

Tender for a scoping review: Knowledge Brokering in Offender Services

Introduction

The Directorate of Social Care for the North East has commissioned the North East Public Health Observatory (NEPHO) to undertake a project to identify ways of improving knowledge transfer in those working in health with the offender community. NEPHO is tendering for part of this work to be undertaken by another organisation in the North East.

The Tender

To undertake a review of current understanding of knowledge transfer and brokering in the offender health community. This will include:

1. Reviewing the literature and gaining expert opinion;
2. Defining the current processes for knowledge brokering within strategic commissioning and provider stakeholder groups;
3. Identifying and defining the opportunities for knowledge translation at all stages of the offender health pathway.

We anticipate this work will lead to further work with stakeholders to identify the models of knowledge translation and knowledge brokering that could be utilised within the offender health pathway. Potentially this could lead to work with one or more specific topic areas or clinical groups to define and pilot a model of knowledge translation and brokering.

Background

The emphasis on developing methods of effective knowledge translation reflects concerns over the gap between evidence and its implementation in practice. There are numerous overviews and systematic reviews of specific interventions designed to promote the implementation of research findings. In summary, didactic and passive forms of dissemination are largely ineffective, 'user friendly formats' are important, and interaction between evidence providers and users is an important component. Local contexts, networks, and tacit knowledge from trusted sources all play an important part in the diffusion of knowledge and the development of evidence based practice. Knowledge translation involves tailoring styles and levels of guidance to meet different needs while taking account of the growth in knowledge management techniques and networked technologies.

In parallel with evidence-based practice, attention is also directed to how different types of practice could be captured, classified or evaluated and how practitioners could learn from each others' experience in a systematic and structured fashion.

Knowledge translation in offender health services raises specific issues related to the development of the evidence base, evidence-based commissioning in this area and in the knowledge transfer process for providers of health care services in prisons and for offenders in the community. There is anecdotal evidence that suggests that a number of factors may be at play in hindering those involved in caring for offenders from acquiring new knowledge, learning from others and gaining access to good sources of information.

The nature of the environment in prisons means that there are physical restrictions on those wishing to share knowledge. For example, internet access and the use of computers are strictly limited and physical constraints such as security clearance procedures are also likely to impact on the ease of knowledge transference.

Differences in culture between the NHS and the health services in prisons are also likely to have an impact. The extent to which prison health is integrated into NHS evidence-based approaches, backed up by audit and by continuous quality assurance these processes remains unclear.

The specific responsibilities of commissioners in commissioning evidence-based services, of health care managers and providers in putting evidence into practice and of developing ways of learning from effective practice in different contexts are all relevant to this task.

In relation to offender health more generally, issues are raised over evidence-based commissioning across the different pathways of care and how this relates to needs of specific groups of offenders. This involves mapping the partnerships involved, current methods for power sharing across them and ways in which this could be improved.

Proposed Methods

1. To undertake a literature search of methods and studies of knowledge transfer within the custodial system and for those commissioning and providing services for offenders in the community.
2. To identify key experts in the field and to seek advice about the range and scope of issues to be covered in greater detail.
3. To make contact with key informants and groups, to collect information using qualitative methods on issues in relation to knowledge transfer. This might include information on how staff working in prisons currently access evidence, how they make use of it, what are the barriers to taking evidence based approach.
4. To make recommendations for the future development of this work

Outputs

It is anticipated that a 5,000 to 10,000 word report will be published by the end of March 2010.

Timescale and Costs

It is anticipated that the time-frame will be February 1st – March 26th 2010 and that a maximum of £10,000 is available for this commission.

Monitoring

The project will be overseen by a management group from NEPHO. The NEPHO Assistant Director Dr David Chappel will monitor progress in conjunction with representatives of the Offender Health and Social Care Strategy steering group, and Regional Commissioners.

Contact information

Please contact Dr Virginia Minogue (Virginia.minogue1@nhs.net) for more information on the offender health agenda.

Please contact Dr David Chappel (d.b.chappel@durham.ac.uk) for any other information.

Application

Please send an outline of how you would undertake this commission (maximum 2 sides of A4) and your previous relevant experience in this field (maximum 2 sides of A4) to Susan Panrucker at NEPHO by 17.00 Monday 25th January 2010.

Please send applications to: Miss Susan Panrucker, Business Manager, North East Public Health Observatory

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