹⁰

4. Ibid., Para 3.34.

- 5. "As a service to the officer team as a whole, this function would have the dual task of assisting responsible persons (for example community physicians) to identify what information they require for different purposes and where this information might come from, and then managing the process of gathering information, analysing it and presenting it in a form useful to those who need it" (Ibid., Para 3.34a).
- 6. The most important were HRC (73) 8, HRC (73) 27, HRC (73) 33, HRC (74) 30, HSC (IS) 13, HSC (IS) 79 and HSC (IS) 172. The reorganization to which they refer is that of 1974. Another reorganization is presently (1982) underway, but this study predates the initiation of the most recent changes.
- 7. King's Fund College (1973).
- 8. See Going (1977), Miles (1975), Nicholson and Shepherdson (1977), Smith (1978), Southern et al. (1974) and Sutherland et al. (1977).
- 9. See King et al. (1977), Smith (op. cit.) and Sutherland (op. cit.).
- 10. Smith (1982), p. 13.

In doing so, they clearly reduced the likelihood of research findings being available to decision makers, in an accessible and assimilable form, as and when required. Despite the implicit recommendations of the Grey Book, and the explicit arguments of the King's Fund report, the provision of statistical (as opposed to research) information, had become the priority, and resources were delegated accordingly.

Against this background, it is interesting to note that by the late 1970s the provision of information within the health service was generally not perceived to have improved. For, as the Royal Commission on the NHS noted:

> "Good information is of prime importance for planning purposes [and] the best use of the resources of the NHS requires that its decision makers be provided promptly with relevant information on the needs and on the volume and cost of resources used in meeting those needs. Unfortunately, the information available to assist decision makers in the NHS leaves much to be desired. Relevant information may not be available at all, or in the wrong form. Information that is produced is often too late to assist decision makers or of dubious validity."¹¹

The Royal Commission also endorsed a proposal for a joint NHS/DHSS Steering Group "to provide a permanent forum for considering information matters"¹² as put forward in a consultative document.¹³ Examination of this document reveals that information was defined as "quantitative data available from statistical and financial returns, surveys and studies (including sample and ad hoc enquiries) of relevance to the operation and management of the health services". Consequent upon this definition, the recent "Körner Report"¹⁴ on health

- 11. Royal Commission on the NHS (1979), para 21.56.
- 12. Ibid., para 6.23.
- 13. HN (79) 21.
- 14. NHS/DHSS (1982).

service information (the first in a series to be published by the joint NHS/DHSS Steering Group) deals exclusively with the provision of statistical information.

This disregard for other forms of management and policy-relevant information, such as research information, is somewhat surprising. For the most recent study¹⁵ of the use of information within health authorities suggests that ample statistical information is currently available. 157 members of Cambridge AHA, and its constituent Districts, were surveyed (the sample included Administrative, Medical, Nursing, Para-Medical and Technical Staff). 73% responded, and not one indicated a need for more statistical information. However, almost without exception, respondents felt the need for more information than was already available to them. Clearly this again suggests deficiencies in the provision of non-statistical management and policy-relevant information (such as research information) and the need for information services which are more diverse in terms of the types of information they provide. Thus Smith argues:

> "There still appears to have been a failure to appreciate the value to management of nonstatistical information, neither has there been any serious attempt to consider an information system which is completely integrated, that is one that provides, as far as possible, all the information that is needed to meet management's requirements, not just statistical information."¹⁶

In the absence of information systems which give adequate exposure to non-statistical information, the concern of the present study is with how health authority personnel manage to avail themselves of research findings, in general, and the findings of DHSS-funded research, in particular. Toward this end, it is necessary to examine the information sources used by such personnel in seeking to satisfy their information requirements.
8.12) Patterns of information use

The study of the use of information by members of Cambridgeshire AHA (discussed above) offers the most recent data.¹⁷ Within this study members of the health authority were divided into groupings of "type of staff", and the use of information sources by each group was found to be as follows:

1) The Administrative group rated DHSS circulars as significantly the most valuable information source and several items were of approximately equal use in second place, namely AHA papers, "journals etc.", legislation and colleagues. Information services rated very low. 2) The Medical group rated "journals etc." the most useful source, closely followed by professional bodies' publications. They also seemed to be amongst the most enthusiastic users of information services, and rated DHSS circulars as having a high value. 3) The Nursing group also rated DHSS circulars highly. In fact, they were the source of information most frequently used by the Nurses. Informal communications with colleagues followed fairly closely behind. Seven other items also had high value as information sources: they were AHA papers, management team minutes, "journals etc.", legislation, professional bodies' reports, financial accounts and the media. Outside contacts are also highly valued as an information source and good usage is made of information services. This would suggest that, as a group, nurses are the most widely informed and have no one source which adequately meets their needs.

4) <u>The Para-medical group</u> clearly favoured "journals etc." as their most useful information source, assisted by colleagues and professional bodies' reports. Media and outside contacts also rated highly while information services were infrequently used. This might well reflect

17. Ibid.

lack of information provision for these groups within the organisation, the result being that they have had to seek elsewhere. It would appear also that the information generated by the organisation, such as AHA papers, is either of little relevance to them, or inaccessible, or a combination of the two.

5) <u>The Technical group</u> found "journals etc.", colleagues and DHSS circulars the most useful information sources, while filing systems, management papers and information services are all apparently of little use. Outside contacts were also quite high and this reflects the nature of the work of this group (meeting contractors, sales representatives, etc.). They also tend to be an independent group, generating, finding and using their own information.

In aggregate, the most frequently used information source was "journals etc.", closely followed by "DHSS circulars". These were supported by what can broadly be termed "published material" and contact with colleagues, much of which takes the form of meetings and committees.

As journals are the most heavily used information source, it is of interest to examine which particular journals are most frequently read. The report on the Smith study merely records that: "A remarkable number [of journals], (ca. 150) across all disciplines, are received by the different members of staff and the majority (even when paid for by the Authority or a District) receive a very small circulation."¹⁸

The report gives no information on particular titles. However, details of journals received and read in Cambridgeshire AHA some eight years earlier are available. In 1974 Imrie studied the use of information sources by Area staff in Cambridgeshire and Dorset.¹⁹ These

- 18. Ibid., p. A8.
- 19. Imrie (1974).

officers came from a similar range of staff categories as the respondents in the later Smith study, and a sample of 48 staff were asked which journals they read. In total, 70 journals were listed; with 42 only being listed by one respondent, and a further 13 listed by two. The remaining (i.e. most popular) journals are listed in Table 1, and as can be seen, they reflect the broad range of interests and backgrounds of health authority personnel.

	% of respondents
Journal	who read the journal
Health and Social Services Jnl.	40%
BMJ	31
Hospital and Health Services Rev.	31
Lancet	25
Nursing Times	21
Nursing Mirror	19
New Society	13
Hospital Service Finance	10
British Journal of Social and Preventive Medicine	6
Health Visitor	6
Management Today	6
Midwife Chronicle	6
Pharmaceutical Journal	6
Public Health	6
Queens Institute Journal	6
No. of respondents	48

Table 1: Journals read by AHA staff

8.13) Congruity between patterns of dissemination and access

A similarly broad range in focus or interest is found amongst the journals which DHSS-funded researchers used to disseminate their findings to these groups. When researchers cited health authority staff as the groups for whom their findings had the most significant implications (7 cases), they published articles in the following journals (Table 2).

Table 2: Journals in which DHSS-funded	researchers publishe	d
articles, when their findings	had implications	
primarily for health authority	y personnel	
Journal	No. of projects disseminated throu	gh:
*Health and Social Services Journal	2]	
*Hospital and Health Service Review	2 4	÷
*BMJ	1 - s	eparate
*Nursing Mirror	ı F	orojects
*Nursing Times	1]	
Archives of Disease in Childhood	1].	
Health Service Manpower Review		eparate
Personnel Management	l r	projects
	-	

Of these journals, the five marked with an asterisk were found by Imrie to have been read by health authority staff. Indeed, they were five of the six most extensively read journals in the health authorities. However, none of the other (hrat journals were read by health authority personnel.

These findings should, of course, be treated with considerable caution. The readership survey was carried out some three or four years prior to the publication of the articles on the DHSS-funded projects, and the samples of both journals and readers are relatively small. However, these findings do give a rough indication of the extent to which journals, the information source most frequently used by health authority personnel, carry reports on the findings of DHSSfunded research.

Needless to say, if an article is published in a journal which is not normally read by health authority personnel, this does not necessarily mean that it will not be seen. Many abstracts journals and other secondary services are distributed within health authorities (those received by Cambridgeshire AHA are listed in Table 3), and, according to both Smith²⁰ and Imrie²¹, these services are used by over 50% of staff. The DHSS publication, <u>Hospital Abstracts</u>, is the most widely used.²²

It therefore appears that over 50% of DHSS-funded projects which had implications primarily for health authority personnel were disseminated through journals which were widely read by those groups. projects had their findings presented in journals which The remaining do not appear to have been read on a regular basis; though these findings may have been identified by secondary services.23 There are, of course, additional DHSS-funded projects, the findings of which had implications for health authority staff, but additionally implications for other groups; implications which were thought by researchers to be of greater significance. If these projects are included in the analysis, an even broader range of journals is found to have been used. With this in mind it is interesting to note that: "almost everyone [in Cambridgeshire AHA] indicated that they wanted to see more journals than they saw at present."24 Against the background of the above discussion, one could argue that these findings offer further evidence that health authority information systems have been overly concerned with the provision of statistical data, to the detriment of the provision of an adequate presentation of research findings via journal articles (and, perhaps, other publications).

24. Smith (1982), op. cit., p. A8.

^{20.} Smith (1982), op. cit.

^{21.} Imrie (op. cit.).

^{22.} Ibid.

^{23.} It should be noted that no secondary service can hope to be both comprehensive in its coverage and manageable in size. It should also be noted that notification of the existence of an article via a secondary service almost always involves a time delay.

TITLE	PUBLISHER	COST p.a.	FREQUENCY
Current Literature on Health Services	DHSS	Free	Monthly
Hospital Abstracts	DHSS	£24.05	Monthly
Social Service Abstracts	DHSS	£26.78	Monthly
Community Medicine Aspects of Cancer	Oncology Info Service, Leeds	£5	Monthly
Social Work Information Bulletin	Coventry/Derbyshire/ Leicestershire CC/University	Free to us via Cambs CC	Fortnightly
New Literature on Old Age	Centre for Policy on Ageing	£8	Bi-monthly
Care of the Child	Humberside AHA	Free	Monthly
Care of the Elderly	Humberside AHA	Free	Monthly
Care of the Mentally Disordered	Humberside AHA	Free	Monthly
Health Care Administration	Humberside AHA	Free	Monthly
CAS Midwifery	RCM	£ 5	Bi-monthly
Current Awareness Bulletin	HVA	£3	Quarterly
Nursing Bibliography	Rcn	£16	Monthly

Table 3: Current awareness services received by Cambridgeshire AHA

Source: Smith (1982)

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While journal publication is the dominant means by which researchers disseminate their findings, DHSS can, of course, use other channels. Most notable amongst these are its own circulars, with attached reports and ad hoc documents. These types of document constitute the source of information second most frequently used by health authority personnel (in aggregate), and the source most frequently consulted by health authority administrators. However. DHSS has disseminated research information through these channels with remarkable infrequency (see Chapter 7). In this regard it is interesting to note that in a study of the Hull Group Hospital Management Committee, it was found that "several members felt that they did not receive sufficient [DHSS] material, and that such as they did receive took too long to arrive".²⁵ In the Imrie study of members of Cambridge and Dorset AHAs it was similarly found that "few of the officers are satisfied with the amount of information they receive from the Department".26 In this latter study, further criticisms are offered of the way in which DHSS publications and circulars For example, it is pointed out that DHSS "consists are distributed. of many divisions, each of which may disseminate information via There is no central point in the DHSS responsible documentation. for coordinating information. Some publications are sent directly to an officer and others are sent in a batch to the Area Administration Section, from where they are distributed."²⁷ Distribution practices in the Areas are similarly shown to vary, and as a result of the rather confused mix of direct and indirect communications, some officers miss information which is of importance to them, while others receive duplicate and triplicate copies of irrelevant documents.

- 26. Imrie (op. cit.), p. 46.
- 27. Ibid., p. 47.

^{25.} Matthews (1973), p. 27.

It thus appears that there are deficiencies in the provision of research findings to health authority personnel via both of the two most frequently consulted sources of information: <u>viz</u> journal articles and DHSS documents. It is therefore to be expected that, as a result, dissemination is inhibited. However, some of these deficiencies in dissemination may be overcome at a local level, when researchers are in direct contact with health authority personnel, as a consequence of relationships developed during the course of a research project. Indeed, it is probable that in these cases dissemination is most effective.²⁸

8.2) NHS Medical Staff

8.21) Dissemination to medical practitioners

As pointed out by the Royal Commission on the NHS, doctors constitute only 7% of the total staff of the Health Service, but nevertheless play a leading role in determining the ways in which services are delivered.²⁹ For they not only have control over the clinical management of patients, but also have considerable influence within, and through, local level management of hospital and G.P. services, community medicine and medical advisory committee services, and, as discussed above, health authority administration. It is therefore not surprising that medical practitioners are the group for whom DHSS-funded researchers most frequently thought their findings 33% of researchers thought their findings had had implications. implications primarily for medical staff, and a further 24% thought that their findings had some implications for doctors, though having their most important implications for other groups.

28. As claimed by MacDonald and Otto (1978).

^{29.} Royal Commission on the NHS (op. cit.), para. 14.1. See also the remainder of Chapter

Research projects which produced findings in the former category were concerned with a variety of aspects of medical practice, including such "administrative" concerns as medical audit and medical record However, the vast majority of projects in this category keeping. had a rather more direct bearing on clinical practice. One can examine how the findings of these projects were disseminated by choosing, from the sample of DHSS-funded projects, those coded 6 or 7 in Moss's taxonomy [i.e. 6) Clinical Laboratory research which helps understanding of the nature or cause of particular illness or evaluates a way of treating it or helps to develop methods for doing these; and 7) Field Trials on a controlled basis to test usefulness of existing methods of treatment or the possible contribution of a new treatment]. By separating out 'medical' projects in this way, their distinctive patterns of dissemination can be identified. In Table 4 these patterns are compared with those found for non-medical They are seen to be characterized by a comparatively heavy projects. use of specialist research journals (61% of cases, c.f. 39%, p< 0.1) and conferences (57%, c.f. 45%, p < 0.5) and a comparatively low use of monographs (9%, c.f. 22%, p < 0.05), meetings (43%, c.f. 63%, p < 0.2) and administrator-directed journals (4%, c.f. 27%, p < 0.05). Somewhat surprisingly, professional practitioner journals are not used with any greater frequency for medical projects (39% for medical, c.f. 43% for non-medical projects). These patterns of dissemination tend to indicate that medical researchers gave communication to specialist research/practice colleagues the highest priority.

This interpretation is reinforced by an examination of the types of conference attended by medical, as compared with non-medical researchers. The conferences attended by medical researchers had predominantly specialist medical themes, and were frequently attended by international audiences composed of those active in either full-

Table 4: The Dissemination of 'Medical' Research Findings

Dissemination effected	Medical Projects	Non-Medical Projects
No.of Cases	23	51
No.of projects dissm.thro' i) restricted circn.reports ii) HMSO Publications iii) Research Inst.Publcns. iv) Books v) Pts.of books vi) Conference Proc.	5 1 pt - 2 5 3	22 3 + 2 pts 5 3 7 2
Total thro' Publish.Monographs	No. 2 % 9	1 1 22
Proj.thro' journal papers 1-2 3-7 8 or more Total thro' Conferences	5 p a 8 8 1 5 0 1 1 No. 14 9 1 % 61 39 4	Бра 16 19 12 3 3 2 1 20 22 14 39 43 27
Thro' conferences 1-2 3-7 8 or more Total thro' Conferences	7 5 1 No. 13 % 57	18 3 2 23 45
Thro' meetings 1-2 3-7 8 or more Total thro' meetings	5 3 2 No. 10 % 43	9 7 16 32 63
Theses	No. 5 % 22	9 18
Teaching	No. 5 % 22	15 29
Popular Media	No. 1 % 4	7 14

More Dissemination intended

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Ye s	14	33
Perhaps	1	1
Formal	7	12
Informal	3	8
Both	5	13

time research, or in research combined with specialist practice. The conferences attended by non-medical researchers, in contrast, were more multi-disciplinary affairs with more heterogeneous audiences. In the case of medical conferences, attendees tended to share a research or research/practice specialism. In the case of conferences attended by other researchers, attendees typically possessed a variety of backgrounds, but shared a concern with regard to aspects of a particular problem, or set of problems.

Thus, medical researchers used conferences extensively as a further way of reaching specialist peers. (Other researchers, by comparison, used conferences less often as a means for presenting their findings, but, when they did, they reached far broader audiences, including policy makers and administrators at all levels, in addition to researchers.)

The picture of dissemination which emerges is thus one in which there is heavy reliance on specialist journals, augmented by specialist conferences. The question which follows is, therefore, whether this facilitates dissemination to a sufficiently broad range of practitioners. To answer this question one must examine how medical staff seek access to research information.

8.22) The effectiveness of dissemination to hospital medical staff

Hospital doctors devote considerable amounts of time to reading journals. (Stross and Harlan³⁰ estimate an average of 150 hours per year for US medical staff, but no equivalent UK data are available), and the range of journals read is extremely broad. Thus Ford et al.³¹ found that 60 different journals were read by a sample of 46 NHS hospital doctors. However, over three quarters of these doctors (78%)

- 30. Stross and Harlan (1979).
- 31. Ford et al. (1980).

read no more than four journals. If one looks at the titles which are read, and the proportion of doctors reading each, the most popular journals are found to be as follows (Table 5).

Table 5: Journals read by hospital doctors

Journal		Proport <u>readir</u>	tion of doctors
BMJ			72•4%
Lancet			37•6%
British Journal of Hospital Medicine			14.4%
Hospital Medicine			12.4%
New England Journal of Medicine			12.2%
Medicine ("Add on" Series)			11.7%
-	N	= 750	<u></u>

It is noticeable that all the journals read by over 10% of hospital doctors are general medical journals.³² A wide range of specialist journals are read, but each is only read by a very limited number of medical staff; a number generally smaller than those who practise in the relevant specialist area. Thus one finds support for the observation by Farmer and Guillaumin³³ that even doctors in teaching hospitals have a low awareness of literature outside their specialist field. In addition, they found that such doctors tend to overlook this literature, even when it contains items of potential relevance, during the course of searches for information related to particular clinical problems.

Current awareness services clearly offer a means for helping to overcome this narrowness of focus. However, Ford et al.³⁴ have

34. Ford et al. (op. cit.).

^{32.} It is noticeable that <u>Health Trends</u> is not included in this list; presumably it was not considered to be a medical journal.

^{33.} Farmer and Guillaumin (1979).

found that only 23% of hospital doctors use abstracts journals with any frequency (22% have never used them). A majority (58%) have never carried out, or requested, a search of a computerized medical bibliographic database (e.g. MEDLINE). Research information which initially appears in specialist literature is therefore unlikely to be accessed outside the relevant specialist communities unless it receives some discussion in general medical journals and is communicated over an informal (i.e. person to person) network.

This situation is clearly demonstrated by the results of a survey of US primary care physicians.³⁵ The survey sought to determine the doctors' knowledge of the results of a cooperative trial of photocoagulation in diabetic retinopathy. "The importance of the study to the management of diabetic patients is unquestioned and the relevance to the practices of respondents is clear."³⁶ However, the results of the clinical trial were published in the American Journal of Ophthal $mology^{37}$ and have only briefly been discussed in the more widely read general medical journals.³⁸ Thus it was found that despite acknowledged relevance to their practice, only 46% of a sample of 91 hospital doctors were aware of the study's results. When respondents were asked to manage two patient problems involving diabetic retinopathy, only 42% handled both correctly. Physicians who were familiar with the study were also asked where they had learned of the results. More than two thirds of the group named an ophthalmologist or colleague as the source of their information, while another 25% mentioned general medical journals.

- 35. Stross and Harlan (op. cit.).
- 36. Ibid., p. 2624.
- 37. Diabetic Retinopathy Study Research Group (1976).
- 38. References to all such discussions are listed in Stross and Harlan (op. cit.).

It therefore appears that the dissemination practices of the majority of DHSS-funded "medical" researchers, with their heavy reliance on specialist journals and conferences, may well have given research findings a limited exposure. Detailed case studies would be required to determine the extent to which this specialist orientated dissemination has been augmented by informal networks and republication in more popular general medical journals. However, with respect to the role of secondary presentation in general journals, it should be noted that Stross and Harlan conclude: "Although most [such] journals present clinical advances through review articles, editorials and abstracts from other journals or meetings, the clinically useful information may not be prominent and may be missed by the casual reader."³⁹

A general picture thus emerges, in which medical research is fairly extensively disseminated via such channels of communication as specialist research journals, prestigious (predominantly research) professional journals (e.g. <u>EMJ</u> and the <u>Lancet</u>) and specialist medical conferences. These channels of dissemination represent the formal communication infrastructure of a long-established profession in which research is accepted and institutionalized as an integral part.⁴⁰ It would appear that specialist participants in this communication system share to a considerable extent understandings of how to use the available channels, both as disseminators and as consumers of research information: these specialist participants being the fullor part-time medical researchers, or the research orientated specialist practitioners. Dissemination of research findings to this type of audience therefore presents relatively few major problems.⁴¹

^{39.} Ibid., 2624.

^{40.} For a discussion of the social institutionalization of research activity see Parsons (1962) and Whitley (1974).

^{41.} As illustrated by Farmer and Guillaumin (op. cit.).

The more serious problems appear to exist in the communication of findings with clinical implications to non-specialists, and to spectialists outside, or on the periphery of, the formal network.⁴² These latter groups may have as their members, specialist teams working outside the more prestigious teaching hospitals and less specialized teams or individual practitioners, who cannot monitor (or have monitored for them) all potentially relevant specialized research communications.

8.23) The effectiveness of dissemination to general practitioners

General practitioners (GPs) constitute a category of doctors for whom the above problems are most acute, since GPs tend to be far more isolated than hospital-based medical staff. GPs less often have easy access to medical libraries. They are also less likely to have access to a network of colleagues and specialist contacts from whom research-based information can be derived.⁴³ In seeking to maintain an awareness of recent research findings, GPs therefore have to rely heavily on their personal copies of medical journals, and 66% of GPs receive no more than two journals on a regular basis.⁴⁴ A number of studies of GPs' journal reading practices have been carried out and their findings are presented in Table 6. From this table it is seen that almost all the journals read by GPs are non-specialist in coverage.

While these studies are useful in showing the titles to which GPs turn, they are limited in not presenting a breakdown of the relative "regularity" and "thoroughness" with which the journals are read. A survey of GPs, carried out by the present author, sought to correct this omission, and findings are summarized in Tables 7 and 8. From

42. As indicated by Stross and Harlan (op. cit.).

43. These problems are discussed in detail in Heal (1978).

44. Ford et al. (op. cit.) - the findings of a national survey.

Journal	Proportion they "regu	n of respondents ularly" read a p	reporting that articular journal
BMJ	56%	74%	63%
Update (for GPs)	25	3 2	55
Practitioner	22	28	44
General Practitioner	18	23	X*
Pulse	14	18	53
Medicine	10	13	8
Prescriber's Journal	9	12	68
World Medicine	8	10	32
Jnl. of the RCGP	6		28
Jnl. of Maternal & Child Health	6		x
Mims Magazine	5	-No	x
Lancet	4	furt	2
Hospital Medicine	3	he r	x
Archives of Disease in Childhood	l 3	data	x
Brit. Jnl. of Family Planning	3	r Gi	x
Doctor	2	ep 1	20
Medical News	2		23
Medical Week	27		19
No. of cases	80	1000	131
Response rate	75%	65%	66%
Source	Heal (1978)	Ford et al. (1980)	Murray-Lyon (1977)

Table 6: Previous studies of journals read by GPs

* - X indicates that the journal was not included in the questionnaire.

(1) How frequently journals are read

				<u> </u>	<u> </u>			TT	1				,	<u> </u>	
No. of Cases	588	588	588	588	588	588	588	588	588	588	588	588	588	588	588
never	130	361	284	141	191	461	476	404	241	£	154	291	174	120	162
rarely	B	134	154	120	124	101	244	224	181	124	124	164	174	134	194
occasionally	176	NE2	224	224	224	124	160	184	321	26%	21.	161	306	261	281
regularly - most issues	618	281	361	521	478	324	141	201	251	551	534	361	364	491	310
Journal	B.M.J.	Current Medical Abs for Practitioners	Doctor	Edinburgh Medicine	General Practitr.	Jnl. of the RCGP	Medical Digest	Medical News	Medicine	Prescribers Jnl.	Pulse	Scottish Medicine	The Practitioner	Update	World Medicine

(11) How thoroughly journals are read, by those who report reading them

						_									
No. of Cases	487	353	401	473	453	305	284	324	410	517	467	379	454	492	425
0-10% of text	218	178	27.	154	181	134	374	354	\$62-	16	141	214	231	174	316
10-25% of text	338	254	310	234	316	274	934	314	308	141	294	319	284	201	314
25-50% of text	298	31.	24%	274	28%	346	184	211	278	27.	26%	234	304	341	214
50-100% of text	181	264	181	341	22%	26%	124	134	141	501	25%	276	191	291	176

782 Questionnaires were sent out. 588 responses were coded, and a further 16 responses were received but not coded due to respondents' retirement. Total response rate - 778.

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No. of journals "Regularly" - most issues "Regularly and thoroughly" - over 50% of text	No. of journals 0 2 3 4 5 or more No. of cases	Proportio "Regularly" - most issues 3% 8 3% 11 16 14 48 588	on of GPa reading journals:- "Regularly and thoroughly" - over 50% of text 30% 24 16 15 8 588
	0	3%	30%
0 30% JOS	г	8	24
0 30% 30% 24 24	N	п	16
0 30% 30% 30% 24 24 24 11 16	ĸ	16	13
0 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	14	8
0 1 2 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1	5 or more	48	6
0 30% 30% 30% 30% 30% 30% 30% 30% 30% 30	No. of cases	588	588

The number of journals* read "regularly" and "regularly and thoroughly" by GPs in S.E. Scotland

Table 8:

* For the list of journals see Table 7.

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Table 7 it can be seen that, even when journals are reported as read by GPs, in fact, on average, no more than 25% of their content is usually read. Publication of research findings in a widely read journal does not, therefore, mean that those findings will be equally widely read. Nevertheless, medical journals are the source cited by GPs as the most important in maintaining an awareness of recent advances. As found by Murray-Lyon,⁴⁵ journals head a list of diverse sources of varying value. Murray-Lyon's study was specifically concerned with how GPs obtain information on recent advances in the treatment of rheumatic diseases. The sources they use are listed in Table 9.

Table 9:Information sources used by GPsMedical journalsMost valuePost-graduate coursesMost valuePost-graduate coursesImage: State of the state of

Notable omissions from Table 9 are abstracts and index journals (e.g. <u>Index Medicus</u> and <u>Excerpta Medica</u>) and various other secondary publications with a more specialized focus. These current awareness services were not included in Murray-Lyon's questionnaire. Had they been, it is unlikely that they would have been very highly rated. For Ford et al. ⁴⁶ have found that 90% of GPs do not use secondary services. In the present author's study of GPs' reading practices, it is shown

45. Murray-Lyon (1977).

46. Ford et al. (op. cit.).

that a majority of GPs make little use of abstracts, even under conditions where the abstracts are selected and written by fellow local GPs, and distributed free of charge. ⁴⁷ Such a scheme is operated under the auspices of the S.E. Scotland Faculty of the Royal College of General Practitioners, and the readership of their publication (Current Medical Abstracts for Practitioners) is shown in Table 7.

Most GPs are thus found to make little use of current awareness publications and services, and to read less than 50% of the content of a limited number of general medical journals (see Table 8). It is therefore not surprising to find that in the Stross and Harlan study of practitioners' awareness of the results of the co-operative trial of photocoagulation in diabetic retinopathy (discussed in section 8.21, above), GPs were found to be familiar with the findings with even less frequency than were hospital doctors. Only 28% of GPs were aware of the results of the trial (c.f. 46% of hospital doctors, p < 0.001), and only 21% suggested the correct treatment for the two patient problems (c.f. 42% for hospital doctors, p < 0.001).

Eleven (15%) of the sample of DHSS-funded projects were thought to have findings with implications for clinical practice, in either a hospital or general practice setting. As would appear from the above, GPs are the group for whom current dissemination practices (with their heavy reliance on specialist journals and conferences) are least adequate. However, there were a further 5 (7% of) projects which had produced findings judged to be of primary and specific interest to GPs. It would appear that the findings of four of these projects were disseminated in a rather more appropriate way. They appeared in four articles in the <u>Journal of the RCGP</u>, and one article in the <u>EMJ</u>, <u>The Practitioner</u>, <u>General Practitioner</u>, <u>International Journal</u> <u>of Health Education</u> and <u>Community Health</u> (see Table 6 for readership

47. The findings of this study have not as yet been published, and only appear in an internal draft document-Gordon (1983a).

data). In addition, two of the researchers were involved in postgraduate courses for GPs, and both thought that these courses provided the most effective means for getting action taken upon the basis of research findings (for an indication of the value of such courses, see Table 7). It thus appears that four of the five researchers whose findings had implications primarily for GPs, took considered steps towards dissemination to this group. The fifth researcher made no such efforts, and chose instead, to disseminate through a series of articles in specialist biochemical journals.

8.3) Social Services Department Staff

8.31) Information in Social Services Departments

Throughout the early 1970s, the nature of social work and the institutions charged with responsibility for its administration, both underwent dramatic changes. These changes can be traced back to the "Seebohm report", ⁴⁸ which recommended the establishment of single regional departments for all welfare and mental health services. Such "Social Service Departments" (SSDs) were required to provide a comprehensive service, on an area basis, covering all client groups (children, the elderly, the mentally handicapped, etc.), and to assume responsibility for both residential and non-residential care.

The Seebohm recommendations were implemented in 1971. Three years later the lines of administrative and statutory responsibility for, and within, the newly formed departments were further revised, when the "two tier" system of local government (and NHS) administration was introduced.⁴⁹

^{48.} Seebohm (1968).

^{49.} For discussion of the implications of local government reorganization for information provision, see Gregson (1975), Kennington (1974), and Kennington (1976).

The effects of these organizational developments were profound:

"The changed structure of social services departments required a different kind of worker. Previously people worked in children's, welfare and mental health departments; now they were required to operate 'generically', i.e. be sufficiently equipped and confident to cope with a wide range of cases, whether these were related to their original background or not. Obviously this situation called for increased training, both for the previously specialist workers, and for those just beginning a social work career. Consequently the Central Council for Education and Training in Social Work (CCETSW) was set up in 1971 to encourage the necessary courses and facilities."⁵⁰

The emergence of a new class of better educated and better qualified social worker was expected, and one might reasonably have assumed that this new profession would look increasingly toward research to inform, guide and revise its practices. However, such an expectation has not been realized (as will be shown), and this may, in part, be due to limitations inherent in the reports which initiated reorganization. As argued by Wilson et al.:

> "Official reports such as the Seebohm report which led to the reorganization of local authority social services failed to mention the case for effective information systems in departments, even when proposing the introduction of research and training sections which need such systems to support them. The result is that those who work in the area are poorly serviced and communication in general is assumed to be something that happens rather than something that is designed."⁵¹

Thus if one looks initially at social workers' uses of published sources of information, "one finds a growing body of evidence of both a lack of awareness of what is available, and a low use of existing facilities".⁵² The earliest evidence dates back to 1923,⁵³ but a

53. Steiner (1923).

^{50.} Hustwit and Webley (1977), p. 3.

^{51.} Wilson et al. (1979), p. 135.

^{52.} Blake et al. (1982), p. 62.

programme of study into social workers' information gathering practices first developed in the 1960s.⁵⁴ This gives a background against which to compare the situation following reorganization. The first major study to be carried out during this period presented a rather bleak picture. In a survey of uses made of research information by social services staff, in the years 1971-1973:

> "Only 10 persons (7%) said they made any use of research findings in their work A good many more mentioned that they would like to keep up-to-date with research findings; they did not because they either had not got sufficient time, or in the case of a few, because they did not know how to find out the relevant research findings."⁵⁵

In the following year (1974) deficiencies in the provision and use of published information were found in a study of social services staff in the London area:

> "During this investigation of formal methods of providing information in social services departments, it became clear that social workers rely to a great extent on informal methods of acquiring information. Although library and indexing systems exist, very few departments have formal systems of information provision Social workers build up information during training and through experience, and develop their own contacts within the department and in external organisations, to whom they can go for help. Officers within departments may serve as disseminators of information, for example specialist advisers, section heads and training officers, but department structure varies. These information systems are not formalised and patterns of inform-ation flow are hard to identify."56

Thus in 1975, when Brittain reviewed the use of information resources and services in social welfare, he concluded that:

> "practitioners make relatively few demands on library and information services. They make

54. Brown and McCulloch (1968a), (1968b), (1969a) and (1969b); McCulloch and Brown (1968), (1969) and (1975); and McCulloch et al. (1975).

55. DISSIS (1973), p. 25.

56. Cooper (1974), p. 15.

little use of the vast amounts of material published each year in the social sciences, and very rarely use library tools (e.g. indexes, abstracting journals) or libraries. There are many reasons for this - poor or non-existent library services, lack of proper training or motivation to use literature, irrelevance of much of published literature to practice, and so forth."⁵⁷

McCulloch addressed the same problem (in the same year) by arguing that: "There is evidence that the whole area of systematic research and written reporting is little regarded by social workers, who prefer discussion".⁵⁸

From 1975 onwards, deficiencies in the provision and use of research and other types of professional information within social services departments, was becoming a matter of considerable concern. As described by Blake et al.:

> "The problem seemed to be that this group (social workers, probation officers and so on) were largely unenthusiastic about reading professional literature. for most part rarely progressing beyond a passing familiarity with one or two main periodicals, for example Social Work Today or Community Care. Even here attempts at the dissemination of research findings or the promotion of new ideas in theory and practice had to compete with news items and job advertisements for the reader's attention, and the struggle at times appeared to be a less than equal one. Initially it was suggested that this might be associated with a lack of time and/or expertise on the part of the practitioners themselves, and that an abstracting service, covering the social welfare publications, could engender in hard pressed practitioners a greater awareness of current developments in their profession A parallel proposal by Smith and Webley [59], and other commentators, would introduce a specialist information officer who would act as a link between the library based service and its practitioner clients."60

57. Brittain (1975), p. 5.

- 58. McCulloch et al. (1975), quoted in Blake et al. (1982), op. cit., p. 62.
- 59. Smith and Webley (1973).
- 60. Blake et al. (1979a), pp. 275-6.

As a result of these and other related suggestions,⁶¹ two major programmes of study were initiated to look into the use of information in social services departments.⁶² Within these studies, patterns of information use were described and a number of experimental information systems were established and monitored. It is these two programmes of study which provide the most recent data on the use of research information within SSDs. However, before reviewing the results, it is necessary to re-examine how the findings of DHSS-funded research with implications for the staff of social services departments have been disseminated.

8.32) Dissemination to the staff of social services departments

Only two (3%) of the sample of DHSS-funded researchers singled out social workers as the group for whom their findings had the most significant implications. But a further five (7%) listed the staff of social services departments as <u>one of</u> the groups for whom their findings had equally "greatest" implications, and a further four (5%) listed SSD staff as an audience for whom their findings had important implications, while the most important implications lay for others.

The two researchers in the first category both disseminated their work via reports published by HMSO (summarized in DHSS circulars), and both gave verbal presentations of their work to a wide range of courses and meetings, attended by staff of both statutory (i.e. SSDs) and voluntary agencies. In addition, one of the researchers produced a book and an article published in the <u>Health and Social Services Journal</u>.

61. See Blake et al. (1982), op. cit., p. 63.

^{62.} The two programmes are both known by an acronym: INISS -"Information Needs in Social Services" - see Streatfield and Mullings (1979), Wilson and Streatfield (1977), Wilson et al. (1978), Wilson et al. (1979), op. cit., and Streatfield and Wilson (1980), op. cit.; and EISSWA - "Experimental Information Systems in Social Welfare Agencies" - see Blake et al. (1979a), (1979b), (1979c), (1979d), (1982).

The five researchers in the second category disseminated their results in a variety of ways, reflecting their need to reach both SSD staff and some other category of audience. For two of the researchers, this "other" audience was a group of fellow researchers, and dissemination was carried out exclusively through publication in specialist research journals. The third researcher considered the implications of his work to be for both DHSS and SSD staff, and thought that dissemination to the latter (i.e. SSDs) was the responsibility of the former (i.e. the Department). He therefore did no more than submit a final report on his work to OCS. The remaining two researchers thought that their findings had implications for both SSD staff and a variety of other groups operating at field level in the care and support of, in one case, adolescents, and in the other, the mentally handicapped. The first of these two researchers published articles in specialist journals, unsuccessfully tried to get an article accepted by New Society, wrote a book and some newspaper articles, and gave "countless" talks. The other researcher produced a film, had a report published by HMSO, and wrote articles for the British Journal of Subnormality, Community Care, Hospital and Social Services Review and Social Work Today.

The four researchers in the third category (i.e. those who considered their findings to have implications for SSD staff, but more major implications elsewhere) disseminated their findings in similarly diverse ways. However, it is noticeable that all relied heavily on publications. The first wrote a book, plus articles in <u>Community Care, Health and Social Services Journal</u> and the <u>Times</u> <u>Educational Supplement</u>; the second produced only one article, published in the <u>British Journal of Social Work</u>; the third wrote an article for Adoption and Fostering and gave one conference presentation;

while the fourth researcher produced a report published by HMSO and distributed to social service departments by DHSS with a covering circular.

8.33) The acquisition and transmission of research information in SSDs

Looking firstly at the perceived needs of SSD staff⁶³ for various types of information, it is found that research information is given a relatively low priority (see Table 10). Approximately half of such staff never or rarely (i.e. less than monthly) perceive a need for research information, while 17% report experiencing difficulty in trying to obtain relevant research information, when required. An infrequent perception of the need for research information could, of course, be a consequence of a low exposure to sources of such information, rather than merely being a cause. And if one looks at the numbers and titles of journals "seen" by respondents (Tables 11 and 12 respectively), it is apparent that only a limited range of journals are read, and most of these are dominated by news, job advertisements, etc. 64 Further. it is found that few social workers read work-related books.⁶⁵ Meanwhile, it would appear that many social workers can identify items of interest in abstracts and current awareness journals. In the case of the <u>SWIB</u> experiment, articles supplied at the requests of

- 63. The staff surveyed consisted of 6 Directorate staff, 24 "Specialists", 11 line managers, 110 social workers and 8 administrative staff. Response rate aggregated over all groups was 95%.
- 64. See Blake et al. quoted at footnote 60 above.
- 65. Thus it is asserted that: "Market research indicates that as a profession, social workers make less use of books than almost any other" A. Martin quoted in Hustwit and Webley, op. cit., p. 3.
- 66. <u>Social Work Information Bulletin</u>: a journal-based information service being jointly developed by information staff of Leicestershire Libraries and Information Service, Coventry Social Services, Derbyshire County Libraries and the University of Leicester Library. Staff in each participating department scan up to 60 journals each from a core list of 193 titles, and select articles which they judge to be relevant to social services staff. Short summaries of these articles are written, edited, and arranged under subject headings in the Bulletin, which is distributed fortnightly to the staff of Leicestershire and Coventry SSDs.

Table 10: Frequency of perceived need for information by information types*

			Frequency of	naad		
Information type	Never needed	Less than monthly	Monthly Monthly	Weekly	Daily	Experiencing difficulty (%)
Legal information	N	21	29	33	15	25
Procedural information	4	21	17	35	23	27
Directory information	ч	9	Ч	71	80	13
Training information	9	48	32	H	б	21
Central government statistics	28	50	15	5	5	11
Internal statistical information	TT	50	27	6	m	13
Client records	21	6	9	20	53	21
Personnel/financial records	20	33	24	15	ω	ΤT
News of developments in social work	N	IO	29	48	1	25
Research	6	0†	35	71	4	17
Evaluation of ideas	6	28	36	18	6	21
			-			

*Source: Wilson et al. (1979).

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No. of journals seen	No. and % of No.	respondents %
0	16	11
1	8	5
2	23	15
3	21	14
4	30	20
5	22	14
6-10	27	18
11+	2	l
Refusal	2	1

Table 11: Numbers of journals seen by respondents*

Table 12: Journals seen by respondents*

Journal title	Respondents (No.	seeing journal %
Community Care**	110	73
Social Work Today [#]	94	62
New Society	65	43
Social Services**	57	31
Social Worker and Residential News**	28	19
Department house journal/information bulletin	28	19
Nalgo News [#]	16	11
Health and Social Services Journal**	13	9
Residential Social Work**	12	8
British Journal of Social Work	10	7
Social Work Service**	6	4
Clearing house for Local Authority Social Services Research	5	3

**Free, limited circulation.

Membership periodicals.

*Source: Wilson et al. (1979)

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recipients of a current awareness bulletin were found to be read and considered useful.⁶⁷ It thus appears that when exposure to research information is increased, the frequency of perceived need for such information similarly increases. However, in the absence of a current awareness service (such as <u>SWIB</u>), social workers tend not to know of the existence of relevant research information, and do not know how, or have time, to get hold of copies of relevant items.⁶⁸

Problems of access are partly due to the inadequacies of the library and information services which serve SSDs. These rarely extend beyond the provision of collections, loan and xeroxing facilities and a general enquiry post.⁶⁹ Thus Streatfield and Wilson found that:

> "At the moment [1980] most departmental libraries only serve a small group of middle management staff at headquarters. To provide a departmentwide service would entail library and information staff getting out and about much more, so that they become known in the department. They would also have to take on a more consultative role, helping staff to overcome their own information problems rather than prescribing a limited range of centralized services."⁷⁰

With particular regard to the role of DHSS in dissemination, it should be noted that the DHSS publication <u>Social Service Abstracts</u> could provide a useful tool in an extended library and information service, especially if its circulation could be given more careful consideration (see section 7.31). In addition, the value of DHSS reports to staff of SSDs should not be underestimated. As found by Rothman,⁷¹ these reports are highly regarded, particularly by directorate

67. Streatfield and Wilson (1978).

68. Ibid.; Blake et al. (1979d) op. cit.; Streatfield and Wilson (1980) op. cit.; and Hustwit and Webley (op. cit.).

69. Streatfield (1977), and Wilson and Dunn (1976).

70. Streatfield and Wilson (1980) op. cit., p. 33.

71. Rothman (1980), Ch. 6.

level staff. Indeed, this group rates reports from DHSS to be their second most valuable source of research information; the most valuable source being reports from their own internal research units.

The following reasons were given for the value and importance of DHSS reports:

> "Obligatory, Intrusive Aspect We have a statutory relationship to the national government and are responsible to it. These become statements of national policy and you can't afford to ignore them. They will be pushed down our throats later anyway - that's where the money comes from. Resource Acquisition These reports give you an idea of how you will be resourced (and assessed). There are matters of public finance involved cuts and priorities affecting local social services. These reports offer arguments for influencing council policy. Because this is an authoritative source, it can give you strong arguments. Provides Social Services-Relevant Information These reports are geared to local departments they are related to my work tasks. Provides Comparative Social Services Information Tells us what is happening nationally. Gives us an idea of trends and how we fit in where we are doing well and where the shortfalls are so we can give those areas more attention and resources. Expert-Authoritative Aspect The reports are reliable. We can trust them with regard to complex problems. They are unbiased and informed as well as professionally prepared. Constitutional Relationship and Responsibility The director sees his job defined in the statute. We are also substantially funded by DHSS. Therefore, the director feels it is a responsibility of his position to link DHSS with the department and council. Direct Contact and Expectation

The government sends them to you directly and expects you to read them."72

It thus appears that there is considerable scope for the dissemination of findings of DHSS-funded research via reports distributed by the Department. If research findings are able to penetrate SSDs through this medium, they initially reach a relatively small group There is then the possibility for their reof management staff. transmission via the dominant communication channel of SSDs - the spoken word. As Streatfield and Wilson⁷³ have found. 85% of events in which information is accessed by SSD staff involve the use of oral sources (including both meetings and one-to-one discussions). More specifically, Streatfield and Wilson found that information tends to be transferred down the status hierarchy, and is more likely to be accepted if the source is of higher status than the receiver. Clearly, both these features of departmental communication are conducive to the relay of research information from directorate to field level staff. However, it should also be noted that Streatfield and Wilson found:

"When policy decisions are communicated, only the decisions or inferences drawn from the information are passed on, not the evidence leading to the decision or inference ... [and] "Information is likely to be altered or distorted as it is carried through the Department if it - - indicates failure in the performance of service or provision - is transmitted through several intermediaries - is transmitted orally, in particular if transformed from written form during the course of a meeting."⁷⁴

Clearly each of these conditions could well apply to the relay of research information.

8.34) Congruity between patterns of dissemination and access

Three paths account for the wast majority of dissemination to the staff of SSDs:

73. Streatfield and Wilson (1980), op. cit.

74. Ibid., p. 8.

- through publications (books and journal articles) produced by researchers;
- 2) through verbal presentations by researchers (at courses, conferences and meetings); and
- 3) through the distribution of DHSS reports and circulars.

The first of these paths appears to be the least effective. DHSS-funded researchers often wrote books, but books are rarely read by social workers. While many researchers wrote articles, the majority of these were published in journals which are not widely read by SSD staff. In the minority of cases in which articles were published in journals read by many such staff, it has been pointed out that readers often ignore research-based articles, turning instead to sections of the journals which present professional news, job advertisements, etc. It has been argued that these low levels of exploitation of published sources of research information are, in large part, a consequence of deficiencies in the provision of appropriate library and information These deficiencies can themselves be traced back to services. limitations in those reports which brought about reorganization in the early 1970s (i.e. their omission of any consideration of the type of library and information services which would be required by postorganization SSDs).

Due to the limitations of dissemination via publications, it would appear that verbal presentations at conferences, courses and meetings, and the distribution of DHSS reports and circulars are the means by which dissemination is most frequently effected. In each case, research findings are normally divorced from their research context and presented as evidence in support of a policy, set of recommended practices, guidelines, etc.. It is also found that in each case the "range" of such dissemination is highly dependent upon the extent to which initial recipients of research information relay this information to colleagues over a social network. And through such re-transmissions of information, further transformations of information content and context are likely.

Dissemination to field level staff therefore tends to take place via a complex social network, through which research information is both transmitted and transformed.

8.4) Addressing the problems

There are a number of common themes which emerge when comparing the problems of dissemination to local authority SSD staff on the one hand and health authority staff on the other. Firstly, both SSDs and health authorities are found to suffer from deficient library and information services, and in both cases these deficiencies can be traced back to the administrative reorganization of the early 1970s. and a failure to appreciate the types of library and information service that the new authorities would require. In the case of SSDs this led to the development of library services which are passive in nature; a form of service which leads to the disengagement of information provision from the day-to-day work of social welfare practitioners and administrators. In the case of health authorities, the major deficiency appears to lie in a preoccupation with the provision of administrative statistical information, to the detriment of the provision of research information.

The organization of library and information services is primarily a matter for the SSDs and health authorities themselves. However, DHSS is responsible for the development of general policy, giving guidance and trying to achieve some coordination of effort. It is therefore possible for the Department to effect some improvement in the provision of research information to SSD and health authority staff by stimulating the development of more appropriate forms of local library and information service.

A further finding common to both SSDs and health authorities is the high value attached to DHSS reports, circulars, etc., reported by local administrators. These documents have been infrequently used by the Department as a means for effecting or enhancing dissemination. Yet they would appear to have considerable potential for this purpose. Such potential could be most effectively harnessed if they were more frequently used, while greater efforts are put into the coordination of distribution. More particularly, it is necessary to ensure that each document reaches all members of the desired readership with a minimum of duplication. This requires improved coordination between practices the Department's distribution and the internal distribution arrangements of SSDs and health authorities. This, in turn, requires greater standardization of local distribution practices, as well as improved coordination within DHSS between the various divisions which send out material.

A somewhat different "targetting" problem exists for those researchers who seek to disseminate their findings to practitioners and administrators via journal publications. As has been shown, members of these target groups tend to read limited numbers of journals, and these journals may not necessarily be the ones which offer the greatest rewards to researchers as authors. If dissemination is to be effective, researchers have to give careful thought to readership considerations when selecting journals for their work.⁷⁵ Further, they should not shirk from multiple publication if no one

^{75.} Research by the present author shows that researchers do in fact give greater consideration to readership, and less consideration to prestige, than has previously been suggested by sociologists of science. See Gordon (1983b).

journal can reach all relevant audiences. It should, however, be noted that even if such strategies are adopted, there is still a limit to the effectiveness of dissemination via journal articles. And this limit is imposed by the level of commitment of user groups to the maintenance of their own current awareness.
CHAPTER 9

PERCEPTIONS OF THE USE AND UTILITY OF RESEARCH

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9.0) Introduction

An extensive literature exists on the relations between social research and its use in developing policy and modifying professional practice.¹ (Some discussion of this literature is given in Chapter 1.) The purpose of this chapter is not to review this literature from the perspective of DHSS's research portfolio and administrative responsibilities. Rather, its aim is to present the perceptions of the groups of 'key actors' in the 'research process' (researchers and Departmental administrators and professional staff) as they relate to the assimilation (and/or neglect) of research findings.

Moss² has surveyed Department staff (the sample was drawn from those concerned as administrators or professionals with nine RLG groups) using a schedule containing structured questions. Some of these questions sought to identify respondents' perceptions of both the utility and the utilization of research with which they had had These questions were adapted for inclusion in the present contact. survey of researchers reported (predominantly) in Chapters 2, 3 and 6. During this survey, additional questions and options (within multiple choice questions) related to this study's particular concerns were included (the interview schedule is attached as Appendix 2). Drawing on this, and on the Moss survey, one can present a comparative account of the perceptions of research utility and utilization offered by, on the one hand, researchers, and, on the other, Department staff concerned with the assimilation of research information.

9.1) Perceptions of research utility

Moss asked Department personnel what reasons they had for designating research as having been 'useful'. The responses were

2. Мовь (1977).

See, for example, Cherns (1979), Donnison (1972), Freeman and Sherwood (1970), Havelock (1976), Rein (1976), and Weiss (1977)(ed.)

reported as follows:

"The four reasons most frequently chosen (c, i, a, j, by up to two-thirds), all have to do with helping to change or improve policies or services whereas the least frequently given reason (b) reflects satisfaction with the status quo (one-third).

Rea	asons why research thought useful	Nos.
c)	Showed existing policy needed changing	3 3
i)	Helped promote better use of resources	30
a)	Helped Dept. think in a new way	29
j)	Helped improve service or clinical practice	28
g)	Directed attention to problem not recognized	27
e)	Showed how policy was being carried out	24
d)	Provided better basis for policy	23
f)	Provided evidence that Dept. taking problem seriously	20
h)	Helped choose between policies	17
ъ)	Supported existing policy	16

Research then is much less likely to be approved for defensive than other reasons. The most frequent choice ((c) by 74% of administrators in the sample), was to indicate 'useful' research as showing the need for change. For professionals the most frequent choice ((a) by 67%), was that 'useful' research helped the Department think about problems in a new way."³

One can compare these responses with those which researchers gave when asked which ways they thought their research might prove useful. The pattern of their responses is shown on Table 1.

As in the findings of Moss' investigation, it is evident that the four most frequently chosen categories of perceived utility relate to the induction of change and the improvement of policies and services. At the other end of the scale, the least frequently cited category represents a perception of research utility in which findings simply help support the status quo. The findings differ from those obtained by Weiss and Bucuvalas⁴ in a study of US policy makers and researchers

3. <u>Ibid.</u>, pp. 8-9.

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4. Weiss and Bucuvalas (1980).

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36

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74

		A use Most use		Αu	ISe	
		A	11	RLG area	non–RLG area	
		%	%	%	%	
(a)	It could help the Department to think about an existing problem in a new way	75	8	83	71	
(Ъ)	It supported an existing policy and showed how it meets needs	23	1	30	18	
(c)	It showed that an existing policy was not doing all it was supposed to do and needed changing	51	9	61	42	
(d)	It provided a better basis for a policy which previously was based mainly on common- sense and judgement	50	9	58	42	
(e)	It provided public evidence that the Department was taking a problem seriously	54	l	53	51	
(f)	It directed attention to a problem which was not recognised or recognised clearly enough	65	16	75	55	
(g)	It could help the Department to choose between different possible policies	70	12	78	63	
(h)	It could help to promote better use of resources	74	13	78	71	
(i)	It could help to improve service or clinical practice	81	17	86	76	
(j)	It indicated new areas in which research should be undertaken	51	5	64	50	
(k)	It showed the findings of previous research to be misleading	27	1	42	13	
(1)	It indicated the relative advantages of particular research approaches, strategies or methodologies	64	3	64	63	

Table 1: Researchers' perceptions of the utility of their research

N = 74

in the field of mental health. For they found a low correlation between the two groups' perceptions of the utility of research. More specifically, the US "researchers were much more likely than were the decision makers themselves to emphasize the political uses of research - ammunition, vindication, legitimation".⁵ The DHSS's researchers therefore appear somewhat less cynical than their US colleagues, and rather more sensitive to policy makers' perceptions of the value of their work.⁶ However, while there is a fair level of agreement between DHSS researchers and staff, it is noticeable that "helping to improve service or clinical practice" was the category of utility most frequently cited by researchers, but the fourth most frequently cited by staff.

It will be recalled that professional practitioners were identified by researchers as the group for whom their findings should most frequently carry implications. If researchers are divided according to their project topics, it is predominantly those whose research fell in RLG areas (see Table 2) who identified professional practitioners as having this potential interest in their work [p < 0.1].

Target Groups	Researchers					
	ALL	RLG area	non-RLG area			
1. Researchers	23%	11%	34%			
2. Professional Pracs.	3 9	50	29			
3. Policy Makers	29	33	26			
4. Others	8	6	10			
N =	74	36	38			

 Table 2: The identification of target groups for

 whom findings have most implications

5. <u>Ibid</u>., p. 207.

6. For a discussion of differences between the US and UK in respect of the organization and utilization of social research, see Sharpe (1977).

Correspondingly, it is found (Table 1) that researchers whose projects fell in RLG areas cited improvement in service or clinical practice as a category of utility for their work, with higher frequency than any other such category. They also more frequently cited this category than did non-RLG area researchers [p < 0.3]. Department staff, in contrast, judged the potential use of the research with which they had had contact,⁷ predominantly in terms of its value for the development of Departmental policy (see the table within reference 3 above).

Patterns of aggregate response appear to indicate, therefore, that researchers, especially those working in RLG areas, tend to identify the utility of their research predominantly in terms of its potential influence on professional practice. Department staff, meanwhile, tend to perceive its utility rather more in terms of the implications it presents for policy development.

9.2) Depictions of research use

Researchers were asked whether they thought their findings had to any extent affected the actions and/or decisions of personnel within various groups, and the pattern of their responses was as follows.

	Researchers				
	RLG area	Non-RLG area	A11		
1. Directions and topics for			1.0./		
further research	50%	46%	48%		
2. Methods adopted by researchers	25	44	35		
3. Policy decisions	31	28	29		
4. The delivery of health or					
social services	24	13	18		
5. Professional practices	44	31	3 7		
N =	36	39	75		

Table 3: Researchers' depictions of the effects of their research

7. Research with which they had had contact does not, of course, represent the totality of research reports, nor a representative sample. For many will have only viewed reports which others thought would be of interest to them.

It is interesting to note that research is most frequently perceived to have had effects in terms of influencing directions and topics for further research (Table 3), while researchers identified fellow researchers as the group for whom their findings least often had implications (Table 2) - [p < 0.001].⁸ For researchers in RLG areas this pattern is yet more marked. While 11% of RLG area researchers identify fellow researchers as the group for whom their findings have most implications, 50% of RLG area researchers claim their research has influenced directions and topics of further research - [p < 0.001].⁹

One must, of course, be cautious in drawing inferences from the data in Tables 2 and 3, when using them to compare the relative frequencies with which the perceived implications of research are translated into observed effects. Some allowance must be made in Table 2 for the inevitable subjectivity with which researchers identify the groups for whom findings have most implications. In relation to Table 3, allowance must be made for differences in the time scale over which each type of 'effect' is typically realized, and the comparative magnitude of such effects when they occur. Each type of effect also has a different level of 'visibility' to a researcher. For researchers are usually well situated to identify even small influences of their findings on the research work of others, but they often have little knowledge of how their reports have influenced Departmental attitudes. This lack of knowledge derives partly from the poor feedback which researchers report receiving from the Department (see Chapter 6), and partly through the diverse and subtle ways in which research can

9. $\chi^2 = 14.88$: - for meaning see note 6.

^{8.} This probability is calculated by examining the difference between the distribution of proportions found for items 1, 2 and 3 in Table 2, and items 1, 3 and 5 in Table 3. $\chi^2 = 16.16$.

influence Departmental work. Indeed it can be the case that no individual within the Department is able to give an account of the full effects of a given piece of research. As Moss noted: "Research results enter into Departmental work in many ways and often in some ways not clearly known to some of those concerned with its design and completion."¹⁰ Having expressed this qualification Moss then presented data on respondents' descriptions of the Department's use of that research which had been thought useful.

Table 4: How research was used by the Department	
	Nos.
Organized meetings inside Dept. to discuss results	3 5
Issuing new policy/service guidance notes embodying results	29
Encouraged or helped publication	28
Parliamentary purposes or ministerial statement	26
Published summaries of the results	22
Organized meetings outside Department	22
Other ways	11
N	FO

Source: Moss (1977), p. 14.

9.3) Accounting for the non-use of useful research

In presenting the above data (Table 4) Moss explains:

"When some of the lines of action itemized in the questionnaire were not taken, people [Department officials] were asked why. Six out of the sample of 50 said it had never been considered, and five said it was not the Department's function to take such action. Another five said it was not thought appropriate to do so. So in quite an appreciable

· . . .

proportion of cases of research which was considered 'useful', it appears that a rather negative view was taken of the Department's responsibility for doing anything about it. Only 3 people said that nothing was done because of possible political embarrassment."¹¹

Within the context of the present study, researchers were asked why they thought their research had not been adequately employed. The question did not have a prestructured set of response options (see Question 35, Appendix 2) and did not limit itself to non-use by the Department. The responses, when analyzed, fell into the categories shown in Table 5.

	Researche	rs Non DIG	
	All	RLG area	area
1. Dissemination/communication problem	25%	30%	21%
2. Resistance to change of professional practices	23	26	21
3. Lack of resources	20	26	15
4. Political unacceptability of implications (re. public opinion)	18	30	9
5. Resistance to change of large bureaucracies	15	22	9
6. Only one of many conflicting studies	8	11	6
7. 'Irrationality' of policy making	5	7	3
8. Other	30	33	27
N =	60	27	33

Table 5: Researchers' perceptions of why their research was not used

The categories overlap to varying extents but reflect the main reasons suggested by researchers for the non-use of their research findings. Clearly, more than one reason can be given in relation to any particular project, and up to three were coded per project (in the order in which they were offered by respondents). Table 5 (which includes up to three reasons per project) shows that 'dissemination and communication problems' form the most frequently cited category of reason for non-use of research. This is also the category most frequently cited as the <u>major</u> reason by researchers (18% of those thinking their research has utility).¹²

Closer examination of the dissemination and communication problems identified by researchers indicates that difficulties were perceived both in the internal dissemination of findings within the Department, and in the external dissemination to workers in the field. In the former category researchers commonly suspected that their reports had merely been filed or shelved. In the latter, researchers indicated a number of problems: (i) that they had not had time to take the necessary dissemination initiatives (see chapters 2 and 3); (ii) that the Department had not taken the appropriate action (see chapters 5 and 7); or (iii) that the groups for whom their findings had implications were not literature-orientated (see chapter 8). A low level of literature orientation was identified as a particular problem when trying to influence the practices of social workers and In addition to the above difficulties, one physiotherapists. researcher explained that "because the report [of his study] was not generally available, it will probably remain obscure for ever", and another thought that the bulk of his report precluded it being widely read.

^{12.} For a detailed study of US mental health researchers' perceptions of obstacles to use, see Weiss and Bucuvalas (op. cit.), Ch. 13. The US findings differ from those above in that they suggest that researchers most frequently identify obstacles as resulting from the values and working practices of policy makers, and the political nature of the research process. Again, see Sharpe (op. cit.) for a discussion of US-UK differences in the use of social research.

9.4) Assimilation in the field: the Department's role

The data presented above (9.1, 9.2, 9.3) clearly have implications for the assimilation of research findings in the field, especially in professional practice. In relation to the Department's role, two initial points should be noted.

Firstly, that researchers, especially those working in RLG areas, identify the utility of their research predominantly in terms of its potential to influence professional practice (see section 9.1). Department officers, meanwhile, tend to perceive its utility predominantly in terms of its implications for policy development. Secondly, Department officials involved in RLG activity report <u>not taking any action</u> on research which <u>is</u> perceived as having utility, in about a third of cases (section 9.2). They explain that, in these cases, action was either not considered, or, if considered, was not thought "appropriate for the Department". It would appear that in these cases, research findings had relevance predominantly to personnel involved in the actual delivery of services, rather than policy development.

The Department can thus be seen to have taken a limited view of its responsibilities in relation to the consideration of the usefulness of completed research. For it acts as a proxy (rather than primary) customer in commissioning research which has implications primarily for personnel involved in service delivery. But when this research is completed, it tends to judge its usefulness in relation to the implications of research for the primary (i.e. Departmental) customer. (These aspects of the Department's performance of the customer role are more fully discussed in the Conclusions.)

CHAPTER 10

CONCLUSIONS

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10.1) The Project in Context

Before reviewing the findings of this research project, it should be noted that it has the unusual feature of being a part of the world it seeks to study. Indeed, the very fact that the Department chose to commission this study is itself a piece of research data, which could be taken to indicate the Department's awareness of the possible existence of problems inherent in the dissemination system (and perhaps a recognition of the possible scope for ameliorative intervention).¹ On the more theoretical level, it should also be noted that the Department's research programme can be viewed as "systemic research". As described by Katz and Kahn, such research provides feedback to an organization (in this case DHSS) by supplying information on "environmental trends. long-term organizational functioning, the nature of the organizational structure, the inter-relations of the subsystems within the total system and the impact of the organization upon its environment",

Within this perspective, the present project can be seen to constitute systemic research commissioned by an organization to provide it with feedback on its systemic research operations. It has been observed⁴ that systems literature frequently omits to recognize that while feedback mechanisms (such as systemic research) facilitate 'organizational adaptation', they are also subject to adaptation themselves. In the case of DHSS' arrangements for the organization of systemic research, such adaptation has clearly taken place

- Other more cynical views of the Department's reason for commissioning the study have been suggested: to stall attacks on its implementation of the Rothschild principle, to show itself to be self critical, etc.
- 2. See Katz and Kahn (1978), pp. 459-460.
- 3. <u>Ibid.</u>, p. 459.
- 4. For example, Hage (1974), p. 24.

continually over the last 20 years,[>] and the aim of this project (from the Department's perspective) can be viewed as the provision of feedback to DHSS so as to assist it in this adaptation process⁶ (detailed recommendations were given to DHSS, and are included in Appendix 4). However, while the findings have obvious relevance to those concerned with research management at DHSS, they also have more general interest. This interest is two fold. For firstly, the findings illustrate problems associated with the dissemination of contract HPSS research; and many of these problems are unlikely to be specific to the case of DHSS-funded researchers. While secondly, the findings suggest how dissemination should be conceptualized and analyzed; and hence how future studies of dissemination should be designed.

10.2) The Main Findings: an overview

A variety of problems and problematics have been revealed during the course of the study, and these are best presented within the context of a brief review of the main findings. This is done under a series of headings.

10.21) Researchers' difficulties: causes and consequences

Frequently-encountered problems are found to derive firstly, from the fixed-term nature of researchers' employment, and, secondly, from limitations on researchers' ability to communicate with, and understand the needs of, personnel within DHSS. Difficulties within each of these categories affect (1) researchers' perceptions of the value of submitting reports to DHSS, and (2) their ability to deliver reports on time. Furthermore, these problems introduce not only delays

^{5.} See Kogan et al. (1980) and the Introduction to this thesis.

^{6.} The Moss and Brunel Team projects can be similarly viewed: Moss (1977), Kogan and Korman (1979) and Kogan et al. (op. cit.).

in submitting reports, but, more fundamentally, they also contribute to inconsistencies in the format, 'quality' and usefulness of the reports. Other forms of dissemination are similarly affected.

10.22) <u>Researchers' dissemination acts</u>

The patterns of dissemination characterizing (1) particular types of researcher (institutional groupings; whether singly-funded or programme-funded, (2) types of research (RLG or non-RLG; substantive categories; research of primary interest to various target groups) are examined. Both publications and informal channels are found to perform important dissemination functions, with the former, in particular, serving to advance researchers' careers. While it is argued in Chapter 2 that the fixed-term nature of research funding limits researchers' opportunities for the conduct of multiple acts of dissemination, in Chapter 3 it is shown that funding arrangements also influence researchers' choices of dissemination channel. For when research teams break up towards the end of projects, there is greater likelihood of dissemination being fragmented into a series of papers reflecting each researcher's specialist interests, as opposed to the collaborative production of transdisciplinary topic-focussed reports. This situation is compounded by the nature of the exchange relationships in which the researcher is located. For the research system offers its constituents rewards in exchange for dissemination to fellow researchers, which are generally of greater immediate value to the researcher than the rewards offered by other systems in return for Thus one finds that the channels dissemination to their members. preferentially (and sometimes exclusively) chosen by researchers are those specialist research journals and conferences which best assist the researcher's career advancement. Dissemination channels which are most accessible to interested non-researchers suffer a relative neglect.

This is true even though professional practitioners are the group for whom researchers believe their findings have most implications.

Researchers do not experience major obstacles to publication, or other dissemination of their work, beyond that of finding time to prepare manuscripts or talks.

10.23) The evaluation of research reports

Lead officers within OCS always send the final reports of RLG research to scientific assessors, but differ in the number of assessors they use and their mode of selection. Practices adopted for obtaining policy evaluation also vary, as does the sequence in which scientific and policy evaluation is obtained. This variety of practices adopted for the evaluation of final reports leads to considerable deviations from the recommendations in relevant procedural guidelines [The Toulmin Guidelines]. These deviations may be inevitable, since the guidelines appear to be based on an inappropriate model of social interaction within the Department: a model which places communication within the context of 'social structure', while omitting recognition of the role of 'social process' ("the intermingling of dual sets of tasks and persons in collaborative sequences of action"⁷).

10.24) RLGs and the consideration of research findings

An examination and comparison of RLG minutes shows that there is considerable variation in the extent to which the Groups have discussed problems of research assimilation and dissemination. Differences between RLGs can be attributed to a number of factors: (1) the differing definitions of areas of responsibility (client groups; services; professional groups; particular forms of illness or disadvantage), (2) the extent to which each administrative division has directed discussion toward its immediate concerns, (3) the extent to which RLGs assume responsibility for developing the institutions of research, and institutional mechanisms of research communication, within their areas (as opposed to merely funding projects), and (4) the influence of external advisers concerned with particular problems of dissemination.

Just as RLGs have placed different emphases on problems of dissemination, so differing levels of priority have been given to the consideration of final reports. And it appears that the greater the extent to which an RLG's discussions reflect concern with problems of dissemination, the larger the number of projects which that RLG will have tabled for consideration. An examination of actual RLG discussions of final reports indicates, further, that the RLGs which have tabled most final reports for consideration, have also most frequently (as a proportion of reports tabled) discussed the dissemination problems of these projects, and made recommendations for their solution.

The recommendations which RLGs have made with the objective of enhancing dissemination for individual projects, can be split into two basic categories. Firstly, recommendations to researchers that they disseminate via particular channels (e.g. journals, books and pamphlets); and, secondly, recommendations of action that the Department could take (e.g. issuing circulars or memoranda to central administrative divisions or to administrators at the local level, organizing meetings, etc.). The balance between these two categories, in terms of numbers of recommendations made, is almost even.

10.25) The consideration of research by primary Departmental customers Within the context of the Rothschild⁸ framework for research management, the customer function involves far more than the consideration of completed research. However, the success or failure of the framework must be judged both in terms of its ability to produce research findings which are found relevant and useful by customer divisions within the funding agency, and to provide attitudes⁹ and organizational arrangements¹⁰ which facilitate the consideration and utilization of these research findings.

On the basis of the findings of this project alone, very little can be said about the Department's performance as a customer in the full Rothschild sense. For during the period of investigation, projects initiated within the post-Rothschild research management arrangements were only just beginning to reach completion. In the more general sense of the term 'customer', which treats units within the Department as consumers of Department-funded research (however that research was initiated), there remain further limits to what this study can legitimately claim to have revealed. For access to customers (i.e. those units within the Department for which research projects are thought to have primary interest) was not granted, and inferences have therefore to be drawn from analysis of RLG minutes. the accounts of lead and liaison personnel, and the findings of Moss,¹¹ survey and the Brunel Studies.¹²

Moss analyzed the range of attitudes toward research of personnel located in divisions which constitute primary customers and found that "on balance it [opinion] was not favourable either on relevance or availability".¹³ Thus "whilst most people could recall at least one piece of 'useful' research, a substantial proportion had found none or only a few pieces useful."¹⁴

9. Such attitudes are discussed in Rothman, op. cit., Ch. 4.
10. Such arrangements are discussed in Rothman, op. cit., Ch. 2.
11. Moss, op. cit.
12. Kogan and Korman, op. cit., and Kogan et al., op. cit..
13. Moss, op. cit., p. ii.
14. <u>Ibid</u>., p. i.

Implicit within Moss' questions was the assumption that customers recognized that they had needs for research information. However. some lead and liaison officers describe personnel within customer divisions as apathetic or even antipathetic toward research findings.¹⁵ and the difficulties research managers describe in securing policy evaluation would appear to be consistent with these claims. It is also noticeable that only 40% of projects reaching completion in RLG fields during the period of this study were tabled for RLG discussion. And in less than 50% of cases where final reports were tabled, was there any discussion of their policy implications. All these factors tend to suggest that the Department's primary customers for research information have had a relatively low commitment to its assimilation, and have frequently not been given adequate presentations of both research findings and their implications. Within this context it should be noted that Kogan et al. conclude:

> "Central administrators [at DHSS] find it difficult to be customers in the primary mode. Involving researchers in 'in house' issues is politically difficult and not part of the British central government tradition. Nor is social science's contribution to policy making well formulated."

Many have argued that early involvement of potential research consumers in the research 'process' enhances the probability of findings being used at project completion.¹⁷ Through the RLG system, representatives of customer (policy) divisions are becoming increasingly involved in all stages of the research process. This therefore poses an interesting question for further research: how will greater involvement in the process influence future patterns of consideration and use of research findings?

- 15. Such attitudes would not be unique to policy makers at DHSS: see, for example, Sharpe (1976).
- 16. Kogan et al. (op. cit.), p. 32.
- 17. Rothman (op. cit.), Caplan et al. (1975), Dunn (1980), Fairweather et al. (1974), Goodwin (1975), Tinker and Brion (1979).

10.26) Secondary audiences and the process of consideration

While all reports are, or at least should be, sent to their primary customers, the procedures through which secondary (i.e. additional) Departmental audiences are identified, and the ways in which reports on research are distributed, both appear to be ill-defined. In consequence, the practices adopted for the identification of secondary audiences are variable and, to some extent, idiosyncratic. Even when audiences have been identified, the manner of distribution is also variable, and reports are often circulated without any accompanying comments on policy interest or scientific merit.

While finding these variabilities and inadequacies in the circulation of final reports, it has been argued that the circulation of such reports is a far from optimum means for effecting assimilation of their findings.¹⁸ For clearly research findings need to be summarized and focussed in accord with the particular concerns, information needs, time pressures and attitudes toward research of potential audience sub-groups: and sub-groups within the Department can be expected to differ considerably, one from another, in respect to each of these variables. Secondary audience groups therefore need to be brought into the communication exchanges of the consideration phase of the research 'process', and through these exchanges negotiate their needs in relation to the potential of research findings. Present practices give little or no scope for dialogue between secondary audiences and other groups involved in the consideration of completed research.

10.27) Feedback to researchers

An overview of OCS lead and liaison officers' reported practices in relation to the issue of feedback indicates that they claim to give a considered response in almost all cases (exempting a portion of SGC projects), and that this response, (i) normally includes evaluations of the scientific validity and policy implications of final reports, (ii) sometimes includes recommendations with respect to dissemination and publication of findings, and possible future research projects, and (iii) occasionally offers assistance in the dissemination of findings and invitations to discuss findings with policy makers in the Department. Non-OCS liaison officers similarly claimed to have given comprehensive feedback to researchers, and placed particular emphasis on the maintenance of a dialogue with researchers which predates the submission of a final report.

Researchers' accounts of the feedback they receive from the Department is in dramatic contrast to the claims of DHSS personnel. Indeed, their accounts suggest that half of them were not sent any Departmental comments at all. Of those who did receive comments. a third described them as being nothing more than a brief indication of appreciation. Many of those who had not received feedback stated that this omission was a cause of frustration and annoyance. At the same time, a considerable proportion of those who had received comments claimed that they were deficient, or misconceived, in some way. No significant differences in these respects were found when comparing 'programme-funded' to 'singly-funded' researchers; the most dissatisfied researchers seemed to be those dealing with 'medical' topics. Researchers whose reports were discussed in RLG meetings received feedback more frequently, though the majority were not aware that such discussions had taken place and they expressed no greater level of satisfaction with the feedback they received.

Incongruence between researchers and liaison officers accounts of the feedback passing from the Department to its researchers is partly accountable in terms of methodological considerations, and

partly in terms of the different needs, expectations and perceptions of the two groups. The relative influence of each of these sources on the divergence of accounts is difficult to determine. However, there appears to be clear evidence of deficiencies in the Department's ability to offer feedback, and this should not be viewed merely as a source of frustration to researchers. For, as stated by Havelock:

> "While it is true that knowledge which gets to the user has reached 'the end of the line', it is equally true that the system requires return signals, or 'feedback' to the resource systems, not only to keep knowledge flow going, but also to supply the resource sub-systems with creative stimulation." 19

10.28) The Department as "proxy" customer

Kogan et al. clearly state the context within which the Department has found it necessary to operate as a 'proxy' customer:

> "The customer role is complicated by two related dualities in the working of central government. A government department has primary and secondary or proxy functions; it also has to combine strategic planning with operational decision The primary and secondary functions making. need some explanation. The DHSS is accountable for providing social security benefits through its own organisation. Here it has a primary role. In health and personal social services, however, it is concerned to ensure that others provide. Yet the Department has a concern which if not directly 'operational' does involve it in setting the framework within which others work and in furnishing information of direct use to service managers and providers. That gives the Department a secondary role. And it makes the DHSS, as a customer, a proxy for the field authorities and practitioners who might directly benefit from the disciplined enquiry which the Department commissions."20

The importance of the proxy customer function is underlined in recognizing that the majority of researchers perceived their findings to have implications at the field level, rather than in policy or central administration. It appears, however, that the Department

^{19.} Havelock (1976), p. 8-24.

^{20.} Kogan et al., pp. 31-32.

does relatively little to assist the dissemination of findings to personnel in the field. It was found, for example, that no more than 5% of projects had their findings disseminated via an HMSO report publication or a conference or seminar organized by the Department. This is not to suggest that the Department does not assist dissemination in other ways: through the maintenance of research memories and information services, through Department periodicals and Circulars and Ministerial speeches.

In Chapter 7 the role of each of these channels is discussed and a number of deficiencies are detected. For example, it is argued that the Library could play a larger role if it were in receipt of copies of all final reports (apart from a few classified as confidential). The essential goal is for information on reports to be fully incorporated in the Department's current awareness services. At present, attitudes within the Department vary considerably with regard to the status of unpublished reports and the extent to which their availability should be circumscribed. This precludes the inclusion of many reports in the current awareness services. While these services are found to play an important role in raising the visibility of research reports which might otherwise have remained obscure, Department Circulars are the official means through which the Department delivers information and guidance to the NHS and field authorities. Copies and/or summaries of research reports have occasionally been distributed as part of, or attached to, Department Circulars, and Rothman has found that these communications are highly valued by senior administrators in Social Service Departments.²¹ However, the old system of distribution by Department Circular has recently been replaced by the bi-annual release of an NHS Bulletin of Publications and a LASS Bulletin of Publications, in line with the current Government policy of reducing the flow of circular type

21. Rothman (op. cit.).

communications from central government to local administration. The implications for dissemination remain to be seen.

Of the other channels through which the Department can assist dissemination, the Department's periodicals <u>Health Trends</u> and <u>Social</u> <u>Work Service</u> appear to have been underutilized. Ministerial speeches, statements and answers to Parliamentary Questions have, meanwhile, occasionally given considerable visibility to the findings of DHSSfunded research, but the selection of such findings for presentation is clearly guided by political considerations.

A review of the Department's attempts to assist the passage of research information to the field suggests that it expects researchers to conduct the majority of dissemination acts without its help. In this sense the Department performs only limited aspects of the proxy customer function. In analyzing the reasons why this should be so, two initial points should be noted.

Firstly, that researchers, especially those working in RLG areas, identify the utility of their research predominantly in terms of its potential to influence professional practice. Department officers, meanwhile, tend to perceive its utility predominantly in terms of its implications for policy development. Secondly, Department officials involved in RLG activity report not taking any action on research which is perceived as having utility, in about a third of They explain that, in these cases, action was either not CABES. considered, or, if considered, was not thought "appropriate for the Department".²² It would appear that in these cases, research findings had relevance predominantly to personnel involved in the actual delivery of services, rather than policy development. This research would therefore have frequently had implications for professional practitioners.

These two points combine to suggest that Department staff concerned with handling research, especially those involved with RLGs,

may view their task within the context of primarily assisting the assimilation of research findings within the Department. This may have detracted from a consideration of how findings could (or should) be disseminated to the field (arguably a crucial aspect of the proxy customer function). This situation is also reflected by the ways in which OCS liaison officers responded to questions concerning who they considered to have primary responsibility for disseminating findings. It is found that most respondents identified responsibility for dissemination to fellow researchers as belonging to the researchers, whilst responsibility for dissemination of material associated with policy development belonged to the Department. Responsibility for dissemination to professional practitioners seems to be a grey area. Research managers thought that researchers had the main responsibility, while the Department was recognized as having a rather ill-defined supportive role to play.²³ Departmental uncertainty concerning the nature of this role was found to be further compounded by two factors. Firstly, it was felt that the Department should not become too closely associated with specific pieces of research, lest their findings be taken to represent Departmental policy. Secondly, there was uncertainty concerning the roles that Health Authorities, Local Authorities and Professional Bodies should play in assisting dissemination, as part of their responsibility for improving the services which they, or their members, provide.

There is clearly considerable uncertainty over the level of responsibility which the Department should assume in influencing, or assisting, the communication and assimilation of findings in the field. This uncertainty, compounded by a preferential consideration of the implications of research findings for primary Departmental

^{23.} Nursing lead/liaison officers were the exception in that they were able to identify a clear role.

customers, and, of course, limited research management resources, restricts the level of Departmental involvement in dissemination.

10.3) Dissemination and the research process

While the Department's involvement in dissemination is thus limited, the study of researchers has shown that the social organization of their communities and the fixed-term nature of their contracts restricts their opportunities for conducting multiple acts of dissemination (aimed at differing target groups). It also leads them to communicate their findings preferentially to specialist research groups. Constraints therefore exist for both researchers and the Department in the dissemination of research findings to field level, and so to potential recipients involved in professional practice. While this situation limits the extent to which the findings of DHSSfunded research enter the prevailing channels of dissemination (most notably journal articles, books and conference presentations), a further set of problems are encountered at the 'user' end. For. there appears to be inadequate information provision for administrators in both the health and social services, and many practitioner groups have a low orientation to literature usage in general, and research literature in particular.²⁴

It has been noted that researchers cite professional practitioners as the group for whom the findings of their research have most implications. In the light of the situation described above, it is therefore not surprising that 'dissemination and communication problems' are the

^{24.} For accounts of the problem and attempts at solution in the social services field, see Blake et al. (1979, 1980), Streatfield and Mullings (1979) and Wilson et al. (1978). In the medical field see Cockerill (1981), Ford et al. (1980), Roach (1979) and Stross and Harlan (1979). For Nursing see Ford et al. (1980), LeLean (1980), Myco (1974) and Sofaer (1980). For a discussion of the problems which cuts across professional groups see Mittler (1975).

factors most frequently cited by researchers in their accounts of why research which they perceive as having utility did not produce effects. It is also clear that these problems are neither discrete nor merely technical. Dissemination problems are thus clearly seen as problems of the research process as a whole.

10.4) Theoretical Implications

Dissemination is usually treated as if it were an independent problematic. Indeed, the present study was commissioned on the assumption that dissemination represented a discrete technical problem: how best to move information from group A to groups B, C and D. However, during the course of the study, it soon became clear that this "information science" type perspective was inadequate. A far more holistic view was required, one which treats dissemination as a complex social process, which is itself an integral component of a larger social process; the "research process".

In this thesis, dissemination is analyzed within such a holistic view. And this analysis has revealed many diverse features and dependences of dissemination (as summarized above). In doing so, it has presented research findings which challenge the assumptions underlying many of the models frequently used for the study of dissemination.

This can be shown by reviewing the dominant approaches to the study of dissemination, and analyzing their assumptions in the light of the present research findings.

10.41) 'Knowledge Push' and the Lasswell Communication Formula

The first model, "knowledge push", has its origins in a conventional view of how science is applied. It suggests that research findings influence actions (i.e. realize applications) because they show that something can be done more efficiently, or more effectively. It is assumed that the very fact that knowledge exists, impels it towards development and use. In the natural sciences, this process is typically conceptualized in the following way²⁵ (Fig. 1):



This is the most common model of dissemination and application in the natural sciences²⁶, despite the findings of a number of studies²⁷ which throw considerable doubt on its accuracy. While of questionable value for the natural sciences, there is good reason to feel that this model is even less valid for the social sciences. For as argued by Weiss: "social science knowledge is not apt to be so compelling; social science knowledge does not readily lend itself to conversion into technologies, either material or social; [and] development and application are probably less likely to occur unless a social problem has been consensually defined, politicized, and potential solutions debated."²⁸

Despite being of suspect validity, the linear "knowledge push" model has been very influential on studies of dissemination.²⁹ One naturally finds that such studies have adopted a congruous communications model to guide their research. This model is usually described

- 25. Weiss (1977) (ed), p. 12.
- 26. Indeed, it is often treated as if it were self-evident. See, for example, Blacket (1968).
- 27. See, for example, Gibbons and Johnson (1970), Langrish et al. (1972) and Sherwin and Isenson (1967). The model is also critically discussed in Barnes (1982).
- 28. Weiss (op. cit.), p. 13.
- 29. Many examples are given in Havelock (op. cit.) Ch. 1.

as the "Lasswell Formula", enshrined in the single most famous phrase in communications research: "Who says what, in which channel, to whom, and with what effect?".³⁰ This formula established the pattern for some twenty years of communications research. Indeed, it even established the dominant forms of appropriate methodology, as shown in Fig. 2.³¹





In the narrower field of studies of the dissemination of research findings and innovations, Havelock³² has shown that over 80% of studies (up to 1969) accepted this Lasswellian framework. However, there are two general criticisms which are frequently made of the model. Firstly, it more or less takes for granted that initiators of a message have persuasive intent; and, secondly, it assumes that messages always have effects.³³

Clearly, neither of these two assumptions can be taken to have been supported by the findings of the present study. And, in addition, these findings can be shown to illustrate further deficiencies in the Lasswell model.

A major such deficiency lies in depicting dissemination as linear and unidirectional: all information is presented as travelling from

- 30. Originally published in 1948, but now more readily available as Lasswell (1975): quote from p. 117.
- 31. McQuail and Windahl (1981), p. 10.
- 32. Havelock (op. cit.).
- 33. McQuail and Windahl (op. cit.).

left to right. In the case of the present study, such an assumption would be totally misconceived. For a vital determinant of dissemination was found to be the nature of dialogues taking place within interactive relationships between and within groups of researchers, DHSS officials and personnel working in the field and health authori-In addition, the path of "influence upon action" varied. For ties. example, some researchers sought to influence DHSS policy by "raising consciousness" at grass roots level, 34 while others sought to affect the way in which services were delivered "in the field", by means of influence upon the guidance or directives given by the Department. This suggests that just as DHSS can process research findings and relay them (or guidance, directives or policy based upon them) to personnel in the field, so groups within the field can process research findings and relay their consequences to the Department.

A somewhat similar situation is described by Tinker and Brion³⁵ in their discussion of problems associated with the dissemination of research findings relating to housing. In this discussion four types of communication are identified and examined:

1) Researcher to Central Government.

2) Researcher to Local Authority.

3) Researcher to Central Government to Local Authority.

and, 4) Researcher to Local Authority to Central Government. The authors conclude that in each case there are "problems about dissemination, some of which are common problems, some specific. It seems likely that those which involve triangular relationships may be

^{34.} Even when this was not cited as the primary motivation behind a particular dissemination strategy, it was often suggested as a possible and desirable consequence of dissemination to the field. Cherns (1979), Higgins (op. cit.) and Tinker and Brion (op. cit.) discuss this strategy.

^{35.} Tinker and Brion (op. cit.).

particularly prone to communication problems - and such models occur frequently".³⁶ Tinker and Brion thus support the findings of the present study, in so far as suggesting that linear unidirectional models, of the Lasswellian type, obscure essential features of some of the most prevalent and problematic forms of dissemination.

The present study also suggests a further deficiency of the Lasswell model; that being the treatment of dissemination as a mechanistic process. The model is blind to considerations of social structure and social process, and masks the complex of social and cognitive exchanges which have been shown to be so essential an aspect of the consideration and relay of research findings.

The findings of the present study therefore indicate that the "knowledge push" and Lasswell communication models are deficient in respect of presenting dissemination as a non-mediated unidirectional flow of information which can be examined in isolation from its social context.

10.42) The "diffusion of innovations" perspective

A somewhat related, but rather more sophisticated, model has emerged from the many studies which have sought to examine the spread and adoption of social, procedural and technical innovations.³⁷ These studies have revealed the diversity of communication channels which are involved in the diffusion process, and, rather more specifically, the relative roles of public (e.g. published or broadcast) media and personal communications. Based on the most extensive review of this literature, Rogers and Shoemaker³⁸ posited a model for the diffusion

^{36.} Ibid., p. 68.

^{37.} Such studies are reviewed by Havelock (op. cit.), Katz et al. (1963), Rogers and Shoemaker (1971), and Rogers, (ed.)(1976).

^{38.} Rogers and Shoemaker (op. cit.).

of innovations which identifies four steps: knowledge, persuasion, decision and confirmation. These four steps are linked in a linear sequence (as outlined in Figure 3) and form the heart of a model for the conceptualization and study of the diffusion of innovations.

This model is clearly "user-centred". It views dissemination in terms of how users access information and then influence other potential users through a social network. In presenting this framework for the analysis of the diffusion process, Rogers and Shoemaker's work has been very influential, and has even been described as having assumed the status of a dominant paradigm.³⁹ However. Rogers himself has recognized some of the limitations of this paradigm; 40 most notably its assumption that innovations are always for the public good. In consequence he acknowledges that "inquiry [has] often sided unduly with the source against the receiver, perhaps a reflection of the one way linear model of communication and the mechanistic/atomistic components approach of much communications research."42 As discussed above (in relation to the Lasswell formula), the findings of the present study show such an assumption of linearity to be misconceived.

It can also be argued that these findings expose further limitations in the diffusion of innovations model. For as an initial assumption, the model takes the process of knowledge generation to be non-problematic. Thus while user-related antecedents are considered, knowledge-related antecedents are ignored. In consequence, the model omits to recognize the influence of a variety of factors upon the

39. Rogers, ed. (op. cit.).

- 41. Many other authors have also voiced this criticism: see, for example, Beltran (1975), Golding (1974) and Marceau (1972).
- 42. Rogers (1976, a), p. 230.

^{40.} Rogers (1976, a).



Fig. 3: Rogers and Shoemekers model of the diffusion of innovations.

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quality and quantity of dissemination activity: considerations which were found to be highly significant in the case of DHSS-funded research.⁴³

While the diffusion of innovations model omits recognition of the importance of knowledge-related antecedents, it also makes a number of assumptions about the value of the knowledge itself; i.e. that it has instrumental value which can be realized in the form of the adoption of a discrete innovation in policy, practice or design. This has been clearly shown to be an illfounded assumption in the case of the majority of DHSS-funded research. For even when research findings were perceived as having "practical" value, that value was most frequently to be found in directing attention to problems, or presenting a new perspective on problems, rather than through suggesting discrete solutions (i.e. innovations). On the basis of a variety of other studies, it can be taken that DHSS-funded researchers are not atypical in this respect.⁴⁴

A further assumption of the diffusion of innovations model is that persuasion and attitude change are located between "knowledge" and "decision". Clearly, this need not be the case. For as argued by McQuail and Windahl: "There are other bases for decision-making than the formulation of judgemental attitude, and there is much debate about the notion that attitude change normally precedes a related behaviour change. Often the latter is a major cause of attitude adjustment."⁴⁵ The present research findings do not bear directly on this issue. However, there are indications that HPSS research findings often become available after the relevant decisions have been taken, and were sometimes perceived as having value in endorsing those

^{43.} Platt (1976) has shown that this is also true for researchers funded by SSRC.

^{44.} See, for example, Bulmer (1982), Caplan (1975), Strasser (1976), Weiss (1977); and, Weiss and Bucuvalas (1980).

^{45.} McQuail and Windahl (op. cit.), p. 54.

decisions.⁴⁶ This may have been by showing how a policy meets needs (23% of cases), by providing public evidence that the Department is taking a problem seriously (54% of cases) or by providing a better basis for policy which was previously based on common sense or judgement (50% of cases). The crucial question is, of course, whether such policies would have been altered had research findings not given them support. While the present study cannot provide hard data on this question, there is reason to believe that research findings indicating the need for change are far less likely (than those supporting the status quo) to be considered of value. For their implications may be politically unacceptable, and their findings may be viewed as "counter-intuitive" and therefore suspect.⁴⁷

10.43) The engineering model and the Rothschild framework

The engineering model represents a third type of linear model. However, it is rather different from the "knowledge driven" models discussed above. Indeed, Weiss contrasts it with knowledge driven models by describing it as "decision driven"⁴⁸: "A problem exists, information or understanding is lacking either to generate a solution to the problem, or to select an alternative solution; research provides the missing knowledge; a solution is reached."⁴⁹ This model has been presented by both Weiss⁵⁰ and Bulmer⁵¹ in the form shown in Figure 4.

46.	For	research	findings	relevant	to	this	point	вее	Knorr	(1977).

- 47. See Weiss and Bucuvalas (op. cit.).
- 48. Weiss (1977) (ed), pp. 11-13.
- 49. Ibid., pp. 11-12.
- 50. Ibid., p. 12.
- 51. Bulmer (op. cit.), p. 43.

Definition of social problem	Identification of missing knowledge	\	Acquisition of social research data and relationships	 	Interpretation for problem solution		Policy change
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Fig. 4 The engineering model

Many commentators have adopted this view of the role of applied social research.⁵² However, by far the most influential presentation of this perspective came with the publication of the Rothschild Report.⁵³ To restate its underlying principles (also discussed in the Introduction to this thesis): Rothschild made a sharp distinction between pure and applied research. Pure research is taken to be "the discovery of rational correlations and principles",⁵⁴ while applied research has "a practical application as its objective".⁵⁵ According to Rothschild, if applied research is to be funded, it must have a named customer: "the customer says what he wants; the contractor does it (if he can); and the customer pays."⁵⁶

This so called "customer-contractor principle" is clearly based on the assumptions of the engineering model. As such it appears to have most relevance to the funding of research in the applied physical and life sciences. However, Rothschild argued that all applied research funded by Government departments should be organized in this way. Thus while Rothschild did not refer specifically to social research, he has nevertheless been read as having endorsed the customer-

52.	See, for example,	Coleman (1972)), Dror	(1971),	Janowitz	(1972),
	MacRae (1976) and	Zetterberg (19	962).			

- 53. Rothschild (op. cit.).
- 54. Ibid., Para. 8.
- 55. Ibid., Para. 6.
- 56. Ibid., Para. 8.
contractor principle, and hence an engineering model, for applied social research. In consequence DHSS accepted the customer-contractor principle as a basis upon which to restructure their research management arrangements.

Some have argued against this development, suggesting that it will not give the optimum return on research funds invested.⁵⁷ Others, meanwhile, have questioned, rather more fundamentally, the validity of a decision driven model to describe the ways in which social research can be used.⁵⁸ It is pointed out, for example, that the model incorrectly assumes that researchers and policy makers have a common understanding of objectives: clearly this will often not be the case. The model also fails to take account of the complex ways in which decisions are reached, focuses unrealistically on key decision makers for whom research is carried out and gives unwarranted authority to research information, thus diminishing in importance the role of a variety of other information inputs and political considerations.⁵⁹ More specifically, in the context of DHSS's adoption of the customercontractor principle, Kogan et al. have argued that:

> "The Rothschild formula contained far too simple assumptions. It assumed that government departments were the only source of policy development, that they could state all their requirements from their own sources of knowledge and problem setting. It failed to note how in those areas of policy where data are diffuse, and analyses most likely to be strongly influenced by value preferences, problems must be identified collaboratively between policy maker and scientist. It failed to acknowledge that policy makers have to work hard to identify problems, to specify research that might help solve them, and to receive and use the results of research."⁶⁰

- 57. See, for example, McLachlan (1978) and Minerva (1972).
- 58. For example, Bulmer (op. cit.) and Weiss (1977) (ed).
- 59. See Bulmer (op. cit.), Cherns (op. cit.), Donnison (1972) and Higgins (op. cit.).
- 60. Kogan et al. (op. cit.), p. 46.

Such arguments suggest that an engineering model of research application is of limited validity in accounting for how social research can influence government policy. However, as it has been influential as a perspective within which to view the research process, and hence, dissemination, it is of importance to examine how the findings of the present study reflect upon the model's assumptions.

In this respect it should be initially observed that those who commission research (i.e. RLGs) have not been found to be those for whom research findings are most frequently thought to have primary implications (i.e. practitioners). Similarly, those who commission research are not the groups who are most frequently perceived to use research findings (i.e. fellow researchers).⁶¹ There certainly were some cases of research findings having utility for DHSS personnel, but such cases most frequently occurred when researchers thought their findings could help the Department to think about a problem in a new way: hardly the instrumental view of research utility implicit in the Rothschild and engineering models.

It can therefore be argued that these models would be inappropriate for studies of dissemination, such as the present, for two reasons. Firstly, while policy makers are initiators of research, they are not necessarily customers, in the primary sense⁶², and, secondly, to the extent that researchers perceive their findings as having value for policy making, this value is found to lie primarily in a non-instrumental "enlightenment" function.⁶³ Both these factors are vital determinants

- 62. They are therefore described as "proxy" customers, as discussed earlier in this chapter.
- 63. See note 43.

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^{61.} While there are RLG members with backgrounds in the professions, they do not represent the professions as such. Rather, they represent either the CSRC (i.e. the research community) or divisions within the Department.

of both researchers' dissemination strategies, and the processing of research information by target audiences and intermediaries.

The findings of the present study can therefore be taken to indicate the severe limitations of the engineering (or "decision driven") model, as applied to the study of the dissemination of findings of HPSS research.

10.44) The two communities perspective

Recent writings on the relationship between research and policy have been greatly influenced by a "two communities" perspective.⁶⁴ Indeed, Caplan has argued that "explicitly or implicitly, the most prevalent theory in this literature may be characterized as the "Two Communities' theory".⁶⁵ This results from a belief that "theories of underutilization with the greatest explanatory power are those emphasizing the existence of a gap between social scientists and policy-makers due to differences in values, language, reward systems and social and professional affiliations."⁶⁶

Whether considered a theory,⁶⁷ set of theories,⁶⁸ a hypothesis⁶⁹ or a metaphor,⁷⁰ the two communities perspective is thought to have its main value in suggesting a variety of creative insights about relations between the social science and policy making communities.

- 64. Conceptualization and theoretical discussion of the two communities perspective can be found in Caplan (1979), Dunn (op. cit.), Glaser and Taylor (1972), Harary and Havelock (1972) and Havelock (1971).
- 65. Caplan (1979), p. 459.
- 66. Caplan (1977), p. 194.
- 67. Caplan (1979) and Rich (1977).
- 68. Caplan (1977).
- 69. Rich (1979).
- 70. Dunn (op. cit.).

The most important of these is the insight that problems of knowledge are fundamentally cultural, that is they depend on the subjective interpretation of meaning attached to "knowledge" by members of particular "subcultures."⁷¹ According to this view, the research and policy communities are treated as distinct subcultures, or "epistemic communities",⁷² whose views concerning the legitimacy of knowledge claims are a function of differences in the social organization of the respective communities (socialization, authority and reward structures, etc.) and the consequent values of their members.

This perspective thus directs attention to the dependence of knowledge use upon aspects of the conduct of research, its products, the ways in which policy and research problems are defined and the interactions between producers and potential users of research information. In doing so it appears to call for a series of case studies,⁷³ leading perhaps to analytical case surveys: a research programme which is already underway.⁷⁴

Such a programme certainly has promise. It avoids many of the deficiencies of earlier models (discussed above). More specifically, it avoids presenting policy development as a series of discrete judgements made by individuals on the basis of universally accepted rational criteria, and the assumption that research findings can contribute to this policy making process through their self-evident and unambiguous instrumental value. Similarly, it treats the generation of research findings as a contingent problematic, and accommodates an

71. Ibid., p. 516.

72. Holtzner and Marx (1979).

- 73. Like those of Caplan et al. (1975); and Weiss and Bucuvalas (op. cit.).
- 74. See Dunn (op. cit.) and Vall (1975).

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interactive view of communications between users and generators of research information.

However, while avoiding many of the fallacious assumptions of earlier models, the two communities perspective can be shown to be suspect in respect of the crude over-simplification which it offers when clustering actors according to their community affiliations. For the perspective quite properly directs attention to differences in values which may separate researchers on the one hand, from users of research on the other. But having established this important organizational source of value divergence, the perspective fails to accommodate the influence of a variety of other sources (e.g. psychological and ideological factors). The perspective thus fails to recognize the extent to which value divergence is found <u>within</u> each of the communities, and the implications of this divergence for the dissemination and utilization of research findings.

Take, for example, the case of researchers. They are depicted as sharing (at least) aspects of a common culture. However, they clearly fall into differing "schools of thought" and so, in the course of their work, apply different assumptions concerning the nature of problems associated with the delivery of HPSS. In addition, they differ, one from another, in their perceptions of their role and responsibilities in the dissemination process (see section 3.1), and may seek to effect change, and/or influence their colleagues in a variety of diverse ways. As Kogan et al. have observed, DHSS-funded researchers are predominantly either "mission or profession or science orientated",⁷⁵ and as has been found in the present study, they channel their energies in a variety of different directions (specialist publication, the education of practitioners, submissions to policy makers

75. Kogan et al. (op. cit.), p. 40.

and royal commissions, action research, etc.). Such diversity in attitude and action is only to be expected, considering researchers' widely differing professional backgrounds, career aspirations, ideological commitments and work environments. In the case of DHSS-funded researchers, the concept of "common culture" is reduced to the level of a lowest common denominator, which is probably so low as to be of minimal value.

In the case of DHSS personnel, the concept of common culture has greater validity. All administrative staff have been subjected to civil service recruitment and training (staff in the 'professional' divisions have, of course, come via a different route), they belong to a single organization and are subject to its norms and regulations, and they identify (to varying extents) with the organization's goals. However, this does not mean that consensus prevails on the definition of policy priorities, the conceptualization of HPSS problems and the considered legitimacy of possible solutions (see, for example, the discussion of mental illness in section 1.5). Similarly, as has been found, it does not preclude the coexistence of differing attitudes towards the value of research, and participation in the process of dissemination and utilization of research findings.⁷⁶

The concept of common culture therefore has questionable value in relation to DHSS staff, just as it has minimal value in relation to the research community. This implies that the two communities perspective would have established a misconceived framework within which to analyze the dissemination and utilization of policy-relevant findings of DHSS-funded research. More significantly, this suggests that the two communities perspective may have far less value than has previously been suggested.

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^{76.} See Chapters 4, 5 and 8. Kogan et al. (op. cit.) and Moss (op. cit.) provide supporting evidence.

10.5) Towards a general systems model of dissemination

There is currently no dominant paradigm⁷⁷ for the study of dissemination. However the models, theories and perspectives outlined above represent the set of conceptual frameworks which have been adopted, explicitly or implicitly, in the vast majority of dissemination studies. The findings of the present study show that each of these frameworks are at best, partial, and at worst, totally misconceived. These inadequacies in the dominant theoretical approaches were initially suggested following the completion of the first phase of this project, viz:

- an initial set of exploratory interviews which sought to provide a description of the dissemination process, and contingent factors, as perceived by actors participating within it; and
- 2) a review of studies carried out in related settings, to determine the relative value of the conceptual frameworks which they had adopted.

While indicating the deficiencies of previous approaches to the study of dissemination, this first phase also suggested the considerations which were necessary features of any alternative approach. Most notably, it became clear that dissemination needed to be placed within a broad context of inter-personal and inter-institutional relationships. And more particularly, it was evident that dissemination should be viewed as an integral component of what has been called the "research process"; i.e. problem identification, definition and operationalization, research commissioning and conduct, and the communication and utilization of research findings.

As these considerations focussed attention on the inter-dependent

nature of many diverse "moments" and "actions", so the potential value of a systems approach became apparent. This need for a systems approach is well argued by Rogers, in a reflection upon critiques of his diffusion of innovations model (see 10.42) as applied to development communication:

> "Development communication should be viewed as a total process that includes understanding the audience and its needs, communication planning around selected strategies, message production, dissemination, reception (and perhaps interpersonal discussion with peers), and feedback, rather than just a one-way, direct, communicator-to-passive-receiver activity. This conceptualization of communication in development implies a questioning of the 'components approach' to communication research, frequent in past work, in which a source variable, a message variable, or a channel variable is investigated to determine how it is related to a communication effect (or effects). The components approach is essentially atomistic and mechanistic in seeking to disassemble heuristically the elements in a communication event in order to gain understanding of how they operate. Such a components approach ignores the synergistic interaction among the source, message, channel, and receiver elements. It fails to capture the systemic nature of the communication If development communication is indeed process. considered as a total process, the interrelationships among the components must be investigated as well as the relevant environment in which the communication system is embedded. This type of intellectual focus would represent a systems approach to development communication."78

Having recognized the need for a systems perspective at the early stages of the present study, it became necessary to outline a systems model appropriate to the DHSS "research process". As the study progressed, so the inter-systems model developed (see the "Introduction" to this thesis); and as it was elaborated, so further research questions were posed, and alternative forms of data analysis and interpretation were suggested.

The inter-systems model has thus been of considerable value in

the present study. However, it was developed specifically for the "research process" associated with DHSS-funded research, and its generalizability beyond this setting should therefore be considered For there are clearly some characteristics of this problematic. research process which are unique to DHSS; the nature of the Department's responsibilities and problems, its research management structures, the mix of research resources available to it, etc... However there are also many features which are common to other Government departments' research programmes. This is particularly true for those which externally fund a diversity of research into both their own policy problems, and topics of relevance to the delivery of local services in their field of responsibility: they can be viewed as primary customers in respect of the former, and proxy customers in In such settings, the inter-systems model, respect of the latter. in its general form (shown graphically in fig. 4) could provide a useful analytic tool.⁷⁹

It provides a coherent framework for viewing communication between individuals, organizational units and larger social groupings (e.g. the three systems in the model); and in focussing on exchange relationships, provides a means for interpreting individual forms of behaviour which are inconsistent with organizational objectives and recommended bureaucratic practices. In the present study, this has, for example, offered a perspective on why there is relatively little dissemination to practitioners in the field. Concern with exchange relationships, and the notion of feedback, has also led to an appreciation of the importance of the social processes through which exchanges are effected. This, in turn, has thrown light on problems inherent in the lack of involvement of DHSS personnel in the consideration of

^{79.} On the basis of an extensive review of dissemination and utilization studies Havelock (1976) found that systems models had broad applicability.



research reports. In addition, it has exposed deficiencies in communications between the Department and its researchers: both in terms of the maintenance of a dialogue during the conduct of projects and the issue of feedback at project completion.

With respect to the latter point, the systems approach has particular value in not treating dissemination as a unidirectional flow of information. This need is illustrated in the observation that half the 'outputs' of RLG discussions on how research findings should be disseminated were in the form of recommendations to researchers. Messages are thus being transferred from the researcher via OCS into the RLG: they are then sent back via OCS, to the researcher (if feedback is effected as requested: this was not always found to be the case), and only then from the researcher to a particular audience. A model which did not accommodate this type of bi-directional flow of messages could clearly fail to recognize an important break in the communication chain.

Finally, on the most general level, systems approaches have value in drawing attention to the interdependence of elements which might otherwise have been treated as unrelated. Thus, in the present study, it has illuminated the interdependence of different moments in the process (e.g. funding and dissemination) and actions in different settings (e.g. the funding agency and the university). Those involved in the management of research programmes are thus given a perspective on the relationship between their own practices and the problems experienced by others in the research process. Such a perspective is clearly required if they are to try to ameliorate those problems.

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APPENDICES

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APPENDIX 1: The Toulmin Guidelines.

Chairmen of RLGs and Sub-groups

CONSIDERATION OF FINAL RESEARCH REPORTS

The functions of the Research Liaison Group fell under two main heads, (i) to define the requirement for, and objectives of R & D within their areas of interest and to promote R & D to meet these objectives, and (ii) to receive reports on work under commission and to arrange for the assessment, development and assimilation of the results. During the early years of FLG activity the emphasis has naturally been concentrated on the first of these functions; but with the passage of time an increasing volume of research reports will be generated in direct response to RLG commissions, so that the consideration and assessment of such reports will occupy an increasing part of RLGs' time. This note starts from the assumption that the second function is fully equal in importance with the first, and it seeks to outline the procedures which might be followed in order to ensure that it is satisfactorily carried out. Your comments on the suggestions which follow will be welcomed.

2. Current contracts specify that final research reports should, in effect, comprise three parts:-

i. a main report describing the method and findings of the research

ii. appendices detailing for reference the data collected and analysed, as appropriate and

iii. a summary containing the major findings and any aspects which in the researcher's view are important for the future development of services or which merit further examination through research or experimental development.

Whenever a final research report is received in response to an RLG commission, it is proposed that the Research Management Lead Officer (in agreement with the RLG Secretary) should send one copy of the <u>full</u> report to a selected Scientific Adviser, with a request to act as scientific rapporteur, and another copy to a selected administrator or professional in the Client group, who would be asked to comment on the policy/service implications of the research. It would be open to each of these recipients of the full report, at this stage, either to seek more specialist advice on its technical aspects, or to advise that the report was de fective in some respects and thus unsuitable for consideration by the RLG until these de ficiencies have been made good. Otherwise, <u>it is</u> <u>assumed that the research report will be tabled for consideration at the next</u> <u>convenient meeting of the PLG, and copies of the researcher's own summary</u> (part iii above) together with any written comments by the scientific rapporteur and the policy adviser, will be circulated to all RLG members.

3. It will plainly be desirable for discussion of the research report and its findings to be as com rehensive and wide ranging as the constraints of time and other business permit; the amount of time which is appropriate to give to a major team project of several years duration, and to a slim monograph on an individual project by a single researcher, will plainly be different. But it would seem desirable in most cases that the discussion should cover three specific topics: first, the nature of the communication to be made to the researcher (the essential "customer-contractor dialogue" envised by Rothschild) in response to the report; second, consideration of the policy/service implications of the research findings; and third, consideration of further research needs arising out of the findings in the report.

4. The nature of the communication to be made to the researcher will obviously vary with circumstances, but it is suggested that it should normally consist of an account of the discussion of the report in the RLG (possibly in the form of an extract from the minute) which could be conveyed to the researcher by the RM lead officer under a suitable covering letter.

5. Action on the plicy/service implications of the research to be considered by the RLG, or by the client group in the light of RLG views, may well include the following:-

i. encouragement of commercial publication (extending in the exceptional case to financial support from RLG funds)

ii. the preparation of a summary of the findings, in a form agreed with the researcher, for communication to health and social services authorities and other interested parties

iii. an internal meeting/seminar to bring together researchers and interested Departmental staff

iv. an external presentation/seminar to bring together the researchers with field authorities and other interested public bodies

v. action with Information Division to communicate the research findings to the press either in a general handout or in a more detailed form to selected journalists and periodicals, as agreed with the researcher.

The results of successful research will also contribute in the longer term to the processes of policy formulation and service development in ways which there is no need to enumerate here.

6. Action relating to further research needs could similarly include:

i. arranging an internal meeting/seminar between the researchers, RLG members, and other research workers engaged on similar projects

ii. the PLG could define new research needs (including periodical reviews of the state of the art) and invite proposals from the research team in question, from other research teams, or from Units under contract to the Department

iii. the RLG could issue a new or revised research policy statement

7. The suggestions above all relate specifically to research reports which are received in response to a direct commission from an RLG. For the time being, many research reports will continue to be received which deriv from commissions prior to the RLG era, and the degree of attention which the PLG should give such reports will, we suggest, depend on such considerations as the importance and cost of the research in question, whether the RLG has actively considered progress reports on it subsequent to commissioning, whether the research team have requested an extension of support from the RLG, or whether the RLG are themselves considering further research in the same field. In some cases, this could lead to a decision to accord a pre-RLG piece of research the full RLG treatment as outlined above; in others, the minimum routine of collecting Departmental comments for communication to the researcher by Research Management may be considered sufficient; many cases will no doubt be felt to fall somewhere in between.

8. This note is midnessed to Chairmen of RLGs and deals specifically with research in RLG fields of interest; in fields not covered by RLGs it will be necessary for Research Management to devise, in conjunction with the Departmental customer, whatever form of detailed consideration seems best to approximate to the above and that circumstances permit.

9. I should be grateful if any comments in response to this note could be copied to the normal RM lead manager for your RLG, and to Miss Truscott CR5C.

R TOULMIN CR5/6 AFH D320 Ext 7847

19 May 1977

copies to: Professional staff of Research Management. EOs and above in CR5/6 APPENDIX 2: Interview schedule: the researchers.

A. Research. and researchers

Project title:

Institution:

1) Names, degrees (including subject area) and professional qualifications of research staff working on the project.

Names

Degrees and qualifications

2-Dates*

2) Eow long had each been employed at.....

3) Do any of the researchers have official roles within DESS besides that of research contractor?

If so, please specify

4) What percentage of your working hours are spent on

i) Research (including supervision of)

- ii) Teaching
- iii) Professional practice
- iv) Other (specify)

- 5) i) Which of the following types of research would you classify your project as:
 - a) Descriptive account of an existing situation based on some form of survey or analysis of statistics
 eg. trends in infant mortality or bed occupancy.
 rates or extent and distribution of physical handicap.
 - b) Examination of how a particular service is currently working.
 - c) Study of the feasibility of a <u>new way</u> of meeting a known existing need.
 - d) Study designed to compare costs of alternative ways of meeting a known existing need.
 - e) Study designed to seek out gaps in the present provision of services.
 - f) <u>Clinical Laboratory</u> research which helps understanding of the nature or cause of particular illness or evaluates a way of treating it or helps to develop methods of doing these.
 - g) <u>Field Trials</u> on a controlled basis to test usefulness of existing methods of treatment or the possible contribution of a new treatment.
 - h) Other research.

ii) Could you give a brief account of the nature of the research

B) Conduct of Research and relations with Research Management

- 6) What was the original period covered by the grant? (Give dates)
- 7) Did you receive a project extension grant?

If so, for how long?

5

8) When did you complete the research (as opposed to completing the final report) ?

9) When did you submit your final report to DESS?

10) If your recort was late

Why was it so?

11) Did any of the following present you with difficulties during the conduct of the research?

Researchers difficulties

,		created difficulties	.no difficulties
(a)	Getting or keeping adequate staff to do work they have contracted to do		
(b)	Giving staff adequate opportunities to develop their careers		
(c)	Managing your budget so as to fulfil the contract. reasonably		
(d)	Designing and carrying out the project in such a way as to make it useful to the Dept. while also valued by research peers		
(e)	Expressing research results in simplif form which can be readily understood by laymen	fied	
(f)	Dealing with difficulties arising out of the research situation in which you or your unit are based		
(g)	Getting cooperation needed in the field	ld	
(h)	The way that research management operate at DHSS		
(i)	Finding time to get progress reports written		
(j)	Finding time to get the final report written		
(k)	Getting research findings published		
12)	Which of these gave you the most diff:	iculties?	

Why?

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13) i) Did any representative of the DESS visit you at your place of work to discuss progress of the project ?

Who	How often	Purpose of visit

ii) Did you or the DESS representative(s) request the meeting(s) ?

14) i) Did you or your colleagues ever visit DESS officers concerned with research management at their place of work so as to discuss progress of the project?

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Who	(researchers)	Who (DHSS)	Row often	Purpose of visit

ii) Were you invited or did you request the meeting(s)?

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15) i) Did you have any other contacts with DHSS officers concerned with research management (meetings on neutral ground, post, telephone etc.) besides those relating to minor administrative matters?

Who	How often	Nature and/or
		purpose of
		communication

ii) Did you or the DHSS representative initiate the communication(s)?

- 16) i) Did you ever sit in on any RLG (or other research management committee) discussions of your project?
 - ii) <u>If so</u>, could you specify the numbers of times, whether you were invited, or whether you requested to be present, and which aspects of the project were discussed.

- 17) Did you ever receive any account of evaluations made of your report from within DHSS?
 - If so i) Who informed you, and by what means (informal contact, formal letter, etc.)?
 - ii) In what form did you receive these comments (Full reports, edited comments or selected points)?

iii) What was the nature of the comments (briefly)?

iv) Do you know who it was in the Department that made these evaluations of your report? (If so, please specify who)

- 18) i) Have you ever received any other reports of RLG (or other research management committee) discussions of your report ?
 - ii) <u>If so</u>, could you specify how such a report was presented, by whom, the number of times and which aspects of your project the report(s) covered.

19) Have you received from DHSS research management :

- i) Any recommendation for a follow up research project or programme
- ii) Any recommendation for how you should publish or otherwise disseminate your findings
- iii) Any offer of assistance in the publication of findings
- iv) Any invitation to present and/or discuss your findings with any group within DHSS

If 'yes' to any of these, could you please specify the nature of the recommendation, assistance or invitation.

C. Dissemination of research findings

- 20) What steps <u>have you already taken</u> to disseminate the findings of your research (specify in each category).
 - a) Reports to DESS
 - b) Other limited circulation unpublished reports
 - c) Books (or marts thereof) (refs.)
 - d) <u>Research papers or articles</u> (accepted and rejected ones indicating which and giving references for those accepted).

e) Formal presentation at seminars, conferences, meetings etc. or via lectures (specify nature of audience)

f) Other presentations

- 21) What steps are you intending to take to disseminate the findings of your research (specify in each category)
 - a) Reports to DHSS

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- b) Other limited circulation unpublished reports
- c) Books (or parts thereof) anticipated dates of publication
- d) <u>Research papers or articles</u> (indicate whether still in preparation or whether under evaluation)

.

e) Formal presentation at seminars, conferences, meetings etc. or via lectures (specify nature of audience)

.

f) Other presentations

22) Was any of your grant useable to assist publication ?

If so, how much, and was this of assistance ?

23) If you had had provision in your grant to assist publication, do you think you would have taken any different steps ? <u>If so</u>, please specify

24) Did you experience any particular difficulties in getting your research findings published ?

If so, please specify

25) Do you consider it primarily your responsibility, or the DHSS's to ensure that the findings of your research are effectively disseminated ?

26) Do you know if research management within DESS has done anything to assist dissemination of your research within the Department, and/or the Health and Social Services. If so, please specify

27) Do you know if research management with DESS is intending to do anything else to assist dissemination of the findings of your research within the Department and/or the Health and Social Services. <u>If so, please specify</u> 28) Do you consider the dissemination afforded your research findings by DHSS adequate and appropriate. <u>If not</u>, why do you think the Department has not taken adequate or appropriate action.

29) Do you have any feelings as to how DHSS could improve upon the provisions it currently makes for the dissemination of research findings in your area of investigation.

D. The value of research findings

30) To which of the following groups do you consider the findings of your research to have most implications

Research Peers Health and/or Social Service, practitioners - Drs., Nurses, Social workers etc. (specify which) Policy makers/administrators Others (specify)

[Indicate 1-most implications; 2-2nd most implications etc. X - no implications]

		The most important
(a)	It could help the Department to think about an existing problem in a new way	
(Ъ)	It supported an existing policy and showed how it meets needs	
(c)	It showed that an existing policy was not doing all it was supposed to do and needed changing	 ****
(d)	It provided a better basis for a policy which previously was based mainly on commonsense and judgement	
(e)	It provided public evidence that the Department was taking a problem seriously	 ****
(f)	It directed attention to a problem which was not recognised or recognised clearly enough	
(g)	It could help the Department to choose between different possible policies	
(h)	It could help to promote better use of resources	 ****
(i)	It could help to improve service or clinical practice	 /
(j)	It indicated new areas in which research should be undertaken	
(k)	It showed the findings of previous research to be misleading	
(1)	It indicated the relative advantages of particular research approaches, strategies or methodologies	

31) There are various possible ways in which research might be useful. Was any of these among your reasons for thinking

that yours could be useful (tick which)

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32) In which way would you say the findings of your research <u>could</u> prove <u>most</u> useful

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- 33) Do you think your research findings have to any extent already affected
 - (i) Directions and topics for further research
 - (ii) Methods adopted by researchers
 - (iii) Policy decisions
 - (iv) The delivery of health or social services
 - (v) Professional practices (eg.medical, nursing, social workers)

(tick which)

If so, could you give examples

- 34) Do you expect that in the future your findings will have an affect upon
 - (i) Directions and topics for future research
 - (ii) Methods adopted by researchers
 - (iii) Policy decisions
 - (iv) The delivery of health or social services
 - (v) Professional practices (eg. medical, nursing, social worker)

(tick which)

If so, could you give examples

35) If you think the findings of your research have utility, but have not been, or will not be. appropriately utilized,

why do you think this is so ?
Research can be found interesting and useful in a number of ways, by a variety of different groups (e.g. research peers, policy makers, professional practitioners -Doctors, Nurses etc.).

To have which of these groups find your studies interesting and/or useful, gives you most satisfaction as a researcher ?

When you wrote your final report for DHSS, which of the possible readership groups did you particularly feel you were writing for ?

Why ?

38) Do you adjust your style of writing in research reports according to the audience group you have in mind ?

39) If so, which groups do you find it easiest to write for ?

40) Do you have a preference for doing research sponsored by Government Departments, or Research Councils.

If a preference, why ?

41) Are you in possession of grants from other funding bodies ? If so, which

42) Do you disseminate the findings of research sponsored by bodies other than DESS in a similar or different way to that sponsored by DESS ?

If a different way, what differences and why

43) Have you ever written popular articles in your area of research interest, or "state of the art reviews" ?

If so;

i) please specify for the last five years

ii) did any of these include the findings of DESS sponsored research (which, <u>if any</u>)

44) Final Question

Is there any observation or opinion relevant to the area of coverage of this interview which you would like to take this opportunity to offer.

A. The Research Manager

1. Name

2. Period having lead and/or liaison responsibilities

..

..

3. What are/were those responsibilities

4. Division and grade (at time of r.m.responsibilities)

8 On receipt of completed reports (generally)

1. How many final reports have you had lead/liaison responsibility for?

[If none, ask the following in terms of intended practices]

2. What procedures do you (normally) invoke for the scientific evaluation of final reports?

Probes

How many readers

criteria for selection

instructions given

relative frequency

satisfaction with comments

3. What procedures do you (normally) invoke for the evaluation of a final report's policy and service implications?

Probes

How many readers

criteria for selection

instructions given

relative frequency

satisfaction with comments

4. When both types of evaluation are conducted, are they carried out in series or in parallel

5. On receiving evaluations, what do you normally do with them

6. Do you invoke any practices to bring final reports to the attention of DESS staff to whom they may have implication

If BO,

(i) what practices?

(ii) with what frequency?

- (iii) If circulating copies of a final report, do you make reference in accompanying notes to:
 - a) evaluations of report
 - b) other relevant research work
 - c) other types of information

7. Do you send a copy of each final report to the library?

(frequency)

(If not always)

8. Do you send a notification of the existence of a final report to the library?

•

(frequency)

9. Under what circumstances do you send a copy of a report, or notification of its existence to the library? (as compared with those times you do not).

10. Do you give feedback to researchers on completed projects?

If so (i) How often

- (ii) How (phone, letter, visit, etc.)
- (iii) Whose comments are they normally

own

RLG

client div.

other

(combinations)

How often origin of idea

- i) A scientific rapporteurs evaluation
- ii) A 'policy/service' reader's evaluation
- iii) A recommendation for a follow-up project
- iv) A recemmendation w.r.t. publication or dissemination
- v) An offer of assistance in the publication of findings
- vi) Any invitation to present and/or discuss findings with any group within DHSS

Details

1. Which was the last final report you received, for which you had liaison responsibility

Title/Subject

Researcher

Duration

2. Had you been the project's liaison officer throughout its duration?

5. What actions did you take on receipt of this report

Probes i) Did you read the report (how much and when)

ii) scientific evaluation

iii) evaluation of policy implications

iv) to ensure dissemination within the Dept.

v) to assist dissemination outside the Dept.

What implications do you think the report had for policy and/or practice?

5. Do you think it will, or has, influenced policy and/or practice?

6. If not, (to any satisfactory extent) why do you think this is so?

7. Do you know what steps the researcher took to disseminate the findings ' of this project?

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DFinal general questions

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1. Do you consider it to be primarily the researcher's, or the Department's responsibility to ensure effective dissemination of research findings?

2. Do you think researchers do enough to disseminate the findings of their research findings? (If not, why not)

3. Do you think there are any ways in which the Dept. could encourage researchers to disseminate their findings more extensively?

The Dissemination of Findings of DESS-Funded Research: Recommendations to DESS.

M.D.GORDON & A.J.MEADOWS Primary Communications Research Centre University of Leicester

10.1) INTRODUCTION

10.1.1. It is often supposed that researchers (i) desire to propagate to others a knowledge of the results they have obtained, (ii) wish to find out about other people's research. Statement (i) is true, within limits, for pure research; whilst (ii) is true - also within limits - for applied research. In detail, both these suppositions must be treated with caution. It would be more correct to say that researchers will communicate, or receive communications, when they perceive it to be to their advantage to do so. Their advantage may, however, differ from that of either the funding agency, or the user community at large (see Chapters 2 and 3).

> From the institutional viewpoint, this means not only that the funding agency must participate in the dissemination process, but, more importantly, that it must be prepared to take the initiative. This requirement does not seem to be fully reflected at present in the interaction between DHSS and researchers. For example:

- (i) Written instructions to researchers regarding communication currently seem to be designed more to help the institution keep a record of the project, and to ensure that legal requirements are satisfied, rather than to stimulate further dissemination.
- (ii) Communication between researchers and DHSS ought to involve mutual feedback. Items of information should preferably be transmitted via more than one channel and should be repeated for maximum impact. Current DHSS-researcher communication only satisfies these requirements in part (see Chapters 2 and 6).
- 10.1.2. In drawing up these proposals, two major limitations have been imposed on their scope:
 - (i) As little DHSS staff time as possible should be required for their implementation.
 - (ii) Only low-cost items should be included, and these should preferably be chargeable to the research budget.
- 10.1.3. There exists a certain amount of communication theory that can be applied in the present context. This has been incorporated into the present proposals, though without explicit comment. Certain points are, however, worth noting.
 - (i) The most cost-efficient improvements are often those which seem rather trivial. Major changes in dissemination processes, though they may appreciably enhance the efficiency of communication, frequently prove to be disproportionately expensive.
 - (ii) The most efficient dissemination devices are properly motivated human beings. The employment of additional personnel specifically for enhancing communication is

ruled out under present circumstances. It might, nevertheless, be worth considering at some future time the establishment of a short-term appointment to provide a restricted range of communication services for experimental evaluation.

(iii) Good dissemination practices rely on competent dissemination always, rather than outstandingly good dissemination occasionally. Their aim, in other words, is to standardise on good practices. This normally means that the procedures in use should be automatic and self-monitoring. Such an approach is simultaneously cost-efficient.

10.2) PROPOSALS FOR ACTION

These are dealt with in approximately the sequence followed by a researcher's contacts with DHSS. Some recommendations made earlier have already been adopted: these are omitted from the present list. 10.2.1. The 'Application for a Research Grant' should emphasize:

- (i) the importance attached to dissemination (e.g. by requiring applicants to indicate how they intend to disseminate the results of the research to be funded);
- (ii) the willingness of DHSS to fund special dissemination activities, if these can be justified (examples of such activities should be included).
- 10.2.2. The 'Application for a Research Grant' should stress to intending applicants the need to examine relevant sections of the <u>DHSS</u> Handbook of Research and Development.
- 10.2.3. The <u>DHSS Handbook of Research and Development</u> is not as widely known as it should be. It is a worthwhile publication, but currently needs 'selling'. A publicity campaign aimed at

increasing awareness of its existence among certain specified groups - one being researchers - should be mounted.

- 10.2.4. The Handbook is too expensive to be used as the main tool for disseminating knowledge of work in progress. It is, in any case, not designed for that purpose (see 7.4). Instead, applicants should be required to write the abstracts of their applications in such a way that they can be used for publication. These abstracts should be collected at intervals and printed in appropriate outlets (e.g. DHSS publications). They can also be used as a basis for press releases (see below) and can be kept on file in the DHSS library for answering queries If an application is revised in the on current research. light of referees' comments, applicants must also revise the Referees should be explicitly asked to approve abstract. the contents of abstracts.
- 10.2.5. When a grant has been made, a greater effort should be put into communicating information about it to the media.
- 10.2.6. Where public dissemination of the results has clearly been satisfactory (e.g. via papers in appropriate journals), project heads should be made aware that they can include publications as part of their final report, with a corresponding reduction in the length of this report.
- 10.2.7. DHSS should examine the possibility of producing report series in conjunction with commercial publishers. This might be particularly valuable for long-term work at centres, and for social work studies (see 7.1).
- 10.2.8. A standard set of guidelines should be evolved for assessors of final reports, whether within RLGs, or outside. Assessors' reports should contain two sections - one aimed at the RLG/DHSS;

the other to be communicated to the researchers. The assessor should include comments on dissemination, including the need for further activity (see 4.4). After approval by the RLG/ DHSS, the comments to the researcher should be communicated to him/her at the earliest opportunity (see Chapter 6).

- 10.2.9. Each RLG should be allowed flexibility in its methods of dealing with assessment, but it should be required to specify these in its minutes. Members of RLGs should be reminded of these methods annually. RLGs dealing with a number of reports per annum might find it useful to establish a sub-committee, composed primarily of external scientific advisors to consider reports and comment to the main committee (see Chapter 5).
- 10.2.10. Copies of all final reports should be deposited in the DHSS library with as many as possible on open access (see 7.22).
- 10.2.11. After modification/approval by the RLG/DHSS, the report summary should be disseminated to the media. The possibility of establishing special links with particular journals (e.g. <u>BMJ</u>) should be explored further.
- 10.2.12. The abstract from the final report should be entered by the library into relevant abstracting services, e.g. <u>Hospital</u> <u>Abstracts</u>, <u>Social Services Abstracts</u> (see 7.3).
- 10.2.13. RLGs should consider holding regular, though widely spaced, one-day seminars in the area of their concern. These should aim to bring together researchers, practitioners and administrators and might be at the national, regional, or even local, level. Their organisation might be in the hands of the RLGs' external scientific advisers, or the sub-committee mentioned above (see Chapter 5 and 7.12).

10.2.14. DHSS/RIGs should consider whether state-of-the-art reviews

need to be commissioned on a regular basis for publication, particularly in new, and rapid-growth, areas.

10.3) ADDITIONAL SUGGESTIONS FOR ACTION

10.3.0. The foregoing suggestions have been laid out as a series of observations, since there appeared to be a fairly logical time-sequence which they followed. Further points have arisen which do not lend themselves to the same kind of ordering. Instead, we put them forward below grouped together under three headings.

10.3.1) Departmental handling of research-generated information

- 10.311. The Toulmin Guidelines need to be revised and updated in the light of Departmental experience. There is undoubtedly a need for guidelines that lay down a minimum level of activity, yet the existing guidelines are often ignored. New guidelines should be made flexible, since different subject areas, and even different reports, cannot be handled in identical ways. At the same time, it is necessary to ensure that the dissemination of research findings does not depend on the personal idiosyncracies of the staff member(s) concerned (Chapters 4 and 5).
- 10.312. Particular attention needs to be paid to the evaluation of policy implications (see 4.411). Reports circulated with short evaluations and comments are clearly much more efficient as dissemination mechanisms. Along with this, potential customers, over and above the original ones, need to be actively identified and approached (see 4.415). A further step that should follow is the establishment of direct contacts between researchers and customers. Two specific points, arising from our discussions, may be mentioned here.

(i) Do SGC evaluation and dissemination practices lag behind
RLGs in general (see 4.413)? (ii) Should Works Division be
included more frequently in discussions of research evaluation
and dissemination (see 4.423)?

10.313. Our study has indicated a discrepancy between researchers' accounts of the feedback they receive from the Department and liaison officers' accounts of the feedback they provide (see Chapter 6). Whatever the reason for this discrepancy (see 6.3), from the viewpoint of efficient dissemination it is essential to obtain the researchers' willing cooperation. The further efforts at feedback by liaison officers that this implies need not take an excessive amount of extra effort. Thus, it is suggested below that some dissemination procedures might be standardised. Personalised letters (generated by word processor) can inform researchers of these activities as regards their own projects at little cost to the Department.

consider whether it would be appropriate to draw the attention of research-funding bodies, and more especially of the ABRC (Advisory Board for the Research Councils), to the results of the present project.

10.32) Dissemination by the Department

10.321. It is apparent that the Department's own publications - <u>Health</u> <u>Trends</u> and <u>Social Work Service Magazine</u> - have large circulations, and are widely read (see 7.5). DHSS-sponsored research needs to be much more extensively disseminated via these channels. Although this necessarily involves more work for liaison officers, we believe that researchers, themselves, would be prepared to

participate. The Department might also consider whether their Occasional Publications (see 7.6 and 7.13) could be used for publishing research assessed as being of major importance (especially where it has resulted from a series of linked projects).

10.322. Besides reconsidering policy on the deposit of reports in the Library (see 7.22), the possibility of giving them wider publicity via current awareness and abstract services should be examined. Nursing could provide an example of 'best practice' in this area, which might be applied elsewhere (see 7.23 and 7.32). All material resulting from DHSS-supported research should appear via the normal secondary services. This implies some extension of current Departmental activities (for example, deposit of unpublished reports at the British Library Lending Division).

10.33) Dissemination to practitioners

10.331. Our study suggests that dissemination of research findings to practitioners is less adequate than dissemination to researchers or to Department staff (see Chapters 3, 8 and 9). Some of the proposals put forward above might help improve the situation. We suggest, however, that the Department should consider making a special and continuing effort to include practitioners in their dissemination network. Of the various possible ways in which this might be done, the most cost-efficient is likely to be via Department-sponsored seminars, arranged as suitable topics arise, but planned on a long-term basis. Such seminars would also provide better feedback both to researchers and to the Department (see 7.12). 10.332. One point deserves re-emphasis in conclusion. Changes in the process of dissemination - even trivial changes - should be monitored. We suggest to DHSS that any changes resulting from, or associated with, this report should be reconsidered by an appropriate member (or members) of the Department approximately two years after the date of implementation.

10.4) PRIORITIES

The suggestions for action outlined in the preceding paragraphs mainly cover three areas:

- (1) liaison between the Department and research workers;
- (2) assessment and dissemination of research-derived information within the Department;
- (3) dissemination of research findings to practitioners.

One question to be considered in conclusion is what relative priorities should be allotted to implementing the recommendations for each of these areas. No unique answer can be given, since it depends on the specific approach which the Department decides to follow. Three possibilities are outlined below: we suggest that the Department might be best-advised to adopt the third.

One method of ordering priorities would be to select from each area those suggestions which could most readily be implemented, and to act on these first. For example, Departmental instructions and queries to researchers regarding dissemination are easily modified, so a start might be made there. The main problem with such an approach is that it is uncoordinated and would be difficult to monitor.

An alternative method might be to select the area of most importance and to give it top priority. We have emphasized the need for better dissemination to practitioners, so this could form a good starting point. The difficulty is that the actual mode of implementation of such a programme depends on the way in which research dissemination is handled within the Department itself.

We therefore recommend a third approach - that the Department's attitude to its own handling of research information should be defined first. The need here is not simply for the Department to decide on the amount of effort which it wishes to devote to questions of dissemination, but, more especially, on the level of standardisation of procedures that it regards as desirable. We believe that a more coordinated and standardised approach to dissemination within the Department would be beneficial, and therefore propose that suggestions relating to this end should be implemented first. Once the internal organisation of dissemination has been established, the nature of the Department's contacts with researchers and practitioners concerning dissemination can be defined, and the suggestions relating to these both implemented and monitored.

10.5) FINANCE/MANPOWER

The proposals we have put forward in this report have been based on the assumption that no additional finance or manpower will become available to aid dissemination. It may therefore be worth considering briefly what development we would recommend most strongly for implementation should this situation change.

The prime need is for some form of 'memory' to overcome the continual dissipation of knowledge relating to dissemination within the Department. As the personnel involved in the production, dissemination and absorption of research change their posts and/or their interests, so formal and informal communication links (more especially the latter) are broken and have to be reforged. In the process, an

often laboriously acquired knowledge of dissemination procedures and techniques may be lost, to be regained only with considerable effort. In consequence, Departmental dissemination may be reasonably efficient on a short time-scale, whilst losing out in the longer term. For continuing efficiency, some method of bridging gaps in the communication chain is required.

The most obvious way forward would be to establish a new post whose (long-term) occupant would be expected to follow through the dissemination processes from the initiation of a research investigation, via Departmental evaluation, to the onward communication of results to external parties. The person appointed would be expected not only to build up their own expertise, but would also establish comprehensive files on dissemination of general value to the Department (especially to RLGs).

Even if the creation of such a post is not feasible, some of its features might be introduced, given appropriate developments within the Department. For example, increasing in-house application of word processors for routine typing might permit their intermittent use for other purposes. One such use might be as a 'notebook' where a liaison officer could store comments and memos on matters relating to dissemi-These could be erased or up-dated as required, and would be nation. available for briefing a replacement officer, or for keeping other liaison officers informed. Items of interest could be routed to specific recipients both inside and outside the Department, access to various types of items could be selectively restricted, and so on. The use of electronic means for assisting Departmental handling of dissemination may prove well worthwhile in its own right as the costs of such handling continue to fall. In particular, it may represent the most viable method of introducing some form of coordinated 'memory' as advocated here. We would suggest that this possibility might be reviewed again at some point (say 2-3 years) in the future.

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NOTE

Reference is made to a large number of internal DHSS documents (RLG papers and minutes, internal memoranda, etc.) in the body of this thesis. Whenever such reference is made, the document in question is identified in the text, or in a footnote, either by its Departmental document number, or by some other description through which it can be traced (e.g. "Minutes of the 5th Meeting of the Elderly RLG, 30th March 1976").

As these internal DHSS documents are not publicly available, they are not include in this Bibliography.

The Dissemination of Findings of Research Funded by the Department of Health and Social Security

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M. D. Gordon

Abstract

This thesis examines factors affecting the dissemination of findings arising from DHSS-funded health and personal social services (HPSS) research.

The Department's programme covers a broad area of HPSS research, and is highly diverse in respect of topics, methods, research personnel and institutions, etc. The findings of projects within this programme are normally expected to have relevance to 'customer divisions' within the Department, whilst also having interest and implications for a variety of extra-Departmental groups.

For the purpose of this investigation, DHSS, the research community and research audiences were each viewed as 'open systems'; exchanging information (along with other commodities) with one another. Researchers and 'key actors' within DHSS (i.e. personnel concerned with research management and the Department's information resources and publications) were interviewed to determine the nature and extent of their communication practices, and to examine how each came to adopt his or her particular methods for processing and transmitting research information. The handling of completed research within the Department was further studied by means of an analysis of the minutes and papers of the DHSS Research Liaison Groups.

Amongst other findings it is shown that the fixed-term nature of research funding limits researchers' opportunities for a full dissemination of their findings. Meanwhile, the research community's reward system leads researchers to publish their findings preferentially in specialist research journals. Dissemination to the field, to practitioners in particular, is further frustrated by the Department's uncertainty with regard to the role which it should play in assisting or effecting such action, and by its preferential concern for the consideration of the implications of research findings for primary Departmental 'customers'.