

## Evaluating impact and planning knowledge mobilisation activities



### A Template for Reflection and Taking Notes

#### CORE EVALUATION QUESTIONS for Seldom Heard Forum

Lay summary of the project or activity

Talking to frontline staff and member of communities to empower hard to reach communities and public voices.

Creating an environment where ideas and views that reflect issues and needs experienced by seldom heard groups can be exchanged (to enhance understanding, awareness and collaboration).

Aim

- Bring together representatives of seldom heard groups from across the NWC
- Opportunity to share issues experienced by the groups they represent, and share good practice
- Discuss how best to enhance inclusion in applied health research to address those issues

Since March 2021 we have held 7 forums on: BAME health, Youth at risk, Neurodiversity, Gypsy, Roma and Traveller health, Men's Mental Health, Prisoners and Adoption (with the next forum on Unpaid Carers in September 2024) all coproduced (organised, chaired and presented with our public advisors)

Each forum has had 50-80 attendees

We have YouTube recordings of each forum with blogs written in the weeks following the forum and set up an NHS futures site to enable documents, links and discussions to be held to continue Community of Practice

The purpose is to sketch out how we will show or evidence:

**A. Impacts:** Who or what changed, in what ways, and how do we know?

**B. Causes of impact:** Why/how did changes occur? Which factors or processes caused impact?

**C. Lessons and actions:** What lessons can be learned? Which actions should follow to generate impact?

SAMPLE

**A. IMPACTS**

<b>What changed? (Progress towards goals)</b>	
<p>1) Instrumental: changes to plans, decisions, behaviours, practices, actions, policies</p>	
<p>2) Conceptual: changes to knowledge, awareness, attitudes, emotions</p>	<p>Gaining deeper understanding of the issues and priorities within seldom-heard communities.</p> <p>Enabling communities to share their perspectives, fostering broader understanding.</p> <p>Asylum Seekers and Refugees:                      Highlighted the importance of trauma-informed research practices.                      Emphasised the potential harm of insensitive research methods on vulnerable populations.                      Provided a valuable learning experience on the impact of research approaches.</p>
<p>3) Capacity-building: changes to skills and expertise</p>	<p>Inclusive Research and Community Empowerment</p> <ol style="list-style-type: none"> <li>1. Inclusivity in Academic Research:                             <ul style="list-style-type: none"> <li>- Encouraging academics to be more inclusive in their thinking and question formulation to address real issues faced by seldom-heard communities.</li> </ul> </li> <li>2. Insights for NHS and Local Authorities:                             <ul style="list-style-type: none"> <li>- Highlighting hidden issues within communities that NHS and local authorities may overlook.</li> <li>- Providing a clearer understanding of complex social issues through community feedback.</li> </ul> </li> <li>3. Empowerment and Capacity Building:                             <ul style="list-style-type: none"> <li>- Enhancing understanding of how to empower seldom-heard communities.</li> <li>- Ensuring community voices influence and impact the work being done.</li> <li>- Focusing on mutual benefit and capacity building for community members.</li> </ul> </li> </ol>

<p>4) Enduring connectivity: changes to the number and quality of relationships and trust</p>	<p>Relationship Maintenance: Ongoing relationships with many connections made during events.</p> <p>Encouragement of Networking: Promoting participant interactions and continued conversations independently through forums and other platforms.</p> <p>Sustained Interactions: Many discussions and connections persist without our direct mediation; their subsequent developments may not always be visible to us though</p> <p>We've recruited new public advisors and introduced people who are now working together on new ideas, collaborations and relationships e.g. Gypsy Roma Traveller Community:</p> <ul style="list-style-type: none"><li>- Successfully recruiting a community member to lead an event.</li><li>- Demonstrating empowerment through participation and visibility at community events.</li></ul>
<p>5) Culture/attitudes towards knowledge exchange, and research impact itself</p>	<p>More members of the public and communities coming forward to be a part of ARC research</p> <p>More researchers coming to the ARC team to replicate the SHF</p>

<b>Who was involved in the change? (Influencers and influenced) Stakeholder groups might typically include:</b>	
1) Policy-makers: including NIHR, regulatory bodies; local, national and international	
2) Practitioners: local authorities, NHS, third sector	Staff from local authorities, NHS and charities
3) Communities: of place or interest	Communities that are seldom heard or seldom listened to: BAME; Youth at risk; Neurodiverse; Gypsy, Roma and Travellers; Men's Mental Health; Prisoners
4) Researchers: within and beyond the project and institution	Researchers working in the space 'seldom heard' or 'seldom listened to' communities
5) The public: users of services, their carers	BAME health, Youth at risk, Neurodiversity, Gypsy, Roma and Traveller health and Men's Mental Health (with the next forum on Prisoners health to be held on July 4th)

<b>How do we know? What evidence do you have? What evidence might you easily get? (Evidence and feedback)</b>	
Which indicators and methods should be used, and questions asked, to demonstrate impacts, and progress towards generation of impacts?	Data on attendance for each one - could create an infographic. Data on number of people that have viewed resources e.g. videos Post-forum evaluation forms  Email feedback?

**B CAUSES OF IMPACT**

<b>Why or how did changes occur? Why do you think changes occurred?</b>	
1) Problem-framing: Level of importance; active negotiation of research questions; appropriateness of research design.	Active negotiation of the topics of the SHF
2) Research management: research culture; integration between disciplines and teams; planning; strategy.	
3) Inputs: Funding; staff capacity and turnover; legacy of previous work; access to equipment and resources.	Funding and capacity to be able to make it work: SH and SW, funded roles,
4) Outputs: Quality and usefulness of content; appropriate format.	We have YouTube recordings of each forum with blogs written in the weeks following the forum Perhaps we could create a YouTube 'playlist' ?  Social media - Twitter
5) Dissemination: Targeted and efficient delivery of outputs to users and other audiences.	We have set up an NHS futures site to enable documents, links and discussions to be held to continue Community of Practice

<b>Why or how did changes occur? Why do you think changes occurred?</b>	
<p>6) Engagement: Level and quality of interaction with users and other stakeholders; co-production of knowledge; collaboration during design, dissemination and uptake of outputs.</p>	<p>We have set up an NHS futures site to enable documents, links and discussions to be held to continue Community of Practice</p>
<p>7) Users: Influence of knowledge intermediaries, e.g. 'champions' and user groups; incentives and reinforcement to encourage uptake.</p>	
<p>8) Context: Societal, political, economic and geographical factors.</p>	



**C LESSONS AND ACTIONS**

<b>What lessons can we learn for impact identification and generation?</b>	
1) What worked? What could (or should) have been done differently?	<p>Challenge of Moving Between Topics - Each new topic requires understanding and addressing it comprehensively.</p> <p>Focus on Seldom-Heard Communities - Ensuring justice is done to the issues faced by these communities.</p>
2) What could (or should) be done in the future?	<p>Community of Practice: Developing a community of practice around understanding seldom-heard communities? Encouraging in-depth exploration of each issue?</p> <p>Lessons for Researchers: Understanding specific communities and overcoming the fear of working with unfamiliar groups. Practical insights, such as logistical challenges, shared by researchers (e.g., experiences with the Gypsy Roma Traveller community).</p> <p>Authenticity and Engagement: Addressing concerns about lacking lived experience and the right to work with certain communities. Emphasising the importance of authentic engagement to ensure all voices are heard, rather than avoiding challenging areas.</p> <p>Reducing Fear and Improving Practices: Learning how to effectively research and engage with different communities to reduce ongoing exclusion.</p>

**D RESOURCES**

<https://doi.org/10.1016/j.forpol.2019.101975>: A forestry pilot study, by David M. Edwards and Laura R. Meagher

[A framework to evaluate the impacts of research on policy and practice – Integration and Implementation Insights \(i2insights.org\)](#)

[How to tell an impact story? The building blocks you need | Impact of Social Sciences \(lse.ac.uk\).](#)