

2021 Online KT Conference: Research Results for Policy Outcomes

The UK International Public Policy Observatory (IPPO) on COVID-19

David Gough

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JOANN STARKS: So next we are very pleased to have with us an international expert on evidence synthesis who is Professor David Gough, Director of the Evidence for Policy and Practice Information and Coordinating Center, or EPPI-Centre that is based at University College London. And yes, he is joining us today from London. We've collaborated with the EPPI-Centre on various webcasts and a previous conference presentation. And this year, Professor Gough will be telling us about the UK based International Public Policy Observatory, or IPPO, for evidence on social science and COVID 19. So, David, I see you have your camera on. If you would like to say a few words about yourself and let us know when to move on to the next slide. Thank you.

DAVID GOUGH: Thank you very much for that introduction. I'm very pleased, honored to be invited to speak to you today. My name is David Gough and I'm a light-faced British male in my 60s. I used to have ginger hair but there's not much left. It's got worn away. And I'm wearing a greeny-brown suit, a nice autumnal suit and it's 7:30 in the evening in the United Kingdom. So, it's dark outside, winter's dark winter night. But very pleased to be here.

So, I'm going to talk to you about the IPPO Project, the International Public Policy Observatory and this is a research project that I'm doing funded by the UK government Research Council, ESRC. And he doesn't have the word COVID in the title but it's its initial focus anyway is about COVID and social science. So, I've found the panel that we just listened to it was really, really, really fascinating and maybe a lot more fascinating than what I'm going to talk about, which is really about research and making use of research.

So, this project is trying to enable the use of research in social science related initially with COVID. So, it's trying to help, it's trying to say, well, can research help that process? Can it help make better decisions? Can it help avoiding mistakes and therefore achieve better outcomes for the British public? So, there's lots of us involved in this project. So, it's various UK universities

involved but we're also joined by INGSA and Blavatnik, which are organizations trying to examine policy use in this area and by an organization called The Conversation, which is an online journal.

So, on our staff as part of this project we have a journalist. And that's really, really useful for somebody like me who's an academic. We need journalistic skills to communicate our work. So, this is a slide I use a lot, which is just trying to describe what we're trying to achieve in evidence informed policy and practice to try and enable research evidence to be one of the components that is used to inform decision making by policy makers and professional practitioners and individuals, members of the public.

So, on the left-hand side, you've got policy practice and individual decision making. So that's the decisions. And then on the right-hand side, you've got what we know from research. Now, I believe that what we know from research needs to bring together all of the we know from research. So, I believe in research synthesis, that we should bring together what we know and we sometimes call that systematic reviews because the way we bring together evidence needs to have a proper method. It's a part of the research, is bringing together the research.

So, in the bottom right, you've got research production, then to synthesis, and then for research knowledge to be used there needs to be some form of engagement between the two. And then decisions are made and then there's implementation of the decisions. And in pink, you can see that I've distinguished different types of knowledge because sometimes knowledge is about facts. And sometimes knowledge is about concepts or understanding. And probably the most impacts that research has on decision making is on the ways that we understand the world, our understanding.

Facts are, of course, important but our ways of thinking about, conceptualizing, understanding the world is really important. So, this is basically the same slide but in pink at the top, I've got IPPO is pull, not push. So IPPO is a demands led process where we talk to policy makers and practitioners and find out what are the issues that they're worried about. What are the issues where research might be useful to them?

So, the pull approach is a distinct with a more push approach which you've got the research and then you say let's have an impact with it. Now, both pull and push are important but generally, my experience is that people mostly talk about push. We've got the research and then let's use it which, if you've got really important research then that's crucial. And is for that reason that in this diagram I've put decision making on the left because we read left to right.

And if you have the slide the other way around, with research on the left, it just encourages the idea that you start with the research and then use it rather than start with the societal need. So, I moved the decision making on the left to avoid what I call the default to push. We tend to default to push. So, this project is demand led and to cover the whole of the UK, we have regional representatives. They are mostly based in universities but there are people who work very closely with policymakers. And that's a bit easier to do in the nations of the UK like Scotland, Northern Ireland, and Wales because they're much smaller rather than the whole of UK.

We tried to be close to policy by doing global scans of initiatives that are being attempted in different countries. So even though the policy initiatives in other countries may be in very, very different contexts, there may still be useful ideas that we could use. At the moment in UK, we're very concerned about how we reacted to the pandemic and the government's going to set up an inquiry. So, an inquiry in how UK as a country responded to COVID. So, to try and learn from things, we're setting up a database of all the inquiries around the world so that we can examine these different approaches and also other people in other countries can also have access to this and learn about the approaches.

So, a lot of focus on demand means talking to people, either individually, or we have round-tables on specific topics and then we commission evidence products, reviews of the evidence to meet that demand and then we try to engage with users about that.

So, this next slide just illustrates what I've been saying. The top circle ring is about identifying demand. The second is mobilizing knowledge and the third is trying to connect that knowledge back to the demand process. So, the evidence products that we've got, we got systematic reviews, formal reviews of the evidence, we've got rapid evidence reviews, we've got what we call evidence snapshots, which are quick commentaries based on existing systematic reviews, and we've got a living systematic map.

So, this is a bit of a confusing diagram. So, if you look to the left on the middle, policy demand, so as I've already said, we start with the policy demand, we have a research question, we identify studies, we have review and synthesize studies and then we create rapid or full systematic reviews and then that feeds back to the policy demand. But I wanted to show you that there's also this top line about IPPO key topic areas leading to search of evidence on the world wide web and then creating a living map.

So, I'm going to talk about that living map in a minute but a living map is a living database, a living description of all the reviews we've been able to find about COVID and social science. So,

in doing our rapid reviews of all systematic reviews, we make use of that. If you're involved in research or looking at reviews of research, you may have noticed there's a lot of talk about rapid reviews. And the reason people want rapid reviews is because they've got a question, they want to have an answer quickly, which is quite reasonable. And maybe if it's quick, it might be a bit cheaper to resource as well.

And that raises an issue about how do you achieve rapidity? Because if you are being rapid, you might be cutting corners. You might be doing things a bit quicker than normal, a few short cuts. So, there are different strategies that you could use. You could have a topic specialist lead it, rather than a systematic reviewer. That has benefits because the specialists will have insights and deep knowledge on the topic and will be able to interpret the evidence. And it's maybe important to be for them to be transparent about their positionality. It may be important for them to know about what their perspective is, their ideological and theoretical assumptions and priorities because research and its interpretation is of course not value-free. It's dependent on your perspectives.

So, I don't consider that to be bias. I think is just about acknowledging and being clear about where we all stand, what our perspectives are so we can be aware of that and use that to understand what people say to us and what research says to us. So, we believe that rapidity is OK as long as it really is fit for purpose, it doesn't cut any corners, which are dangerous to undermine the evidence claims that can be made by the research, that it's transparent so that people know what we've been doing, and the transparency not only includes method and positionality, but also a discussion about to what extent if at all the rapidity has caused these problems.

So, we're doing several of those rapid reviews at the moment led by topic specialists. One we've just started is on something called universal benefit income, which is instead of the government supporting just a few people with economic supports if they don't have work, it defines a group. Not usually the whole population, but maybe a subgroup of the population and instead of means testing them, gives them all a basic wage to help them live. So, around the world there's been maybe five or 10 experiments of doing that and we're doing a rapid evidence review. Well actually, we're not doing it. A topic specialist is doing it and we're supporting it.

So, the living map. So, the living map is relatively straightforward in a way that it's a database of literature but you might present that in a visual way. So, we thought we about using the term map. And what the map represents is however you've decided to describe that research. So just like a map of the United States could be a map of physical geography, it could be a map of

transport, it could be a map of political boundaries, the different states, the same with a map of research. It describes the research on different variables which you, the creator of the map, thought is useful.

So that's all it is. It's a listing of research but that's quite a useful product for people to know what research has been undertaken. It's quite important in mobilizing and using knowledge to know what research has been done to make sure you're not cherry-picking the research. Our map is called a living map because it's updated on a monthly basis. So, when we search for the studies, we don't go into different academic databases. We use this resource of Microsoft, which searches all of the web, including the databases, including government websites to give a more complete search.

But what's wonderful about it is that once we've set up the search, Microsoft Academic Graph sends us every two weeks any new studies that have been added to the world wide web. So, we are able to continually look at these new studies and then check when any of them are suitable for map and if they are we add them on. And to add them on, we have to code them by a number of variables. As I said, we've got different variables.

Now at the moment, we've got about 900. Now originally, we were going to include all studies, which were from social science on COVID 19 but we found that there were too many. We couldn't keep up. And so, we decided to limit it just to reviews of the evidence not primary studies. So, we thought there wouldn't be so many of those. But even though COVID has only been going on for less than two years-- it seems like a very long time, which it is, but it is only under two years-- we have nearly 1,000 reviews of studies of COVID 19 on this map.

So, this is a visualization of the map. And this is showing two variables. It's showing the topic and the population. And I'm sorry that it's rather small to read but if you go to the most left-hand column and you go down one, two, three, four, you can see there is a cell, there is a box with lots of little boxes in it. So that means there's lots of studies in that area. Then if you go further down 1, 2, 3, 4, 5, 6, 7, the seventh cell, that's even more. Now, that cell is for issues of mental health. But in that first column, it's mental health of adults.

And if you move along to the right, just before the end, there's another cell with lots of little black boxes in it. And that's for professionals and mental health. So, this is studies. This is systematic reviews on professionals having mental health problems related to COVID 19. I'm sorry to say that if you move up, it's quite difficult to see. I can't even see it myself but and one

of the columns is the 1, 2, 3, 4, the fifth from the right column, blue, is for systematic reviews on people with disabilities, which is our topic today.

And you can see that there haven't been that many systematic reviews on this topic. But if we go to-- actually if you wait, I should just finish saying something, that before this meeting I went through the reviews on physical disabilities, which were not to do with more general vulnerabilities or not to do with seniors. I only found seven reviews. And six of those seven were describing the evidence of the impact of COVID 19 on people with physical disabilities.

One of the reviews was looking more at interventions to enable with those difficulties. So, the map, the studies, the reviews that we have in the map are not necessarily totally representative because we're updating the map as we go on, but it's surprisingly few to have only seven reviews on physical disabilities when there is about 100 on mental health for professional staff. It's a big, big, big difference. But we may come across-- well, I hope we come across more of those reviews to do with disability as we proceed.

So, this, very quickly because we're running out of time, is just a shot. If you click on one of the little black boxes in the map, it'll bring up the studies, the reviews in that cell. So, this is one of the reviews, impact of COVID 19 on people with physical disabilities, a rapid review. We talked about rapid rapidity already and this is a rapid review. And in the middle column you can see the other studies, which were in this group. So, the living map is a product but this visualization of the map enables people to hopefully have access to reviews of what's going on and hopefully the reviews are more comprehensive than looking at individual studies.

OK so I thought I had a slide about different mechanisms to it to enable engagement and as previously said, relationships are very, very important but also awareness and access to research, so hopefully living map enables that. And also, behavioral components of capacity, opportunity, and motivation to use research is also really, really, really important. So, to help with the communication as I said, we have a journalist which has skills that I would never have and I just wish I did have, but we all have our own special roles in life.

And the motivation hopefully is achieved by our products being driven by demand. We would hope that if the demand ensures that there is motivation to use the products. But just finishing off about the engagement, this is just a couple of shots from the IPPO center website. So, if you go to covidandsociety.com, this will give you access to a page which tells you about all of our products, including the living map in case it's of interest to you.

And then we have specific ones on the different products that are quick snapshots of evidence that represents the rapid reviews and the full reviews. And I'm afraid where we haven't got sufficiently going, but we don't have ourselves at any blogs specifically on disability yet, but we will work on that. And the final slide just gives you a link to-- some of these are live links. I don't have access to the slides to-- I'm not sure if they are live links, actually-- but where to find further information about my work.

So, I'm sorry that's rather academic and nerdy but I hope it communicates our attempt to try and bridge the gap between the demand for research and the use of research in these difficult pandemic times that we live in. So, thanks very much for your attention.