Collaborating across academia and local government: augmenting the use of academically produced evidence

Collaborating across academia and local government: Augmenting the use of academically produced evidence

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Abstract

In the UK, increasing attention is being given to strengthening the use of academically produced evidence within local government. Recent investment from the National Institute for Health and Care Research (NIHR) has supported various initiatives designed to foster closer collaboration between universities and local authorities. This includes the Health Determinants Research Collaborations (HDRCs) and a separate Researcher-in-Residence programme focused on social care. While existing literatures explore research-practice partnerships, embedded research, knowledge mobilisation and evidence use, there remains considerable value in sharing reflections emerging from these recently funded forms of collaboration. Drawing on experiences within one HDRC and from a Researcher-in-Residence, this reflective article examines efforts to strengthen engagement with academically produced evidence within the public health and social care functions of local government. In reflecting on these experiences, we draw on a conceptual framework which emphasises the importance of capacity, motivation and opportunity in shaping engagement with research evidence. We organise our reflections around three themes: 1) developing engagement with academically produced evidence; 2) negotiating time, pace and policy pressures; and 3) communication, language and professional cultures. Across these areas, we identify recurring tensions and challenges that emerge when academia and local government work together, while also

highlighting practical strategies that may strengthen engagement with research evidence. Our experiences suggest that effective collaboration depends not only on producing robust research findings, but also on sustained engagement with research processes, shared expectations around time and policy relevance, and accessible forms of communication.

Key words:

Evidence use; knowledge mobilisation; local government; evidence-informed practice

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Background

In the UK, increasing attention is being given to augmenting the use of academically produced evidence in local government. For example, the National Institute for Health and Care Research (NIHR) has allocated significant resources to a range of programmes that seek to further develop an evidence-informed culture within local authorities. Since 2022, they have funded thirty Health Determinants Research Collaborations (HDRCs) which bring together academic, methodological and policy expertise from across councils and local universities (see NIHR, 2024). Each HDRC seems to have a slightly different structure and approach – though all are united by a particular emphasis on reducing health inequalities through the increased use of academically produced evidence. The HDRCs all receive a recurring investment of £1 million yearly over a period of at least five years (NIHR, 2023). Similarly, under the Applied Research Collaborations (ARCs) the NIHR have funded a Researcher-in-Residence programme which aims to bridge the gap between research and practice in social care (see Applied Research Collaboration East of England, 2025). The authors of this paper are employed across organisations funded by one of these two programmes.

The potential benefits of collaboration between academia and local government in the UK are numerous. The impact agenda (as exemplified by the UK Research Excellence Framework, 2025) requires all universities to demonstrate the societal, economic and cultural benefits of research undertaken by university researchers. The UK-wide HDRC programme presents one very real and direct opportunity for high impact research and knowledge mobilisation, enabling universities to embed academic research within policy and practice by working directly with decision makers and policy processes. Similarly, local authorities want to ensure that they further develop evidence-informed policy and strategy that will improve the

lives of local people. In this regard, both have a mutual interest in continuing to build relationships that ensure academic research is both useful and relevant in the local context, as well as developing and demonstrating wider societal and economic benefits. Given this mutual importance and the benefit of these partnerships, there is clear value in sharing reflections and developing models of best practice for these collaborative endeavours.

In this paper, we share reflections on our work within two programmes of research collaboration designed to further support a culture of academically produced evidence use in local government. The aim underpinning this reflective paper is to signpost the practical realities of collaboration across academia and local government, to provide insight into the kinds of tensions and challenges that are likely to be encountered, to identify viable solutions, as well as to encourage mutual-learning and adaptation. Our starting point is that lesson-sharing and reflection can help maximise the value of collaboration. We recognise that a range of other work before us has attempted to make visible the dynamics and realities of research-practice partnerships (see Boaz et al., 2023; Coburn and Penuel, 2016). Work on embedded research in policy and practice settings has also generated important relevant empirical insights (Edwards et al., 2024a; Kneale et al., 2024). Additionally, there is a growing evidence base analysing effective knowledge mobilisation approaches in social care settings in the UK (Sumpter *et al.*, 2024; Tawodzera and Glasby, 2025). As such, we situate and compare our own experiences with a range of insights and stories evident in these wider literatures.

Existing literature has also highlighted that the use of academically produced evidence is rarely used in a straightforward or singular manner. Instead, it reflects organisational context, policy priorities and interactions between different forms of expertise and beliefs. Indeed, Durrant et al., (2024) argue that effective knowledge mobilisation in local government is a relational and context-dependent process that entails fusing together evidence from academically produced research with professional, experiential and local forms of knowledge.

Barriers to academically produced evidence use may, as such, be evident across various stages of knowledge mobilisation as a transformative, relational process, including evidence production, evidence uptake, influence of evidence on policy and practice, effects of evidence informed policies and practices, and evidence feedback (Hofmann et al., 2023). As our work is ongoing, our reflections at this stage primarily relate to immediate conditions and outcomes, rather than speaking to longer-term or wider outcomes associated with the impacts of policy (see Goldman and Pabari, 2020). To frame and interpret our insights, we draw on a conceptual framework which emphasises the salience of capacity, motivation and opportunity to use academically produced evidence (Yanovitzky and Blitz, 2020). In this framework, capacity refers to the necessary skills, competencies, confidence and familiarity to effectively utilise academically produced evidence. Motivation relates to the extent to which academically produced evidence is perceived as useful, valuable and relevant. Opportunity relates to the organisational and practical conditions that facilitate ongoing engagement with academically produced evidence.

The perspectives shared in this reflective article are informed primarily by the work of our authors as part of one Health Determinants Research Collaboration (HDRC) located in the East of England. We also draw on the separate experiences of another author (AW) who has served as a Researcher-in-Residence within an organisationally related but distinct applied research context. As we have intimated, both programmes of work are concerned in one way or another with increasing the use of academically produced evidence in local government. Given the focus of the programmes that fund our work, our reflections relate to engagement and shared working with decision makers and practitioners specifically within the public health and social care functions of local government.[1] To be clear, our authorship includes academics,

[1] We acknowledge that public health and social care have distinct professional cultures. However, we have observed several common challenges when attempting to increase the use of academically produced evidence across local government policy and practice settings. It is these general challenges – and our proposed responses – that are the focus of this reflective paper.

but it also includes research professionals who are directly embedded in or employed by a local government organisation.

We organise this article around three core themes in the collaborative process: 1) Developing engagement with academically produced evidence; 2) Negotiating time, pace and policy pressure; and 3) Communication, language and professional cultures. Looking across these areas, we highlight some of the key issues that shape or impact academic and local government partnerships when seeking to increase the use of academically produced evidence, as well as identifying some solutions that we have forged in our work. Across each theme, where relevant, we share reflections from both the work of the HDRC and the separate work of the Researcher-in-Residence.

Developing engagement with academically produced evidence

There are a range of elements that currently constrain opportunities for non-academic audiences to engage with academically produced evidence. Sumpter *et al.* (2024) suggest that – amongst council officers (specifically working in social care) – the accessibility of research, skills, confidence, and support are the major barriers to the routine and consistent use of academically produced evidence. Academics and practitioners also hold different understandings of what they consider to be useful or relevant evidence (Gray et al., 2024). It is in this context that a range of research partnerships have developed as a way to bridge the gap between academic research interests (reflecting gaps in existing research literature) and policy and practice needs (Palinkas et al., 2016).

Within the HDRC, we have sought from the beginning of our work to understand the extent to which the capacity, motivation and opportunity to use academically produced evidence within local government are manifest. In response, we have developed a collaborative approach that increases opportunities to contribute to and engage with research activity. For

each research project that has been developed within our HDRC, decision makers and other stakeholders have been invited to join a stakeholder advisory group (colloquially referred to as 'teams around themes') that meets regularly to shape evidence production. These 'teams' represent one example of what Anastas (2014: 578) refers to as 'sustainable structures' on which academics and practitioners 'can come together on an equal footing to learn from each other and to collaborate in practice-relevant research'. In this way, we seek to avoid producing research that is not easily applied to strategic or day-to-day decision-making – a persistent issue that research on the use of evidence has identified (Gray et al., 2024). As well as ensuring that research reflects policy and practice priorities, our approach here also helps build capacity, motivation and opportunity to draw on academically produced evidence by making engagement with research an increasingly routine part of work life for council officers, supported by appropriate structures and opportunities. Furthermore, this strategy allows us to move beyond a dichotomous understanding of use vs non-use of academically produced evidence. By working closely with policy and practice stakeholders throughout the process or lifespan of a research project, we can map and assess how stakeholders evaluate or interpret evidence, better understand how and why evidence is used or needed, and trace the cognitive and social processes shaping the use of evidence. As a result, across a range of projects we are gradually building our knowledge of what Yanovitzky and Blitz (2020) call evidence use routines.

The work of the researcher-in-residence has focused on implementing developmental strategies for building capacity to use academically produced evidence within adult social care practice, as opposed to research project development. One example of this has been the development of research-to-practice reflective sessions, which are small, facilitated group discussions focused on a piece of published academic research directly linked to an area of practice concern or interest highlighted by colleagues. With topics identified collaboratively,

research is selected by the researcher-in-residence and circulated in advance with a set of reflective prompts to support professional curiosity and critical thinking. These sessions are intended to provide a structured and supportive environment for building capacity, motivation and opportunity to engage with academically produced evidence by building familiarity, routine and confidence in reading and applying research.

Negotiating time, pace and policy pressure

Time constraints have been widely identified as a key challenge restricting practitioner engagement with research. Indeed, previous work has shown that public health practitioners in local government have frequently reported that the 'luxury of time' is not available to them to engage with research production or uptake alongside their operational responsibilities (Edwards et al., 2024b). In this sense, research is often perceived as competing with immediate service delivery or other organisational priorities thus constraining the opportunity for sustained engagement with academically produced evidence.

By contrast, how do academics view time? The quality of academic research is typically assured by rigorous processes of ethical approval and peer review. These procedures mean that research activity is often a lengthy process, involving project design, relevant research governance approvals, data collection, analysis, and then peer review prior to publication. As such, the individual stages of this research process can take many months or even years to complete. In short, from an academic vantage point, the production of high-quality research that is rigorous, trustworthy, ethical, and credible takes quite a lot of time. In the rapidly evolving policy setting of local government, however, similar amounts of time may not be available to researchers wishing to collaborate. In this context, academically produced evidence that takes years to generate may not always fit neatly with policy cycles or operational priorities, at least by the time the work is completed. It may be the case that post-publication

the work becomes of more limited relevance because of shifting funding priorities or policy contexts.[2]

These tensions are difficult to entirely resolve, particularly in policy areas where limited existing academically produced evidence is available and there is a clear need for bespoke new or locally situated research to fill a knowledge gap. However, in some policy areas where a large body of evidence already exists, researchers might suggest the use of accessible rapid reviews or scoping review methods to summarise the state of knowledge or policy-relevant evidence. In the HDRC, we have undertaken a range of such rapid reviews on diverse policy topics – including, for example, a review concerned with the public health impacts of exposure to green and blue space – that have positively shaped the motivation and opportunity to use academically produced evidence in agenda setting and policy discussion. Such rapid reviews can also help frame conversations regarding the purpose and potential remit of subsequent research, supporting early and shared decision making about other valuable and relevant projects.

In the context of a HDRC situated in another part of the UK, Holding et al., (2024) have emphasised the importance of managing expectations around feasibility. In a similar sense, we found that managing expectations around time as a tension can help to mitigate frustration on both sides. We have worked to align expectations about time from the beginning of specific projects without allowing one set of interests to dominate. Moreover, the increasing practice of embedding or directly employing researchers in local government – rather than in universities

[2] It is important to note, however, that value is not solely to be found in the instrumental use of published findings. Ongoing engagement with research processes can positively influence how policy and practice stakeholders frame problems they face in their work, perceive the need for evidence and engage with other academically produced evidence. In this regard, collaborative engagement (as we described in the first theme above) may produce wider instances of organisational learning and increase evidence-informed ways of working.

directly – is also likely to foster the ability of researchers to balance the demands of research rigour with the temporal demands of the policy cycle – or at least that is the rationale underpinning the model of our HDRC. In this way, as Kneale et al., (2024: 11) articulate, embedded researcher models can help 'bridge the gap between the production and consumption of academic research' by working to reshape the practical and organisational conditions that shape sustained engagement with academically produced evidence.

This said, working to reframe the issue of time in the context of collaboration with local government officers in public health and social care is important – particularly because many of the most pressing social problems they contend with cannot be quickly or easily resolved. High quality, academically produced evidence can enable us to understand social problems more deeply, and the use of academically produced evidence in this regard can help decision makers consider what changes may be needed and how they might be undertaken (both in the short and long-term). In this sense, the solution should not just be to simply accelerate research production timeframes. Rather, collaboration requires delicately balancing timely research production with building sustained, long-term engagement with rigorous, academically produced evidence that demonstrates relevance and usefulness. We argue that this understanding is coherent with the long-term commitment made by the NIHR to improving health outcomes via the funding of HDRCs and similar collaborations.

Communication, language and professional cultures

There are often real difficulties in communicating across academia and the functions of local government – even though people from each professional group may be talking about the very same phenomena whilst using completely different technical jargon to describe and explain them. Certainly, there are a range of interconnected issues here that negatively impact the capacity and motivation to use academically produced evidence within policy and practice

settings. Academic jargon can be challenging for those outside a small circle of scholars within a disciplinary subfield. The use of specialist, technical language (i.e. concepts, theory or methodological jargon) by academics is primarily done with the aim of precisely expressing ways of thinking about the world, as well as signifying expertise and membership of a professional group. However, this technical language can often be inaccessible to non-specialists and limit sustained motivation and opportunity to use academically produced evidence – including by decision makers and practitioners in local government who might otherwise wish to make use of relevant academically produced evidence.[3] As Tawodzera and Glasby (2025) have noted, academic research is also often viewed by practitioners and decision makers as not being reported with policy or service delivery realities in mind.[4] Research published in academic journals is additionally often physically inaccessible too, located behind paywalled journals. In practice, the subscription model of academic publishing restricts anyone who is not affiliated with a university from accessing much of the body of research that has ever been published.[5]

Reflecting the issues discussed above relating particularly to academic communication and dissemination, we have encountered a degree of understandably negative responses within the local government workforce to the reported inaccessibility of academically produced evidence (due to the language and format of academic research). This is true even amongst people who have expressed a positive view on the value of robust academic research in shaping decision making. In trying to enhance the dissemination of research findings, within our HDRC we are working closely with a communications specialist to reach audiences more effectively

[3] Local government is also marked by its own linguistic and professional specificities, including terminology shaped by statutory responsibilities, organisational structures, financial accountability, and the need to communicate across diverse professional groups and communities. Academics may thus find it challenging to communicate within the professional setting of local government.
[4] This is not to dismiss the indirect or wider societal benefits that academic knowledge and theory development can produce beyond direct policy implications.
[5] Increasingly, however, new publicly funded research must be published open access.

by attempting to frame research conducted in line with academic standards and practices in accessible and non-technical language. Additionally, via stakeholder mapping, we are working to personalise messaging about how research findings are relevant to the work of specific decision makers (for example, tailoring discussions to interests, initiatives, specific communities or geographical areas). In this regard, the approach that has been adopted in our HDRC is to produce a range of targeted, audience-specific research outputs across policy areas that enable local authorities to understand 'what works' when tackling the social, economic and environmental challenges that lead to poor health locally. These approaches not only improve accessibility but also strengthen motivation to engage with academically produced evidence by demonstrating relevance to existing policy and practice priorities.

Within the HDRC, we are also attempting to find ways to overcome the linguistic barriers between local government (typically predicated on programmatic policy-informed discourse) and academia (typically predicated on technical 'research-speak') by developing a sense of mutual interest in establishing what plural working practices can bring to the table. For example, we have established a HDRC journal club where a group of council officers are invited to come together in a guided critical discussion of a piece of academic research concerned with the social determinants of health. By encouraging council officers to critically engage with research they may otherwise not have encountered, this club is part of a broader process of identifying and articulating where and in what ways academic research might add value to public health and other local government functions. In doing so, it seems particularly to strengthen capacity and motivation to use academically produced evidence by building confidence, familiarity, interpretative skills and demonstrating the relevance and value of academically produced evidence. Similarly, the HDRC is also seeking to connect local academics with chances to speak to policy and practice audiences about existing research projects, as well as by using our networks to connect the wider academic community with

opportunities to coproduce research beyond the point where the delivery capacity of our HDRC ends. These examples are again intended to positively shape engagement with academically produced evidence and augment capability and motivation through sustained inter-professional dialogue. It is again illustrative of how research professionals embedded in policy and practice settings can act as bridges between the worlds of academia and local government – specifically by facilitating new connections and possibilities across the professional divide (Edwards et al., 2024a; Kneale et al., 2024).

Meanwhile, the researcher-in-residence has worked collaboratively with social work practitioners to identify areas of research priority, utilising an 'evidence need' capture tool that colleagues are encouraged to use in their daily work. Rather than beginning with research, this approach starts with practice and encourages staff to reflect on real challenges, uncertainties and questions they encounter in their roles in the process. These reflections then form the basis of more structured conversations about evidence needs thus enhancing the motivation and opportunity to use academically produced evidence. This approach has been helpful in shifting the conversation from general aspirations to be professionally 'evidence-informed' toward a more concrete articulation of the kinds of academically produced evidence that would be practically useful for informing practice or improving services.

Discussion and Conclusion

The reflections we have shared in this paper add to a growing body of literature variously concerned with increasing the use of academically produced evidence within the policy and practice settings of local government. This paper casts light on the dynamics of two recently funded research programmes of collaboration operating within the public health and social care functions of local government in the UK. We recognise that many of the challenges we have explored are not necessarily new. However, as part of a broader tradition of reflective accounts

concerned with the dynamics of collaboration across research and policy and practice settings (see Coburn and Penuel, 2016: 50-51), this article has placed an emphasis on the value of sharing learning, practical strategies, and consideration of the professional dynamics inherent to work seeking to augment the use of academically produced evidence in policy and practice environments. In this manner, we hope that the strategies and reflections we have offered will be of practical use to the international community of scholars who are increasingly interested in evidence use in a variety of settings as debates continue about enhancing capacity, opportunity and motivation to use academically produced evidence. We also hope that this article will stimulate further attempts to capture and distil learning specifically between HDRCs nationwide – particularly with decisions about re-funding appearing on the horizon. With only a few exceptions (such as Holding et al., 2024), this has not yet happened to a large extent.

Though the work being done by the HDRC and the Researcher-in-Residence is still at a relatively early stage, some strategies that we have so far found effective in building capacity, opportunity and motivation to use academically produced evidence include: developing collaborative structures that facilitate engagement with research activity, working to identify research need from the ground up, and drawing on communications expertise and stakeholder mapping exercises to target the dissemination of research findings, as well as reflecting critically as researchers on our own understandings of the policy cycle, the organisational realities of local government and the temporal challenges associated with doing robust, policy relevant work. Consistent with other work that emphasises the importance of developing relational and context-dependent approaches (see Durrant et al., 2024), our experiences overall suggest that increasing – and overcoming barriers to – the use of academically produced evidence in local government is not just about providing data or technical expertise. Rather it is about navigating the tensions and challenges of operating across two quite different worlds:

the timelines and methodological rigour of academia on one side, and the fast-moving, resource-constrained reality of local government on the other. Though the two sectors have different organisational and professional cultures, they are united by a desire to positively shape lives and society through their work. Overall, in relation to positively impacting the use of academically produced evidence, successful collaboration requires a degree of change on behalf of all involved parties. As we have outlined in this paper, we believe these adjustments are important and can lead to the further development of an evidence-informed culture in local government to mutual professional benefit – as well as benefitting the lives of people who live in the communities local authorities serve.

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Research ethics

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TD conceptualised the article and led the development of the manuscript. TD prepared the original draft with intellectual input and contributions from ES and AW. ES and AW contributed to the development of the article's ideas, reflective content and critical revisions. JH, RF and DM contributed through reviewing, editing and providing feedback on the manuscript. All authors reviewed and approved the final version of the article.

References

Anastas, J.W. (2014) The science of social work and its relationship to social work practice. *Research on Social Work Practice*, 24(5), pp. 571–580. Available at: https://doi.org/10.1177/1049731513511335

Applied Research Collaboration East of England (2025) *Researchers in Residence improving social care practice*. https://arc-eoe.nihr.ac.uk/news-blogs/blogs/researchers-residence-improving-social-care-practice.

Boaz, A., Fitzsimons, B., Meakin, B., Muirhead, S., Williams, C., Weatherley, M., Knapp, M., Smith, L., Langley, J., Kendrick, H., Malley, J. and Bauer, A. (2023) Do research–practice partnerships offer a promising approach to producing research that improves social care practice and outcomes? *Journal of Long-Term Care*, 241–248. https://doi.org/10.31389/jltc.190

Coburn, C.E. and Penuel, W.R. (2016) Research–practice partnerships in education: Outcomes, dynamics, and open questions. Educational Researcher, 45(1), pp. 48–54. https://doi.org/10.3102/0013189X16631750

Durrant, H., Havers, R., Downe, J. and Martin, S. (2024) Improving evidence use: a systematic scoping review of local models of knowledge mobilisation. *Evidence & Policy*, 20(3): 370–392. https://doi.org/10.1332/174426421X16905563871215

Edwards, R.C., Kneale, D., Stansfield, C. and Lester, S. (2024a) What are the mechanisms driving the early stages of embedded researcher interventions? A qualitative process evaluation in English local government. *Social Science & Medicine*, 340, p. 116407. Available at: https://doi.org/10.1016/j.socscimed.2023.116407

Edwards, R.C., Kneale, D., Stansfield, C. and Lester, S. (2024b) 'They don't have the luxury of time': interviews exploring the determinants of public health research activity that contextualise embedded researcher roles in local government. *Health Research Policy and Systems*, 22(1), p. 88. Available at: https://doi.org/10.1186/s12961-024-01162-2

Goldman, I. and Pabari, M. (2023) 'Lessons in using evidence for policy and practice', in Goldman, I. and Pabari, M. (eds) Evidence-Informed Policy and Practice in Africa. Abingdon: Routledge.

Gray, K., Dibsdall, L., Sumpter, L., Cameron, A., Willis, P., Symonds, J. and Cabral, C. (2024) 'Shooting in the dark': implications of the research–practice gap for enhancing research use in adult social care. *Evidence & Policy*, 20(4): 440–459. https://doi.org/10.1332/17442648Y2024D000000024

Hofmann, B., Ingold, K., Stamm, C., Ammann, P., Eggen, R.I., Finger, R., Fuhrimann, S., Lienert, J., Mark, J., McCallum, C. and Probst-Hensch, N. (2023) Barriers to evidence use for sustainability: Insights from pesticide policy and practice. *Ambio*, *52*(2), pp.425-439. https://doi.org/10.1007/s13280-022-01790-4

Holding, E., Gettings, R., Foster, A., Dowrick, L., Hampshaw, S., Haywood, A. and Goyder, E. (2024) Developing the embedded researcher role: Learning from the first year of the National Institute for Health and Care Research (NIHR), Health Determinants Research Collaboration (HDRC), Doncaster, UK. *Public Health in Practice*, 7: 100516. https://doi.org/10.1016/j.puhip.2024.100516

Kneale, D., Stansfield, C., Goldman, R., Lester, S., Edwards, R.C. and Thomas, J. (2024) The implementation of embedded researchers in policy, public services, and commercial settings: a systematic evidence and gap map. *Implementation Science Communications*, 5(1), p. 41. https://doi.org/10.1186/s43058-024-00570-3

National Institute for Health and Care Research (NIHR) (2023) *NIHR invests a further £55m to tackle health inequalities through local government research*. Available at: https://www.nihr.ac.uk/news/nihr-invests-further-ps55m-tackle-health-inequalities-through-local-government-research.

National Institute for Health and Care Research (NIHR) (2024) Health Determinants Research Collaborations (HDRCs). https://www.nihr.ac.uk/about-us/what-we-do/working-with-partners/local-authorities/health-determinants-research-collaborations [Accessed 3 Jun. 2025].

Palinkas, L.A., He, A.S., Choy-Brown, M. and Hertel, A.L. (2017) Operationalizing social work science through research–practice partnerships: Lessons from implementation science. *Research on Social Work Practice*, 27(2), pp. 181–188. Available at: https://doi.org/10.1177/1049731516666329

Research Excellence Framework (2025) *Research Excellence Framework 2029*. https://2029.ref.ac.uk.

Sumpter, L., Willis, P., Cameron, A., Dibsdall, L., Gray, K., Jones, M. and Macdonald, G. (2024) What influences the use of research by the adult social care workforce? *The British Journal of Social Work*, 55(1): 453–471. https://doi.org/10.1093/bjsw/bcae152

Tawodzera, O. and Glasby, J. (2025) Who decides 'what works', and how does it get implemented? Insights from the UK's new centre for implementing evidence in adult social care. *International Journal of Care and Caring*, 9(1), pp. 40–59. Available at: https://doi.org/10.1332/23978821Y2024D000000034

Yanovitzky, I., & Blitz, C. (2020) Improving Use of Research Evidence: Insights from Communication Science. *NNERPP Extra*, 2(2), 10-13. Available at: https://doi.org/10.25613/CGME-S465